

1.1 moves to amend H.F. No. 2127 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1

1.4 ECONOMIC SUPPORTS

1.5 Section 1. Minnesota Statutes 2020, section 119B.011, subdivision 15, is amended to read:

1.6 Subd. 15. **Income.** "Income" means earned income as defined under section 256P.01,
1.7 subdivision 3, unearned income as defined under section 256P.01, subdivision 8, and public
1.8 assistance cash benefits, including the Minnesota family investment program, diversionary
1.9 work program, work benefit, Minnesota supplemental aid, general assistance, refugee cash
1.10 assistance, at-home infant child care subsidy payments, and child support and maintenance
1.11 distributed to ~~the~~ a family under section 256.741, subdivision 2a, and nonrecurring income
1.12 over \$60 per quarter unless earmarked and used for the purpose for which it was intended.

1.13 The following are deducted from income: funds used to pay for health insurance premiums
1.14 for family members, and child or spousal support paid to or on behalf of a person or persons
1.15 who live outside of the household. Income sources that are not included in this subdivision
1.16 and section 256P.06, subdivision 3, are not counted as income.

1.17 **EFFECTIVE DATE.** This section is effective March 1, 2023.

1.18 Sec. 2. Minnesota Statutes 2020, section 119B.025, subdivision 4, is amended to read:

1.19 Subd. 4. **Changes in eligibility.** (a) The county shall process a change in eligibility
1.20 factors according to paragraphs (b) to (g).

1.21 (b) A family is subject to the reporting requirements in section 256P.07, subdivision 6.

2.1 (c) If a family reports a change or a change is known to the agency before the family's
2.2 regularly scheduled redetermination, the county must act on the change. The commissioner
2.3 shall establish standards for verifying a change.

2.4 (d) A change in income occurs on the day the participant received the first payment
2.5 reflecting the change in income.

2.6 (e) During a family's 12-month eligibility period, if the family's income increases and
2.7 remains at or below 85 percent of the state median income, adjusted for family size, there
2.8 is no change to the family's eligibility. The county shall not request verification of the
2.9 change. The co-payment fee shall not increase during the remaining portion of the family's
2.10 12-month eligibility period.

2.11 (f) During a family's 12-month eligibility period, if the family's income increases and
2.12 exceeds 85 percent of the state median income, adjusted for family size, the family is not
2.13 eligible for child care assistance. The family must be given 15 calendar days to provide
2.14 verification of the change. If the required verification is not returned or confirms ineligibility,
2.15 the family's eligibility ends following a subsequent 15-day adverse action notice.

2.16 (g) Notwithstanding Minnesota Rules, parts 3400.0040, subpart 3, and 3400.0170,
2.17 subpart 1, if an applicant or participant reports that employment ended, the agency may
2.18 accept a signed statement from the applicant or participant as verification that employment
2.19 ended.

2.20 **EFFECTIVE DATE.** This section is effective March 1, 2023.

2.21 Sec. 3. Minnesota Statutes 2020, section 256D.03, is amended by adding a subdivision to
2.22 read:

2.23 **Subd. 2b. Budgeting and reporting.** County agencies shall determine eligibility and
2.24 calculate benefit amounts for general assistance according to the provisions in sections
2.25 256P.06, 256P.07, 256P.09, and 256P.10.

2.26 **EFFECTIVE DATE.** This section is effective March 1, 2023.

2.27 Sec. 4. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
2.28 to read:

2.29 **Subd. 20. SNAP employment and training.** The commissioner shall implement a
2.30 Supplemental Nutrition Assistance Program (SNAP) employment and training program
2.31 that meets the SNAP employment and training participation requirements of the United
2.32 States Department of Agriculture governed by Code of Federal Regulations, title 7, section

3.1 273.7. The commissioner shall operate a SNAP employment and training program in which
3.2 SNAP recipients elect to participate. In order to receive SNAP assistance beyond the time
3.3 limit, unless residing in an area covered by a time-limit waiver governed by Code of Federal
3.4 Regulations, title 7, section 273.24, nonexempt SNAP recipients who do not meet federal
3.5 SNAP work requirements must participate in an employment and training program. In
3.6 addition to county and tribal agencies that administer SNAP, the commissioner may contract
3.7 with third-party providers for SNAP employment and training services.

3.8 **EFFECTIVE DATE.** This section is effective August 1, 2021.

3.9 Sec. 5. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
3.10 to read:

3.11 Subd. 21. **County and tribal agency duties.** County or tribal agencies that administer
3.12 SNAP shall inform adult SNAP recipients about employment and training services and
3.13 providers in the recipient's area. County or tribal agencies that administer SNAP may elect
3.14 to subcontract with a public or private entity approved by the commissioner to provide
3.15 SNAP employment and training services.

3.16 **EFFECTIVE DATE.** This section is effective August 1, 2021.

3.17 Sec. 6. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
3.18 to read:

3.19 Subd. 22. **Duties of commissioner.** In addition to any other duties imposed by law, the
3.20 commissioner shall:

3.21 (1) supervise the administration of SNAP employment and training services to county,
3.22 tribal, and contracted agencies under this section and Code of Federal Regulations, title 7,
3.23 section 273.7;

3.24 (2) disburse money allocated and reimbursed for SNAP employment and training services
3.25 to county, tribal, and contracted agencies;

3.26 (3) accept and supervise the disbursement of any funds that may be provided by the
3.27 federal government or other sources for SNAP employment and training services;

3.28 (4) cooperate with other agencies, including any federal agency or agency of another
3.29 state, in all matters concerning the powers and duties of the commissioner under this section;

3.30 (5) coordinate with the commissioner of employment and economic development to
3.31 deliver employment and training services statewide;

4.1 (6) work in partnership with counties, tribes, and other agencies to enhance the reach
4.2 and services of a statewide SNAP employment and training program; and

4.3 (7) identify eligible nonfederal funds to earn federal reimbursement for SNAP
4.4 employment and training services.

4.5 **EFFECTIVE DATE.** This section is effective August 1, 2021.

4.6 Sec. 7. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
4.7 to read:

4.8 Subd. 23. **Recipient duties.** Unless residing in an area covered by a time-limit waiver,
4.9 nonexempt SNAP recipients must meet federal SNAP work requirements to receive SNAP
4.10 assistance beyond the time limit.

4.11 **EFFECTIVE DATE.** This section is effective August 1, 2021.

4.12 Sec. 8. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision
4.13 to read:

4.14 Subd. 24. **Program funding.** (a) The United States Department of Agriculture annually
4.15 allocates SNAP employment and training funds to the commissioner for the operation of
4.16 the SNAP employment and training program.

4.17 (b) The United States Department of Agriculture authorizes the disbursement of SNAP
4.18 employment and training reimbursement funds to the commissioner for the operation of the
4.19 SNAP employment and training program.

4.20 (c) Except for funds allocated for state program development and administrative purposes
4.21 or designated by the United States Department of Agriculture for a specific project, the
4.22 commissioner shall disburse money allocated for federal SNAP employment and training
4.23 to counties and tribes that administer SNAP based on a formula determined by the
4.24 commissioner that includes but is not limited to the county's or tribe's proportion of adult
4.25 SNAP recipients as compared to the statewide total.

4.26 (d) The commissioner shall disburse federal funds that the commissioner receives as
4.27 reimbursement for SNAP employment and training costs to the state agency, county, tribe,
4.28 or contracted agency that incurred the costs being reimbursed.

4.29 (e) The commissioner may reallocate unexpended money disbursed under this section
4.30 to county, tribal, or contracted agencies that demonstrate a need for additional funds.

4.31 **EFFECTIVE DATE.** This section is effective August 1, 2021.

5.1 Sec. 9. Minnesota Statutes 2020, section 256D.0515, is amended to read:

5.2 **256D.0515 ASSET LIMITATIONS FOR SUPPLEMENTAL NUTRITION**
5.3 **ASSISTANCE PROGRAM HOUSEHOLDS.**

5.4 All Supplemental Nutrition Assistance Program (SNAP) households must be determined
5.5 eligible for the benefit discussed under section 256.029. SNAP households must demonstrate
5.6 that their gross income is equal to or less than ~~165~~ 200 percent of the federal poverty
5.7 guidelines for the same family size.

5.8 Sec. 10. Minnesota Statutes 2020, section 256D.0516, subdivision 2, is amended to read:

5.9 Subd. 2. **SNAP reporting requirements.** The commissioner of human services shall
5.10 implement simplified reporting as permitted under the Food and Nutrition Act of 2008, as
5.11 amended, and the SNAP regulations in Code of Federal Regulations, title 7, part 273. SNAP
5.12 benefit recipient households required to report periodically shall not be required to report
5.13 more often than one time every six months. ~~This provision shall not apply to households~~
5.14 ~~receiving food benefits under the Minnesota family investment program waiver.~~

5.15 **EFFECTIVE DATE.** This section is effective March 1, 2023.

5.16 Sec. 11. Minnesota Statutes 2020, section 256E.34, subdivision 1, is amended to read:

5.17 Subdivision 1. **Distribution of appropriation.** The commissioner must distribute funds
5.18 appropriated to the commissioner by law for that purpose to Hunger Solutions, a statewide
5.19 association of food shelves organized as a nonprofit corporation as defined under section
5.20 501(c)(3) of the Internal Revenue Code of 1986, to distribute to qualifying food shelves. A
5.21 food shelf qualifies under this section if:

5.22 (1) it is a nonprofit corporation, or is affiliated with a nonprofit corporation, as defined
5.23 in section 501(c)(3) of the Internal Revenue Code of 1986 or a federally recognized tribal
5.24 nation;

5.25 (2) it distributes standard food orders without charge to needy individuals. The standard
5.26 food order must consist of at least a two-day supply or six pounds per person of nutritionally
5.27 balanced food items;

5.28 (3) it does not limit food distributions to individuals of a particular religious affiliation,
5.29 race, or other criteria unrelated to need or to requirements necessary to administration of a
5.30 fair and orderly distribution system;

6.1 (4) it does not use the money received or the food distribution program to foster or
6.2 advance religious or political views; and

6.3 (5) it has a stable address and directly serves individuals.

6.4 Sec. 12. Minnesota Statutes 2020, section 256I.03, subdivision 13, is amended to read:

6.5 Subd. 13. **Prospective budgeting.** "Prospective budgeting" ~~means estimating the amount~~
6.6 ~~of monthly income a person will have in the payment month~~ has the meaning given in
6.7 section 256P.01, subdivision 9.

6.8 **EFFECTIVE DATE.** This section is effective March 1, 2023.

6.9 Sec. 13. Minnesota Statutes 2020, section 256I.06, subdivision 6, is amended to read:

6.10 Subd. 6. **Reports.** Recipients must report changes in circumstances according to section
6.11 256P.07 ~~that affect eligibility or housing support payment amounts, other than changes in~~
6.12 ~~earned income, within ten days of the change.~~ Recipients with countable earned income
6.13 must complete a household report form at least once every six months according to section
6.14 256P.10. ~~If the report form is not received before the end of the month in which it is due,~~
6.15 ~~the county agency must terminate eligibility for housing support payments. The termination~~
6.16 ~~shall be effective on the first day of the month following the month in which the report was~~
6.17 ~~due. If a complete report is received within the month eligibility was terminated, the~~
6.18 ~~individual is considered to have continued an application for housing support payment~~
6.19 ~~effective the first day of the month the eligibility was terminated.~~

6.20 **EFFECTIVE DATE.** This section is effective March 1, 2023.

6.21 Sec. 14. Minnesota Statutes 2020, section 256I.06, subdivision 8, is amended to read:

6.22 Subd. 8. **Amount of housing support payment.** (a) The amount of a room and board
6.23 payment to be made on behalf of an eligible individual is determined by subtracting the
6.24 individual's countable income under section 256I.04, subdivision 1, for a whole calendar
6.25 month from the room and board rate for that same month. The housing support payment is
6.26 determined by multiplying the housing support rate times the period of time the individual
6.27 was a resident or temporarily absent under section 256I.05, subdivision 1c, paragraph (d).

6.28 ~~(b) For an individual with earned income under paragraph (a), prospective budgeting~~
6.29 ~~must be used to determine the amount of the individual's payment for the following six-month~~
6.30 ~~period. An increase in income shall not affect an individual's eligibility or payment amount~~

7.1 ~~until the month following the reporting month. A decrease in income shall be effective the~~
7.2 ~~first day of the month after the month in which the decrease is reported.~~

7.3 ~~(e)~~ (b) For an individual who receives housing support payments under section 256I.04,
7.4 subdivision 1, paragraph (c), the amount of the housing support payment is determined by
7.5 multiplying the housing support rate times the period of time the individual was a resident.

7.6 **EFFECTIVE DATE.** This section is effective March 1, 2023.

7.7 Sec. 15. Minnesota Statutes 2020, section 256J.08, subdivision 15, is amended to read:

7.8 Subd. 15. **Countable income.** "Countable income" means earned and unearned income
7.9 that is ~~not excluded under section 256J.21, subdivision 2~~ described in section 256P.06,
7.10 subdivision 3, or disregarded under section 256J.21, subdivision 3, or section 256P.03.

7.11 **EFFECTIVE DATE.** This section is effective August 1, 2021.

7.12 Sec. 16. Minnesota Statutes 2020, section 256J.08, subdivision 71, is amended to read:

7.13 Subd. 71. **Prospective budgeting.** "Prospective budgeting" ~~means a method of~~
7.14 ~~determining the amount of the assistance payment in which the budget month and payment~~
7.15 ~~month are the same~~ has the meaning given in section 256P.01, subdivision 9.

7.16 **EFFECTIVE DATE.** This section is effective March 1, 2023.

7.17 Sec. 17. Minnesota Statutes 2020, section 256J.08, subdivision 79, is amended to read:

7.18 Subd. 79. **Recurring income.** "Recurring income" means a form of income which is:

7.19 (1) received periodically, and may be received irregularly when receipt can be anticipated
7.20 even though the date of receipt cannot be predicted; and

7.21 (2) from the same source or of the same type that is received and budgeted in a
7.22 prospective month ~~and is received in one or both of the first two retrospective months.~~

7.23 **EFFECTIVE DATE.** This section is effective March 1, 2023.

7.24 Sec. 18. Minnesota Statutes 2020, section 256J.10, is amended to read:

7.25 **256J.10 MFIP ELIGIBILITY REQUIREMENTS.**

7.26 To be eligible for MFIP, applicants must meet the general eligibility requirements in
7.27 sections 256J.11 to 256J.15, the property limitations in section 256P.02, and the income
7.28 limitations in ~~section~~ sections 256J.21 and 256P.06.

8.1 **EFFECTIVE DATE.** This section is effective August 1, 2021.

8.2 Sec. 19. Minnesota Statutes 2020, section 256J.21, subdivision 3, is amended to read:

8.3 Subd. 3. **Initial income test.** The agency shall determine initial eligibility by considering
8.4 all earned and unearned income ~~that is not excluded under subdivision 2~~ as defined in section
8.5 256P.06. To be eligible for MFIP, the assistance unit's countable income minus the earned
8.6 income disregards in paragraph (a) and section 256P.03 must be below the family wage
8.7 level according to section 256J.24, subdivision 7, for that size assistance unit.

8.8 (a) The initial eligibility determination must disregard the following items:

8.9 (1) the earned income disregard as determined in section 256P.03;

8.10 (2) dependent care costs must be deducted from gross earned income for the actual
8.11 amount paid for dependent care up to a maximum of \$200 per month for each child less
8.12 than two years of age, and \$175 per month for each child two years of age and older;

8.13 (3) all payments made according to a court order for spousal support or the support of
8.14 children not living in the assistance unit's household shall be disregarded from the income
8.15 of the person with the legal obligation to pay support; and

8.16 (4) an allocation for the unmet need of an ineligible spouse or an ineligible child under
8.17 the age of 21 for whom the caregiver is financially responsible and who lives with the
8.18 caregiver according to section 256J.36.

8.19 (b) ~~After initial eligibility is established,~~ The income test is for a six-month period. The
8.20 assistance payment calculation is based on the monthly income test prospective budgeting
8.21 according to section 256P.09.

8.22 **EFFECTIVE DATE.** This section is effective August 1, 2021, except for the
8.23 amendments in subdivision 3, paragraph (b), which are effective March 1, 2023.

8.24 Sec. 20. Minnesota Statutes 2020, section 256J.21, subdivision 4, is amended to read:

8.25 Subd. 4. **Monthly Income test and determination of assistance payment.** ~~The county~~
8.26 ~~agency shall determine ongoing eligibility and the assistance payment amount according~~
8.27 ~~to the monthly income test.~~ To be eligible for MFIP, the result of the computations in
8.28 paragraphs (a) to (e) applied to prospective budgeting must be at least \$1.

8.29 (a) Apply an income disregard as defined in section 256P.03, to gross earnings and
8.30 subtract this amount from the family wage level. If the difference is equal to or greater than
8.31 the MFIP transitional standard, the assistance payment is equal to the MFIP transitional

9.1 standard. If the difference is less than the MFIP transitional standard, the assistance payment
9.2 is equal to the difference. The earned income disregard in this paragraph must be deducted
9.3 every month there is earned income.

9.4 (b) All payments made according to a court order for spousal support or the support of
9.5 children not living in the assistance unit's household must be disregarded from the income
9.6 of the person with the legal obligation to pay support.

9.7 (c) An allocation for the unmet need of an ineligible spouse or an ineligible child under
9.8 the age of 21 for whom the caregiver is financially responsible and who lives with the
9.9 caregiver must be made according to section 256J.36.

9.10 (d) Subtract unearned income dollar for dollar from the MFIP transitional standard to
9.11 determine the assistance payment amount.

9.12 (e) When income is both earned and unearned, the amount of the assistance payment
9.13 must be determined by first treating gross earned income as specified in paragraph (a). After
9.14 determining the amount of the assistance payment under paragraph (a), unearned income
9.15 must be subtracted from that amount dollar for dollar to determine the assistance payment
9.16 amount.

9.17 ~~(f) When the monthly income is greater than the MFIP transitional standard after~~
9.18 ~~deductions and the income will only exceed the standard for one month, the county agency~~
9.19 ~~must suspend the assistance payment for the payment month.~~

9.20 **EFFECTIVE DATE.** This section is effective March 1, 2023.

9.21 Sec. 21. Minnesota Statutes 2020, section 256J.21, subdivision 5, is amended to read:

9.22 Subd. 5. **Distribution of income.** (a) The income of all members of the assistance unit
9.23 must be counted. Income may also be deemed from ineligible persons to the assistance unit.
9.24 Income must be attributed to the person who earns it or to the assistance unit according to
9.25 paragraphs (a) to (b) and (c).

9.26 ~~(a) Funds distributed from a trust, whether from the principal holdings or sale of trust~~
9.27 ~~property or from the interest and other earnings of the trust holdings, must be considered~~
9.28 ~~income when the income is legally available to an applicant or participant. Trusts are~~
9.29 ~~presumed legally available unless an applicant or participant can document that the trust is~~
9.30 ~~not legally available.~~

9.31 (b) Income from jointly owned property must be divided equally among property owners
9.32 unless the terms of ownership provide for a different distribution.

10.1 (c) Deductions are not allowed from the gross income of a financially responsible
10.2 household member or by the members of an assistance unit to meet a current or prior debt.

10.3 **EFFECTIVE DATE.** This section is effective August 1, 2021.

10.4 Sec. 22. Minnesota Statutes 2020, section 256J.24, subdivision 5, is amended to read:

10.5 Subd. 5. **MFIP transitional standard.** (a) The MFIP transitional standard is based on
10.6 the number of persons in the assistance unit eligible for both food and cash assistance. The
10.7 amount of the transitional standard is published annually by the Department of Human
10.8 Services.

10.9 (b) The amount of the MFIP cash assistance portion of the transitional standard is
10.10 increased \$100 per month per household. This increase shall be reflected in the MFIP cash
10.11 assistance portion of the transitional standard published annually by the commissioner.

10.12 (c) On October 1 of each year, the commissioner of human services shall adjust the cash
10.13 assistance portion under paragraph (a) for inflation based on the CPI-U for the prior calendar
10.14 year.

10.15 **EFFECTIVE DATE.** This section is effective for the fiscal year beginning on July 1,
10.16 2021.

10.17 Sec. 23. Minnesota Statutes 2020, section 256J.30, subdivision 8, is amended to read:

10.18 Subd. 8. **Late MFIP household report forms.** (a) Paragraphs (b) to (e) apply to the
10.19 reporting requirements in subdivision 7.

10.20 (b) When the county agency receives an incomplete MFIP household report form, the
10.21 county agency must immediately ~~return the incomplete form and clearly state what the~~
10.22 ~~caregiver must do for the form to be complete~~ contact the caregiver by phone or in writing
10.23 to acquire the necessary information to complete the form.

10.24 (c) The automated eligibility system must send a notice of proposed termination of
10.25 assistance to the assistance unit if a complete MFIP household report form is not received
10.26 by a county agency. The automated notice must be mailed to the caregiver by approximately
10.27 the 16th of the month. When a caregiver submits an incomplete form on or after the date a
10.28 notice of proposed termination has been sent, the termination is valid unless the caregiver
10.29 submits a complete form before the end of the month.

10.30 (d) An assistance unit required to submit an MFIP household report form is considered
10.31 to have continued its application for assistance if a complete MFIP household report form

11.1 is received within a calendar month after the month in which the form was due and assistance
11.2 shall be paid for the period beginning with the first day of that calendar month.

11.3 (e) A county agency must allow good cause exemptions from the reporting requirements
11.4 under subdivision 5 when any of the following factors cause a caregiver to fail to provide
11.5 the county agency with a completed MFIP household report form before the end of the
11.6 month in which the form is due:

11.7 (1) an employer delays completion of employment verification;

11.8 (2) a county agency does not help a caregiver complete the MFIP household report form
11.9 when the caregiver asks for help;

11.10 (3) a caregiver does not receive an MFIP household report form due to mistake on the
11.11 part of the department or the county agency or due to a reported change in address;

11.12 (4) a caregiver is ill, or physically or mentally incapacitated; or

11.13 (5) some other circumstance occurs that a caregiver could not avoid with reasonable
11.14 care which prevents the caregiver from providing a completed MFIP household report form
11.15 before the end of the month in which the form is due.

11.16 Sec. 24. Minnesota Statutes 2020, section 256J.33, subdivision 1, is amended to read:

11.17 Subdivision 1. **Determination of eligibility.** (a) A county agency must determine MFIP
11.18 eligibility prospectively ~~for a payment month~~ based on ~~retrospectively~~ assessing income
11.19 and the county agency's best estimate of the circumstances that will exist in the payment
11.20 month.

11.21 ~~Except as described in section 256J.34, subdivision 1, when prospective eligibility exists,~~
11.22 (b) A county agency must calculate the amount of the assistance payment using ~~retrospective~~
11.23 prospective budgeting. To determine MFIP eligibility and the assistance payment amount,
11.24 a county agency must apply countable income, described in ~~section~~ sections 256P.06 and
11.25 256J.37, subdivisions 3 to 4~~9~~, received by members of an assistance unit or by other
11.26 persons whose income is counted for the assistance unit, described under sections ~~256J.21~~
11.27 ~~and 256J.37, subdivisions 1 to 2,~~ and 256P.06, subdivision 1.

11.28 (c) This income must be applied to the MFIP standard of need or family wage level
11.29 subject to this section and sections 256J.34 to 256J.36. Countable income received ~~in a~~
11.30 ~~calendar month and not otherwise excluded under section 256J.21, subdivision 2,~~ must be
11.31 applied to the needs of an assistance unit.

12.1 (d) An assistance unit is not eligible when the countable income equals or exceeds the
 12.2 MFIP standard of need or the family wage level for the assistance unit.

12.3 **EFFECTIVE DATE.** Paragraph (a) is effective March 1, 2023. Paragraph (b) is effective
 12.4 March 1, 2023, except the amendment striking section 256J.21 and inserting section 256P.06
 12.5 is effective August 1, 2021. Paragraph (c) is effective August 1, 2021, except the amendment
 12.6 striking "in a calendar month" is effective March 1, 2023. Paragraph (d) is effective March
 12.7 1, 2023.

12.8 Sec. 25. Minnesota Statutes 2020, section 256J.33, subdivision 2, is amended to read:

12.9 Subd. 2. **Prospective eligibility.** An agency must determine whether the eligibility
 12.10 requirements that pertain to an assistance unit, including those in sections 256J.11 to 256J.15
 12.11 and 256P.02, will be met prospectively for the payment month period. ~~Except for the~~
 12.12 ~~provisions in section 256J.34, subdivision 1,~~ The income test will be applied ~~retrospectively~~
 12.13 prospectively.

12.14 **EFFECTIVE DATE.** This section is effective March 1, 2023.

12.15 Sec. 26. Minnesota Statutes 2020, section 256J.33, subdivision 4, is amended to read:

12.16 Subd. 4. **Monthly income test.** A county agency must apply the monthly income test
 12.17 retrospectively for each month of MFIP eligibility. An assistance unit is not eligible when
 12.18 the countable income equals or exceeds the MFIP standard of need or the family wage level
 12.19 for the assistance unit. The income applied against the monthly income test must include:

12.20 (1) gross earned income from employment as described in chapter 256P, prior to
 12.21 mandatory payroll deductions, voluntary payroll deductions, wage authorizations, and after
 12.22 the disregards in section 256J.21, subdivision 4, and the allocations in section 256J.36;
 12.23 ~~unless the employment income is specifically excluded under section 256J.21, subdivision~~
 12.24 ~~2;~~

12.25 (2) gross earned income from self-employment less deductions for self-employment
 12.26 expenses in section 256J.37, subdivision 5, but prior to any reductions for personal or
 12.27 business state and federal income taxes, personal FICA, personal health and life insurance,
 12.28 and after the disregards in section 256J.21, subdivision 4, and the allocations in section
 12.29 256J.36;

12.30 (3) unearned income as described in section 256P.06, subdivision 3, after deductions
 12.31 for allowable expenses in section 256J.37, subdivision 9, and allocations in section 256J.36;
 12.32 ~~unless the income has been specifically excluded in section 256J.21, subdivision 2;~~

13.1 (4) gross earned income from employment as determined under clause (1) which is
13.2 received by a member of an assistance unit who is a minor child or minor caregiver and
13.3 less than a half-time student;

13.4 (5) child support received by an assistance unit, excluded under ~~section 256J.21,~~
13.5 ~~subdivision 2, clause (49), or~~ section 256P.06, subdivision 3, clause (2), item (xvi);

13.6 (6) spousal support received by an assistance unit;

13.7 (7) the income of a parent when that parent is not included in the assistance unit;

13.8 (8) the income of an eligible relative and spouse who seek to be included in the assistance
13.9 unit; and

13.10 (9) the unearned income of a minor child included in the assistance unit.

13.11 **EFFECTIVE DATE.** This section is effective August 1, 2021.

13.12 Sec. 27. Minnesota Statutes 2020, section 256J.37, subdivision 1, is amended to read:

13.13 Subdivision 1. **Deemed income from ineligible assistance unit members.** The income
13.14 of ineligible assistance unit members, except individuals identified in section 256J.24,
13.15 subdivision 3, paragraph (a), clause (1), must be deemed after allowing the following
13.16 disregards:

13.17 (1) an earned income disregard as determined under section 256P.03;

13.18 (2) all payments made by the ineligible person according to a court order for spousal
13.19 support or the support of children not living in the assistance unit's household; and

13.20 (3) an amount for the unmet needs of the ineligible persons who live in the household
13.21 who, if eligible, would be assistance unit members under section 256J.24, subdivision 2 or
13.22 4, paragraph (b). This amount is equal to the difference between the MFIP transitional
13.23 standard when the ineligible persons are included in the assistance unit and the MFIP
13.24 transitional standard when the ineligible persons are not included in the assistance unit.

13.25 **EFFECTIVE DATE.** This section is effective August 1, 2021.

13.26 Sec. 28. Minnesota Statutes 2020, section 256J.37, subdivision 1b, is amended to read:

13.27 Subd. 1b. **Deemed income from parents of minor caregivers.** In households where
13.28 minor caregivers live with a parent or parents or a stepparent who do not receive MFIP for
13.29 themselves or their minor children, the income of the parents or a stepparent must be deemed
13.30 after allowing the following disregards:

14.1 (1) income of the parents equal to 200 percent of the federal poverty guideline for a
14.2 family size not including the minor parent and the minor parent's child in the household
14.3 ~~according to section 256J.21, subdivision 2, clause (43); and~~

14.4 (2) all payments made by parents according to a court order for spousal support or the
14.5 support of children not living in the parent's household.

14.6 **EFFECTIVE DATE.** This section is effective August 1, 2021.

14.7 Sec. 29. Minnesota Statutes 2020, section 256J.37, subdivision 3, is amended to read:

14.8 Subd. 3. **Earned income of wage, salary, and contractual employees.** The agency
14.9 must include gross earned income less any disregards in the initial ~~and monthly~~ income
14.10 test. Gross earned income received by persons employed on a contractual basis must be
14.11 prorated over the period covered by the contract even when payments are received over a
14.12 lesser period of time.

14.13 **EFFECTIVE DATE.** This section is effective March 1, 2023.

14.14 Sec. 30. Minnesota Statutes 2020, section 256J.37, subdivision 3a, is amended to read:

14.15 Subd. 3a. **Rental subsidies; unearned income.** (a) Effective July 1, 2003, the agency
14.16 shall count \$50 of the value of public and assisted rental subsidies provided through the
14.17 Department of Housing and Urban Development (HUD) as unearned income to the cash
14.18 portion of the MFIP grant. The full amount of the subsidy must be counted as unearned
14.19 income when the subsidy is less than \$50. The income from this subsidy shall be budgeted
14.20 according to section ~~256J.34~~ 256P.09.

14.21 (b) The provisions of this subdivision shall not apply to an MFIP assistance unit which
14.22 includes a participant who is:

14.23 (1) age 60 or older;

14.24 (2) a caregiver who is suffering from an illness, injury, or incapacity that has been
14.25 certified by a qualified professional when the illness, injury, or incapacity is expected to
14.26 continue for more than 30 days and severely limits the person's ability to obtain or maintain
14.27 suitable employment; or

14.28 (3) a caregiver whose presence in the home is required due to the illness or incapacity
14.29 of another member in the assistance unit, a relative in the household, or a foster child in the
14.30 household when the illness or incapacity and the need for the participant's presence in the

15.1 home has been certified by a qualified professional and is expected to continue for more
15.2 than 30 days.

15.3 (c) The provisions of this subdivision shall not apply to an MFIP assistance unit where
15.4 the parental caregiver is an SSI participant.

15.5 **EFFECTIVE DATE.** This section is effective March 1, 2023.

15.6 Sec. 31. Minnesota Statutes 2020, section 256J.626, subdivision 1, is amended to read:

15.7 Subdivision 1. **Consolidated fund.** The consolidated fund is established to support
15.8 counties and tribes in meeting their duties under this chapter. Counties and tribes must use
15.9 funds from the consolidated fund to develop programs and services that are designed to
15.10 improve participant outcomes as measured in section 256J.751, subdivision 2. Counties and
15.11 tribes that administer MFIP eligibility may use the funds for any allowable expenditures
15.12 under subdivision 2, including case management. Tribes that do not administer MFIP
15.13 eligibility may use the funds for any allowable expenditures under subdivision 2, including
15.14 case management, except those in subdivision 2, paragraph (a), clauses (1) and (6). All
15.15 payments made through the MFIP consolidated fund to support a caregiver's pursuit of
15.16 greater economic stability does not count when determining a family's available income.

15.17 Sec. 32. Minnesota Statutes 2020, section 256J.95, subdivision 9, is amended to read:

15.18 Subd. 9. **Property and income limitations.** The asset limits and exclusions in section
15.19 256P.02 apply to applicants and participants of DWP. All payments, ~~unless excluded in~~
15.20 ~~section 256J.21~~ as described in section 256P.06, subdivision 3, must be counted as income
15.21 to determine eligibility for the diversionary work program. The agency shall treat income
15.22 as outlined in section 256J.37, except for subdivision 3a. The initial income test and the
15.23 disregards in section 256J.21, subdivision 3, shall be followed for determining eligibility
15.24 for the diversionary work program.

15.25 **EFFECTIVE DATE.** This section is effective August 1, 2021.

15.26 Sec. 33. Minnesota Statutes 2020, section 256P.01, subdivision 3, is amended to read:

15.27 Subd. 3. **Earned income.** "Earned income" means ~~cash or in-kind~~ income earned through
15.28 the receipt of wages, salary, commissions, bonuses, tips, gratuities, profit from employment
15.29 activities, net profit from self-employment activities, payments made by an employer for
15.30 regularly accrued vacation or sick leave, severance pay based on accrued leave time,
15.31 ~~payments from training programs at a rate at or greater than the state's minimum wage,~~
15.32 royalties, honoraria, or other profit from activity that results from the client's work, ~~service,~~

16.1 effort, or labor for purposes other than student financial assistance, rehabilitation programs,
 16.2 student training programs, or service programs such as AmeriCorps. The income must be
 16.3 in return for, or as a result of, legal activity.

16.4 **EFFECTIVE DATE.** This section is effective August 1, 2021.

16.5 Sec. 34. Minnesota Statutes 2020, section 256P.01, is amended by adding a subdivision
 16.6 to read:

16.7 **Subd. 9. Prospective budgeting.** "Prospective budgeting" means estimating the amount
 16.8 of monthly income that an assistance unit will have in the payment month.

16.9 **EFFECTIVE DATE.** This section is effective March 1, 2023.

16.10 Sec. 35. Minnesota Statutes 2020, section 256P.04, subdivision 4, is amended to read:

16.11 **Subd. 4. Factors to be verified.** (a) The agency shall verify the following at application:

16.12 (1) identity of adults;

16.13 (2) age, if necessary to determine eligibility;

16.14 (3) immigration status;

16.15 (4) income;

16.16 (5) spousal support and child support payments made to persons outside the household;

16.17 (6) vehicles;

16.18 (7) checking and savings accounts;

16.19 (8) inconsistent information, if related to eligibility;

16.20 (9) residence; and

16.21 (10) Social Security number; ~~and.~~

16.22 ~~(11) use of nonrecurring income under section 256P.06, subdivision 3, clause (2), item~~

16.23 ~~(ix), for the intended purpose for which it was given and received.~~

16.24 (b) Applicants who are qualified noncitizens and victims of domestic violence as defined
 16.25 under section 256J.08, subdivision 73, ~~clause (7)~~ clauses (8) and (9), are not required to
 16.26 verify the information in paragraph (a), clause (10). When a Social Security number is not
 16.27 provided to the agency for verification, this requirement is satisfied when each member of
 16.28 the assistance unit cooperates with the procedures for verification of Social Security numbers,

17.1 issuance of duplicate cards, and issuance of new numbers which have been established
17.2 jointly between the Social Security Administration and the commissioner.

17.3 **EFFECTIVE DATE.** This section is effective March 1, 2023, except for paragraph (b),
17.4 which is effective July 1, 2021.

17.5 Sec. 36. Minnesota Statutes 2020, section 256P.04, subdivision 8, is amended to read:

17.6 Subd. 8. **Recertification.** The agency shall recertify eligibility ~~in an annual interview~~
17.7 ~~with the participant. The interview may be conducted by telephone, by Internet telepresence,~~
17.8 ~~or face-to-face in the county office or in another location mutually agreed upon. A participant~~
17.9 ~~must be given the option of a telephone interview or Internet telepresence to recertify~~
17.10 ~~eligibility annually.~~ During the interview recertification and reporting under section 256P.10,
17.11 the agency shall verify the following:

17.12 (1) income, unless excluded, including self-employment earnings;

17.13 (2) assets when the value is within \$200 of the asset limit; and

17.14 (3) inconsistent information, if related to eligibility.

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

17.16 Sec. 37. Minnesota Statutes 2020, section 256P.06, subdivision 2, is amended to read:

17.17 Subd. 2. ~~Exempted individuals~~ Exemptions. (a) The following members of an assistance
17.18 unit under chapters 119B and 256J are exempt from having their earned income count
17.19 ~~towards~~ toward the income of an assistance unit:

17.20 (1) children under six years old;

17.21 (2) caregivers under 20 years of age enrolled at least half-time in school; and

17.22 (3) minors enrolled in school full time.

17.23 (b) The following members of an assistance unit are exempt from having their earned
17.24 and unearned income count ~~towards~~ toward the income of an assistance unit for 12
17.25 consecutive calendar months, beginning the month following the marriage date, for benefits
17.26 under chapter 256J if the household income does not exceed 275 percent of the federal
17.27 poverty guideline:

17.28 (1) a new spouse to a caretaker in an existing assistance unit; and

17.29 (2) the spouse designated by a newly married couple, both of whom were already
17.30 members of an assistance unit under chapter 256J.

18.1 (c) If members identified in paragraph (b) also receive assistance under section 119B.05,
18.2 they are exempt from having their earned and unearned income count ~~towards~~ toward the
18.3 income of the assistance unit if the household income prior to the exemption does not exceed
18.4 67 percent of the state median income for recipients for 26 consecutive biweekly periods
18.5 beginning the second biweekly period after the marriage date.

18.6 (d) For individuals who are members of an assistance unit under chapters 256I and 256J,
18.7 the assistance standard effective in January 2020 for a household of one under chapter 256J
18.8 shall be counted as income under chapter 256I, and any subsequent increases to unearned
18.9 income under chapter 256J shall be exempt.

18.10 Sec. 38. Minnesota Statutes 2020, section 256P.06, subdivision 3, is amended to read:

18.11 Subd. 3. **Income inclusions.** The following must be included in determining the income
18.12 of an assistance unit:

18.13 (1) earned income; and

18.14 (2) unearned income, which includes:

18.15 (i) interest and dividends from investments and savings;

18.16 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;

18.17 (iii) proceeds from rent and contract for deed payments in excess of the principal and
18.18 interest portion owed on property;

18.19 (iv) income from trusts, excluding special needs and supplemental needs trusts;

18.20 (v) interest income from loans made by the participant or household;

18.21 (vi) cash prizes and winnings according to guidance provided for the Supplemental
18.22 Nutrition Assistance Program;

18.23 (vii) unemployment insurance income that is received by an adult member of the
18.24 assistance unit unless the individual receiving unemployment insurance income is:

18.25 (A) 18 years of age and enrolled in a secondary school; or

18.26 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

18.27 (viii) retirement, survivors, and disability insurance payments;

18.28 ~~(ix) nonrecurring income over \$60 per quarter unless earmarked and used for the purpose~~
18.29 ~~for which it is intended. Income and use of this income is subject to verification requirements~~
18.30 ~~under section 256P.04;~~

- 19.1 ~~(x)~~ (ix) retirement benefits;
- 19.2 ~~(xi)~~ (x) cash assistance benefits, as defined by each program in chapters 119B, 256D,
19.3 256I, and 256J;
- 19.4 ~~(xii)~~ (xi) tribal per capita payments unless excluded by federal and state law;
- 19.5 ~~(xiii)~~ (xii) income and payments from service and rehabilitation programs that meet or
19.6 exceed the state's minimum wage rate;
- 19.7 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
19.8 from income taxes according to federal or state law;
- 19.9 ~~(xv)~~ (xiv) all child support payments for programs under chapters 119B, 256D, and 256I;
- 19.10 ~~(xvi)~~ (xv) the amount of child support received that exceeds \$100 for assistance units
19.11 with one child and \$200 for assistance units with two or more children for programs under
19.12 chapter 256J; ~~and~~
- 19.13 ~~(xvii)~~ (xvi) spousal support; and
- 19.14 (xvii) workers' compensation.

19.15 **EFFECTIVE DATE.** This section is effective March 1, 2023, except subdivision 3,
19.16 clause (2), item (vii), which is effective the day following final enactment and subdivision
19.17 3, clause (2), item (xvii), which is effective August 1, 2021.

19.18 Sec. 39. Minnesota Statutes 2020, section 256P.07, is amended to read:

19.19 **256P.07 REPORTING OF ~~INCOME~~ AND CHANGES.**

19.20 Subdivision 1. **Exempted programs.** Participants who receive Supplemental Security
19.21 Income and qualify for Minnesota supplemental aid under chapter 256D ~~and~~ or for housing
19.22 support under chapter 256I on the basis of eligibility for Supplemental Security Income are
19.23 exempt from ~~this section~~ reporting income.

19.24 **Subd. 1a. Child care assistance programs.** Participants who qualify for child care
19.25 assistance programs under chapter 119B are exempt from this section except for the reporting
19.26 requirements in subdivision 6.

19.27 **Subd. 2. Reporting requirements.** An applicant or participant must provide information
19.28 on an application and any subsequent reporting forms about the assistance unit's
19.29 circumstances that affect eligibility or benefits. An applicant or assistance unit must report
19.30 changes identified in ~~subdivision~~ subdivisions 3, 4, 5, 7, 8, and 9 during the application
19.31 period or by the tenth of the month following the month that the change occurred. When

20.1 information is not accurately reported, both an overpayment and a referral for a fraud
20.2 investigation may result. When information or documentation is not provided, the receipt
20.3 of any benefit may be delayed or denied, depending on the type of information required
20.4 and its effect on eligibility.

20.5 **Subd. 3. Changes that must be reported.** ~~An assistance unit must report the changes~~
20.6 ~~or anticipated changes specified in clauses (1) to (12) within ten days of the date they occur,~~
20.7 ~~at the time of recertification of eligibility under section 256P.04, subdivisions 8 and 9, or~~
20.8 ~~within eight calendar days of a reporting period, whichever occurs first. An assistance unit~~
20.9 ~~must report other changes at the time of recertification of eligibility under section 256P.04,~~
20.10 ~~subdivisions 8 and 9, or at the end of a reporting period, as applicable. When an agency~~
20.11 ~~could have reduced or terminated assistance for one or more payment months if a delay in~~
20.12 ~~reporting a change specified under clauses (1) to (12) had not occurred, the agency must~~
20.13 ~~determine whether a timely notice could have been issued on the day that the change~~
20.14 ~~occurred. When a timely notice could have been issued, each month's overpayment~~
20.15 ~~subsequent to that notice must be considered a client error overpayment under section~~
20.16 ~~119B.11, subdivision 2a, or 256P.08. Changes in circumstances that must be reported within~~
20.17 ~~ten days must also be reported for the reporting period in which those changes occurred.~~
20.18 ~~Within ten days, an assistance unit must report:~~

20.19 ~~(1) a change in earned income of \$100 per month or greater with the exception of a~~
20.20 ~~program under chapter 119B;~~

20.21 ~~(2) a change in unearned income of \$50 per month or greater with the exception of a~~
20.22 ~~program under chapter 119B;~~

20.23 ~~(3) a change in employment status and hours with the exception of a program under~~
20.24 ~~chapter 119B;~~

20.25 ~~(4) a change in address or residence;~~

20.26 ~~(5) a change in household composition with the exception of programs under chapter~~
20.27 ~~256I;~~

20.28 ~~(6) a receipt of a lump-sum payment with the exception of a program under chapter~~
20.29 ~~119B;~~

20.30 ~~(7) an increase in assets if over \$9,000 with the exception of programs under chapter~~
20.31 ~~119B;~~

20.32 ~~(8) a change in citizenship or immigration status;~~

20.33 ~~(9) a change in family status with the exception of programs under chapter 256I;~~

21.1 ~~(10) a change in disability status of a unit member, with the exception of programs under~~
 21.2 ~~chapter 119B;~~

21.3 ~~(11) a new rent subsidy or a change in rent subsidy with the exception of a program~~
 21.4 ~~under chapter 119B; and~~

21.5 ~~(12) a sale, purchase, or transfer of real property with the exception of a program under~~
 21.6 ~~chapter 119B. An assistance unit must report changes or anticipated changes as described~~
 21.7 ~~in this section.~~

21.8 (a) An assistance unit must report:

21.9 (1) a change in eligibility for Supplemental Security Income, Retirement Survivors
 21.10 Disability Insurance, or another federal income support;

21.11 (2) a change in address or residence;

21.12 (3) a change in household composition with the exception of programs under chapter
 21.13 256I;

21.14 (4) cash prizes and winnings according to guidance provided for the Supplemental
 21.15 Nutrition Assistance Program;

21.16 (5) a change in citizenship or immigration status;

21.17 (6) a change in family status with the exception of programs under chapter 256I; and

21.18 (7) assets when the value is at or above the asset limit.

21.19 (b) When an agency could have reduced or terminated assistance for one or more payment
 21.20 months if a delay in reporting a change specified in clauses (1) to (7) had not occurred, the
 21.21 agency must determine whether a timely notice could have been issued on the day that the
 21.22 change occurred. When a timely notice could have been issued, each month's overpayment
 21.23 subsequent to the notice must be considered a client error overpayment under section
 21.24 256P.08.

21.25 Subd. 4. **MFIP-specific reporting.** In addition to subdivision 3, an assistance unit under
 21.26 chapter 256J, ~~within ten days of the change,~~ must report:

21.27 (1) a pregnancy not resulting in birth when there are no other minor children; ~~and~~

21.28 (2) a change in school attendance of a parent under 20 years of age ~~or of an employed~~
 21.29 ~~child;~~ and

21.30 (3) an individual who is 18 or 19 years of age attending high school who graduates or
 21.31 drops out of school.

22.1 Subd. 5. **DWP-specific reporting.** In addition to subdivisions 3 and 4, an assistance
 22.2 unit participating in the diversionary work program under section 256J.95 must report on
 22.3 an application:

22.4 (1) shelter expenses; and

22.5 (2) utility expenses.

22.6 Subd. 6. **Child care assistance programs-specific reporting.** (a) ~~In addition to~~
 22.7 ~~subdivision 3,~~ An assistance unit under chapter 119B, within ten days of the change, must
 22.8 report:

22.9 (1) a change in a parentally responsible individual's custody schedule for any child
 22.10 receiving child care assistance program benefits;

22.11 (2) a permanent end in a parentally responsible individual's authorized activity; ~~and~~

22.12 (3) if the unit's family's annual included income exceeds 85 percent of the state median
 22.13 income, adjusted for family size;

22.14 (4) a change in address or residence;

22.15 (5) a change in household composition;

22.16 (6) a change in citizenship or immigration status; and

22.17 (7) a change in family status.

22.18 (b) An assistance unit subject to section 119B.095, subdivision 1, paragraph (b), must
 22.19 report a change in the unit's authorized activity status.

22.20 (c) An assistance unit must notify the county when the unit wants to reduce the number
 22.21 of authorized hours for children in the unit.

22.22 Subd. 7. **Minnesota supplemental aid-specific reporting.** (a) In addition to subdivision
 22.23 3 and notwithstanding the exemption in subdivision 1, an assistance unit participating in
 22.24 the Minnesota supplemental aid program under ~~section 256D.44, subdivision 5, paragraph~~
 22.25 ~~(g), within ten days of the change,~~ chapter 256D must report ~~shelter expenses.:~~

22.26 (1) a change in unearned income of \$50 per month or greater; and

22.27 (2) a change in earned income of \$100 per month or greater.

22.28 (b) An assistance unit receiving housing assistance under section 256D.44, subdivision
 22.29 5, paragraph (g), including assistance units who also receive Supplemental Security Income,
 22.30 must report:

23.1 (1) a change in shelter expenses; and

23.2 (2) a new rent subsidy or a change in a rent subsidy.

23.3 Subd. 8. **Housing support-specific reporting.** (a) In addition to subdivision 3, an
23.4 assistance unit participating in the housing support program under chapter 256I must report:

23.5 (1) a change in unearned income of \$50 per month or greater; and

23.6 (2) a change in earned income of \$100 per month or greater, with the exception of
23.7 participants already subject to six-month reporting requirements in section 256P.10.

23.8 (b) Notwithstanding the exemptions in subdivisions 1 and 3, an assistance unit receiving
23.9 housing support under chapter 256I, including an assistance unit that receives Supplemental
23.10 Security Income, must report:

23.11 (1) a new rent subsidy or a change in a rent subsidy;

23.12 (2) a change in the disability status of a unit member; and

23.13 (3) a change in household composition if the assistance unit is a participant in housing
23.14 support under section 256I.04, subdivision 3, paragraph (a), clause (3).

23.15 Subd. 9. **General assistance-specific reporting.** In addition to subdivision 3, an
23.16 assistance unit participating in the general assistance program under chapter 256D must
23.17 report:

23.18 (1) a change in unearned income of \$50 per month or greater;

23.19 (2) a change in earned income of \$100 per month or greater, with the exception of
23.20 participants who are already subject to six-month reporting requirements in section 256P.10;
23.21 and

23.22 (3) changes in any condition that would result in the loss of a basis for eligibility in
23.23 section 256D.05, subdivision 1, paragraph (a).

23.24 **EFFECTIVE DATE.** This section is effective March 1, 2023.

23.25 Sec. 40. **[256P.09] PROSPECTIVE BUDGETING OF BENEFITS.**

23.26 Subdivision 1. **Exempted programs.** Assistance units who qualify for child care
23.27 assistance programs under chapter 119B; housing support assistance units under chapter
23.28 256I who are not subject to reporting under section 256P.10; and assistance units who
23.29 qualify for Minnesota Supplemental Aid under chapter 256D are exempt from this section.

24.1 Subd. 2. **Prospective budgeting of benefits.** An agency must use prospective budgeting
24.2 to calculate an assistance payment amount.

24.3 Subd. 3. **Income changes.** Prospective budgeting must be used to determine the amount
24.4 of the assistance unit's benefit for the following six-month period. An increase in income
24.5 shall not affect an assistance unit's eligibility or benefit amount until the next case review
24.6 unless otherwise required by section 256P.07. A decrease in income shall be effective on
24.7 the date that the change occurs.

24.8 **EFFECTIVE DATE.** This section is effective March 1, 2023.

24.9 Sec. 41. **[256P.10] SIX-MONTH REPORTING.**

24.10 Subdivision 1. **Exempted programs.** Assistance units who qualify for child care
24.11 assistance programs under chapter 119B; assistance units who qualify for Minnesota
24.12 Supplemental Aid under chapter 256D; and assistance units who qualify for housing support
24.13 under chapter 256I and also receive Supplemental Security Income are exempt from this
24.14 section.

24.15 Subd. 2. **Reporting.** (a) Every six months, an assistance unit that qualifies for the
24.16 Minnesota family investment program under chapter 256J; an assistance unit that qualifies
24.17 for general assistance under chapter 256D with earned income of \$100 per month or greater;
24.18 or an assistance unit that qualifies for housing support under chapter 256I with earned
24.19 income of \$100 per month or greater is subject to six month case reviews. The initial
24.20 reporting period may be shorter than six months in order to align with other program reporting
24.21 periods.

24.22 (b) An assistance unit that qualifies for the Minnesota family investment program and
24.23 an assistance unit that qualifies for general assistance as described in paragraph (a) must
24.24 complete household report forms as prescribed by the commissioner for redetermination of
24.25 benefits.

24.26 (c) An assistance unit that qualifies for housing support as described in paragraph (a)
24.27 must complete household report forms as prescribed by the commissioner to provide
24.28 information about earned income.

24.29 (d) An assistance unit that qualifies for housing support and also receives assistance
24.30 through the Minnesota family investment program shall be subject to the requirements of
24.31 this section for purposes of the Minnesota family investment program but not for housing
24.32 support.

25.1 (e) An assistance unit must submit a household report form in compliance with the
25.2 provisions in section 256P.04, subdivision 11.

25.3 (f) An assistance unit may choose to report changes under this section at any time.

25.4 Subd. 3. **When to terminate assistance.** (a) An agency must terminate benefits when
25.5 the participant fails to submit the household report form before the end of the six month
25.6 review period. If the participant submits the household report form within 30 days of the
25.7 termination of benefits, benefits must be reinstated and made available retroactively for the
25.8 full benefit month.

25.9 (b) When an assistance unit is determined to be ineligible for assistance according to
25.10 this section and chapter 256D, 256I, or 256J, the agency must terminate assistance.

25.11 **EFFECTIVE DATE.** This section is effective March 1, 2023.

25.12 Sec. 42. Laws 2020, First Special Session chapter 7, section 1, is amended by adding a
25.13 subdivision to read:

25.14 Subd. 5. **Waivers and modifications.** When the peacetime emergency declared by the
25.15 governor in response to the COVID-19 outbreak expires, is terminated, or is rescinded by
25.16 the proper authority, the following waivers and modifications to human services programs
25.17 issued by the commissioner of human services pursuant to Executive Orders 20-12 and
25.18 20-42, including any amendments to the waivers or modifications issued before the peacetime
25.19 emergency expires, shall remain in effect until December 31, 2021, unless necessary federal
25.20 approval is not received at any time for a waiver or modification:

25.21 (1) CV...: when determining eligibility for cash assistance programs, not counting as
25.22 income any emergency economic relief provided through the American Rescue Plan Act
25.23 of 2021; and

25.24 (2) CV...: waiving interviews for annual eligibility recertifications of households receiving
25.25 cash assistance in which all necessary information has been submitted and verified.

25.26 Sec. 43. **DIRECTION TO COMMISSIONER; LONG-TERM HOMELESS**
25.27 **SUPPORTIVE SERVICES REPORT.**

25.28 (a) No later than January 15, 2023, the commissioner of human services shall produce
25.29 a report which shows the projects funded under Minnesota Statutes, section 256K.26, and
25.30 provide a copy of the report to the chairs and ranking minority members of the legislative
25.31 committees with jurisdiction over services for persons experiencing homelessness.

26.1 (b) This report must be updated annually for two additional years and the commissioner
26.2 must provide copies of the updated reports to the chairs and ranking minority members of
26.3 the legislative committees with jurisdiction over services for persons experiencing
26.4 homelessness by January 15, 2024, and January 15, 2025.

26.5 Sec. 44. **REPEALER.**

26.6 (a) Minnesota Statutes 2020, sections 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6b,
26.7 6c, 7, 8, 9, and 18; 256D.052, subdivision 3; and 256J.21, subdivisions 1 and 2, are repealed.

26.8 (b) Minnesota Statutes 2020, sections 256J.08, subdivisions 10, 53, 61, 62, 81, and 83;
26.9 256J.30, subdivisions 5, 7, and 8; 256J.33, subdivisions 3, 4, and 5; 256J.34, subdivisions
26.10 1, 2, 3, and 4; and 256J.37, subdivision 10, are repealed.

26.11 **EFFECTIVE DATE.** Paragraph (a) is effective August 1, 2021. Paragraph (b) is effective
26.12 March 1, 2023.

26.13 **ARTICLE 2**

26.14 **CHILD PROTECTION**

26.15 Section 1. Minnesota Statutes 2020, section 256N.25, subdivision 2, is amended to read:

26.16 Subd. 2. **Negotiation of agreement.** (a) When a child is determined to be eligible for
26.17 Northstar kinship assistance or adoption assistance, the financially responsible agency, or,
26.18 if there is no financially responsible agency, the agency designated by the commissioner,
26.19 must negotiate with the caregiver to develop an agreement under subdivision 1. If and when
26.20 the caregiver and agency reach concurrence as to the terms of the agreement, both parties
26.21 shall sign the agreement. The agency must submit the agreement, along with the eligibility
26.22 determination outlined in sections 256N.22, subdivision 7, and 256N.23, subdivision 7, to
26.23 the commissioner for final review, approval, and signature according to subdivision 1.

26.24 (b) A monthly payment is provided as part of the adoption assistance or Northstar kinship
26.25 assistance agreement to support the care of children unless the child is eligible for adoption
26.26 assistance and determined to be an at-risk child, in which case no payment will be made
26.27 unless and until the caregiver obtains written documentation from a qualified expert that
26.28 the potential disability upon which eligibility for the agreement was based has manifested
26.29 itself.

26.30 (1) The amount of the payment made on behalf of a child eligible for Northstar kinship
26.31 assistance or adoption assistance is determined through agreement between the prospective
26.32 relative custodian or the adoptive parent and the financially responsible agency, or, if there

27.1 is no financially responsible agency, the agency designated by the commissioner, using the
27.2 assessment tool established by the commissioner in section 256N.24, subdivision 2, and the
27.3 associated benefit and payments outlined in section 256N.26. Except as provided under
27.4 section 256N.24, subdivision 1, paragraph (c), the assessment tool establishes the monthly
27.5 benefit level for a child under foster care. The monthly payment under a Northstar kinship
27.6 assistance agreement or adoption assistance agreement may be negotiated up to the monthly
27.7 benefit level under foster care. In no case may the amount of the payment under a Northstar
27.8 kinship assistance agreement or adoption assistance agreement exceed the foster care
27.9 maintenance payment which would have been paid during the month if the child with respect
27.10 to whom the Northstar kinship assistance or adoption assistance payment is made had been
27.11 in a foster family home in the state.

27.12 (2) The rate schedule for the agreement is determined based on the age of the child on
27.13 the date that the prospective adoptive parent or parents or relative custodian or custodians
27.14 sign the agreement.

27.15 (3) The income of the relative custodian or custodians or adoptive parent or parents must
27.16 not be taken into consideration when determining eligibility for Northstar kinship assistance
27.17 or adoption assistance or the amount of the payments under section 256N.26.

27.18 (4) With the concurrence of the relative custodian or adoptive parent, the amount of the
27.19 payment may be adjusted periodically using the assessment tool established by the
27.20 commissioner in section 256N.24, subdivision 2, and the agreement renegotiated under
27.21 subdivision 3 when there is a change in the child's needs or the family's circumstances.

27.22 (5) An adoptive parent of an at-risk child with an adoption assistance agreement may
27.23 request a reassessment of the child under section 256N.24, subdivision 10, and renegotiation
27.24 of the adoption assistance agreement under subdivision 3 to include a monthly payment, if
27.25 the caregiver has written documentation from a qualified expert that the potential disability
27.26 upon which eligibility for the agreement was based has manifested itself. Documentation
27.27 of the disability must be limited to evidence deemed appropriate by the commissioner.

27.28 (c) For Northstar kinship assistance agreements:

27.29 (1) the initial amount of the monthly Northstar kinship assistance payment must be
27.30 equivalent to the foster care rate in effect at the time that the agreement is signed ~~less any~~
27.31 ~~offsets under section 256N.26, subdivision 11,~~ or a lesser negotiated amount if agreed to
27.32 by the prospective relative custodian and specified in that agreement, unless the Northstar
27.33 kinship assistance agreement is entered into when a child is under the age of six; and

28.1 (2) the amount of the monthly payment for a Northstar kinship assistance agreement for
28.2 a child who is under the age of six must be as specified in section 256N.26, subdivision 5.

28.3 (d) For adoption assistance agreements:

28.4 (1) for a child in foster care with the prospective adoptive parent immediately prior to
28.5 adoptive placement, the initial amount of the monthly adoption assistance payment must
28.6 be equivalent to the foster care rate in effect at the time that the agreement is signed ~~less~~
28.7 ~~any offsets in section 256N.26, subdivision 11,~~ or a lesser negotiated amount if agreed to
28.8 by the prospective adoptive parents and specified in that agreement, unless the child is
28.9 identified as at-risk or the adoption assistance agreement is entered into when a child is
28.10 under the age of six;

28.11 (2) for an at-risk child who must be assigned level A as outlined in section 256N.26, no
28.12 payment will be made unless and until the potential disability manifests itself, as documented
28.13 by an appropriate professional, and the commissioner authorizes commencement of payment
28.14 by modifying the agreement accordingly;

28.15 (3) the amount of the monthly payment for an adoption assistance agreement for a child
28.16 under the age of six, other than an at-risk child, must be as specified in section 256N.26,
28.17 subdivision 5;

28.18 (4) for a child who is in the Northstar kinship assistance program immediately prior to
28.19 adoptive placement, the initial amount of the adoption assistance payment must be equivalent
28.20 to the Northstar kinship assistance payment in effect at the time that the adoption assistance
28.21 agreement is signed or a lesser amount if agreed to by the prospective adoptive parent and
28.22 specified in that agreement, unless the child is identified as an at-risk child; and

28.23 (5) for a child who is not in foster care placement or the Northstar kinship assistance
28.24 program immediately prior to adoptive placement or negotiation of the adoption assistance
28.25 agreement, the initial amount of the adoption assistance agreement must be determined
28.26 using the assessment tool and process in this section and the corresponding payment amount
28.27 outlined in section 256N.26.

28.28 Sec. 2. Minnesota Statutes 2020, section 256N.25, subdivision 3, is amended to read:

28.29 Subd. 3. **Renegotiation of agreement.** (a) A relative custodian or adoptive parent of a
28.30 child with a Northstar kinship assistance or adoption assistance agreement may request
28.31 renegotiation of the agreement when there is a change in the needs of the child or in the
28.32 family's circumstances. When a relative custodian or adoptive parent requests renegotiation
28.33 of the agreement, a reassessment of the child must be completed consistent with section

29.1 256N.24, subdivisions 10 and 11. If the reassessment indicates that the child's level has
29.2 changed, the financially responsible agency or, if there is no financially responsible agency,
29.3 the agency designated by the commissioner or the commissioner's designee, and the caregiver
29.4 must renegotiate the agreement to include a payment with the level determined through the
29.5 reassessment process. The agreement must not be renegotiated unless the commissioner,
29.6 the financially responsible agency, and the caregiver mutually agree to the changes. The
29.7 effective date of any renegotiated agreement must be determined by the commissioner.

29.8 (b) An adoptive parent of an at-risk child with an adoption assistance agreement may
29.9 request renegotiation of the agreement to include a monthly payment under section 256N.26
29.10 if the caregiver has written documentation from a qualified expert that the potential disability
29.11 upon which eligibility for the agreement was based has manifested itself. Documentation
29.12 of the disability must be limited to evidence deemed appropriate by the commissioner. Prior
29.13 to renegotiating the agreement, a reassessment of the child must be conducted as outlined
29.14 in section 256N.24, subdivision 10. The reassessment must be used to renegotiate the
29.15 agreement to include an appropriate monthly payment. The agreement must not be
29.16 renegotiated unless the commissioner, the financially responsible agency, and the caregiver
29.17 mutually agree to the changes. The effective date of any renegotiated agreement must be
29.18 determined by the commissioner.

29.19 ~~(c) Renegotiation of a Northstar kinship assistance or adoption assistance agreement is~~
29.20 ~~required when one of the circumstances outlined in section 256N.26, subdivision 13, occurs.~~

29.21 Sec. 3. Minnesota Statutes 2020, section 256N.26, subdivision 11, is amended to read:

29.22 Subd. 11. **Child income or income attributable to the child.** (a) A monthly Northstar
29.23 kinship assistance or adoption assistance payment must be considered as income and
29.24 resources attributable to the child. Northstar kinship assistance and adoption assistance are
29.25 exempt from garnishment, except as permissible under the laws of the state where the child
29.26 resides.

29.27 (b) When a child is placed into foster care, any income and resources attributable to the
29.28 child are treated as provided in sections 252.27 and 260C.331, or 260B.331, as applicable
29.29 to the child being placed.

29.30 ~~(c) Consideration of income and resources attributable to the child must be part of the~~
29.31 ~~negotiation process outlined in section 256N.25, subdivision 2. In some circumstances, the~~
29.32 ~~receipt of other income on behalf of the child may impact the amount of the monthly payment~~
29.33 ~~received by the relative custodian or adoptive parent on behalf of the child through Northstar~~
29.34 ~~Care for Children. Supplemental Security Income (SSI), retirement survivor's disability~~

30.1 insurance (RSDI), veteran's benefits, railroad retirement benefits, and black lung benefits
30.2 are considered income and resources attributable to the child.

30.3 Sec. 4. Minnesota Statutes 2020, section 256N.26, subdivision 13, is amended to read:

30.4 Subd. 13. **Treatment of retirement survivor's disability insurance, veteran's benefits,**
30.5 **railroad retirement benefits, and black lung benefits.** (a) If a child placed in foster care
30.6 receives retirement survivor's disability insurance, veteran's benefits, railroad retirement
30.7 benefits, or black lung benefits at the time of foster care placement or subsequent to
30.8 placement in foster care, the financially responsible agency may apply to be the payee for
30.9 the child for the duration of the child's placement in foster care. If it is anticipated that a
30.10 child will be eligible to receive retirement survivor's disability insurance, veteran's benefits,
30.11 railroad retirement benefits, or black lung benefits after finalization of the adoption or
30.12 assignment of permanent legal and physical custody, the permanent caregiver shall apply
30.13 to be the payee of those benefits on the child's behalf. ~~The monthly amount of the other~~
30.14 ~~benefits must be considered an offset to the amount of the payment the child is determined~~
30.15 ~~eligible for under Northstar Care for Children.~~

30.16 ~~(b) If a child becomes eligible for retirement survivor's disability insurance, veteran's~~
30.17 ~~benefits, railroad retirement benefits, or black lung benefits, after the initial amount of the~~
30.18 ~~payment under Northstar Care for Children is finalized, the permanent caregiver shall contact~~
30.19 ~~the commissioner to redetermine the payment under Northstar Care for Children. The~~
30.20 ~~monthly amount of the other benefits must be considered an offset to the amount of the~~
30.21 ~~payment the child is determined eligible for under Northstar Care for Children.~~

30.22 ~~(c) If a child ceases to be eligible for retirement survivor's disability insurance, veteran's~~
30.23 ~~benefits, railroad retirement benefits, or black lung benefits after the initial amount of the~~
30.24 ~~payment under Northstar Care for Children is finalized, the permanent caregiver shall contact~~
30.25 ~~the commissioner to redetermine the payment under Northstar Care for Children. The~~
30.26 ~~monthly amount of the payment under Northstar Care for Children must be the amount the~~
30.27 ~~child was determined to be eligible for prior to consideration of any offset.~~

30.28 ~~(d) If the monthly payment received on behalf of the child under retirement survivor's~~
30.29 ~~disability insurance, veteran's benefits, railroad retirement benefits, or black lung benefits~~
30.30 ~~changes after the adoption assistance or Northstar kinship assistance agreement is finalized,~~
30.31 ~~the permanent caregiver shall notify the commissioner as to the new monthly payment~~
30.32 ~~amount, regardless of the amount of the change in payment. If the monthly payment changes~~
30.33 ~~by \$75 or more, even if the change occurs incrementally over the duration of the term of~~
30.34 ~~the adoption assistance or Northstar kinship assistance agreement, the monthly payment~~

31.1 ~~under Northstar Care for Children must be adjusted without further consent to reflect the~~
 31.2 ~~amount of the increase or decrease in the offset amount. Any subsequent change to the~~
 31.3 ~~payment must be reported and handled in the same manner. A change of monthly payments~~
 31.4 ~~of less than \$75 is not a permissible reason to renegotiate the adoption assistance or Northstar~~
 31.5 ~~kinship assistance agreement under section 256N.25, subdivision 3. The commissioner shall~~
 31.6 ~~review and revise the limit at which the adoption assistance or Northstar kinship assistance~~
 31.7 ~~agreement must be renegotiated in accordance with subdivision 9.~~

31.8 Sec. 5. Minnesota Statutes 2020, section 260.761, subdivision 2, is amended to read:

31.9 Subd. 2. **Agency and court notice to tribes.** (a) When a local social services agency
 31.10 has information that a family assessment ~~or~~ investigation, or noncaregiver sex trafficking
 31.11 assessment being conducted may involve an Indian child, the local social services agency
 31.12 shall notify the Indian child's tribe of the family assessment ~~or~~ investigation, or noncaregiver
 31.13 sex trafficking assessment according to section 260E.18. The local social services agency
 31.14 shall provide initial notice ~~shall be provided~~ by telephone and by e-mail or facsimile. The
 31.15 local social services agency shall request that the tribe or a designated tribal representative
 31.16 participate in evaluating the family circumstances, identifying family and tribal community
 31.17 resources, and developing case plans.

31.18 (b) When a local social services agency has information that a child receiving services
 31.19 may be an Indian child, the local social services agency shall notify the tribe by telephone
 31.20 and by e-mail or facsimile of the child's full name and date of birth, the full names and dates
 31.21 of birth of the child's biological parents, and, if known, the full names and dates of birth of
 31.22 the child's grandparents and of the child's Indian custodian. This notification must be provided
 31.23 ~~so~~ for the tribe ~~can~~ to determine if the child is enrolled in the tribe or eligible for tribal
 31.24 membership, and ~~must be provided~~ the agency must provide this notification to the tribe
 31.25 within seven days of receiving information that the child may be an Indian child. If
 31.26 information regarding the child's grandparents or Indian custodian is not available within
 31.27 the seven-day period, the local social services agency shall continue to request this
 31.28 information and shall notify the tribe when it is received. Notice shall be provided to all
 31.29 tribes to which the child may have any tribal lineage. If the identity or location of the child's
 31.30 parent or Indian custodian and tribe cannot be determined, the local social services agency
 31.31 shall provide the notice required in this paragraph to the United States secretary of the
 31.32 interior.

31.33 (c) In accordance with sections 260C.151 and 260C.152, when a court has reason to
 31.34 believe that a child placed in emergency protective care is an Indian child, the court

32.1 administrator or a designee shall, as soon as possible and before a hearing takes place, notify
32.2 the tribal social services agency by telephone and by e-mail or facsimile of the date, time,
32.3 and location of the emergency protective case hearing. The court shall make efforts to allow
32.4 appearances by telephone for tribal representatives, parents, and Indian custodians.

32.5 (d) A local social services agency must provide the notices required under this subdivision
32.6 at the earliest possible time to facilitate involvement of the Indian child's tribe. Nothing in
32.7 this subdivision is intended to hinder the ability of the local social services agency and the
32.8 court to respond to an emergency situation. Lack of participation by a tribe shall not prevent
32.9 the tribe from intervening in services and proceedings at a later date. A tribe may participate
32.10 in a case at any time. At any stage of the local social services agency's involvement with
32.11 an Indian child, the agency shall provide full cooperation to the tribal social services agency,
32.12 including disclosure of all data concerning the Indian child. Nothing in this subdivision
32.13 relieves the local social services agency of satisfying the notice requirements in the Indian
32.14 Child Welfare Act.

32.15 Sec. 6. Minnesota Statutes 2020, section 260C.007, subdivision 14, is amended to read:

32.16 Subd. 14. **Egregious harm.** "Egregious harm" means the infliction of bodily harm to a
32.17 child or neglect of a child which demonstrates a grossly inadequate ability to provide
32.18 minimally adequate parental care. ~~The Egregious harm need~~ must not have occurred in the
32.19 state or in the county where a termination of parental rights action is ~~otherwise properly~~
32.20 ~~venued~~ has proper venue. Egregious harm includes, but is not limited to:

32.21 (1) conduct ~~towards~~ toward a child that constitutes a violation of sections 609.185 to
32.22 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;

32.23 (2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02,
32.24 subdivision 7a;

32.25 (3) conduct ~~towards~~ toward a child that constitutes felony malicious punishment of a
32.26 child under section 609.377;

32.27 (4) conduct ~~towards~~ toward a child that constitutes felony unreasonable restraint of a
32.28 child under section 609.255, subdivision 3;

32.29 (5) conduct ~~towards~~ toward a child that constitutes felony neglect or endangerment of
32.30 a child under section 609.378;

32.31 (6) conduct ~~towards~~ toward a child that constitutes assault under section 609.221, 609.222,
32.32 or 609.223;

33.1 (7) conduct ~~towards~~ toward a child that constitutes sex trafficking, solicitation,
33.2 inducement, ~~or~~ promotion of, or receiving profit derived from prostitution under section
33.3 609.322;

33.4 (8) conduct ~~towards~~ toward a child that constitutes murder or voluntary manslaughter
33.5 as defined by United States Code, title 18, section 1111(a) or 1112(a);

33.6 (9) conduct ~~towards~~ toward a child that constitutes aiding or abetting, attempting,
33.7 conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a
33.8 violation of United States Code, title 18, section 1111(a) or 1112(a); or

33.9 (10) conduct toward a child that constitutes criminal sexual conduct under sections
33.10 609.342 to 609.345.

33.11 Sec. 7. Minnesota Statutes 2020, section 260E.01, is amended to read:

33.12 **260E.01 POLICY.**

33.13 (a) The legislature hereby declares that the public policy of this state is to protect children
33.14 whose health or welfare may be jeopardized through maltreatment. While it is recognized
33.15 that most parents want to keep their children safe, sometimes circumstances or conditions
33.16 interfere with their ability to do so. When this occurs, the health and safety of the children
33.17 must be of paramount concern. Intervention and prevention efforts must address immediate
33.18 concerns for child safety and the ongoing risk of maltreatment and should engage the
33.19 protective capacities of families. In furtherance of this public policy, it is the intent of the
33.20 legislature under this chapter to:

33.21 (1) protect children and promote child safety;

33.22 (2) strengthen the family;

33.23 (3) make the home, school, and community safe for children by promoting responsible
33.24 child care in all settings; and

33.25 (4) provide, when necessary, a safe temporary or permanent home environment for
33.26 maltreated children.

33.27 (b) In addition, it is the policy of this state to:

33.28 (1) require the reporting of maltreatment of children in the home, school, and community
33.29 settings;

33.30 (2) provide for ~~the~~ voluntary reporting of maltreatment of children;

34.1 (3) require an investigation when the report alleges sexual abuse or substantial child
34.2 endangerment, except when the report alleges sex trafficking by a noncaregiver sex trafficker;

34.3 (4) provide a family assessment, if appropriate, when the report does not allege sexual
34.4 abuse or substantial child endangerment; ~~and~~

34.5 (5) provide a noncaregiver sex trafficking assessment when the report alleges sex
34.6 trafficking by a noncaregiver sex trafficker; and

34.7 (6) provide protective, family support, and family preservation services when needed
34.8 in appropriate cases.

34.9 Sec. 8. Minnesota Statutes 2020, section 260E.02, subdivision 1, is amended to read:

34.10 Subdivision 1. **Establishment of team.** A county shall establish a multidisciplinary
34.11 child protection team that may include, but is not be limited to, the director of the local
34.12 welfare agency or designees, the county attorney or designees, the county sheriff or designees,
34.13 representatives of health and education, representatives of mental health, representatives of
34.14 agencies providing specialized services or responding to youth who experience or are at
34.15 risk of experiencing sex trafficking or sexual exploitation, or other appropriate human
34.16 services or community-based agencies, and parent groups. As used in this section, a
34.17 "community-based agency" may include, but is not limited to, schools, social services
34.18 agencies, family service and mental health collaboratives, children's advocacy centers, early
34.19 childhood and family education programs, Head Start, or other agencies serving children
34.20 and families. A member of the team must be designated as the lead person of the team
34.21 responsible for the planning process to develop standards for the team's activities with
34.22 battered women's and domestic abuse programs and services.

34.23 Sec. 9. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision to
34.24 read:

34.25 Subd. 15a. **Noncaregiver sex trafficker.** "Noncaregiver sex trafficker" means an
34.26 individual who is alleged to have engaged in the act of sex trafficking a child and who is
34.27 not a person responsible for the child's care, who does not have a significant relationship
34.28 with the child as defined in section 609.341, and who is not a person in a current or recent
34.29 position of authority as defined in section 609.341, subdivision 10.

35.1 Sec. 10. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision
35.2 to read:

35.3 Subd. 15b. **Noncaregiver sex trafficking assessment.** "Noncaregiver sex trafficking
35.4 assessment" is a comprehensive assessment of child safety, the risk of subsequent child
35.5 maltreatment, and strengths and needs of the child and family. The local welfare agency
35.6 shall only perform a noncaregiver sex trafficking assessment when a maltreatment report
35.7 alleges sex trafficking of a child by someone other than the child's caregiver. A noncaregiver
35.8 sex trafficking assessment does not include a determination of whether child maltreatment
35.9 occurred. A noncaregiver sex trafficking assessment includes a determination of a family's
35.10 need for services to address the safety of the child or children, the safety of family members,
35.11 and the risk of subsequent child maltreatment.

35.12 Sec. 11. Minnesota Statutes 2020, section 260E.03, subdivision 22, is amended to read:

35.13 Subd. 22. **Substantial child endangerment.** "Substantial child endangerment" means
35.14 that a person responsible for a child's care, by act or omission, commits or attempts to
35.15 commit an act against a child ~~under their~~ in the person's care that constitutes any of the
35.16 following:

35.17 (1) egregious harm under subdivision 5;

35.18 (2) abandonment under section 260C.301, subdivision 2;

35.19 (3) neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers
35.20 the child's physical or mental health, including a growth delay, which may be referred to
35.21 as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

35.22 (4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;

35.23 (5) manslaughter in the first or second degree under section 609.20 or 609.205;

35.24 (6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;

35.25 (7) sex trafficking, solicitation, inducement, ~~and~~ or promotion of prostitution under
35.26 section 609.322;

35.27 (8) criminal sexual conduct under sections 609.342 to 609.3451;

35.28 (9) solicitation of children to engage in sexual conduct under section 609.352;

35.29 (10) malicious punishment or neglect or endangerment of a child under section 609.377
35.30 or 609.378;

35.31 (11) use of a minor in sexual performance under section 617.246; or

36.1 (12) parental behavior, status, or condition ~~that mandates that~~ requiring the county
36.2 attorney to file a termination of parental rights petition under section 260C.503, subdivision
36.3 2.

36.4 Sec. 12. Minnesota Statutes 2020, section 260E.14, subdivision 2, is amended to read:

36.5 Subd. 2. **Sexual abuse.** (a) The local welfare agency is the agency responsible for
36.6 investigating an allegation of sexual abuse if the alleged offender is the parent, guardian,
36.7 sibling, or an individual functioning within the family unit as a person responsible for the
36.8 child's care, or a person with a significant relationship to the child if that person resides in
36.9 the child's household.

36.10 (b) The local welfare agency is also responsible for assessing or investigating when a
36.11 child is identified as a victim of sex trafficking.

36.12 Sec. 13. Minnesota Statutes 2020, section 260E.14, subdivision 5, is amended to read:

36.13 Subd. 5. **Law enforcement.** (a) The local law enforcement agency is the agency
36.14 responsible for investigating a report of maltreatment if a violation of a criminal statute is
36.15 alleged.

36.16 (b) Law enforcement and the responsible agency must coordinate their investigations
36.17 or assessments as required under this chapter when ~~the~~: (1) a report alleges maltreatment
36.18 that is a violation of a criminal statute by a person who is a parent, guardian, sibling, person
36.19 responsible for the child's care functioning within the family unit, or by a person who lives
36.20 in the child's household and who has a significant relationship to the child; in a setting other
36.21 than a facility as defined in section 260E.03; or (2) a report alleges sex trafficking of a child.

36.22 Sec. 14. Minnesota Statutes 2020, section 260E.17, subdivision 1, is amended to read:

36.23 Subdivision 1. **Local welfare agency.** (a) Upon receipt of a report, the local welfare
36.24 agency shall determine whether to conduct a family assessment ~~or~~, an investigation, or a
36.25 noncaregiver sex trafficking assessment as appropriate to prevent or provide a remedy for
36.26 maltreatment.

36.27 (b) The local welfare agency shall conduct an investigation when the report involves
36.28 sexual abuse, except as indicated in paragraph (f), or substantial child endangerment.

36.29 (c) The local welfare agency shall begin an immediate investigation ~~if~~, at any time when
36.30 the local welfare agency is using responding with a family assessment ~~response~~, and the

37.1 local welfare agency determines that there is reason to believe that sexual abuse ~~or~~, substantial
37.2 child endangerment, or a serious threat to the child's safety exists.

37.3 (d) The local welfare agency may conduct a family assessment for reports that do not
37.4 allege sexual abuse, except as indicated in paragraph (f), or substantial child endangerment.
37.5 In determining that a family assessment is appropriate, the local welfare agency may consider
37.6 issues of child safety, parental cooperation, and the need for an immediate response.

37.7 (e) The local welfare agency may conduct a family assessment ~~on~~ for a report that was
37.8 initially screened and assigned for an investigation. In determining that a complete
37.9 investigation is not required, the local welfare agency must document the reason for
37.10 terminating the investigation and notify the local law enforcement agency if the local law
37.11 enforcement agency is conducting a joint investigation.

37.12 (f) The local welfare agency shall conduct a noncaregiver sex trafficking assessment
37.13 when a maltreatment report alleges sex trafficking of a child and the alleged offender is a
37.14 noncaregiver sex trafficker as defined by section 260E.03, subdivision 15a.

37.15 (g) During a noncaregiver sex trafficking assessment, the local welfare agency shall
37.16 initiate an immediate investigation if there is reason to believe that a child's parent, caregiver,
37.17 or household member allegedly engaged in the act of sex trafficking a child or was alleged
37.18 to have engaged in any conduct requiring the agency to conduct an investigation.

37.19 Sec. 15. Minnesota Statutes 2020, section 260E.18, is amended to read:

37.20 **260E.18 NOTICE TO CHILD'S TRIBE.**

37.21 The local welfare agency shall provide immediate notice, according to section 260.761,
37.22 subdivision 2, to an Indian child's tribe when the agency has reason to believe that the family
37.23 assessment ~~or~~, investigation, or noncaregiver sex trafficking assessment may involve an
37.24 Indian child. For purposes of this section, "immediate notice" means notice provided within
37.25 24 hours.

37.26 Sec. 16. Minnesota Statutes 2020, section 260E.20, subdivision 2, is amended to read:

37.27 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
37.28 agency shall ~~conduct a~~ have face-to-face contact with the child reported to be maltreated
37.29 and with the child's primary caregiver sufficient to complete a safety assessment and ensure
37.30 the immediate safety of the child.

37.31 (b) Except in a noncaregiver sex trafficking assessment, the local welfare agency shall
37.32 have face-to-face contact with the child and primary caregiver ~~shall occur~~ immediately after

38.1 the agency screens in a report if sexual abuse or substantial child endangerment is alleged
38.2 and within five calendar days of a screened in report for all other reports. If the alleged
38.3 offender was not already interviewed as the primary caregiver, the local welfare agency
38.4 shall also conduct a face-to-face interview with the alleged offender in the early stages of
38.5 the assessment or investigation, except in a noncaregiver sex trafficking assessment.

38.6 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
38.7 responsible for assessing or investigating the report must inform the alleged offender of the
38.8 complaints or allegations made against the individual in a manner consistent with laws
38.9 protecting the rights of the person who made the report. The interview with the alleged
38.10 offender may be postponed if it would jeopardize an active law enforcement investigation.
38.11 In a noncaregiver sex trafficking assessment, the local child welfare agency is not required
38.12 to inform or interview the alleged offender.

38.13 (d) The local welfare agency or the agency responsible for assessing or investigating
38.14 the report must provide the alleged offender with an opportunity to make a statement, except
38.15 in a noncaregiver sex trafficking assessment. The alleged offender may submit supporting
38.16 documentation relevant to the assessment or investigation.

38.17 Sec. 17. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

38.18 Subd. 2. **Determination after family assessment or a noncaregiver sex trafficking**
38.19 **assessment.** After conducting a family assessment or a noncaregiver sex trafficking
38.20 assessment, the local welfare agency shall determine whether child protective services are
38.21 needed to address the safety of the child and other family members and the risk of subsequent
38.22 maltreatment.

38.23 Sec. 18. Minnesota Statutes 2020, section 260E.24, subdivision 7, is amended to read:

38.24 Subd. 7. **Notification at conclusion of family assessment or a noncaregiver sex**
38.25 **trafficking assessment.** Within ten working days of the conclusion of a family assessment
38.26 or a noncaregiver sex trafficking assessment, the local welfare agency shall notify the parent
38.27 or guardian of the child of the need for services to address child safety concerns or significant
38.28 risk of subsequent maltreatment. The local welfare agency and the family may also jointly
38.29 agree that family support and family preservation services are needed.

38.30 Sec. 19. Minnesota Statutes 2020, section 260E.33, subdivision 1, is amended to read:

38.31 Subdivision 1. **Following a family assessment or a noncaregiver sex trafficking**
38.32 **assessment.** Administrative reconsideration is not applicable to a family assessment or

39.1 noncaregiver sex trafficking assessment since no determination concerning maltreatment
39.2 is made.

39.3 Sec. 20. Minnesota Statutes 2020, section 260E.35, subdivision 6, is amended to read:

39.4 Subd. 6. **Data retention.** (a) Notwithstanding sections 138.163 and 138.17, a record
39.5 maintained or a record derived from a report of maltreatment by a local welfare agency,
39.6 agency responsible for assessing or investigating the report, court services agency, or school
39.7 under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible
39.8 authority.

39.9 (b) For a report alleging maltreatment that was not accepted for an assessment or an
39.10 investigation, a family assessment case, a noncaregiver sex trafficking assessment case, and
39.11 a case where an investigation results in no determination of maltreatment or the need for
39.12 child protective services, the record must be maintained for a period of five years after the
39.13 date that the report was not accepted for assessment or investigation or the date of the final
39.14 entry in the case record. A record of a report that was not accepted must contain sufficient
39.15 information to identify the subjects of the report, the nature of the alleged maltreatment,
39.16 and the reasons ~~as to~~ why the report was not accepted. Records under this paragraph may
39.17 not be used for employment, background checks, or purposes other than to assist in future
39.18 screening decisions and risk and safety assessments.

39.19 (c) All records relating to reports that, upon investigation, indicate ~~either~~ maltreatment
39.20 or a need for child protective services shall be maintained for ten years after the date of the
39.21 final entry in the case record.

39.22 (d) All records regarding a report of maltreatment, including a notification of intent to
39.23 interview that was received by a school under section 260E.22, subdivision 7, shall be
39.24 destroyed by the school when ordered to do so by the agency conducting the assessment or
39.25 investigation. The agency shall order the destruction of the notification when other records
39.26 relating to the report under investigation or assessment are destroyed under this subdivision.

39.27 (e) Private or confidential data released to a court services agency under subdivision 3,
39.28 paragraph (d), must be destroyed by the court services agency when ordered to do so by the
39.29 local welfare agency that released the data. The local welfare agency or agency responsible
39.30 for assessing or investigating the report shall order destruction of the data when other records
39.31 relating to the assessment or investigation are destroyed under this subdivision.

ARTICLE 3

CHILD PROTECTION POLICY

Section 1. Minnesota Statutes 2020, section 245.4885, subdivision 1, is amended to read:

Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the case of an emergency, all children referred for treatment of severe emotional disturbance in a treatment foster care setting, residential treatment facility, or informally admitted to a regional treatment center shall undergo an assessment to determine the appropriate level of care if public funds are used to pay for the child's services.

(b) The responsible social services agency shall determine the appropriate level of care for a child when county-controlled funds are used to pay for the child's services or placement in a qualified residential treatment facility under chapter 260C and licensed by the commissioner under chapter 245A. In accordance with section 260C.157, a juvenile treatment screening team shall conduct a screening of a child before the team may recommend whether to place a child in a qualified residential treatment program as defined in section 260C.007, subdivision 26d. When a social services agency does not have responsibility for a child's placement and the child is enrolled in a prepaid health program under section 256B.69, the enrolled child's contracted health plan must determine the appropriate level of care for the child. When Indian Health Services funds or funds of a tribally owned facility funded under the Indian Self-Determination and Education Assistance Act, Public Law 93-638, are to be used for a child, the Indian Health Services or 638 tribal health facility must determine the appropriate level of care for the child. When more than one entity bears responsibility for a child's coverage, the entities shall coordinate level of care determination activities for the child to the extent possible.

(c) The responsible social services agency must make the child's level of care determination available to the child's juvenile treatment screening team, as permitted under chapter 13. The level of care determination shall inform the juvenile treatment screening team process and the assessment in section 260C.704 when considering whether to place the child in a qualified residential treatment program. When the responsible social services agency is not involved in determining a child's placement, the child's level of care determination shall determine whether the proposed treatment:

(1) is necessary;

(2) is appropriate to the child's individual treatment needs;

(3) cannot be effectively provided in the child's home; and

41.1 (4) provides a length of stay as short as possible consistent with the individual child's
41.2 ~~need~~ needs.

41.3 (d) When a level of care determination is conducted, the responsible social services
41.4 agency or other entity may not determine that a screening of a child under section 260C.157
41.5 or referral or admission to a treatment foster care setting or residential treatment facility is
41.6 not appropriate solely because services were not first provided to the child in a less restrictive
41.7 setting and the child failed to make progress toward or meet treatment goals in the less
41.8 restrictive setting. The level of care determination must be based on a diagnostic assessment
41.9 of a child that includes a functional assessment which evaluates the child's family, school,
41.10 and community living situations; and an assessment of the child's need for care out of the
41.11 home using a validated tool which assesses a child's functional status and assigns an
41.12 appropriate level of care to the child. The validated tool must be approved by the
41.13 commissioner of human services and may be the validated tool approved for the child's
41.14 assessment under section 260C.704 if the juvenile treatment screening team recommended
41.15 placement of the child in a qualified residential treatment program. If a diagnostic assessment
41.16 including a functional assessment has been completed by a mental health professional within
41.17 the past 180 days, a new diagnostic assessment need not be completed unless in the opinion
41.18 of the current treating mental health professional the child's mental health status has changed
41.19 markedly since the assessment was completed. The child's parent shall be notified if an
41.20 assessment will not be completed and of the reasons. A copy of the notice shall be placed
41.21 in the child's file. Recommendations developed as part of the level of care determination
41.22 process shall include specific community services needed by the child and, if appropriate,
41.23 the child's family, and shall indicate whether ~~or not~~ these services are available and accessible
41.24 to the child and the child's family.

41.25 (e) During the level of care determination process, the child, child's family, or child's
41.26 legal representative, as appropriate, must be informed of the child's eligibility for case
41.27 management services and family community support services and that an individual family
41.28 community support plan is being developed by the case manager, if assigned.

41.29 (f) When the responsible social services agency has authority, the agency must engage
41.30 the child's parents in case planning under sections 260C.212 and 260C.708 and chapter
41.31 260D unless a court terminates the parent's rights or court orders restrict the parent from
41.32 participating in case planning, visitation, or parental responsibilities.

41.33 (g) The level of care determination, ~~and~~ placement decision, and recommendations for
41.34 mental health services must be documented in the child's record, as required in ~~chapter~~
41.35 chapters 260C and 260D.

42.1 **EFFECTIVE DATE.** This section is effective September 30, 2021.

42.2 Sec. 2. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
42.3 read:

42.4 **Subd. 3c. At risk of becoming a victim of sex trafficking or commercial sexual**
42.5 **exploitation.** For the purposes of section 245A.25, a youth who is "at risk of becoming a
42.6 victim of sex trafficking or commercial sexual exploitation" means a youth who meets the
42.7 criteria established by the commissioner of human services for this purpose.

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

42.9 Sec. 3. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
42.10 read:

42.11 **Subd. 4a. Children's residential facility.** "Children's residential facility" is defined as
42.12 a residential program licensed under this chapter or chapter 241 according to the applicable
42.13 standards in Minnesota Rules, parts 2960.0010 to 2960.0710.

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

42.15 Sec. 4. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
42.16 read:

42.17 **Subd. 6d. Foster family setting.** "Foster family setting" has the meaning given in
42.18 Minnesota Rules, chapter 2960.3010, subpart 23, and includes settings licensed by the
42.19 commissioner of human services or the commissioner of corrections.

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

42.21 Sec. 5. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
42.22 read:

42.23 **Subd. 6e. Foster residence setting.** "Foster residence setting" has the meaning given
42.24 in Minnesota Rules, chapter 2960.3010, subpart 26, and includes settings licensed by the
42.25 commissioner of human services or the commissioner of corrections.

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

43.1 Sec. 6. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
43.2 read:

43.3 Subd. 18a. **Trauma.** For the purposes of section 245A.25, "trauma" means an event,
43.4 series of events, or set of circumstances experienced by an individual as physically or
43.5 emotionally harmful or life-threatening and has lasting adverse effects on the individual's
43.6 functioning and mental, physical, social, emotional, or spiritual well-being. Trauma includes
43.7 the cumulative emotional or psychological harm of group traumatic experiences transmitted
43.8 across generations within a community that are often associated with racial and ethnic
43.9 population groups that have suffered major intergenerational losses.

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

43.11 Sec. 7. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
43.12 read:

43.13 Subd. 23. **Victim of sex trafficking or commercial sexual exploitation.** For the purposes
43.14 of section 245A.25, "victim of sex trafficking or commercial sexual exploitation" means a
43.15 person who meets the definitions in section 260C.007, subdivision 31, clauses (4) and (5).

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

43.17 Sec. 8. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
43.18 read:

43.19 Subd. 24. **Youth.** For the purposes of section 245A.25, "youth" means a "child" as
43.20 defined in section 260C.007, subdivision 4, and includes individuals under 21 years of age
43.21 who are in foster care pursuant to section 260C.451.

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

43.23 Sec. 9. Minnesota Statutes 2020, section 245A.041, is amended by adding a subdivision
43.24 to read:

43.25 Subd. 6. **First date of working in a facility or setting; documentation**
43.26 **requirements.** Children's residential facility and foster residence setting license holders
43.27 must document the first date that a person who is a background study subject begins working
43.28 in the license holder's facility or setting. If the license holder does not maintain documentation
43.29 of each background study subject's first date of working in the facility or setting in the
43.30 license holder's personnel files, the license holder must provide documentation to the

44.1 commissioner that contains the first date that each background study subject began working
44.2 in the license holder's program upon the commissioner's request.

44.3 **EFFECTIVE DATE.** This section is effective August 1, 2021.

44.4 Sec. 10. **[245A.25] RESIDENTIAL PROGRAM CERTIFICATIONS FOR**
44.5 **COMPLIANCE WITH THE FAMILY FIRST PREVENTION SERVICES ACT.**

44.6 Subdivision 1. **Certification scope and applicability.** (a) This section establishes the
44.7 requirements that a children's residential facility or child foster residence setting must meet
44.8 to be certified for the purposes of Title IV-E funding requirements as:

44.9 (1) a qualified residential treatment program;

44.10 (2) a residential setting specializing in providing care and supportive services for youth
44.11 who have been or are at risk of becoming victims of sex trafficking or commercial sexual
44.12 exploitation;

44.13 (3) a residential setting specializing in providing prenatal, postpartum, or parenting
44.14 support for youth; or

44.15 (4) a supervised independent living setting for youth who are 18 years of age or older.

44.16 (b) This section does not apply to a foster family setting in which the license holder
44.17 resides in the foster home.

44.18 (c) Children's residential facilities licensed as detention settings according to Minnesota
44.19 Rules, parts 2960.0230 to 2960.0290, or secure programs according to Minnesota Rules,
44.20 parts 2960.0300 to 2960.0420, may not be certified under this section.

44.21 (d) For purposes of this section, "license holder" means an individual, organization, or
44.22 government entity that was issued a children's residential facility or foster residence setting
44.23 license by the commissioner of human services under this chapter or by the commissioner
44.24 of corrections under chapter 241.

44.25 (e) Certifications issued under this section for foster residence settings may only be
44.26 issued by the commissioner of human services and are not delegated to county or private
44.27 licensing agencies under section 245A.16.

44.28 Subd. 2. **Program certification types and requests for certification.** (a) By July 1,
44.29 2021, The commissioner of human services must offer certifications to license holders for
44.30 the following types of programs:

44.31 (1) qualified residential treatment programs;

45.1 (2) residential settings specializing in providing care and supportive services for youth
45.2 who have been or are at risk of becoming victims of sex trafficking or commercial sexual
45.3 exploitation;

45.4 (3) residential settings specializing in providing prenatal, postpartum, or parenting
45.5 support for youth; and

45.6 (4) supervised independent living settings for youth who are 18 years of age or older.

45.7 (b) An applicant or license holder must submit a request for certification under this
45.8 section on a form and in a manner prescribed by the commissioner of human services. The
45.9 decision of the commissioner of human services to grant or deny a certification request is
45.10 final and not subject to appeal under chapter 14.

45.11 Subd. 3. **Trauma-informed care.** (a) Programs certified under subdivisions 4 or 5 must
45.12 provide services to a person according to a trauma-informed model of care that meets the
45.13 requirements of this subdivision, except that programs certified under subdivision 5 are not
45.14 required to meet the requirements of paragraph (e).

45.15 (b) For the purposes of this section, "trauma-informed care" is defined as care that:

45.16 (1) acknowledges the effects of trauma on a person receiving services and on the person's
45.17 family;

45.18 (2) modifies services to respond to the effects of trauma on the person receiving services;

45.19 (3) emphasizes skill and strength-building rather than symptom management; and

45.20 (4) focuses on the physical and psychological safety of the person receiving services
45.21 and the person's family.

45.22 (c) The license holder must have a process for identifying the signs and symptoms of
45.23 trauma in a youth and must address the youth's needs related to trauma. This process must
45.24 include:

45.25 (1) screening for trauma by completing a trauma-specific screening tool with each youth
45.26 upon the youth's admission or obtaining the results of a trauma-specific screening tool that
45.27 was completed with the youth within 30 days prior to the youth's admission to the program;
45.28 and

45.29 (2) ensuring that trauma-based interventions targeting specific trauma-related symptoms
45.30 are available to each youth when needed to assist the youth in obtaining services. For
45.31 qualified residential treatment programs, this must include the provision of services in
45.32 paragraph (e).

46.1 (d) The license holder must develop and provide services to each youth according to the
46.2 principles of trauma-informed care including:

46.3 (1) recognizing the impact of trauma on a youth when determining the youth's service
46.4 needs and providing services to the youth;

46.5 (2) allowing each youth to participate in reviewing and developing the youth's
46.6 individualized treatment or service plan;

46.7 (3) providing services to each youth that are person-centered and culturally responsive;
46.8 and

46.9 (4) adjusting services for each youth to address additional needs of the youth.

46.10 (e) In addition to the other requirements of this subdivision, qualified residential treatment
46.11 programs must use a trauma-based treatment model that includes:

46.12 (1) assessing each youth to determine if the youth needs trauma-specific treatment
46.13 interventions;

46.14 (2) identifying in each youth's treatment plan how the program will provide
46.15 trauma-specific treatment interventions to the youth;

46.16 (3) providing trauma-specific treatment interventions to a youth that target the youth's
46.17 specific trauma-related symptoms; and

46.18 (4) training all clinical staff of the program on trauma-specific treatment interventions.

46.19 (f) At the license holder's program, the license holder must provide a physical, social,
46.20 and emotional environment that:

46.21 (1) promotes the physical and psychological safety of each youth;

46.22 (2) avoids aspects that may be retraumatizing;

46.23 (3) responds to trauma experienced by each youth and the youth's other needs; and

46.24 (4) includes designated spaces that are available to each youth for engaging in sensory
46.25 and self-soothing activities.

46.26 (g) The license holder must base the program's policies and procedures on
46.27 trauma-informed principles. In the program's policies and procedures, the license holder
46.28 must:

46.29 (1) describe how the program provides services according to a trauma-informed model
46.30 of care;

47.1 (2) describe how the program's environment fulfills the requirements of paragraph (f);

47.2 (3) prohibit the use of aversive consequences for a youth's violation of program rules
47.3 or any other reason;

47.4 (4) describe the process for how the license holder incorporates trauma-informed
47.5 principles and practices into the organizational culture of the license holder's program; and

47.6 (5) if the program is certified to use restrictive procedures under Minnesota Rules, part
47.7 2960.0710, how the program uses restrictive procedures only when necessary for a youth
47.8 in a manner that addresses the youth's history of trauma and avoids causing the youth
47.9 additional trauma.

47.10 (h) Prior to allowing a staff person to have direct contact, as defined in section 245C.02,
47.11 subdivision 11, with a youth and annually thereafter, the license holder must train each staff
47.12 person about:

47.13 (1) concepts of trauma-informed care and how to provide services to each youth according
47.14 to these concepts; and

47.15 (2) impacts of each youth's culture, race, gender, and sexual orientation on the youth's
47.16 behavioral health and traumatic experiences.

47.17 **Subd. 4. Qualified residential treatment programs; certification requirements. (a)**
47.18 **To be certified as a qualified residential treatment program, a license holder must meet:**

47.19 (1) the definition of a qualified residential treatment program in section 260C.007,
47.20 subdivision 26d;

47.21 (2) the requirements for providing trauma-informed care and using a trauma-based
47.22 treatment model in subdivision 3; and

47.23 (3) the requirements of this subdivision.

47.24 (b) For each youth placed at the license holder's program, the license holder must
47.25 collaborate with the responsible social services agency and other appropriate parties to
47.26 implement the youth's out-of-home placement plan and the youth's short-term and long-term
47.27 mental health and behavioral health goals in the assessment required by sections 260C.212,
47.28 subdivision 1; 260C.704; and 260C.708.

47.29 (c) A qualified residential treatment program must use a trauma-based treatment model
47.30 that meets all of the requirements of subdivision 3 that is designed to address the needs,
47.31 including clinical needs, of youth with serious emotional or behavioral disorders or
47.32 disturbances. The license holder must develop, document, and review a treatment plan for

48.1 each youth according to the requirements of Minnesota Rules, parts 2960.0180, subpart 2,
48.2 item B; and 2960.0190, subpart 2.

48.3 (d) The following types of staff must be on-site according to the program's treatment
48.4 model and must be available 24 hours a day and seven days a week to provide care within
48.5 the scope of their practice:

48.6 (1) a registered nurse or licensed practical nurse licensed by the Minnesota Board of
48.7 Nursing to practice professional nursing or practical nursing as defined in section 148.171,
48.8 subdivisions 14 and 15; and

48.9 (2) other licensed clinical staff to meet each youth's clinical needs.

48.10 (e) A qualified residential treatment program must be accredited by one of the following
48.11 independent, not-for-profit organizations:

48.12 (1) the Commission on Accreditation of Rehabilitation Facilities (CARF);

48.13 (2) the Joint Commission;

48.14 (3) the Council on Accreditation (COA); or

48.15 (4) another independent, not-for-profit accrediting organization approved by the Secretary
48.16 of the United States Department of Health and Human Services.

48.17 (f) The license holder must facilitate participation of a youth's family members in the
48.18 youth's treatment program, consistent with the youth's best interests and according to the
48.19 youth's out-of-home placement plan required by sections 260C.212, subdivision 1; and
48.20 260C.708.

48.21 (g) The license holder must contact and facilitate outreach to each youth's family
48.22 members, including the youth's siblings, and must document outreach to the youth's family
48.23 members in the youth's file, including the contact method and each family member's contact
48.24 information. In the youth's file, the license holder must record and maintain the contact
48.25 information for all known biological family members and fictive kin of the youth.

48.26 (h) The license holder must document in the youth's file how the program integrates
48.27 family members into the treatment process for the youth, including after the youth's discharge
48.28 from the program, and how the program maintains the youth's connections to the youth's
48.29 siblings.

48.30 (i) The program must provide discharge planning and family-based aftercare support to
48.31 each youth for at least six months after the youth's discharge from the program. When
48.32 providing aftercare to a youth, the program must have monthly contact with the youth and

49.1 the youth's caregivers to promote the youth's engagement in aftercare services and to regularly
49.2 evaluate the family's needs. The program's monthly contact with the youth may be
49.3 face-to-face, by telephone, or virtual.

49.4 (j) The license holder must maintain a service delivery plan that describes how the
49.5 program provides services according to the requirements in paragraphs (b) to (i).

49.6 **Subd. 5. Residential settings specializing in providing care and supportive services**
49.7 **for youth who have been or are at risk of becoming victims of sex trafficking or**
49.8 **commercial sexual exploitation; certification requirements.** (a) To be certified as a
49.9 residential setting specializing in providing care and support services for youth who have
49.10 been or are at risk of becoming victims of sex trafficking or commercial sexual exploitation,
49.11 a license holder must meet the requirements of this subdivision.

49.12 (b) Settings certified according to this subdivision are exempt from the requirements of
49.13 section 245A.04, subdivision 11, paragraph (b).

49.14 (c) The program must use a trauma-informed model of care that meets all of the applicable
49.15 requirements of subdivision 3, and that is designed to address the needs, including emotional
49.16 and mental health needs, of youth who have been or are at risk of becoming victims of sex
49.17 trafficking or commercial sexual exploitation.

49.18 (d) The program must provide high quality care and supportive services for youth who
49.19 have been or are at risk of becoming victims of sex trafficking or commercial sexual
49.20 exploitation and must:

49.21 (1) offer a safe setting to each youth designed to prevent ongoing and future trafficking
49.22 of the youth;

49.23 (2) provide equitable, culturally responsive, and individualized services to each youth;

49.24 (3) assist each youth with accessing medical, mental health, legal, advocacy, and family
49.25 services based on the youth's individual needs;

49.26 (4) provide each youth with relevant educational, life skills, and employment supports
49.27 based on the youth's individual needs;

49.28 (5) offer a trafficking prevention education curriculum and provide support for each
49.29 youth at risk of future sex trafficking or commercial sexual exploitation; and

49.30 (6) engage with the discharge planning process for each youth and the youth's family.

49.31 (e) The license holder must maintain a service delivery plan that describes how the
49.32 program provides services according to the requirements in paragraphs (c) and (d).

50.1 (f) The license holder must ensure that each staff person who has direct contact, as
50.2 defined in section 245C.02, subdivision 11, with a youth served by the license holder's
50.3 program completes a human trafficking training approved by the Department of Human
50.4 Services' Children and Family Services Administration before the staff person has direct
50.5 contact with a youth served by the program and annually thereafter. For programs certified
50.6 prior to January 1, 2022, the license holder must ensure that each staff person at the license
50.7 holder's program completes the initial training by January 1, 2022.

50.8 Subd. 6. Residential settings specializing in providing prenatal, postpartum, or
50.9 parenting supports for youth; certification requirements. (a) To be certified as a
50.10 residential setting specializing in providing prenatal, postpartum, or parenting supports for
50.11 youth, a license holder must meet the requirements of this subdivision.

50.12 (b) The license holder must collaborate with the responsible social services agency and
50.13 other appropriate parties to implement each youth's out-of-home placement plan required
50.14 by section 260C.212, subdivision 1.

50.15 (c) The license holder must specialize in providing prenatal, postpartum, or parenting
50.16 supports for youth and must:

50.17 (1) provide equitable, culturally responsive, and individualized services to each youth;

50.18 (2) assist each youth with accessing postpartum services during the same period of time
50.19 that a woman is considered pregnant for the purposes of medical assistance eligibility under
50.20 section 256B.055, subdivision 6, including providing each youth with:

50.21 (i) sexual and reproductive health services and education; and

50.22 (ii) a postpartum mental health assessment and follow-up services; and

50.23 (3) discharge planning that includes the youth and the youth's family.

50.24 (d) On or before the date of a child's initial physical presence at the facility, the license
50.25 holder must provide education to the child's parent related to safe bathing and reducing the
50.26 risk of sudden unexpected infant death and abusive head trauma from shaking infants and
50.27 young children. The license holder must use the educational material developed by the
50.28 commissioner of human services to comply with this requirement. At a minimum, the
50.29 education must address:

50.30 (1) instruction that: (i) a child or infant should never be left unattended around water;

50.31 (ii) a tub should be filled with only two to four inches of water for infants; and (iii) an infant
50.32 should never be put into a tub when the water is running; and

51.1 (2) the risk factors related to sudden unexpected infant death and abusive head trauma
51.2 from shaking infants and young children and means of reducing the risks, including the
51.3 safety precautions identified in section 245A.1435 and the risks of co-sleeping.

51.4 The license holder must document the parent's receipt of the education and keep the
51.5 documentation in the parent's file. The documentation must indicate whether the parent
51.6 agrees to comply with the safeguards described in this paragraph. If the parent refuses to
51.7 comply, program staff must provide additional education to the parent as described in the
51.8 parental supervision plan. The parental supervision plan must include the intervention,
51.9 frequency, and staff responsible for the duration of the parent's participation in the program
51.10 or until the parent agrees to comply with the safeguards described in this paragraph.

51.11 (e) On or before the date of a child's initial physical presence at the facility, the license
51.12 holder must document the parent's capacity to meet the health and safety needs of the child
51.13 while on the facility premises considering the following factors:

51.14 (1) the parent's physical and mental health;

51.15 (2) the parent being under the influence of drugs, alcohol, medications, or other chemicals;

51.16 (3) the child's physical and mental health; and

51.17 (4) any other information available to the license holder indicating that the parent may
51.18 not be able to adequately care for the child.

51.19 (f) The license holder must have written procedures specifying the actions that staff shall
51.20 take if a parent is or becomes unable to adequately care for the parent's child.

51.21 (g) If the parent refuses to comply with the safeguards described in paragraph (d) or is
51.22 unable to adequately care for the child, the license holder must develop a parental supervision
51.23 plan in conjunction with the parent. The plan must account for any factors in paragraph (e)
51.24 that contribute to the parent's inability to adequately care for the child. The plan must be
51.25 dated and signed by the staff person who completed the plan.

51.26 (h) The license holder must have written procedures addressing whether the program
51.27 permits a parent to arrange for supervision of the parent's child by another youth in the
51.28 program. If permitted, the facility must have a procedure that requires staff approval of the
51.29 supervision arrangement before the supervision by the nonparental youth occurs. The
51.30 procedure for approval must include an assessment of the nonparental youth's capacity to
51.31 assume the supervisory responsibilities using the criteria in paragraph (e). The license holder
51.32 must document the license holder's approval of the supervisory arrangement and the
51.33 assessment of the nonparental youth's capacity to supervise the child and must keep this

52.1 documentation in the file of the parent whose child is being supervised by the nonparental
52.2 youth.

52.3 (i) The license holder must maintain a service delivery plan that describes how the
52.4 program provides services according to paragraphs (b) to (h).

52.5 Subd. 7. **Supervised independent living settings for youth 18 years of age or older;**
52.6 **certification requirements.** (a) To be certified as a supervised independent living setting
52.7 for youth who are 18 years of age or older, a license holder must meet the requirements of
52.8 this subdivision.

52.9 (b) A license holder must provide training, counseling, instruction, supervision, and
52.10 assistance for independent living, according to the needs of the youth being served.

52.11 (c) A license holder may provide services to assist the youth with locating housing,
52.12 money management, meal preparation, shopping, health care, transportation, and any other
52.13 support services necessary to meet the youth's needs and improve the youth's ability to
52.14 conduct such tasks independently.

52.15 (d) The service plan for the youth must contain an objective of independent living skills.

52.16 (e) The license holder must maintain a service delivery plan that describes how the
52.17 program provides services according to the requirements in paragraphs (b) to (d).

52.18 Subd. 8. **Monitoring and inspections.** (a) For a program licensed by the commissioner
52.19 of human services, the commissioner of human services may review a program's compliance
52.20 with certification requirements by conducting an inspection, a licensing review, or an
52.21 investigation of the program. The commissioner may issue a correction order to the license
52.22 holder for a program's noncompliance with the certification requirements of this section.
52.23 For a program licensed by the commissioner of human services, a license holder must make
52.24 a request for reconsideration of a correction order according to section 245A.06, subdivision
52.25 2.

52.26 (b) For a program licensed by the commissioner of corrections, the commissioner of
52.27 human services may review the program's compliance with the requirements for a certification
52.28 issued under this section biennially and may issue a correction order identifying the program's
52.29 noncompliance with the requirements of this section. The correction order must state the
52.30 following:

52.31 (1) the conditions that constitute a violation of a law or rule;

52.32 (2) the specific law or rule violated; and

53.1 (3) the time allowed for the program to correct each violation.

53.2 (c) For a program licensed by the commissioner of corrections, if a license holder believes
53.3 that there are errors in the correction order of the commissioner of human services, the
53.4 license holder may ask the Department of Human Services to reconsider the parts of the
53.5 correction order that the license holder alleges are in error. To submit a request for
53.6 reconsideration, the license holder must send a written request for reconsideration by United
53.7 States mail to the commissioner of human services. The request for reconsideration must
53.8 be postmarked within 20 calendar days of the date that the correction order was received
53.9 by the license holder and must:

53.10 (1) specify the parts of the correction order that are alleged to be in error;

53.11 (2) explain why the parts of the correction order are in error; and

53.12 (3) include documentation to support the allegation of error.

53.13 A request for reconsideration does not stay any provisions or requirements of the correction
53.14 order. The commissioner of human services' disposition of a request for reconsideration is
53.15 final and not subject to appeal under chapter 14.

53.16 (d) Nothing in this subdivision prohibits the commissioner of human services from
53.17 decertifying a license holder according to subdivision 8 prior to issuing a correction order.

53.18 Subd. 9. **Decertification.** (a) The commissioner of human services may rescind a
53.19 certification issued under this section if a license holder fails to comply with the certification
53.20 requirements in this section.

53.21 (b) The license holder may request reconsideration of a decertification by notifying the
53.22 commissioner of human services by certified mail or personal service. The license holder
53.23 must request reconsideration of a decertification in writing. If the license holder sends the
53.24 request for reconsideration of a decertification by certified mail, the license holder must
53.25 send the request by United States mail to the commissioner of human services and the
53.26 request must be postmarked within 20 calendar days after the license holder received the
53.27 notice of decertification. If the license holder requests reconsideration of a decertification
53.28 by personal service, the request for reconsideration must be received by the commissioner
53.29 of human services within 20 calendar days after the license holder received the notice of
53.30 decertification. When submitting a request for reconsideration of a decertification, the license
53.31 holder must submit a written argument or evidence in support of the request for
53.32 reconsideration.

54.1 (c) The commissioner of human services' disposition of a request for reconsideration is
54.2 final and not subject to appeal under chapter 14.

54.3 Subd. 10. **Variances.** The commissioner of human services may grant variances to the
54.4 requirements in this section that do not affect a youth's health or safety or compliance with
54.5 federal requirements for Title IV-E funding if the conditions in section 245A.04, subdivision
54.6 9, are met.

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

54.8 Sec. 11. Minnesota Statutes 2020, section 256.01, subdivision 14b, is amended to read:

54.9 Subd. 14b. **American Indian child welfare projects.** (a) The commissioner of human
54.10 services may authorize projects to initiate tribal delivery of child welfare services to American
54.11 Indian children and their parents and custodians living on the reservation. The commissioner
54.12 has authority to solicit and determine which tribes may participate in a project. Grants may
54.13 be issued to Minnesota Indian tribes to support the projects. The commissioner may waive
54.14 existing state rules as needed to accomplish the projects. The commissioner may authorize
54.15 projects to use alternative methods of (1) screening, investigating, and assessing reports of
54.16 child maltreatment, and (2) administrative reconsideration, administrative appeal, and
54.17 judicial appeal of maltreatment determinations, provided the alternative methods used by
54.18 the projects comply with the provisions of section 256.045 and chapter 260E that deal with
54.19 the rights of individuals who are the subjects of reports or investigations, including notice
54.20 and appeal rights and data practices requirements. The commissioner shall only authorize
54.21 alternative methods that comply with the public policy under section 260E.01. The
54.22 commissioner may seek any federal approval necessary to carry out the projects as well as
54.23 seek and use any funds available to the commissioner, including use of federal funds,
54.24 foundation funds, existing grant funds, and other funds. The commissioner is authorized to
54.25 advance state funds as necessary to operate the projects. Federal reimbursement applicable
54.26 to the projects is appropriated to the commissioner for the purposes of the projects. The
54.27 projects must be required to address responsibility for safety, permanency, and well-being
54.28 of children.

54.29 (b) For the purposes of this section, "American Indian child" means a person under 21
54.30 years old and who is a tribal member or eligible for membership in one of the tribes chosen
54.31 for a project under this subdivision and who is residing on the reservation of that tribe.

54.32 (c) In order to qualify for an American Indian child welfare project, a tribe must:

54.33 (1) be one of the existing tribes with reservation land in Minnesota;

- 55.1 (2) have a tribal court with jurisdiction over child custody proceedings;
- 55.2 (3) have a substantial number of children for whom determinations of maltreatment have
55.3 occurred;
- 55.4 (4)(i) have capacity to respond to reports of abuse and neglect under chapter 260E; or
55.5 (ii) have codified the tribe's screening, investigation, and assessment of reports of child
55.6 maltreatment procedures, if authorized to use an alternative method by the commissioner
55.7 under paragraph (a);
- 55.8 (5) provide a wide range of services to families in need of child welfare services; ~~and~~
- 55.9 (6) have a tribal-state title IV-E agreement in effect; and
- 55.10 (7) enter into host tribal contracts pursuant to section 256.0112, subdivision 6.
- 55.11 (d) Grants awarded under this section may be used for the nonfederal costs of providing
55.12 child welfare services to American Indian children on the tribe's reservation, including costs
55.13 associated with:
- 55.14 (1) assessment and prevention of child abuse and neglect;
- 55.15 (2) family preservation;
- 55.16 (3) facilitative, supportive, and reunification services;
- 55.17 (4) out-of-home placement for children removed from the home for child protective
55.18 purposes; and
- 55.19 (5) other activities and services approved by the commissioner that further the goals of
55.20 providing safety, permanency, and well-being of American Indian children.
- 55.21 (e) When a tribe has initiated a project and has been approved by the commissioner to
55.22 assume child welfare responsibilities for American Indian children of that tribe under this
55.23 section, the affected county social service agency is relieved of responsibility for responding
55.24 to reports of abuse and neglect under chapter 260E for those children during the time within
55.25 which the tribal project is in effect and funded. The commissioner shall work with tribes
55.26 and affected counties to develop procedures for data collection, evaluation, and clarification
55.27 of ongoing role and financial responsibilities of the county and tribe for child welfare services
55.28 prior to initiation of the project. Children who have not been identified by the tribe as
55.29 participating in the project shall remain the responsibility of the county. Nothing in this
55.30 section shall alter responsibilities of the county for law enforcement or court services.

56.1 (f) Participating tribes may conduct children's mental health screenings under section
56.2 245.4874, subdivision 1, paragraph (a), clause (12), for children who are eligible for the
56.3 initiative and living on the reservation and who meet one of the following criteria:

56.4 (1) the child must be receiving child protective services;

56.5 (2) the child must be in foster care; or

56.6 (3) the child's parents must have had parental rights suspended or terminated.

56.7 Tribes may access reimbursement from available state funds for conducting the screenings.
56.8 Nothing in this section shall alter responsibilities of the county for providing services under
56.9 section 245.487.

56.10 (g) Participating tribes may establish a local child mortality review panel. In establishing
56.11 a local child mortality review panel, the tribe agrees to conduct local child mortality reviews
56.12 for child deaths or near-fatalities occurring on the reservation under subdivision 12. Tribes
56.13 with established child mortality review panels shall have access to nonpublic data and shall
56.14 protect nonpublic data under subdivision 12, paragraphs (c) to (e). The tribe shall provide
56.15 written notice to the commissioner and affected counties when a local child mortality review
56.16 panel has been established and shall provide data upon request of the commissioner for
56.17 purposes of sharing nonpublic data with members of the state child mortality review panel
56.18 in connection to an individual case.

56.19 (h) The commissioner shall collect information on outcomes relating to child safety,
56.20 permanency, and well-being of American Indian children who are served in the projects.
56.21 Participating tribes must provide information to the state in a format and completeness
56.22 deemed acceptable by the state to meet state and federal reporting requirements.

56.23 (i) In consultation with the White Earth Band, the commissioner shall develop and submit
56.24 to the chairs and ranking minority members of the legislative committees with jurisdiction
56.25 over health and human services a plan to transfer legal responsibility for providing child
56.26 protective services to White Earth Band member children residing in Hennepin County to
56.27 the White Earth Band. The plan shall include a financing proposal, definitions of key terms,
56.28 statutory amendments required, and other provisions required to implement the plan. The
56.29 commissioner shall submit the plan by January 15, 2012.

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

57.1 Sec. 12. Minnesota Statutes 2020, section 256.0112, subdivision 6, is amended to read:

57.2 Subd. 6. **Contracting within and across county lines; lead county contracts; lead**
57.3 **tribal contracts.** Paragraphs (a) to (e) govern contracting within and across county lines
57.4 and lead county contracts. Paragraphs (a) to (e) govern contracting within and across
57.5 reservation boundaries and lead tribal contracts for initiative tribes under section 256.01,
57.6 subdivision 14b. For purposes of this subdivision, "local agency" includes a tribe or a county
57.7 agency.

57.8 (a) Once a local agency and an approved vendor execute a contract that meets the
57.9 requirements of this subdivision, the contract governs all other purchases of service from
57.10 the vendor by all other local agencies for the term of the contract. The local agency that
57.11 negotiated and entered into the contract becomes the lead tribe or county for the contract.

57.12 (b) When the local agency in the county or reservation where a vendor is located wants
57.13 to purchase services from that vendor and the vendor has no contract with the local agency
57.14 or any other tribe or county, the local agency must negotiate and execute a contract with
57.15 the vendor.

57.16 (c) When a local agency ~~in one county~~ wants to purchase services from a vendor located
57.17 in another county or reservation, it must notify the local agency in the county or reservation
57.18 where the vendor is located. Within 30 days of being notified, the local agency in the vendor's
57.19 county or reservation must:

57.20 (1) if it has a contract with the vendor, send a copy to the inquiring local agency;

57.21 (2) if there is a contract with the vendor for which another local agency is the lead tribe
57.22 or county, identify the lead tribe or county to the inquiring agency; or

57.23 (3) if no local agency has a contract with the vendor, inform the inquiring agency whether
57.24 it will negotiate a contract and become the lead tribe or county. If the agency where the
57.25 vendor is located will not negotiate a contract with the vendor because of concerns related
57.26 to clients' health and safety, the agency must share those concerns with the inquiring local
57.27 agency.

57.28 (d) If the local agency in the county where the vendor is located declines to negotiate a
57.29 contract with the vendor or fails to respond within 30 days of receiving the notification
57.30 under paragraph (c), the inquiring agency is authorized to negotiate a contract and must
57.31 notify the local agency that declined or failed to respond.

57.32 (e) When the inquiring ~~county~~ local agency under paragraph (d) becomes the lead tribe
57.33 or county for a contract and the contract expires and needs to be renegotiated, that tribe or

58.1 county must again follow the requirements under paragraph (c) and notify the local agency
58.2 where the vendor is located. The local agency where the vendor is located has the option
58.3 of becoming the lead tribe or county for the new contract. If the local agency does not
58.4 exercise the option, paragraph (d) applies.

58.5 (f) This subdivision does not affect the requirement to seek county concurrence under
58.6 section 256B.092, subdivision 8a, when the services are to be purchased for a person with
58.7 a developmental disability or under section 245.4711, subdivision 3, when the services to
58.8 be purchased are for an adult with serious and persistent mental illness.

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

58.10 Sec. 13. Minnesota Statutes 2020, section 260C.007, subdivision 26c, is amended to read:

58.11 Subd. 26c. **Qualified individual.** "Qualified individual" means a trained culturally
58.12 competent professional or licensed clinician, including a mental health professional under
58.13 section 245.4871, subdivision 27, who is ~~not~~ qualified to conduct the assessment approved
58.14 by the commissioner. The qualified individual must not be an employee of the responsible
58.15 social services agency and who is not connected to or affiliated with any placement setting
58.16 in which a responsible social services agency has placed children.

58.17 When the Indian Child Welfare Act of 1978, United States Code, title 25, sections 1901
58.18 to 1963, applies to a child, the county must contact the child's tribe without delay to give
58.19 the tribe the option to designate a qualified individual who is a trained culturally competent
58.20 professional or licensed clinician, including a mental health professional under section
58.21 245.4871, subdivision 27, who is not employed by the responsible social services agency
58.22 and who is not connected to or affiliated with any placement setting in which a responsible
58.23 social services agency has placed children. Only a federal waiver that demonstrates
58.24 maintained objectivity may allow a responsible social services agency employee or tribal
58.25 employee affiliated with any placement setting in which the responsible social services
58.26 agency has placed children to be designated the qualified individual.

58.27 Sec. 14. Minnesota Statutes 2020, section 260C.007, subdivision 31, is amended to read:

58.28 Subd. 31. **Sexually exploited youth.** "Sexually exploited youth" means an individual
58.29 who:

58.30 (1) is alleged to have engaged in conduct which would, if committed by an adult, violate
58.31 any federal, state, or local law relating to being hired, offering to be hired, or agreeing to
58.32 be hired by another individual to engage in sexual penetration or sexual conduct;

59.1 (2) is a victim of a crime described in section 609.342, 609.343, 609.344, 609.345,
59.2 609.3451, 609.3453, 609.352, 617.246, or 617.247;

59.3 (3) is a victim of a crime described in United States Code, title 18, section 2260; 2421;
59.4 2422; 2423; 2425; 2425A; or 2256; ~~or~~

59.5 (4) is a sex trafficking victim as defined in section 609.321, subdivision 7b.; or

59.6 (5) is a victim of commercial sexual exploitation as defined in United States Code, title
59.7 22, section 7102(11)(A) and (12).

59.8 **EFFECTIVE DATE.** This section is effective September 30, 2021.

59.9 Sec. 15. Minnesota Statutes 2020, section 260C.157, subdivision 3, is amended to read:

59.10 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
59.11 shall establish a juvenile treatment screening team to conduct screenings under this chapter,
59.12 chapter 260D, and section 245.487, subdivision 3, for a child to receive treatment for an
59.13 emotional disturbance, a developmental disability, or related condition in a residential
59.14 treatment facility licensed by the commissioner of human services under chapter 245A, or
59.15 licensed or approved by a tribe. A screening team is not required for a child to be in: (1) a
59.16 residential facility specializing in prenatal, postpartum, or parenting support; (2) a facility
59.17 specializing in high-quality residential care and supportive services to children and youth
59.18 ~~who are~~ have been or are at risk of becoming victims of sex-trafficking victims or are at
59.19 ~~risk of becoming sex-trafficking victims~~ or commercial sexual exploitation; (3) supervised
59.20 settings for youth who are 18 years ~~old~~ of age or older and living independently; or (4) a
59.21 licensed residential family-based treatment facility for substance abuse consistent with
59.22 section 260C.190. Screenings are also not required when a child must be placed in a facility
59.23 due to an emotional crisis or other mental health emergency.

59.24 (b) The responsible social services agency shall conduct screenings within 15 days of a
59.25 request for a screening, unless the screening is for the purpose of residential treatment and
59.26 the child is enrolled in a prepaid health program under section 256B.69, in which case the
59.27 agency shall conduct the screening within ten working days of a request. The responsible
59.28 social services agency shall convene the juvenile treatment screening team, which may be
59.29 constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts 9530.6600 to
59.30 9530.6655. The team shall consist of social workers; persons with expertise in the treatment
59.31 of juveniles who are emotionally ~~disabled~~ disturbed, chemically dependent, or have a
59.32 developmental disability; and the child's parent, guardian, or permanent legal custodian.
59.33 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b

60.1 and 27, the child's foster care provider, and professionals who are a resource to the child's
60.2 family such as teachers, medical or mental health providers, and clergy, as appropriate,
60.3 consistent with the family and permanency team as defined in section 260C.007, subdivision
60.4 16a. Prior to forming the team, the responsible social services agency must consult with the
60.5 child's parents, the child if the child is age 14 or older, ~~the child's parents~~, and, if applicable,
60.6 the child's tribe to obtain recommendations regarding which individuals to include on the
60.7 team and to ensure that the team is family-centered and will act in the child's best interest
60.8 interests. If the child, child's parents, or legal guardians raise concerns about specific relatives
60.9 or professionals, the team should not include those individuals. This provision does not
60.10 apply to paragraph (c).

60.11 (c) If the agency provides notice to tribes under section 260.761, and the child screened
60.12 is an Indian child, the responsible social services agency must make a rigorous and concerted
60.13 effort to include a designated representative of the Indian child's tribe on the juvenile
60.14 treatment screening team, unless the child's tribal authority declines to appoint a
60.15 representative. The Indian child's tribe may delegate its authority to represent the child to
60.16 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.
60.17 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
60.18 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
60.19 260.835, apply to this section.

60.20 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
60.21 to place a child with an emotional disturbance or developmental disability or related condition
60.22 in residential treatment, the responsible social services agency must conduct a screening.
60.23 If the team recommends treating the child in a qualified residential treatment program, the
60.24 agency must follow the requirements of sections 260C.70 to 260C.714.

60.25 The court shall ascertain whether the child is an Indian child and shall notify the
60.26 responsible social services agency and, if the child is an Indian child, shall notify the Indian
60.27 child's tribe as paragraph (c) requires.

60.28 (e) When the responsible social services agency is responsible for placing and caring
60.29 for the child and the screening team recommends placing a child in a qualified residential
60.30 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
60.31 begin the assessment and processes required in section 260C.704 without delay; and (2)
60.32 conduct a relative search according to section 260C.221 to assemble the child's family and
60.33 permanency team under section 260C.706. Prior to notifying relatives regarding the family
60.34 and permanency team, the responsible social services agency must consult with the child's
60.35 parent or legal guardian, the child if the child is age 14 or older, ~~the child's parents~~ and, if

61.1 applicable, the child's tribe to ensure that the agency is providing notice to individuals who
61.2 will act in the child's best ~~interest~~ interests. The child and the child's parents may identify
61.3 a culturally competent qualified individual to complete the child's assessment. The agency
61.4 shall make efforts to refer the assessment to the identified qualified individual. The
61.5 assessment may not be delayed for the purpose of having the assessment completed by a
61.6 specific qualified individual.

61.7 (f) When a screening team determines that a child does not need treatment in a qualified
61.8 residential treatment program, the screening team must:

61.9 (1) document the services and supports that will prevent the child's foster care placement
61.10 and will support the child remaining at home;

61.11 (2) document the services and supports that the agency will arrange to place the child
61.12 in a family foster home; or

61.13 (3) document the services and supports that the agency has provided in any other setting.

61.14 (g) When the Indian child's tribe or tribal health care services provider or Indian Health
61.15 Services provider proposes to place a child for the primary purpose of treatment for an
61.16 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
61.17 and chemical dependency, the Indian child's tribe or the tribe delegated by the child's tribe
61.18 shall submit necessary documentation to the county juvenile treatment screening team,
61.19 which must invite the Indian child's tribe to designate a representative to the screening team.

61.20 (h) The responsible social services agency must conduct and document the screening in
61.21 a format approved by the commissioner of human services.

61.22 **EFFECTIVE DATE.** This section is effective September 30, 2021.

61.23 Sec. 16. Minnesota Statutes 2020, section 260C.212, subdivision 1a, is amended to read:

61.24 Subd. 1a. **Out-of-home placement plan update.** (a) Within 30 days of placing the child
61.25 in foster care, the agency must file the child's initial out-of-home placement plan with the
61.26 court. After filing the child's initial out-of-home placement plan, the agency shall update
61.27 and file the child's out-of-home placement plan with the court as follows:

61.28 (1) when the agency moves a child to a different foster care setting, the agency shall
61.29 inform the court within 30 days of the child's placement change or court-ordered trial home
61.30 visit. The agency must file the child's updated out-of-home placement plan with the court
61.31 at the next required review hearing;

62.1 (2) when the agency places a child in a qualified residential treatment program as defined
62.2 in section 260C.007, subdivision 26d, or moves a child from one qualified residential
62.3 treatment program to a different qualified residential treatment program, the agency must
62.4 update the child's out-of-home placement plan within 60 days. To meet the requirements
62.5 of section 260C.708, the agency must file the child's out-of-home placement plan ~~with the~~
62.6 ~~court as part of the 60-day hearing and~~ along with the agency's report seeking the court's
62.7 approval of the child's placement at a qualified residential treatment program under section
62.8 260C.71. After the court issues an order, the agency must update the child's out-of-home
62.9 placement plan ~~after the court hearing~~ to document the court's approval or disapproval of
62.10 the child's placement in a qualified residential treatment program;

62.11 (3) when the agency places a child with the child's parent in a licensed residential
62.12 family-based substance use disorder treatment program under section 260C.190, the agency
62.13 must identify the treatment program where the child will be placed in the child's out-of-home
62.14 placement plan prior to the child's placement. The agency must file the child's out-of-home
62.15 placement plan with the court at the next required review hearing; and

62.16 (4) under sections 260C.227 and 260C.521, the agency must update the child's
62.17 out-of-home placement plan and file the child's out-of-home placement plan with the court.

62.18 (b) When none of the items in paragraph (a) apply, the agency must update the child's
62.19 out-of-home placement plan no later than 180 days after the child's initial placement and
62.20 every six months thereafter, consistent with section 260C.203, paragraph (a).

62.21 **EFFECTIVE DATE.** This section is effective September 30, 2021.

62.22 Sec. 17. Minnesota Statutes 2020, section 260C.212, subdivision 13, is amended to read:

62.23 Subd. 13. **Protecting missing and runaway children and youth at risk of sex**
62.24 **trafficking or commercial sexual exploitation.** (a) The local social services agency shall
62.25 expeditiously locate any child missing from foster care.

62.26 (b) The local social services agency shall report immediately, but no later than 24 hours,
62.27 after receiving information on a missing or abducted child to the local law enforcement
62.28 agency for entry into the National Crime Information Center (NCIC) database of the Federal
62.29 Bureau of Investigation, and to the National Center for Missing and Exploited Children.

62.30 (c) The local social services agency shall not discharge a child from foster care or close
62.31 the social services case until diligent efforts have been exhausted to locate the child and the
62.32 court terminates the agency's jurisdiction.

63.1 (d) The local social services agency shall determine the primary factors that contributed
63.2 to the child's running away or otherwise being absent from care and, to the extent possible
63.3 and appropriate, respond to those factors in current and subsequent placements.

63.4 (e) The local social services agency shall determine what the child experienced while
63.5 absent from care, including screening the child to determine if the child is a possible sex
63.6 trafficking or commercial sexual exploitation victim as defined in section ~~609.321,~~
63.7 ~~subdivision 7b~~ 260C.007, subdivision 31.

63.8 (f) The local social services agency shall report immediately, but no later than 24 hours,
63.9 to the local law enforcement agency any reasonable cause to believe a child is, or is at risk
63.10 of being, a sex trafficking or commercial sexual exploitation victim.

63.11 (g) The local social services agency shall determine appropriate services as described
63.12 in section 145.4717 with respect to any child for whom the local social services agency has
63.13 responsibility for placement, care, or supervision when the local social services agency has
63.14 reasonable cause to believe that the child is, or is at risk of being, a sex trafficking or
63.15 commercial sexual exploitation victim.

63.16 **EFFECTIVE DATE.** This section is effective September 30, 2021.

63.17 Sec. 18. Minnesota Statutes 2020, section 260C.4412, is amended to read:

63.18 **260C.4412 PAYMENT FOR RESIDENTIAL PLACEMENTS.**

63.19 (a) When a child is placed in a foster care group residential setting under Minnesota
63.20 Rules, parts 2960.0020 to 2960.0710, a foster residence licensed under chapter 245A that
63.21 meets the standards of Minnesota Rules, parts 2960.3200 to 2960.3230, or a children's
63.22 residential facility licensed or approved by a tribe, foster care maintenance payments must
63.23 be made on behalf of the child to cover the cost of providing food, clothing, shelter, daily
63.24 supervision, school supplies, child's personal incidentals and supports, reasonable travel for
63.25 visitation, or other transportation needs associated with the items listed. Daily supervision
63.26 in the group residential setting includes routine day-to-day direction and arrangements to
63.27 ensure the well-being and safety of the child. It may also include reasonable costs of
63.28 administration and operation of the facility.

63.29 (b) The commissioner of human services shall specify the title IV-E administrative
63.30 procedures under section 256.82 for each of the following residential program settings:

63.31 (1) residential programs licensed under chapter 245A or licensed by a tribe, including:

64.1 (i) qualified residential treatment programs as defined in section 260C.007, subdivision
64.2 26d;

64.3 (ii) program settings specializing in providing prenatal, postpartum, or parenting supports
64.4 for youth; and

64.5 (iii) program settings providing high-quality residential care and supportive services to
64.6 children and youth who are, or are at risk of becoming, sex trafficking victims;

64.7 (2) licensed residential family-based substance use disorder treatment programs as
64.8 defined in section 260C.007, subdivision 22a; and

64.9 (3) supervised settings in which a foster child age 18 or older may live independently,
64.10 consistent with section 260C.451.

64.11 (c) A lead county contract under section 256.0112, subdivision 6, is not required to
64.12 establish the foster care maintenance payment in paragraph (a) for foster residence settings
64.13 licensed under chapter 245A that meet the standards of Minnesota Rules, parts 2960.3200
64.14 to 2960.3230. The foster care maintenance payment for these settings must be consistent
64.15 with section 256N.26, subdivision 3, and subject to the annual revision as specified in section
64.16 256N.26, subdivision 9.

64.17 Sec. 19. Minnesota Statutes 2020, section 260C.452, is amended to read:

64.18 **260C.452 SUCCESSFUL TRANSITION TO ADULTHOOD.**

64.19 Subdivision 1. **Scope and purpose.** (a) For purposes of this section, "youth" means a
64.20 person who is at least 14 years of age and under 23 years of age.

64.21 (b) This section pertains to a ~~child~~ youth who:

64.22 (1) is in foster care and is 14 years of age or older, including a youth who is under the
64.23 guardianship of the commissioner of human services, ~~or who;~~

64.24 (2) has a permanency disposition of permanent custody to the agency, ~~or who;~~

64.25 (3) will leave foster care ~~at 18 to 21 years of age.~~ when the youth is 18 years of age or
64.26 older and under 21 years of age;

64.27 (4) has left foster care and was placed at a permanent adoptive placement when the youth
64.28 was 16 years of age or older;

64.29 (5) is 16 years of age or older, has left foster care, and was placed with a relative to
64.30 whom permanent legal and physical custody of the youth has been transferred; or

65.1 (6) was reunified with the youth's primary caretaker when the youth was 14 years of age
65.2 or older and under 18 years of age.

65.3 (c) The purpose of this section is to provide support to each youth who is transitioning
65.4 to adulthood by providing services to the youth in the areas of:

65.5 (1) education;

65.6 (2) employment;

65.7 (3) daily living skills such as financial literacy training and driving instruction; preventive
65.8 health activities including promoting abstinence from substance use and smoking; and
65.9 nutrition education and pregnancy prevention;

65.10 (4) forming meaningful, permanent connections with caring adults;

65.11 (5) engaging in age and developmentally appropriate activities under section 260C.212,
65.12 subdivision 14, and positive youth development;

65.13 (6) financial, housing, counseling, and other services to assist a youth over 18 years of
65.14 age in achieving self-sufficiency and accepting personal responsibility for the transition
65.15 from adolescence to adulthood; and

65.16 (7) making vouchers available for education and training.

65.17 (d) The responsible social services agency may provide support and case management
65.18 services to a youth as defined in paragraph (a) until the youth reaches the age of 23 years.
65.19 According to section 260C.451, a youth's placement in a foster care setting will end when
65.20 the youth reaches the age of 21 years.

65.21 Subd. 1a. **Case management services.** Case management services include the
65.22 responsibility for planning, coordinating, authorizing, monitoring, and evaluating services
65.23 for a youth and shall be provided to a youth by the responsible social services agency or
65.24 the contracted agency. Case management services include the out-of-home placement plan
65.25 under section 260C.212, subdivision 1, when the youth is in out-of-home placement.

65.26 Subd. 2. **Independent living plan.** When the ~~child~~ youth is 14 years of age or older and
65.27 is receiving support from the responsible social services agency under this section, the
65.28 responsible social services agency, in consultation with the ~~child~~ youth, shall complete the
65.29 youth's independent living plan according to section 260C.212, subdivision 1, paragraph
65.30 (c), clause (12), regardless of the youth's current placement status.

65.31 Subd. 3. **Notification.** Six months before the child is expected to be discharged from
65.32 foster care, the responsible social services agency shall provide written notice to the child

66.1 ~~regarding the right to continued access to services for certain children in foster care past 18~~
66.2 ~~years of age and of the right to appeal a denial of social services under section 256.045.~~

66.3 Subd. 4. **Administrative or court review of placements.** (a) When the child youth is
66.4 14 years of age or older, the court, in consultation with the child youth, shall review the
66.5 youth's independent living plan according to section 260C.203, paragraph (d).

66.6 (b) The responsible social services agency shall file a copy of the notification ~~required~~
66.7 ~~in subdivision 3~~ of foster care benefits for a youth who is 18 years of age or older according
66.8 to section 260C.451, subdivision 1, with the court. If the responsible social services agency
66.9 does not file the notice by the time the child youth is 17-1/2 years of age, the court shall
66.10 require the responsible social services agency to file the notice.

66.11 (c) When a youth is 18 years of age or older, the court shall ensure that the responsible
66.12 social services agency assists the child youth in obtaining the following documents before
66.13 the child youth leaves foster care: a Social Security card; an official or certified copy of the
66.14 child's youth's birth certificate; a state identification card or driver's license, tribal enrollment
66.15 identification card, green card, or school visa; health insurance information; the child's
66.16 youth's school, medical, and dental records; a contact list of the child's youth's medical,
66.17 dental, and mental health providers; and contact information for the child's youth's siblings,
66.18 if the siblings are in foster care.

66.19 (d) For a child youth who will be discharged from foster care at 18 years of age or older
66.20 because the youth is not eligible for extended foster care benefits or chooses to leave foster
66.21 care, the responsible social services agency must develop a personalized transition plan as
66.22 directed by the child youth during the 90-day period immediately prior to the expected date
66.23 of discharge. The transition plan must be as detailed as the child youth elects and include
66.24 specific options, including but not limited to:

66.25 (1) affordable housing with necessary supports that does not include a homeless shelter;

66.26 (2) health insurance, including eligibility for medical assistance as defined in section
66.27 256B.055, subdivision 17;

66.28 (3) education, including application to the Education and Training Voucher Program;

66.29 (4) local opportunities for mentors and continuing support services, ~~including the Healthy~~
66.30 ~~Transitions and Homeless Prevention program, if available;~~

66.31 (5) workforce supports and employment services;

67.1 (6) a copy of the ~~child's~~ youth's consumer credit report as defined in section 13C.001
67.2 and assistance in interpreting and resolving any inaccuracies in the report, at no cost to the
67.3 ~~child~~ youth;

67.4 (7) information on executing a health care directive under chapter 145C and on the
67.5 importance of designating another individual to make health care decisions on behalf of the
67.6 ~~child~~ youth if the ~~child~~ youth becomes unable to participate in decisions;

67.7 (8) appropriate contact information through 21 years of age if the ~~child~~ youth needs
67.8 information or help dealing with a crisis situation; and

67.9 (9) official documentation that the youth was previously in foster care.

67.10 Subd. 5. **Notice of termination of ~~foster care~~ social services.** (a) ~~When~~ Before a ~~child~~
67.11 youth who is 18 years of age or older leaves foster care ~~at 18 years of age or older~~, the
67.12 responsible social services agency shall give the ~~child~~ youth written notice that foster care
67.13 shall terminate 30 days from the date that the notice is sent by the agency according to
67.14 section 260C.451, subdivision 8.

67.15 ~~(b) The child or the child's guardian ad litem may file a motion asking the court to review~~
67.16 ~~the responsible social services agency's determination within 15 days of receiving the notice.~~
67.17 ~~The child shall not be discharged from foster care until the motion is heard. The responsible~~
67.18 ~~social services agency shall work with the child to transition out of foster care.~~

67.19 ~~(c) The written notice of termination of benefits shall be on a form prescribed by the~~
67.20 ~~commissioner and shall give notice of the right to have the responsible social services~~
67.21 ~~agency's determination reviewed by the court under this section or sections 260C.203,~~
67.22 ~~260C.317, and 260C.515, subdivision 5 or 6. A copy of the termination notice shall be sent~~
67.23 ~~to the child and the child's attorney, if any, the foster care provider, the child's guardian ad~~
67.24 ~~litem, and the court. The responsible social services agency is not responsible for paying~~
67.25 ~~foster care benefits for any period of time after the child leaves foster care.~~

67.26 (b) Before case management services will end for a youth who is at least 18 years of
67.27 age and under 23 years of age, the responsible social services agency shall give the youth:
67.28 (1) written notice that case management services for the youth shall terminate; and (2)
67.29 written notice that the youth has the right to appeal the termination of case management
67.30 services under section 256.045, subdivision 3, by responding in writing within ten days of
67.31 the date that the agency mailed the notice. The termination notice must include information
67.32 about services for which the youth is eligible and how to access the services.

67.33 **EFFECTIVE DATE.** This section is effective July 1, 2021.

68.1 Sec. 20. Minnesota Statutes 2020, section 260C.704, is amended to read:

68.2 **260C.704 REQUIREMENTS FOR THE QUALIFIED INDIVIDUAL'S**
68.3 **ASSESSMENT OF THE CHILD FOR PLACEMENT IN A QUALIFIED**
68.4 **RESIDENTIAL TREATMENT PROGRAM.**

68.5 (a) A qualified individual must complete an assessment of the child prior to ~~or within~~
68.6 ~~30 days of~~ the child's placement in a qualified residential treatment program in a format
68.7 approved by the commissioner of human services, ~~and~~ unless, due to a crisis, the child must
68.8 immediately be placed in a qualified residential treatment program. When a child must
68.9 immediately be placed in a qualified residential treatment program without an assessment,
68.10 the qualified individual must complete the child's assessment within 30 days of the child's
68.11 placement. The qualified individual must:

68.12 (1) assess the child's needs and strengths, using an age-appropriate, evidence-based,
68.13 validated, functional assessment approved by the commissioner of human services;

68.14 (2) determine whether the child's needs can be met by the child's family members or
68.15 through placement in a family foster home; or, if not, determine which residential setting
68.16 would provide the child with the most effective and appropriate level of care to the child
68.17 in the least restrictive environment;

68.18 (3) develop a list of short- and long-term mental and behavioral health goals for the
68.19 child; and

68.20 (4) work with the child's family and permanency team using culturally competent
68.21 practices.

68.22 (b) The child and the child's parents, when appropriate, may request that a specific
68.23 culturally competent qualified individual complete the child's assessment. The agency shall
68.24 make efforts to refer the child to the identified qualified individual to complete the
68.25 assessment. The assessment must not be delayed for a specific qualified individual to
68.26 complete the assessment.

68.27 (c) The qualified individual must provide the assessment, when complete, to the
68.28 responsible social services agency, ~~the child's parents or legal guardians, the guardian ad~~
68.29 ~~litem, and the court.~~ If the assessment recommends placement of the child in a qualified
68.30 residential treatment facility, the agency must distribute the assessment to the child's parent
68.31 or legal guardian and file the assessment with the court report as required in section 260C.71,
68.32 subdivision 2. If the assessment does not recommend placement in a qualified residential
68.33 treatment facility, the agency must provide a copy of the assessment to the parents or legal

69.1 guardians and the guardian ad litem and file the assessment determination with the court at
69.2 the next required hearing as required in section 260C.71, subdivision 5. If court rules and
69.3 chapter 13 permit disclosure of the results of the child's assessment, the agency may share
69.4 the results of the child's assessment with the child's foster care provider, other members of
69.5 the child's family, and the family and permanency team. The agency must not share the
69.6 child's private medical data with the family and permanency team unless: (1) chapter 13
69.7 permits the agency to disclose the child's private medical data to the family and permanency
69.8 team; or (2) the child's parent has authorized the agency to disclose the child's private medical
69.9 data to the family and permanency team.

69.10 (d) For an Indian child, the assessment of the child must follow the order of placement
69.11 preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section
69.12 1915.

69.13 (e) In the assessment determination, the qualified individual must specify in writing:

69.14 (1) the reasons why the child's needs cannot be met by the child's family or in a family
69.15 foster home. A shortage of family foster homes is not an acceptable reason for determining
69.16 that a family foster home cannot meet a child's needs;

69.17 (2) why the recommended placement in a qualified residential treatment program will
69.18 provide the child with the most effective and appropriate level of care to meet the child's
69.19 needs in the least restrictive environment possible and how placing the child at the treatment
69.20 program is consistent with the short-term and long-term goals of the child's permanency
69.21 plan; and

69.22 (3) if the qualified individual's placement recommendation is not the placement setting
69.23 that the parent, family and permanency team, child, or tribe prefer, the qualified individual
69.24 must identify the reasons why the qualified individual does not recommend the parent's,
69.25 family and permanency team's, child's, or tribe's placement preferences. The out-of-home
69.26 placement plan under section 260C.708 must also include reasons why the qualified
69.27 individual did not recommend the preferences of the parents, family and permanency team,
69.28 child, or tribe.

69.29 (f) If the qualified individual determines that the child's family or a family foster home
69.30 or other less restrictive placement may meet the child's needs, the agency must move the
69.31 child out of the qualified residential treatment program and transition the child to a less
69.32 restrictive setting within 30 days of the determination. If the responsible social services
69.33 agency has placement authority of the child, the agency must make a plan for the child's

70.1 placement according to section 260C.212, subdivision 2. The agency must file the child's
70.2 assessment determination with the court at the next required hearing.

70.3 (g) If the qualified individual recommends placing the child in a qualified residential
70.4 treatment program and if the responsible social services agency has placement authority of
70.5 the child, the agency shall make referrals to appropriate qualified residential treatment
70.6 programs and upon acceptance by an appropriate program, place the child in an approved
70.7 or certified qualified residential treatment program.

70.8 **EFFECTIVE DATE.** This section is effective September 30, 2021.

70.9 Sec. 21. Minnesota Statutes 2020, section 260C.706, is amended to read:

70.10 **260C.706 FAMILY AND PERMANENCY TEAM REQUIREMENTS.**

70.11 (a) When the responsible social services agency's juvenile treatment screening team, as
70.12 defined in section 260C.157, recommends placing the child in a qualified residential treatment
70.13 program, the agency must assemble a family and permanency team within ten days.

70.14 (1) The team must include all appropriate biological family members, the child's parents,
70.15 legal guardians or custodians, foster care providers, and relatives as defined in section
70.16 260C.007, subdivisions ~~26e~~ 26b and 27, and professionals, as appropriate, who are a resource
70.17 to the child's family, such as teachers, medical or mental health providers, or clergy.

70.18 (2) When a child is placed in foster care prior to the qualified residential treatment
70.19 program, the agency shall include relatives responding to the relative search notice as
70.20 required under section 260C.221 on this team, unless the juvenile court finds that contacting
70.21 a specific relative would ~~endanger~~ present a safety or health risk to the parent, guardian,
70.22 child, sibling, or any other family member.

70.23 (3) When a qualified residential treatment program is the child's initial placement setting,
70.24 the responsible social services agency must engage with the child and the child's parents to
70.25 determine the appropriate family and permanency team members.

70.26 (4) When the permanency goal is to reunify the child with the child's parent or legal
70.27 guardian, the purpose of the relative search and focus of the family and permanency team
70.28 is to preserve family relationships and identify and develop supports for the child and parents.

70.29 (5) The responsible agency must make a good faith effort to identify and assemble all
70.30 appropriate individuals to be part of the child's family and permanency team and request
70.31 input from the parents regarding relative search efforts consistent with section 260C.221.
70.32 The out-of-home placement plan in section 260C.708 must include all contact information

71.1 for the team members, as well as contact information for family members or relatives who
71.2 are not a part of the family and permanency team.

71.3 (6) If the child is age 14 or older, the team must include members of the family and
71.4 permanency team that the child selects in accordance with section 260C.212, subdivision
71.5 1, paragraph (b).

71.6 (7) Consistent with section 260C.221, a responsible social services agency may disclose
71.7 relevant and appropriate private data about the child to relatives in order for the relatives
71.8 to participate in caring and planning for the child's placement.

71.9 (8) If the child is an Indian child under section 260.751, the responsible social services
71.10 agency must make active efforts to include the child's tribal representative on the family
71.11 and permanency team.

71.12 (b) The family and permanency team shall meet regarding the assessment required under
71.13 section 260C.704 to determine whether it is necessary and appropriate to place the child in
71.14 a qualified residential treatment program and to participate in case planning under section
71.15 260C.708.

71.16 (c) When reunification of the child with the child's parent or legal guardian is the
71.17 permanency plan, the family and permanency team shall support the parent-child relationship
71.18 by recognizing the parent's legal authority, consulting with the parent regarding ongoing
71.19 planning for the child, and assisting the parent with visiting and contacting the child.

71.20 (d) When the agency's permanency plan is to transfer the child's permanent legal and
71.21 physical custody to a relative or for the child's adoption, the team shall:

71.22 (1) coordinate with the proposed guardian to provide the child with educational services,
71.23 medical care, and dental care;

71.24 (2) coordinate with the proposed guardian, the agency, and the foster care facility to
71.25 meet the child's treatment needs after the child is placed in a permanent placement with the
71.26 proposed guardian;

71.27 (3) plan to meet the child's need for safety, stability, and connection with the child's
71.28 family and community after the child is placed in a permanent placement with the proposed
71.29 guardian; and

71.30 (4) in the case of an Indian child, communicate with the child's tribe to identify necessary
71.31 and appropriate services for the child, transition planning for the child, the child's treatment
71.32 needs, and how to maintain the child's connections to the child's community, family, and
71.33 tribe.

72.1 (e) The agency shall invite the family and permanency team to participate in case planning
72.2 and the agency shall give the team notice of court reviews under sections 260C.152 and
72.3 260C.221 until: (1) the child is reunited with the child's parents; or (2) the child's foster care
72.4 placement ends and the child is in a permanent placement.

72.5 **EFFECTIVE DATE.** This section is effective September 30, 2021.

72.6 Sec. 22. Minnesota Statutes 2020, section 260C.708, is amended to read:

72.7 **260C.708 OUT-OF-HOME PLACEMENT PLAN FOR QUALIFIED**
72.8 **RESIDENTIAL TREATMENT PROGRAM PLACEMENTS.**

72.9 (a) When the responsible social services agency places a child in a qualified residential
72.10 treatment program as defined in section 260C.007, subdivision 26d, the out-of-home
72.11 placement plan must include:

72.12 (1) the case plan requirements in section ~~260.212, subdivision 1~~ 260C.212;

72.13 (2) the reasonable and good faith efforts of the responsible social services agency to
72.14 identify and include all of the individuals required to be on the child's family and permanency
72.15 team under section 260C.007;

72.16 (3) all contact information for members of the child's family and permanency team and
72.17 for other relatives who are not part of the family and permanency team;

72.18 (4) evidence that the agency scheduled meetings of the family and permanency team,
72.19 including meetings relating to the assessment required under section 260C.704, at a time
72.20 and place convenient for the family;

72.21 (5) evidence that the family and permanency team is involved in the assessment required
72.22 under section 260C.704 to determine the appropriateness of the child's placement in a
72.23 qualified residential treatment program;

72.24 (6) the family and permanency team's placement preferences for the child in the
72.25 assessment required under section 260C.704. When making a decision about the child's
72.26 placement preferences, the family and permanency team must recognize:

72.27 (i) that the agency should place a child with the child's siblings unless a court finds that
72.28 placing a child with the child's siblings is not possible due to a child's specialized placement
72.29 needs or is otherwise contrary to the child's best interests; and

72.30 (ii) that the agency should place an Indian child according to the requirements of the
72.31 Indian Child Welfare Act, the Minnesota Family Preservation Act under sections 260.751
72.32 to 260.835, and section 260C.193, subdivision 3, paragraph (g);

73.1 ~~(5)~~ (7) when reunification of the child with the child's parent or legal guardian is the
73.2 agency's goal, evidence demonstrating that the parent or legal guardian provided input about
73.3 the members of the family and permanency team under section 260C.706;

73.4 ~~(6)~~ (8) when the agency's permanency goal is to reunify the child with the child's parent
73.5 or legal guardian, the out-of-home placement plan must identify services and supports that
73.6 maintain the parent-child relationship and the parent's legal authority, decision-making, and
73.7 responsibility for ongoing planning for the child. In addition, the agency must assist the
73.8 parent with visiting and contacting the child;

73.9 ~~(7)~~ (9) when the agency's permanency goal is to transfer permanent legal and physical
73.10 custody of the child to a proposed guardian or to finalize the child's adoption, the case plan
73.11 must document the agency's steps to transfer permanent legal and physical custody of the
73.12 child or finalize adoption, as required in section 260C.212, subdivision 1, paragraph (c),
73.13 clauses (6) and (7); and

73.14 ~~(8)~~ (10) the qualified individual's recommendation regarding the child's placement in a
73.15 qualified residential treatment program and the court approval or disapproval of the placement
73.16 as required in section 260C.71.

73.17 (b) If the placement preferences of the family and permanency team, child, and tribe, if
73.18 applicable, are not consistent with the placement setting that the qualified individual
73.19 recommends, the case plan must include the reasons why the qualified individual did not
73.20 recommend following the preferences of the family and permanency team, child, and the
73.21 tribe.

73.22 (c) The agency must file the out-of-home placement plan with the court as part of the
73.23 60-day ~~hearing~~ court order under section 260C.71.

73.24 **EFFECTIVE DATE.** This section is effective September 30, 2021.

73.25 Sec. 23. Minnesota Statutes 2020, section 260C.71, is amended to read:

73.26 **260C.71 COURT APPROVAL REQUIREMENTS.**

73.27 Subdivision 1. **Judicial review.** When the responsible social services agency has legal
73.28 authority to place a child at a qualified residential treatment facility under section 260C.007,
73.29 subdivision 21a, and the child's assessment under section 260C.704 recommends placing
73.30 the child in a qualified residential treatment facility, the agency shall place the child at a
73.31 qualified residential facility. Within 60 days of placing the child at a qualified residential
73.32 treatment facility, the agency must obtain a court order finding that the child's placement
73.33 is appropriate and meets the child's individualized needs.

74.1 Subd. 2. Qualified residential treatment program; agency report to court. (a) The
74.2 responsible social services agency shall file a written report with the court after receiving
74.3 the qualified individual's assessment as specified in section 260C.704 prior to the child's
74.4 placement or within 35 days of the date of the child's placement in a qualified residential
74.5 treatment facility. The written report shall contain or have attached:

74.6 (1) the child's name, date of birth, race, gender, and current address;

74.7 (2) the names, races, dates of birth, residence, and post office address of the child's
74.8 parents or legal custodian, or guardian;

74.9 (3) the name and address of the qualified residential treatment program, including a
74.10 chief administrator of the facility;

74.11 (4) a statement of the facts that necessitated the child's foster care placement;

74.12 (5) the child's out-of-home placement plan under section 260C.212, subdivision 1,
74.13 including the requirements in section 260C.708;

74.14 (6) if the child is placed in an out-of-state qualified residential treatment program, the
74.15 compelling reasons why the child's needs cannot be met by an in-state placement;

74.16 (7) the qualified individual's assessment of the child under section 260C.704, paragraph
74.17 (c), in a format approved by the commissioner;

74.18 (8) if, at the time required for the report under this subdivision, the child's parent or legal
74.19 guardian, a child who is ten years of age or older, the family and permanency team, or a
74.20 tribe disagrees with the recommended qualified residential treatment program placement,
74.21 the agency shall include information regarding the disagreement, and to the extent possible,
74.22 the basis for the disagreement in the report;

74.23 (9) any other information that the responsible social services agency, child's parent, legal
74.24 custodian or guardian, child, or in the case of an Indian child, tribe would like the court to
74.25 consider; and

74.26 (10) the agency shall file the written report with the court and serve on the parties a
74.27 request for a hearing or a court order without a hearing.

74.28 (b) The agency must inform the child's parent or legal guardian and a child who is ten
74.29 years of age or older of the court review requirements of this section and the child's and
74.30 child's parent's or legal guardian's right to submit information to the court:

74.31 (1) the agency must inform the child's parent or legal guardian and a child who is ten
74.32 years of age or older of the reporting date and the date by which the agency must receive

75.1 information from the child and child's parent so that the agency is able to submit the report
75.2 required by this subdivision to the court;

75.3 (2) the agency must inform the child's parent or legal guardian and a child who is ten
75.4 years of age or older that the court will hold a hearing upon the request of the child or the
75.5 child's parent; and

75.6 (3) the agency must inform the child's parent or legal guardian and a child who is ten
75.7 years of age or older that they have the right to request a hearing and the right to present
75.8 information to the court for the court's review under this subdivision.

75.9 Subd. 3. **Court hearing.** (a) The court shall hold a hearing when a party or a child who
75.10 is ten years of age or older requests a hearing.

75.11 (b) In all other circumstances, the court has the discretion to hold a hearing or issue an
75.12 order without a hearing.

75.13 Subd. 4. **Court findings and order.** (a) Within 60 days from the beginning of each
75.14 placement in a qualified residential treatment program when the qualified individual's
75.15 assessment of the child recommends placing the child in a qualified residential treatment
75.16 program, the court must consider the qualified individual's assessment of the child under
75.17 section 260C.704 and issue an order to:

75.18 ~~(1) consider the qualified individual's assessment of whether it is necessary and~~
75.19 ~~appropriate to place the child in a qualified residential treatment program under section~~
75.20 ~~260C.704;~~

75.21 ~~(2)~~ (1) determine whether a family foster home can meet the child's needs, whether it is
75.22 necessary and appropriate to place a child in a qualified residential treatment program that
75.23 is the least restrictive environment possible, and whether the child's placement is consistent
75.24 with the child's short and long term goals as specified in the permanency plan; and

75.25 ~~(3)~~ (2) approve or disapprove of the child's placement.

75.26 ~~(b) In the out-of-home placement plan, the agency must document the court's approval~~
75.27 ~~or disapproval of the placement, as specified in section 260C.708. If the court disapproves~~
75.28 of the child's placement in a qualified residential treatment program, the responsible social
75.29 services agency shall: (1) remove the child from the qualified residential treatment program
75.30 within 30 days of the court's order; and (2) make a plan for the child's placement that is
75.31 consistent with the child's best interests under section 260C.212, subdivision 2.

75.32 Subd. 5. **Court review and approval not required.** When the responsible social services
75.33 agency has legal authority to place a child under section 260C.007, subdivision 21a, and

76.1 the qualified individual's assessment of the child does not recommend placing the child in
76.2 a qualified residential treatment program, the court is not required to hold a hearing and the
76.3 court is not required to issue an order. Pursuant to section 260C.704, paragraph (f), the
76.4 responsible social services agency shall make a plan for the child's placement consistent
76.5 with the child's best interests under section 260C.212, subdivision 2. The agency must file
76.6 the agency's assessment determination for the child with the court at the next required
76.7 hearing.

76.8 **EFFECTIVE DATE.** This section is effective September 30, 2021.

76.9 Sec. 24. Minnesota Statutes 2020, section 260C.712, is amended to read:

76.10 **260C.712 ONGOING REVIEWS AND PERMANENCY HEARING**
76.11 **REQUIREMENTS.**

76.12 As long as a child remains placed in a qualified residential treatment program, the
76.13 responsible social services agency shall submit evidence at each administrative review under
76.14 section 260C.203; each court review under sections 260C.202, 260C.203, ~~and~~ 260C.204,
76.15 260D.06, 260D.07, and 260D.08; and each permanency hearing under section 260C.515,
76.16 260C.519, ~~or~~ 260C.521, or 260D.07 that:

76.17 (1) demonstrates that an ongoing assessment of the strengths and needs of the child
76.18 continues to support the determination that the child's needs cannot be met through placement
76.19 in a family foster home;

76.20 (2) demonstrates that the placement of the child in a qualified residential treatment
76.21 program provides the most effective and appropriate level of care for the child in the least
76.22 restrictive environment;

76.23 (3) demonstrates how the placement is consistent with the short-term and long-term
76.24 goals for the child, as specified in the child's permanency plan;

76.25 (4) documents how the child's specific treatment or service needs will be met in the
76.26 placement;

76.27 (5) documents the length of time that the agency expects the child to need treatment or
76.28 services; ~~and~~

76.29 (6) documents the responsible social services agency's efforts to prepare the child to
76.30 return home or to be placed with a fit and willing relative, legal guardian, adoptive parent,
76.31 or foster family; and

77.1 (7) if the child is placed in a qualified residential treatment program out-of-state, the
77.2 compelling reasons for placing the child out-of-state and the reasons that the child's needs
77.3 cannot be met by an in-state placement.

77.4 **EFFECTIVE DATE.** This section is effective September 30, 2021.

77.5 Sec. 25. Minnesota Statutes 2020, section 260C.714, is amended to read:

77.6 **260C.714 REVIEW OF EXTENDED QUALIFIED RESIDENTIAL TREATMENT**
77.7 **PROGRAM PLACEMENTS.**

77.8 (a) When a responsible social services agency places a child in a qualified residential
77.9 treatment program for more than 12 consecutive months or 18 nonconsecutive months or,
77.10 in the case of a child who is under 13 years of age, for more than six consecutive or
77.11 nonconsecutive months, the agency must submit: (1) the signed approval by the county
77.12 social services director of the responsible social services agency; and (2) the evidence
77.13 supporting the child's placement at the most recent court review or permanency hearing
77.14 under section 260C.712, ~~paragraph (b).~~

77.15 (b) The commissioner shall specify the procedures and requirements for the agency's
77.16 review and approval of a child's extended qualified residential treatment program placement.
77.17 The commissioner may consult with counties, tribes, child-placing agencies, mental health
77.18 providers, licensed facilities, the child, the child's parents, and the family and permanency
77.19 team members to develop case plan requirements and engage in periodic reviews of the
77.20 case plan.

77.21 **EFFECTIVE DATE.** This section is effective September 30, 2021.

77.22 Sec. 26. Minnesota Statutes 2020, section 260D.01, is amended to read:

77.23 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

77.24 (a) Sections 260D.01 to 260D.10, may be cited as the "child in voluntary foster care for
77.25 treatment" provisions of the Juvenile Court Act.

77.26 (b) The juvenile court has original and exclusive jurisdiction over a child in voluntary
77.27 foster care for treatment upon the filing of a report or petition required under this chapter.
77.28 All obligations of the responsible social services agency to a child and family in foster care
77.29 contained in chapter 260C not inconsistent with this chapter are also obligations of the
77.30 agency with regard to a child in foster care for treatment under this chapter.

77.31 (c) This chapter shall be construed consistently with the mission of the children's mental
77.32 health service system as set out in section 245.487, subdivision 3, and the duties of an agency

78.1 under sections 256B.092 and 260C.157 and Minnesota Rules, parts 9525.0004 to 9525.0016,
78.2 to meet the needs of a child with a developmental disability or related condition. This
78.3 chapter:

78.4 (1) establishes voluntary foster care through a voluntary foster care agreement as the
78.5 means for an agency and a parent to provide needed treatment when the child must be in
78.6 foster care to receive necessary treatment for an emotional disturbance or developmental
78.7 disability or related condition;

78.8 (2) establishes court review requirements for a child in voluntary foster care for treatment
78.9 due to emotional disturbance or developmental disability or a related condition;

78.10 (3) establishes the ongoing responsibility of the parent as legal custodian to visit the
78.11 child, to plan together with the agency for the child's treatment needs, to be available and
78.12 accessible to the agency to make treatment decisions, and to obtain necessary medical,
78.13 dental, and other care for the child; ~~and~~

78.14 (4) applies to voluntary foster care when the child's parent and the agency agree that the
78.15 child's treatment needs require foster care either:

78.16 (i) due to a level of care determination by the agency's screening team informed by the
78.17 child's diagnostic and functional assessment under section 245.4885; or

78.18 (ii) due to a determination regarding the level of services needed by the child by the
78.19 responsible social services' services agency's screening team under section 256B.092, and
78.20 Minnesota Rules, parts 9525.0004 to 9525.0016-; and

78.21 (5) includes the requirements for a child's placement in sections 260C.70 to 260C.714,
78.22 when the juvenile treatment screening team recommends placing a child in a qualified
78.23 residential treatment program, except as modified under this chapter.

78.24 (d) This chapter does not apply when there is a current determination under chapter
78.25 260E that the child requires child protective services or when the child is in foster care for
78.26 any reason other than treatment for the child's emotional disturbance or developmental
78.27 disability or related condition. When there is a determination under chapter 260E that the
78.28 child requires child protective services based on an assessment that there are safety and risk
78.29 issues for the child that have not been mitigated through the parent's engagement in services
78.30 or otherwise, or when the child is in foster care for any reason other than the child's emotional
78.31 disturbance or developmental disability or related condition, the provisions of chapter 260C
78.32 apply.

79.1 (e) The paramount consideration in all proceedings concerning a child in voluntary foster
79.2 care for treatment is the safety, health, and the best interests of the child. The purpose of
79.3 this chapter is:

79.4 (1) to ensure that a child with a disability is provided the services necessary to treat or
79.5 ameliorate the symptoms of the child's disability;

79.6 (2) to preserve and strengthen the child's family ties whenever possible and in the child's
79.7 best interests, approving the child's placement away from the child's parents only when the
79.8 child's need for care or treatment requires ~~it~~ out-of-home placement and the child cannot
79.9 be maintained in the home of the parent; and

79.10 (3) to ensure that the child's parent retains legal custody of the child and associated
79.11 decision-making authority unless the child's parent willfully fails or is unable to make
79.12 decisions that meet the child's safety, health, and best interests. The court may not find that
79.13 the parent willfully fails or is unable to make decisions that meet the child's needs solely
79.14 because the parent disagrees with the agency's choice of foster care facility, unless the
79.15 agency files a petition under chapter 260C, and establishes by clear and convincing evidence
79.16 that the child is in need of protection or services.

79.17 (f) The legal parent-child relationship shall be supported under this chapter by maintaining
79.18 the parent's legal authority and responsibility for ongoing planning for the child and by the
79.19 agency's assisting the parent, ~~where~~ when necessary, to exercise the parent's ongoing right
79.20 and obligation to visit or to have reasonable contact with the child. Ongoing planning means:

79.21 (1) actively participating in the planning and provision of educational services, medical,
79.22 and dental care for the child;

79.23 (2) actively planning and participating with the agency and the foster care facility for
79.24 the child's treatment needs; ~~and~~

79.25 (3) planning to meet the child's need for safety, stability, and permanency, and the child's
79.26 need to stay connected to the child's family and community;

79.27 (4) engaging with the responsible social services agency to ensure that the family and
79.28 permanency team under section 260C.706 consists of appropriate family members. For
79.29 purposes of voluntary placement of a child in foster care for treatment under chapter 260D,
79.30 prior to forming the child's family and permanency team, the responsible social services
79.31 agency must consult with the child's parent or legal guardian, the child if the child is 14
79.32 years of age or older, and, if applicable, the child's tribe to obtain recommendations regarding
79.33 which individuals to include on the team and to ensure that the team is family-centered and

80.1 will act in the child's best interests. If the child, child's parents, or legal guardians raise
80.2 concerns about specific relatives or professionals, the team should not include those
80.3 individuals unless the individual is a treating professional or an important connection to the
80.4 youth as outlined in the case or crisis plan; and

80.5 (5) For a voluntary placement under this chapter in a qualified residential treatment
80.6 program, as defined in section 260C.007, subdivision 26d, for purposes of engaging in a
80.7 relative search as provided in section 260C.221, the county agency must consult with the
80.8 child's parent or legal guardian, the child if the child is 14 years of age or older, and, if
80.9 applicable, the child's tribe to obtain recommendations regarding which adult relatives the
80.10 county agency should notify. If the child, child's parents, or legal guardians raise concerns
80.11 about specific relatives, the county agency should not notify those relatives.

80.12 (g) The provisions of section 260.012 to ensure placement prevention, family
80.13 reunification, and all active and reasonable effort requirements of that section apply. This
80.14 chapter shall be construed consistently with the requirements of the Indian Child Welfare
80.15 Act of 1978, United States Code, title 25, section 1901, et al., and the provisions of the
80.16 Minnesota Indian Family Preservation Act, sections 260.751 to 260.835.

80.17 **EFFECTIVE DATE.** This section is effective September 30, 2021.

80.18 Sec. 27. Minnesota Statutes 2020, section 260D.05, is amended to read:

80.19 **260D.05 ADMINISTRATIVE REVIEW OF CHILD IN VOLUNTARY FOSTER**
80.20 **CARE FOR TREATMENT.**

80.21 The administrative reviews required under section 260C.203 must be conducted for a
80.22 child in voluntary foster care for treatment, except that the initial administrative review
80.23 must take place prior to the submission of the report to the court required under section
80.24 260D.06, subdivision 2. When a child is placed in a qualified residential treatment program
80.25 as defined in section 260C.007, subdivision 26d, the responsible social services agency
80.26 must submit evidence to the court as specified in section 260C.712.

80.27 **EFFECTIVE DATE.** This section is effective September 30, 2021.

80.28 Sec. 28. Minnesota Statutes 2020, section 260D.06, subdivision 2, is amended to read:

80.29 Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial review
80.30 by reporting to the court according to the following procedures:

80.31 (a) A written report shall be forwarded to the court within 165 days of the date of the
80.32 voluntary placement agreement. The written report shall contain or have attached:

- 81.1 (1) a statement of facts that necessitate the child's foster care placement;
- 81.2 (2) the child's name, date of birth, race, gender, and current address;
- 81.3 (3) the names, race, date of birth, residence, and post office addresses of the child's
- 81.4 parents or legal custodian;
- 81.5 (4) a statement regarding the child's eligibility for membership or enrollment in an Indian
- 81.6 tribe and the agency's compliance with applicable provisions of sections 260.751 to 260.835;
- 81.7 (5) the names and addresses of the foster parents or chief administrator of the facility in
- 81.8 which the child is placed, if the child is not in a family foster home or group home;
- 81.9 (6) a copy of the out-of-home placement plan required under section 260C.212,
- 81.10 subdivision 1;
- 81.11 (7) a written summary of the proceedings of any administrative review required under
- 81.12 section 260C.203; ~~and~~
- 81.13 (8) evidence as specified in section 260C.712 when a child is placed in a qualified
- 81.14 residential treatment program as defined in section 260C.007, subdivision 26d; and
- 81.15 (9) any other information the agency, parent or legal custodian, the child or the foster
- 81.16 parent, or other residential facility wants the court to consider.
- 81.17 (b) In the case of a child in placement due to emotional disturbance, the written report
- 81.18 shall include as an attachment, the child's individual treatment plan developed by the child's
- 81.19 treatment professional, as provided in section 245.4871, subdivision 21, or the child's
- 81.20 standard written plan, as provided in section 125A.023, subdivision 3, paragraph (e).
- 81.21 (c) In the case of a child in placement due to developmental disability or a related
- 81.22 condition, the written report shall include as an attachment, the child's individual service
- 81.23 plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan,
- 81.24 as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan;
- 81.25 or the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph
- 81.26 (e).
- 81.27 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster
- 81.28 parent or foster care facility of the reporting and court review requirements of this section
- 81.29 and of their right to submit information to the court:
- 81.30 (1) if the child or the child's parent or the foster care provider wants to send information
- 81.31 to the court, the agency shall advise those persons of the reporting date and the date by

82.1 which the agency must receive the information they want forwarded to the court so the
82.2 agency is timely able submit it with the agency's report required under this subdivision;

82.3 (2) the agency must also inform the child, age 12 or older, the child's parent, and the
82.4 foster care facility that they have the right to be heard in person by the court and how to
82.5 exercise that right;

82.6 (3) the agency must also inform the child, age 12 or older, the child's parent, and the
82.7 foster care provider that an in-court hearing will be held if requested by the child, the parent,
82.8 or the foster care provider; and

82.9 (4) if, at the time required for the report under this section, a child, age 12 or older,
82.10 disagrees about the foster care facility or services provided under the out-of-home placement
82.11 plan required under section 260C.212, subdivision 1, the agency shall include information
82.12 regarding the child's disagreement, and to the extent possible, the basis for the child's
82.13 disagreement in the report required under this section.

82.14 (e) After receiving the required report, the court has jurisdiction to make the following
82.15 determinations and must do so within ten days of receiving the forwarded report, whether
82.16 a hearing is requested:

82.17 (1) whether the voluntary foster care arrangement is in the child's best interests;

82.18 (2) whether the parent and agency are appropriately planning for the child; and

82.19 (3) in the case of a child age 12 or older, who disagrees with the foster care facility or
82.20 services provided under the out-of-home placement plan, whether it is appropriate to appoint
82.21 counsel and a guardian ad litem for the child using standards and procedures under section
82.22 260C.163.

82.23 (f) Unless requested by a parent, representative of the foster care facility, or the child,
82.24 no in-court hearing is required in order for the court to make findings and issue an order as
82.25 required in paragraph (e).

82.26 (g) If the court finds the voluntary foster care arrangement is in the child's best interests
82.27 and that the agency and parent are appropriately planning for the child, the court shall issue
82.28 an order containing explicit, individualized findings to support its determination. The
82.29 individualized findings shall be based on the agency's written report and other materials
82.30 submitted to the court. The court may make this determination notwithstanding the child's
82.31 disagreement, if any, reported under paragraph (d).

82.32 (h) The court shall send a copy of the order to the county attorney, the agency, parent,
82.33 child, age 12 or older, and the foster parent or foster care facility.

83.1 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or
83.2 representative of the foster care facility notice of the permanency review hearing required
83.3 under section 260D.07, paragraph (e).

83.4 (j) If the court finds continuing the voluntary foster care arrangement is not in the child's
83.5 best interests or that the agency or the parent are not appropriately planning for the child,
83.6 the court shall notify the agency, the parent, the foster parent or foster care facility, the child,
83.7 age 12 or older, and the county attorney of the court's determinations and the basis for the
83.8 court's determinations. In this case, the court shall set the matter for hearing and appoint a
83.9 guardian ad litem for the child under section 260C.163, subdivision 5.

83.10 **EFFECTIVE DATE.** This section is effective September 30, 2021.

83.11 Sec. 29. Minnesota Statutes 2020, section 260D.07, is amended to read:

83.12 **260D.07 REQUIRED PERMANENCY REVIEW HEARING.**

83.13 (a) When the court has found that the voluntary arrangement is in the child's best interests
83.14 and that the agency and parent are appropriately planning for the child pursuant to the report
83.15 submitted under section 260D.06, and the child continues in voluntary foster care as defined
83.16 in section 260D.02, subdivision 10, for 13 months from the date of the voluntary foster care
83.17 agreement, or has been in placement for 15 of the last 22 months, the agency must:

83.18 (1) terminate the voluntary foster care agreement and return the child home; or

83.19 (2) determine whether there are compelling reasons to continue the voluntary foster care
83.20 arrangement and, if the agency determines there are compelling reasons, seek judicial
83.21 approval of its determination; or

83.22 (3) file a petition for the termination of parental rights.

83.23 (b) When the agency is asking for the court's approval of its determination that there are
83.24 compelling reasons to continue the child in the voluntary foster care arrangement, the agency
83.25 shall file a "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
83.26 for Treatment" and ask the court to proceed under this section.

83.27 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
83.28 for Treatment" shall be drafted or approved by the county attorney and be under oath. The
83.29 petition shall include:

83.30 (1) the date of the voluntary placement agreement;

83.31 (2) whether the petition is due to the child's developmental disability or emotional
83.32 disturbance;

- 84.1 (3) the plan for the ongoing care of the child and the parent's participation in the plan;
- 84.2 (4) a description of the parent's visitation and contact with the child;
- 84.3 (5) the date of the court finding that the foster care placement was in the best interests
- 84.4 of the child, if required under section 260D.06, or the date the agency filed the motion under
- 84.5 section 260D.09, paragraph (b);
- 84.6 (6) the agency's reasonable efforts to finalize the permanent plan for the child, including
- 84.7 returning the child to the care of the child's family; ~~and~~
- 84.8 (7) a citation to this chapter as the basis for the petition; and
- 84.9 (8) evidence as specified in section 260C.712 when a child is placed in a qualified
- 84.10 residential treatment program as defined in section 260C.007, subdivision 26d.
- 84.11 (d) An updated copy of the out-of-home placement plan required under section 260C.212,
- 84.12 subdivision 1, shall be filed with the petition.
- 84.13 (e) The court shall set the date for the permanency review hearing no later than 14 months
- 84.14 after the child has been in placement or within 30 days of the petition filing date when the
- 84.15 child has been in placement 15 of the last 22 months. The court shall serve the petition
- 84.16 together with a notice of hearing by United States mail on the parent, the child age 12 or
- 84.17 older, the child's guardian ad litem, if one has been appointed, the agency, the county
- 84.18 attorney, and counsel for any party.
- 84.19 (f) The court shall conduct the permanency review hearing on the petition no later than
- 84.20 14 months after the date of the voluntary placement agreement, within 30 days of the filing
- 84.21 of the petition when the child has been in placement 15 of the last 22 months, or within 15
- 84.22 days of a motion to terminate jurisdiction and to dismiss an order for foster care under
- 84.23 chapter 260C, as provided in section 260D.09, paragraph (b).
- 84.24 (g) At the permanency review hearing, the court shall:
- 84.25 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review
- 84.26 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,
- 84.27 and whether the parent agrees to the continued voluntary foster care arrangement as being
- 84.28 in the child's best interests;
- 84.29 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to
- 84.30 finalize the permanent plan for the child, including whether there are services available and
- 84.31 accessible to the parent that might allow the child to safely be with the child's family;
- 84.32 (3) inquire of the parent if the parent consents to the court entering an order that:

85.1 (i) approves the responsible agency's reasonable efforts to finalize the permanent plan
85.2 for the child, which includes ongoing future planning for the safety, health, and best interests
85.3 of the child; and

85.4 (ii) approves the responsible agency's determination that there are compelling reasons
85.5 why the continued voluntary foster care arrangement is in the child's best interests; and

85.6 (4) inquire of the child's guardian ad litem and any other party whether the guardian or
85.7 the party agrees that:

85.8 (i) the court should approve the responsible agency's reasonable efforts to finalize the
85.9 permanent plan for the child, which includes ongoing and future planning for the safety,
85.10 health, and best interests of the child; and

85.11 (ii) the court should approve of the responsible agency's determination that there are
85.12 compelling reasons why the continued voluntary foster care arrangement is in the child's
85.13 best interests.

85.14 (h) At a permanency review hearing under this section, the court may take the following
85.15 actions based on the contents of the sworn petition and the consent of the parent:

85.16 (1) approve the agency's compelling reasons that the voluntary foster care arrangement
85.17 is in the best interests of the child; and

85.18 (2) find that the agency has made reasonable efforts to finalize the permanent plan for
85.19 the child.

85.20 (i) A child, age 12 or older, may object to the agency's request that the court approve its
85.21 compelling reasons for the continued voluntary arrangement and may be heard on the reasons
85.22 for the objection. Notwithstanding the child's objection, the court may approve the agency's
85.23 compelling reasons and the voluntary arrangement.

85.24 (j) If the court does not approve the voluntary arrangement after hearing from the child
85.25 or the child's guardian ad litem, the court shall dismiss the petition. In this case, either:

85.26 (1) the child must be returned to the care of the parent; or

85.27 (2) the agency must file a petition under section 260C.141, asking for appropriate relief
85.28 under sections 260C.301 or 260C.503 to 260C.521.

85.29 (k) When the court approves the agency's compelling reasons for the child to continue
85.30 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts
85.31 to finalize a permanent plan for the child, the court shall approve the continued voluntary

86.1 foster care arrangement, and continue the matter under the court's jurisdiction for the purposes
86.2 of reviewing the child's placement every 12 months while the child is in foster care.

86.3 (l) A finding that the court approves the continued voluntary placement means the agency
86.4 has continued legal authority to place the child while a voluntary placement agreement
86.5 remains in effect. The parent or the agency may terminate a voluntary agreement as provided
86.6 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is
86.7 governed by section 260.765, subdivision 4.

86.8 **EFFECTIVE DATE.** This section is effective September 30, 2021.

86.9 Sec. 30. Minnesota Statutes 2020, section 260D.08, is amended to read:

86.10 **260D.08 ANNUAL REVIEW.**

86.11 (a) After the court conducts a permanency review hearing under section 260D.07, the
86.12 matter must be returned to the court for further review of the responsible social services
86.13 reasonable efforts to finalize the permanent plan for the child and the child's foster care
86.14 placement at least every 12 months while the child is in foster care. The court shall give
86.15 notice to the parent and child, age 12 or older, and the foster parents of the continued review
86.16 requirements under this section at the permanency review hearing.

86.17 (b) Every 12 months, the court shall determine whether the agency made reasonable
86.18 efforts to finalize the permanency plan for the child, which means the exercise of due
86.19 diligence by the agency to:

86.20 (1) ensure that the agreement for voluntary foster care is the most appropriate legal
86.21 arrangement to meet the child's safety, health, and best interests and to conduct a genuine
86.22 examination of whether there is another permanency disposition order under chapter 260C,
86.23 including returning the child home, that would better serve the child's need for a stable and
86.24 permanent home;

86.25 (2) engage and support the parent in continued involvement in planning and decision
86.26 making for the needs of the child;

86.27 (3) strengthen the child's ties to the parent, relatives, and community;

86.28 (4) implement the out-of-home placement plan required under section 260C.212,
86.29 subdivision 1, and ensure that the plan requires the provision of appropriate services to
86.30 address the physical health, mental health, and educational needs of the child; ~~and~~

87.1 (5) submit evidence to the court as specified in section 260C.712 when a child is placed
87.2 in a qualified residential treatment program setting as defined in section 260C.007,
87.3 subdivision 26d; and

87.4 ~~(5)~~ (6) ensure appropriate planning for the child's safe, permanent, and independent
87.5 living arrangement after the child's 18th birthday.

87.6 **EFFECTIVE DATE.** This section is effective September 30, 2021.

87.7 Sec. 31. Minnesota Statutes 2020, section 260D.14, is amended to read:

87.8 **260D.14 SUCCESSFUL TRANSITION TO ADULTHOOD FOR CHILDREN**
87.9 **YOUTH IN VOLUNTARY PLACEMENT.**

87.10 Subdivision 1. **Case planning.** When ~~the child~~ a youth is 14 years of age or older, the
87.11 responsible social services agency shall ensure that a child youth in foster care under this
87.12 chapter is provided with the case plan requirements in section 260C.212, subdivisions 1
87.13 and 14.

87.14 Subd. 2. **Notification.** The responsible social services agency shall provide a youth with
87.15 written notice of the right to continued access to services for certain children in foster care
87.16 past 18 years of age under section 260C.452, subdivision 3 foster care benefits that a youth
87.17 who is 18 years of age or older may continue to receive according to section 260C.451,
87.18 subdivision 1, and of the right to appeal a denial of social services under section 256.045.
87.19 The notice must be provided to the ~~child~~ youth six months before the ~~child's~~ youth's 18th
87.20 birthday.

87.21 Subd. 3. **Administrative or court reviews.** When ~~the child~~ a youth is ~~17~~ 14 years of
87.22 age or older, the administrative review or court hearing must include a review of the
87.23 responsible social services agency's support for the ~~child's~~ youth's successful transition to
87.24 adulthood as required in section 260C.452, subdivision 4.

87.25 **EFFECTIVE DATE.** This section is effective July 1, 2021.

87.26 Sec. 32. Minnesota Statutes 2020, section 260E.06, subdivision 1, is amended to read:

87.27 Subdivision 1. **Mandatory reporters.** (a) A person who knows or has reason to believe
87.28 a child is being maltreated, as defined in section 260E.03, or has been maltreated within
87.29 the preceding three years shall immediately report the information to the local welfare
87.30 agency, agency responsible for assessing or investigating the report, police department,
87.31 county sheriff, tribal social services agency, or tribal police department if the person is:

88.1 (1) a professional or professional's delegate who is engaged in the practice of the healing
88.2 arts, social services, hospital administration, psychological or psychiatric treatment, child
88.3 care, education, correctional supervision, probation and correctional services, or law
88.4 enforcement; ~~or~~

88.5 (2) employed as a member of the clergy and received the information while engaged in
88.6 ministerial duties, provided that a member of the clergy is not required by this subdivision
88.7 to report information that is otherwise privileged under section 595.02, subdivision 1,
88.8 paragraph (c); or

88.9 (3) an owner, administrator, or employee who is 18 years of age or older of a public or
88.10 private youth recreation program or other organization that provides services or activities
88.11 requiring face-to-face contact with and supervision of children.

88.12 (b) "Practice of social services" for the purposes of this subdivision includes but is not
88.13 limited to employee assistance counseling and the provision of guardian ad litem and
88.14 parenting time expeditor services.

88.15 Sec. 33. Minnesota Statutes 2020, section 260E.31, subdivision 1, is amended to read:

88.16 Subdivision 1. **Reports required.** (a) Except as provided in paragraph (b), a person
88.17 mandated to report under this chapter shall immediately report to the local welfare agency
88.18 if the person knows or has reason to believe that a woman is pregnant and has used a
88.19 controlled substance for a nonmedical purpose during the pregnancy, including but not
88.20 limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy
88.21 in any way that is habitual or excessive.

88.22 (b) A health care professional or a social service professional who is mandated to report
88.23 under this chapter is exempt from reporting under paragraph (a) ~~a woman's use or~~
88.24 ~~consumption of tetrahydrocannabinol or alcoholic beverages during pregnancy~~ if the
88.25 professional is providing or collaborating with other professionals to provide the woman
88.26 with prenatal care, postpartum care, or other health care services, including care of the
88.27 woman's infant. If the woman does not continue to receive regular prenatal or postpartum
88.28 care, after the woman's health care professional has made attempts to contact the woman,
88.29 then the professional is required to report under paragraph (a).

88.30 (c) Any person may make a voluntary report if the person knows or has reason to believe
88.31 that a woman is pregnant and has used a controlled substance for a nonmedical purpose
88.32 during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed
88.33 alcoholic beverages during the pregnancy in any way that is habitual or excessive.

89.1 (d) An oral report shall be made immediately by telephone or otherwise. An oral report
89.2 made by a person required to report shall be followed within 72 hours, exclusive of weekends
89.3 and holidays, by a report in writing to the local welfare agency. Any report shall be of
89.4 sufficient content to identify the pregnant woman, the nature and extent of the use, if known,
89.5 and the name and address of the reporter. The local welfare agency shall accept a report
89.6 made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the
89.7 reporter's name or address as long as the report is otherwise sufficient.

89.8 (e) For purposes of this section, "prenatal care" means the comprehensive package of
89.9 medical and psychological support provided throughout the pregnancy.

89.10 Sec. 34. Minnesota Statutes 2020, section 260E.33, is amended by adding a subdivision
89.11 to read:

89.12 Subd. 6a. Notification of contested case hearing. When an appeal of a lead investigative
89.13 agency determination results in a contested case hearing under chapter 245A or 245C, the
89.14 administrative law judge shall notify the parent, legal custodian, or guardian of the child
89.15 who is the subject of the maltreatment determination. The notice must be sent by certified
89.16 mail and inform the parent, legal custodian, or guardian of the child of the right to file a
89.17 signed written statement in the proceedings and the right to attend and participate in the
89.18 hearing. The parent, legal custodian, or guardian of the child may file a written statement
89.19 with the administrative law judge hearing the case no later than five business days before
89.20 commencement of the hearing. The administrative law judge shall include the written
89.21 statement in the hearing record and consider the statement in deciding the appeal. The lead
89.22 investigative agency shall provide to the administrative law judge the address of the parent,
89.23 legal custodian, or guardian of the child. If the lead investigative agency is not reasonably
89.24 able to determine the address of the parent, legal custodian, or guardian of the child, the
89.25 administrative law judge is not required to send a hearing notice under this subdivision.

89.26 Sec. 35. Minnesota Statutes 2020, section 260E.36, is amended by adding a subdivision
89.27 to read:

89.28 Subd. 1b. Sex trafficking and sexual exploitation training requirement. As required
89.29 by the Child Abuse Prevention and Treatment Act amendments through Public Law 114-22
89.30 and to implement Public Law 115-123, all child protection social workers and social services
89.31 staff who have responsibility for child protective duties under this chapter or chapter 260C
89.32 shall complete training implemented by the commissioner of human services regarding sex
89.33 trafficking and sexual exploitation of children and youth.

90.1 **EFFECTIVE DATE.** This section is effective July 1, 2021.

90.2 Sec. 36. **DIRECTION TO THE COMMISSIONER; QUALIFIED RESIDENTIAL**
90.3 **TREATMENT TRANSITION SUPPORTS.**

90.4 The commissioner of human services shall consult with stakeholders to develop policies
90.5 regarding aftercare supports for the transition of a child from a qualified residential treatment
90.6 program, as defined in Minnesota Statutes, section 260C.007, subdivision 26d, to
90.7 reunification with the child's parent or legal guardian, including potential placement in a
90.8 less restrictive setting prior to reunification that aligns with the child's permanency plan and
90.9 person-centered support plan, when applicable. The policies must be consistent with
90.10 Minnesota Rules, part 2960.0190, and Minnesota Statutes, section 245A.25, subdivision 4,
90.11 paragraph (i), and address the coordination of the qualified residential treatment program
90.12 discharge planning and aftercare supports where needed, the county social services case
90.13 plan, and services from community-based providers, to maintain the child's progress with
90.14 behavioral health goals in the child's treatment plan. The commissioner must complete
90.15 development of the policy guidance by December 31, 2022.

90.16 **ARTICLE 4**

90.17 **BEHAVIORAL HEALTH**

90.18 Section 1. Minnesota Statutes 2020, section 62A.15, is amended by adding a subdivision
90.19 to read:

90.20 Subd. 3c. **Mental health services.** All benefits provided by a policy or contract referred
90.21 to in subdivision 1 relating to expenses incurred for mental health treatment or services
90.22 provided by a mental health professional must also include treatment and services provided
90.23 by a clinical trainee to the extent that the services and treatment are within the scope of
90.24 practice of the clinical trainee according to Minnesota Rules, part 9505.0371, subpart 5,
90.25 item C. This subdivision is intended to provide equal payment of benefits for mental health
90.26 treatment and services provided by a mental health professional, as defined in Minnesota
90.27 Rules, part 9505.0371, subpart 5, item A, or a clinical trainee and is not intended to change
90.28 or add to the benefits provided for in those policies or contracts.

90.29 **EFFECTIVE DATE.** This section is effective January 1, 2022, and applies to policies
90.30 and contracts offered, issued, or renewed on or after that date.

91.1 Sec. 2. Minnesota Statutes 2020, section 62A.15, subdivision 4, is amended to read:

91.2 Subd. 4. **Denial of benefits.** (a) No carrier referred to in subdivision 1 may, in the
91.3 payment of claims to employees in this state, deny benefits payable for services covered by
91.4 the policy or contract if the services are lawfully performed by a licensed chiropractor,
91.5 licensed optometrist, a registered nurse meeting the requirements of subdivision 3a, ~~or~~ a
91.6 licensed acupuncture practitioner, or a mental health clinical trainee.

91.7 (b) When carriers referred to in subdivision 1 make claim determinations concerning
91.8 the appropriateness, quality, or utilization of chiropractic health care for Minnesotans, any
91.9 of these determinations that are made by health care professionals must be made by, or
91.10 under the direction of, or subject to the review of licensed doctors of chiropractic.

91.11 (c) When a carrier referred to in subdivision 1 makes a denial of payment claim
91.12 determination concerning the appropriateness, quality, or utilization of acupuncture services
91.13 for individuals in this state performed by a licensed acupuncture practitioner, a denial of
91.14 payment claim determination that is made by a health professional must be made by, under
91.15 the direction of, or subject to the review of a licensed acupuncture practitioner.

91.16 **EFFECTIVE DATE.** This section is effective January 1, 2022.

91.17 Sec. 3. Minnesota Statutes 2020, section 144.1501, subdivision 1, is amended to read:

91.18 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
91.19 apply.

91.20 (b) "Advanced dental therapist" means an individual who is licensed as a dental therapist
91.21 under section 150A.06, and who is certified as an advanced dental therapist under section
91.22 150A.106.

91.23 (c) "Alcohol and drug counselor" means an individual who is licensed as an alcohol and
91.24 drug counselor under chapter 148F.

91.25 ~~(e)~~ (d) "Dental therapist" means an individual who is licensed as a dental therapist under
91.26 section 150A.06.

91.27 ~~(d)~~ (e) "Dentist" means an individual who is licensed to practice dentistry.

91.28 ~~(e)~~ (f) "Designated rural area" means a statutory and home rule charter city or township
91.29 that is outside the seven-county metropolitan area as defined in section 473.121, subdivision
91.30 2, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

92.1 ~~(f)~~ (g) "Emergency circumstances" means those conditions that make it impossible for
92.2 the participant to fulfill the service commitment, including death, total and permanent
92.3 disability, or temporary disability lasting more than two years.

92.4 ~~(g)~~ (h) "Mental health professional" means an individual providing clinical services in
92.5 the treatment of mental illness who is qualified in at least one of the ways specified in section
92.6 245.462, subdivision 18.

92.7 ~~(h)~~ (i) "Medical resident" means an individual participating in a medical residency in
92.8 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

92.9 ~~(i)~~ (j) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse anesthetist,
92.10 advanced clinical nurse specialist, or physician assistant.

92.11 ~~(j)~~ (k) "Nurse" means an individual who has completed training and received all licensing
92.12 or certification necessary to perform duties as a licensed practical nurse or registered nurse.

92.13 ~~(k)~~ (l) "Nurse-midwife" means a registered nurse who has graduated from a program of
92.14 study designed to prepare registered nurses for advanced practice as nurse-midwives.

92.15 ~~(l)~~ (m) "Nurse practitioner" means a registered nurse who has graduated from a program
92.16 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

92.17 ~~(m)~~ (n) "Pharmacist" means an individual with a valid license issued under chapter 151.

92.18 ~~(n)~~ (o) "Physician" means an individual who is licensed to practice medicine in the areas
92.19 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

92.20 ~~(o)~~ (p) "Physician assistant" means a person licensed under chapter 147A.

92.21 ~~(p)~~ (q) "Public health nurse" means a registered nurse licensed in Minnesota who has
92.22 obtained a registration certificate as a public health nurse from the Board of Nursing in
92.23 accordance with Minnesota Rules, chapter 6316.

92.24 ~~(q)~~ (r) "Qualified educational loan" means a government, commercial, or foundation
92.25 loan for actual costs paid for tuition, reasonable education expenses, and reasonable living
92.26 expenses related to the graduate or undergraduate education of a health care professional.

92.27 ~~(r)~~ (s) "Underserved urban community" means a Minnesota urban area or population
92.28 included in the list of designated primary medical care health professional shortage areas
92.29 (HPSAs), medically underserved areas (MUAs), or medically underserved populations
92.30 (MUPs) maintained and updated by the United States Department of Health and Human
92.31 Services.

93.1 Sec. 4. Minnesota Statutes 2020, section 144.1501, subdivision 2, is amended to read:

93.2 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness
93.3 program account is established. The commissioner of health shall use money from the
93.4 account to establish a loan forgiveness program:

93.5 (1) for medical residents ~~and~~, mental health professionals, and alcohol and drug
93.6 counselors agreeing to practice in designated rural areas or underserved urban communities
93.7 or specializing in the area of pediatric psychiatry;

93.8 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach
93.9 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program
93.10 at the undergraduate level or the equivalent at the graduate level;

93.11 (3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care
93.12 facility for persons with developmental disability; a hospital if the hospital owns and operates
93.13 a Minnesota nursing home and a minimum of 50 percent of the hours worked by the nurse
93.14 is in the nursing home; a housing with services establishment as defined in section 144D.01,
93.15 subdivision 4; or for a home care provider as defined in section 144A.43, subdivision 4; or
93.16 agree to teach at least 12 credit hours, or 720 hours per year in the nursing field in a
93.17 postsecondary program at the undergraduate level or the equivalent at the graduate level;

93.18 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
93.19 hours per year in their designated field in a postsecondary program at the undergraduate
93.20 level or the equivalent at the graduate level. The commissioner, in consultation with the
93.21 Healthcare Education-Industry Partnership, shall determine the health care fields where the
93.22 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
93.23 technology, radiologic technology, and surgical technology;

93.24 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses
93.25 who agree to practice in designated rural areas; and

93.26 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient
93.27 encounters to state public program enrollees or patients receiving sliding fee schedule
93.28 discounts through a formal sliding fee schedule meeting the standards established by the
93.29 United States Department of Health and Human Services under Code of Federal Regulations,
93.30 title 42, section 51, chapter 303.

93.31 (b) Appropriations made to the account do not cancel and are available until expended,
93.32 except that at the end of each biennium, any remaining balance in the account that is not

94.1 committed by contract and not needed to fulfill existing commitments shall cancel to the
94.2 fund.

94.3 Sec. 5. Minnesota Statutes 2020, section 144.1501, subdivision 3, is amended to read:

94.4 Subd. 3. **Eligibility.** (a) To be eligible to participate in the loan forgiveness program, an
94.5 individual must:

94.6 (1) be a medical or dental resident; a licensed pharmacist; or be enrolled in a training or
94.7 education program to become a dentist, dental therapist, advanced dental therapist, mental
94.8 health professional, alcohol and drug counselor, pharmacist, public health nurse, midlevel
94.9 practitioner, registered nurse, or a licensed practical nurse. The commissioner may also
94.10 consider applications submitted by graduates in eligible professions who are licensed and
94.11 in practice; and

94.12 (2) submit an application to the commissioner of health.

94.13 (b) An applicant selected to participate must sign a contract to agree to serve a minimum
94.14 three-year full-time service obligation according to subdivision 2, which shall begin no later
94.15 than March 31 following completion of required training, with the exception of a nurse,
94.16 who must agree to serve a minimum two-year full-time service obligation according to
94.17 subdivision 2, which shall begin no later than March 31 following completion of required
94.18 training.

94.19 Sec. 6. Minnesota Statutes 2020, section 148.90, subdivision 2, is amended to read:

94.20 Subd. 2. **Members.** (a) The members of the board shall:

94.21 (1) be appointed by the governor;

94.22 (2) be residents of the state;

94.23 (3) serve for not more than two consecutive terms;

94.24 (4) designate the officers of the board; and

94.25 (5) administer oaths pertaining to the business of the board.

94.26 (b) A public member of the board shall represent the public interest and shall not:

94.27 (1) be a psychologist or have engaged in the practice of psychology;

94.28 (2) be an applicant or former applicant for licensure;

95.1 (3) be a member of another health profession and be licensed by a health-related licensing
95.2 board as defined under section 214.01, subdivision 2; the commissioner of health; or licensed,
95.3 certified, or registered by another jurisdiction;

95.4 (4) be a member of a household that includes a psychologist; or

95.5 (5) have conflicts of interest or the appearance of conflicts with duties as a board member.

95.6 (c) At the time of their appointments, at least two members of the board must reside
95.7 outside of the seven-county metropolitan area.

95.8 (d) At the time of their appointments, at least two members of the board must be members
95.9 of:

95.10 (1) a community of color; or

95.11 (2) an underrepresented community, defined as a group that is not represented in the
95.12 majority with respect to race, ethnicity, national origin, sexual orientation, gender identity,
95.13 or physical ability.

95.14 Sec. 7. Minnesota Statutes 2020, section 148.911, is amended to read:

95.15 **148.911 CONTINUING EDUCATION.**

95.16 (a) Upon application for license renewal, a licensee shall provide the board with
95.17 satisfactory evidence that the licensee has completed continuing education requirements
95.18 established by the board. Continuing education programs shall be approved under section
95.19 148.905, subdivision 1, clause (10). The board shall establish by rule the number of
95.20 continuing education training hours required each year and may specify subject or skills
95.21 areas that the licensee shall address.

95.22 (b) At least four of the required continuing education hours must be on increasing the
95.23 knowledge, understanding, self-awareness, and practice skills to competently address the
95.24 psychological needs of individuals from culturally diverse socioeconomic and cultural
95.25 backgrounds. Topics include but are not limited to:

95.26 (1) understanding culture, its functions, and strengths that exist in varied cultures;

95.27 (2) understanding clients' cultures and differences among and between cultural groups;

95.28 (3) understanding the nature of social diversity and oppression;

95.29 (4) understanding cultural humility; and

95.30 (5) understanding human diversity, meaning individual client differences that are
95.31 associated with the client's cultural group, including race, ethnicity, national origin, religious

96.1 affiliation, language, age, gender, gender identity, physical and mental capabilities, sexual
96.2 orientation, and socioeconomic status.

96.3 **EFFECTIVE DATE.** This section is effective July 1, 2023.

96.4 Sec. 8. Minnesota Statutes 2020, section 148B.30, subdivision 1, is amended to read:

96.5 Subdivision 1. **Creation.** (a) There is created a Board of Marriage and Family Therapy
96.6 that consists of seven members appointed by the governor. Four members shall be licensed,
96.7 practicing marriage and family therapists, each of whom shall for at least five years
96.8 immediately preceding appointment, have been actively engaged as a marriage and family
96.9 therapist, rendering professional services in marriage and family therapy. One member shall
96.10 be engaged in the professional teaching and research of marriage and family therapy. Two
96.11 members shall be representatives of the general public who have no direct affiliation with
96.12 the practice of marriage and family therapy. All members shall have been a resident of the
96.13 state two years preceding their appointment. Of the first board members appointed, three
96.14 shall continue in office for two years, two members for three years, and two members,
96.15 including the chair, for terms of four years respectively. Their successors shall be appointed
96.16 for terms of four years each, except that a person chosen to fill a vacancy shall be appointed
96.17 only for the unexpired term of the board member whom the newly appointed member
96.18 succeeds. Upon the expiration of a board member's term of office, the board member shall
96.19 continue to serve until a successor is appointed and qualified.

96.20 (b) At the time of their appointments, at least two members must reside outside of the
96.21 seven-county metropolitan area.

96.22 (c) At the time of their appointments, at least two members must be members of:

96.23 (1) a community of color; or

96.24 (2) an underrepresented community, defined as a group that is not represented in the
96.25 majority with respect to race, ethnicity, national origin, sexual orientation, gender identity,
96.26 or physical ability.

96.27 Sec. 9. Minnesota Statutes 2020, section 148B.31, is amended to read:

96.28 **148B.31 DUTIES OF THE BOARD.**

96.29 (a) The board shall:

96.30 (1) adopt and enforce rules for marriage and family therapy licensing, which shall be
96.31 designed to protect the public;

97.1 (2) develop by rule appropriate techniques, including examinations and other methods,
97.2 for determining whether applicants and licensees are qualified under sections 148B.29 to
97.3 148B.392;

97.4 (3) issue licenses to individuals who are qualified under sections 148B.29 to 148B.392;

97.5 (4) establish and implement procedures designed to assure that licensed marriage and
97.6 family therapists will comply with the board's rules;

97.7 (5) study and investigate the practice of marriage and family therapy within the state in
97.8 order to improve the standards imposed for the licensing of marriage and family therapists
97.9 and to improve the procedures and methods used for enforcement of the board's standards;

97.10 (6) formulate and implement a code of ethics for all licensed marriage and family
97.11 therapists; and

97.12 (7) establish continuing education requirements for marriage and family therapists.

97.13 (b) At least four of the 40 continuing education training hours required under Minnesota
97.14 Rules, part 5300.0320, subpart 2, must be on increasing the knowledge, understanding,
97.15 self-awareness, and practice skills that enable a marriage and family therapist to serve clients
97.16 from diverse socioeconomic and cultural backgrounds. Topics include but are not limited
97.17 to:

97.18 (1) understanding culture, its functions, and strengths that exist in varied cultures;

97.19 (2) understanding clients' cultures and differences among and between cultural groups;

97.20 (3) understanding the nature of social diversity and oppression; and

97.21 (4) understanding cultural humility.

97.22 **EFFECTIVE DATE.** This section is effective July 1, 2023.

97.23 Sec. 10. Minnesota Statutes 2020, section 148B.51, is amended to read:

97.24 **148B.51 BOARD OF BEHAVIORAL HEALTH AND THERAPY.**

97.25 (a) The Board of Behavioral Health and Therapy consists of 13 members appointed by
97.26 the governor. Five of the members shall be professional counselors licensed or eligible for
97.27 licensure under sections 148B.50 to 148B.593. Five of the members shall be alcohol and
97.28 drug counselors licensed under chapter 148F. Three of the members shall be public members
97.29 as defined in section 214.02. The board shall annually elect from its membership a chair
97.30 and vice-chair. The board shall appoint and employ an executive director who is not a
97.31 member of the board. The employment of the executive director shall be subject to the terms

98.1 described in section 214.04, subdivision 2a. Chapter 214 applies to the Board of Behavioral
98.2 Health and Therapy unless superseded by sections 148B.50 to 148B.593.

98.3 (b) At the time of their appointments, at least three members must reside outside of the
98.4 seven-county metropolitan area.

98.5 (c) At the time of their appointments, at least three members must be members of:

98.6 (1) a community of color; or

98.7 (2) an underrepresented community, defined as a group that is not represented in the
98.8 majority with respect to race, ethnicity, national origin, sexual orientation, gender identity,
98.9 or physical ability.

98.10 Sec. 11. Minnesota Statutes 2020, section 148B.54, subdivision 2, is amended to read:

98.11 Subd. 2. **Continuing education.** (a) At the completion of the first four years of licensure,
98.12 a licensee must provide evidence satisfactory to the board of completion of 12 additional
98.13 postgraduate semester credit hours or its equivalent in counseling as determined by the
98.14 board, except that no licensee shall be required to show evidence of greater than 60 semester
98.15 hours or its equivalent. In addition to completing the requisite graduate coursework, each
98.16 licensee shall also complete in the first four years of licensure a minimum of 40 hours of
98.17 continuing education activities approved by the board under Minnesota Rules, part 2150.2540.
98.18 Graduate credit hours successfully completed in the first four years of licensure may be
98.19 applied to both the graduate credit requirement and to the requirement for 40 hours of
98.20 continuing education activities. A licensee may receive 15 continuing education hours per
98.21 semester credit hour or ten continuing education hours per quarter credit hour. Thereafter,
98.22 at the time of renewal, each licensee shall provide evidence satisfactory to the board that
98.23 the licensee has completed during each two-year period at least the equivalent of 40 clock
98.24 hours of professional postdegree continuing education in programs approved by the board
98.25 and continues to be qualified to practice under sections 148B.50 to 148B.593.

98.26 (b) At least four of the required 40 continuing education clock hours must be on increasing
98.27 the knowledge, understanding, self-awareness, and practice skills that enable a licensed
98.28 professional counselor and licensed professional clinical counselor to serve clients from
98.29 diverse socioeconomic and cultural backgrounds. Topics include but are not limited to:

98.30 (1) understanding culture, its functions, and strengths that exist in varied cultures;

98.31 (2) understanding clients' cultures and differences among and between cultural groups;

98.32 (3) understanding the nature of social diversity and oppression; and

99.1 (4) understanding cultural humility.

99.2 **EFFECTIVE DATE.** This section is effective July 1, 2023.

99.3 Sec. 12. Minnesota Statutes 2020, section 148E.010, is amended by adding a subdivision
99.4 to read:

99.5 Subd. 7f. **Cultural responsiveness.** "Cultural responsiveness" means increasing the
99.6 knowledge, understanding, self-awareness, and practice skills that enable a social worker
99.7 to serve clients from diverse socioeconomic and cultural backgrounds including:

99.8 (1) understanding culture, its functions, and strengths that exist in varied cultures;

99.9 (2) understanding clients' cultures and differences among and between cultural groups;

99.10 (3) understanding the nature of social diversity and oppression; and

99.11 (4) understanding cultural humility.

99.12 Sec. 13. Minnesota Statutes 2020, section 148E.130, subdivision 1, is amended to read:

99.13 Subdivision 1. **Total clock hours required.** (a) A licensee must complete 40 hours of
99.14 continuing education for each two-year renewal term. At the time of license renewal, a
99.15 licensee must provide evidence satisfactory to the board that the licensee has completed the
99.16 required continuing education hours during the previous renewal term. Of the total clock
99.17 hours required:

99.18 (1) all licensees must complete: (i) two hours in social work ethics as defined in section
99.19 148E.010; and (ii) four hours in cultural responsiveness as defined in section 148E.010;

99.20 (2) licensed independent clinical social workers must complete 12 clock hours in one
99.21 or more of the clinical content areas specified in section 148E.055, subdivision 5, paragraph
99.22 (a), clause (2);

99.23 (3) licensees providing licensing supervision according to sections 148E.100 to 148E.125,
99.24 must complete six clock hours in supervision as defined in section 148E.010; and

99.25 (4) no more than half of the required clock hours may be completed via continuing
99.26 education independent learning as defined in section 148E.010.

99.27 (b) If the licensee's renewal term is prorated to be less or more than 24 months, the total
99.28 number of required clock hours is prorated proportionately.

100.1 Sec. 14. Minnesota Statutes 2020, section 148E.130, is amended by adding a subdivision
100.2 to read:

100.3 Subd. 1b. **New content clock hours required effective July 1, 2021.** (a) The content
100.4 clock hours specified in subdivision 1, paragraph (a), clause (1), subclause (ii), apply to all
100.5 new licenses issued effective July 1, 2021, under section 148E.055.

100.6 (b) Any licensee issued a license prior to July 1, 2021, under section 148E.055 must
100.7 comply with clock hours in subdivision 1, including the content clock hours in subdivision
100.8 1, paragraph (a), clause (1), subclause (ii), at the first two-year renewal term after July 1,
100.9 2021.

100.10 Sec. 15. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

100.11 Subd. 17. **Mental health practitioner.** (a) "Mental health practitioner" means a person
100.12 providing services to adults with mental illness or children with emotional disturbance who
100.13 is qualified in at least one of the ways described in paragraphs (b) to (g). A mental health
100.14 practitioner for a child client must have training working with children. A mental health
100.15 practitioner for an adult client must have training working with adults.

100.16 (b) For purposes of this subdivision, a practitioner is qualified through relevant
100.17 coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in
100.18 behavioral sciences or related fields and:

100.19 (1) has at least 2,000 hours of supervised experience in the delivery of services to adults
100.20 or children with:

100.21 (i) mental illness, substance use disorder, or emotional disturbance; or

100.22 (ii) traumatic brain injury or developmental disabilities and completes training on mental
100.23 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring
100.24 mental illness and substance abuse, and psychotropic medications and side effects;

100.25 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
100.26 of the practitioner's clients belong, completes 40 hours of training in the delivery of services
100.27 to adults with mental illness or children with emotional disturbance, and receives clinical
100.28 supervision from a mental health professional at least once a week until the requirement of
100.29 2,000 hours of supervised experience is met;

100.30 (3) is working in a day treatment program under section 245.4712, subdivision 2; ~~or~~

100.31 (4) has completed a practicum or internship that (i) requires direct interaction with adults
100.32 or children served, and (ii) is focused on behavioral sciences or related fields; or

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

101.3 (c) For purposes of this subdivision, a practitioner is qualified through work experience
101.4 if the person:

101.5 (1) has at least 4,000 hours of supervised experience in the delivery of services to adults
101.6 or children with:

101.7 (i) mental illness, substance use disorder, or emotional disturbance; or

101.8 (ii) traumatic brain injury or developmental disabilities and completes training on mental
101.9 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring
101.10 mental illness and substance abuse, and psychotropic medications and side effects; or

101.11 (2) has at least 2,000 hours of supervised experience in the delivery of services to adults
101.12 or children with:

101.13 (i) mental illness, emotional disturbance, or substance use disorder, and receives clinical
101.14 supervision as required by applicable statutes and rules from a mental health professional
101.15 at least once a week until the requirement of 4,000 hours of supervised experience is met;
101.16 or

101.17 (ii) traumatic brain injury or developmental disabilities; completes training on mental
101.18 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring
101.19 mental illness and substance abuse, and psychotropic medications and side effects; and
101.20 receives clinical supervision as required by applicable statutes and rules at least once a week
101.21 from a mental health professional until the requirement of 4,000 hours of supervised
101.22 experience is met.

101.23 (d) For purposes of this subdivision, a practitioner is qualified through a graduate student
101.24 internship if the practitioner is a graduate student in behavioral sciences or related fields
101.25 and is formally assigned by an accredited college or university to an agency or facility for
101.26 clinical training.

101.27 (e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's
101.28 degree if the practitioner:

101.29 (1) holds a master's or other graduate degree in behavioral sciences or related fields; or

101.30 (2) holds a bachelor's degree in behavioral sciences or related fields and completes a
101.31 practicum or internship that (i) requires direct interaction with adults or children served,
101.32 and (ii) is focused on behavioral sciences or related fields.

102.1 (f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical
102.2 care if the practitioner meets the definition of vendor of medical care in section 256B.02,
102.3 subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.

102.4 (g) For purposes of medical assistance coverage of diagnostic assessments, explanations
102.5 of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health
102.6 practitioner working as a clinical trainee means that the practitioner's clinical supervision
102.7 experience is helping the practitioner gain knowledge and skills necessary to practice
102.8 effectively and independently. This may include supervision of direct practice, treatment
102.9 team collaboration, continued professional learning, and job management. The practitioner
102.10 must also:

102.11 (1) comply with requirements for licensure or board certification as a mental health
102.12 professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart
102.13 5, item A, including supervised practice in the delivery of mental health services for the
102.14 treatment of mental illness; or

102.15 (2) be a student in a bona fide field placement or internship under a program leading to
102.16 completion of the requirements for licensure as a mental health professional according to
102.17 the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.

102.18 (h) For purposes of this subdivision, "behavioral sciences or related fields" has the
102.19 meaning given in section 256B.0623, subdivision 5, paragraph (d).

102.20 (i) Notwithstanding the licensing requirements established by a health-related licensing
102.21 board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other
102.22 statute or rule.

102.23 Sec. 16. Minnesota Statutes 2020, section 245.4871, subdivision 32, is amended to read:

102.24 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
102.25 under the clinical supervision of a mental health professional, in a community residential
102.26 setting other than an acute care hospital or regional treatment center inpatient unit, that must
102.27 be licensed as a residential treatment program for children with emotional disturbances
102.28 under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted by the
102.29 commissioner or as a psychiatric residential treatment program under section 256B.0941.

102.30 Sec. 17. Minnesota Statutes 2020, section 245.4874, subdivision 1, is amended to read:

102.31 Subdivision 1. **Duties of county board.** (a) The county board must:

- 103.1 (1) develop a system of affordable and locally available children's mental health services
103.2 according to sections 245.487 to 245.4889;
- 103.3 (2) consider the assessment of unmet needs in the county as reported by the local
103.4 children's mental health advisory council under section 245.4875, subdivision 5, paragraph
103.5 (b), clause (3). The county shall provide, upon request of the local children's mental health
103.6 advisory council, readily available data to assist in the determination of unmet needs;
- 103.7 (3) assure that parents and providers in the county receive information about how to
103.8 gain access to services provided according to sections 245.487 to 245.4889;
- 103.9 (4) coordinate the delivery of children's mental health services with services provided
103.10 by social services, education, corrections, health, and vocational agencies to improve the
103.11 availability of mental health services to children and the cost-effectiveness of their delivery;
- 103.12 (5) assure that mental health services delivered according to sections 245.487 to 245.4889
103.13 are delivered expeditiously and are appropriate to the child's diagnostic assessment and
103.14 individual treatment plan;
- 103.15 (6) provide for case management services to each child with severe emotional disturbance
103.16 according to sections 245.486; 245.4871, subdivisions 3 and 4; and 245.4881, subdivisions
103.17 1, 3, and 5;
- 103.18 (7) provide for screening of each child under section 245.4885 upon admission to a
103.19 residential treatment facility, ~~acute care hospital inpatient treatment, or informal admission~~
103.20 ~~to a regional treatment center;~~ except for a child who is directly referred to residential
103.21 services under section 256B.0945, subdivision 1a;
- 103.22 (8) prudently administer grants and purchase-of-service contracts that the county board
103.23 determines are necessary to fulfill its responsibilities under sections 245.487 to 245.4889;
- 103.24 (9) assure that mental health professionals, mental health practitioners, and case managers
103.25 employed by or under contract to the county to provide mental health services are qualified
103.26 under section 245.4871;
- 103.27 (10) assure that children's mental health services are coordinated with adult mental health
103.28 services specified in sections 245.461 to 245.486 so that a continuum of mental health
103.29 services is available to serve persons with mental illness, regardless of the person's age;
- 103.30 (11) assure that culturally competent mental health consultants are used as necessary to
103.31 assist the county board in assessing and providing appropriate treatment for children of
103.32 cultural or racial minority heritage; and

104.1 (12) consistent with section 245.486, arrange for or provide a children's mental health
104.2 screening for:

104.3 (i) a child receiving child protective services;

104.4 (ii) a child in out-of-home placement;

104.5 (iii) a child for whom parental rights have been terminated;

104.6 (iv) a child found to be delinquent; or

104.7 (v) a child found to have committed a juvenile petty offense for the third or subsequent
104.8 time.

104.9 A children's mental health screening is not required when a screening or diagnostic
104.10 assessment has been performed within the previous 180 days, or the child is currently under
104.11 the care of a mental health professional.

104.12 (b) When a child is receiving protective services or is in out-of-home placement, the
104.13 court or county agency must notify a parent or guardian whose parental rights have not been
104.14 terminated of the potential mental health screening and the option to prevent the screening
104.15 by notifying the court or county agency in writing.

104.16 (c) When a child is found to be delinquent or a child is found to have committed a
104.17 juvenile petty offense for the third or subsequent time, the court or county agency must
104.18 obtain written informed consent from the parent or legal guardian before a screening is
104.19 conducted unless the court, notwithstanding the parent's failure to consent, determines that
104.20 the screening is in the child's best interest.

104.21 (d) The screening shall be conducted with a screening instrument approved by the
104.22 commissioner of human services according to criteria that are updated and issued annually
104.23 to ensure that approved screening instruments are valid and useful for child welfare and
104.24 juvenile justice populations. Screenings shall be conducted by a mental health practitioner
104.25 as defined in section 245.4871, subdivision 26, or a probation officer or local social services
104.26 agency staff person who is trained in the use of the screening instrument. Training in the
104.27 use of the instrument shall include:

104.28 (1) training in the administration of the instrument;

104.29 (2) the interpretation of its validity given the child's current circumstances;

104.30 (3) the state and federal data practices laws and confidentiality standards;

104.31 (4) the parental consent requirement; and

105.1 (5) providing respect for families and cultural values.

105.2 If the screen indicates a need for assessment, the child's family, or if the family lacks
105.3 mental health insurance, the local social services agency, in consultation with the child's
105.4 family, shall have conducted a diagnostic assessment, including a functional assessment.

105.5 The administration of the screening shall safeguard the privacy of children receiving the
105.6 screening and their families and shall comply with the Minnesota Government Data Practices
105.7 Act, chapter 13, and the federal Health Insurance Portability and Accountability Act of
105.8 1996, Public Law 104-191. Screening results shall be considered private data and the
105.9 commissioner shall not collect individual screening results.

105.10 (e) When the county board refers clients to providers of children's therapeutic services
105.11 and supports under section 256B.0943, the county board must clearly identify the desired
105.12 services components not covered under section 256B.0943 and identify the reimbursement
105.13 source for those requested services, the method of payment, and the payment rate to the
105.14 provider.

105.15 Sec. 18. Minnesota Statutes 2020, section 245.4882, subdivision 1, is amended to read:

105.16 Subdivision 1. **Availability of residential treatment services.** County boards must
105.17 provide or contract for enough residential treatment services to meet the needs of each child
105.18 with severe emotional disturbance residing in the county and needing this level of care.
105.19 Length of stay is based on the child's residential treatment need and shall be subject to the
105.20 six-month review process established in section 260C.203, and for children in voluntary
105.21 placement for treatment, the court review process in section 260D.06, except for a child
105.22 who is directly referred to residential services under section 256B.0945, subdivision 1a.
105.23 Services must be appropriate to the child's age and treatment needs and must be made
105.24 available as close to the county as possible. Residential treatment must be designed to:

105.25 (1) help the child improve family living and social interaction skills;

105.26 (2) help the child gain the necessary skills to return to the community;

105.27 (3) stabilize crisis admissions; and

105.28 (4) work with families throughout the placement to improve the ability of the families
105.29 to care for children with severe emotional disturbance in the home.

105.30 Sec. 19. Minnesota Statutes 2020, section 245.4889, subdivision 1, is amended to read:

105.31 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
105.32 make grants from available appropriations to assist:

- 106.1 (1) counties;
- 106.2 (2) Indian tribes;
- 106.3 (3) children's collaboratives under section 124D.23 or 245.493; or
- 106.4 (4) mental health service providers.
- 106.5 (b) The following services are eligible for grants under this section:
- 106.6 (1) services to children with emotional disturbances as defined in section 245.4871,
- 106.7 subdivision 15, and their families;
- 106.8 (2) transition services under section 245.4875, subdivision 8, for young adults under
- 106.9 age 21 and their families;
- 106.10 (3) respite care services for children with emotional disturbances or severe emotional
- 106.11 disturbances who are at risk of out-of-home placement. A child is not required to have case
- 106.12 management services to receive respite care services;
- 106.13 (4) children's mental health crisis services;
- 106.14 (5) mental health services for people from cultural and ethnic minorities, including
- 106.15 supervision of clinical trainees who are Black, indigenous, or people of color, providing
- 106.16 services in clinics that serve clients enrolled in medical assistance;
- 106.17 (6) children's mental health screening and follow-up diagnostic assessment and treatment;
- 106.18 (7) services to promote and develop the capacity of providers to use evidence-based
- 106.19 practices in providing children's mental health services;
- 106.20 (8) school-linked mental health services under section 245.4901;
- 106.21 (9) building evidence-based mental health intervention capacity for children birth to age
- 106.22 five;
- 106.23 (10) suicide prevention and counseling services that use text messaging statewide;
- 106.24 (11) mental health first aid training;
- 106.25 (12) training for parents, collaborative partners, and mental health providers on the
- 106.26 impact of adverse childhood experiences and trauma and development of an interactive
- 106.27 website to share information and strategies to promote resilience and prevent trauma;
- 106.28 (13) transition age services to develop or expand mental health treatment and supports
- 106.29 for adolescents and young adults 26 years of age or younger;
- 106.30 (14) early childhood mental health consultation;

107.1 (15) evidence-based interventions for youth at risk of developing or experiencing a first
107.2 episode of psychosis, and a public awareness campaign on the signs and symptoms of
107.3 psychosis;

107.4 (16) psychiatric consultation for primary care practitioners; ~~and~~

107.5 (17) providers to begin operations and meet program requirements when establishing a
107.6 new children's mental health program. These may be start-up grants; and

107.7 (18) mental health services based on traditional, spiritual, and holistic healing practices,
107.8 provided by cultural healers from African American, American Indian, Asian American,
107.9 Latinx, Pacific Islander, and Pan-African communities .

107.10 (c) Services under paragraph (b) must be designed to help each child to function and
107.11 remain with the child's family in the community and delivered consistent with the child's
107.12 treatment plan. Transition services to eligible young adults under this paragraph must be
107.13 designed to foster independent living in the community.

107.14 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
107.15 reimbursement sources, if applicable.

107.16 Sec. 20. [245.4902] CULTURALLY INFORMED AND CULTURALLY
107.17 RESPONSIVE MENTAL HEALTH TASK FORCE.

107.18 Subdivision 1. Establishment; duties. The Culturally Informed and Culturally
107.19 Responsive Mental Health Task Force is established to evaluate and make recommendations
107.20 on improving the provision of culturally informed and culturally responsive mental health
107.21 services throughout Minnesota. The task force must make recommendations on:

107.22 (1) recruiting mental health providers from diverse racial and ethnic communities;

107.23 (2) training all mental health providers on cultural competency and cultural humility;

107.24 (3) assessing the extent to which mental health provider organizations embrace diversity
107.25 and demonstrate proficiency in culturally competent mental health treatment and services;
107.26 and

107.27 (4) increasing the number of mental health organizations owned, managed, or led by
107.28 individuals who are Black, indigenous, or people of color.

107.29 Subd. 2. Membership. (a) The task force must consist of the following 16 members:

107.30 (1) the commissioner of human services or the commissioner's designee;

107.31 (2) one representative from the Board of Psychology;

- 108.1 (3) one representative from the Board of Marriage and Family Therapy;
- 108.2 (4) one representative from the Board of Behavioral Health and Therapy;
- 108.3 (5) one representative from the Board of Social Work;
- 108.4 (6) three members representing undergraduate and graduate-level mental health
108.5 professional education programs, appointed by the governor;
- 108.6 (7) three mental health providers who are members of communities of color or
108.7 underrepresented communities, as defined in section 148E.010, subdivision 20, appointed
108.8 by the governor;
- 108.9 (8) two members representing mental health advocacy organizations, appointed by the
108.10 governor;
- 108.11 (9) two mental health providers, appointed by the governor; and
- 108.12 (10) one expert in providing training and education in cultural competency and cultural
108.13 responsiveness, appointed by the governor.
- 108.14 (b) Appointments to the task force must be made no later than June 1, 2022.
- 108.15 (c) Member compensation and reimbursement for expenses are governed by section
108.16 15.059, subdivision 3.
- 108.17 Subd. 3. **Chairs; meetings.** The members of the task force must elect two cochairs of
108.18 the task force no earlier than July 1, 2022, and the cochairs must convene the first meeting
108.19 of the task force no later than August 15, 2022. The task force must meet upon the call of
108.20 the cochairs, sufficiently often to accomplish the duties identified in this section. The task
108.21 force is subject to the open meeting law under chapter 13D.
- 108.22 Subd. 4. **Administrative support.** The Department of Human Services must provide
108.23 administrative support and meeting space for the task force.
- 108.24 Subd. 5. **Reports.** No later than January 1, 2023, and by January 1 of each year thereafter,
108.25 the task force must submit a written report to the members of the legislative committees
108.26 with jurisdiction over health and human services on the recommendations developed under
108.27 subdivision 1.
- 108.28 Subd. 6. **Expiration.** The task force expires on January 1, 2025.

108.29 Sec. 21. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

108.30 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
108.31 establish a state certification process for certified community behavioral health clinics

109.1 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
109.2 section to be eligible for reimbursement under medical assistance, without service area
109.3 limits based on geographic area or region. The commissioner shall consult with CCBHC
109.4 stakeholders before establishing and implementing changes in the certification process and
109.5 requirements. Entities that choose to be CCBHCs must:

109.6 ~~(1) comply with the CCBHC criteria published by the United States Department of~~
109.7 ~~Health and Human Services;~~

109.8 (1) comply with state licensing requirements and other requirements issued by the
109.9 commissioner;

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

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

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

109.19 (5) comply with quality assurance reporting requirements and other reporting
109.20 requirements, including any required reporting of encounter data, clinical outcomes data,
109.21 and quality data;

109.22 (6) provide crisis mental health and substance use services, withdrawal management
109.23 services, emergency crisis intervention services, and stabilization services through existing
109.24 mobile crisis services; screening, assessment, and diagnosis services, including risk
109.25 assessments and level of care determinations; person- and family-centered treatment planning;
109.26 outpatient mental health and substance use services; targeted case management; psychiatric
109.27 rehabilitation services; peer support and counselor services and family support services;
109.28 and intensive community-based mental health services, including mental health services
109.29 for members of the armed forces and veterans; CCBHCs must directly provide the majority
109.30 of these services to enrollees, but may coordinate some services with another entity through
109.31 a collaboration or agreement, pursuant to paragraph (b);

109.32 (7) provide coordination of care across settings and providers to ensure seamless
109.33 transitions for individuals being served across the full spectrum of health services, including

110.1 acute, chronic, and behavioral needs. Care coordination may be accomplished through
110.2 partnerships or formal contracts with:

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

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

110.11 (8) be certified as mental health clinics under section 245.69, subdivision 2;

110.12 (9) comply with standards established by the commissioner relating to mental health
110.13 ~~services in Minnesota Rules, parts 9505.0370 to 9505.0372~~ CCBHC screenings, assessments,
110.14 and evaluations;

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

110.16 (11) be certified to provide children's therapeutic services and supports under section
110.17 256B.0943;

110.18 (12) be certified to provide adult rehabilitative mental health services under section
110.19 256B.0623;

110.20 (13) be enrolled to provide mental health crisis response services under sections
110.21 256B.0624 and 256B.0944;

110.22 (14) be enrolled to provide mental health targeted case management under section
110.23 256B.0625, subdivision 20;

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

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

110.28 (17) comply with standards relating to peer services under sections 256B.0615,
110.29 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
110.30 services are provided.

110.31 (b) ~~If an entity~~ a certified CCBHC is unable to provide one or more of the services listed
110.32 in paragraph (a), clauses (6) to (17), ~~the commissioner may certify the entity as a CCBHC;~~

111.1 ~~if the entity has a current~~ may contract with another entity that has the required authority
111.2 to provide that service and that meets ~~federal CCBHC~~ the following criteria as a designated
111.3 collaborating organization, ~~or, to the extent allowed by the federal CCBHC criteria, the~~
111.4 ~~commissioner may approve a referral arrangement. The CCBHC must meet federal~~
111.5 ~~requirements regarding the type and scope of services to be provided directly by the CCBHC.:~~

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

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

111.10 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
111.11 and financial responsibility for the services that the entity provides under the agreement;
111.12 and

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

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

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

111.32 (e) The commissioner shall issue a list of required evidence-based practices to be
111.33 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
111.34 The commissioner may update the list to reflect advances in outcomes research and medical

112.1 services for persons living with mental illnesses or substance use disorders. The commissioner
112.2 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
112.3 the quality of workforce available, and the current availability of the practice in the state.
112.4 At least 30 days before issuing the initial list and any revisions, the commissioner shall
112.5 provide stakeholders with an opportunity to comment.

112.6 (f) The commissioner may grant a variance to allow an applicant for CCBHC certification
112.7 to demonstrate compliance with standards in paragraph (a) if the CCBHC will contract with
112.8 a designated collaborating organization to provide all services for which a particular licensure
112.9 or certification listed in paragraph (a) is required.

112.10 (g) The commissioner shall provide a CCBHC with adequate notice of the commissioner's
112.11 decision regarding a variance request. The notice of the commissioner's decision must
112.12 include information providing for an appeals process through which the CCBHC may appeal
112.13 the commissioner's decision.

112.14 ~~(f)~~ (h) The commissioner shall recertify CCBHCs at least every three years. The
112.15 commissioner shall establish a process for decertification and shall require corrective action,
112.16 medical assistance repayment, or decertification of a CCBHC that no longer meets the
112.17 requirements in this section or that fails to meet the standards provided by the commissioner
112.18 in the application and certification process.

112.19 Sec. 22. Minnesota Statutes 2020, section 245.735, subdivision 5, is amended to read:

112.20 Subd. 5. **Information systems support.** The commissioner and the state chief information
112.21 officer shall provide information systems support to the projects as necessary to comply
112.22 with state and federal requirements.

112.23 Sec. 23. Minnesota Statutes 2020, section 245.735, is amended by adding a subdivision
112.24 to read:

112.25 Subd. 6. **Demonstration entities.** The commissioner may operate the demonstration
112.26 program established by section 223 of the Protecting Access to Medicare Act if federal
112.27 funding for the demonstration program remains available from the United States Department
112.28 of Health and Human Services. To the extent practicable, the commissioner shall align the
112.29 requirements of the demonstration program with the requirements under this section for
112.30 CCBHCs receiving medical assistance reimbursement. A CCBHC may not apply to
112.31 participate as a billing provider in both the CCBHC federal demonstration and the benefit
112.32 for CCBHCs under the medical assistance program.

113.1 Sec. 24. Minnesota Statutes 2020, section 254B.01, subdivision 4a, is amended to read:

113.2 Subd. 4a. **Culturally specific or culturally responsive program.** (a) "Culturally specific
113.3 or culturally responsive program" means a substance use disorder treatment service program
113.4 or subprogram that is ~~recovery-focused and~~ culturally responsive or culturally specific when
113.5 the program attests that it:

113.6 (1) improves service quality to and outcomes of a specific ~~population~~ community that
113.7 shares a common language, racial, ethnic, or social background by advancing health equity
113.8 to help eliminate health disparities; ~~and~~

113.9 (2) ensures effective, equitable, comprehensive, and respectful quality care services that
113.10 are responsive to an individual within a specific ~~population's~~ community's values, beliefs
113.11 and practices, health literacy, preferred language, and other communication needs; and

113.12 (3) is compliant with the national standards for culturally and linguistically appropriate
113.13 services or other equivalent standards, as determined by the commissioner.

113.14 (b) A tribally licensed substance use disorder program that is designated as serving a
113.15 culturally specific population by the applicable tribal government is deemed to satisfy this
113.16 subdivision.

113.17 (c) A program satisfies the requirements of this subdivision if it attests that the program:

113.18 (1) is designed to address the unique needs of individuals who share a common language,
113.19 racial, ethnic, or social background;

113.20 (2) is governed with significant input from individuals of that specific background; and

113.21 (3) employs individuals to provide treatment services, at least 50 percent of whom are
113.22 members of the specific community being served.

113.23 **EFFECTIVE DATE.** This section is effective January 1, 2022.

113.24 Sec. 25. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
113.25 to read:

113.26 Subd. 4b. **Disability responsive program.** "Disability responsive program" means a
113.27 program that:

113.28 (1) is designed to serve individuals with disabilities, including individuals with traumatic
113.29 brain injuries, developmental disabilities, cognitive disabilities, and physical disabilities;
113.30 and

114.1 (2) employs individuals to provide treatment services who have the necessary professional
114.2 training, as approved by the commissioner, to serve individuals with the specific disabilities
114.3 that the program is designed to serve.

114.4 **EFFECTIVE DATE.** This section is effective January 1, 2022.

114.5 Sec. 26. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

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

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

114.9 (1) outpatient treatment services that are licensed according to sections 245G.01 to
114.10 245G.17, or applicable tribal license;

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

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

114.15 (4) peer recovery support services provided according to section 245G.07, subdivision
114.16 2, clause (8);

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

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

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

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

114.26 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
114.27 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
114.28 144.56;

114.29 (10) adolescent treatment programs that are licensed as outpatient treatment programs
114.30 according to sections 245G.01 to 245G.18 or as residential treatment programs according

115.1 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
115.2 applicable tribal license;

115.3 (11) high-intensity residential treatment services that are licensed according to sections
115.4 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
115.5 clinical services each week provided by a state-operated vendor or to clients who have been
115.6 civilly committed to the commissioner, present the most complex and difficult care needs,
115.7 and are a potential threat to the community; and

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

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

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

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

115.13 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
115.14 9503; or

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

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

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

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

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

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

115.24 ~~programs or subprograms serving special populations, if the program or subprogram~~
115.25 ~~meets the following requirements:~~

115.26 ~~(i) is designed to address the unique needs of individuals who share a common language,~~
115.27 ~~racial, ethnic, or social background;~~

115.28 ~~(ii) is governed with significant input from individuals of that specific background; and~~

115.29 ~~(iii) employs individuals to provide individual or group therapy, at least 50 percent of~~
115.30 ~~whom are of that specific background, except when the common social background of the~~
115.31 ~~individuals served is a traumatic brain injury or cognitive disability and the program employs~~

116.1 ~~treatment staff who have the necessary professional training, as approved by the~~
116.2 ~~commissioner, to serve clients with the specific disabilities that the program is designed to~~
116.3 ~~serve;~~

116.4 ~~(3) programs that offer medical services delivered by appropriately credentialed health~~
116.5 ~~care staff in an amount equal to two hours per client per week if the medical needs of the~~
116.6 ~~client and the nature and provision of any medical services provided are documented in the~~
116.7 ~~client file; and~~

116.8 ~~(4) programs that offer services to individuals with co-occurring mental health and~~
116.9 ~~chemical dependency problems if:~~

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

116.11 ~~(ii) 25 percent of the counseling staff are licensed mental health professionals, as defined~~
116.12 ~~in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates~~
116.13 ~~under the supervision of a licensed alcohol and drug counselor supervisor and licensed~~
116.14 ~~mental health professional, except that no more than 50 percent of the mental health staff~~
116.15 ~~may be students or licensing candidates with time documented to be directly related to~~
116.16 ~~provisions of co-occurring services;~~

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

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

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

116.24 ~~(vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder~~
116.25 ~~training annually.~~

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

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

117.1 ~~(f) (e)~~ Subject to federal approval, ~~chemical dependency~~ substance use disorder services
117.2 that are otherwise covered as direct face-to-face services may be provided via two-way
117.3 interactive video according to section 256B.0625, subdivision 3b. ~~The use of two-way~~
117.4 ~~interactive video must be medically appropriate to the condition and needs of the person~~
117.5 ~~being served. Reimbursement shall be at the same rates and under the same conditions that~~
117.6 ~~would otherwise apply to direct face-to-face services. The interactive video equipment and~~
117.7 ~~connection must comply with Medicare standards in effect at the time the service is provided.~~

117.8 ~~(g) (f)~~ For the purpose of reimbursement under this section, substance use disorder
117.9 treatment services provided in a group setting without a group participant maximum or
117.10 maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of
117.11 48 to one. At least one of the attending staff must meet the qualifications as established
117.12 under this chapter for the type of treatment service provided. A recovery peer may not be
117.13 included as part of the staff ratio.

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

117.17 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
117.18 whichever is later, except paragraphs (e), (f), and (g) are effective July 1, 2021.

117.19 Sec. 27. Minnesota Statutes 2020, section 254B.12, is amended by adding a subdivision
117.20 to read:

117.21 **Subd. 4. Culturally specific or culturally responsive program and disability**
117.22 **responsive program provider rate increase.** For the chemical dependency services listed
117.23 in section 254B.05, subdivision 5, provided by programs that meet the requirements of
117.24 section 254B.05, subdivision 5, paragraph (c), clauses (1), (2), and (3), on or after January
117.25 1, 2022, payment rates shall be increased by five percent over the rates in effect on January
117.26 1, 2021. The commissioner shall increase prepaid medical assistance capitation rates as
117.27 appropriate to reflect this increase.

117.28 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
117.29 whichever is later.

117.30 Sec. 28. **[254B.151] SUBSTANCE USE DISORDER COMMUNITY OF PRACTICE.**

117.31 **Subdivision 1. Establishment; purpose.** The commissioner of human services, in
117.32 consultation with substance use disorder subject matter experts, shall establish a substance

118.1 use disorder community of practice. The purposes of the community of practice are to
118.2 improve treatment outcomes for individuals with substance use disorders and reduce
118.3 disparities, using evidence-based and best practices, through peer-to-peer and
118.4 person-to-provider sharing.

118.5 Subd. 2. **Participants; meetings.** (a) The community of practice must include the
118.6 following participants:

118.7 (1) researchers or members of the academic community who are substance use disorder
118.8 subject matter experts, who do not have financial relationships with treatment providers;

118.9 (2) substance use disorder treatment providers;

118.10 (3) representatives from recovery community organizations;

118.11 (4) a representative from the Department of Human Services;

118.12 (5) a representative from the Department of Health;

118.13 (6) a representative from the Department of Corrections;

118.14 (7) representatives from county social services agencies;

118.15 (8) representatives from tribal nations or tribal social services providers; and

118.16 (9) representatives from managed care organizations.

118.17 (b) The community of practice must include individuals who use or have used substance
118.18 use disorder treatment services, and must highlight the voices and experiences of individuals
118.19 from Black, indigenous, and people of color communities and other communities that are
118.20 disproportionately impacted by substance use disorder.

118.21 (c) The community of practice must meet regularly, and must hold its first meeting
118.22 before January 1, 2022.

118.23 (d) Compensation and reimbursement for expenses for participants in paragraph (b) are
118.24 governed by section 15.059, subdivision 3.

118.25 Subd. 3. **Duties.** (a) The community of practice must:

118.26 (1) identify gaps in substance use disorder treatment services;

118.27 (2) enhance collective knowledge of issues related to substance use disorder;

118.28 (3) understand evidence-based practices, best practices, and promising approaches to
118.29 address substance use disorder;

119.1 (4) use knowledge gathered through the community of practice to develop strategic plans
119.2 to improve outcomes for individuals who participate in substance use disorder treatment
119.3 and related services in Minnesota;

119.4 (5) increase knowledge about the challenges and opportunities learned in implementing
119.5 strategies; and

119.6 (6) develop capacity for community advocacy.

119.7 (b) The commissioner, in collaboration with subject matter experts and other participants,
119.8 may issue reports and recommendations to the legislative chairs and ranking minority
119.9 members of committees with jurisdiction over health and human services policy and finance
119.10 and local and regional governments.

119.11 Sec. 29. Minnesota Statutes 2020, section 256.042, subdivision 2, is amended to read:

119.12 Subd. 2. **Membership.** (a) The council shall consist of the following ~~19~~ 28 voting
119.13 members, appointed by the commissioner of human services except as otherwise specified,
119.14 and three nonvoting members:

119.15 (1) two members of the house of representatives, appointed in the following sequence:
119.16 the first from the majority party appointed by the speaker of the house and the second from
119.17 the minority party appointed by the minority leader. Of these two members, one member
119.18 must represent a district outside of the seven-county metropolitan area, and one member
119.19 must represent a district that includes the seven-county metropolitan area. The appointment
119.20 by the minority leader must ensure that this requirement for geographic diversity in
119.21 appointments is met;

119.22 (2) two members of the senate, appointed in the following sequence: the first from the
119.23 majority party appointed by the senate majority leader and the second from the minority
119.24 party appointed by the senate minority leader. Of these two members, one member must
119.25 represent a district outside of the seven-county metropolitan area and one member must
119.26 represent a district that includes the seven-county metropolitan area. The appointment by
119.27 the minority leader must ensure that this requirement for geographic diversity in appointments
119.28 is met;

119.29 (3) one member appointed by the Board of Pharmacy;

119.30 (4) one member who is a physician appointed by the Minnesota Medical Association;

119.31 (5) one member representing opioid treatment programs, sober living programs, or
119.32 substance use disorder programs licensed under chapter 245G;

120.1 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
120.2 addiction psychiatrist;

120.3 (7) one member representing professionals providing alternative pain management
120.4 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

120.5 (8) one member representing nonprofit organizations conducting initiatives to address
120.6 the opioid epidemic, with the commissioner's initial appointment being a member
120.7 representing the Steve Rummler Hope Network, and subsequent appointments representing
120.8 this or other organizations;

120.9 (9) one member appointed by the Minnesota Ambulance Association who is serving
120.10 with an ambulance service as an emergency medical technician, advanced emergency
120.11 medical technician, or paramedic;

120.12 (10) one member representing the Minnesota courts who is a judge or law enforcement
120.13 officer;

120.14 (11) one public member who is a Minnesota resident and who is in opioid addiction
120.15 recovery;

120.16 (12) ~~two~~ 11 members representing Indian tribes, one representing the ~~Ojibwe tribes and~~
120.17 ~~one representing the Dakota tribes~~ each of Minnesota's tribal nations;

120.18 (13) one public member who is a Minnesota resident and who is suffering from chronic
120.19 pain, intractable pain, or a rare disease or condition;

120.20 (14) one mental health advocate representing persons with mental illness;

120.21 (15) one member appointed by the Minnesota Hospital Association;

120.22 (16) one member representing a local health department; and

120.23 (17) the commissioners of human services, health, and corrections, or their designees,
120.24 who shall be ex officio nonvoting members of the council.

120.25 (b) The commissioner of human services shall coordinate the commissioner's
120.26 appointments to provide geographic, racial, and gender diversity, and shall ensure that at
120.27 least one-half of council members appointed by the commissioner reside outside of the
120.28 seven-county metropolitan area. Of the members appointed by the commissioner, to the
120.29 extent practicable, at least one member must represent a community of color
120.30 disproportionately affected by the opioid epidemic.

121.1 (c) The council is governed by section 15.059, except that members of the council shall
121.2 serve three-year terms and shall receive no compensation other than reimbursement for
121.3 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

121.4 (d) The chair shall convene the council at least quarterly, and may convene other meetings
121.5 as necessary. The chair shall convene meetings at different locations in the state to provide
121.6 geographic access, and shall ensure that at least one-half of the meetings are held at locations
121.7 outside of the seven-county metropolitan area.

121.8 (e) The commissioner of human services shall provide staff and administrative services
121.9 for the advisory council.

121.10 (f) The council is subject to chapter 13D.

121.11 Sec. 30. Minnesota Statutes 2020, section 256.042, subdivision 4, is amended to read:

121.12 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
121.13 grants proposed by the advisory council to be awarded for the upcoming ~~fiscal~~ calendar
121.14 year to the chairs and ranking minority members of the legislative committees with
121.15 jurisdiction over health and human services policy and finance, by ~~March~~ December 1 of
121.16 each year, beginning March 1, 2020.

121.17 (b) The commissioner of human services shall award grants from the opiate epidemic
121.18 response fund under section 256.043. The grants shall be awarded to proposals selected by
121.19 the advisory council that address the priorities in subdivision 1, paragraph (a), clauses (1)
121.20 to (4), unless otherwise appropriated by the legislature. No more than three percent of the
121.21 grant amount may be used by a grantee for administration.

121.22 Sec. 31. Minnesota Statutes 2020, section 256.043, subdivision 3, is amended to read:

121.23 Subd. 3. **Appropriations from fund.** (a) After the appropriations in Laws 2019, chapter
121.24 63, article 3, section 1, paragraphs (e), (f), (g), and (h) are made, \$249,000 is appropriated
121.25 to the commissioner of human services for the provision of administrative services to the
121.26 Opiate Epidemic Response Advisory Council and for the administration of the grants awarded
121.27 under paragraph (e).

121.28 (b) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration
121.29 fees under section 151.066.

121.30 (c) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
121.31 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
121.32 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

122.1 (d) After the appropriations in paragraphs (a) to (c) are made, 50 percent of the remaining
122.2 amount is appropriated to the commissioner of human services for distribution to county
122.3 social service and tribal social service agencies to provide child protection services to
122.4 children and families who are affected by addiction. The commissioner shall distribute this
122.5 money proportionally to counties and tribal social service agencies based on out-of-home
122.6 placement episodes where parental drug abuse is the primary reason for the out-of-home
122.7 placement using data from the previous calendar year. County and tribal social service
122.8 agencies receiving funds from the opiate epidemic response fund must annually report to
122.9 the commissioner on how the funds were used to provide child protection services, including
122.10 measurable outcomes, as determined by the commissioner. County social service agencies
122.11 and tribal social service agencies must not use funds received under this paragraph to supplant
122.12 current state or local funding received for child protection services for children and families
122.13 who are affected by addiction.

122.14 (e) After making the appropriations in paragraphs (a) to (d), the remaining amount in
122.15 the fund is appropriated to the commissioner to award grants as specified by the Opiate
122.16 Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise
122.17 appropriated by the legislature.

122.18 (f) Beginning in fiscal year 2022 and each year thereafter, funds for county social service
122.19 and tribal social service agencies under paragraph (d) and grant funds specified by the Opiate
122.20 Epidemic Response Advisory Council under paragraph (e) shall be distributed on a calendar
122.21 year basis.

122.22 Sec. 32. Minnesota Statutes 2020, section 256B.0625, subdivision 5m, is amended to read:

122.23 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical
122.24 assistance covers certified community behavioral health clinic (CCBHC) services that meet
122.25 the requirements of section 245.735, subdivision 3.

122.26 (b) The commissioner shall ~~establish standards and methodologies for a~~ reimburse
122.27 CCBHCs on a per-visit basis under the prospective payment system for medical assistance
122.28 payments for services delivered by a CCBHC, in accordance with guidance issued by the
122.29 Centers for Medicare and Medicaid Services as described in paragraph (c). The commissioner
122.30 shall include a quality ~~bonus~~ incentive payment in the prospective payment system ~~based~~
122.31 ~~on federal criteria,~~ as described in paragraph (e). There is no county share for medical
122.32 assistance services when reimbursed through the CCBHC prospective payment system.

122.33 (c) ~~Unless otherwise indicated in applicable federal requirements, the prospective payment~~
122.34 ~~system must continue to be based on the federal instructions issued for the federal section~~

123.1 ~~223-CCBHC demonstration, except:~~ The commissioner shall ensure that the prospective
123.2 payment system for CCBHC payments under medical assistance meets the following
123.3 requirements:

123.4 (1) the prospective payment rate shall be a provider-specific rate calculated for each
123.5 CCBHC, based on the daily cost of providing CCBHC services and the total annual allowable
123.6 costs for CCBHCs divided by the total annual number of CCBHC visits. For calculating
123.7 the payment rate, total annual visits include visits covered by medical assistance and visits
123.8 not covered by medical assistance. Allowable costs include but are not limited to the salaries
123.9 and benefits of medical assistance providers; the cost of CCBHC services provided under
123.10 section 245.735, subdivision 3, paragraph (a), clauses (6) and (7); and other costs such as
123.11 insurance or supplies needed to provide CCBHC services;

123.12 (2) payment shall be limited to one payment per day per medical assistance enrollee for
123.13 each CCBHC visit eligible for reimbursement. A CCBHC visit is eligible for reimbursement
123.14 if at least one of the CCBHC services listed under section 245.735, subdivision 3, paragraph
123.15 (a), clause (6), is furnished to a medical assistance enrollee by a health care practitioner or
123.16 licensed agency employed by or under contract with a CCBHC;

123.17 (3) new payment rates set by the commissioner for newly certified CCBHCs under
123.18 section 245.735, subdivision 3, shall be based on rates for established CCBHCs with a
123.19 similar scope of services. If no comparable CCBHC exists, the commissioner shall establish
123.20 a clinic-specific rate using audited historical cost report data adjusted for the estimated cost
123.21 of delivering CCBHC services, including the estimated cost of providing the full scope of
123.22 services and the projected change in visits resulting from the change in scope;

123.23 ~~(4)~~ (4) the commissioner shall rebase CCBHC rates at least once every three years;

123.24 ~~(5)~~ (5) the commissioner shall provide for a 60-day appeals process after notice of the
123.25 results of the rebasing;

123.26 ~~(3) the prohibition against inclusion of new facilities in the demonstration does not apply~~
123.27 ~~after the demonstration ends;~~

123.28 ~~(4)~~ (6) the prospective payment rate under this section does not apply to services rendered
123.29 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance
123.30 when Medicare is the primary payer for the service. An entity that receives a prospective
123.31 payment system rate that overlaps with the CCBHC rate is not eligible for the CCBHC rate;

123.32 ~~(5)~~ (7) payments for CCBHC services to individuals enrolled in managed care shall be
123.33 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall

124.1 complete the phase-out of CCBHC wrap payments no later than July 1, 2021, for CCBHCs
124.2 reimbursed under this chapter, with a final settlement of payments due made payable to
124.3 CCBHCs no later than 18 months thereafter;

124.4 ~~(6) initial prospective payment rates for CCBHCs certified after July 1, 2019, shall be~~
124.5 ~~based on rates for comparable CCBHCs. If no comparable provider exists, the commissioner~~
124.6 ~~shall compute a CCBHC-specific rate based upon the CCBHC's audited costs adjusted for~~
124.7 ~~changes in the scope of services;~~

124.8 ~~(7)~~ (8) the prospective payment rate for each CCBHC shall be adjusted annually updated
124.9 by trending each provider-specific rate by the Medicare Economic Index as defined for the
124.10 federal section 223 CCBHC demonstration for primary care services. This update shall
124.11 occur each year in between rebasing periods determined by the commissioner in accordance
124.12 with clause (4). CCBHCs must provide data on costs and visits to the state annually using
124.13 the CCBHC cost report established by the commissioner; and

124.14 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of
124.15 services when such changes are expected to result in an adjustment to the CCBHC payment
124.16 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information
124.17 regarding the changes in the scope of services, including the estimated cost of providing
124.18 the new or modified services and any projected increase or decrease in the number of visits
124.19 resulting from the change. Rate adjustments for changes in scope shall occur no more than
124.20 once per year in between rebasing periods per CCBHC and are effective on the date of the
124.21 annual CCBHC rate update.

124.22 ~~(8) the commissioner shall seek federal approval for a CCBHC rate methodology that~~
124.23 ~~allows for rate modifications based on changes in scope for an individual CCBHC, including~~
124.24 ~~for changes to the type, intensity, or duration of services. Upon federal approval, a CCBHC~~
124.25 ~~may submit a change of scope request to the commissioner if the change in scope would~~
124.26 ~~result in a change of 2.5 percent or more in the prospective payment system rate currently~~
124.27 ~~received by the CCBHC. CCBHC change of scope requests must be according to a format~~
124.28 ~~and timeline to be determined by the commissioner in consultation with CCBHCs.~~

124.29 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC
124.30 providers at the prospective payment rate. The commissioner shall monitor the effect of
124.31 this requirement on the rate of access to the services delivered by CCBHC providers. If, for
124.32 any contract year, federal approval is not received for this paragraph, the commissioner
124.33 must adjust the capitation rates paid to managed care plans and county-based purchasing
124.34 plans for that contract year to reflect the removal of this provision. Contracts between

125.1 managed care plans and county-based purchasing plans and providers to whom this paragraph
125.2 applies must allow recovery of payments from those providers if capitation rates are adjusted
125.3 in accordance with this paragraph. Payment recoveries must not exceed the amount equal
125.4 to any increase in rates that results from this provision. This paragraph expires if federal
125.5 approval is not received for this paragraph at any time.

125.6 (e) The commissioner shall implement a quality incentive payment program for CCBHCs
125.7 that meets the following requirements:

125.8 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric
125.9 thresholds for performance metrics established by the commissioner, in addition to payments
125.10 for which the CCBHC is eligible under the prospective payment system described in
125.11 paragraph (c);

125.12 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement
125.13 year to be eligible for incentive payments;

125.14 (3) each CCBHC shall receive written notice of the criteria that must be met in order to
125.15 receive quality incentive payments at least 90 days prior to the measurement year; and

125.16 (4) a CCBHC must provide the commissioner with data needed to determine incentive
125.17 payment eligibility within six months following the measurement year. The commissioner
125.18 shall notify CCBHC providers of their performance on the required measures and the
125.19 incentive payment amount within 12 months following the measurement year.

125.20 (f) All claims to managed care plans for CCBHC services as provided under this section
125.21 shall be submitted directly to, and paid by, the commissioner on the dates specified no later
125.22 than January 1 of the following calendar year, if:

125.23 (1) one or more managed care plans does not comply with the federal requirement for
125.24 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,
125.25 section 447.45(b), and the managed care plan does not resolve the payment issue within 30
125.26 days of noncompliance; and

125.27 (2) the total amount of clean claims not paid in accordance with federal requirements
125.28 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims
125.29 eligible for payment by managed care plans.

125.30 If the conditions in this paragraph are met between January 1 and June 30 of a calendar
125.31 year, claims shall be submitted to and paid by the commissioner beginning on January 1 of
125.32 the following year. If the conditions in this paragraph are met between July 1 and December

126.1 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning
126.2 on July 1 of the following year.

126.3 Sec. 33. Minnesota Statutes 2020, section 256B.0625, subdivision 20, is amended to read:

126.4 Subd. 20. **Mental health case management.** (a) To the extent authorized by rule of the
126.5 state agency, medical assistance covers case management services to persons with serious
126.6 and persistent mental illness and children with severe emotional disturbance. Services
126.7 provided under this section must meet the relevant standards in sections 245.461 to 245.4887,
126.8 the Comprehensive Adult and Children's Mental Health Acts, Minnesota Rules, parts
126.9 9520.0900 to 9520.0926, and 9505.0322, excluding subpart 10.

126.10 (b) Entities meeting program standards set out in rules governing family community
126.11 support services as defined in section 245.4871, subdivision 17, are eligible for medical
126.12 assistance reimbursement for case management services for children with severe emotional
126.13 disturbance when these services meet the program standards in Minnesota Rules, parts
126.14 9520.0900 to 9520.0926 and 9505.0322, excluding subparts 6 and 10.

126.15 (c) Medical assistance and MinnesotaCare payment for mental health case management
126.16 shall be made on a monthly basis. In order to receive payment for an eligible child, the
126.17 provider must document at least a face-to-face contact with the child, the child's parents, or
126.18 the child's legal representative. To receive payment for an eligible adult, the provider must
126.19 document:

126.20 (1) at least a face-to-face contact with the adult or the adult's legal representative or a
126.21 contact by interactive video that meets the requirements of subdivision 20b; or

126.22 (2) at least a telephone contact with the adult or the adult's legal representative and
126.23 document a face-to-face contact or a contact by interactive video that meets the requirements
126.24 of subdivision 20b with the adult or the adult's legal representative within the preceding
126.25 two months.

126.26 (d) Payment for mental health case management provided by county or state staff shall
126.27 be based on the monthly rate methodology under section 256B.094, subdivision 6, paragraph
126.28 (b), with separate rates calculated for child welfare and mental health, and within mental
126.29 health, separate rates for children and adults.

126.30 (e) Payment for mental health case management provided by Indian health services or
126.31 by agencies operated by Indian tribes may be made according to this section or other relevant
126.32 federally approved rate setting methodology.

127.1 (f) Payment for mental health case management provided by vendors who contract with
127.2 a county ~~or Indian tribe shall be based on a monthly rate negotiated by the host county or~~
127.3 ~~tribe~~ must be calculated in accordance with section 256B.076, subdivision 2. Payment for
127.4 mental health case management provided by vendors who contract with a tribe must be
127.5 based on a monthly rate negotiated by the tribe. The ~~negotiated~~ rate must not exceed the
127.6 rate charged by the vendor for the same service to other payers. If the service is provided
127.7 by a team of contracted vendors, the ~~county or tribe may negotiate a team rate with a vendor~~
127.8 ~~who is a member of the team.~~ The team shall determine how to distribute the rate among
127.9 its members. No reimbursement received by contracted vendors shall be returned to the
127.10 county or tribe, except to reimburse the county or tribe for advance funding provided by
127.11 the county or tribe to the vendor.

127.12 (g) If the service is provided by a team which includes contracted vendors, tribal staff,
127.13 and county or state staff, the costs for county or state staff participation in the team shall be
127.14 included in the rate for county-provided services. In this case, the contracted vendor, the
127.15 tribal agency, and the county may each receive separate payment for services provided by
127.16 each entity in the same month. In order to prevent duplication of services, each entity must
127.17 document, in the recipient's file, the need for team case management and a description of
127.18 the roles of the team members.

127.19 (h) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for
127.20 mental health case management shall be provided by the recipient's county of responsibility,
127.21 as defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds
127.22 used to match other federal funds. If the service is provided by a tribal agency, the nonfederal
127.23 share, if any, shall be provided by the recipient's tribe. When this service is paid by the state
127.24 without a federal share through fee-for-service, 50 percent of the cost shall be provided by
127.25 the recipient's county of responsibility.

127.26 (i) Notwithstanding any administrative rule to the contrary, prepaid medical assistance
127.27 and MinnesotaCare include mental health case management. When the service is provided
127.28 through prepaid capitation, the nonfederal share is paid by the state and the county pays no
127.29 share.

127.30 (j) The commissioner may suspend, reduce, or terminate the reimbursement to a provider
127.31 that does not meet the reporting or other requirements of this section. The county of
127.32 responsibility, as defined in sections 256G.01 to 256G.12, or, if applicable, the tribal agency,
127.33 is responsible for any federal disallowances. The county or tribe may share this responsibility
127.34 with its contracted vendors.

128.1 (k) The commissioner shall set aside a portion of the federal funds earned for county
128.2 expenditures under this section to repay the special revenue maximization account under
128.3 section 256.01, subdivision 2, paragraph (o). The repayment is limited to:

128.4 (1) the costs of developing and implementing this section; and

128.5 (2) programming the information systems.

128.6 (l) Payments to counties and tribal agencies for case management expenditures under
128.7 this section shall only be made from federal earnings from services provided under this
128.8 section. When this service is paid by the state without a federal share through fee-for-service,
128.9 50 percent of the cost shall be provided by the state. Payments to county-contracted vendors
128.10 shall include the federal earnings, the state share, and the county share.

128.11 (m) Case management services under this subdivision do not include therapy, treatment,
128.12 legal, or outreach services.

128.13 (n) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,
128.14 and the recipient's institutional care is paid by medical assistance, payment for case
128.15 management services under this subdivision is limited to the lesser of:

128.16 (1) the last 180 days of the recipient's residency in that facility and may not exceed more
128.17 than six months in a calendar year; or

128.18 (2) the limits and conditions which apply to federal Medicaid funding for this service.

128.19 (o) Payment for case management services under this subdivision shall not duplicate
128.20 payments made under other program authorities for the same purpose.

128.21 (p) If the recipient is receiving care in a hospital, nursing facility, or residential setting
128.22 licensed under chapter 245A or 245D that is staffed 24 hours a day, seven days a week,
128.23 mental health targeted case management services must actively support identification of
128.24 community alternatives for the recipient and discharge planning.

128.25 Sec. 34. Minnesota Statutes 2020, section 256B.0759, subdivision 2, is amended to read:

128.26 Subd. 2. **Provider participation.** (a) Outpatient substance use disorder treatment
128.27 providers may elect to participate in the demonstration project and meet the requirements
128.28 of subdivision 3. To participate, a provider must notify the commissioner of the provider's
128.29 intent to participate in a format required by the commissioner and enroll as a demonstration
128.30 project provider.

128.31 (b) A program licensed by the Department of Human Services as a residential treatment
128.32 program according to section 245G.21 and that receives payment under this chapter must

129.1 enroll as a demonstration project provider and meet the requirements of subdivision 3 by
129.2 January 1, 2022. The commissioner may grant an extension, for a period not to exceed six
129.3 months, to a program that is unable to meet the requirements of subdivision 3 due to
129.4 demonstrated extraordinary circumstances. A program seeking an extension must apply in
129.5 a format approved by the commissioner by November 1, 2021. Programs that do not meet
129.6 the requirements under this paragraph by July 1, 2023, are ineligible for payment for services
129.7 provided under sections 254B.05 and 256B.0625.

129.8 (c) A program licensed by the Department of Human Services as a withdrawal
129.9 management program according to chapter 245F and that receives payment under this
129.10 chapter must enroll as a demonstration project provider and meet the requirements of
129.11 subdivision 3 by January 1, 2022. The commissioner may grant an extension, for a period
129.12 not to exceed six months, to a program that is unable to meet the requirements of subdivision
129.13 3 due to demonstrated extraordinary circumstances. A program seeking an extension must
129.14 apply in a format approved by the commissioner by November 1, 2021. Programs that do
129.15 not meet the requirements under this paragraph by July 1, 2023, are ineligible for payment
129.16 for services provided under sections 254B.05 and 256B.0625.

129.17 (d) An out-of-state residential substance use disorder treatment program that receives
129.18 payment under this chapter must enroll as a demonstration project provider and meet the
129.19 requirements of subdivision 3 by January 1, 2022. The commissioner may grant an extension,
129.20 for a period not to exceed six months, to a program that is unable to meet the requirements
129.21 of subdivision 3 due to demonstrated extraordinary circumstances. A program seeking an
129.22 extension must apply in a format approved by the commissioner by November 1, 2021.
129.23 Programs that do not meet the requirements under this paragraph by July 1, 2023, are
129.24 ineligible for payment for services provided under sections 254B.05 and 256B.0625.

129.25 (e) Tribally licensed programs may elect to participate in the demonstration project and
129.26 meet the requirements of subdivision 3. The Department of Human Services must consult
129.27 with tribal nations to discuss participation in the substance use disorder demonstration
129.28 project.

129.29 (f) All rate enhancements for services rendered by demonstration project providers that
129.30 voluntarily enrolled before July 1, 2021, are applicable only to dates of service on or after
129.31 the effective date of the provider's enrollment in the demonstration project, except as
129.32 authorized under paragraph (g). The commissioner shall recoup any rate enhancements paid
129.33 under paragraph (g) to a provider that does not meet the requirements of subdivision 3 by
129.34 July 1, 2021.

130.1 (g) The commissioner may allow providers enrolled in the demonstration project before
 130.2 July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for
 130.3 services provided to fee-for-service enrollees on dates of service no earlier than July 22,
 130.4 2020, and to managed care enrollees on dates of service no earlier than January 1, 2021, if:

130.5 (1) the provider attests that during the time period for which it is seeking the rate
 130.6 enhancement, it was taking meaningful steps and had a reasonable plan approved by the
 130.7 commissioner to meet the demonstration project requirements in subdivision 3;

130.8 (2) the provider submits the attestation and evidence of meeting the requirements of
 130.9 subdivision 3, including all information requested by the commissioner, in a format specified
 130.10 by the commissioner; and

130.11 (3) the commissioner received the provider's application for enrollment on or before
 130.12 June 1, 2021.

130.13 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
 130.14 whichever is later, except paragraphs (f) and (g) are effective the day following final
 130.15 enactment.

130.16 Sec. 35. Minnesota Statutes 2020, section 256B.0759, subdivision 4, is amended to read:

130.17 **Subd. 4. Provider payment rates.** (a) Payment rates for participating providers must
 130.18 be increased for services provided to medical assistance enrollees. To receive a rate increase,
 130.19 participating providers must meet demonstration project requirements, provider standards
 130.20 under subdivision 3, and provide evidence of formal referral arrangements with providers
 130.21 delivering step-up or step-down levels of care.

130.22 (b) The commissioner may temporarily suspend payments to the provider according to
 130.23 section 256B.04, subdivision 21, paragraph (d), if the requirements in paragraph (a) are not
 130.24 met. Payments withheld from the provider must be made once the commissioner determines
 130.25 that the requirements in paragraph (a) are met.

130.26 ~~(b)~~ (c) For substance use disorder services under section 254B.05, subdivision 5,
 130.27 paragraph (b), clause (8), provided on or after July 1, 2020, payment rates must be increased
 130.28 by ~~15~~ percent over the rates in effect on December 31, 2019.

130.29 ~~(e)~~ (d) For substance use disorder services under section 254B.05, subdivision 5,
 130.30 paragraph (b), clauses (1), (6), and (7), and adolescent treatment programs that are licensed
 130.31 as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on
 130.32 or after January 1, 2021, payment rates must be increased by ~~ten~~ percent over the rates
 130.33 in effect on December 31, 2020.

131.1 ~~(d)~~ (e) Effective January 1, 2021, and contingent on annual federal approval, managed
131.2 care plans and county-based purchasing plans must reimburse providers of the substance
131.3 use disorder services meeting the criteria described in paragraph (a) who are employed by
131.4 or under contract with the plan an amount that is at least equal to the fee-for-service base
131.5 rate payment for the substance use disorder services described in paragraphs ~~(b)~~ (c) and ~~(e)~~
131.6 (d). The commissioner must monitor the effect of this requirement on the rate of access to
131.7 substance use disorder services and residential substance use disorder rates. Capitation rates
131.8 paid to managed care organizations and county-based purchasing plans must reflect the
131.9 impact of this requirement. This paragraph expires if federal approval is not received at any
131.10 time as required under this paragraph.

131.11 ~~(e)~~ (f) Effective July 1, 2021, contracts between managed care plans and county-based
131.12 purchasing plans and providers to whom paragraph ~~(d)~~ (e) applies must allow recovery of
131.13 payments from those providers if, for any contract year, federal approval for the provisions
131.14 of paragraph ~~(d)~~ (e) is not received, and capitation rates are adjusted as a result. Payment
131.15 recoveries must not exceed the amount equal to any decrease in rates that results from this
131.16 provision.

131.17 **EFFECTIVE DATE.** This section is effective July 1, 2021, except the amendments to
131.18 the payment rate percentage increases in paragraphs (c) and (d) are effective January 1,
131.19 2022.

131.20 Sec. 36. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
131.21 to read:

131.22 **Subd. 6. Data and outcome measures; public posting.** Beginning July 1, 2021, and at
131.23 least annually thereafter, all data and outcome measures from the previous calendar year of
131.24 the demonstration project shall be posted publicly on the Department of Human Services
131.25 website in an accessible and user-friendly format.

131.26 **EFFECTIVE DATE.** This section is effective July 1, 2021.

131.27 Sec. 37. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
131.28 to read:

131.29 **Subd. 7. Federal approval; demonstration project extension.** The commissioner shall
131.30 seek a five-year extension of the demonstration project under this section and to receive
131.31 enhanced federal financial participation.

131.32 **EFFECTIVE DATE.** This section is effective July 1, 2021.

132.1 Sec. 38. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
132.2 to read:

132.3 Subd. 8. **Demonstration project evaluation work group.** Beginning October 1, 2021,
132.4 the commissioner shall assemble a work group of relevant stakeholders, including but not
132.5 limited to demonstration project participants and the Minnesota Association of Resources
132.6 for Recovery and Chemical Health, that shall meet quarterly for the duration of the
132.7 demonstration to evaluate the long-term sustainability of any improvements to quality or
132.8 access to substance use disorder treatment services caused by participation in the
132.9 demonstration project. The work group shall also determine how to implement successful
132.10 outcomes of the demonstration project once the project expires.

132.11 **EFFECTIVE DATE.** This section is effective July 1, 2021.

132.12 Sec. 39. **[256B.076] CASE MANAGEMENT SERVICES.**

132.13 Subdivision 1. **Generally.** (a) It is the policy of this state to ensure that individuals on
132.14 medical assistance receive cost-effective and coordinated care, including efforts to address
132.15 the profound effects of housing instability, food insecurity, and other social determinants
132.16 of health. Therefore, subject to federal approval, medical assistance covers targeted case
132.17 management services as described in this section.

132.18 (b) The commissioner, in collaboration with tribes, counties, providers, and individuals
132.19 served, must propose further modifications to targeted case management services to ensure
132.20 a program that complies with all federal requirements, delivers services in a cost-effective
132.21 and efficient manner, creates uniform expectations for targeted case management services,
132.22 addresses health disparities, and promotes person- and family-centered services.

132.23 Subd. 2. **Rate setting.** (a) The commissioner must develop and implement a statewide
132.24 rate methodology for any county that subcontracts targeted case management services to a
132.25 vendor. On January 1, 2022, or upon federal approval, whichever is later, a county must
132.26 use this methodology for any targeted case management services paid by medical assistance
132.27 and delivered through a subcontractor.

132.28 (b) In setting this rate, the commissioner must include the following:

132.29 (1) prevailing wages;

132.30 (2) employee-related expense factor;

132.31 (3) paid time off and training factors;

132.32 (4) supervision and span of control;

133.1 (5) distribution of time factor;

133.2 (6) administrative factor;

133.3 (7) absence factor;

133.4 (8) program support factor; and

133.5 (9) caseload sizes as described in subdivision 3.

133.6 (c) A county may request that the commissioner authorize a rate based on a lower caseload
133.7 size when a subcontractor is assigned to serve individuals with needs, such as homelessness
133.8 or specific linguistic or cultural needs, that significantly exceed other eligible populations.

133.9 A county must include the following in the request:

133.10 (1) the number of clients to be served by a full-time equivalent staffer;

133.11 (2) the specific factors that require a case manager to provide significantly more hours
133.12 of reimbursable services to a client; and

133.13 (3) how the county intends to monitor case size and outcomes.

133.14 (d) The commissioner must adjust only the factor for caseload in paragraph (b), clause
133.15 (9), in response to a request under paragraph (c).

133.16 Subd. 3. **Caseload sizes.** A county-subcontracted provider of targeted case management
133.17 services to the following populations must not exceed the following limits:

133.18 (1) for children with severe emotional disturbance, 15 clients to one full-time equivalent
133.19 case manager;

133.20 (2) for adults with severe and persistent mental illness, 30 clients to one full-time
133.21 equivalent case manager;

133.22 (3) for child welfare targeted case management, 45 clients to one full-time equivalent
133.23 case manager; and

133.24 (4) for vulnerable adults and adults who have developmental disabilities, 45 clients to
133.25 one full-time equivalent case manager.

133.26 Sec. 40. Minnesota Statutes 2020, section 256B.0924, subdivision 6, is amended to read:

133.27 **Subd. 6. Payment for targeted case management.** (a) Medical assistance and
133.28 MinnesotaCare payment for targeted case management shall be made on a monthly basis.
133.29 In order to receive payment for an eligible adult, the provider must document at least one
133.30 contact per month and not more than two consecutive months without a face-to-face contact

134.1 with the adult or the adult's legal representative, family, primary caregiver, or other relevant
134.2 persons identified as necessary to the development or implementation of the goals of the
134.3 personal service plan.

134.4 (b) Payment for targeted case management provided by county staff under this subdivision
134.5 shall be based on the monthly rate methodology under section 256B.094, subdivision 6,
134.6 paragraph (b), calculated as one combined average rate together with adult mental health
134.7 case management under section 256B.0625, subdivision 20, except for calendar year 2002.
134.8 In calendar year 2002, the rate for case management under this section shall be the same as
134.9 the rate for adult mental health case management in effect as of December 31, 2001. Billing
134.10 and payment must identify the recipient's primary population group to allow tracking of
134.11 revenues.

134.12 (c) Payment for targeted case management provided by county-contracted vendors shall
134.13 be based on a monthly rate ~~negotiated by the host county~~ calculated in accordance with
134.14 section 256B.076, subdivision 2. The ~~negotiated~~ rate must not exceed the rate charged by
134.15 the vendor for the same service to other payers. If the service is provided by a team of
134.16 contracted vendors, the ~~county may negotiate a team rate with a vendor who is a member~~
134.17 ~~of the team~~. The team shall determine how to distribute the rate among its members. No
134.18 reimbursement received by contracted vendors shall be returned to the county, except to
134.19 reimburse the county for advance funding provided by the county to the vendor.

134.20 (d) If the service is provided by a team that includes contracted vendors and county staff,
134.21 the costs for county staff participation on the team shall be included in the rate for
134.22 county-provided services. In this case, the contracted vendor and the county may each
134.23 receive separate payment for services provided by each entity in the same month. In order
134.24 to prevent duplication of services, the county must document, in the recipient's file, the need
134.25 for team targeted case management and a description of the different roles of the team
134.26 members.

134.27 (e) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for
134.28 targeted case management shall be provided by the recipient's county of responsibility, as
134.29 defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds
134.30 used to match other federal funds.

134.31 (f) The commissioner may suspend, reduce, or terminate reimbursement to a provider
134.32 that does not meet the reporting or other requirements of this section. The county of
134.33 responsibility, as defined in sections 256G.01 to 256G.12, is responsible for any federal
134.34 disallowances. The county may share this responsibility with its contracted vendors.

135.1 (g) The commissioner shall set aside five percent of the federal funds received under
135.2 this section for use in reimbursing the state for costs of developing and implementing this
135.3 section.

135.4 (h) Payments to counties for targeted case management expenditures under this section
135.5 shall only be made from federal earnings from services provided under this section. Payments
135.6 to contracted vendors shall include both the federal earnings and the county share.

135.7 (i) Notwithstanding section 256B.041, county payments for the cost of case management
135.8 services provided by county staff shall not be made to the commissioner of management
135.9 and budget. For the purposes of targeted case management services provided by county
135.10 staff under this section, the centralized disbursement of payments to counties under section
135.11 256B.041 consists only of federal earnings from services provided under this section.

135.12 (j) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,
135.13 and the recipient's institutional care is paid by medical assistance, payment for targeted case
135.14 management services under this subdivision is limited to the lesser of:

135.15 (1) the last 180 days of the recipient's residency in that facility; or

135.16 (2) the limits and conditions which apply to federal Medicaid funding for this service.

135.17 (k) Payment for targeted case management services under this subdivision shall not
135.18 duplicate payments made under other program authorities for the same purpose.

135.19 (l) Any growth in targeted case management services and cost increases under this
135.20 section shall be the responsibility of the counties.

135.21 Sec. 41. Minnesota Statutes 2020, section 256B.094, subdivision 6, is amended to read:

135.22 Subd. 6. **Medical assistance reimbursement of case management services.** (a) Medical
135.23 assistance reimbursement for services under this section shall be made on a monthly basis.
135.24 Payment is based on face-to-face or telephone contacts between the case manager and the
135.25 client, client's family, primary caregiver, legal representative, or other relevant person
135.26 identified as necessary to the development or implementation of the goals of the individual
135.27 service plan regarding the status of the client, the individual service plan, or the goals for
135.28 the client. These contacts must meet the minimum standards in clauses (1) and (2):

135.29 (1) there must be a face-to-face contact at least once a month except as provided in clause
135.30 (2); and

135.31 (2) for a client placed outside of the county of financial responsibility, or a client served
135.32 by tribal social services placed outside the reservation, in an excluded time facility under

136.1 section 256G.02, subdivision 6, or through the Interstate Compact for the Placement of
136.2 Children, section 260.93, and the placement in either case is more than 60 miles beyond
136.3 the county or reservation boundaries, there must be at least one contact per month and not
136.4 more than two consecutive months without a face-to-face contact.

136.5 (b) Except as provided under paragraph (c), the payment rate is established using time
136.6 study data on activities of provider service staff and reports required under sections 245.482
136.7 and 256.01, subdivision 2, paragraph (p).

136.8 (c) Payments for tribes may be made according to section 256B.0625 or other relevant
136.9 federally approved rate setting methodology for child welfare targeted case management
136.10 provided by Indian health services and facilities operated by a tribe or tribal organization.

136.11 (d) Payment for case management provided by county ~~or tribal social services~~ contracted
136.12 vendors ~~shall be based on a monthly rate negotiated by the host county or tribal social~~
136.13 ~~services~~ must be calculated in accordance with section 256B.076, subdivision 2. Payment
136.14 for case management provided by vendors who contract with a tribe must be based on a
136.15 monthly rate negotiated by the tribe. The ~~negotiated~~ rate must not exceed the rate charged
136.16 by the vendor for the same service to other payers. If the service is provided by a team of
136.17 contracted vendors, the ~~county or tribal social services may negotiate a team rate with a~~
136.18 ~~vendor who is a member of the team.~~ The team shall determine how to distribute the rate
136.19 among its members. No reimbursement received by contracted vendors shall be returned
136.20 to the county or tribal social services, except to reimburse the county or tribal social services
136.21 for advance funding provided by the county or tribal social services to the vendor.

136.22 (e) If the service is provided by a team that includes contracted vendors and county or
136.23 tribal social services staff, the costs for county or tribal social services staff participation in
136.24 the team shall be included in the rate for county or tribal social services provided services.
136.25 In this case, the contracted vendor and the county or tribal social services may each receive
136.26 separate payment for services provided by each entity in the same month. To prevent
136.27 duplication of services, each entity must document, in the recipient's file, the need for team
136.28 case management and a description of the roles and services of the team members.

136.29 Separate payment rates may be established for different groups of providers to maximize
136.30 reimbursement as determined by the commissioner. The payment rate will be reviewed
136.31 annually and revised periodically to be consistent with the most recent time study and other
136.32 data. Payment for services will be made upon submission of a valid claim and verification
136.33 of proper documentation described in subdivision 7. Federal administrative revenue earned
136.34 through the time study, or under paragraph (c), shall be distributed according to earnings,

137.1 to counties, reservations, or groups of counties or reservations which have the same payment
137.2 rate under this subdivision, and to the group of counties or reservations which are not
137.3 certified providers under section 256F.10. The commissioner shall modify the requirements
137.4 set out in Minnesota Rules, parts 9550.0300 to 9550.0370, as necessary to accomplish this.

137.5 Sec. 42. Minnesota Statutes 2020, section 256B.0945, subdivision 1, is amended to read:

137.6 Subdivision 1. **Residential services; provider qualifications.** (a) Counties must arrange
137.7 to provide residential services for children with severe emotional disturbance according to
137.8 sections 245.4882, 245.4885, and this section.

137.9 (b) Services must be provided by a facility that is licensed according to section 245.4882
137.10 and administrative rules promulgated thereunder, and under contract with the county.

137.11 (c) Eligible service costs may be claimed for a facility that is located in a state that
137.12 borders Minnesota if:

137.13 (1) the facility is the closest facility to the child's home, providing the appropriate level
137.14 of care; and

137.15 (2) the commissioner of human services has completed an inspection of the out-of-state
137.16 program according to the interagency agreement with the commissioner of corrections under
137.17 section 260B.198, subdivision 11, paragraph (b), and the program has been certified by the
137.18 commissioner of corrections under section 260B.198, subdivision 11, paragraph (a), to
137.19 substantially meet the standards applicable to children's residential mental health treatment
137.20 programs under Minnesota Rules, chapter 2960. Nothing in this section requires the
137.21 commissioner of human services to enforce the background study requirements under chapter
137.22 245C or the requirements related to prevention and investigation of alleged maltreatment
137.23 under section 626.557 or chapter 260E. Complaints received by the commissioner of human
137.24 services must be referred to the out-of-state licensing authority for possible follow-up.

137.25 (d) Notwithstanding paragraph (b), eligible service costs may be claimed for an
137.26 out-of-state inpatient treatment facility if:

137.27 (1) the facility specializes in providing mental health services to children who are deaf,
137.28 deafblind, or hard-of-hearing and who use American Sign Language as their first language;

137.29 (2) the facility is licensed by the state in which it is located; and

137.30 (3) the state in which the facility is located is a member state of the Interstate Compact
137.31 on Mental Health.

138.1 (e) While a child is in residential treatment, the child's custodial parent or legal custodian
138.2 retains legal custody of the child and retains decision-making authority for the child except
138.3 that the commissioner of human services or a managed care organization retains authority
138.4 to make determinations related to the medical necessity and clinical appropriateness of a
138.5 placement.

138.6 Sec. 43. Minnesota Statutes 2020, section 256B.0945, is amended by adding a subdivision
138.7 to read:

138.8 Subd. 1a. **Residential services; direct referral.** (a) Notwithstanding subdivision 1,
138.9 paragraph (a), a child is eligible for residential services under this chapter without a referral
138.10 from the county if the child meets the following criteria:

138.11 (1) the child has a mental health diagnosis as defined in the most recent edition of the
138.12 Diagnostic and Statistical Manual for Mental Disorders;

138.13 (2) before admission, services are determined to be medically necessary for the child
138.14 based on a review of the child's diagnostic and functional assessment; and

138.15 (3) the child was referred to residential treatment by a qualified mental health professional
138.16 as defined in section 245.4871, subdivision 27, clauses (1) to (6).

138.17 (b) The commissioner of human services shall provide oversight by reviewing the use
138.18 of referrals for clients admitted to residential treatment under paragraph (a) to ensure that
138.19 eligibility criteria, clinical services, and treatment planning reflect clinical, state, and federal
138.20 standards for residential treatment level of care.

138.21 (c) A residential treatment facility must notify the county where the child and family
138.22 reside within ten days after the date that a child was first admitted to the facility in order to
138.23 facilitate the child's transition to less restrictive community-based services.

138.24 **EFFECTIVE DATE.** This section is effective January 1, 2022.

138.25 Sec. 44. Minnesota Statutes 2020, section 256B.0945, is amended by adding a subdivision
138.26 to read:

138.27 Subd. 4a. **Payment rates; direct referral.** Notwithstanding subdivision 4 and section
138.28 256B.19, when children enrolled in medical assistance are provided services under
138.29 subdivision 1a:

138.30 (1) the commissioner shall directly pay the provider for services paid for on a
138.31 fee-for-service basis; and

139.1 (2) there is no county share.

139.2 **EFFECTIVE DATE.** This section is effective January 1, 2022.

139.3 Sec. 45. **DIRECTION TO THE COMMISSIONER; ADULT MENTAL HEALTH**
139.4 **INITIATIVES REFORM.**

139.5 In establishing a legislative proposal for reforming the funding formula to distribute
139.6 adult mental health initiative funds, the commissioner of human services shall ensure that
139.7 funding currently received as a result of the closure of the Moose Lake Regional Treatment
139.8 Center is not reallocated from any region that does not have a community behavioral health
139.9 hospital. Upon finalization of the adult mental health initiatives reform, the commissioner
139.10 shall notify the chairs and ranking minority members of the legislative committees with
139.11 jurisdiction over health and human services finance and policy.

139.12 Sec. 46. **DIRECTION TO THE COMMISSIONER; ALTERNATIVE MENTAL**
139.13 **HEALTH PROFESSIONAL LICENSING PATHWAYS WORK GROUP.**

139.14 (a) The commissioners of human services and health must convene a work group
139.15 consisting of representatives from the Board of Psychology, the Board of Marriage and
139.16 Family Therapy, the Board of Social Work, and the Board of Behavioral Health and Therapy,
139.17 five mental health providers from diverse cultural communities, a representative from the
139.18 Minnesota Council of Health Plans, a representative from a state health care program, two
139.19 representatives from mental health associations or community mental health clinics led by
139.20 individuals who are Black, indigenous, or people of color, and representatives from mental
139.21 health professional graduate programs to evaluate and make recommendations on possible
139.22 alternative pathways to mental health professional licensure in Minnesota. The work group
139.23 must:

139.24 (1) identify barriers to licensure in mental health professions;

139.25 (2) collect data on the number of individuals graduating from educational programs but
139.26 not passing licensing exams;

139.27 (3) evaluate the feasibility of alternative pathways for licensure in mental health
139.28 professions, ensuring provider competency and professionalism; and

139.29 (4) consult with national behavioral health testing entities.

139.30 (b) Mental health providers participating in the work group may be reimbursed for
139.31 expenses in the same manner as authorized by the commissioner's plan adopted under
139.32 Minnesota Statutes, section 43A.18, subdivision 2, upon approval by the commissioner.

140.1 Members who, as a result of time spent attending work group meetings, incur child care
140.2 expenses that would not otherwise have been incurred, may be reimbursed for those expenses
140.3 upon approval by the commissioner. Reimbursements may be approved for no more than
140.4 five individual providers.

140.5 (c) No later than February 1, 2023, the commissioners must submit a written report to
140.6 the members of the legislative committees with jurisdiction over health and human services
140.7 on the work group's findings and recommendations developed on alternative licensing
140.8 pathways.

140.9 **Sec. 47. DIRECTION TO THE COMMISSIONER; CULTURALLY AND**
140.10 **LINGUISTICALLY APPROPRIATE SERVICES.**

140.11 The commissioner of human services, in consultation with substance use disorder
140.12 treatment providers, lead agencies, and individuals who receive substance use disorder
140.13 treatment services, shall develop a statewide implementation and transition plan for culturally
140.14 and linguistically appropriate services (CLAS) national standards, including technical
140.15 assistance for providers to transition to the CLAS standards and to improve disparate
140.16 treatment outcomes. The commissioner must consult with individuals who are Black,
140.17 indigenous, people of color, and linguistically diverse in the development of the
140.18 implementation and transition plans under this section.

140.19 **Sec. 48. DIRECTION TO THE COMMISSIONER; RATE RECOMMENDATIONS**
140.20 **FOR OPIOID TREATMENT PROGRAMS.**

140.21 The commissioner of human services shall evaluate the rate structure for opioid treatment
140.22 programs licensed under Minnesota Statutes, section 245G.22, and report recommendations,
140.23 including a revised rate structure and proposed draft legislation, to the chairs and ranking
140.24 minority members of the legislative committees with jurisdiction over human services policy
140.25 and finance by October 1, 2021.

140.26 **Sec. 49. DIRECTION TO THE COMMISSIONER; SOBER HOUSING PROGRAM**
140.27 **RECOMMENDATIONS.**

140.28 (a) The commissioner of human services, in consultation with stakeholders, must develop
140.29 recommendations on:

140.30 (1) increasing access to sober housing programs;

140.31 (2) promoting person-centered practices and cultural responsiveness in sober housing
140.32 programs;

141.1 (3) potential oversight of sober housing programs; and

141.2 (4) providing consumer protections for individuals in sober housing programs with
141.3 substance use disorders and individuals with co-occurring mental illnesses.

141.4 (b) Stakeholders include but are not limited to the Minnesota Association of Sober
141.5 Homes, the Minnesota Association of Resources for Recovery and Chemical Health,
141.6 Minnesota Recovery Connection, NAMI Minnesota, the National Alliance of Recovery
141.7 Residencies (NARR), Oxford Houses, Inc., a member of Alcoholics Anonymous, and
141.8 residents and former residents of sober housing programs based in Minnesota. Stakeholders
141.9 must equitably represent geographic areas of the state, and must include individuals in
141.10 recovery and providers representing Black, indigenous, people of color, or immigrant
141.11 communities.

141.12 (c) The commissioner must complete and submit a report on these recommendations to
141.13 the chairs and ranking minority members of the legislative committees with jurisdiction
141.14 over health and human services policy and finance on or before March 1, 2022.

141.15 **Sec. 50. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
141.16 **TREATMENT PAPERWORK REDUCTION.**

141.17 (a) The commissioner of human services, in consultation with counties, tribes, managed
141.18 care organizations, substance use disorder treatment professional associations, and other
141.19 relevant stakeholders, shall develop, assess, and recommend systems improvements to
141.20 minimize regulatory paperwork and improve systems for substance use disorder programs
141.21 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
141.22 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
141.23 of human services shall make available any resources needed from other divisions within
141.24 the department to implement systems improvements.

141.25 (b) The commissioner of health shall make available needed information and resources
141.26 from the Division of Health Policy.

141.27 (c) The Office of MN.IT Services shall provide advance consultation and implementation
141.28 of the changes needed in data systems.

141.29 (d) The commissioner of human services shall contract with a vendor that has experience
141.30 with developing statewide system changes for multiple states at the payer and provider
141.31 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
141.32 vendor with the requisite qualifications, then the commissioner may select the best qualified
141.33 vendor available. When developing recommendations, the commissioner shall consider

142.1 input from all stakeholders. The commissioner's recommendations shall maximize benefits
142.2 for clients and utility for providers, regulatory agencies, and payers.

142.3 (e) The commissioner of human services and contracted vendor shall follow the
142.4 recommendations from the report issued in response to Laws 2019, First Special Session
142.5 chapter 9, article 6, section 76.

142.6 (f) By December 15, 2022, the commissioner of human services shall take steps to
142.7 implement paperwork reductions and systems improvements within the commissioner's
142.8 authority and submit to the chairs and ranking minority members of the legislative committees
142.9 with jurisdiction over health and human services a report that includes recommendations
142.10 for changes in statutes that would further enhance systems improvements to reduce
142.11 paperwork. The report shall include a summary of the approaches developed and assessed
142.12 by the commissioner of human services and stakeholders and the results of any assessments
142.13 conducted.

142.14 **Sec. 51. MENTAL HEALTH CULTURAL COMMUNITY CONTINUING**
142.15 **EDUCATION GRANT PROGRAM.**

142.16 The commissioner of health shall develop a grant program, in consultation with the
142.17 relevant mental health licensing boards, to provide for the continuing education necessary
142.18 for social workers, marriage and family therapists, psychologists, and professional clinical
142.19 counselors who are members of communities of color or underrepresented communities,
142.20 as defined in Minnesota Statutes, section 148E.010, subdivision 20, and who work for
142.21 community mental health providers, to become supervisors for individuals pursuing licensure
142.22 in mental health professions.

142.23 **Sec. 52. MENTAL HEALTH PROFESSIONAL LICENSING SUPERVISION.**

142.24 (a) The Board of Psychology, the Board of Marriage and Family Therapy, the Board of
142.25 Social Work, and the Board of Behavioral Health and Therapy must convene to develop
142.26 recommendations for:

142.27 (1) providing certification of individuals across multiple mental health professions who
142.28 may serve as supervisors;

142.29 (2) adopting a single, common supervision certificate for all mental health professional
142.30 education programs;

142.31 (3) determining ways for internship hours to be counted toward licensure in mental
142.32 health professions; and

143.1 (4) determining ways for practicum hours to count toward supervisory experience.

143.2 (b) No later than February 1, 2023, the commissioners must submit a written report to
143.3 the members of the legislative committees with jurisdiction over health and human services
143.4 on the recommendations developed under paragraph (a).

143.5 Sec. 53. **SUBSTANCE USE DISORDER TREATMENT RATE RESTRUCTURE**
143.6 **ANALYSIS.**

143.7 (a) By January 1, 2022, the commissioner shall issue a request for proposals for
143.8 frameworks and modeling of substance use disorder rates. Rates must be predicated on a
143.9 uniform methodology that is transparent, culturally responsive, supports staffing needed to
143.10 treat a patient's assessed need, and promotes quality service delivery and patient choice.
143.11 The commissioner must consult with substance use disorder treatment programs across the
143.12 spectrum of services, substance use disorder treatment programs from across each region
143.13 of the state, and culturally responsive providers in the development of the request for proposal
143.14 process and for the duration of the contract.

143.15 (b) By January 15, 2023, the commissioner of human services shall submit a report to
143.16 the chairs and ranking minority members of the legislative committees with jurisdiction
143.17 over human services policy and finance on the results of the vendor's work. The report must
143.18 include legislative language necessary to implement a new substance use disorder treatment
143.19 rate methodology and a detailed fiscal analysis.

143.20 Sec. 54. **REVISOR INSTRUCTION.**

143.21 The revisor of statutes shall replace "EXCELLENCE IN MENTAL HEALTH
143.22 DEMONSTRATION PROJECT" with "CERTIFIED COMMUNITY BEHAVIORAL
143.23 HEALTH CLINIC SERVICES" in the section headnote for Minnesota Statutes, section
143.24 245.735.

143.25 Sec. 55. **REPEALER.**

143.26 (a) Minnesota Statutes 2020, sections 245A.191; and 256B.0596, are repealed.

143.27 (b) Minnesota Statutes 2020, section 245.735, subdivisions 1, 2, and 4, are repealed.

144.1

ARTICLE 5

144.2

DIRECT CARE AND TREATMENT

144.3 Section 1. Minnesota Statutes 2020, section 246.54, subdivision 1b, is amended to read:

144.4 Subd. 1b. **Community behavioral health hospitals.** A county's payment of the cost of
 144.5 care provided at state-operated community-based behavioral health hospitals for adults and
 144.6 children shall be according to the following schedule:

144.7 (1) 100 percent for each day during the stay, including the day of admission, when the
 144.8 facility determines that it is clinically appropriate for the client to be discharged; and

144.9 (2) the county shall not be entitled to reimbursement from the client, the client's estate,
 144.10 or from the client's relatives, except as provided in section 246.53.

144.11

ARTICLE 6

144.12

DISABILITY SERVICES AND CONTINUING CARE FOR OLDER ADULTS

144.13 Section 1. Minnesota Statutes 2020, section 144.0724, subdivision 4, is amended to read:

144.14 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically
 144.15 submit to the ~~commissioner of health~~ federal database MDS assessments that conform with
 144.16 the assessment schedule defined by ~~Code of Federal Regulations, title 42, section 483.20,~~
 144.17 ~~and published by the United States Department of Health and Human Services, Centers for~~
 144.18 ~~Medicare and Medicaid Services, in the Long Term Care Facility Resident Assessment~~
 144.19 ~~Instrument User's Manual, version 3.0, and subsequent updates when~~ or its successor issued
 144.20 by the Centers for Medicare and Medicaid Services. The commissioner of health may
 144.21 substitute successor manuals or question and answer documents published by the United
 144.22 States Department of Health and Human Services, Centers for Medicare and Medicaid
 144.23 Services, to replace or supplement the current version of the manual or document.

144.24 (b) The OBRA assessments used to determine a case mix classification for reimbursement
 144.25 include the following:

144.26 (1) a new admission comprehensive assessment, which must have an assessment reference
 144.27 date (ARD) within 14 calendar days after admission, excluding readmissions;

144.28 (2) an annual comprehensive assessment which must have an ~~assessment reference date~~
 144.29 ~~(ARD)~~ ARD within 92 days of ~~the~~ a previous quarterly review assessment and the or a
 144.30 previous comprehensive assessment, which must occur at least once every 366 days;

144.31 (3) a significant change in status comprehensive assessment, which must be completed
 144.32 have an ARD within 14 days ~~of the identification of~~ after the facility determines, or should

145.1 have determined, that there has been a significant change in the resident's physical or mental
145.2 condition, whether an improvement or a decline, and regardless of the amount of time since
145.3 the last ~~significant change in status~~ comprehensive assessment or quarterly review
145.4 assessment;

145.5 (4) all a quarterly assessments review assessment must have an assessment reference
145.6 date (ARD) ARD within 92 days of the ARD of the previous quarterly review assessment
145.7 or a previous comprehensive assessment;

145.8 (5) any significant correction to a prior comprehensive assessment, if the assessment
145.9 being corrected is the current one being used for RUG classification; ~~and~~

145.10 (6) any significant correction to a prior quarterly review assessment, if the assessment
145.11 being corrected is the current one being used for RUG classification;

145.12 (7) a required significant change in status assessment when:

145.13 (i) all speech, occupational, and physical therapies have ended. The ARD of this
145.14 assessment must be set on day eight after all therapy services have ended; and

145.15 (ii) isolation for an infectious disease has ended. The ARD of this assessment must be
145.16 set on day 15 after isolation has ended; and

145.17 (8) any modifications to the most recent assessments under clauses (1) to (7).

145.18 (c) In addition to the assessments listed in paragraph (b), the assessments used to
145.19 determine nursing facility level of care include the following:

145.20 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by
145.21 the Senior LinkAge Line or other organization under contract with the Minnesota Board on
145.22 Aging; and

145.23 (2) a nursing facility level of care determination as provided for under section 256B.0911,
145.24 subdivision 4e, as part of a face-to-face long-term care consultation assessment completed
145.25 under section 256B.0911, by a county, tribe, or managed care organization under contract
145.26 with the Department of Human Services.

145.27 Sec. 2. Minnesota Statutes 2020, section 245A.03, subdivision 7, is amended to read:

145.28 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
145.29 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
145.30 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
145.31 for a physical location that will not be the primary residence of the license holder for the
145.32 entire period of licensure. If a license is issued during this moratorium, and the license

146.1 holder changes the license holder's primary residence away from the physical location of
146.2 the foster care license, the commissioner shall revoke the license according to section
146.3 245A.07. The commissioner shall not issue an initial license for a community residential
146.4 setting licensed under chapter 245D. When approving an exception under this paragraph,
146.5 the commissioner shall consider the resource need determination process in paragraph (h),
146.6 the availability of foster care licensed beds in the geographic area in which the licensee
146.7 seeks to operate, the results of a person's choices during their annual assessment and service
146.8 plan review, and the recommendation of the local county board. The determination by the
146.9 commissioner is final and not subject to appeal. Exceptions to the moratorium include:

146.10 (1) foster care settings that are required to be registered under chapter 144D;

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

146.15 (3) new foster care licenses or community residential setting licenses determined to be
146.16 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
146.17 or regional treatment center; restructuring of state-operated services that limits the capacity
146.18 of state-operated facilities; or allowing movement to the community for people who no
146.19 longer require the level of care provided in state-operated facilities as provided under section
146.20 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

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

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

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

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

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

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

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

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

147.32 (c) When an adult resident served by the program moves out of a foster home that is not
147.33 the primary residence of the license holder according to section 256B.49, subdivision 15,
147.34 paragraph (f), or the adult community residential setting, the county shall immediately

148.1 inform the Department of Human Services Licensing Division. The department may decrease
148.2 the statewide licensed capacity for adult foster care settings.

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

148.7 (e) A resource need determination process, managed at the state level, using the available
148.8 reports required by section 144A.351, and other data and information shall be used to
148.9 determine where the reduced capacity determined under section 256B.493 will be
148.10 implemented. The commissioner shall consult with the stakeholders described in section
148.11 144A.351, and employ a variety of methods to improve the state's capacity to meet the
148.12 informed decisions of those people who want to move out of corporate foster care or
148.13 community residential settings, long-term service needs within budgetary limits, including
148.14 seeking proposals from service providers or lead agencies to change service type, capacity,
148.15 or location to improve services, increase the independence of residents, and better meet
148.16 needs identified by the long-term services and supports reports and statewide data and
148.17 information.

148.18 (f) At the time of application and reapplication for licensure, the applicant and the license
148.19 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
148.20 required to inform the commissioner whether the physical location where the foster care
148.21 will be provided is or will be the primary residence of the license holder for the entire period
148.22 of licensure. If the primary residence of the applicant or license holder changes, the applicant
148.23 or license holder must notify the commissioner immediately. The commissioner shall print
148.24 on the foster care license certificate whether or not the physical location is the primary
148.25 residence of the license holder.

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

148.32 (h) The commissioner may adjust capacity to address needs identified in section
148.33 144A.351. Under this authority, the commissioner may approve new licensed settings or
148.34 delicense existing settings. Delicensing of settings will be accomplished through a process

149.1 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
149.2 information and data on capacity of licensed long-term services and supports, actions taken
149.3 under the subdivision to manage statewide long-term services and supports resources, and
149.4 any recommendations for change to the legislative committees with jurisdiction over the
149.5 health and human services budget.

149.6 (i) The commissioner must notify a license holder when its corporate foster care or
149.7 community residential setting licensed beds are reduced under this section. The notice of
149.8 reduction of licensed beds must be in writing and delivered to the license holder by certified
149.9 mail or personal service. The notice must state why the licensed beds are reduced and must
149.10 inform the license holder of its right to request reconsideration by the commissioner. The
149.11 license holder's request for reconsideration must be in writing. If mailed, the request for
149.12 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
149.13 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
149.14 reconsideration is made by personal service, it must be received by the commissioner within
149.15 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

149.16 (j) The commissioner shall not issue an initial license for children's residential treatment
149.17 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
149.18 for a program that Centers for Medicare and Medicaid Services would consider an institution
149.19 for mental diseases. Facilities that serve only private pay clients are exempt from the
149.20 moratorium described in this paragraph. The commissioner has the authority to manage
149.21 existing statewide capacity for children's residential treatment services subject to the
149.22 moratorium under this paragraph and may issue an initial license for such facilities if the
149.23 initial license would not increase the statewide capacity for children's residential treatment
149.24 services subject to the moratorium under this paragraph.

149.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

149.26 Sec. 3. Minnesota Statutes 2020, section 256B.0911, subdivision 3a, is amended to read:

149.27 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
149.28 planning, or other assistance intended to support community-based living, including persons
149.29 who need assessment in order to determine waiver or alternative care program eligibility,
149.30 must be visited by a long-term care consultation team within 20 calendar days after the date
149.31 on which an assessment was requested or recommended. Upon statewide implementation
149.32 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
149.33 requesting personal care assistance services. The commissioner shall provide at least a

150.1 90-day notice to lead agencies prior to the effective date of this requirement. Face-to-face
150.2 assessments must be conducted according to paragraphs (b) to (i).

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

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

150.11 (d) The assessment must be conducted by a certified assessor in a face-to-face
150.12 conversational interview with the person being assessed. The person's legal representative
150.13 must provide input during the assessment process and may do so remotely if requested. At
150.14 the request of the person, other individuals may participate in the assessment to provide
150.15 information on the needs, strengths, and preferences of the person necessary to develop a
150.16 community support plan that ensures the person's health and safety. Except for legal
150.17 representatives or family members invited by the person, persons participating in the
150.18 assessment may not be a provider of service or have any financial interest in the provision
150.19 of services. For persons who are to be assessed for elderly waiver customized living or adult
150.20 day services under chapter 256S, with the permission of the person being assessed or the
150.21 person's designated or legal representative, the client's current or proposed provider of
150.22 services may submit a copy of the provider's nursing assessment or written report outlining
150.23 its recommendations regarding the client's care needs. The person conducting the assessment
150.24 must notify the provider of the date by which this information is to be submitted. This
150.25 information shall be provided to the person conducting the assessment prior to the assessment.
150.26 For a person who is to be assessed for waiver services under section 256B.092 or 256B.49,
150.27 with the permission of the person being assessed or the person's designated legal
150.28 representative, the person's current provider of services may submit a written report outlining
150.29 recommendations regarding the person's care needs the person completed in consultation
150.30 with someone who is known to the person and has interaction with the person on a regular
150.31 basis. The provider must submit the report at least 60 days before the end of the person's
150.32 current service agreement. The certified assessor must consider the content of the submitted
150.33 report prior to finalizing the person's assessment or reassessment.

150.34 (e) The certified assessor and the individual responsible for developing the coordinated
150.35 service and support plan must complete the community support plan and the coordinated

151.1 service and support plan no more than 60 calendar days from the assessment visit. The
151.2 person or the person's legal representative must be provided with a written community
151.3 support plan within the timelines established by the commissioner, regardless of whether
151.4 the person is eligible for Minnesota health care programs.

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

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

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

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

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

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

151.13 (iii) all available options for living arrangements;

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

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

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

151.19 (4) referral information; and

151.20 (5) informal caregiver supports, if applicable.

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

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

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

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

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

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

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

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

152.9 (1) written recommendations for community-based services and consumer-directed
152.10 options;

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

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

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

152.27 (5) information about Minnesota health care programs;

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

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

152.31 (8) the certified assessor's decision regarding the person's need for institutional level of
152.32 care as determined under criteria established in subdivision 4e and the certified assessor's

153.1 decision regarding eligibility for all services and programs as defined in subdivision 1a,
153.2 paragraphs (a), clause (6), and (b);

153.3 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
153.4 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
153.5 (8), and (b), and incorporating the decision regarding the need for institutional level of care
153.6 or the lead agency's final decisions regarding public programs eligibility according to section
153.7 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
153.8 to the person and must visually point out where in the document the right to appeal is stated;
153.9 and

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

153.12 (k) Face-to-face assessment completed as part of an eligibility determination for multiple
153.13 programs for the alternative care, elderly waiver, developmental disabilities, community
153.14 access for disability inclusion, community alternative care, and brain injury waiver programs
153.15 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
153.16 service eligibility for no more than 60 calendar days after the date of assessment.

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

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

153.28 (n) If a person who receives home and community-based waiver services under section
153.29 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or less
153.30 a hospital, institution of mental disease, nursing facility, intensive residential treatment
153.31 services program, transitional care unit, or inpatient substance use disorder treatment setting,
153.32 the person may return to the community with home and community-based waiver services
153.33 under the same waiver, without requiring an assessment or reassessment under section
153.34 256B.0911, unless the person's annual reassessment is otherwise due. Nothing in this section

154.1 shall change annual long-term care consultation reassessment requirements, payment for
154.2 institutional or treatment services, medical assistance financial eligibility, or any other law.

154.3 ~~(n)~~ (o) At the time of reassessment, the certified assessor shall assess each person
154.4 receiving waiver residential supports and services currently residing in a community
154.5 residential setting, licensed adult foster care home that is either not the primary residence
154.6 of the license holder or in which the license holder is not the primary caregiver, family adult
154.7 foster care residence, customized living setting, or supervised living facility to determine
154.8 if that person would prefer to be served in a community-living setting as defined in section
154.9 256B.49, subdivision 23, in a setting not controlled by a provider, or to receive integrated
154.10 community supports as described in section 245D.03, subdivision 1, paragraph (c), clause
154.11 (8). The certified assessor shall offer the person, through a person-centered planning process,
154.12 the option to receive alternative housing and service options.

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

154.18 ~~(p)~~ (q) At the time of reassessment, the certified assessor shall assess each person
154.19 receiving non-self-directed waiver services to determine if that person would prefer an
154.20 available service and setting option that would permit self-directed services and supports.
154.21 The certified assessor shall describe to the person through a person-centered planning process
154.22 the option to receive self-directed services and supports.

154.23 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
154.24 shall notify the revisor of statutes when federal approval is obtained.

154.25 Sec. 4. Minnesota Statutes 2020, section 256B.092, subdivision 4, is amended to read:

154.26 Subd. 4. **Home and community-based services for developmental disabilities.** (a)
154.27 The commissioner shall make payments to approved vendors participating in the medical
154.28 assistance program to pay costs of providing home and community-based services, including
154.29 case management service activities provided as an approved home and community-based
154.30 service, to medical assistance eligible persons with developmental disabilities who have
154.31 been screened under subdivision 7 and according to federal requirements. Federal
154.32 requirements include those services and limitations included in the federally approved
154.33 application for home and community-based services for persons with developmental
154.34 disabilities and subsequent amendments.

155.1 ~~(b) Effective July 1, 1995, contingent upon federal approval and state appropriations~~
 155.2 ~~made available for this purpose, and in conjunction with Laws 1995, chapter 207, article 8,~~
 155.3 ~~section 40, the commissioner of human services shall allocate resources to county agencies~~
 155.4 ~~for home and community-based waived services for persons with developmental disabilities~~
 155.5 ~~authorized but not receiving those services as of June 30, 1995, based upon the average~~
 155.6 ~~resource need of persons with similar functional characteristics. To ensure service continuity~~
 155.7 ~~for service recipients receiving home and community-based waived services for persons~~
 155.8 ~~with developmental disabilities prior to July 1, 1995, the commissioner shall make available~~
 155.9 ~~to the county of financial responsibility home and community-based waived services~~
 155.10 ~~resources based upon fiscal year 1995 authorized levels.~~

155.11 ~~(c) Home and community-based resources for all recipients shall be managed by the~~
 155.12 ~~county of financial responsibility within an allowable reimbursement average established~~
 155.13 ~~for each county. Payments for home and community-based services provided to individual~~
 155.14 ~~recipients shall not exceed amounts authorized by the county of financial responsibility.~~
 155.15 ~~For specifically identified former residents of nursing facilities, the commissioner shall be~~
 155.16 ~~responsible for authorizing payments and payment limits under the appropriate home and~~
 155.17 ~~community-based service program. Payment is available under this subdivision only for~~
 155.18 ~~persons who, if not provided these services, would require the level of care provided in an~~
 155.19 ~~intermediate care facility for persons with developmental disabilities.~~

155.20 ~~(d)~~ (b) The commissioner shall comply with the requirements in the federally approved
 155.21 transition plan for the home and community-based services waivers for the elderly authorized
 155.22 under this section.

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

155.26 Sec. 5. Minnesota Statutes 2020, section 256B.092, subdivision 5, is amended to read:

155.27 Subd. 5. **Federal waivers.** (a) The commissioner shall apply for any federal waivers
 155.28 necessary to secure, to the extent allowed by law, federal financial participation under United
 155.29 States Code, title 42, sections 1396 et seq., as amended, for the provision of services to
 155.30 persons who, in the absence of the services, would need the level of care provided in a
 155.31 regional treatment center or a community intermediate care facility for persons with
 155.32 developmental disabilities. The commissioner may seek amendments to the waivers or apply
 155.33 for additional waivers under United States Code, title 42, sections 1396 et seq., as amended,
 155.34 to contain costs. The commissioner shall ensure that payment for the cost of providing home

156.1 and community-based alternative services under the federal waiver plan shall not exceed
156.2 the cost of intermediate care services including day training and habilitation services that
156.3 would have been provided without the waived services.

156.4 The commissioner shall seek an amendment to the 1915c home and community-based
156.5 waiver to allow properly licensed adult foster care homes to provide residential services to
156.6 up to five individuals with developmental disabilities. If the amendment to the waiver is
156.7 approved, adult foster care providers that can accommodate five individuals shall increase
156.8 their capacity to five beds, provided the providers continue to meet all applicable licensing
156.9 requirements.

156.10 (b) The commissioner, in administering home and community-based waivers for persons
156.11 with developmental disabilities, shall ensure that day services for eligible persons are not
156.12 provided by the person's residential service provider, unless the person or the person's legal
156.13 representative is offered a choice of providers and agrees in writing to provision of day
156.14 services by the residential service provider. The coordinated service and support plan for
156.15 individuals who choose to have their residential service provider provide their day services
156.16 must describe how health, safety, protection, and habilitation needs will be met, including
156.17 how frequent and regular contact with persons other than the residential service provider
156.18 will occur. The coordinated service and support plan must address the provision of services
156.19 during the day outside the residence on weekdays.

156.20 (c) When a lead agency is evaluating denials, reductions, or terminations of home and
156.21 community-based services under section 256B.0916 for an individual, the lead agency shall
156.22 offer to meet with the individual or the individual's guardian in order to discuss the
156.23 prioritization of service needs within the coordinated service and support plan. The reduction
156.24 in the authorized services for an individual due to changes in funding for waived services
156.25 may not exceed the amount needed to ensure medically necessary services to meet the
156.26 individual's health, safety, and welfare.

156.27 (d) The commissioner shall seek federal approval to allow for the reconfiguration of the
156.28 1915(c) home and community-based waivers in this section, as authorized under section
156.29 1915(c) of the federal Social Security Act, to implement a two-waiver program structure.

156.30 (e) The transition to two disability home and community-based services waiver programs
156.31 must align with the independent living first policy under section 256B.4905. Unless
156.32 superseded by any other state or federal law, waiver eligibility criteria shall be the same for
156.33 each waiver. The waiver program that a person uses shall be determined by the support

157.1 planning process and whether the person chooses to live in a provider-controlled setting or
157.2 in the person's own home.

157.3 (f) The commissioner shall seek federal approval for the 1915(c) home and
157.4 community-based waivers in this section, as authorized under section 1915(c) of the federal
157.5 Social Security Act, to implement an individual resource allocation methodology.

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

157.9 Sec. 6. Minnesota Statutes 2020, section 256B.092, subdivision 12, is amended to read:

157.10 Subd. 12. ~~Waivered~~ **Waiver services statewide priorities.** (a) The commissioner shall
157.11 establish statewide priorities for individuals on the waiting list for developmental disabilities
157.12 (DD) waiver services, as of January 1, 2010. The statewide priorities must include, but are
157.13 not limited to, individuals who continue to have a need for waiver services after they have
157.14 maximized the use of state plan services and other funding resources, including natural
157.15 supports, prior to accessing waiver services, and who meet at least one of the following
157.16 criteria:

157.17 (1) no longer require the intensity of services provided where they are currently living;
157.18 or

157.19 (2) make a request to move from an institutional setting.

157.20 (b) After the priorities in paragraph (a) are met, priority must also be given to individuals
157.21 who meet at least one of the following criteria:

157.22 (1) have unstable living situations due to the age, incapacity, or sudden loss of the primary
157.23 caregivers;

157.24 (2) are moving from an institution due to bed closures;

157.25 (3) experience a sudden closure of their current living arrangement;

157.26 (4) require protection from confirmed abuse, neglect, or exploitation;

157.27 (5) experience a sudden change in need that can no longer be met through state plan
157.28 services or other funding resources alone; or

157.29 (6) meet other priorities established by the department.

157.30 (c) When allocating new enrollment resources to lead agencies, the commissioner must
157.31 take into consideration the number of individuals waiting who meet statewide priorities ~~and~~

158.1 ~~the lead agencies' current use of waiver funds and existing service options. The commissioner~~
158.2 ~~has the authority to transfer funds between counties, groups of counties, and tribes to~~
158.3 ~~accommodate statewide priorities and resource needs while accounting for a necessary base~~
158.4 ~~level reserve amount for each county, group of counties, and tribe.~~

158.5 Sec. 7. Minnesota Statutes 2020, section 256B.439, is amended by adding a subdivision
158.6 to read:

158.7 Subd. 3c. **Contact information for consumer surveys for nursing facilities and home**
158.8 **and community-based services.** For purposes of conducting the consumer surveys under
158.9 subdivisions 3 and 3a, the commissioner may request contact information of clients and
158.10 associated key representatives. Providers must furnish the contact information available to
158.11 the provider.

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

158.13 Sec. 8. Minnesota Statutes 2020, section 256B.439, is amended by adding a subdivision
158.14 to read:

158.15 Subd. 3d. **Resident experience survey and family survey for assisted living**
158.16 **facilities.** The commissioner shall develop and administer a resident experience survey for
158.17 assisted living facility residents and a family survey for families of assisted living facility
158.18 residents. Money appropriated to the commissioner to administer the resident experience
158.19 survey and family survey is available in either fiscal year of the biennium in which it is
158.20 appropriated.

158.21 Sec. 9. Minnesota Statutes 2020, section 256B.49, subdivision 11, is amended to read:

158.22 Subd. 11. **Authority.** (a) The commissioner is authorized to apply for home and
158.23 community-based service waivers, as authorized under section 1915(c) of the federal Social
158.24 Security Act to serve persons under the age of 65 who are determined to require the level
158.25 of care provided in a nursing home and persons who require the level of care provided in a
158.26 hospital. The commissioner shall apply for the home and community-based waivers in order
158.27 to:

158.28 (1) promote the support of persons with disabilities in the most integrated settings;

158.29 (2) expand the availability of services for persons who are eligible for medical assistance;

158.30 (3) promote cost-effective options to institutional care; and

158.31 (4) obtain federal financial participation.

159.1 (b) The provision of ~~waivered~~ waiver services to medical assistance recipients with
159.2 disabilities shall comply with the requirements outlined in the federally approved applications
159.3 for home and community-based services and subsequent amendments, including provision
159.4 of services according to a service plan designed to meet the needs of the individual. For
159.5 purposes of this section, the approved home and community-based application is considered
159.6 the necessary federal requirement.

159.7 (c) The commissioner shall provide interested persons serving on agency advisory
159.8 committees, task forces, the Centers for Independent Living, and others who request to be
159.9 on a list to receive, notice of, and an opportunity to comment on, at least 30 days before
159.10 any effective dates, (1) any substantive changes to the state's disability services program
159.11 manual, or (2) changes or amendments to the federally approved applications for home and
159.12 community-based waivers, prior to their submission to the federal Centers for Medicare
159.13 and Medicaid Services.

159.14 (d) The commissioner shall seek approval, as authorized under section 1915(c) of the
159.15 federal Social Security Act, to allow medical assistance eligibility under this section for
159.16 children under age 21 without deeming of parental income or assets.

159.17 (e) The commissioner shall seek approval, as authorized under section 1915(c) of the
159.18 Social Act, to allow medical assistance eligibility under this section for individuals under
159.19 age 65 without deeming the spouse's income or assets.

159.20 (f) The commissioner shall comply with the requirements in the federally approved
159.21 transition plan for the home and community-based services waivers authorized under this
159.22 section.

159.23 (g) The commissioner shall seek approval to reconfigure the 1915(c) home and
159.24 community-based waivers in this section to implement a two-waiver program structure.

159.25 (h) The commissioner shall seek approval for the 1915(c) home and community-based
159.26 waivers in this section, as authorized under section 1915(c) of the federal Social Security
159.27 Act, to implement an individual resource allocation methodology.

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

159.31 Sec. 10. Minnesota Statutes 2020, section 256B.49, subdivision 11a, is amended to read:

159.32 Subd. 11a. ~~Waivered~~ Waiver **services statewide priorities.** (a) The commissioner shall
159.33 establish statewide priorities for individuals on the waiting list for community alternative

160.1 care, community access for disability inclusion, and brain injury waiver services, as of
160.2 January 1, 2010. The statewide priorities must include, but are not limited to, individuals
160.3 who continue to have a need for waiver services after they have maximized the use of state
160.4 plan services and other funding resources, including natural supports, prior to accessing
160.5 waiver services, and who meet at least one of the following criteria:

160.6 (1) no longer require the intensity of services provided where they are currently living;
160.7 or

160.8 (2) make a request to move from an institutional setting.

160.9 (b) After the priorities in paragraph (a) are met, priority must also be given to individuals
160.10 who meet at least one of the following criteria:

160.11 (1) have unstable living situations due to the age, incapacity, or sudden loss of the primary
160.12 caregivers;

160.13 (2) are moving from an institution due to bed closures;

160.14 (3) experience a sudden closure of their current living arrangement;

160.15 (4) require protection from confirmed abuse, neglect, or exploitation;

160.16 (5) experience a sudden change in need that can no longer be met through state plan
160.17 services or other funding resources alone; or

160.18 (6) meet other priorities established by the department.

160.19 (c) When allocating new enrollment resources to lead agencies, the commissioner must
160.20 take into consideration the number of individuals waiting who meet statewide priorities ~~and~~
160.21 ~~the lead agencies' current use of waiver funds and existing service options. The commissioner~~
160.22 ~~has the authority to transfer funds between counties, groups of counties, and tribes to~~
160.23 ~~accommodate statewide priorities and resource needs while accounting for a necessary base~~
160.24 ~~level reserve amount for each county, group of counties, and tribe.~~

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

160.28 Sec. 11. Minnesota Statutes 2020, section 256B.49, subdivision 17, is amended to read:

160.29 Subd. 17. **Cost of services and supports.** (a) The commissioner shall ensure that the
160.30 average per capita expenditures estimated in any fiscal year for home and community-based

161.1 waiver recipients does not exceed the average per capita expenditures that would have been
161.2 made to provide institutional services for recipients in the absence of the waiver.

161.3 ~~(b) The commissioner shall implement on January 1, 2002, one or more aggregate,~~
161.4 ~~need-based methods for allocating to local agencies the home and community-based waived~~
161.5 ~~service resources available to support recipients with disabilities in need of the level of care~~
161.6 ~~provided in a nursing facility or a hospital. The commissioner shall allocate resources to~~
161.7 ~~single counties and county partnerships in a manner that reflects consideration of:~~

161.8 ~~(1) an incentive-based payment process for achieving outcomes;~~

161.9 ~~(2) the need for a state-level risk pool;~~

161.10 ~~(3) the need for retention of management responsibility at the state agency level; and~~

161.11 ~~(4) a phase-in strategy as appropriate.~~

161.12 ~~(c) Until the allocation methods described in paragraph (b) are implemented, the annual~~
161.13 ~~allowable reimbursement level of home and community-based waiver services shall be the~~
161.14 ~~greater of:~~

161.15 ~~(1) the statewide average payment amount which the recipient is assigned under the~~
161.16 ~~waiver reimbursement system in place on June 30, 2001, modified by the percentage of any~~
161.17 ~~provider rate increase appropriated for home and community-based services; or~~

161.18 ~~(2) an amount approved by the commissioner based on the recipient's extraordinary~~
161.19 ~~needs that cannot be met within the current allowable reimbursement level. The increased~~
161.20 ~~reimbursement level must be necessary to allow the recipient to be discharged from an~~
161.21 ~~institution or to prevent imminent placement in an institution. The additional reimbursement~~
161.22 ~~may be used to secure environmental modifications; assistive technology and equipment;~~
161.23 ~~and increased costs for supervision, training, and support services necessary to address the~~
161.24 ~~recipient's extraordinary needs. The commissioner may approve an increased reimbursement~~
161.25 ~~level for up to one year of the recipient's relocation from an institution or up to six months~~
161.26 ~~of a determination that a current waiver recipient is at imminent risk of being placed in an~~
161.27 ~~institution.~~

161.28 ~~(d)~~ (b) Beginning July 1, 2001, medically necessary home care nursing services will be
161.29 authorized under this section as complex and regular care according to sections 256B.0651
161.30 to 256B.0654 and 256B.0659. The rate established by the commissioner for registered nurse
161.31 or licensed practical nurse services under any home and community-based waiver as of
161.32 January 1, 2001, shall not be reduced.

162.1 ~~(e)~~ (c) Notwithstanding section 252.28, subdivision 3, paragraph (d), if the 2009
162.2 legislature adopts a rate reduction that impacts payment to providers of adult foster care
162.3 services, the commissioner may issue adult foster care licenses that permit a capacity of
162.4 five adults. The application for a five-bed license must meet the requirements of section
162.5 245A.11, subdivision 2a. Prior to admission of the fifth recipient of adult foster care services,
162.6 the county must negotiate a revised per diem rate for room and board and waiver services
162.7 that reflects the legislated rate reduction and results in an overall average per diem reduction
162.8 for all foster care recipients in that home. The revised per diem must allow the provider to
162.9 maintain, as much as possible, the level of services or enhanced services provided in the
162.10 residence, while mitigating the losses of the legislated rate reduction.

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

162.14 Sec. 12. Minnesota Statutes 2020, section 256B.49, is amended by adding a subdivision
162.15 to read:

162.16 **Subd. 28. Customized living moratorium for brain injury and community access**
162.17 **for disability inclusion waivers.** (a) Notwithstanding section 245A.03, subdivision 2,
162.18 paragraph (a), clause (23), the commissioner shall not enroll new customized living settings
162.19 serving four or fewer people in a single-family home to deliver customized living services
162.20 as defined under the brain injury or community access for disability inclusion waiver plans
162.21 under section 256B.49 to prevent new developments of customized living settings that
162.22 otherwise meet the residential program definition under section 245A.02, subdivision 14.

162.23 (b) The commissioner may approve an exception to paragraph (a) when:

162.24 (1) a customized living setting with a change in ownership at the same address is in
162.25 existence and operational on or before June 30, 2021; and

162.26 (2) a customized living setting is serving four or fewer people in a multiple-family
162.27 dwelling if each person has their own self-contained living unit that contains living, sleeping,
162.28 eating, cooking, and bathroom areas.

162.29 (c) Customized living settings operational on or before June 30, 2021, are considered
162.30 existing customized living settings.

162.31 (d) For any new customized living settings operational on or after July 1, 2021, serving
162.32 four or fewer people in a single-family home to deliver customized living services as defined

163.1 in paragraph (a), the authorizing lead agency is financially responsible for all home and
163.2 community-based service payments in the setting.

163.3 (e) For purposes of this subdivision, "operational" means customized living services are
163.4 authorized and delivered to a person on or before June 30, 2021, in the customized living
163.5 setting.

163.6 **EFFECTIVE DATE.** This section is effective July 1, 2021. This section applies only
163.7 to customized living services as defined under the brain injury or community access for
163.8 disability inclusion waiver plans under section Minnesota Statutes, section 256B.49.

163.9 Sec. 13. Minnesota Statutes 2020, section 256B.4914, subdivision 5, is amended to read:

163.10 **Subd. 5. Base wage index and standard component values.** (a) The base wage index
163.11 is established to determine staffing costs associated with providing services to individuals
163.12 receiving home and community-based services. For purposes of developing and calculating
163.13 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard
163.14 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in
163.15 the most recent edition of the Occupational Handbook must be used. The base wage index
163.16 must be calculated as follows:

163.17 (1) for residential direct care staff, the sum of:

163.18 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home
163.19 health aide (SOC code 39-9021); 30 percent of the median wage for nursing assistant (SOC
163.20 code 31-1014); and 20 percent of the median wage for social and human services aide (SOC
163.21 code 21-1093); and

163.22 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide
163.23 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide
163.24 (SOC code 39-9021); 20 percent of the median wage for nursing assistant (SOC code
163.25 31-1014); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);
163.26 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

163.27 (2) for adult day services, 70 percent of the median wage for nursing assistant (SOC
163.28 code 31-1014); and 30 percent of the median wage for personal care aide (SOC code
163.29 39-9021);

163.30 (3) for day services, day support services, and prevocational services, 20 percent of the
163.31 median wage for nursing assistant (SOC code 31-1014); 20 percent of the median wage for
163.32 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
163.33 and human services aide (SOC code 21-1093);

164.1 (4) for residential asleep-overnight staff, the wage is the minimum wage in Minnesota
164.2 for large employers, ~~except in a family foster care setting, the wage is 36 percent of the~~
164.3 ~~minimum wage in Minnesota for large employers;~~

164.4 (5) for positive supports analyst staff, 100 percent of the median wage for mental health
164.5 counselors (SOC code 21-1014);

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

164.8 (7) for positive supports specialist staff, 100 percent of the median wage for psychiatric
164.9 technicians (SOC code 29-2053);

164.10 (8) for supportive living services staff, 20 percent of the median wage for nursing assistant
164.11 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
164.12 29-2053); and 60 percent of the median wage for social and human services aide (SOC code
164.13 21-1093);

164.14 (9) for housing access coordination staff, 100 percent of the median wage for community
164.15 and social services specialist (SOC code 21-1099);

164.16 (10) for in-home family support and individualized home supports with family training
164.17 staff, 20 percent of the median wage for nursing aide (SOC code 31-1012); 30 percent of
164.18 the median wage for community social service specialist (SOC code 21-1099); 40 percent
164.19 of the median wage for social and human services aide (SOC code 21-1093); and ten percent
164.20 of the median wage for psychiatric technician (SOC code 29-2053);

164.21 (11) for individualized home supports with training services staff, 40 percent of the
164.22 median wage for community social service specialist (SOC code 21-1099); 50 percent of
164.23 the median wage for social and human services aide (SOC code 21-1093); and ten percent
164.24 of the median wage for psychiatric technician (SOC code 29-2053);

164.25 (12) for independent living skills staff, 40 percent of the median wage for community
164.26 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and
164.27 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
164.28 technician (SOC code 29-2053);

164.29 (13) for employment support services staff, 50 percent of the median wage for
164.30 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
164.31 community and social services specialist (SOC code 21-1099);

165.1 (14) for employment exploration services staff, 50 percent of the median wage for
165.2 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
165.3 community and social services specialist (SOC code 21-1099);

165.4 (15) for employment development services staff, 50 percent of the median wage for
165.5 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
165.6 of the median wage for community and social services specialist (SOC code 21-1099);

165.7 (16) for individualized home support staff, 50 percent of the median wage for personal
165.8 and home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing
165.9 assistant (SOC code 31-1014);

165.10 (17) for adult companion staff, 50 percent of the median wage for personal and home
165.11 care aide (SOC code 39-9021); and 50 percent of the median wage for nursing assistant
165.12 (SOC code 31-1014);

165.13 (18) for night supervision staff, 20 percent of the median wage for home health aide
165.14 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide
165.15 (SOC code 39-9021); 20 percent of the median wage for nursing assistant (SOC code
165.16 31-1014); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);
165.17 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

165.18 (19) for respite staff, 50 percent of the median wage for personal and home care aide
165.19 (SOC code 39-9021); and 50 percent of the median wage for nursing assistant (SOC code
165.20 31-1014);

165.21 (20) for personal support staff, 50 percent of the median wage for personal and home
165.22 care aide (SOC code 39-9021); and 50 percent of the median wage for nursing assistant
165.23 (SOC code 31-1014);

165.24 (21) for supervisory staff, 100 percent of the median wage for community and social
165.25 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
165.26 supports professional, positive supports analyst, and positive supports specialists, which is
165.27 100 percent of the median wage for clinical counseling and school psychologist (SOC code
165.28 19-3031);

165.29 (22) for registered nurse staff, 100 percent of the median wage for registered nurses
165.30 (SOC code 29-1141); and

165.31 (23) for licensed practical nurse staff, 100 percent of the median wage for licensed
165.32 practical nurses (SOC code 29-2061).

166.1 (b) Component values for corporate foster care services, corporate supportive living
166.2 services daily, community residential services, and integrated community support services
166.3 are:

- 166.4 (1) competitive workforce factor: 4.7 percent;
- 166.5 (2) supervisory span of control ratio: 11 percent;
- 166.6 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 166.7 (4) employee-related cost ratio: 23.6 percent;
- 166.8 (5) general administrative support ratio: 13.25 percent;
- 166.9 (6) program-related expense ratio: 1.3 percent; and
- 166.10 (7) absence and utilization factor ratio: 3.9 percent.

166.11 ~~(e) Component values for family foster care are:~~

- 166.12 ~~(1) competitive workforce factor: 4.7 percent;~~
- 166.13 ~~(2) supervisory span of control ratio: 11 percent;~~
- 166.14 ~~(3) employee vacation, sick, and training allowance ratio: 8.71 percent;~~
- 166.15 ~~(4) employee-related cost ratio: 23.6 percent;~~
- 166.16 ~~(5) general administrative support ratio: 3.3 percent;~~
- 166.17 ~~(6) program-related expense ratio: 1.3 percent; and~~
- 166.18 ~~(7) absence factor: 1.7 percent.~~

166.19 ~~(d)~~ (c) Component values for day training and habilitation, day support services, and
166.20 prevocational services are:

- 166.21 (1) competitive workforce factor: 4.7 percent;
- 166.22 (2) supervisory span of control ratio: 11 percent;
- 166.23 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 166.24 (4) employee-related cost ratio: 23.6 percent;
- 166.25 (5) program plan support ratio: 5.6 percent;
- 166.26 (6) client programming and support ratio: ten percent;
- 166.27 (7) general administrative support ratio: 13.25 percent;
- 166.28 (8) program-related expense ratio: 1.8 percent; and

- 167.1 (9) absence and utilization factor ratio: 9.4 percent.
- 167.2 (d) Component values for day support services and prevocational services delivered
- 167.3 remotely are:
- 167.4 (1) competitive workforce factor: 4.7 percent;
- 167.5 (2) supervisory span of control ratio: 11 percent;
- 167.6 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 167.7 (4) employee-related cost ratio: 23.6 percent;
- 167.8 (5) program plan support ratio: 5.6 percent;
- 167.9 (6) client programming and support ratio: 7.67 percent;
- 167.10 (7) general administrative support ratio: 13.25 percent;
- 167.11 (8) program-related expense ratio: 1.8 percent; and
- 167.12 (9) absence and utilization factor ratio: 9.4 percent.
- 167.13 (e) Component values for adult day services are:
- 167.14 (1) competitive workforce factor: 4.7 percent;
- 167.15 (2) supervisory span of control ratio: 11 percent;
- 167.16 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 167.17 (4) employee-related cost ratio: 23.6 percent;
- 167.18 (5) program plan support ratio: 5.6 percent;
- 167.19 (6) client programming and support ratio: 7.4 percent;
- 167.20 (7) general administrative support ratio: 13.25 percent;
- 167.21 (8) program-related expense ratio: 1.8 percent; and
- 167.22 (9) absence and utilization factor ratio: 9.4 percent.
- 167.23 (f) Component values for unit-based services with programming are:
- 167.24 (1) competitive workforce factor: 4.7 percent;
- 167.25 (2) supervisory span of control ratio: 11 percent;
- 167.26 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 167.27 (4) employee-related cost ratio: 23.6 percent;

- 168.1 (5) program plan supports ratio: 15.5 percent;
- 168.2 (6) client programming and supports ratio: 4.7 percent;
- 168.3 (7) general administrative support ratio: 13.25 percent;
- 168.4 (8) program-related expense ratio: 6.1 percent; and
- 168.5 (9) absence and utilization factor ratio: 3.9 percent.
- 168.6 (g) Component values for unit-based services with programming delivered remotely
- 168.7 are:
- 168.8 (1) competitive workforce factor: 4.7 percent;
- 168.9 (2) supervisory span of control ratio: 11 percent;
- 168.10 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 168.11 (4) employee-related cost ratio: 23.6 percent;
- 168.12 (5) program plan supports ratio: 5.6 percent;
- 168.13 (6) client programming and supports ratio: 1.53 percent;
- 168.14 (7) general administrative support ratio: 13.25 percent;
- 168.15 (8) program-related expense ratio: 6.1 percent; and
- 168.16 (9) absence and utilization factor ratio: 3.9 percent.
- 168.17 ~~(g)~~ (h) Component values for unit-based services without programming except respite
- 168.18 are:
- 168.19 (1) competitive workforce factor: 4.7 percent;
- 168.20 (2) supervisory span of control ratio: 11 percent;
- 168.21 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 168.22 (4) employee-related cost ratio: 23.6 percent;
- 168.23 (5) program plan support ratio: 7.0 percent;
- 168.24 (6) client programming and support ratio: 2.3 percent;
- 168.25 (7) general administrative support ratio: 13.25 percent;
- 168.26 (8) program-related expense ratio: 2.9 percent; and
- 168.27 (9) absence and utilization factor ratio: 3.9 percent.

169.1 (i) Component values for unit-based services without programming delivered remotely,
169.2 except respite, are:

169.3 (1) competitive workforce factor: 4.7 percent;

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

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

169.6 (4) employee-related cost ratio: 23.6 percent;

169.7 (5) program plan support ratio: 1.3 percent;

169.8 (6) client programming and support ratio: 1.14 percent;

169.9 (7) general administrative support ratio: 13.25 percent;

169.10 (8) program-related expense ratio: 2.9 percent; and

169.11 (9) absence and utilization factor ratio: 3.9 percent.

169.12 ~~(h)~~ (j) Component values for unit-based services without programming for respite are:

169.13 (1) competitive workforce factor: 4.7 percent;

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

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

169.16 (4) employee-related cost ratio: 23.6 percent;

169.17 (5) general administrative support ratio: 13.25 percent;

169.18 (6) program-related expense ratio: 2.9 percent; and

169.19 (7) absence and utilization factor ratio: 3.9 percent.

169.20 ~~(i)~~ (k) On July 1, 2022, and every two years thereafter, the commissioner shall update
169.21 the base wage index in paragraph (a) based on wage data by SOC from the Bureau of Labor
169.22 Statistics available 30 months and one day prior to the scheduled update. The commissioner
169.23 shall publish these updated values and load them into the rate management system.

169.24 ~~(j)~~ (l) Beginning February 1, 2021, and every two years thereafter, the commissioner
169.25 shall report to the chairs and ranking minority members of the legislative committees and
169.26 divisions with jurisdiction over health and human services policy and finance an analysis
169.27 of the competitive workforce factor. The report must include recommendations to update
169.28 the competitive workforce factor using:

170.1 (1) the most recently available wage data by SOC code for the weighted average wage
170.2 for direct care staff for residential services and direct care staff for day services;

170.3 (2) the most recently available wage data by SOC code of the weighted average wage
170.4 of comparable occupations; and

170.5 (3) workforce data as required under subdivision 10a, paragraph (g).

170.6 The commissioner shall not recommend an increase or decrease of the competitive workforce
170.7 factor from the current value by more than two percentage points. If, after a biennial analysis
170.8 for the next report, the competitive workforce factor is less than or equal to zero, the
170.9 commissioner shall recommend a competitive workforce factor of zero.

170.10 ~~(k)~~ (m) On July 1, 2022, and every two years thereafter, the commissioner shall update
170.11 the framework components in paragraph ~~(d)~~ (c), clause (6); paragraph ~~(e)~~ (d), clause (6);
170.12 paragraph ~~(f)~~ (e), clause (6); ~~and~~ paragraph ~~(g)~~ (f), clause (6); paragraph (g), clause (6);
170.13 paragraph (h), clause 6; and paragraph (i), clause (6); subdivision 6, paragraphs (b), clauses
170.14 (9) and (10), and (e), clause (10); and subdivision 7, clauses (11), (17), and (18); and
170.15 subdivision 18, for changes in the Consumer Price Index. The commissioner shall adjust
170.16 these values higher or lower by the percentage change in the CPI-U from the date of the
170.17 previous update to the data available 30 months and one day prior to the scheduled update.
170.18 The commissioner shall publish these updated values and load them into the rate management
170.19 system.

170.20 ~~(l)~~ (n) Upon the implementation of the updates under paragraphs ~~(j)~~ (k) and ~~(k)~~ (m), rate
170.21 adjustments authorized under section 256B.439, subdivision 7; Laws 2013, chapter 108,
170.22 article 7, section 60; and Laws 2014, chapter 312, article 27, section 75, shall be removed
170.23 from service rates calculated under this section.

170.24 ~~(m)~~ (o) Any rate adjustments applied to the service rates calculated under this section
170.25 outside of the cost components and rate methodology specified in this section shall be
170.26 removed from rate calculations upon implementation of the updates under paragraphs ~~(j)~~
170.27 (k) and ~~(k)~~ (m).

170.28 ~~(n)~~ (p) In this subdivision, if Bureau of Labor Statistics occupational codes or Consumer
170.29 Price Index items are unavailable in the future, the commissioner shall recommend to the
170.30 legislature codes or items to update and replace missing component values.

170.31 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
170.32 whichever is later. The commissioner of human services shall notify the revisor of statutes
170.33 when federal approval is obtained.

171.1 Sec. 14. Minnesota Statutes 2020, section 256B.4914, subdivision 6, is amended to read:

171.2 Subd. 6. **Payments for residential support services.** (a) For purposes of this subdivision,
171.3 residential support services includes 24-hour customized living services, community
171.4 residential services, customized living services, ~~family residential services, foster care~~
171.5 ~~services, and~~ integrated community supports, and supportive living services daily.

171.6 (b) Payments for community residential services, ~~corporate foster care services, corporate~~
171.7 ~~supportive living services daily, family residential services, and family foster care services~~
171.8 must be calculated as follows:

171.9 (1) determine the number of shared staffing and individual direct staff hours to meet a
171.10 recipient's needs provided on site or through monitoring technology;

171.11 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
171.12 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
171.13 5;

171.14 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
171.15 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
171.16 5, paragraph (b), clause (1);

171.17 (4) for a recipient requiring customization for deaf and hard-of-hearing language
171.18 accessibility under subdivision 12, add the customization rate provided in subdivision 12
171.19 to the result of clause (3);

171.20 (5) multiply the number of shared and individual direct staff hours provided on site or
171.21 through monitoring technology and nursing hours by the appropriate staff wages;

171.22 (6) multiply the number of shared and individual direct staff hours provided on site or
171.23 through monitoring technology and nursing hours by the product of the supervision span
171.24 of control ratio in subdivision 5, paragraph (b), clause (2), and the appropriate supervision
171.25 wage in subdivision 5, paragraph (a), clause (21);

171.26 (7) combine the results of clauses (5) and (6), excluding any shared and individual direct
171.27 staff hours provided through monitoring technology, and multiply the result by one plus
171.28 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b),
171.29 clause (3). This is defined as the direct staffing cost;

171.30 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
171.31 and individual direct staff hours provided through monitoring technology, by one plus the
171.32 employee-related cost ratio in subdivision 5, paragraph (b), clause (4);

172.1 (9) for client programming and supports, the commissioner shall add \$2,179; and

172.2 (10) for transportation, if provided, the commissioner shall add \$1,680, or \$3,000 if
172.3 customized for adapted transport, based on the resident with the highest assessed need.

172.4 (c) The total rate must be calculated using the following steps:

172.5 (1) subtotal paragraph (b), clauses (8) to (10), and the direct staffing cost of any shared
172.6 and individual direct staff hours provided through monitoring technology that was excluded
172.7 in clause (8);

172.8 (2) sum the standard general and administrative rate, the program-related expense ratio,
172.9 and the absence and utilization ratio;

172.10 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total
172.11 payment amount; and

172.12 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to
172.13 adjust for regional differences in the cost of providing services.

172.14 (d) The payment methodology for customized living, 24-hour customized living, and
172.15 residential care services must be the customized living tool. Revisions to the customized
172.16 living tool must be made to reflect the services and activities unique to disability-related
172.17 recipient needs. Customized living and 24-hour customized living rates determined under
172.18 this section shall not include more than 24 hours of support in a daily unit. The commissioner
172.19 shall establish acuity-based input limits, based on case mix, for customized living and
172.20 24-hour customized living rates determined under this section.

172.21 (e) Payments for integrated community support services must be calculated as follows:

172.22 (1) the base shared staffing shall be eight hours divided by the number of people receiving
172.23 support in the integrated community support setting;

172.24 (2) the individual staffing hours shall be the average number of direct support hours
172.25 provided directly to the service recipient;

172.26 (3) the personnel hourly wage rate must be based on the most recent Bureau of Labor
172.27 Statistics Minnesota-specific rates or rates derived by the commissioner as provided in
172.28 subdivision 5;

172.29 (4) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
172.30 result of clause (3) by the product of one plus the competitive workforce factor in subdivision
172.31 5, paragraph (b), clause (1);

- 173.1 (5) for a recipient requiring customization for deaf and hard-of-hearing language
173.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
173.3 to the result of clause (4);
- 173.4 (6) multiply the number of shared and individual direct staff hours in clauses (1) and
173.5 (2) by the appropriate staff wages;
- 173.6 (7) multiply the number of shared and individual direct staff hours in clauses (1) and
173.7 (2) by the product of the supervisory span of control ratio in subdivision 5, paragraph (b),
173.8 clause (2), and the appropriate supervisory wage in subdivision 5, paragraph (a), clause
173.9 (21);
- 173.10 (8) combine the results of clauses (6) and (7) and multiply the result by one plus the
173.11 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b), clause
173.12 (3). This is defined as the direct staffing cost;
- 173.13 (9) for employee-related expenses, multiply the direct staffing cost by one plus the
173.14 employee-related cost ratio in subdivision 5, paragraph (b), clause (4); and
- 173.15 (10) for client programming and supports, the commissioner shall add \$2,260.21 divided
173.16 by 365.
- 173.17 (f) The total rate must be calculated as follows:
- 173.18 (1) add the results of paragraph (e), clauses (9) and (10);
- 173.19 (2) add the standard general and administrative rate, the program-related expense ratio,
173.20 and the absence and utilization factor ratio;
- 173.21 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total
173.22 payment amount; and
- 173.23 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to
173.24 adjust for regional differences in the cost of providing services.
- 173.25 (g) The payment methodology for customized living and 24-hour customized living
173.26 services must be the customized living tool. The commissioner shall revise the customized
173.27 living tool to reflect the services and activities unique to disability-related recipient needs
173.28 and adjust for regional differences in the cost of providing services.
- 173.29 (h) The number of days authorized for all individuals enrolling in residential services
173.30 must include every day that services start and end.

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

174.4 Sec. 15. Minnesota Statutes 2020, section 256B.4914, subdivision 7, is amended to read:

174.5 Subd. 7. **Payments for day programs.** Payments for services with day programs
174.6 including adult day services, day treatment and habilitation, day support services,
174.7 prevocational services, and structured day services, provided in person or remotely, must
174.8 be calculated as follows:

174.9 (1) determine the number of units of service and staffing ratio to meet a recipient's needs:

174.10 (i) the staffing ratios for the units of service provided to a recipient in a typical week
174.11 must be averaged to determine an individual's staffing ratio; and

174.12 (ii) the commissioner, in consultation with service providers, shall develop a uniform
174.13 staffing ratio worksheet to be used to determine staffing ratios under this subdivision;

174.14 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
174.15 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
174.16 5;

174.17 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
174.18 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
174.19 5, paragraph ~~(c)~~ (c), clause (1);

174.20 (4) for a recipient requiring customization for deaf and hard-of-hearing language
174.21 accessibility under subdivision 12, add the customization rate provided in subdivision 12
174.22 to the result of clause (3);

174.23 (5) multiply the number of day program direct staff hours and nursing hours by the
174.24 appropriate staff wage;

174.25 (6) multiply the number of day direct staff hours by the product of the supervision span
174.26 of control ratio in subdivision 5, paragraph ~~(c)~~ (c), clause (2), for in-person services or
174.27 subdivision 5, paragraph (d), clause (2), for remote services, and the appropriate supervision
174.28 wage in subdivision 5, paragraph (a), clause (21);

174.29 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
174.30 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(c)~~ (c),
174.31 clause (3), for in-person services or subdivision 5, paragraph (d), clause (3), for remote
174.32 services. This is defined as the direct staffing rate;

175.1 (8) for program plan support, multiply the result of clause (7) by one plus the program
175.2 plan support ratio in subdivision 5, paragraph ~~(c)~~ (c), clause (5), for in-person services or
175.3 subdivision 5, paragraph (d), clause (5), for remote services;

175.4 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
175.5 employee-related cost ratio in subdivision 5, paragraph ~~(c)~~ (c), clause (4), for in-person
175.6 services or subdivision 5, paragraph (d), clause (4), for remote services;

175.7 (10) for client programming and supports, multiply the result of clause (9) by one plus
175.8 the client programming and support ratio in subdivision 5, paragraph ~~(c)~~ (c), clause (6), for
175.9 in-person services or subdivision 5, paragraph (d), clause (6), for remote services;

175.10 (11) for program facility costs, add \$19.30 per week with consideration of staffing ratios
175.11 to meet individual needs for in-person service only;

175.12 (12) for adult day bath services, add \$7.01 per 15 minute unit;

175.13 (13) this is the subtotal rate;

175.14 (14) sum the standard general and administrative rate, the program-related expense ratio,
175.15 and the absence and utilization factor ratio;

175.16 (15) divide the result of clause (13) by one minus the result of clause (14). This is the
175.17 total payment amount;

175.18 (16) adjust the result of clause (15) by a factor to be determined by the commissioner
175.19 to adjust for regional differences in the cost of providing services;

175.20 (17) for transportation provided as part of day training and habilitation for an individual
175.21 who does not require a lift, add:

175.22 (i) \$10.50 for a trip between zero and ten miles for a nonshared ride in a vehicle without
175.23 a lift, \$8.83 for a shared ride in a vehicle without a lift, and \$9.25 for a shared ride in a
175.24 vehicle with a lift;

175.25 (ii) \$15.75 for a trip between 11 and 20 miles for a nonshared ride in a vehicle without
175.26 a lift, \$10.58 for a shared ride in a vehicle without a lift, and \$11.88 for a shared ride in a
175.27 vehicle with a lift;

175.28 (iii) \$25.75 for a trip between 21 and 50 miles for a nonshared ride in a vehicle without
175.29 a lift, \$13.92 for a shared ride in a vehicle without a lift, and \$16.88 for a shared ride in a
175.30 vehicle with a lift; or

176.1 (iv) \$33.50 for a trip of 51 miles or more for a nonshared ride in a vehicle without a lift,
176.2 \$16.50 for a shared ride in a vehicle without a lift, and \$20.75 for a shared ride in a vehicle
176.3 with a lift;

176.4 (18) for transportation provided as part of day training and habilitation for an individual
176.5 who does require a lift, add:

176.6 (i) \$19.05 for a trip between zero and ten miles for a nonshared ride in a vehicle with a
176.7 lift, and \$15.05 for a shared ride in a vehicle with a lift;

176.8 (ii) \$32.16 for a trip between 11 and 20 miles for a nonshared ride in a vehicle with a
176.9 lift, and \$28.16 for a shared ride in a vehicle with a lift;

176.10 (iii) \$58.76 for a trip between 21 and 50 miles for a nonshared ride in a vehicle with a
176.11 lift, and \$58.76 for a shared ride in a vehicle with a lift; or

176.12 (iv) \$80.93 for a trip of 51 miles or more for a nonshared ride in a vehicle with a lift,
176.13 and \$80.93 for a shared ride in a vehicle with a lift.

176.14 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
176.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
176.16 when federal approval is obtained.

176.17 Sec. 16. Minnesota Statutes 2020, section 256B.4914, subdivision 8, is amended to read:

176.18 **Subd. 8. Payments for unit-based services with programming.** Payments for unit-based
176.19 services with programming, including employment exploration services, employment
176.20 development services, housing access coordination, individualized home supports with
176.21 family training, individualized home supports with training, in-home family support,
176.22 independent living skills training, and hourly supported living services provided to an
176.23 individual outside of any day or residential service plan, provided in person or remotely,
176.24 must be calculated as follows, unless the services are authorized separately under subdivision
176.25 6 or 7:

176.26 (1) determine the number of units of service to meet a recipient's needs;

176.27 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
176.28 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
176.29 5;

176.30 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
176.31 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
176.32 5, paragraph (f), clause (1);

- 177.1 (4) for a recipient requiring customization for deaf and hard-of-hearing language
177.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
177.3 to the result of clause (3);
- 177.4 (5) multiply the number of direct staff hours by the appropriate staff wage;
- 177.5 (6) multiply the number of direct staff hours by the product of the supervision span of
177.6 control ratio in subdivision 5, paragraph (f), clause (2), for in-person services or subdivision
177.7 5, paragraph (g), clause (2), for remote services, and the appropriate supervision wage in
177.8 subdivision 5, paragraph (a), clause (21);
- 177.9 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
177.10 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (f), clause
177.11 (3), for in-person services or subdivision 5, paragraph (g), clause (3), for remote services.
177.12 This is defined as the direct staffing rate;
- 177.13 (8) for program plan support, multiply the result of clause (7) by one plus the program
177.14 plan supports ratio in subdivision 5, paragraph (f), clause (5), for in-person services or
177.15 subdivision 5, paragraph (g), clause (5), for remote services;
- 177.16 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
177.17 employee-related cost ratio in subdivision 5, paragraph (f), clause (4), for in-person services
177.18 or subdivision 5, paragraph (g), clause (4), for remote services;
- 177.19 (10) for client programming and supports, multiply the result of clause (9) by one plus
177.20 the client programming and supports ratio in subdivision 5, paragraph (f), clause (6), for
177.21 in-person services or subdivision 5, paragraph (g), clause (6), for remote services;
- 177.22 (11) this is the subtotal rate;
- 177.23 (12) sum the standard general and administrative rate, the program-related expense ratio,
177.24 and the absence and utilization factor ratio;
- 177.25 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
177.26 total payment amount;
- 177.27 (14) for employment exploration services provided in a shared manner, divide the total
177.28 payment amount in clause (13) by the number of service recipients, not to exceed five. For
177.29 employment support services provided in a shared manner, divide the total payment amount
177.30 in clause (13) by the number of service recipients, not to exceed six. For independent living
177.31 skills training, individualized home supports with training, and individualized home supports
177.32 with family training provided in a shared manner, divide the total payment amount in clause
177.33 (13) by the number of service recipients, not to exceed two; and

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

178.3 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
178.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
178.5 when federal approval is obtained.

178.6 Sec. 17. Minnesota Statutes 2020, section 256B.4914, subdivision 9, is amended to read:

178.7 Subd. 9. **Payments for unit-based services without programming.** Payments for
178.8 unit-based services without programming, including individualized home supports, night
178.9 supervision, personal support, respite, and companion care provided to an individual outside
178.10 of any day or residential service plan, provided in person or remotely, must be calculated
178.11 as follows unless the services are authorized separately under subdivision 6 or 7:

178.12 (1) for all services except respite, determine the number of units of service to meet a
178.13 recipient's needs;

178.14 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
178.15 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

178.16 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
178.17 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
178.18 5, paragraph ~~(g)~~ (h), clause (1);

178.19 (4) for a recipient requiring customization for deaf and hard-of-hearing language
178.20 accessibility under subdivision 12, add the customization rate provided in subdivision 12
178.21 to the result of clause (3);

178.22 (5) multiply the number of direct staff hours by the appropriate staff wage;

178.23 (6) multiply the number of direct staff hours by the product of the supervision span of
178.24 control ratio in subdivision 5, paragraph ~~(g)~~ (h), clause (2), for in-person services or
178.25 subdivision 5, paragraph (i), clause (2), for remote services, and the appropriate supervision
178.26 wage in subdivision 5, paragraph (a), clause (21);

178.27 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
178.28 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(g)~~ (h),
178.29 clause (3), for in-person services or subdivision 5, paragraph (i), clause (3), for remote
178.30 services. This is defined as the direct staffing rate;

179.1 (8) for program plan support, multiply the result of clause (7) by one plus the program
179.2 plan support ratio in subdivision 5, paragraph ~~(g)~~ (h), clause (5), for in-person services or
179.3 subdivision 5, paragraph (i), clause (5), for remote services;

179.4 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
179.5 employee-related cost ratio in subdivision 5, paragraph ~~(g)~~ (h), clause (4), for in-person
179.6 services or subdivision 5, paragraph (i), clause (4), for remote services;

179.7 (10) for client programming and supports, multiply the result of clause (9) by one plus
179.8 the client programming and support ratio in subdivision 5, paragraph ~~(g)~~ (h), clause (6), for
179.9 in-person services or subdivision 5, paragraph (i), clause (6), for remote services;

179.10 (11) this is the subtotal rate;

179.11 (12) sum the standard general and administrative rate, the program-related expense ratio,
179.12 and the absence and utilization factor ratio;

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

179.15 (14) for respite services, determine the number of day units of service to meet an
179.16 individual's needs;

179.17 (15) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
179.18 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

179.19 (16) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
179.20 result of clause (15) by the product of one plus the competitive workforce factor in
179.21 subdivision 5, paragraph ~~(h)~~ (j), clause (1);

179.22 (17) for a recipient requiring deaf and hard-of-hearing customization under subdivision
179.23 12, add the customization rate provided in subdivision 12 to the result of clause (16);

179.24 (18) multiply the number of direct staff hours by the appropriate staff wage;

179.25 (19) multiply the number of direct staff hours by the product of the supervisory span of
179.26 control ratio in subdivision 5, paragraph ~~(h)~~ (j), clause (2), and the appropriate supervision
179.27 wage in subdivision 5, paragraph (a), clause (21);

179.28 (20) combine the results of clauses (18) and (19), and multiply the result by one plus
179.29 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(h)~~
179.30 (j), clause (3). This is defined as the direct staffing rate;

179.31 (21) for employee-related expenses, multiply the result of clause (20) by one plus the
179.32 employee-related cost ratio in subdivision 5, paragraph ~~(h)~~ (j), clause (4);

180.1 (22) this is the subtotal rate;

180.2 (23) sum the standard general and administrative rate, the program-related expense ratio,
180.3 and the absence and utilization factor ratio;

180.4 (24) divide the result of clause (22) by one minus the result of clause (23). This is the
180.5 total payment amount;

180.6 (25) for individualized home supports provided in a shared manner, divide the total
180.7 payment amount in clause (13) by the number of service recipients, not to exceed two;

180.8 (26) for respite care services provided in a shared manner, divide the total payment
180.9 amount in clause (24) by the number of service recipients, not to exceed three; and

180.10 (27) adjust the result of clauses (13), (25), and (26) by a factor to be determined by the
180.11 commissioner to adjust for regional differences in the cost of providing services.

180.12 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
180.13 whichever is later. The commissioner of human services shall notify the revisor of statutes
180.14 when federal approval is obtained.

180.15 Sec. 18. Minnesota Statutes 2020, section 256B.4914, is amended by adding a subdivision
180.16 to read:

180.17 **Subd. 18. Payments for family residential services.** The commissioner shall establish
180.18 rates for family residential services based on a person's assessed needs as described in the
180.19 federally approved waiver plans.

180.20 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
180.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
180.22 when federal approval is obtained.

180.23 Sec. 19. Minnesota Statutes 2020, section 256B.69, subdivision 5a, is amended to read:

180.24 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section and
180.25 section 256L.12 shall be entered into or renewed on a calendar year basis. The commissioner
180.26 may issue separate contracts with requirements specific to services to medical assistance
180.27 recipients age 65 and older.

180.28 (b) A prepaid health plan providing covered health services for eligible persons pursuant
180.29 to chapters 256B and 256L is responsible for complying with the terms of its contract with
180.30 the commissioner. Requirements applicable to managed care programs under chapters 256B

181.1 and 256L established after the effective date of a contract with the commissioner take effect
181.2 when the contract is next issued or renewed.

181.3 (c) The commissioner shall withhold five percent of managed care plan payments under
181.4 this section and county-based purchasing plan payments under section 256B.692 for the
181.5 prepaid medical assistance program pending completion of performance targets. Each
181.6 performance target must be quantifiable, objective, measurable, and reasonably attainable,
181.7 except in the case of a performance target based on a federal or state law or rule. Criteria
181.8 for assessment of each performance target must be outlined in writing prior to the contract
181.9 effective date. Clinical or utilization performance targets and their related criteria must
181.10 consider evidence-based research and reasonable interventions when available or applicable
181.11 to the populations served, and must be developed with input from external clinical experts
181.12 and stakeholders, including managed care plans, county-based purchasing plans, and
181.13 providers. The managed care or county-based purchasing plan must demonstrate, to the
181.14 commissioner's satisfaction, that the data submitted regarding attainment of the performance
181.15 target is accurate. The commissioner shall periodically change the administrative measures
181.16 used as performance targets in order to improve plan performance across a broader range
181.17 of administrative services. The performance targets must include measurement of plan
181.18 efforts to contain spending on health care services and administrative activities. The
181.19 commissioner may adopt plan-specific performance targets that take into account factors
181.20 affecting only one plan, including characteristics of the plan's enrollee population. The
181.21 withheld funds must be returned no sooner than July of the following year if performance
181.22 targets in the contract are achieved. The commissioner may exclude special demonstration
181.23 projects under subdivision 23.

181.24 (d) The commissioner shall require that managed care plans:

181.25 (1) use the assessment and authorization processes, forms, timelines, standards,
181.26 documentation, and data reporting requirements, protocols, billing processes, and policies
181.27 consistent with medical assistance fee-for-service or the Department of Human Services
181.28 contract requirements for all personal care assistance services under section 256B.0659;
181.29 and

181.30 (2) by January 30 of each year that follows a rate increase for any aspect of services
181.31 under section 256B.0659 or 256B.85, inform the commissioner and the chairs and ranking
181.32 minority members of the legislative committees with jurisdiction over rates determined
181.33 under section 256B.851 of the amount of the rate increase that is paid to each personal care
181.34 assistance provider agency with which the plan has a contract.

182.1 (e) Effective for services rendered on or after January 1, 2012, the commissioner shall
182.2 include as part of the performance targets described in paragraph (c) a reduction in the health
182.3 plan's emergency department utilization rate for medical assistance and MinnesotaCare
182.4 enrollees, as determined by the commissioner. For 2012, the reduction shall be based on
182.5 the health plan's utilization in 2009. To earn the return of the withhold each subsequent
182.6 year, the managed care plan or county-based purchasing plan must achieve a qualifying
182.7 reduction of no less than ten percent of the plan's emergency department utilization rate for
182.8 medical assistance and MinnesotaCare enrollees, excluding enrollees in programs described
182.9 in subdivisions 23 and 28, compared to the previous measurement year until the final
182.10 performance target is reached. When measuring performance, the commissioner must
182.11 consider the difference in health risk in a managed care or county-based purchasing plan's
182.12 membership in the baseline year compared to the measurement year, and work with the
182.13 managed care or county-based purchasing plan to account for differences that they agree
182.14 are significant.

182.15 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
182.16 the following calendar year if the managed care plan or county-based purchasing plan
182.17 demonstrates to the satisfaction of the commissioner that a reduction in the utilization rate
182.18 was achieved. The commissioner shall structure the withhold so that the commissioner
182.19 returns a portion of the withheld funds in amounts commensurate with achieved reductions
182.20 in utilization less than the targeted amount.

182.21 The withhold described in this paragraph shall continue for each consecutive contract
182.22 period until the plan's emergency room utilization rate for state health care program enrollees
182.23 is reduced by 25 percent of the plan's emergency room utilization rate for medical assistance
182.24 and MinnesotaCare enrollees for calendar year 2009. Hospitals shall cooperate with the
182.25 health plans in meeting this performance target and shall accept payment withholds that
182.26 may be returned to the hospitals if the performance target is achieved.

182.27 (f) Effective for services rendered on or after January 1, 2012, the commissioner shall
182.28 include as part of the performance targets described in paragraph (c) a reduction in the plan's
182.29 hospitalization admission rate for medical assistance and MinnesotaCare enrollees, as
182.30 determined by the commissioner. To earn the return of the withhold each year, the managed
182.31 care plan or county-based purchasing plan must achieve a qualifying reduction of no less
182.32 than five percent of the plan's hospital admission rate for medical assistance and
182.33 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
182.34 28, compared to the previous calendar year until the final performance target is reached.
182.35 When measuring performance, the commissioner must consider the difference in health risk

183.1 in a managed care or county-based purchasing plan's membership in the baseline year
183.2 compared to the measurement year, and work with the managed care or county-based
183.3 purchasing plan to account for differences that they agree are significant.

183.4 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
183.5 the following calendar year if the managed care plan or county-based purchasing plan
183.6 demonstrates to the satisfaction of the commissioner that this reduction in the hospitalization
183.7 rate was achieved. The commissioner shall structure the withhold so that the commissioner
183.8 returns a portion of the withheld funds in amounts commensurate with achieved reductions
183.9 in utilization less than the targeted amount.

183.10 The withhold described in this paragraph shall continue until there is a 25 percent
183.11 reduction in the hospital admission rate compared to the hospital admission rates in calendar
183.12 year 2011, as determined by the commissioner. The hospital admissions in this performance
183.13 target do not include the admissions applicable to the subsequent hospital admission
183.14 performance target under paragraph (g). Hospitals shall cooperate with the plans in meeting
183.15 this performance target and shall accept payment withholds that may be returned to the
183.16 hospitals if the performance target is achieved.

183.17 (g) Effective for services rendered on or after January 1, 2012, the commissioner shall
183.18 include as part of the performance targets described in paragraph (c) a reduction in the plan's
183.19 hospitalization admission rates for subsequent hospitalizations within 30 days of a previous
183.20 hospitalization of a patient regardless of the reason, for medical assistance and MinnesotaCare
183.21 enrollees, as determined by the commissioner. To earn the return of the withhold each year,
183.22 the managed care plan or county-based purchasing plan must achieve a qualifying reduction
183.23 of the subsequent hospitalization rate for medical assistance and MinnesotaCare enrollees,
183.24 excluding enrollees in programs described in subdivisions 23 and 28, of no less than five
183.25 percent compared to the previous calendar year until the final performance target is reached.

183.26 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
183.27 the following calendar year if the managed care plan or county-based purchasing plan
183.28 demonstrates to the satisfaction of the commissioner that a qualifying reduction in the
183.29 subsequent hospitalization rate was achieved. The commissioner shall structure the withhold
183.30 so that the commissioner returns a portion of the withheld funds in amounts commensurate
183.31 with achieved reductions in utilization less than the targeted amount.

183.32 The withhold described in this paragraph must continue for each consecutive contract
183.33 period until the plan's subsequent hospitalization rate for medical assistance and
183.34 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and

184.1 28, is reduced by 25 percent of the plan's subsequent hospitalization rate for calendar year
184.2 2011. Hospitals shall cooperate with the plans in meeting this performance target and shall
184.3 accept payment withholds that must be returned to the hospitals if the performance target
184.4 is achieved.

184.5 (h) Effective for services rendered on or after January 1, 2013, through December 31,
184.6 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under
184.7 this section and county-based purchasing plan payments under section 256B.692 for the
184.8 prepaid medical assistance program. The withheld funds must be returned no sooner than
184.9 July 1 and no later than July 31 of the following year. The commissioner may exclude
184.10 special demonstration projects under subdivision 23.

184.11 (i) Effective for services rendered on or after January 1, 2014, the commissioner shall
184.12 withhold three percent of managed care plan payments under this section and county-based
184.13 purchasing plan payments under section 256B.692 for the prepaid medical assistance
184.14 program. The withheld funds must be returned no sooner than July 1 and no later than July
184.15 31 of the following year. The commissioner may exclude special demonstration projects
184.16 under subdivision 23.

184.17 (j) A managed care plan or a county-based purchasing plan under section 256B.692 may
184.18 include as admitted assets under section 62D.044 any amount withheld under this section
184.19 that is reasonably expected to be returned.

184.20 (k) Contracts between the commissioner and a prepaid health plan are exempt from the
184.21 set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph (a), and
184.22 7.

184.23 (l) The return of the withhold under paragraphs (h) and (i) is not subject to the
184.24 requirements of paragraph (c).

184.25 (m) Managed care plans and county-based purchasing plans shall maintain current and
184.26 fully executed agreements for all subcontractors, including bargaining groups, for
184.27 administrative services that are expensed to the state's public health care programs.
184.28 Subcontractor agreements determined to be material, as defined by the commissioner after
184.29 taking into account state contracting and relevant statutory requirements, must be in the
184.30 form of a written instrument or electronic document containing the elements of offer,
184.31 acceptance, consideration, payment terms, scope, duration of the contract, and how the
184.32 subcontractor services relate to state public health care programs. Upon request, the
184.33 commissioner shall have access to all subcontractor documentation under this paragraph.

185.1 Nothing in this paragraph shall allow release of information that is nonpublic data pursuant
185.2 to section 13.02.

185.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

185.4 Sec. 20. Minnesota Statutes 2020, section 256B.85, subdivision 2, is amended to read:

185.5 Subd. 2. **Definitions.** (a) For the purposes of this section and section 256B.851, the terms
185.6 defined in this subdivision have the meanings given.

185.7 (b) "Activities of daily living" or "ADLs" means eating, toileting, grooming, dressing,
185.8 bathing, mobility, positioning, and transferring.

185.9 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
185.10 provides services and supports through the agency's own employees and policies. The agency
185.11 must allow the participant to have a significant role in the selection and dismissal of support
185.12 workers of their choice for the delivery of their specific services and supports.

185.13 (d) "Behavior" means a description of a need for services and supports used to determine
185.14 the home care rating and additional service units. The presence of Level I behavior is used
185.15 to determine the home care rating.

185.16 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
185.17 service budget and assistance from a financial management services (FMS) provider for a
185.18 participant to directly employ support workers and purchase supports and goods.

185.19 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
185.20 has been ordered by a physician, and is specified in a community support plan, including:

185.21 (1) tube feedings requiring:

185.22 (i) a gastrojejunostomy tube; or

185.23 (ii) continuous tube feeding lasting longer than 12 hours per day;

185.24 (2) wounds described as:

185.25 (i) stage III or stage IV;

185.26 (ii) multiple wounds;

185.27 (iii) requiring sterile or clean dressing changes or a wound vac; or

185.28 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
185.29 care;

185.30 (3) parenteral therapy described as:

- 186.1 (i) IV therapy more than two times per week lasting longer than four hours for each
186.2 treatment; or
- 186.3 (ii) total parenteral nutrition (TPN) daily;
- 186.4 (4) respiratory interventions, including:
- 186.5 (i) oxygen required more than eight hours per day;
- 186.6 (ii) respiratory vest more than one time per day;
- 186.7 (iii) bronchial drainage treatments more than two times per day;
- 186.8 (iv) sterile or clean suctioning more than six times per day;
- 186.9 (v) dependence on another to apply respiratory ventilation augmentation devices such
186.10 as BiPAP and CPAP; and
- 186.11 (vi) ventilator dependence under section 256B.0651;
- 186.12 (5) insertion and maintenance of catheter, including:
- 186.13 (i) sterile catheter changes more than one time per month;
- 186.14 (ii) clean intermittent catheterization, and including self-catheterization more than six
186.15 times per day; or
- 186.16 (iii) bladder irrigations;
- 186.17 (6) bowel program more than two times per week requiring more than 30 minutes to
186.18 perform each time;
- 186.19 (7) neurological intervention, including:
- 186.20 (i) seizures more than two times per week and requiring significant physical assistance
186.21 to maintain safety; or
- 186.22 (ii) swallowing disorders diagnosed by a physician and requiring specialized assistance
186.23 from another on a daily basis; and
- 186.24 (8) other congenital or acquired diseases creating a need for significantly increased direct
186.25 hands-on assistance and interventions in six to eight activities of daily living.
- 186.26 (g) "Community first services and supports" or "CFSS" means the assistance and supports
186.27 program under this section needed for accomplishing activities of daily living, instrumental
186.28 activities of daily living, and health-related tasks through hands-on assistance to accomplish
186.29 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
186.30 as defined in subdivision 7, clause (3), that replace the need for human assistance.

187.1 (h) "Community first services and supports service delivery plan" or "CFSS service
187.2 delivery plan" means a written document detailing the services and supports chosen by the
187.3 participant to meet assessed needs that are within the approved CFSS service authorization,
187.4 as determined in subdivision 8. Services and supports are based on the coordinated service
187.5 and support plan identified in section 256S.10.

187.6 (i) "Consultation services" means a Minnesota health care program enrolled provider
187.7 organization that provides assistance to the participant in making informed choices about
187.8 CFSS services in general and self-directed tasks in particular, and in developing a
187.9 person-centered CFSS service delivery plan to achieve quality service outcomes.

187.10 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

187.11 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
187.12 or constant supervision and cueing to accomplish one or more of the activities of daily living
187.13 every day or on the days during the week that the activity is performed; however, a child
187.14 may not be found to be dependent in an activity of daily living if, because of the child's age,
187.15 an adult would either perform the activity for the child or assist the child with the activity
187.16 and the assistance needed is the assistance appropriate for a typical child of the same age.

187.17 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
187.18 included in the CFSS service delivery plan through one of the home and community-based
187.19 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
187.20 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
187.21 plan CFSS services for participants.

187.22 (m) "Financial management services provider" or "FMS provider" means a qualified
187.23 organization required for participants using the budget model under subdivision 13 that is
187.24 an enrolled provider with the department to provide vendor fiscal/employer agent financial
187.25 management services (FMS).

187.26 (n) "Health-related procedures and tasks" means procedures and tasks related to the
187.27 specific assessed health needs of a participant that can be taught or assigned by a
187.28 state-licensed health care or mental health professional and performed by a support worker.

187.29 (o) "Instrumental activities of daily living" means activities related to living independently
187.30 in the community, including but not limited to: meal planning, preparation, and cooking;
187.31 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
187.32 with medications; managing finances; communicating needs and preferences during activities;
187.33 arranging supports; and assistance with traveling around and participating in the community.

188.1 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 1a, paragraph
188.2 (e).

188.3 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
188.4 another representative with legal authority to make decisions about services and supports
188.5 for the participant. Other representatives with legal authority to make decisions include but
188.6 are not limited to a health care agent or an attorney-in-fact authorized through a health care
188.7 directive or power of attorney.

188.8 (r) "Level I behavior" means physical aggression ~~towards~~ toward self or others or
188.9 destruction of property that requires the immediate response of another person.

188.10 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
188.11 scheduled medication, and includes any of the following supports listed in clauses (1) to
188.12 (3) and other types of assistance, except that a support worker may not determine medication
188.13 dose or time for medication or inject medications into veins, muscles, or skin:

188.14 (1) under the direction of the participant or the participant's representative, bringing
188.15 medications to the participant including medications given through a nebulizer, opening a
188.16 container of previously set-up medications, emptying the container into the participant's
188.17 hand, opening and giving the medication in the original container to the participant, or
188.18 bringing to the participant liquids or food to accompany the medication;

188.19 (2) organizing medications as directed by the participant or the participant's representative;
188.20 and

188.21 (3) providing verbal or visual reminders to perform regularly scheduled medications.

188.22 (t) "Participant" means a person who is eligible for CFSS.

188.23 (u) "Participant's representative" means a parent, family member, advocate, or other
188.24 adult authorized by the participant or participant's legal representative, if any, to serve as a
188.25 representative in connection with the provision of CFSS. This authorization must be in
188.26 writing or by another method that clearly indicates the participant's free choice and may be
188.27 withdrawn at any time. The participant's representative must have no financial interest in
188.28 the provision of any services included in the participant's CFSS service delivery plan and
188.29 must be capable of providing the support necessary to assist the participant in the use of
188.30 CFSS. If through the assessment process described in subdivision 5 a participant is
188.31 determined to be in need of a participant's representative, one must be selected. If the
188.32 participant is unable to assist in the selection of a participant's representative, the legal
188.33 representative shall appoint one. Two persons may be designated as a participant's

189.1 representative for reasons such as divided households and court-ordered custodies. Duties
189.2 of a participant's representatives may include:

189.3 (1) being available while services are provided in a method agreed upon by the participant
189.4 or the participant's legal representative and documented in the participant's CFSS service
189.5 delivery plan;

189.6 (2) monitoring CFSS services to ensure the participant's CFSS service delivery plan is
189.7 being followed; and

189.8 (3) reviewing and signing CFSS time sheets after services are provided to provide
189.9 verification of the CFSS services.

189.10 (v) "Person-centered planning process" means a process that is directed by the participant
189.11 to plan for CFSS services and supports.

189.12 (w) "Service budget" means the authorized dollar amount used for the budget model or
189.13 for the purchase of goods.

189.14 (x) "Shared services" means the provision of CFSS services by the same CFSS support
189.15 worker to two or three participants who voluntarily enter into an agreement to receive
189.16 services at the same time and in the same setting by the same employer.

189.17 (y) "Support worker" means a qualified and trained employee of the agency-provider
189.18 as required by subdivision 11b or of the participant employer under the budget model as
189.19 required by subdivision 14 who has direct contact with the participant and provides services
189.20 as specified within the participant's CFSS service delivery plan.

189.21 (z) "Unit" means the increment of service based on hours or minutes identified in the
189.22 service agreement.

189.23 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
189.24 services.

189.25 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
189.26 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
189.27 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
189.28 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
189.29 or other forms of employee compensation and benefits.

189.30 (cc) "Worker training and development" means services provided according to subdivision
189.31 18a for developing workers' skills as required by the participant's individual CFSS service
189.32 delivery plan that are arranged for or provided by the agency-provider or purchased by the

190.1 participant employer. These services include training, education, direct observation and
190.2 supervision, and evaluation and coaching of job skills and tasks, including supervision of
190.3 health-related tasks or behavioral supports.

190.4 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
190.5 whichever is later. The commissioner of human services must notify the revisor of statutes
190.6 when federal approval is obtained.

190.7 Sec. 21. **[256B.851] COMMUNITY FIRST SERVICES AND SUPPORTS; PAYMENT**
190.8 **RATES.**

190.9 Subdivision 1. **Application.** (a) The payment methodologies in this section apply to:

190.10 (1) community first services and supports (CFSS), extended CFSS, and enhanced rate
190.11 CFSS under section 256B.85; and

190.12 (2) personal care assistance services under section 256B.0625, subdivisions 19a and
190.13 19c; extended personal care assistance service as defined in section 256B.0659, subdivision
190.14 1; and enhanced rate personal care assistance services under section 256B.0659, subdivision
190.15 17a.

190.16 (b) This section does not change existing personal care assistance program or community
190.17 first services and supports policies and procedures.

190.18 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
190.19 meanings given in section 256B.85, subdivision 2, and as follows.

190.20 (b) "Commissioner" means the commissioner of human services.

190.21 (c) "Component value" means an underlying factor that is built into the rate methodology
190.22 to calculate service rates and is part of the cost of providing services.

190.23 (d) "Payment rate" or "rate" means reimbursement to an eligible provider for services
190.24 provided to a qualified individual based on an approved service authorization.

190.25 Subd. 3. **Payment rates; base wage index.** (a) When initially establishing the base wage
190.26 component values, the commissioner must use the Minnesota-specific median wage for the
190.27 standard occupational classification (SOC) codes published by the Bureau of Labor Statistics
190.28 in the edition of the Occupational Handbook available January 1, 2021. The commissioner
190.29 must calculate the base wage component values as follows for:

190.30 (1) personal care assistance services, CFSS, extended personal care assistance services,
190.31 and extended CFSS. The base wage component value equals the median wage for personal
190.32 care aide (SOC code 31-1120);

191.1 (2) enhanced rate personal care assistance services and enhanced rate CFSS. The base
191.2 wage component value equals the product of median wage for personal care aide (SOC
191.3 code 31-1120) and the value of the enhanced rate under section 256B.0659, subdivision
191.4 17a; and

191.5 (3) qualified professional services and CFSS worker training and development. The base
191.6 wage component value equals the sum of 70 percent of the median wage for registered nurse
191.7 (SOC code 29-1141), 15 percent of the median wage for health care social worker (SOC
191.8 code 21-1099), and 15 percent of the median wage for social and human service assistant
191.9 (SOC code 21-1093).

191.10 (b) On January 1, 2025, and every two years thereafter, the commissioner must update
191.11 the base wage component values based on the wage data by SOC codes from the Bureau
191.12 of Labor Statistics available 30 months and a day prior to the scheduled update.

191.13 (c) On August 1, 2024, and every two years thereafter, the commissioner shall report to
191.14 the chairs and ranking minority members of the legislative committees and divisions with
191.15 jurisdiction over health and human services policy and finance an update of the framework
191.16 components as calculated in paragraph (b).

191.17 Subd. 4. **Payment rates; total wage index.** (a) The commissioner must multiply the
191.18 base wage component values in subdivision 3 by one plus the appropriate competitive
191.19 workforce factor. The product is the total wage component value.

191.20 (b) For personal care assistance services, CFSS, extended personal care assistance
191.21 services, extended CFSS, enhanced rate personal care assistance services, and enhanced
191.22 rate CFSS, the initial competitive workforce factor is 4.7 percent.

191.23 (c) For qualified professional services and CFSS worker training and development, the
191.24 competitive workforce factor is zero percent.

191.25 (d) On August 1, 2024, and every two years thereafter, the commissioner shall report to
191.26 the chairs and ranking minority members of the legislative committees and divisions with
191.27 jurisdiction over health and human services policy and finance an update of the competitive
191.28 workforce factors in this subdivision using the most recently available data. The
191.29 commissioner shall calculate the biennial adjustments to the competitive workforce factor
191.30 after determining the base wage index updates required in subdivision 3, paragraph (b). The
191.31 commissioner shall adjust the competitive workforce factor toward the percent difference
191.32 between: (1) the median wage for personal care aide (SOC code 31-1120); and (2) the
191.33 weighted average wage for all other SOC codes with the same Bureau of Labor Statistics
191.34 classifications for education, experience, and training required for job competency.

192.1 (e) The commissioner shall recommend an increase or decrease of the competitive
192.2 workforce factor from its previous value by no more than three percentage points. If, after
192.3 a biennial adjustment, the competitive workforce factor is less than or equal to zero, the
192.4 competitive workforce factor shall be zero.

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

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

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

192.9 (3) employee benefits factor, 12.04 percent;

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

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

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

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

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

192.15 (b) For purposes of implementation, the commissioner shall use the following
192.16 implementation components:

192.17 (1) personal care assistance services and CFSS: 75.45 percent;

192.18 (2) enhanced rate personal care assistance services and enhanced rate CFSS: 75.45
192.19 percent; and

192.20 (3) qualified professional services and CFSS worker training and development: 75.45
192.21 percent.

192.22 (c) On January 1, 2026, and each January 1 thereafter, the commissioner shall increase
192.23 the implementation components by two percentage points until the value of each
192.24 implementation component equals 100 percent.

192.25 (d) On January 1, 2025, and every two years thereafter, the commissioner shall update
192.26 the component value in paragraph (a), clause (4), for changes in the Consumer Price Index
192.27 by the percentage change from the date of any previous update to the data available six
192.28 months and one day prior to the scheduled update.

192.29 (e) On August 1, 2024, and every two years thereafter, the commissioner shall report to
192.30 the chairs and ranking minority members of the legislative committees and divisions with

193.1 jurisdiction over health and human services policy and finance an update on the component
193.2 values as calculated in paragraph (d).

193.3 Subd. 6. **Payment rates; rate determination.** (a) The commissioner must determine
193.4 the rate for personal care assistance services, CFSS, extended personal care assistance
193.5 services, extended CFSS, enhanced rate personal care assistance services, enhanced rate
193.6 CFSS, qualified professional services, and CFSS worker training and development as
193.7 follows:

193.8 (1) multiply the appropriate total wage component value calculated in subdivision 4 by
193.9 one plus the employee vacation, sick, and training factor in subdivision 5;

193.10 (2) for program plan support, multiply the result of clause (1) by one plus the program
193.11 plan support factor in subdivision 5;

193.12 (3) for employee-related expenses, add the employer taxes and workers' compensation
193.13 factor in subdivision 5 and the employee benefits factor in subdivision 5. The sum is
193.14 employee-related expenses. Multiply the product of clause (2) by one plus the value for
193.15 employee-related expenses;

193.16 (4) for client programming and supports, multiply the product of clause (3) by one plus
193.17 the client programming and supports factor in subdivision 5;

193.18 (5) for administrative expenses, add the general business and administrative expenses
193.19 factor in subdivision 5, the program administration expenses factor in subdivision 5, and
193.20 the absence and utilization factor in subdivision 5;

193.21 (6) divide the result of clause (4) by one minus the result of clause (5). The quotient is
193.22 the hourly rate;

193.23 (7) multiply the hourly rate by the appropriate implementation component under
193.24 subdivision 5. This is the adjusted hourly rate; and

193.25 (8) divide the adjusted hourly rate by four. The quotient is the total adjusted payment
193.26 rate.

193.27 (b) The commissioner must publish the total adjusted payment rates.

193.28 Subd. 7. **Personal care provider agency; required reporting and analysis of cost**
193.29 **data.** (a) The commissioner shall evaluate on an ongoing basis whether the base wage
193.30 component values and component values in this section appropriately address the cost to
193.31 provide the service. The commissioner shall make recommendations to adjust the rate
193.32 methodology as indicated by the evaluation. As determined by the commissioner and in

194.1 consultation with stakeholders, agencies enrolled to provide services with rates determined
194.2 under this section must submit requested cost data to the commissioner. The commissioner
194.3 may request cost data, including but not limited to:

194.4 (1) worker wage costs;

194.5 (2) benefits paid;

194.6 (3) supervisor wage costs;

194.7 (4) executive wage costs;

194.8 (5) vacation, sick, and training time paid;

194.9 (6) taxes, workers' compensation, and unemployment insurance costs paid;

194.10 (7) administrative costs paid;

194.11 (8) program costs paid;

194.12 (9) transportation costs paid;

194.13 (10) staff vacancy rates; and

194.14 (11) other data relating to costs required to provide services requested by the
194.15 commissioner.

194.16 (b) At least once in any three-year period, a provider must submit the required cost data
194.17 for a fiscal year that ended not more than 18 months prior to the submission date. The
194.18 commissioner must provide each provider a 90-day notice prior to its submission due date.
194.19 If a provider fails to submit required cost data, the commissioner must provide notice to
194.20 providers that have not provided required cost data 30 days after the required submission
194.21 date and a second notice for providers who have not provided required cost data 60 days
194.22 after the required submission date. The commissioner must temporarily suspend payments
194.23 to a provider if the commissioner has not received required cost data 90 days after the
194.24 required submission date. The commissioner must make withheld payments when the
194.25 required cost data is received by the commissioner.

194.26 (c) The commissioner must conduct a random validation of data submitted under this
194.27 subdivision to ensure data accuracy. The commissioner shall analyze cost documentation
194.28 in paragraph (a), and provide recommendations for adjustments to cost components.

194.29 (d) The commissioner shall analyze cost documentation in paragraph (a), and may submit
194.30 recommendations on component values, updated base wage component values, and
194.31 competitive workforce factors to the chair and ranking minority members of the legislative

195.1 committees and divisions with jurisdiction over human services policy and finance every
195.2 two years beginning August 1, 2026. The commissioner shall release cost data in an aggregate
195.3 form, and cost data from individual providers shall not be released except as provided for
195.4 in current law.

195.5 (e) The commissioner, in consultation with stakeholders, must develop and implement
195.6 a process for providing training and technical assistance necessary to support provider
195.7 submission of cost data required under this subdivision.

195.8 Subd. 8. **Payment rates; reports required.** (a) The commissioner must assess the
195.9 standard component values and publish evaluation findings and recommended changes to
195.10 the rate methodology in a report to the legislature by August 1, 2026.

195.11 (b) The commissioner must assess the long-term impacts of the rate methodology
195.12 implementation on staff providing services with rates determined under this section, including
195.13 but not limited to measuring changes in wages, benefits provided, hours worked, and
195.14 retention. The commissioner must publish evaluation findings in a report to the legislature
195.15 by August 1, 2028, and once every two years thereafter.

195.16 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
195.17 whichever is later. The commissioner of human services must notify the revisor of statutes
195.18 when federal approval is obtained.

195.19 Sec. 22. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

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

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

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

195.32 (3) notwithstanding the provisions of subdivision 2a, for up to ~~226~~ 500 supportive
195.33 housing units in Anoka, Carver, Dakota, Hennepin, ~~or~~ Ramsey, Scott, or Washington County

196.1 for homeless adults with a mental illness, a history of substance abuse, or human
196.2 immunodeficiency virus or acquired immunodeficiency syndrome. For purposes of this
196.3 section, "homeless adult" means a person who is living on the street or in a shelter or
196.4 ~~discharged from a regional treatment center, community hospital, or residential treatment~~
196.5 ~~program,~~ and has no appropriate housing available and lacks the resources and support
196.6 necessary to access appropriate housing. ~~At least 70 percent of the supportive housing units~~
196.7 ~~must serve homeless adults with mental illness, substance abuse problems, or human~~
196.8 ~~immunodeficiency virus or acquired immunodeficiency syndrome who are about to be or,~~
196.9 ~~within the previous six months, have been discharged from a regional treatment center, or~~
196.10 ~~a state-contracted psychiatric bed in a community hospital, or a residential mental health~~
196.11 ~~or chemical dependency treatment program.~~ If a person meets the requirements of subdivision
196.12 1, paragraph (a) or (b), and receives a federal or state housing subsidy, the housing support
196.13 rate for that person is limited to the supplementary rate under section 256I.05, subdivision
196.14 1a, ~~and is determined by subtracting the amount of the person's countable income that~~
196.15 ~~exceeds the MSA equivalent rate from the housing support supplementary service rate.~~ A
196.16 resident in a demonstration project site who no longer participates in the demonstration
196.17 program shall retain eligibility for a housing support payment in an amount determined
196.18 under section 256I.06, subdivision 8, using the MSA equivalent rate. ~~Service funding under~~
196.19 ~~section 256I.05, subdivision 1a, will end June 30, 1997, if federal matching funds are~~
196.20 ~~available and the services can be provided through a managed care entity. If federal matching~~
196.21 ~~funds are not available, then service funding will continue under section 256I.05, subdivision~~
196.22 ~~1a;~~

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

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

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

196.34 (7) for a housing support provider that operates two ten-bed facilities, one located in
196.35 Hennepin County and one located in Ramsey County, that provide community support and

197.1 24-hour-a-day supervision to serve the mental health needs of individuals who have
197.2 chronically lived unsheltered; and

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

197.6 (b) An agency may enter into a housing support agreement for beds with rates in excess
197.7 of the MSA equivalent rate in addition to those currently covered under a housing support
197.8 agreement if the additional beds are only a replacement of beds with rates in excess of the
197.9 MSA equivalent rate which have been made available due to closure of a setting, a change
197.10 of licensure or certification which removes the beds from housing support payment, or as
197.11 a result of the downsizing of a setting authorized for recipients of housing support. The
197.12 transfer of available beds from one agency to another can only occur by the agreement of
197.13 both agencies.

197.14 (c) The appropriation for this subdivision must include administrative funding equal to
197.15 the cost of two full-time equivalent employees to process eligibility. The commissioner
197.16 must disburse administrative funding to the fiscal agent for the counties under this
197.17 subdivision.

197.18 Sec. 23. Minnesota Statutes 2020, section 256I.05, subdivision 1a, is amended to read:

197.19 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,
197.20 subdivision 3, the ~~county~~ agency may negotiate a payment not to exceed \$426.37 for other
197.21 services necessary to provide room and board if the residence is licensed by or registered
197.22 by the Department of Health, or licensed by the Department of Human Services to provide
197.23 services in addition to room and board, and if the provider of services is not also concurrently
197.24 receiving funding for services for a recipient under a home and community-based waiver
197.25 under title XIX of the federal Social Security Act; or funding from the medical assistance
197.26 program under section 256B.0659, for personal care services for residents in the setting; or
197.27 residing in a setting which receives funding under section 245.73. If funding is available
197.28 for other necessary services through a home and community-based waiver, or personal care
197.29 services under section 256B.0659, then the housing support rate is limited to the rate set in
197.30 subdivision 1. Unless otherwise provided in law, in no case may the supplementary service
197.31 rate exceed \$426.37. The registration and licensure requirement does not apply to
197.32 establishments which are exempt from state licensure because they are located on Indian
197.33 reservations and for which the tribe has prescribed health and safety requirements. Service
197.34 payments under this section may be prohibited under rules to prevent the supplanting of

198.1 federal funds with state funds. The commissioner shall pursue the feasibility of obtaining
198.2 the approval of the Secretary of Health and Human Services to provide home and
198.3 community-based waiver services under title XIX of the federal Social Security Act for
198.4 residents who are not eligible for an existing home and community-based waiver due to a
198.5 primary diagnosis of mental illness or chemical dependency and shall apply for a waiver if
198.6 it is determined to be cost-effective.

198.7 (b) The commissioner is authorized to make cost-neutral transfers from the housing
198.8 support fund for beds under this section to other funding programs administered by the
198.9 department after consultation with the ~~county or counties~~ agency in which the affected beds
198.10 are located. The commissioner may also make cost-neutral transfers from the housing support
198.11 fund to ~~county human service~~ agencies for beds permanently removed from the housing
198.12 support census under a plan submitted by the ~~county~~ agency and approved by the
198.13 commissioner. The commissioner shall report the amount of any transfers under this provision
198.14 annually to the legislature.

198.15 (c) ~~Counties~~ Agencies must not negotiate supplementary service rates with providers of
198.16 housing support that are licensed as board and lodging with special services and that do not
198.17 encourage a policy of sobriety on their premises and make referrals to available community
198.18 services for volunteer and employment opportunities for residents.

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

198.20 Sec. 24. Minnesota Statutes 2020, section 256I.05, subdivision 1c, is amended to read:

198.21 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for housing
198.22 support above those in effect on June 30, 1993, except as provided in paragraphs (a) to (f).

198.23 (a) An agency may increase the rates for room and board to the MSA equivalent rate
198.24 for those settings whose current rate is below the MSA equivalent rate.

198.25 (b) An agency may increase the rates for residents in adult foster care whose difficulty
198.26 of care has increased. The total housing support rate for these residents must not exceed the
198.27 maximum rate specified in subdivisions 1 and 1a. Agencies must not include nor increase
198.28 difficulty of care rates for adults in foster care whose difficulty of care is eligible for funding
198.29 by home and community-based waiver programs under title XIX of the Social Security Act.

198.30 (c) The room and board rates will be increased each year when the MSA equivalent rate
198.31 is adjusted for SSI cost-of-living increases by the amount of the annual SSI increase, less
198.32 the amount of the increase in the medical assistance personal needs allowance under section
198.33 256B.35.

199.1 (d) When housing support pays for an individual's room and board, or other costs
199.2 necessary to provide room and board, the rate payable to the residence must continue for
199.3 up to 18 calendar days per incident that the person is temporarily absent from the residence,
199.4 not to exceed 60 days in a calendar year, if the absence or absences are reported in advance
199.5 to the county agency's social service staff. Advance reporting is not required for emergency
199.6 absences due to crisis, illness, or injury. For purposes of maintaining housing while
199.7 temporarily absent due to residential behavioral health treatment or health care treatment
199.8 that requires admission to an inpatient hospital, nursing facility, or other health care facility,
199.9 the room and board rate for an individual is payable beyond an 18-calendar-day absence
199.10 period, not to exceed 150 days in a calendar year.

199.11 (e) For facilities meeting substantial change criteria within the prior year. Substantial
199.12 change criteria exists if the establishment experiences a 25 percent increase or decrease in
199.13 the total number of its beds, if the net cost of capital additions or improvements is in excess
199.14 of 15 percent of the current market value of the residence, or if the residence physically
199.15 moves, or changes its licensure, and incurs a resulting increase in operation and property
199.16 costs.

199.17 (f) Until June 30, 1994, an agency may increase by up to five percent the total rate paid
199.18 for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54 who
199.19 reside in residences that are licensed by the commissioner of health as a boarding care home,
199.20 but are not certified for the purposes of the medical assistance program. However, an increase
199.21 under this clause must not exceed an amount equivalent to 65 percent of the 1991 medical
199.22 assistance reimbursement rate for nursing home resident class A, in the geographic grouping
199.23 in which the facility is located, as established under Minnesota Rules, parts 9549.0051 to
199.24 9549.0058.

199.25 Sec. 25. Minnesota Statutes 2020, section 256I.05, subdivision 11, is amended to read:

199.26 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a
199.27 cost-neutral transfer of funding from the housing support fund to ~~county human service~~
199.28 ~~agencies~~ the agency for emergency shelter beds removed from the housing support census
199.29 under a biennial plan submitted by the ~~county~~ agency and approved by the commissioner.
199.30 The plan must describe: (1) anticipated and actual outcomes for persons experiencing
199.31 homelessness in emergency shelters; (2) improved efficiencies in administration; (3)
199.32 requirements for individual eligibility; and (4) plans for quality assurance monitoring and
199.33 quality assurance outcomes. The commissioner shall review the ~~county~~ agency plan to

200.1 monitor implementation and outcomes at least biennially, and more frequently if the
200.2 commissioner deems necessary.

200.3 (b) The funding under paragraph (a) may be used for the provision of room and board
200.4 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must
200.5 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding must be allocated
200.6 annually, and the room and board portion of the allocation shall be adjusted according to
200.7 the percentage change in the housing support room and board rate. The room and board
200.8 portion of the allocation shall be determined at the time of transfer. The commissioner or
200.9 ~~county~~ agency may return beds to the housing support fund with 180 days' notice, including
200.10 financial reconciliation.

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

200.12 Sec. 26. Minnesota Statutes 2020, section 256S.18, subdivision 7, is amended to read:

200.13 Subd. 7. **Monthly case mix budget cap exception.** The commissioner shall approve an
200.14 exception to the monthly case mix budget cap in ~~paragraph (a)~~ subdivision 3 to account for
200.15 the additional cost of providing enhanced rate personal care assistance services under section
200.16 256B.0659 or enhanced rate community first services and supports under section 256B.85.
200.17 ~~The exception shall not exceed 107.5 percent of the budget otherwise available to the~~
200.18 ~~individual.~~ The commissioner must calculate the difference between the rate for personal
200.19 care assistance services and enhanced rate personal care assistance services. The additional
200.20 budget amount approved under an exception must not exceed this difference. The exception
200.21 must be reapproved on an annual basis at the time of a participant's annual reassessment.

200.22 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
200.23 whichever is later. The commissioner of human services must notify the revisor of statutes
200.24 when federal approval is obtained.

200.25 Sec. 27. Minnesota Statutes 2020, section 256S.20, subdivision 1, is amended to read:

200.26 Subdivision 1. **Customized living services provider requirements.** ~~Only a provider~~
200.27 ~~licensed by the Department of Health as a comprehensive home care provider may provide~~
200.28 To deliver customized living services or 24-hour customized living services, a provider
200.29 must:

200.30 (1) be licensed as an assisted living facility under chapter 144G; or

201.1 (2) be licensed as a comprehensive home care provider under chapter 144A and be
201.2 delivering services in a setting defined under section 144G.08, subdivision 7, clauses (11)
201.3 to (13). A licensed home care provider is subject to section 256B.0651, subdivision 14.

201.4 Sec. 28. Laws 2020, Fifth Special Session chapter 3, article 10, section 3, is amended to
201.5 read:

201.6 **Sec. 3. TEMPORARY PERSONAL CARE ASSISTANCE COMPENSATION FOR**
201.7 **SERVICES PROVIDED BY A PARENT OR SPOUSE.**

201.8 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivisions 3, paragraph
201.9 (a), clause (1); 11, paragraph (c); and 19, paragraph (b), clause (3), during a peacetime
201.10 emergency declared by the governor under Minnesota Statutes, section 12.31, subdivision
201.11 2, for an outbreak of COVID-19, a parent, stepparent, or legal guardian of a minor who is
201.12 a personal care assistance recipient or a spouse of a personal care assistance recipient may
201.13 provide and be paid for providing personal care assistance services.

201.14 (b) This section expires February 7, 2021 upon the expiration of the COVID-19 public
201.15 health emergency declared by the United States Secretary of Health and Human Services.

201.16 **EFFECTIVE DATE; REVIVAL AND REENACTMENT.** This section is effective
201.17 the day following final enactment, or upon federal approval, whichever is later, and Laws
201.18 2020, Fifth Special Session chapter 3, article 10, section 3, is revived and reenacted as of
201.19 that date.

201.20 **Sec. 29. SELF-DIRECTED WORKER CONTRACT RATIFICATION.**

201.21 The labor agreement between the state of Minnesota and the Service Employees
201.22 International Union Healthcare Minnesota, submitted to the Legislative Coordinating
201.23 Commission on March 1, 2021, is ratified.

201.24 **Sec. 30. DIRECTION TO THE COMMISSIONER; CUSTOMIZED LIVING**
201.25 **REPORT.**

201.26 (a) By January 15, 2022, the commissioner of human services shall submit a report to
201.27 the chairs and ranking minority members of the legislative committees with jurisdiction
201.28 over human services policy and finance. The report must include the commissioner's:

201.29 (1) assessment of the prevalence of customized living services provided under Minnesota
201.30 Statutes, section 256B.49, supplanting the provision of residential services and supports

202.1 licensed under Minnesota Statutes, chapter 245D, and provided in settings licensed under
202.2 Minnesota Statutes, chapter 245A;

202.3 (2) recommendations regarding the continuation of the moratorium on home and
202.4 community-based services customized living settings under Minnesota Statutes, section
202.5 256B.49, subdivision 28;

202.6 (3) other policy recommendations to ensure that customized living services are being
202.7 provided in a manner consistent with the policy objectives of the foster care licensing
202.8 moratorium under Minnesota Statutes, section 245A.03, subdivision 7; and

202.9 (4) recommendations for needed statutory changes to implement the transition from
202.10 existing four-person or fewer customized living settings to corporate adult foster care or
202.11 community residential settings.

202.12 (b) The commissioner of health shall provide the commissioner of human services with
202.13 the required data to complete the report in paragraph (a) and implement the moratorium on
202.14 home and community-based services customized living settings under Minnesota Statutes,
202.15 section 256B.49, subdivision 28. The data must include, at a minimum, each registered
202.16 housing with services establishment under Minnesota Statutes, chapter 144D, enrolled as
202.17 a customized living setting to deliver customized living services as defined under the brain
202.18 injury or community access for disability inclusion waiver plans under Minnesota Statutes,
202.19 section 256B.49.

202.20 **Sec. 31. RATE INCREASE FOR DIRECT SUPPORT SERVICES WORKFORCE.**

202.21 (a) Effective October 1, 2021, or upon federal approval, whichever is later, if the labor
202.22 agreement between the state of Minnesota and the Service Employees International Union
202.23 Healthcare Minnesota under Minnesota Statutes, section 179A.54, is approved pursuant to
202.24 Minnesota Statutes, section 3.855, the commissioner of human services shall increase:

202.25 (1) reimbursement rates, individual budgets, grants, or allocations by 4.14 percent for
202.26 services under paragraph (b) provided on or after October 1, 2021, or upon federal approval,
202.27 whichever is later, to implement the minimum hourly wage, holiday, and paid time off
202.28 provisions of that agreement;

202.29 (2) reimbursement rates, individual budgets, grants, or allocations by 2.95 percent for
202.30 services under paragraph (b) provided on or after July 1, 2022, or upon federal approval,
202.31 whichever is later, to implement the minimum hourly wage, holiday, and paid time off
202.32 provisions of that agreement;

203.1 (3) individual budgets, grants, or allocations by 1.58 percent for services under paragraph
203.2 (c) provided on or after October 1, 2021, or upon federal approval, whichever is later, to
203.3 implement the minimum hourly wage, holiday, and paid time off provisions of that
203.4 agreement; and

203.5 (4) individual budgets, grants, or allocations by .81 percent for services under paragraph
203.6 (c) provided on or after July 1, 2022, or upon federal approval, whichever is later, to
203.7 implement the minimum hourly wage, holiday, and paid time off provisions of that
203.8 agreement.

203.9 (b) The rate changes described in paragraph (a), clauses (1) and (2), apply to direct
203.10 support services provided through a covered program, as defined in Minnesota Statutes,
203.11 section 256B.0711, subdivision 1, with the exception of consumer-directed community
203.12 supports available under programs established pursuant to home and community-based
203.13 service waivers authorized under section 1915(c) of the federal Social Security Act and
203.14 Minnesota Statutes, including but not limited to chapter 256S and sections 256B.092 and
203.15 256B.49, and under the alternative care program under Minnesota Statutes, section
203.16 256B.0913.

203.17 (c) The funding changes described in paragraph (a), clauses (3) and (4), apply to
203.18 consumer-directed community supports available under programs established pursuant to
203.19 home and community-based service waivers authorized under section 1915(c) of the federal
203.20 Social Security Act, and Minnesota Statutes, including but not limited to chapter 256S and
203.21 sections 256B.092 and 256B.49, and under the alternative care program under Minnesota
203.22 Statutes, section 256B.0913.

203.23 **Sec. 32. WAIVER REIMAGINE PHASE II.**

203.24 (a) The commissioner of human services must implement a two-home and
203.25 community-based services waiver program structure, as authorized under section 1915(c)
203.26 of the federal Social Security Act, that serves persons who are determined by a certified
203.27 assessor to require the levels of care provided in a nursing home, a hospital, a neurobehavioral
203.28 hospital, or an intermediate care facility for persons with developmental disabilities.

203.29 (b) The commissioner of human services must implement an individualized budget
203.30 methodology, as authorized under section 1915(c) of the federal Social Security Act, that
203.31 serves persons who are determined by a certified assessor to require the levels of care
203.32 provided in a nursing home, a hospital, a neurobehavioral hospital, or an intermediate care
203.33 facility for persons with developmental disabilities.

204.1 (c) The commissioner of human services may seek all federal authority necessary to
204.2 implement this section.

204.3 **EFFECTIVE DATE.** This section is effective September 1, 2024, or upon federal
204.4 approval, whichever is later. The commissioner of human services shall notify the revisor
204.5 of statutes when federal approval is obtained.

204.6 Sec. 33. **REPEALER.**

204.7 (a) Minnesota Statutes 2020, section 256B.097, is repealed effective July 1, 2021.

204.8 (b) Minnesota Statutes 2020, sections 256B.0916, subdivisions 2, 3, 4, 5, 8, 11, and 12;
204.9 and 256B.49, subdivisions 26 and 27, are repealed effective January 1, 2023, or upon federal
204.10 approval, whichever is later. The commissioner of human services shall notify the revisor
204.11 of statutes when federal approval is obtained.

204.12 **ARTICLE 7**

204.13 **COMMUNITY SUPPORTS POLICY**

204.14 Section 1. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

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

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

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

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

204.20 (d) The initial functional assessment must be completed within ten days of intake and
204.21 updated at least every six months or prior to discharge from the service, whichever comes
204.22 first.

204.23 (e) The treatment team must complete an individual treatment plan for each client and
204.24 the individual treatment plan must:

204.25 (1) be based on the information in the client's diagnostic assessment and baselines;

204.26 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for
204.27 accomplishing treatment goals and objectives, and the individuals responsible for providing
204.28 treatment services and supports;

205.1 (3) be developed after completion of the client's diagnostic assessment by a mental health
205.2 professional or clinical trainee and before the provision of children's therapeutic services
205.3 and supports;

205.4 (4) be developed through a child-centered, family-driven, culturally appropriate planning
205.5 process, including allowing parents and guardians to observe or participate in individual
205.6 and family treatment services, assessments, and treatment planning;

205.7 (5) be reviewed at least once every six months and revised to document treatment progress
205.8 on each treatment objective and next goals or, if progress is not documented, to document
205.9 changes in treatment;

205.10 (6) be signed by the clinical supervisor and by the client or by the client's parent or other
205.11 person authorized by statute to consent to mental health services for the client. A client's
205.12 parent may approve the client's individual treatment plan by secure electronic signature or
205.13 by documented oral approval that is later verified by written signature;

205.14 (7) be completed in consultation with the client's current therapist and key providers and
205.15 provide for ongoing consultation with the client's current therapist to ensure therapeutic
205.16 continuity and to facilitate the client's return to the community. For clients under the age of
205.17 18, the treatment team must consult with parents and guardians in developing the treatment
205.18 plan;

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

205.20 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop
205.21 a schedule for accomplishing treatment goals and objectives; and identify the individuals
205.22 responsible for providing treatment services and supports;

205.23 (ii) be reviewed at least once every 90 days and revised, if necessary;

205.24 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by
205.25 the client's parent or other person authorized by statute to consent to mental health treatment
205.26 and substance use disorder treatment for the client; and

205.27 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental
205.28 health services by defining the team's actions to assist the client and subsequent providers
205.29 in the transition to less intensive or "stepped down" services.

205.30 (f) The treatment team shall actively and assertively engage the client's family members
205.31 and significant others by establishing communication and collaboration with the family and
205.32 significant others and educating the family and significant others about the client's mental
205.33 illness, symptom management, and the family's role in treatment, unless the team knows or

206.1 has reason to suspect that the client has suffered or faces a threat of suffering any physical
206.2 or mental injury, abuse, or neglect from a family member or significant other.

206.3 (g) For a client age 18 or older, the treatment team may disclose to a family member,
206.4 other relative, or a close personal friend of the client, or other person identified by the client,
206.5 the protected health information directly relevant to such person's involvement with the
206.6 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
206.7 client is present, the treatment team shall obtain the client's agreement, provide the client
206.8 with an opportunity to object, or reasonably infer from the circumstances, based on the
206.9 exercise of professional judgment, that the client does not object. If the client is not present
206.10 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
206.11 team may, in the exercise of professional judgment, determine whether the disclosure is in
206.12 the best interests of the client and, if so, disclose only the protected health information that
206.13 is directly relevant to the family member's, relative's, friend's, or client-identified person's
206.14 involvement with the client's health care. The client may orally agree or object to the
206.15 disclosure and may prohibit or restrict disclosure to specific individuals.

206.16 (h) The treatment team shall provide interventions to promote positive interpersonal
206.17 relationships.

206.18 Sec. 2. Minnesota Statutes 2020, section 256B.69, subdivision 5a, is amended to read:

206.19 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section and
206.20 section 256L.12 shall be entered into or renewed on a calendar year basis. The commissioner
206.21 may issue separate contracts with requirements specific to services to medical assistance
206.22 recipients age 65 and older.

206.23 (b) A prepaid health plan providing covered health services for eligible persons pursuant
206.24 to chapters 256B and 256L is responsible for complying with the terms of its contract with
206.25 the commissioner. Requirements applicable to managed care programs under chapters 256B
206.26 and 256L established after the effective date of a contract with the commissioner take effect
206.27 when the contract is next issued or renewed.

206.28 (c) The commissioner shall withhold five percent of managed care plan payments under
206.29 this section and county-based purchasing plan payments under section 256B.692 for the
206.30 prepaid medical assistance program pending completion of performance targets. Each
206.31 performance target must be quantifiable, objective, measurable, and reasonably attainable,
206.32 except in the case of a performance target based on a federal or state law or rule. Criteria
206.33 for assessment of each performance target must be outlined in writing prior to the contract
206.34 effective date. Clinical or utilization performance targets and their related criteria must

207.1 consider evidence-based research and reasonable interventions when available or applicable
207.2 to the populations served, and must be developed with input from external clinical experts
207.3 and stakeholders, including managed care plans, county-based purchasing plans, and
207.4 providers. The managed care or county-based purchasing plan must demonstrate, to the
207.5 commissioner's satisfaction, that the data submitted regarding attainment of the performance
207.6 target is accurate. The commissioner shall periodically change the administrative measures
207.7 used as performance targets in order to improve plan performance across a broader range
207.8 of administrative services. The performance targets must include measurement of plan
207.9 efforts to contain spending on health care services and administrative activities. The
207.10 commissioner may adopt plan-specific performance targets that take into account factors
207.11 affecting only one plan, including characteristics of the plan's enrollee population. The
207.12 withheld funds must be returned no sooner than July of the following year if performance
207.13 targets in the contract are achieved. The commissioner may exclude special demonstration
207.14 projects under subdivision 23.

207.15 (d) The commissioner shall require that managed care plans use the assessment and
207.16 authorization processes, forms, timelines, standards, documentation, and data reporting
207.17 requirements, protocols, billing processes, and policies consistent with medical assistance
207.18 fee-for-service or the Department of Human Services contract requirements for all personal
207.19 care assistance services under section 256B.0659 and community first services and supports
207.20 under section 256B.85.

207.21 (e) Effective for services rendered on or after January 1, 2012, the commissioner shall
207.22 include as part of the performance targets described in paragraph (c) a reduction in the health
207.23 plan's emergency department utilization rate for medical assistance and MinnesotaCare
207.24 enrollees, as determined by the commissioner. For 2012, the reduction shall be based on
207.25 the health plan's utilization in 2009. To earn the return of the withhold each subsequent
207.26 year, the managed care plan or county-based purchasing plan must achieve a qualifying
207.27 reduction of no less than ten percent of the plan's emergency department utilization rate for
207.28 medical assistance and MinnesotaCare enrollees, excluding enrollees in programs described
207.29 in subdivisions 23 and 28, compared to the previous measurement year until the final
207.30 performance target is reached. When measuring performance, the commissioner must
207.31 consider the difference in health risk in a managed care or county-based purchasing plan's
207.32 membership in the baseline year compared to the measurement year, and work with the
207.33 managed care or county-based purchasing plan to account for differences that they agree
207.34 are significant.

208.1 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
208.2 the following calendar year if the managed care plan or county-based purchasing plan
208.3 demonstrates to the satisfaction of the commissioner that a reduction in the utilization rate
208.4 was achieved. The commissioner shall structure the withhold so that the commissioner
208.5 returns a portion of the withheld funds in amounts commensurate with achieved reductions
208.6 in utilization less than the targeted amount.

208.7 The withhold described in this paragraph shall continue for each consecutive contract
208.8 period until the plan's emergency room utilization rate for state health care program enrollees
208.9 is reduced by 25 percent of the plan's emergency room utilization rate for medical assistance
208.10 and MinnesotaCare enrollees for calendar year 2009. Hospitals shall cooperate with the
208.11 health plans in meeting this performance target and shall accept payment withholds that
208.12 may be returned to the hospitals if the performance target is achieved.

208.13 (f) Effective for services rendered on or after January 1, 2012, the commissioner shall
208.14 include as part of the performance targets described in paragraph (c) a reduction in the plan's
208.15 hospitalization admission rate for medical assistance and MinnesotaCare enrollees, as
208.16 determined by the commissioner. To earn the return of the withhold each year, the managed
208.17 care plan or county-based purchasing plan must achieve a qualifying reduction of no less
208.18 than five percent of the plan's hospital admission rate for medical assistance and
208.19 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
208.20 28, compared to the previous calendar year until the final performance target is reached.
208.21 When measuring performance, the commissioner must consider the difference in health risk
208.22 in a managed care or county-based purchasing plan's membership in the baseline year
208.23 compared to the measurement year, and work with the managed care or county-based
208.24 purchasing plan to account for differences that they agree are significant.

208.25 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
208.26 the following calendar year if the managed care plan or county-based purchasing plan
208.27 demonstrates to the satisfaction of the commissioner that this reduction in the hospitalization
208.28 rate was achieved. The commissioner shall structure the withhold so that the commissioner
208.29 returns a portion of the withheld funds in amounts commensurate with achieved reductions
208.30 in utilization less than the targeted amount.

208.31 The withhold described in this paragraph shall continue until there is a 25 percent
208.32 reduction in the hospital admission rate compared to the hospital admission rates in calendar
208.33 year 2011, as determined by the commissioner. The hospital admissions in this performance
208.34 target do not include the admissions applicable to the subsequent hospital admission
208.35 performance target under paragraph (g). Hospitals shall cooperate with the plans in meeting

209.1 this performance target and shall accept payment withholds that may be returned to the
209.2 hospitals if the performance target is achieved.

209.3 (g) Effective for services rendered on or after January 1, 2012, the commissioner shall
209.4 include as part of the performance targets described in paragraph (c) a reduction in the plan's
209.5 hospitalization admission rates for subsequent hospitalizations within 30 days of a previous
209.6 hospitalization of a patient regardless of the reason, for medical assistance and MinnesotaCare
209.7 enrollees, as determined by the commissioner. To earn the return of the withhold each year,
209.8 the managed care plan or county-based purchasing plan must achieve a qualifying reduction
209.9 of the subsequent hospitalization rate for medical assistance and MinnesotaCare enrollees,
209.10 excluding enrollees in programs described in subdivisions 23 and 28, of no less than five
209.11 percent compared to the previous calendar year until the final performance target is reached.

209.12 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
209.13 the following calendar year if the managed care plan or county-based purchasing plan
209.14 demonstrates to the satisfaction of the commissioner that a qualifying reduction in the
209.15 subsequent hospitalization rate was achieved. The commissioner shall structure the withhold
209.16 so that the commissioner returns a portion of the withheld funds in amounts commensurate
209.17 with achieved reductions in utilization less than the targeted amount.

209.18 The withhold described in this paragraph must continue for each consecutive contract
209.19 period until the plan's subsequent hospitalization rate for medical assistance and
209.20 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
209.21 28, is reduced by 25 percent of the plan's subsequent hospitalization rate for calendar year
209.22 2011. Hospitals shall cooperate with the plans in meeting this performance target and shall
209.23 accept payment withholds that must be returned to the hospitals if the performance target
209.24 is achieved.

209.25 (h) Effective for services rendered on or after January 1, 2013, through December 31,
209.26 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under
209.27 this section and county-based purchasing plan payments under section 256B.692 for the
209.28 prepaid medical assistance program. The withheld funds must be returned no sooner than
209.29 July 1 and no later than July 31 of the following year. The commissioner may exclude
209.30 special demonstration projects under subdivision 23.

209.31 (i) Effective for services rendered on or after January 1, 2014, the commissioner shall
209.32 withhold three percent of managed care plan payments under this section and county-based
209.33 purchasing plan payments under section 256B.692 for the prepaid medical assistance
209.34 program. The withheld funds must be returned no sooner than July 1 and no later than July

210.1 31 of the following year. The commissioner may exclude special demonstration projects
210.2 under subdivision 23.

210.3 (j) A managed care plan or a county-based purchasing plan under section 256B.692 may
210.4 include as admitted assets under section 62D.044 any amount withheld under this section
210.5 that is reasonably expected to be returned.

210.6 (k) Contracts between the commissioner and a prepaid health plan are exempt from the
210.7 set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph (a), and
210.8 7.

210.9 (l) The return of the withhold under paragraphs (h) and (i) is not subject to the
210.10 requirements of paragraph (c).

210.11 (m) Managed care plans and county-based purchasing plans shall maintain current and
210.12 fully executed agreements for all subcontractors, including bargaining groups, for
210.13 administrative services that are expensed to the state's public health care programs.
210.14 Subcontractor agreements determined to be material, as defined by the commissioner after
210.15 taking into account state contracting and relevant statutory requirements, must be in the
210.16 form of a written instrument or electronic document containing the elements of offer,
210.17 acceptance, consideration, payment terms, scope, duration of the contract, and how the
210.18 subcontractor services relate to state public health care programs. Upon request, the
210.19 commissioner shall have access to all subcontractor documentation under this paragraph.
210.20 Nothing in this paragraph shall allow release of information that is nonpublic data pursuant
210.21 to section 13.02.

210.22 Sec. 3. Minnesota Statutes 2020, section 256B.85, subdivision 1, is amended to read:

210.23 Subdivision 1. **Basis and scope.** (a) Upon federal approval, the commissioner shall
210.24 establish a state plan option for the provision of home and community-based personal
210.25 assistance service and supports called "community first services and supports (CFSS)."

210.26 (b) CFSS is a participant-controlled method of selecting and providing services and
210.27 supports that allows the participant maximum control of the services and supports.
210.28 Participants may choose the degree to which they direct and manage their supports by
210.29 choosing to have a significant and meaningful role in the management of services and
210.30 supports including by directly employing support workers with the necessary supports to
210.31 perform that function.

210.32 (c) CFSS is available statewide to eligible people to assist with accomplishing activities
210.33 of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related

211.1 procedures and tasks through hands-on assistance to accomplish the task or constant
211.2 supervision and cueing to accomplish the task; and to assist with acquiring, maintaining,
211.3 and enhancing the skills necessary to accomplish ADLs, IADLs, and health-related
211.4 procedures and tasks. CFSS allows payment for the participant for certain supports and
211.5 goods such as environmental modifications and technology that are intended to replace or
211.6 decrease the need for human assistance.

211.7 (d) Upon federal approval, CFSS will replace the personal care assistance program under
211.8 sections 256.476, 256B.0625, subdivisions 19a and 19c, and 256B.0659.

211.9 (e) For the purposes of this section, notwithstanding the provisions of section 144A.43,
211.10 subdivision 3, supports purchased under CFSS are not considered home care services.

211.11 Sec. 4. Minnesota Statutes 2020, section 256B.85, subdivision 2, is amended to read:

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

211.14 (b) "Activities of daily living" or "ADLs" means ~~eating, toileting, grooming, dressing,~~
211.15 ~~bathing, mobility, positioning, and transferring.;~~

211.16 (1) dressing, including assistance with choosing, applying, and changing clothing and
211.17 applying special appliances, wraps, or clothing;

211.18 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
211.19 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
211.20 care, except for recipients who are diabetic or have poor circulation;

211.21 (3) bathing, including assistance with basic personal hygiene and skin care;

211.22 (4) eating, including assistance with hand washing and applying orthotics required for
211.23 eating, transfers, or feeding;

211.24 (5) transfers, including assistance with transferring the participant from one seating or
211.25 reclining area to another;

211.26 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
211.27 does not include providing transportation for a participant;

211.28 (7) positioning, including assistance with positioning or turning a participant for necessary
211.29 care and comfort; and

212.1 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
212.2 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
212.3 the perineal area, inspection of the skin, and adjusting clothing.

212.4 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
212.5 provides services and supports through the agency's own employees and policies. The agency
212.6 must allow the participant to have a significant role in the selection and dismissal of support
212.7 workers of their choice for the delivery of their specific services and supports.

212.8 (d) "Behavior" means a description of a need for services and supports used to determine
212.9 the home care rating and additional service units. The presence of Level I behavior is used
212.10 to determine the home care rating.

212.11 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
212.12 service budget and assistance from a financial management services (FMS) provider for a
212.13 participant to directly employ support workers and purchase supports and goods.

212.14 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
212.15 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
212.16 and is specified in a community support plan, including:

212.17 (1) tube feedings requiring:

212.18 (i) a gastrojejunostomy tube; or

212.19 (ii) continuous tube feeding lasting longer than 12 hours per day;

212.20 (2) wounds described as:

212.21 (i) stage III or stage IV;

212.22 (ii) multiple wounds;

212.23 (iii) requiring sterile or clean dressing changes or a wound vac; or

212.24 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
212.25 care;

212.26 (3) parenteral therapy described as:

212.27 (i) IV therapy more than two times per week lasting longer than four hours for each
212.28 treatment; or

212.29 (ii) total parenteral nutrition (TPN) daily;

212.30 (4) respiratory interventions, including:

- 213.1 (i) oxygen required more than eight hours per day;
- 213.2 (ii) respiratory vest more than one time per day;
- 213.3 (iii) bronchial drainage treatments more than two times per day;
- 213.4 (iv) sterile or clean suctioning more than six times per day;
- 213.5 (v) dependence on another to apply respiratory ventilation augmentation devices such
- 213.6 as BiPAP and CPAP; and
- 213.7 (vi) ventilator dependence under section 256B.0651;
- 213.8 (5) insertion and maintenance of catheter, including:
- 213.9 (i) sterile catheter changes more than one time per month;
- 213.10 (ii) clean intermittent catheterization, and including self-catheterization more than six
- 213.11 times per day; or
- 213.12 (iii) bladder irrigations;
- 213.13 (6) bowel program more than two times per week requiring more than 30 minutes to
- 213.14 perform each time;
- 213.15 (7) neurological intervention, including:
- 213.16 (i) seizures more than two times per week and requiring significant physical assistance
- 213.17 to maintain safety; or
- 213.18 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
- 213.19 or physician's assistant and requiring specialized assistance from another on a daily basis;
- 213.20 and
- 213.21 (8) other congenital or acquired diseases creating a need for significantly increased direct
- 213.22 hands-on assistance and interventions in six to eight activities of daily living.
- 213.23 (g) "Community first services and supports" or "CFSS" means the assistance and supports
- 213.24 program under this section needed for accomplishing activities of daily living, instrumental
- 213.25 activities of daily living, and health-related tasks through hands-on assistance to accomplish
- 213.26 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
- 213.27 as defined in subdivision 7, clause (3), that replace the need for human assistance.
- 213.28 (h) "Community first services and supports service delivery plan" or "CFSS service
- 213.29 delivery plan" means a written document detailing the services and supports chosen by the
- 213.30 participant to meet assessed needs that are within the approved CFSS service authorization,

214.1 as determined in subdivision 8. Services and supports are based on the coordinated service
214.2 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10.

214.3 (i) "Consultation services" means a Minnesota health care program enrolled provider
214.4 organization that provides assistance to the participant in making informed choices about
214.5 CFSS services in general and self-directed tasks in particular, and in developing a
214.6 person-centered CFSS service delivery plan to achieve quality service outcomes.

214.7 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

214.8 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
214.9 or constant supervision and cueing to accomplish one or more of the activities of daily living
214.10 every day or on the days during the week that the activity is performed; however, a child
214.11 ~~may~~ must not be found to be dependent in an activity of daily living if, because of the child's
214.12 age, an adult would either perform the activity for the child or assist the child with the
214.13 activity and the assistance needed is the assistance appropriate for a typical child of the
214.14 same age.

214.15 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
214.16 included in the CFSS service delivery plan through one of the home and community-based
214.17 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
214.18 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
214.19 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

214.20 (m) "Financial management services provider" or "FMS provider" means a qualified
214.21 organization required for participants using the budget model under subdivision 13 that is
214.22 an enrolled provider with the department to provide vendor fiscal/employer agent financial
214.23 management services (FMS).

214.24 (n) "Health-related procedures and tasks" means procedures and tasks related to the
214.25 specific assessed health needs of a participant that can be taught or assigned by a
214.26 state-licensed health care or mental health professional and performed by a support worker.

214.27 (o) "Instrumental activities of daily living" means activities related to living independently
214.28 in the community, including but not limited to: meal planning, preparation, and cooking;
214.29 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
214.30 with medications; managing finances; communicating needs and preferences during activities;
214.31 arranging supports; and assistance with traveling around and participating in the community.

214.32 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 1a, paragraph
214.33 (e).

215.1 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
215.2 another representative with legal authority to make decisions about services and supports
215.3 for the participant. Other representatives with legal authority to make decisions include but
215.4 are not limited to a health care agent or an attorney-in-fact authorized through a health care
215.5 directive or power of attorney.

215.6 (r) "Level I behavior" means physical aggression towards self or others or destruction
215.7 of property that requires the immediate response of another person.

215.8 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
215.9 scheduled medication, and includes any of the following supports listed in clauses (1) to
215.10 (3) and other types of assistance, except that a support worker ~~may~~ must not determine
215.11 medication dose or time for medication or inject medications into veins, muscles, or skin:

215.12 (1) under the direction of the participant or the participant's representative, bringing
215.13 medications to the participant including medications given through a nebulizer, opening a
215.14 container of previously set-up medications, emptying the container into the participant's
215.15 hand, opening and giving the medication in the original container to the participant, or
215.16 bringing to the participant liquids or food to accompany the medication;

215.17 (2) organizing medications as directed by the participant or the participant's representative;
215.18 and

215.19 (3) providing verbal or visual reminders to perform regularly scheduled medications.

215.20 (t) "Participant" means a person who is eligible for CFSS.

215.21 (u) "Participant's representative" means a parent, family member, advocate, or other
215.22 adult authorized by the participant or participant's legal representative, if any, to serve as a
215.23 representative in connection with the provision of CFSS. ~~This authorization must be in~~
215.24 ~~writing or by another method that clearly indicates the participant's free choice and may be~~
215.25 ~~withdrawn at any time. The participant's representative must have no financial interest in~~
215.26 ~~the provision of any services included in the participant's CFSS service delivery plan and~~
215.27 ~~must be capable of providing the support necessary to assist the participant in the use of~~
215.28 ~~CFSS. If through the assessment process described in subdivision 5 a participant is~~
215.29 ~~determined to be in need of a participant's representative, one must be selected. If the~~
215.30 ~~participant is unable to assist in the selection of a participant's representative, the legal~~
215.31 ~~representative shall appoint one. Two persons may be designated as a participant's~~
215.32 ~~representative for reasons such as divided households and court-ordered custodies. Duties~~
215.33 ~~of a participant's representatives may include:~~

216.1 ~~(1) being available while services are provided in a method agreed upon by the participant~~
216.2 ~~or the participant's legal representative and documented in the participant's CFSS service~~
216.3 ~~delivery plan;~~

216.4 ~~(2) monitoring CFSS services to ensure the participant's CFSS service delivery plan is~~
216.5 ~~being followed; and~~

216.6 ~~(3) reviewing and signing CFSS time sheets after services are provided to provide~~
216.7 ~~verification of the CFSS services.~~

216.8 (v) "Person-centered planning process" means a process that is directed by the participant
216.9 to plan for CFSS services and supports.

216.10 (w) "Service budget" means the authorized dollar amount used for the budget model or
216.11 for the purchase of goods.

216.12 (x) "Shared services" means the provision of CFSS services by the same CFSS support
216.13 worker to two or three participants who voluntarily enter into ~~an~~ a written agreement to
216.14 receive services at the same time ~~and~~, in the same setting by, and through the same ~~employer~~
216.15 agency-provider or FMS provider.

216.16 (y) "Support worker" means a qualified and trained employee of the agency-provider
216.17 as required by subdivision 11b or of the participant employer under the budget model as
216.18 required by subdivision 14 who has direct contact with the participant and provides services
216.19 as specified within the participant's CFSS service delivery plan.

216.20 (z) "Unit" means the increment of service based on hours or minutes identified in the
216.21 service agreement.

216.22 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
216.23 services.

216.24 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
216.25 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
216.26 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
216.27 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
216.28 or other forms of employee compensation and benefits.

216.29 (cc) "Worker training and development" means services provided according to subdivision
216.30 18a for developing workers' skills as required by the participant's individual CFSS service
216.31 delivery plan that are arranged for or provided by the agency-provider or purchased by the
216.32 participant employer. These services include training, education, direct observation and

217.1 supervision, and evaluation and coaching of job skills and tasks, including supervision of
217.2 health-related tasks or behavioral supports.

217.3 Sec. 5. Minnesota Statutes 2020, section 256B.85, subdivision 3, is amended to read:

217.4 Subd. 3. **Eligibility.** (a) CFSS is available to a person who ~~meets one of the following:~~

217.5 ~~(1) is an enrollee of medical assistance as determined under section 256B.055, 256B.056,~~
217.6 ~~or 256B.057, subdivisions 5 and 9;~~

217.7 (1) is determined eligible for medical assistance under this chapter, excluding those
217.8 under section 256B.057, subdivisions 3, 3a, 3b, and 4;

217.9 (2) is a participant in the alternative care program under section 256B.0913;

217.10 (3) is a waiver participant as defined under chapter 256S or section 256B.092, 256B.093,
217.11 or 256B.49; or

217.12 (4) has medical services identified in a person's individualized education program and
217.13 is eligible for services as determined in section 256B.0625, subdivision 26.

217.14 (b) In addition to meeting the eligibility criteria in paragraph (a), a person must also
217.15 meet all of the following:

217.16 (1) require assistance and be determined dependent in one activity of daily living or
217.17 Level I behavior based on assessment under section 256B.0911; and

217.18 (2) is not a participant under a family support grant under section 252.32.

217.19 (c) A pregnant woman eligible for medical assistance under section 256B.055, subdivision
217.20 6, is eligible for CFSS without federal financial participation if the woman: (1) is eligible
217.21 for CFSS under paragraphs (a) and (b); and (2) does not meet institutional level of care, as
217.22 determined under section 256B.0911.

217.23 Sec. 6. Minnesota Statutes 2020, section 256B.85, subdivision 4, is amended to read:

217.24 Subd. 4. **Eligibility for other services.** Selection of CFSS by a participant must not
217.25 restrict access to other medically necessary care and services furnished under the state plan
217.26 benefit or other services available through the alternative care program.

217.27 Sec. 7. Minnesota Statutes 2020, section 256B.85, subdivision 5, is amended to read:

217.28 Subd. 5. **Assessment requirements.** (a) The assessment of functional need must:

218.1 (1) be conducted by a certified assessor according to the criteria established in section
218.2 256B.0911, subdivision 3a;

218.3 (2) be conducted face-to-face, initially and at least annually thereafter, or when there is
218.4 a significant change in the participant's condition or a change in the need for services and
218.5 supports, or at the request of the participant when the participant experiences a change in
218.6 condition or needs a change in the services or supports; and

218.7 (3) be completed using the format established by the commissioner.

218.8 (b) The results of the assessment and any recommendations and authorizations for CFSS
218.9 must be determined and communicated in writing by the lead agency's certified assessor as
218.10 defined in section 256B.0911 to the participant ~~and the agency-provider or FMS provider~~
218.11 ~~chosen by the participant~~ or the participant's representative and chosen CFSS providers
218.12 within 40-calendar ten business days and must include the participant's right to appeal the
218.13 assessment under section 256.045, subdivision 3.

218.14 (c) The lead agency assessor may authorize a temporary authorization for CFSS services
218.15 to be provided under the agency-provider model. The lead agency assessor may authorize
218.16 a temporary authorization for CFSS services to be provided under the agency-provider
218.17 model without using the assessment process described in this subdivision. Authorization
218.18 for a temporary level of CFSS services under the agency-provider model is limited to the
218.19 time specified by the commissioner, but shall not exceed 45 days. The level of services
218.20 authorized under this paragraph shall have no bearing on a future authorization. ~~Participants~~
218.21 ~~approved for a temporary authorization shall access the consultation service~~ For CFSS
218.22 services needed beyond the 45-day temporary authorization, the lead agency must conduct
218.23 an assessment as described in this subdivision and participants must use consultation services
218.24 to complete their orientation and selection of a service model.

218.25 Sec. 8. Minnesota Statutes 2020, section 256B.85, subdivision 6, is amended to read:

218.26 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
218.27 service delivery plan must be developed and evaluated through a person-centered planning
218.28 process by the participant, or the participant's representative or legal representative who
218.29 may be assisted by a consultation services provider. The CFSS service delivery plan must
218.30 reflect the services and supports that are important to the participant and for the participant
218.31 to meet the needs assessed by the certified assessor and identified in the coordinated service
218.32 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10. The
218.33 CFSS service delivery plan must be reviewed by the participant, the consultation services
218.34 provider, and the agency-provider or FMS provider prior to starting services and at least

219.1 annually upon reassessment, or when there is a significant change in the participant's
219.2 condition, or a change in the need for services and supports.

219.3 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
219.4 plan.

219.5 (c) The CFSS service delivery plan must be person-centered and:

219.6 (1) specify the consultation services provider, agency-provider, or FMS provider selected
219.7 by the participant;

219.8 (2) reflect the setting in which the participant resides that is chosen by the participant;

219.9 (3) reflect the participant's strengths and preferences;

219.10 (4) include the methods and supports used to address the needs as identified through an
219.11 assessment of functional needs;

219.12 (5) include the participant's identified goals and desired outcomes;

219.13 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
219.14 achieve identified goals, including the costs of the services and supports, and the providers
219.15 of those services and supports, including natural supports;

219.16 (7) identify the amount and frequency of face-to-face supports and amount and frequency
219.17 of remote supports and technology that will be used;

219.18 (8) identify risk factors and measures in place to minimize them, including individualized
219.19 backup plans;

219.20 (9) be understandable to the participant and the individuals providing support;

219.21 (10) identify the individual or entity responsible for monitoring the plan;

219.22 (11) be finalized and agreed to in writing by the participant and signed by ~~all~~ individuals
219.23 and providers responsible for its implementation;

219.24 (12) be distributed to the participant and other people involved in the plan;

219.25 (13) prevent the provision of unnecessary or inappropriate care;

219.26 (14) include a detailed budget for expenditures for budget model participants or
219.27 participants under the agency-provider model if purchasing goods; and

219.28 (15) include a plan for worker training and development provided according to
219.29 subdivision 18a detailing what service components will be used, when the service components

220.1 will be used, how they will be provided, and how these service components relate to the
220.2 participant's individual needs and CFSS support worker services.

220.3 (d) The CFSS service delivery plan must describe the units or dollar amount available
220.4 to the participant. The total units of agency-provider services or the service budget amount
220.5 for the budget model include both annual totals and a monthly average amount that cover
220.6 the number of months of the service agreement. The amount used each month may vary,
220.7 but additional funds must not be provided above the annual service authorization amount,
220.8 determined according to subdivision 8, unless a change in condition is assessed and
220.9 authorized by the certified assessor and documented in the coordinated service and support
220.10 plan and CFSS service delivery plan.

220.11 (e) In assisting with the development or modification of the CFSS service delivery plan
220.12 during the authorization time period, the consultation services provider shall:

220.13 (1) consult with the FMS provider on the spending budget when applicable; and

220.14 (2) consult with the participant or participant's representative, agency-provider, and case
220.15 manager/ or care coordinator.

220.16 (f) The CFSS service delivery plan must be approved by the consultation services provider
220.17 for participants without a case manager or care coordinator who is responsible for authorizing
220.18 services. A case manager or care coordinator must approve the plan for a waiver or alternative
220.19 care program participant.

220.20 Sec. 9. Minnesota Statutes 2020, section 256B.85, subdivision 7, is amended to read:

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

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

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

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

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

221.1 (ii) increase independence or substitute for human assistance₂ to the extent that
221.2 expenditures would otherwise be made for human assistance for the participant's assessed
221.3 needs;

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

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

221.8 (6) services provided by a consultation services provider as defined under subdivision
221.9 17, that is under contract with the department and enrolled as a Minnesota health care
221.10 program provider;

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

221.13 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal
221.14 guardian of a participant under age 18, or who is the participant's spouse. These support
221.15 workers shall not:

221.16 (i) provide any medical assistance home and community-based services in excess of 40
221.17 hours per seven-day period regardless of the number of parents providing services,
221.18 combination of parents and spouses providing services, or number of children who receive
221.19 medical assistance services; and

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

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

221.23 Sec. 10. Minnesota Statutes 2020, section 256B.85, subdivision 8, is amended to read:

221.24 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
221.25 first services and supports must be authorized by the commissioner or the commissioner's
221.26 designee before services begin. The authorization for CFSS must be completed as soon as
221.27 possible following an assessment but no later than 40 calendar days from the date of the
221.28 assessment.

221.29 (b) The amount of CFSS authorized must be based on the participant's home care rating
221.30 described in paragraphs (d) and (e) and any additional service units for which the participant
221.31 qualifies as described in paragraph (f).

222.1 (c) The home care rating shall be determined by the commissioner or the commissioner's
222.2 designee based on information submitted to the commissioner identifying the following for
222.3 a participant:

222.4 (1) the total number of dependencies of activities of daily living;

222.5 (2) the presence of complex health-related needs; and

222.6 (3) the presence of Level I behavior.

222.7 (d) The methodology to determine the total service units for CFSS for each home care
222.8 rating is based on the median paid units per day for each home care rating from fiscal year
222.9 2007 data for the PCA program.

222.10 (e) Each home care rating is designated by the letters P through Z and EN and has the
222.11 following base number of service units assigned:

222.12 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
222.13 and qualifies the person for five service units;

222.14 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
222.15 and qualifies the person for six service units;

222.16 (3) R home care rating requires a complex health-related need and one to three
222.17 dependencies in ADLs and qualifies the person for seven service units;

222.18 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
222.19 for ten service units;

222.20 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
222.21 and qualifies the person for 11 service units;

222.22 (6) U home care rating requires four to six dependencies in ADLs and a complex
222.23 health-related need and qualifies the person for 14 service units;

222.24 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the
222.25 person for 17 service units;

222.26 (8) W home care rating requires seven to eight dependencies in ADLs and Level I
222.27 behavior and qualifies the person for 20 service units;

222.28 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex
222.29 health-related need and qualifies the person for 30 service units; and

222.30 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,
222.31 subdivision 1, paragraph (g). A person who meets the definition of ventilator-dependent

223.1 and the EN home care rating and utilize a combination of CFSS and home care nursing
223.2 services is limited to a total of 96 service units per day for those services in combination.
223.3 Additional units may be authorized when a person's assessment indicates a need for two
223.4 staff to perform activities. Additional time is limited to 16 service units per day.

223.5 (f) Additional service units are provided through the assessment and identification of
223.6 the following:

223.7 (1) 30 additional minutes per day for a dependency in each critical activity of daily
223.8 living;

223.9 (2) 30 additional minutes per day for each complex health-related need; and

223.10 (3) 30 additional minutes per day ~~when the~~ for each behavior under this clause that
223.11 requires assistance at least four times per week for one or more of the following behaviors:

223.12 (i) level I behavior that requires the immediate response of another person;

223.13 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;
223.14 or

223.15 (iii) increased need for assistance for participants who are verbally aggressive or resistive
223.16 to care so that the time needed to perform activities of daily living is increased.

223.17 (g) The service budget for budget model participants shall be based on:

223.18 (1) assessed units as determined by the home care rating; and

223.19 (2) an adjustment needed for administrative expenses.

223.20 Sec. 11. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
223.21 to read:

223.22 Subd. 8a. **Authorization; exceptions.** All CFSS services must be authorized by the
223.23 commissioner or the commissioner's designee as described in subdivision 8 except when:

223.24 (1) the lead agency temporarily authorizes services in the agency-provider model as
223.25 described in subdivision 5, paragraph (c);

223.26 (2) CFSS services in the agency-provider model were required to treat an emergency
223.27 medical condition that if not immediately treated could cause a participant serious physical
223.28 or mental disability, continuation of severe pain, or death. The CFSS agency provider must
223.29 request retroactive authorization from the lead agency no later than five working days after
223.30 providing the initial emergency service. The CFSS agency provider must be able to
223.31 substantiate the emergency through documentation such as reports, notes, and admission

224.1 or discharge histories. A lead agency must follow the authorization process in subdivision
224.2 5 after the lead agency receives the request for authorization from the agency provider;

224.3 (3) the lead agency authorizes a temporary increase to the amount of services authorized
224.4 in the agency or budget model to accommodate the participant's temporary higher need for
224.5 services. Authorization for a temporary level of CFSS services is limited to the time specified
224.6 by the commissioner, but shall not exceed 45 days. The level of services authorized under
224.7 this clause shall have no bearing on a future authorization;

224.8 (4) a participant's medical assistance eligibility has lapsed, is then retroactively reinstated,
224.9 and an authorization for CFSS services is completed based on the date of a current
224.10 assessment, eligibility, and request for authorization;

224.11 (5) a third-party payer for CFSS services has denied or adjusted a payment. Authorization
224.12 requests must be submitted by the provider within 20 working days of the notice of denial
224.13 or adjustment. A copy of the notice must be included with the request;

224.14 (6) the commissioner has determined that a lead agency or state human services agency
224.15 has made an error; or

224.16 (7) a participant enrolled in managed care experiences a temporary disenrollment from
224.17 a health plan, in which case the commissioner shall accept the current health plan
224.18 authorization for CFSS services for up to 60 days. The request must be received within the
224.19 first 30 days of the disenrollment. If the recipient's reenrollment in managed care is after
224.20 the 60 days and before 90 days, the provider shall request an additional 30-day extension
224.21 of the current health plan authorization, for a total limit of 90 days from the time of
224.22 disenrollment.

224.23 Sec. 12. Minnesota Statutes 2020, section 256B.85, subdivision 9, is amended to read:

224.24 Subd. 9. **Noncovered services.** (a) Services or supports that are not eligible for payment
224.25 under this section include those that:

224.26 (1) are not authorized by the certified assessor or included in the CFSS service delivery
224.27 plan;

224.28 (2) are provided prior to the authorization of services and the approval of the CFSS
224.29 service delivery plan;

224.30 (3) are duplicative of other paid services in the CFSS service delivery plan;

- 225.1 (4) supplant natural unpaid supports that appropriately meet a need in the CFSS service
225.2 delivery plan, are provided voluntarily to the participant, and are selected by the participant
225.3 in lieu of other services and supports;
- 225.4 (5) are not effective means to meet the participant's needs; and
- 225.5 (6) are available through other funding sources, including, but not limited to, funding
225.6 through title IV-E of the Social Security Act.
- 225.7 (b) Additional services, goods, or supports that are not covered include:
- 225.8 (1) those that are not for the direct benefit of the participant, except that services for
225.9 caregivers such as training to improve the ability to provide CFSS are considered to directly
225.10 benefit the participant if chosen by the participant and approved in the support plan;
- 225.11 (2) any fees incurred by the participant, such as Minnesota health care programs fees
225.12 and co-pays, legal fees, or costs related to advocate agencies;
- 225.13 (3) insurance, except for insurance costs related to employee coverage;
- 225.14 (4) room and board costs for the participant;
- 225.15 (5) services, supports, or goods that are not related to the assessed needs;
- 225.16 (6) special education and related services provided under the Individuals with Disabilities
225.17 Education Act and vocational rehabilitation services provided under the Rehabilitation Act
225.18 of 1973;
- 225.19 (7) assistive technology devices and assistive technology services other than those for
225.20 back-up systems or mechanisms to ensure continuity of service and supports listed in
225.21 subdivision 7;
- 225.22 (8) medical supplies and equipment covered under medical assistance;
- 225.23 (9) environmental modifications, except as specified in subdivision 7;
- 225.24 (10) expenses for travel, lodging, or meals related to training the participant or the
225.25 participant's representative or legal representative;
- 225.26 (11) experimental treatments;
- 225.27 (12) any service or good covered by other state plan services, including prescription and
225.28 over-the-counter medications, compounds, and solutions and related fees, including premiums
225.29 and co-payments;
- 225.30 (13) membership dues or costs, except when the service is necessary and appropriate to
225.31 treat a health condition or to improve or maintain the adult participant's health condition.

- 226.1 The condition must be identified in the participant's CFSS service delivery plan and
226.2 monitored by a Minnesota health care program enrolled physician, advanced practice
226.3 registered nurse, or physician's assistant;
- 226.4 (14) vacation expenses other than the cost of direct services;
- 226.5 (15) vehicle maintenance or modifications not related to the disability, health condition,
226.6 or physical need;
- 226.7 (16) tickets and related costs to attend sporting or other recreational or entertainment
226.8 events;
- 226.9 (17) services provided and billed by a provider who is not an enrolled CFSS provider;
- 226.10 (18) CFSS provided by a participant's representative or paid legal guardian;
- 226.11 (19) services that are used solely as a child care or babysitting service;
- 226.12 (20) services that are the responsibility or in the daily rate of a residential or program
226.13 license holder under the terms of a service agreement and administrative rules;
- 226.14 (21) sterile procedures;
- 226.15 (22) giving of injections into veins, muscles, or skin;
- 226.16 (23) homemaker services that are not an integral part of the assessed CFSS service;
- 226.17 (24) home maintenance or chore services;
- 226.18 (25) home care services, including hospice services if elected by the participant, covered
226.19 by Medicare or any other insurance held by the participant;
- 226.20 (26) services to other members of the participant's household;
- 226.21 (27) services not specified as covered under medical assistance as CFSS;
- 226.22 (28) application of restraints or implementation of deprivation procedures;
- 226.23 (29) assessments by CFSS provider organizations or by independently enrolled registered
226.24 nurses;
- 226.25 (30) services provided in lieu of legally required staffing in a residential or child care
226.26 setting; ~~and~~
- 226.27 (31) services provided by ~~the residential or program~~ a foster care license holder ~~in a~~
226.28 ~~residence for more than four participants.~~ except when the home of the person receiving
226.29 services is the licensed foster care provider's primary residence;

227.1 (32) services that are the responsibility of the foster care provider under the terms of the
227.2 foster care placement agreement, assessment under sections 256N.24 and 260C.4411, and
227.3 administrative rules under sections 256N.24 and 260C.4411;

227.4 (33) services in a setting that has a licensed capacity greater than six, unless all conditions
227.5 for a variance under section 245A.04, subdivision 9a, are satisfied for a sibling, as defined
227.6 in section 260C.007, subdivision 32;

227.7 (34) services from a provider who owns or otherwise controls the living arrangement,
227.8 except when the provider of services is related by blood, marriage, or adoption or when the
227.9 provider is a licensed foster care provider who is not prohibited from providing services
227.10 under clauses (31) to (33);

227.11 (35) instrumental activities of daily living for children younger than 18 years of age,
227.12 except when immediate attention is needed for health or hygiene reasons integral to an
227.13 assessed need for assistance with activities of daily living, health-related procedures, and
227.14 tasks or behaviors; or

227.15 (36) services provided to a resident of a nursing facility, hospital, intermediate care
227.16 facility, or health care facility licensed by the commissioner of health.

227.17 Sec. 13. Minnesota Statutes 2020, section 256B.85, subdivision 10, is amended to read:

227.18 Subd. 10. **Agency-provider and FMS provider qualifications and duties.** (a)

227.19 Agency-providers identified in subdivision 11 and FMS providers identified in subdivision
227.20 13a shall:

227.21 (1) enroll as a medical assistance Minnesota health care programs provider and meet all
227.22 applicable provider standards and requirements including completion of required provider
227.23 training as determined by the commissioner;

227.24 (2) demonstrate compliance with federal and state laws and policies for CFSS as
227.25 determined by the commissioner;

227.26 (3) comply with background study requirements under chapter 245C and maintain
227.27 documentation of background study requests and results;

227.28 (4) verify and maintain records of all services and expenditures by the participant,
227.29 including hours worked by support workers;

227.30 (5) not engage in any agency-initiated direct contact or marketing in person, by telephone,
227.31 or other electronic means to potential participants, guardians, family members, or participants'
227.32 representatives;

- 228.1 (6) directly provide services and not use a subcontractor or reporting agent;
- 228.2 (7) meet the financial requirements established by the commissioner for financial
228.3 solvency;
- 228.4 (8) have never had a lead agency contract or provider agreement discontinued due to
228.5 fraud, or have never had an owner, board member, or manager fail a state or FBI-based
228.6 criminal background check while enrolled or seeking enrollment as a Minnesota health care
228.7 programs provider; and
- 228.8 (9) have an office located in Minnesota.
- 228.9 (b) In conducting general duties, agency-providers and FMS providers shall:
- 228.10 (1) pay support workers based upon actual hours of services provided;
- 228.11 (2) pay for worker training and development services based upon actual hours of services
228.12 provided or the unit cost of the training session purchased;
- 228.13 (3) withhold and pay all applicable federal and state payroll taxes;
- 228.14 (4) make arrangements and pay unemployment insurance, taxes, workers' compensation,
228.15 liability insurance, and other benefits, if any;
- 228.16 (5) enter into a written agreement with the participant, participant's representative, or
228.17 legal representative that assigns roles and responsibilities to be performed before services,
228.18 supports, or goods are provided and that meets the requirements of subdivisions 20a, 20b,
228.19 and 20c for agency-providers;
- 228.20 (6) report maltreatment as required under section 626.557 and chapter 260E;
- 228.21 (7) comply with the labor market reporting requirements described in section 256B.4912,
228.22 subdivision 1a;
- 228.23 (8) comply with any data requests from the department consistent with the Minnesota
228.24 Government Data Practices Act under chapter 13; ~~and~~
- 228.25 (9) maintain documentation for the requirements under subdivision 16, paragraph (e),
228.26 clause (2), to qualify for an enhanced rate under this section; and
- 228.27 (10) request reassessments 60 days before the end of the current authorization for CFSS
228.28 on forms provided by the commissioner.

229.1 Sec. 14. Minnesota Statutes 2020, section 256B.85, subdivision 11, is amended to read:

229.2 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services
229.3 provided by support workers and staff providing worker training and development services
229.4 who are employed by an agency-provider that meets the criteria established by the
229.5 commissioner, including required training.

229.6 (b) The agency-provider shall allow the participant to have a significant role in the
229.7 selection and dismissal of the support workers for the delivery of the services and supports
229.8 specified in the participant's CFSS service delivery plan. The agency must make a reasonable
229.9 effort to fulfill the participant's request for the participant's preferred worker.

229.10 (c) A participant may use authorized units of CFSS services as needed within a service
229.11 agreement that is not greater than 12 months. Using authorized units in a flexible manner
229.12 in either the agency-provider model or the budget model does not increase the total amount
229.13 of services and supports authorized for a participant or included in the participant's CFSS
229.14 service delivery plan.

229.15 (d) A participant may share CFSS services. Two or three CFSS participants may share
229.16 services at the same time provided by the same support worker.

229.17 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated
229.18 by the medical assistance payment for CFSS for support worker wages and benefits, except
229.19 all of the revenue generated by a medical assistance rate increase due to a collective
229.20 bargaining agreement under section 179A.54 must be used for support worker wages and
229.21 benefits. The agency-provider must document how this requirement is being met. The
229.22 revenue generated by the worker training and development services and the reasonable costs
229.23 associated with the worker training and development services must not be used in making
229.24 this calculation.

229.25 (f) The agency-provider model must be used by ~~individuals~~ participants who are restricted
229.26 by the Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
229.27 9505.2245.

229.28 (g) Participants purchasing goods under this model, along with support worker services,
229.29 must:

229.30 (1) specify the goods in the CFSS service delivery plan and detailed budget for
229.31 expenditures that must be approved by the consultation services provider, case manager, or
229.32 care coordinator; and

229.33 (2) use the FMS provider for the billing and payment of such goods.

230.1 Sec. 15. Minnesota Statutes 2020, section 256B.85, subdivision 11b, is amended to read:

230.2 Subd. 11b. **Agency-provider model; support worker competency.** (a) The
230.3 agency-provider must ensure that support workers are competent to meet the participant's
230.4 assessed needs, goals, and additional requirements as written in the CFSS service delivery
230.5 plan. ~~Within 30 days of any support worker beginning to provide services for a participant,~~
230.6 The agency-provider must evaluate the competency of the worker through direct observation
230.7 of the support worker's performance of the job functions in a setting where the participant
230.8 is using CFSS: within 30 days of:

230.9 (1) any support worker beginning to provide services for a participant; or

230.10 (2) any support worker beginning to provide shared services.

230.11 (b) The agency-provider must verify and maintain evidence of support worker
230.12 competency, including documentation of the support worker's:

230.13 (1) education and experience relevant to the job responsibilities assigned to the support
230.14 worker and the needs of the participant;

230.15 (2) relevant training received from sources other than the agency-provider;

230.16 (3) orientation and instruction to implement services and supports to participant needs
230.17 and preferences as identified in the CFSS service delivery plan; ~~and~~

230.18 (4) orientation and instruction delivered by an individual competent to perform, teach,
230.19 or assign the health-related tasks for tracheostomy suctioning and services to participants
230.20 on ventilator support, including equipment operation and maintenance; and

230.21 ~~(4)~~ (5) periodic performance reviews completed by the agency-provider at least annually,
230.22 including any evaluations required under subdivision 11a, paragraph (a). If a support worker
230.23 is a minor, all evaluations of worker competency must be completed in person and in a
230.24 setting where the participant is using CFSS.

230.25 (c) The agency-provider must develop a worker training and development plan with the
230.26 participant to ensure support worker competency. The worker training and development
230.27 plan must be updated when:

230.28 (1) the support worker begins providing services;

230.29 (2) the support worker begins providing shared services;

230.30 ~~(2)~~ (3) there is any change in condition or a modification to the CFSS service delivery
230.31 plan; or

231.1 ~~(3)~~ (4) a performance review indicates that additional training is needed.

231.2 Sec. 16. Minnesota Statutes 2020, section 256B.85, subdivision 12, is amended to read:

231.3 Subd. 12. **Requirements for enrollment of CFSS agency-providers.** (a) All CFSS
231.4 agency-providers must provide, at the time of enrollment, reenrollment, and revalidation
231.5 as a CFSS agency-provider in a format determined by the commissioner, information and
231.6 documentation that includes, but is not limited to, the following:

231.7 (1) the CFSS agency-provider's current contact information including address, telephone
231.8 number, and e-mail address;

231.9 (2) proof of surety bond coverage. Upon new enrollment, or if the agency-provider's
231.10 Medicaid revenue in the previous calendar year is less than or equal to \$300,000, the
231.11 agency-provider must purchase a surety bond of \$50,000. If the agency-provider's Medicaid
231.12 revenue in the previous calendar year is greater than \$300,000, the agency-provider must
231.13 purchase a surety bond of \$100,000. The surety bond must be in a form approved by the
231.14 commissioner, must be renewed annually, and must allow for recovery of costs and fees in
231.15 pursuing a claim on the bond;

231.16 (3) proof of fidelity bond coverage in the amount of \$20,000 per provider location;

231.17 (4) proof of workers' compensation insurance coverage;

231.18 (5) proof of liability insurance;

231.19 (6) a ~~description~~ copy of the CFSS agency-provider's ~~organization~~ organizational chart
231.20 identifying the names and roles of all owners, managing employees, staff, board of directors,
231.21 and the additional documentation reporting any affiliations of the directors and owners to
231.22 other service providers;

231.23 (7) ~~a copy of~~ proof that the CFSS ~~agency-provider's~~ agency-provider has written policies
231.24 and procedures including: hiring of employees; training requirements; service delivery; and
231.25 employee and consumer safety, including the process for notification and resolution of
231.26 participant grievances, incident response, identification and prevention of communicable
231.27 diseases, and employee misconduct;

231.28 (8) ~~copies of all other forms~~ proof that the CFSS agency-provider ~~uses in the course of~~
231.29 ~~daily business including, but not limited to~~ has all of the following forms and documents:

231.30 (i) a copy of the CFSS agency-provider's time sheet; and

231.31 (ii) a copy of the participant's individual CFSS service delivery plan;

232.1 (9) a list of all training and classes that the CFSS agency-provider requires of its staff
232.2 providing CFSS services;

232.3 (10) documentation that the CFSS agency-provider and staff have successfully completed
232.4 all the training required by this section;

232.5 (11) documentation of the agency-provider's marketing practices;

232.6 (12) disclosure of ownership, leasing, or management of all residential properties that
232.7 are used or could be used for providing home care services;

232.8 (13) documentation that the agency-provider will use at least the following percentages
232.9 of revenue generated from the medical assistance rate paid for CFSS services for CFSS
232.10 support worker wages and benefits: 72.5 percent of revenue from CFSS providers, except
232.11 100 percent of the revenue generated by a medical assistance rate increase due to a collective
232.12 bargaining agreement under section 179A.54 must be used for support worker wages and
232.13 benefits. The revenue generated by the worker training and development services and the
232.14 reasonable costs associated with the worker training and development services shall not be
232.15 used in making this calculation; and

232.16 (14) documentation that the agency-provider does not burden participants' free exercise
232.17 of their right to choose service providers by requiring CFSS support workers to sign an
232.18 agreement not to work with any particular CFSS participant or for another CFSS
232.19 agency-provider after leaving the agency and that the agency is not taking action on any
232.20 such agreements or requirements regardless of the date signed.

232.21 (b) CFSS agency-providers shall provide to the commissioner the information specified
232.22 in paragraph (a).

232.23 (c) All CFSS agency-providers shall require all employees in management and
232.24 supervisory positions and owners of the agency who are active in the day-to-day management
232.25 and operations of the agency to complete mandatory training as determined by the
232.26 commissioner. Employees in management and supervisory positions and owners who are
232.27 active in the day-to-day operations of an agency who have completed the required training
232.28 as an employee with a CFSS agency-provider do not need to repeat the required training if
232.29 they are hired by another agency, ~~if~~ and they have completed the training within the past
232.30 three years. CFSS agency-provider billing staff shall complete training about CFSS program
232.31 financial management. Any new owners or employees in management and supervisory
232.32 positions involved in the day-to-day operations are required to complete mandatory training
232.33 as a requisite of working for the agency.

233.1 ~~(d) The commissioner shall send annual review notifications to agency providers 30~~
 233.2 ~~days prior to renewal. The notification must:~~

233.3 ~~(1) list the materials and information the agency provider is required to submit;~~

233.4 ~~(2) provide instructions on submitting information to the commissioner; and~~

233.5 ~~(3) provide a due date by which the commissioner must receive the requested information.~~

233.6 ~~Agency providers shall submit all required documentation for annual review within 30 days~~
 233.7 ~~of notification from the commissioner. If an agency provider fails to submit all the required~~
 233.8 ~~documentation, the commissioner may take action under subdivision 23a.~~

233.9 (d) Agency providers shall submit all required documentation in this section within 30
 233.10 days of notification from the commissioner. If an agency provider fails to submit all the
 233.11 required documentation, the commissioner may take action under subdivision 23a.

233.12 Sec. 17. Minnesota Statutes 2020, section 256B.85, subdivision 12b, is amended to read:

233.13 Subd. 12b. **CFSS agency-provider requirements; notice regarding termination of**
 233.14 **services.** (a) An agency-provider must provide written notice when it intends to terminate
 233.15 services with a participant at least ~~ten~~ 30 calendar days before the proposed service
 233.16 termination is to become effective, except in cases where:

233.17 (1) the participant engages in conduct that significantly alters the terms of the CFSS
 233.18 service delivery plan with the agency-provider;

233.19 (2) the participant or other persons at the setting where services are being provided
 233.20 engage in conduct that creates an imminent risk of harm to the support worker or other
 233.21 agency-provider staff; or

233.22 (3) an emergency or a significant change in the participant's condition occurs within a
 233.23 24-hour period that results in the participant's service needs exceeding the participant's
 233.24 identified needs in the current CFSS service delivery plan so that the agency-provider cannot
 233.25 safely meet the participant's needs.

233.26 (b) When a participant initiates a request to terminate CFSS services with the
 233.27 agency-provider, the agency-provider must give the participant a written ~~acknowledgement~~
 233.28 acknowledgment of the participant's service termination request that includes the date the
 233.29 request was received by the agency-provider and the requested date of termination.

233.30 (c) The agency-provider must participate in a coordinated transfer of the participant to
 233.31 a new agency-provider to ensure continuity of care.

234.1 Sec. 18. Minnesota Statutes 2020, section 256B.85, subdivision 13, is amended to read:

234.2 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility
234.3 and control over the services and supports described and budgeted within the CFSS service
234.4 delivery plan. Participants must use services specified in subdivision 13a provided by an
234.5 FMS provider. Under this model, participants may use their approved service budget
234.6 allocation to:

234.7 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and
234.8 premiums for workers' compensation, liability, and health insurance coverage; and

234.9 (2) obtain supports and goods as defined in subdivision 7.

234.10 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may
234.11 authorize a legal representative or participant's representative to do so on their behalf.

234.12 (c) If two or more participants using the budget model live in the same household and
234.13 have the same worker, the participants must use the same FMS provider.

234.14 (d) If the FMS provider advises that there is a joint employer in the budget model, all
234.15 participants associated with that joint employer must use the same FMS provider.

234.16 ~~(e)~~ (e) The commissioner shall disenroll or exclude participants from the budget model
234.17 and transfer them to the agency-provider model under, but not limited to, the following
234.18 circumstances:

234.19 (1) when a participant has been restricted by the Minnesota restricted recipient program,
234.20 in which case the participant may be excluded for a specified time period under Minnesota
234.21 Rules, parts 9505.2160 to 9505.2245;

234.22 (2) when a participant exits the budget model during the participant's service plan year.
234.23 Upon transfer, the participant shall not access the budget model for the remainder of that
234.24 service plan year; or

234.25 (3) when the department determines that the participant or participant's representative
234.26 or legal representative is unable to fulfill the responsibilities under the budget model, as
234.27 specified in subdivision 14.

234.28 ~~(d)~~ (f) A participant may appeal in writing to the department under section 256.045,
234.29 subdivision 3, to contest the department's decision under paragraph ~~(e)~~ (e), clause (3), to
234.30 disenroll or exclude the participant from the budget model.

- 235.1 Sec. 19. Minnesota Statutes 2020, section 256B.85, subdivision 13a, is amended to read:
- 235.2 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
- 235.3 include but are not limited to: filing and payment of federal and state payroll taxes on behalf
- 235.4 of the participant; initiating and complying with background study requirements under
- 235.5 chapter 245C and maintaining documentation of background study requests and results;
- 235.6 billing for approved CFSS services with authorized funds; monitoring expenditures;
- 235.7 accounting for and disbursing CFSS funds; providing assistance in obtaining and filing for
- 235.8 liability, workers' compensation, and unemployment coverage; and providing participant
- 235.9 instruction and technical assistance to the participant in fulfilling employer-related
- 235.10 requirements in accordance with section 3504 of the Internal Revenue Code and related
- 235.11 regulations and interpretations, including Code of Federal Regulations, title 26, section
- 235.12 31.3504-1.
- 235.13 (b) Agency-provider services shall not be provided by the FMS provider.
- 235.14 (c) The FMS provider shall provide service functions as determined by the commissioner
- 235.15 for budget model participants that include but are not limited to:
- 235.16 (1) assistance with the development of the detailed budget for expenditures portion of
- 235.17 the CFSS service delivery plan as requested by the consultation services provider or
- 235.18 participant;
- 235.19 (2) data recording and reporting of participant spending;
- 235.20 (3) other duties established by the department, including with respect to providing
- 235.21 assistance to the participant, participant's representative, or legal representative in performing
- 235.22 employer responsibilities regarding support workers. The support worker shall not be
- 235.23 considered the employee of the FMS provider; and
- 235.24 (4) billing, payment, and accounting of approved expenditures for goods.
- 235.25 (d) The FMS provider shall obtain an assurance statement from the participant employer
- 235.26 agreeing to follow state and federal regulations and CFSS policies regarding employment
- 235.27 of support workers.
- 235.28 (e) The FMS provider shall:
- 235.29 (1) not limit or restrict the participant's choice of service or support providers or service
- 235.30 delivery models consistent with any applicable state and federal requirements;

236.1 (2) provide the participant, consultation services provider, and case manager or care
236.2 coordinator, if applicable, with a monthly written summary of the spending for services and
236.3 supports that were billed against the spending budget;

236.4 (3) be knowledgeable of state and federal employment regulations, including those under
236.5 the Fair Labor Standards Act of 1938, and comply with the requirements under section 3504
236.6 of the Internal Revenue Code and related regulations and interpretations, including Code
236.7 of Federal Regulations, title 26, section 31.3504-1, regarding agency employer tax liability
236.8 for vendor fiscal/employer agent, and any requirements necessary to process employer and
236.9 employee deductions, provide appropriate and timely submission of employer tax liabilities,
236.10 and maintain documentation to support medical assistance claims;

236.11 (4) have current and adequate liability insurance and bonding and sufficient cash flow
236.12 as determined by the commissioner and have on staff or under contract a certified public
236.13 accountant or an individual with a baccalaureate degree in accounting;

236.14 (5) assume fiscal accountability for state funds designated for the program and be held
236.15 liable for any overpayments or violations of applicable statutes or rules, including but not
236.16 limited to the Minnesota False Claims Act, chapter 15C; ~~and~~

236.17 (6) maintain documentation of receipts, invoices, and bills to track all services and
236.18 supports expenditures for any goods purchased and maintain time records of support workers.
236.19 The documentation and time records must be maintained for a minimum of five years from
236.20 the claim date and be available for audit or review upon request by the commissioner. Claims
236.21 submitted by the FMS provider to the commissioner for payment must correspond with
236.22 services, amounts, and time periods as authorized in the participant's service budget and
236.23 service plan and must contain specific identifying information as determined by the
236.24 commissioner; and

236.25 (7) provide written notice to the participant or the participant's representative at least 30
236.26 calendar days before a proposed service termination becomes effective.

236.27 (f) The commissioner ~~of human services~~ shall:

236.28 (1) establish rates and payment methodology for the FMS provider;

236.29 (2) identify a process to ensure quality and performance standards for the FMS provider
236.30 and ensure statewide access to FMS providers; and

236.31 (3) establish a uniform protocol for delivering and administering CFSS services to be
236.32 used by eligible FMS providers.

237.1 Sec. 20. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
237.2 to read:

237.3 Subd. 14a. **Participant's representative responsibilities.** (a) If a participant is unable
237.4 to direct the participant's own care, the participant must use a participant's representative
237.5 to receive CFSS services. A participant's representative is required if:

237.6 (1) the person is under 18 years of age;

237.7 (2) the person has a court-appointed guardian; or

237.8 (3) an assessment according to section 256B.0659, subdivision 3a, determines that the
237.9 participant is in need of a participant's representative.

237.10 (b) A participant's representative must:

237.11 (1) be at least 18 years of age;

237.12 (2) actively participate in planning and directing CFSS services;

237.13 (3) have sufficient knowledge of the participant's circumstances to use CFSS services
237.14 consistent with the participant's health and safety needs identified in the participant's service
237.15 delivery plan;

237.16 (4) not have a financial interest in the provision of any services included in the
237.17 participant's CFSS service delivery plan; and

237.18 (5) be capable of providing the support necessary to assist the participant in the use of
237.19 CFSS services.

237.20 (c) A participant's representative must not be the:

237.21 (1) support worker;

237.22 (2) worker training and development service provider;

237.23 (3) agency-provider staff, unless related to the participant by blood, marriage, or adoption;

237.24 (4) consultation service provider, unless related to the participant by blood, marriage,
237.25 or adoption;

237.26 (5) FMS staff, unless related to the participant by blood, marriage, or adoption;

237.27 (6) FMS owner or manager; or

237.28 (7) lead agency staff acting as part of employment.

238.1 (d) A licensed family foster parent who lives with the participant may be the participant's
238.2 representative if the family foster parent meets the other participant's representative
238.3 requirements.

238.4 (e) There may be two persons designated as the participant's representative, including
238.5 instances of divided households and court-ordered custodies. Each person named as the
238.6 participant's representative must meet the program criteria and responsibilities.

238.7 (f) The participant or the participant's legal representative shall appoint a participant's
238.8 representative. The participant's representative must be identified at the time of assessment
238.9 and listed on the participant's service agreement and CFSS service delivery plan.

238.10 (g) A participant's representative must enter into a written agreement with an
238.11 agency-provider or FMS on a form determined by the commissioner and maintained in the
238.12 participant's file, to:

238.13 (1) be available while care is provided using a method agreed upon by the participant
238.14 or the participant's legal representative and documented in the participant's service delivery
238.15 plan;

238.16 (2) monitor CFSS services to ensure the participant's service delivery plan is followed;

238.17 (3) review and sign support worker time sheets after services are provided to verify the
238.18 provision of services;

238.19 (4) review and sign vendor paperwork to verify receipt of goods; and

238.20 (5) in the budget model, review and sign documentation to verify worker training and
238.21 development expenditures.

238.22 (h) A participant's representative may delegate responsibility to another adult who is not
238.23 the support worker during a temporary absence of at least 24 hours but not more than six
238.24 months. To delegate responsibility, the participant's representative must:

238.25 (1) ensure that the delegate serving as the participant's representative satisfies the
238.26 requirements of the participant's representative;

238.27 (2) ensure that the delegate performs the functions of the participant's representative;

238.28 (3) communicate to the CFSS agency-provider or FMS provider about the need for a
238.29 delegate by updating the written agreement to include the name of the delegate and the
238.30 delegate's contact information; and

238.31 (4) ensure that the delegate protects the participant's privacy according to federal and
238.32 state data privacy laws.

- 239.1 (i) The designation of a participant's representative remains in place until:
- 239.2 (1) the participant revokes the designation;
- 239.3 (2) the participant's representative withdraws the designation or becomes unable to fulfill
- 239.4 the duties;
- 239.5 (3) the legal authority to act as a participant's representative changes; or
- 239.6 (4) the participant's representative is disqualified.
- 239.7 (j) A lead agency may disqualify a participant's representative who engages in conduct
- 239.8 that creates an imminent risk of harm to the participant, the support workers, or other staff.
- 239.9 A participant's representative who fails to provide support required by the participant must
- 239.10 be referred to the common entry point.

239.11 Sec. 21. Minnesota Statutes 2020, section 256B.85, subdivision 15, is amended to read:

239.12 Subd. 15. **Documentation of support services provided; time sheets.** (a) CFSS services

239.13 provided to a participant by a support worker employed by either an agency-provider or the

239.14 participant employer must be documented daily by each support worker, on a time sheet.

239.15 Time sheets may be created, submitted, and maintained electronically. Time sheets must

239.16 be submitted by the support worker at least once per month to the:

239.17 (1) agency-provider when the participant is using the agency-provider model. The

239.18 agency-provider must maintain a record of the time sheet and provide a copy of the time

239.19 sheet to the participant; or

239.20 (2) participant and the participant's FMS provider when the participant is using the

239.21 budget model. The participant and the FMS provider must maintain a record of the time

239.22 sheet.

239.23 (b) The documentation on the time sheet must correspond to the participant's assessed

239.24 needs within the scope of CFSS covered services. The accuracy of the time sheets must be

239.25 verified by the:

239.26 (1) agency-provider when the participant is using the agency-provider model; or

239.27 (2) participant employer and the participant's FMS provider when the participant is using

239.28 the budget model.

239.29 (c) The time sheet must document the time the support worker provides services to the

239.30 participant. The following elements must be included in the time sheet:

239.31 (1) the support worker's full name and individual provider number;

- 240.1 (2) the agency-provider's name and telephone numbers, when responsible for the CFSS
240.2 service delivery plan;
- 240.3 (3) the participant's full name;
- 240.4 (4) the dates within the pay period established by the agency-provider or FMS provider,
240.5 including month, day, and year, and arrival and departure times with a.m. or p.m. notations
240.6 for days worked within the established pay period;
- 240.7 (5) the covered services provided to the participant on each date of service;
- 240.8 (6) a the signature line for of the participant or the participant's representative and a
240.9 statement that the participant's or participant's representative's signature is verification of
240.10 the time sheet's accuracy;
- 240.11 (7) the ~~personal~~ signature of the support worker;
- 240.12 (8) any shared care provided, if applicable;
- 240.13 (9) a statement that it is a federal crime to provide false information on CFSS billings
240.14 for medical assistance payments; and
- 240.15 (10) dates and location of participant stays in a hospital, care facility, or incarceration
240.16 occurring within the established pay period.

240.17 Sec. 22. Minnesota Statutes 2020, section 256B.85, subdivision 17a, is amended to read:

240.18 Subd. 17a. **Consultation services provider qualifications and**
240.19 **requirements.** Consultation services providers must meet the following qualifications and
240.20 requirements:

- 240.21 (1) meet the requirements under subdivision 10, paragraph (a), excluding clauses (4)
240.22 and (5);
- 240.23 (2) are under contract with the department;
- 240.24 (3) are not the FMS provider, the lead agency, or the CFSS or home and community-based
240.25 services waiver vendor or agency-provider to the participant;
- 240.26 (4) meet the service standards as established by the commissioner;
- 240.27 (5) have proof of surety bond coverage. Upon new enrollment, or if the consultation
240.28 service provider's Medicaid revenue in the previous calendar year is less than or equal to
240.29 \$300,000, the consultation service provider must purchase a surety bond of \$50,000. If the
240.30 agency-provider's Medicaid revenue in the previous calendar year is greater than \$300,000,
240.31 the consultation service provider must purchase a surety bond of \$100,000. The surety bond

241.1 must be in a form approved by the commissioner, must be renewed annually, and must
241.2 allow for recovery of costs and fees in pursuing a claim on the bond;

241.3 ~~(5)~~ (6) employ lead professional staff with a minimum of ~~three~~ two years of experience
241.4 in providing services such as support planning, support broker, case management or care
241.5 coordination, or consultation services and consumer education to participants using a
241.6 self-directed program using FMS under medical assistance;

241.7 (7) report maltreatment as required under chapter 260E and section 626.557;

241.8 ~~(6)~~ (8) comply with medical assistance provider requirements;

241.9 ~~(7)~~ (9) understand the CFSS program and its policies;

241.10 ~~(8)~~ (10) are knowledgeable about self-directed principles and the application of the
241.11 person-centered planning process;

241.12 ~~(9)~~ (11) have general knowledge of the FMS provider duties and the vendor
241.13 fiscal/employer agent model, including all applicable federal, state, and local laws and
241.14 regulations regarding tax, labor, employment, and liability and workers' compensation
241.15 coverage for household workers; and

241.16 ~~(10)~~ (12) have all employees, including lead professional staff, staff in management and
241.17 supervisory positions, and owners of the agency who are active in the day-to-day management
241.18 and operations of the agency, complete training as specified in the contract with the
241.19 department.

241.20 Sec. 23. Minnesota Statutes 2020, section 256B.85, subdivision 18a, is amended to read:

241.21 Subd. 18a. **Worker training and development services.** (a) The commissioner shall
241.22 develop the scope of tasks and functions, service standards, and service limits for worker
241.23 training and development services.

241.24 (b) Worker training and development costs are in addition to the participant's assessed
241.25 service units or service budget. Services provided according to this subdivision must:

241.26 (1) help support workers obtain and expand the skills and knowledge necessary to ensure
241.27 competency in providing quality services as needed and defined in the participant's CFSS
241.28 service delivery plan and as required under subdivisions 11b and 14;

241.29 (2) be provided or arranged for by the agency-provider under subdivision 11, or purchased
241.30 by the participant employer under the budget model as identified in subdivision 13; ~~and~~

242.1 (3) be delivered by an individual competent to perform, teach, or assign the tasks,
242.2 including health-related tasks, identified in the plan through education, training, and work
242.3 experience relevant to the person's assessed needs; and

242.4 ~~(3)~~ (4) be described in the participant's CFSS service delivery plan and documented in
242.5 the participant's file.

242.6 (c) Services covered under worker training and development shall include:

242.7 (1) support worker training on the participant's individual assessed needs and condition,
242.8 provided individually or in a group setting by a skilled and knowledgeable trainer beyond
242.9 any training the participant or participant's representative provides;

242.10 (2) tuition for professional classes and workshops for the participant's support workers
242.11 that relate to the participant's assessed needs and condition;

242.12 (3) direct observation, monitoring, coaching, and documentation of support worker job
242.13 skills and tasks, beyond any training the participant or participant's representative provides,
242.14 including supervision of health-related tasks or behavioral supports that is conducted by an
242.15 appropriate professional based on the participant's assessed needs. These services must be
242.16 provided at the start of services or the start of a new support worker except as provided in
242.17 paragraph (d) and must be specified in the participant's CFSS service delivery plan; and

242.18 (4) the activities to evaluate CFSS services and ensure support worker competency
242.19 described in subdivisions 11a and 11b.

242.20 (d) The services in paragraph (c), clause (3), are not required to be provided for a new
242.21 support worker providing services for a participant due to staffing failures, unless the support
242.22 worker is expected to provide ongoing backup staffing coverage.

242.23 (e) Worker training and development services shall not include:

242.24 (1) general agency training, worker orientation, or training on CFSS self-directed models;

242.25 (2) payment for preparation or development time for the trainer or presenter;

242.26 (3) payment of the support worker's salary or compensation during the training;

242.27 (4) training or supervision provided by the participant, the participant's support worker,
242.28 or the participant's informal supports, including the participant's representative; or

242.29 (5) services in excess of ~~96 units~~ the rate set by the commissioner per annual service
242.30 agreement, unless approved by the department.

243.1 Sec. 24. Minnesota Statutes 2020, section 256B.85, subdivision 20b, is amended to read:

243.2 Subd. 20b. **Service-related rights under an agency-provider.** A participant receiving
243.3 CFSS from an agency-provider has service-related rights to:

243.4 (1) participate in and approve the initial development and ongoing modification and
243.5 evaluation of CFSS services provided to the participant;

243.6 (2) refuse or terminate services and be informed of the consequences of refusing or
243.7 terminating services;

243.8 (3) before services are initiated, be told the limits to the services available from the
243.9 agency-provider, including the agency-provider's knowledge, skill, and ability to meet the
243.10 participant's needs identified in the CFSS service delivery plan;

243.11 (4) a coordinated transfer of services when there will be a change in the agency-provider;

243.12 (5) before services are initiated, be told what the agency-provider charges for the services;

243.13 (6) before services are initiated, be told to what extent payment may be expected from
243.14 health insurance, public programs, or other sources, if known; and what charges the
243.15 participant may be responsible for paying;

243.16 (7) receive services from an individual who is competent and trained, who has
243.17 professional certification or licensure, as required, and who meets additional qualifications
243.18 identified in the participant's CFSS service delivery plan;

243.19 (8) have the participant's preferences for support workers identified and documented,
243.20 and have those preferences met when possible; and

243.21 (9) before services are initiated, be told the choices that are available from the
243.22 agency-provider for meeting the participant's assessed needs identified in the CFSS service
243.23 delivery plan, including but not limited to which support worker staff will be providing
243.24 services ~~and~~, the proposed frequency and schedule of visits, and any agreements for shared
243.25 services.

243.26 Sec. 25. Minnesota Statutes 2020, section 256B.85, subdivision 23, is amended to read:

243.27 Subd. 23. **Commissioner's access.** (a) When the commissioner is investigating a possible
243.28 overpayment of Medicaid funds, the commissioner must be given immediate access without
243.29 prior notice to the agency-provider, consultation services provider, or FMS provider's office
243.30 during regular business hours and to documentation and records related to services provided
243.31 and submission of claims for services provided. ~~Denying the commissioner access to records~~
243.32 ~~is cause for immediate suspension of payment and terminating~~ If the agency-provider's

244.1 ~~enrollment or agency-provider, FMS provider's enrollment~~ provider, or consultation services
244.2 provider denies the commissioner access to records, the provider's payment may be
244.3 immediately suspended or the provider's enrollment may be terminated according to section
244.4 256B.064 ~~or terminating the consultation services provider contract.~~

244.5 (b) The commissioner has the authority to request proof of compliance with laws, rules,
244.6 and policies from agency-providers, consultation services providers, FMS providers, and
244.7 participants.

244.8 (c) When relevant to an investigation conducted by the commissioner, the commissioner
244.9 must be given access to the business office, documents, and records of the agency-provider,
244.10 consultation services provider, or FMS provider, including records maintained in electronic
244.11 format; participants served by the program; and staff during regular business hours. The
244.12 commissioner must be given access without prior notice and as often as the commissioner
244.13 considers necessary if the commissioner is investigating an alleged violation of applicable
244.14 laws or rules. The commissioner may request and shall receive assistance from lead agencies
244.15 and other state, county, and municipal agencies and departments. The commissioner's access
244.16 includes being allowed to photocopy, photograph, and make audio and video recordings at
244.17 the commissioner's expense.

244.18 Sec. 26. Minnesota Statutes 2020, section 256B.85, subdivision 23a, is amended to read:

244.19 Subd. 23a. **Sanctions; information for participants upon termination of services.** (a)
244.20 The commissioner may withhold payment from the provider or suspend or terminate the
244.21 provider enrollment number if the provider fails to comply fully with applicable laws or
244.22 rules. The provider has the right to appeal the decision of the commissioner under section
244.23 256B.064.

244.24 (b) Notwithstanding subdivision 13, paragraph (c), if a participant employer fails to
244.25 comply fully with applicable laws or rules, the commissioner may disenroll the participant
244.26 from the budget model. A participant may appeal in writing to the department under section
244.27 256.045, subdivision 3, to contest the department's decision to disenroll the participant from
244.28 the budget model.

244.29 (c) Agency-providers of CFSS services or FMS providers must provide each participant
244.30 with a copy of participant protections in subdivision 20c at least 30 days prior to terminating
244.31 services to a participant, if the termination results from sanctions under this subdivision or
244.32 section 256B.064, such as a payment withhold or a suspension or termination of the provider
244.33 enrollment number. If a CFSS agency-provider ~~or~~, FMS provider, or consultation services
244.34 provider determines it is unable to continue providing services to a participant because of

245.1 an action under this subdivision or section 256B.064, the agency-provider ~~or~~, FMS provider,
 245.2 or consultation services provider must notify the participant, the participant's representative,
 245.3 and the commissioner 30 days prior to terminating services to the participant, and must
 245.4 assist the commissioner and lead agency in supporting the participant in transitioning to
 245.5 another CFSS agency-provider ~~or~~, FMS provider, or consultation services provider of the
 245.6 participant's choice.

245.7 (d) In the event the commissioner withholds payment from a CFSS agency-provider ~~or~~,
 245.8 FMS provider, or consultation services provider, or suspends or terminates a provider
 245.9 enrollment number of a CFSS agency-provider ~~or~~, FMS provider, or consultation services
 245.10 provider under this subdivision or section 256B.064, the commissioner may inform the
 245.11 Office of Ombudsman for Long-Term Care and the lead agencies for all participants with
 245.12 active service agreements with the agency-provider ~~or~~, FMS provider, or consultation
 245.13 services provider. At the commissioner's request, the lead agencies must contact participants
 245.14 to ensure that the participants are continuing to receive needed care, and that the participants
 245.15 have been given free choice of agency-provider ~~or~~, FMS provider, or consultation services
 245.16 provider if they transfer to another CFSS agency-provider ~~or~~, FMS provider, or consultation
 245.17 services provider. In addition, the commissioner or the commissioner's delegate may directly
 245.18 notify participants who receive care from the agency-provider ~~or~~, FMS provider, or
 245.19 consultation services provider that payments have been or will be withheld or that the
 245.20 provider's participation in medical assistance has been or will be suspended or terminated,
 245.21 if the commissioner determines that the notification is necessary to protect the welfare of
 245.22 the participants.

245.23 ARTICLE 8

245.24 MISCELLANEOUS

245.25 Section 1. Minnesota Statutes 2020, section 256.041, is amended to read:

245.26 **256.041 CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL.**

245.27 Subdivision 1. **Establishment; purpose.** (a) There is hereby established the Cultural
 245.28 and Ethnic Communities Leadership Council for the Department of Human Services. The
 245.29 purpose of the council is to advise the commissioner of human services on ~~reducing~~
 245.30 implementing strategies to reduce inequities and disparities that particularly affect racial
 245.31 and ethnic groups in Minnesota.

245.32 (b) This council is comprised of racially and ethnically diverse community leaders
 245.33 including American Indians who are residents of Minnesota facing the compounded

246.1 challenges of systemic inequities. Members include people who are refugees, immigrants,
 246.2 and LGBTQ+; people who have disabilities; and people who live in rural Minnesota.

246.3 Subd. 2. **Members.** (a) The council must consist of:

246.4 (1) the chairs and ranking minority members of the committees in the house of
 246.5 representatives and the senate with jurisdiction over human services; and

246.6 (2) no fewer than 15 and no more than 25 members appointed by and serving at the
 246.7 pleasure of the commissioner of human services, in consultation with county, tribal, cultural,
 246.8 and ethnic communities; diverse program participants; and parent representatives from these
 246.9 communities, and cultural and ethnic communities leadership council members.

246.10 (b) In making appointments under this section, the commissioner shall give priority
 246.11 consideration to public members of the legislative councils of color established under ~~chapter~~
 246.12 3 section 15.0145.

246.13 (c) Members must be appointed to allow for representation of the following groups:

246.14 (1) racial and ethnic minority groups;

246.15 (2) the American Indian community, which must be represented by two members;

246.16 (3) culturally and linguistically specific advocacy groups and service providers;

246.17 (4) human services program participants;

246.18 (5) public and private institutions;

246.19 (6) parents of human services program participants;

246.20 (7) members of the faith community;

246.21 (8) Department of Human Services employees; and

246.22 (9) any other group the commissioner deems appropriate to facilitate the goals and duties
 246.23 of the council.

246.24 Subd. 3. **Guidelines.** The commissioner shall direct the development of guidelines
 246.25 defining the membership of the council; setting out definitions; and developing duties of
 246.26 the commissioner, the council, and council members regarding racial and ethnic disparities
 246.27 reduction. The guidelines must be developed in consultation with:

246.28 (1) the chairs of relevant committees; and

246.29 (2) county, tribal, and cultural communities and program participants from these
 246.30 communities.

247.1 Subd. 4. **Chair.** The commissioner shall accept recommendations from the council to
247.2 appoint a chair or chairs.

247.3 ~~Subd. 5. **Terms for first appointees.** The initial members appointed shall serve until~~
247.4 ~~January 15, 2016.~~

247.5 Subd. 6. **Terms.** A term shall be for two years and appointees may be reappointed to
247.6 serve two additional terms. The commissioner shall make appointments to replace members
247.7 vacating their positions by January 15 of each year in a timely manner, no more than three
247.8 months after the council reviews panel recommendations.

247.9 Subd. 7. **Duties of commissioner.** (a) The commissioner of human services or the
247.10 commissioner's designee shall:

247.11 (1) maintain and actively engage with the council established in this section;

247.12 (2) supervise and coordinate policies for persons from racial, ethnic, cultural, linguistic,
247.13 and tribal communities who experience disparities in access and outcomes;

247.14 (3) identify human services rules or statutes affecting persons from racial, ethnic, cultural,
247.15 linguistic, and tribal communities that may need to be revised;

247.16 (4) investigate and implement ~~cost-effective~~ equitable and culturally responsive models
247.17 of service delivery ~~such as~~ including careful adaptation adoption of ~~clinically~~ proven services
247.18 ~~that constitute one strategy for increasing~~ to increase the number of culturally relevant
247.19 services available to currently underserved populations; ~~and~~

247.20 (5) based on recommendations of the council, review identified department policies that
247.21 maintain racial, ethnic, cultural, linguistic, and tribal disparities, and make adjustments to
247.22 ensure those disparities are not perpetuated-, and advise the department on progress and
247.23 accountability measures for addressing inequities;

247.24 (6) in partnership with the council, renew and implement equity policy with action plans
247.25 and resources necessary to implement the action plans;

247.26 (7) support interagency collaboration to advance equity;

247.27 (8) address the council at least twice annually on the state of equity within the department;
247.28 and

247.29 (9) support member participation in the council, including participation in educational
247.30 and community engagement events across Minnesota that address equity in human services.

248.1 (b) The commissioner of human services or the commissioner's designee shall consult
 248.2 with the council and receive recommendations from the council when meeting the
 248.3 requirements in this subdivision.

248.4 Subd. 8. **Duties of council.** The council shall:

248.5 (1) recommend to the commissioner for review ~~identified policies in the~~ Department of
 248.6 Human Services policy, budgetary, and operational decisions and practices that maintain
 248.7 impact racial, ethnic, cultural, linguistic, and tribal disparities;

248.8 (2) with community input, advance legislative proposals to improve racial and health
 248.9 equity outcomes;

248.10 (3) identify issues regarding inequities and disparities by engaging diverse populations
 248.11 in human services programs;

248.12 ~~(3)~~ (4) engage in mutual learning essential for achieving human services parity and
 248.13 optimal wellness for service recipients;

248.14 ~~(4)~~ (5) raise awareness about human services disparities to the legislature and media;

248.15 ~~(5)~~ (6) provide technical assistance and consultation support to counties, private nonprofit
 248.16 agencies, and other service providers to build their capacity to provide equitable human
 248.17 services for persons from racial, ethnic, cultural, linguistic, and tribal communities who
 248.18 experience disparities in access and outcomes;

248.19 ~~(6)~~ (7) provide technical assistance to promote statewide development of culturally and
 248.20 linguistically appropriate, accessible, and cost-effective human services and related policies;

248.21 ~~(7) provide~~ (8) recommend and monitor training and outreach to facilitate access to
 248.22 culturally and linguistically appropriate, accessible, and cost-effective human services to
 248.23 prevent disparities;

248.24 ~~(8) facilitate culturally appropriate and culturally sensitive admissions, continued services,~~
 248.25 ~~discharges, and utilization review for human services agencies and institutions;~~

248.26 (9) form work groups to help carry out the duties of the council that include, but are not
 248.27 limited to, persons who provide and receive services and representatives of advocacy groups,
 248.28 and provide the work groups with clear guidelines, standardized parameters, and tasks for
 248.29 the work groups to accomplish;

248.30 (10) promote information sharing in the human services community and statewide; and

248.31 (11) by February 15 each year in the second year of the biennium, prepare and submit
 248.32 to the chairs and ranking minority members of the committees in the house of representatives

249.1 and the senate with jurisdiction over human services a report that summarizes the activities
 249.2 of the council, identifies the major problems and issues confronting racial and ethnic groups
 249.3 in accessing human services, makes recommendations to address issues, and lists the specific
 249.4 objectives that the council seeks to attain during the next biennium, and recommendations
 249.5 to strengthen equity, diversity, and inclusion within the department. The report must ~~also~~
 249.6 ~~include a list of programs, groups, and grants used to reduce disparities, and statistically~~
 249.7 ~~valid reports of outcomes on the reduction of the disparities.~~ identify racial and ethnic groups'
 249.8 difficulty in accessing human services and make recommendations to address the issues.
 249.9 The report must include any updated Department of Human Services equity policy,
 249.10 implementation plans, equity initiatives, and the council's progress.

249.11 Subd. 9. **Duties of council members.** The members of the council shall:

249.12 (1) with no more than three absences per year, attend and participate in scheduled
 249.13 meetings and be prepared by reviewing meeting notes;

249.14 (2) maintain open communication channels with respective constituencies;

249.15 (3) identify and communicate issues and risks that could impact the timely completion
 249.16 of tasks;

249.17 (4) collaborate on inequity and disparity reduction efforts;

249.18 (5) communicate updates of the council's work progress and status on the Department
 249.19 of Human Services website; ~~and~~

249.20 (6) participate in any activities the council or chair deems appropriate and necessary to
 249.21 facilitate the goals and duties of the council; and

249.22 (7) participate in work groups to carry out council duties.

249.23 Subd. 10. **Expiration.** The council ~~expires on June 30, 2022~~ shall expire when racial
 249.24 and ethnic-based disparities no longer exist in the state of Minnesota.

249.25 Subd. 11. **Compensation.** Compensation for members of the council is governed by
 249.26 section 15.059, subdivision 3.

249.27 ARTICLE 9

249.28 MENTAL HEALTH UNIFORM SERVICE STANDARDS

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

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

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

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

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

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

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

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

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

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

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

250.23 (b) The commissioner may grant a permanent variance when the conditions under which
250.24 the applicant, license holder, or certification holder requested the variance do not affect the
250.25 health or safety of any person whom the licensed or certified program serves, and when the
250.26 conditions of the variance do not compromise the qualifications of staff who provide services
250.27 to clients. A permanent variance expires when the conditions that warranted the variance
250.28 change in any way. Any applicant, license holder, or certification holder must inform the
250.29 commissioner of any changes to the conditions that warranted the permanent variance. If
250.30 an applicant, license holder, or certification holder fails to advise the commissioner of
250.31 changes to the conditions that warranted the variance, the commissioner must revoke the
250.32 permanent variance and may impose other sanctions under sections 245A.06 and 245A.07.

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

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

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

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

251.9 (3) comply with all of the responsibilities assigned to a certification holder by chapter
251.10 245A.

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

251.14 Subd. 4. **License required.** An individual, organization, or government entity providing
251.15 intensive residential treatment services or residential crisis stabilization to adults must be
251.16 licensed under section 245I.23.

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

251.20 (1) an assertive community treatment provider under section 256B.0622, subdivision
251.21 3a;

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

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

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

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

251.26 (6) an intensive nonresidential rehabilitative mental health services provider under section
251.27 256B.0947.

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

252.1 **EFFECTIVE DATE.** This section is effective upon federal approval or July 1, 2022,
252.2 whichever is later.

252.3 **Sec. 3. [245I.02] DEFINITIONS.**

252.4 Subdivision 1. **Scope.** For purposes of this chapter, the terms in this section have the
252.5 meanings given.

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

252.9 Subd. 3. **Behavioral sciences or related fields.** "Behavioral sciences or related fields"
252.10 means an education from an accredited college or university in social work, psychology,
252.11 sociology, community counseling, family social science, child development, child
252.12 psychology, community mental health, addiction counseling, counseling and guidance,
252.13 special education, nursing, and other similar fields approved by the commissioner.

252.14 Subd. 4. **Business day.** "Business day" means a weekday on which government offices
252.15 are open for business. Business day does not include state or federal holidays, Saturdays,
252.16 or Sundays.

252.17 Subd. 5. **Case manager.** "Case manager" means a client's case manager according to
252.18 section 256B.0596; 256B.0621; 256B.0625, subdivision 20; 256B.092, subdivision 1a;
252.19 256B.0924; 256B.093, subdivision 3a; 256B.094; or 256B.49.

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

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

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

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

252.28 Subd. 10. **Commissioner.** "Commissioner" means the commissioner of human services
252.29 or the commissioner's designee.

252.30 Subd. 11. **Co-occurring substance use disorder treatment.** "Co-occurring substance
252.31 use disorder treatment" means the treatment of a person who has a co-occurring mental
252.32 illness and substance use disorder. Co-occurring substance use disorder treatment is

253.1 characterized by stage-wise comprehensive treatment, treatment goal setting, and flexibility
253.2 for clients at each stage of treatment. Co-occurring substance use disorder treatment includes
253.3 assessing and tracking each client's stage of change readiness and treatment using a treatment
253.4 approach based on a client's stage of change, such as motivational interviewing when working
253.5 with a client at an earlier stage of change readiness and a cognitive behavioral approach
253.6 and relapse prevention to work with a client at a later stage of change; and facilitating a
253.7 client's access to community supports.

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

253.12 Subd. 13. **Critical incident.** "Critical incident" means an occurrence involving a client
253.13 that requires a license holder to respond in a manner that is not part of the license holder's
253.14 ordinary daily routine. Critical incident includes a client's suicide, attempted suicide, or
253.15 homicide; a client's death; an injury to a client or other person that is life-threatening or
253.16 requires medical treatment; a fire that requires a fire department's response; alleged
253.17 maltreatment of a client; an assault of a client; an assault by a client; or other situation that
253.18 requires a response by law enforcement, the fire department, an ambulance, or another
253.19 emergency response provider.

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

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

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

253.30 Subd. 17. **Functional assessment.** "Functional assessment" means the assessment of a
253.31 client's current level of functioning relative to functioning that is appropriate for someone
253.32 the client's age. For a client five years of age or younger, a functional assessment is the
253.33 Early Childhood Service Intensity Instrument (ESCII). For a client six to 17 years of age,
253.34 a functional assessment is the Child and Adolescent Service Intensity Instrument (CASII).

254.1 For a client 18 years of age or older, a functional assessment is the functional assessment
254.2 described in section 245I.10, subdivision 9.

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

254.6 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
254.7 decision support tool appropriate to the client's age. For a client five years of age or younger,
254.8 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
254.9 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
254.10 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
254.11 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).

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

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

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

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

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

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

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

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

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

254.30 Subd. 29. **Mental illness.** "Mental illness" means any of the conditions included in the
254.31 most recent editions of the DC: 0-5 Diagnostic Classification of Mental Health and
254.32 Development Disorders of Infancy and Early Childhood published by Zero to Three or the

255.1 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
255.2 Association.

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

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

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

255.10 Subd. 33. **Rehabilitative mental health services.** "Rehabilitative mental health services"
255.11 means mental health services provided to an adult client that enable the client to develop
255.12 and achieve psychiatric stability, social competencies, personal and emotional adjustment,
255.13 independent living skills, family roles, and community skills when symptoms of mental
255.14 illness has impaired any of the client's abilities in these areas.

255.15 Subd. 34. **Residential program.** "Residential program" has the meaning given in section
255.16 245A.02, subdivision 14.

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

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

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

255.29 Subd. 38. **Trauma.** "Trauma" means an event, series of events, or set of circumstances
255.30 that is experienced by an individual as physically or emotionally harmful or life-threatening
255.31 that has lasting adverse effects on the individual's functioning and mental, physical, social,
255.32 emotional, or spiritual well-being. Trauma includes group traumatic experiences. Group
255.33 traumatic experiences are emotional or psychological harm that a group experiences. Group

256.1 traumatic experiences can be transmitted across generations within a community and are
256.2 often associated with racial and ethnic population groups who suffer major intergenerational
256.3 losses.

256.4 Subd. 39. **Treatment plan.** "Treatment plan" means services that a license holder
256.5 formulates to respond to a client's needs and goals. A treatment plan includes individual
256.6 treatment plans under section 245I.10, subdivisions 7 and 8; initial treatment plans under
256.7 section 245I.23, subdivision 7; and crisis treatment plans under sections 245I.23, subdivision
256.8 8, and 256B.0624, subdivision 11.

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

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

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

256.15 Subdivision 1. **Generally.** A license holder must establish, enforce, and maintain policies
256.16 and procedures to comply with the requirements of this chapter and chapters 245A, 245C,
256.17 and 260E; sections 626.557 and 626.5572; and Minnesota Rules, chapter 9544. The license
256.18 holder must make all policies and procedures available in writing to each staff person. The
256.19 license holder must complete and document a review of policies and procedures every two
256.20 years and update policies and procedures as necessary. Each policy and procedure must
256.21 identify the date that it was initiated and the dates of all revisions. The license holder must
256.22 clearly communicate any policy and procedural change to each staff person and provide
256.23 necessary training to each staff person to implement any policy and procedural change.

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

256.27 Subd. 3. **Client rights.** A license holder must have policies and procedures to ensure
256.28 that each staff person complies with the client rights and protections requirements in section
256.29 245I.12.

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

- 257.1 (b) A license holder's behavioral emergency procedures must include:
- 257.2 (1) a plan designed to prevent the client from inflicting self-harm and harming others;
- 257.3 (2) contact information for emergency resources that a staff person must use when the
- 257.4 license holder's behavioral emergency procedures are unsuccessful in controlling a client's
- 257.5 behavior;
- 257.6 (3) the types of behavioral emergency procedures that a staff person may use;
- 257.7 (4) the specific circumstances under which the program may use behavioral emergency
- 257.8 procedures; and
- 257.9 (5) the staff persons whom the license holder authorizes to implement behavioral
- 257.10 emergency procedures.
- 257.11 (c) The license holder's behavioral emergency procedures must not include secluding
- 257.12 or restraining a client except as allowed under section 245.8261.
- 257.13 (d) Staff persons must not use behavioral emergency procedures to enforce program
- 257.14 rules or for the convenience of staff persons. Behavioral emergency procedures must not
- 257.15 be part of any client's treatment plan. A staff person may not use behavioral emergency
- 257.16 procedures except in response to a client's current behavior that threatens the immediate
- 257.17 safety of the client or others.
- 257.18 Subd. 5. **Health services and medications.** If a license holder is licensed as a residential
- 257.19 program, stores or administers client medications, or observes clients self-administer
- 257.20 medications, the license holder must ensure that a staff person who is a registered nurse or
- 257.21 licensed prescriber reviews and approves of the license holder's policies and procedures to
- 257.22 comply with the health services and medications requirements in section 245I.11, the training
- 257.23 requirements in section 245I.05, subdivision 6, and the documentation requirements in
- 257.24 section 245I.08, subdivision 5.
- 257.25 Subd. 6. **Reporting maltreatment.** A license holder must have policies and procedures
- 257.26 for reporting a staff person's suspected maltreatment, abuse, or neglect of a client according
- 257.27 to chapter 260E and section 626.557.
- 257.28 Subd. 7. **Critical incidents.** If a license holder is licensed as a residential program, the
- 257.29 license holder must have policies and procedures for reporting and maintaining records of
- 257.30 critical incidents according to section 245I.13.
- 257.31 Subd. 8. **Personnel.** A license holder must have personnel policies and procedures that:

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

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

258.9 (3) prohibit a staff person from having sexual contact with a client in violation of chapter
258.10 604, sections 609.344 or 609.345;

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

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

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

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

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

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

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

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

259.1 **Sec. 5. [245I.04] PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.**

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

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

259.7 (1) a registered nurse who is licensed under sections 148.171 to 148.285 and is certified
259.8 as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and
259.9 mental health nursing by a national certification organization; or (ii) nurse practitioner in
259.10 adult or family psychiatric and mental health nursing by a national nurse certification
259.11 organization;

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

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

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

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

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

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

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

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

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

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

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

260.4 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
260.5 of the individual's clients belong, and completes the additional training described in section
260.6 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

260.7 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
260.8 256B.0943; or

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

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

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

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

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

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

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

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

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

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

261.1 provide skill-building services to a child client and complete treatment plans for a child
261.2 client.

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

261.6 (c) A mental health practitioner who provides services to clients according to section
261.7 256B.0624 or 256B.0944 may perform crisis assessments and interventions for a client.

261.8 Subd. 6. **Clinical trainee qualifications.** (a) A clinical trainee is a staff person who: (1)
261.9 is enrolled in an accredited graduate program of study to prepare the staff person for
261.10 independent licensure as a mental health professional and who is participating in a practicum
261.11 or internship with the license holder through the individual's graduate program; or (2) has
261.12 completed an accredited graduate program of study to prepare the staff person for independent
261.13 licensure as a mental health professional and who is in compliance with the requirements
261.14 of the applicable health-related licensing board, including requirements for supervised
261.15 practice.

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

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

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

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

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

261.32 Subd. 8. **Certified rehabilitation specialist qualifications.** A certified rehabilitation
261.33 specialist must have:

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

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

262.5 (3) a valid national certification as a certified rehabilitation counselor or certified
262.6 psychosocial rehabilitation practitioner.

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

262.11 (b) A certified rehabilitation specialist may provide treatment supervision to a mental
262.12 health certified peer specialist, mental health practitioner, and mental health rehabilitation
262.13 worker.

262.14 Subd. 10. **Mental health certified peer specialist qualifications.** A mental health
262.15 certified peer specialist must:

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

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

262.18 (3) have a valid certification as a mental health certified peer specialist under section
262.19 256B.0615.

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

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

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

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

262.27 Subd. 12. **Mental health certified family peer specialist qualifications.** A mental
262.28 health certified family peer specialist must:

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

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

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

263.3 Subd. 13. **Mental health certified family peer specialist scope of practice.** A mental
263.4 health certified family peer specialist under the treatment supervision of a mental health
263.5 professional must provide services to increase the child's ability to function in the child's
263.6 home, school, and community. The mental health certified family peer specialist must:

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

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

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

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

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

263.15 (6) establish and lead parent support groups;

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

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

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

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

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

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

263.25 (ii) have an associate of arts degree;

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

263.28 (iv) be a registered nurse;

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

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

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

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

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

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

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

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

264.24 Sec. 6. **[245I.05] TRAINING REQUIRED.**

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

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

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

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

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

265.8 Subd. 2. **Documentation of training.** (a) The license holder must provide training to
265.9 each staff person according to the training plan and must document that the license holder
265.10 provided the training to each staff person. The license holder must document the following
265.11 information for each staff person's training:

265.12 (1) the topics of the training;

265.13 (2) the name of the trainee;

265.14 (3) the name and credentials of the trainer;

265.15 (4) the license holder's method of evaluating the trainee's competency upon completion
265.16 of training;

265.17 (5) the date of the training; and

265.18 (6) the length of training in hours and minutes.

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

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

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

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

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

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

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

- 266.1 (3) emergency procedures that the staff person must follow when responding to a fire,
266.2 inclement weather, a report of a missing person, and a behavioral or medical emergency;
- 266.3 (4) specific activities and job functions for which the staff person is responsible, including
266.4 the license holder's program policies and procedures applicable to the staff person's position;
- 266.5 (5) professional boundaries that the staff person must maintain; and
- 266.6 (6) specific needs of each client to whom the staff person will be providing direct contact
266.7 services, including each client's developmental status, cognitive functioning, physical and
266.8 mental abilities.
- 266.9 (c) Before providing direct contact services to a client, a mental health rehabilitation
266.10 worker, mental health behavioral aide, or mental health practitioner qualified under section
266.11 245I.04, subdivision 4, must receive 30 hours of training about:
- 266.12 (1) mental illnesses;
- 266.13 (2) client recovery and resiliency;
- 266.14 (3) mental health de-escalation techniques;
- 266.15 (4) co-occurring mental illness and substance use disorders; and
- 266.16 (5) psychotropic medications and medication side effects.
- 266.17 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
266.18 trainee, mental health practitioner, mental health certified peer specialist, or mental health
266.19 rehabilitation worker must receive training about:
- 266.20 (1) trauma-informed care and secondary trauma;
- 266.21 (2) person-centered individual treatment plans, including seeking partnerships with
266.22 family and other natural supports;
- 266.23 (3) co-occurring substance use disorders; and
- 266.24 (4) culturally responsive treatment practices.
- 266.25 (e) Within 90 days of first providing direct contact services to a child client, a clinical
266.26 trainee, mental health practitioner, mental health certified family peer specialist, mental
266.27 health certified peer specialist, or mental health behavioral aide must receive training about
266.28 the topics in clauses (1) to (5). This training must address the developmental characteristics
266.29 of each child served by the license holder and address the needs of each child in the context
266.30 of the child's family, support system, and culture. Training topics must include:

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

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

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

267.6 (4) culturally responsive treatment practices; and

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

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

267.10 Subd. 4. **Ongoing training.** (a) A license holder must ensure that staff persons who
267.11 provide direct contact services to clients receive annual training about the topics in
267.12 subdivision 3, paragraphs (a) and (b), clauses (1) to (3).

267.13 (b) A license holder must ensure that each staff person who is qualified under section
267.14 245I.04 who is not a mental health professional receives 30 hours of training every two
267.15 years. The training topics must be based on the program's needs and the staff person's areas
267.16 of competency.

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

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

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

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

268.1 **Sec. 7. [245I.06] TREATMENT SUPERVISION.**

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

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

268.10 **(1) a review and evaluation of the interventions that the staff person delivers to each**
268.11 **client;**

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

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

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

268.17 **(5) evaluation of and feedback regarding a direct service staff person's areas of**
268.18 **competency; and**

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

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

268.23 **(d) A treatment supervisor's responsibility for a staff person receiving treatment**
268.24 **supervision is limited to the services provided by the associated license holder. If a staff**
268.25 **person receiving treatment supervision is employed by multiple license holders, each license**
268.26 **holder is responsible for providing treatment supervision related to the treatment of the**
268.27 **license holder's clients.**

268.28 **Subd. 2. Treatment supervision planning. (a) A treatment supervisor and the staff**
268.29 **person supervised by the treatment supervisor must develop a written treatment supervision**
268.30 **plan. The license holder must ensure that a new staff person's treatment supervision plan is**
268.31 **completed and implemented by a treatment supervisor and the new staff person within 30**

269.1 days of the new staff person's first day of employment. The license holder must review and
269.2 update each staff person's treatment supervision plan annually.

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

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

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

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

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

269.12 Subd. 3. Treatment supervision and direct observation of mental health

269.13 rehabilitation workers and mental health behavioral aides. (a) A mental health behavioral
269.14 aide or a mental health rehabilitation worker must receive direct observation from a mental
269.15 health professional, clinical trainee, certified rehabilitation specialist, or mental health
269.16 practitioner while the mental health behavioral aide or mental health rehabilitation worker
269.17 provides treatment services to clients, no less than twice per month for the first six months
269.18 of employment and once per month thereafter. The staff person performing the direct
269.19 observation must approve of the progress note for the observed treatment service.

269.20 (b) For a mental health rehabilitation worker qualified under section 245I.04, subdivision
269.21 14, paragraph (a), clause (2), item (i), treatment supervision in the first 2,000 hours of work
269.22 must at a minimum consist of:

269.23 (1) monthly individual supervision; and

269.24 (2) direct observation twice per month.

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

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

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

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

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

- 270.1 (4) a description of the staff person's job responsibilities with the license holder;
- 270.2 (5) the date that the staff person's specific duties and responsibilities became effective,
- 270.3 including the date that the staff person began having direct contact with clients;
- 270.4 (6) documentation of the staff person's training as required by section 245I.05, subdivision
- 270.5 2;
- 270.6 (7) a verification copy of license renewals that the staff person completed during the
- 270.7 staff person's employment;
- 270.8 (8) annual job performance evaluations; and
- 270.9 (9) if applicable, the staff person's alleged and substantiated violations of the license
- 270.10 holder's policies under section 245I.03, subdivision 8, clauses (3) to (7), and the license
- 270.11 holder's response.
- 270.12 (b) The license holder must ensure that all personnel files are readily accessible for the
- 270.13 commissioner's review. The license holder is not required to keep personnel files in a single
- 270.14 location.
- 270.15 Sec. 9. **[245I.08] DOCUMENTATION STANDARDS.**
- 270.16 Subdivision 1. **Generally.** A license holder must ensure that all documentation required
- 270.17 by this chapter complies with this section.
- 270.18 Subd. 2. **Documentation standards.** A license holder must ensure that all documentation
- 270.19 required by this chapter:
- 270.20 (1) is legible;
- 270.21 (2) identifies the applicable client and staff person on each page; and
- 270.22 (3) is signed and dated by the staff persons who provided services to the client or
- 270.23 completed the documentation, including the staff persons' credentials.
- 270.24 Subd. 3. **Documenting approval.** A license holder must ensure that all diagnostic
- 270.25 assessments, functional assessments, level of care assessments, and treatment plans completed
- 270.26 by a clinical trainee or mental health practitioner contain documentation of approval by a
- 270.27 treatment supervisor within five business days of initial completion by the staff person under
- 270.28 treatment supervision.
- 270.29 Subd. 4. **Progress notes.** A license holder must use a progress note to document each
- 270.30 occurrence of a mental health service that a staff person provides to a client. A progress
- 270.31 note must include the following:

- 271.1 (1) the type of service;
- 271.2 (2) the date of service;
- 271.3 (3) the start and stop time of the service unless the license holder is licensed as a
271.4 residential program;
- 271.5 (4) the location of the service;
- 271.6 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
271.7 intervention that the staff person provided to the client and the methods that the staff person
271.8 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
271.9 actions, including changes in treatment that the staff person will implement if the intervention
271.10 was ineffective; and (v) the service modality;
- 271.11 (6) the signature, printed name, and credentials of the staff person who provided the
271.12 service to the client;
- 271.13 (7) the mental health provider travel documentation required by section 256B.0625, if
271.14 applicable; and
- 271.15 (8) significant observations by the staff person, if applicable, including: (i) the client's
271.16 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with
271.17 or referrals to other professionals, family, or significant others; and (iv) changes in the
271.18 client's mental or physical symptoms.
- 271.19 Subd. 5. **Medication administration record.** If a license holder administers or observes
271.20 a client self-administer medications, the license holder must maintain a medication
271.21 administration record for each client that contains the following, as applicable:
- 271.22 (1) the client's date of birth;
- 271.23 (2) the client's allergies;
- 271.24 (3) all medication orders for the client, including client-specific orders for
271.25 over-the-counter medications and approved condition-specific protocols;
- 271.26 (4) the name of each ordered medication, date of each medication's expiration, each
271.27 medication's dosage frequency, method of administration, and time;
- 271.28 (5) the licensed prescriber's name and telephone number;
- 271.29 (6) the date of initiation;
- 271.30 (7) the signature, printed name, and credentials of the staff person who administered the
271.31 medication or observed the client self-administer the medication; and

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

272.3 Sec. 10. **[245I.09] CLIENT FILES.**

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

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

272.15 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
272.16 client for a minimum of five years from the date of the client's discharge. A license holder
272.17 who ceases to provide treatment services to a client must retain the client's records for a
272.18 minimum of five years from the date that the license holder stopped providing services to
272.19 the client and must notify the commissioner of the location of the client records and the
272.20 name of the individual responsible for storing and maintaining the client records.

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

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

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

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

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

272.30 (5) the client's crisis plans;

272.31 (6) the client's consents for releases of information and documentation of the client's
272.32 releases of information;

- 273.1 (7) the client's significant medical and health-related information;
- 273.2 (8) a record of each communication that a staff person has with the client's other mental
- 273.3 health providers and persons interested in the client, including the client's case manager,
- 273.4 family members, primary caregiver, legal representatives, court representatives,
- 273.5 representatives from the correctional system, or school administration;
- 273.6 (9) written information by the client that the client requests to include in the client's file;
- 273.7 and
- 273.8 (10) the date of the client's discharge from the license holder's program, the reason that
- 273.9 the license holder discontinued services for the client, and the client's discharge summaries.
- 273.10 Sec. 11. [245I.10] ASSESSMENT AND TREATMENT PLANNING.
- 273.11 Subdivision 1. **Definitions.** (a) "Diagnostic formulation" means a written analysis and
- 273.12 explanation of a client's clinical assessment to develop a hypothesis about the cause and
- 273.13 nature of a client's presenting problems and to identify the most suitable approach for treating
- 273.14 the client.
- 273.15 (b) "Responsivity factors" means the factors other than the diagnostic formulation that
- 273.16 may modify a client's treatment needs. This includes a client's learning style, abilities,
- 273.17 cognitive functioning, cultural background, and personal circumstances. When documenting
- 273.18 a client's responsivity factors a mental health professional or clinical trainee must include
- 273.19 an analysis of how a client's strengths are reflected in the license holder's plan to deliver
- 273.20 services to the client.
- 273.21 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or
- 273.22 crisis assessment to determine a client's eligibility for mental health services, except as
- 273.23 provided in this section.
- 273.24 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
- 273.25 provide a client with the following services:
- 273.26 (1) an explanation of findings;
- 273.27 (2) neuropsychological testing, neuropsychological assessment, and psychological
- 273.28 testing;
- 273.29 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
- 273.30 family psychoeducation sessions not to exceed three sessions;
- 273.31 (4) crisis assessment services according to section 256B.0624; and

274.1 (5) ten days of intensive residential treatment services according to the assessment and
274.2 treatment planning standards in section 245.23, subdivision 7.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

275.13 (b) For any client with an individual treatment plan completed under section 256B.0622,
275.14 256B.0623, 256B.0943, 256B.0946, or 256B.0947 or Minnesota Rules, parts 9505.0370 to
275.15 9505.0372, the client's treatment plan is valid for authorizing treatment and billing until the
275.16 treatment plan's expiration date.

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

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

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

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

275.31 (1) age;

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

275.33 (3) history of mental health treatment;

276.1 (4) cultural influences on the client; and

276.2 (5) mental status examination.

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

276.7 (d) A mental health professional or clinical trainee may use treatment sessions with the
276.8 client authorized by a brief diagnostic assessment to gather additional information about
276.9 the client to complete the client's standard diagnostic assessment if the number of sessions
276.10 will exceed the coverage limits in subdivision 2.

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

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

276.19 (1) the client's age;

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

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

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

276.24 (5) the client's current medications;

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

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

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

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

276.30 (10) cultural influences on the client.

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

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

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

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

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

277.12 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

277.13 (6) the client's health history and the client's family health history, including the client's
277.14 physical, chemical, and mental health history.

277.15 (d) When completing a standard diagnostic assessment of a client, an assessor must use
277.16 a recognized diagnostic framework.

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

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

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

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

277.30 (5) When completing a standard diagnostic assessment of a client who is 18 years of
277.31 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
277.32 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders

278.1 published by the American Psychiatric Association to screen and assess the client for a
278.2 substance use disorder.

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

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

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

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

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

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

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

278.22 (2) when developing a service plan; and

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

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

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

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

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

279.4 (4) identify the client's treatment goals, measurable treatment objectives, a schedule
279.5 for accomplishing the client's treatment goals and objectives, a treatment strategy, and the
279.6 individuals responsible for providing treatment services and supports to the client. The
279.7 license holder must have a treatment strategy to engage the client in treatment if the client:

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

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

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

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

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

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

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

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

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

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

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

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

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

280.10 (iii) the client's substance use;

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

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

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

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

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

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

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

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

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

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

280.26 Sec. 12. [245L.11] HEALTH SERVICES AND MEDICATIONS.

280.27 Subdivision 1. Generally. If a license holder is licensed as a residential program, stores
280.28 or administers client medications, or observes clients self-administer medications, the license
280.29 holder must ensure that a staff person who is a registered nurse or licensed prescriber is
280.30 responsible for overseeing storage and administration of client medications and observing

281.1 as a client self-administers medications, including training according to section 245I.05,
281.2 subdivision 6, and documenting the occurrence according to section 245I.08, subdivision
281.3 5.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

281.30 (b) If a license holder is licensed as a residential program, the license holder must allow
281.31 clients who self-administer medications to keep a private medication supply. The license

282.1 holder must ensure that the client stores all private medication in a locked container in the
282.2 client's private living area, unless the private medication supply poses a health and safety
282.3 risk to any clients. A client must not maintain a private medication supply of a prescription
282.4 medication without a written medication order from a licensed prescriber and a prescription
282.5 label that includes the client's name.

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

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

282.10 (2) accept nonwritten orders to administer client medications in emergency circumstances
282.11 only;

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

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

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

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

282.21 Subd. 5. **Medication administration.** If a license holder is licensed as a residential
282.22 program, the license holder must:

282.23 (1) assess and document each client's ability to self-administer medication. In the
282.24 assessment, the license holder must evaluate the client's ability to: (i) comply with prescribed
282.25 medication regimens; and (ii) store the client's medications safely and in a manner that
282.26 protects other individuals in the facility. Through the assessment process, the license holder
282.27 must assist the client in developing the skills necessary to safely self-administer medication;

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

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

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

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

283.8 **Sec. 13. [245L.12] CLIENT RIGHTS AND PROTECTIONS.**

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

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

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

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

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

283.22 Subd. 3. **Notice of rights.** The license holder must give a copy of the client's rights
283.23 according to this section to each client on the day of the client's admission. The license
283.24 holder must document that the license holder gave a copy of the client's rights to each client
283.25 on the day of the client's admission according to this section. The license holder must post
283.26 a copy of the client rights in an area visible or accessible to all clients. The license holder
283.27 must include the client rights in Minnesota Rules, chapter 9544, for applicable clients.

283.28 Subd. 4. **Client property.** (a) The license holder must meet the requirements of section
283.29 245A.04, subdivision 13.

283.30 (b) If the license holder is unable to obtain a client's signature acknowledging the receipt
283.31 or disbursement of the client's funds or property required by section 245A.04, subdivision
283.32 13, paragraph (c), clause (1), two staff persons must sign documentation acknowledging

284.1 that the staff persons witnessed the client's receipt or disbursement of the client's funds or
284.2 property.

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

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

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

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

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

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

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

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

284.26 (c) The license holder must:

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

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

284.31 (3) within three business days of receiving a client's grievance, acknowledge in writing
284.32 that the license holder received the client's grievance. If applicable, the license holder must

285.1 include a notice of the client's separate appeal rights for a managed care organization's
285.2 reduction, termination, or denial of a covered service;

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

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

285.8 **Sec. 14. [245I.13] CRITICAL INCIDENTS.**

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

285.14 **Sec. 15. [245I.20] MENTAL HEALTH CLINIC.**

285.15 Subdivision 1. **Purpose.** Certified mental health clinics provide clinical services for the
285.16 treatment of mental illnesses with a treatment team that reflects multiple disciplines and
285.17 areas of expertise.

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

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

286.1 (c) "Discipline" means a branch of professional knowledge or skill acquired through a
286.2 specific course of study, training, and supervised practice. Discipline is usually documented
286.3 by a specific educational degree, licensure, or certification of proficiency. Examples of the
286.4 mental health disciplines include but are not limited to psychiatry, psychology, clinical
286.5 social work, marriage and family therapy, clinical counseling, and psychiatric nursing.

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

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

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

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

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

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

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

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

286.32 (b) The treatment team must include:

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

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

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

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

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

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

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

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

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

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

288.1 Subd. 6. **Additional policy and procedure requirements.** (a) In addition to the policies
288.2 and procedures required by section 245I.03, the certification holder must establish, enforce,
288.3 and maintain the policies and procedures required by this subdivision.

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

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

288.8 (1) outline the client intake process;

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

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

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

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

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

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

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

288.30 (3) measuring and evaluating client outcomes;

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

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

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

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

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

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

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

289.13 (d) When the commissioner receives an application for initial certification that is
289.14 incomplete because the applicant failed to submit required documents or is deficient because
289.15 the submitted documents do not meet certification requirements, the commissioner must
289.16 provide the applicant with written notice that the application is incomplete or deficient. In
289.17 the notice, the commissioner must identify the particular documents that are missing or
289.18 deficient and give the applicant 45 days to submit a second application that is complete. An
289.19 applicant's failure to submit a complete application within 45 days after receiving notice
289.20 from the commissioner is a basis for certification denial.

289.21 (e) The commissioner must give notice of a denial to an applicant when the commissioner
289.22 has made the decision to deny the certification application. In the notice of denial, the
289.23 commissioner must state the reasons for the denial in plain language. The commissioner
289.24 must send or deliver the notice of denial to an applicant by certified mail or personal service.
289.25 In the notice of denial, the commissioner must state the reasons that the commissioner denied
289.26 the application and must inform the applicant of the applicant's right to request a contested
289.27 case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The
289.28 applicant may appeal the denial by notifying the commissioner in writing by certified mail
289.29 or personal service. If mailed, the appeal must be postmarked and sent to the commissioner
289.30 within 20 calendar days after the applicant received the notice of denial. If an applicant
289.31 delivers an appeal by personal service, the commissioner must receive the appeal within 20
289.32 calendar days after the applicant received the notice of denial.

289.33 Subd. 11. **Commissioner's right of access.** (a) When the commissioner is exercising
289.34 the powers conferred to the commissioner by this chapter, if the mental health clinic is in

290.1 operation and the information is relevant to the commissioner's inspection or investigation,
290.2 the certification holder must provide the commissioner access to:

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

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

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

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

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

290.8 (b) The certification holder must provide the commissioner with access to the facility
290.9 and grounds, documentation and records, clients, and staff without prior notice and as often
290.10 as the commissioner considers necessary if the commissioner is investigating alleged
290.11 maltreatment or a violation of a law or rule, or conducting an inspection. When conducting
290.12 an inspection, the commissioner may request and must receive assistance from other state,
290.13 county, and municipal governmental agencies and departments. The applicant or certification
290.14 holder must allow the commissioner, at the commissioner's expense, to photocopy,
290.15 photograph, and make audio and video recordings during an inspection.

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

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

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

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

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

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

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

290.30 (b) If the applicant or certification holder believes that the commissioner's correction
290.31 order is erroneous, the applicant or certification holder may ask the commissioner to

291.1 reconsider the part of the correction order that is allegedly erroneous. An applicant or
291.2 certification holder must make a request for reconsideration in writing. The request must
291.3 be postmarked and sent to the commissioner within 20 calendar days after the applicant or
291.4 certification holder received the correction order; and the request must:

291.5 (1) specify the part of the correction order that is allegedly erroneous;

291.6 (2) explain why the specified part is erroneous; and

291.7 (3) include documentation to support the allegation of error.

291.8 (c) A request for reconsideration does not stay any provision or requirement of the
291.9 correction order. The commissioner's disposition of a request for reconsideration is final
291.10 and not subject to appeal.

291.11 (d) If the commissioner finds that the applicant or certification holder failed to correct
291.12 the violation specified in the correction order, the commissioner may decertify the certified
291.13 mental health clinic according to subdivision 14.

291.14 (e) Nothing in this subdivision prohibits the commissioner from decertifying a mental
291.15 health clinic according to subdivision 14.

291.16 Subd. 14. **Decertification.** (a) The commissioner may decertify a mental health clinic
291.17 if a certification holder:

291.18 (1) failed to comply with an applicable law or rule; or

291.19 (2) knowingly withheld relevant information from or gave false or misleading information
291.20 to the commissioner in connection with an application for certification, during an
291.21 investigation, or regarding compliance with applicable laws or rules.

291.22 (b) When considering decertification of a mental health clinic, the commissioner must
291.23 consider the nature, chronicity, or severity of the violation of law or rule and the effect of
291.24 the violation on the health, safety, or rights of clients.

291.25 (c) If the commissioner decertifies a mental health clinic, the order of decertification
291.26 must inform the certification holder of the right to have a contested case hearing under
291.27 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The certification holder
291.28 may appeal the decertification. The certification holder must appeal a decertification in
291.29 writing and send or deliver the appeal to the commissioner by certified mail or personal
291.30 service. If the certification holder mails the appeal, the appeal must be postmarked and sent
291.31 to the commissioner within ten calendar days after the certification holder receives the order
291.32 of decertification. If the certification holder delivers an appeal by personal service, the

292.1 commissioner must receive the appeal within ten calendar days after the certification holder
292.2 received the order. If a certification holder submits a timely appeal of an order of
292.3 decertification, the certification holder may continue to operate the program until the
292.4 commissioner issues a final order on the decertification.

292.5 (d) If the commissioner decertifies a mental health clinic pursuant to paragraph (a),
292.6 clause (1), based on a determination that the mental health clinic was responsible for
292.7 maltreatment, and if the certification holder appeals the decertification according to paragraph
292.8 (c), and appeals the maltreatment determination under section 260E.33, the final
292.9 decertification determination is stayed until the commissioner issues a final decision regarding
292.10 the maltreatment appeal.

292.11 Subd. 15. **Transfer prohibited.** A certification issued under this section is only valid
292.12 for the premises and the individual, organization, or government entity identified by the
292.13 commissioner on the certification. A certification is not transferable or assignable.

292.14 Subd. 16. **Notifications required and noncompliance.** (a) A certification holder must
292.15 notify the commissioner, in a manner prescribed by the commissioner, and obtain the
292.16 commissioner's approval before making any change to the name of the certification holder
292.17 or the location of the mental health clinic.

292.18 (b) Changes in mental health clinic organization, staffing, treatment, or quality assurance
292.19 procedures that affect the ability of the certification holder to comply with the minimum
292.20 standards of this section must be reported in writing by the certification holder to the
292.21 commissioner within 15 days of the occurrence. Review of the change must be conducted
292.22 by the commissioner. A certification holder with changes resulting in noncompliance in
292.23 minimum standards must receive written notice and may have up to 180 days to correct the
292.24 areas of noncompliance before being decertified. Interim procedures to resolve the
292.25 noncompliance on a temporary basis must be developed and submitted in writing to the
292.26 commissioner for approval within 30 days of the commissioner's determination of the
292.27 noncompliance. Not reporting an occurrence of a change that results in noncompliance
292.28 within 15 days, failure to develop an approved interim procedure within 30 days of the
292.29 determination of the noncompliance, or nonresolution of the noncompliance within 180
292.30 days will result in immediate decertification.

292.31 (c) The mental health clinic may be required to submit written information to the
292.32 department to document that the mental health clinic has maintained compliance with this
292.33 section and mental health clinic procedures.

293.1 Sec. 16. **[245L.23] INTENSIVE RESIDENTIAL TREATMENT SERVICES AND**
293.2 **RESIDENTIAL CRISIS STABILIZATION.**

293.3 **Subdivision 1. Purpose.** (a) Intensive residential treatment services is a community-based
293.4 medically monitored level of care for an adult client that uses established rehabilitative
293.5 principles to promote a client's recovery and to develop and achieve psychiatric stability,
293.6 personal and emotional adjustment, self-sufficiency, and other skills that help a client
293.7 transition to a more independent setting.

293.8 (b) Residential crisis stabilization provides structure and support to an adult client in a
293.9 community living environment when a client has experienced a mental health crisis and
293.10 needs short-term services to ensure that the client can safely return to the client's home or
293.11 precrisis living environment with additional services and supports identified in the client's
293.12 crisis assessment.

293.13 **Subd. 2. Definitions.** (a) "Program location" means a set of rooms that are each physically
293.14 self-contained and have defining walls extending from floor to ceiling. Program location
293.15 includes bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

293.16 (b) "Treatment team" means a group of staff persons who provide intensive residential
293.17 treatment services or residential crisis stabilization to clients. The treatment team includes
293.18 mental health professionals, mental health practitioners, clinical trainees, certified
293.19 rehabilitation specialists, mental health rehabilitation workers, and mental health certified
293.20 peer specialists.

293.21 **Subd. 3. Treatment services description.** The license holder must describe in writing
293.22 all treatment services that the license holder provides. The license holder must have the
293.23 description readily available for the commissioner upon the commissioner's request.

293.24 **Subd. 4. Required intensive residential treatment services.** (a) On a daily basis, the
293.25 license holder must follow a client's treatment plan to provide intensive residential treatment
293.26 services to the client to improve the client's functioning.

293.27 (b) The license holder must offer and have the capacity to directly provide the following
293.28 treatment services to each client:

293.29 (1) rehabilitative mental health services;

293.30 (2) crisis prevention planning to assist a client with:

293.31 (i) identifying and addressing patterns in the client's history and experience of the client's
293.32 mental illness; and

294.1 (ii) developing crisis prevention strategies that include de-escalation strategies that have
294.2 been effective for the client in the past;

294.3 (3) health services and administering medication;

294.4 (4) co-occurring substance use disorder treatment;

294.5 (5) engaging the client's family and other natural supports in the client's treatment and
294.6 educating the client's family and other natural supports to strengthen the client's social and
294.7 family relationships; and

294.8 (6) making referrals for the client to other service providers in the community and
294.9 supporting the client's transition from intensive residential treatment services to another
294.10 setting.

294.11 (c) The license holder must include Illness Management and Recovery (IMR), Enhanced
294.12 Illness Management and Recovery (E-IMR), or other similar interventions in the license
294.13 holder's programming as approved by the commissioner.

294.14 Subd. 5. **Required residential crisis stabilization services.** (a) On a daily basis, the
294.15 license holder must follow a client's individual crisis treatment plan to provide services to
294.16 the client in residential crisis stabilization to improve the client's functioning.

294.17 (b) The license holder must offer and have the capacity to directly provide the following
294.18 treatment services to the client:

294.19 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

294.20 (2) rehabilitative mental health services;

294.21 (3) health services and administering the client's medications; and

294.22 (4) making referrals for the client to other service providers in the community and
294.23 supporting the client's transition from residential crisis stabilization to another setting.

294.24 Subd. 6. **Optional treatment services.** (a) If the license holder offers additional treatment
294.25 services to a client, the treatment service must be:

294.26 (1) approved by the commissioner; and

294.27 (2)(i) a mental health evidence-based practice that the federal Department of Health and
294.28 Human Services Substance Abuse and Mental Health Service Administration has adopted;

294.29 (ii) a nationally recognized mental health service that substantial research has validated
294.30 as effective in helping individuals with serious mental illness achieve treatment goals; or

295.1 (iii) developed under state-sponsored research of publicly funded mental health programs
295.2 and validated to be effective for individuals, families, and communities.

295.3 (b) Before providing an optional treatment service to a client, the license holder must
295.4 provide adequate training to a staff person about providing the optional treatment service
295.5 to a client.

295.6 **Subd. 7. Intensive residential treatment services assessment and treatment**
295.7 **planning.** (a) Within 12 hours of a client's admission, the license holder must evaluate and
295.8 document the client's immediate needs, including the client's:

295.9 (1) health and safety, including the client's need for crisis assistance;

295.10 (2) responsibilities for children, family and other natural supports, and employers; and

295.11 (3) housing and legal issues.

295.12 (b) Within 24 hours of the client's admission, the license holder must complete an initial
295.13 treatment plan for the client. The license holder must:

295.14 (1) base the client's initial treatment plan on the client's referral information and an
295.15 assessment of the client's immediate needs;

295.16 (2) consider crisis assistance strategies that have been effective for the client in the past;

295.17 (3) identify the client's initial treatment goals, measurable treatment objectives, and
295.18 specific interventions that the license holder will use to help the client engage in treatment;

295.19 (4) identify the participants involved in the client's treatment planning. The client must
295.20 be a participant; and

295.21 (5) ensure that a treatment supervisor approves of the client's initial treatment plan if a
295.22 mental health practitioner or clinical trainee completes the client's treatment plan,
295.23 notwithstanding section 245I.08, subdivision 3.

295.24 (c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must
295.25 complete an individual abuse prevention plan as part of a client's initial treatment plan.

295.26 (d) Within five days of the client's admission and again within 60 days after the client's
295.27 admission, the license holder must complete a level of care assessment of the client. If the
295.28 license holder determines that a client does not need a medically monitored level of service,
295.29 a treatment supervisor must document how the client's admission to and continued services
295.30 in intensive residential treatment services are medically necessary for the client.

296.1 (e) Within ten days of a client's admission, the license holder must complete or review
296.2 and update the client's standard diagnostic assessment.

296.3 (f) Within ten days of a client's admission, the license holder must complete the client's
296.4 individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days
296.5 after the client's admission and again within 70 days after the client's admission, the license
296.6 holder must update the client's individual treatment plan. The license holder must focus the
296.7 client's treatment planning on preparing the client for a successful transition from intensive
296.8 residential treatment services to another setting. In addition to the required elements of an
296.9 individual treatment plan under section 245I.10, subdivision 8, the license holder must
296.10 identify the following information in the client's individual treatment plan: (1) the client's
296.11 referrals and resources for the client's health and safety; and (2) the staff persons who are
296.12 responsible for following up with the client's referrals and resources. If the client does not
296.13 receive a referral or resource that the client needs, the license holder must document the
296.14 reason that the license holder did not make the referral or did not connect the client to a
296.15 particular resource. The license holder is responsible for determining whether additional
296.16 follow-up is required on behalf of the client.

296.17 (g) Within 30 days of the client's admission, the license holder must complete a functional
296.18 assessment of the client. Within 60 days after the client's admission, the license holder must
296.19 update the client's functional assessment to include any changes in the client's functioning
296.20 and symptoms.

296.21 (h) For a client with a current substance use disorder diagnosis and for a client whose
296.22 substance use disorder screening in the client's standard diagnostic assessment indicates the
296.23 possibility that the client has a substance use disorder, the license holder must complete a
296.24 written assessment of the client's substance use within 30 days of the client's admission. In
296.25 the substance use assessment, the license holder must: (1) evaluate the client's history of
296.26 substance use, relapses, and hospitalizations related to substance use; (2) assess the effects
296.27 of the client's substance use on the client's relationships including with family member and
296.28 others; (3) identify financial problems, health issues, housing instability, and unemployment;
296.29 (4) assess the client's legal problems, past and pending incarceration, violence, and
296.30 victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking
296.31 prescribed medications, and noncompliance with psychosocial treatment.

296.32 (i) On a weekly basis, a mental health professional or certified rehabilitation specialist
296.33 must review each client's treatment plan and individual abuse prevention plan. The license
296.34 holder must document in the client's file each weekly review of the client's treatment plan
296.35 and individual abuse prevention plan.

297.1 Subd. 8. Residential crisis stabilization assessment and treatment planning. (a)

297.2 Within 12 hours of a client's admission, the license holder must evaluate the client and
297.3 document the client's immediate needs, including the client's:

297.4 (1) health and safety, including the client's need for crisis assistance;

297.5 (2) responsibilities for children, family and other natural supports, and employers; and

297.6 (3) housing and legal issues.

297.7 (b) Within 24 hours of a client's admission, the license holder must complete a crisis
297.8 treatment plan for the client under section 256B.0624, subdivision 11. The license holder
297.9 must base the client's crisis treatment plan on the client's referral information and an
297.10 assessment of the client's immediate needs.

297.11 (c) Section 245A.65, subdivision 2, paragraph (b), requires the license holder to complete
297.12 an individual abuse prevention plan for a client as part of the client's crisis treatment plan.

297.13 Subd. 9. Key staff positions. (a) The license holder must have a staff person assigned
297.14 to each of the following key staff positions at all times:

297.15 (1) a program director who qualifies as a mental health practitioner. The license holder
297.16 must designate the program director as responsible for all aspects of the operation of the
297.17 program and the program's compliance with all applicable requirements. The program
297.18 director must know and understand the implications of this chapter; chapters 245A, 245C,
297.19 and 260E; sections 626.557 and 626.5572; Minnesota Rules, chapter 9544; and all other
297.20 applicable requirements. The license holder must document in the program director's
297.21 personnel file how the program director demonstrates knowledge of these requirements.
297.22 The program director may also serve as the treatment director of the program, if qualified;

297.23 (2) a treatment director who qualifies as a mental health professional. The treatment
297.24 director must be responsible for overseeing treatment services for clients and the treatment
297.25 supervision of all staff persons; and

297.26 (3) a registered nurse who qualifies as a mental health practitioner. The registered nurse
297.27 must:

297.28 (i) work at the program location a minimum of eight hours per week;

297.29 (ii) provide monitoring and supervision of staff persons as defined in section 148.171,
297.30 subdivisions 8a and 23;

297.31 (iii) be responsible for the review and approval of health service and medication policies
297.32 and procedures under section 245I.03, subdivision 5; and

298.1 (iv) oversee the license holder's provision of health services to clients, medication storage,
298.2 and medication administration to clients.

298.3 (b) Within five business days of a change in a key staff position, the license holder must
298.4 notify the commissioner of the staffing change. The license holder must notify the
298.5 commissioner of the staffing change on a form approved by the commissioner and include
298.6 the name of the staff person now assigned to the key staff position and the staff person's
298.7 qualifications.

298.8 Subd. 10. **Minimum treatment team staffing levels and ratios.** (a) The license holder
298.9 must maintain a treatment team staffing level sufficient to:

298.10 (1) provide continuous daily coverage of all shifts;

298.11 (2) follow each client's treatment plan and meet each client's needs as identified in the
298.12 client's treatment plan;

298.13 (3) implement program requirements; and

298.14 (4) safely monitor and guide the activities of each client, taking into account the client's
298.15 level of behavioral and psychiatric stability, cultural needs, and vulnerabilities.

298.16 (b) The license holder must ensure that treatment team members:

298.17 (1) remain awake during all work hours; and

298.18 (2) are available to monitor and guide the activities of each client whenever clients are
298.19 present in the program.

298.20 (c) On each shift, the license holder must maintain a treatment team staffing ratio of at
298.21 least one treatment team member to nine clients. If the license holder is serving nine or
298.22 fewer clients, at least one treatment team member on the day shift must be a mental health
298.23 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.
298.24 If the license holder is serving more than nine clients, at least one of the treatment team
298.25 members working during both the day and evening shifts must be a mental health
298.26 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.

298.27 (d) If the license holder provides residential crisis stabilization to clients and is serving
298.28 at least one client in residential crisis stabilization and more than four clients in residential
298.29 crisis stabilization and intensive residential treatment services, the license holder must
298.30 maintain a treatment team staffing ratio on each shift of at least two treatment team members
298.31 during the client's first 48 hours in residential crisis stabilization.

299.1 Subd. 11. **Shift exchange.** A license holder must ensure that treatment team members
299.2 working on different shifts exchange information about a client as necessary to effectively
299.3 care for the client and to follow and update a client's treatment plan and individual abuse
299.4 prevention plan.

299.5 Subd. 12. **Daily documentation.** (a) For each day that a client is present in the program,
299.6 the license holder must provide a daily summary in the client's file that includes observations
299.7 about the client's behavior and symptoms, including any critical incidents in which the client
299.8 was involved.

299.9 (b) For each day that a client is not present in the program, the license holder must
299.10 document the reason for a client's absence in the client's file.

299.11 Subd. 13. **Access to a mental health professional, clinical trainee, certified**
299.12 rehabilitation specialist, or mental health practitioner. Treatment team members must
299.13 have access in person or by telephone to a mental health professional, clinical trainee,
299.14 certified rehabilitation specialist, or mental health practitioner within 30 minutes. The license
299.15 holder must maintain a schedule of mental health professionals, clinical trainees, certified
299.16 rehabilitation specialists, or mental health practitioners who will be available and contact
299.17 information to reach them. The license holder must keep the schedule current and make the
299.18 schedule readily available to treatment team members.

299.19 Subd. 14. **Weekly team meetings.** (a) The license holder must hold weekly team meetings
299.20 and ancillary meetings according to this subdivision.

299.21 (b) A mental health professional or certified rehabilitation specialist must hold at least
299.22 one team meeting each calendar week and be physically present at the team meeting. All
299.23 treatment team members, including treatment team members who work on a part-time or
299.24 intermittent basis, must participate in a minimum of one team meeting during each calendar
299.25 week when the treatment team member is working for the license holder. The license holder
299.26 must document all weekly team meetings, including the names of meeting attendees.

299.27 (c) If a treatment team member cannot participate in a weekly team meeting, the treatment
299.28 team member must participate in an ancillary meeting. A mental health professional, certified
299.29 rehabilitation specialist, clinical trainee, or mental health practitioner who participated in
299.30 the most recent weekly team meeting may lead the ancillary meeting. During the ancillary
299.31 meeting, the treatment team member leading the ancillary meeting must review the
299.32 information that was shared at the most recent weekly team meeting, including revisions
299.33 to client treatment plans and other information that the treatment supervisors exchanged

300.1 with treatment team members. The license holder must document all ancillary meetings,
300.2 including the names of meeting attendees.

300.3 Subd. 15. **Intensive residential treatment services admission criteria.** (a) An eligible
300.4 client for intensive residential treatment services is an individual who:

300.5 (1) is age 18 or older;

300.6 (2) is diagnosed with a mental illness;

300.7 (3) because of a mental illness, has a substantial disability and functional impairment
300.8 in three or more areas listed in section 245I.10, subdivision 9, clause (4), that markedly
300.9 reduce the individual's self-sufficiency;

300.10 (4) has one or more of the following: a history of recurring or prolonged inpatient
300.11 hospitalizations during the past year, significant independent living instability, homelessness,
300.12 or very frequent use of mental health and related services with poor outcomes for the
300.13 individual; and

300.14 (5) in the written opinion of a mental health professional, needs mental health services
300.15 that available community-based services cannot provide, or is likely to experience a mental
300.16 health crisis or require a more restrictive setting if the individual does not receive intensive
300.17 rehabilitative mental health services.

300.18 (b) The license holder must not limit or restrict intensive residential treatment services
300.19 to a client based solely on:

300.20 (1) the client's substance use;

300.21 (2) the county in which the client resides; or

300.22 (3) whether the client elects to receive other services for which the client may be eligible,
300.23 including case management services.

300.24 (c) This subdivision does not prohibit the license holder from restricting admissions of
300.25 individuals who present an imminent risk of harm or danger to themselves or others.

300.26 Subd. 16. **Residential crisis stabilization services admission criteria.** An eligible client
300.27 for residential crisis stabilization is an individual who is age 18 or older and meets the
300.28 eligibility criteria in section 256B.0624, subdivision 3.

300.29 Subd. 17. **Admissions referrals and determinations.** (a) The license holder must
300.30 identify the information that the license holder needs to make a determination about a
300.31 person's admission referral.

301.1 (b) The license holder must:

301.2 (1) always be available to receive referral information about a person seeking admission
301.3 to the license holder's program;

301.4 (2) respond to the referral source within eight hours of receiving a referral and, within
301.5 eight hours, communicate with the referral source about what information the license holder
301.6 needs to make a determination concerning the person's admission;

301.7 (3) consider the license holder's staffing ratio and the areas of treatment team members'
301.8 competency when determining whether the license holder is able to meet the needs of a
301.9 person seeking admission; and

301.10 (4) determine whether to admit a person within 72 hours of receiving all necessary
301.11 information from the referral source.

301.12 Subd. 18. **Discharge standards.** (a) When a license holder discharges a client from a
301.13 program, the license holder must categorize the discharge as a successful discharge,
301.14 program-initiated discharge, or non-program-initiated discharge according to the criteria in
301.15 this subdivision. The license holder must meet the standards associated with the type of
301.16 discharge according to this subdivision.

301.17 (b) To successfully discharge a client from a program, the license holder must ensure
301.18 that the following criteria are met:

301.19 (1) the client must substantially meet the client's documented treatment plan goals and
301.20 objectives;

301.21 (2) the client must complete discharge planning with the treatment team; and

301.22 (3) the client and treatment team must arrange for the client to receive continuing care
301.23 at a less intensive level of care after discharge.

301.24 (c) Prior to successfully discharging a client from a program, the license holder must
301.25 complete the client's discharge summary and provide the client with a copy of the client's
301.26 discharge summary in plain language that includes:

301.27 (1) a brief review of the client's problems and strengths during the period that the license
301.28 holder provided services to the client;

301.29 (2) the client's response to the client's treatment plan;

301.30 (3) the goals and objectives that the license holder recommends that the client addresses
301.31 during the first three months following the client's discharge from the program;

302.1 (4) the recommended actions, supports, and services that will assist the client with a
302.2 successful transition from the program to another setting;

302.3 (5) the client's crisis plan; and

302.4 (6) the client's forwarding address and telephone number.

302.5 (d) For a non-program-initiated discharge of a client from a program, the following
302.6 criteria must be met:

302.7 (1)(i) the client has withdrawn the client's consent for treatment; (ii) the license holder
302.8 has determined that the client has the capacity to make an informed decision; and (iii) the
302.9 client does not meet the criteria for an emergency hold under section 253B.051, subdivision
302.10 2;

302.11 (2) the client has left the program against staff person advice;

302.12 (3) an entity with legal authority to remove the client has decided to remove the client
302.13 from the program; or

302.14 (4) a source of payment for the services is no longer available.

302.15 (e) Within ten days of a non-program-initiated discharge of a client from a program, the
302.16 license holder must complete the client's discharge summary in plain language that includes:

302.17 (1) the reasons for the client's discharge;

302.18 (2) a description of attempts by staff persons to enable the client to continue treatment
302.19 or to consent to treatment; and

302.20 (3) recommended actions, supports, and services that will assist the client with a
302.21 successful transition from the program to another setting.

302.22 (f) For a program-initiated discharge of a client from a program, the following criteria
302.23 must be met:

302.24 (1) the client is competent but has not participated in treatment or has not followed the
302.25 program rules and regulations and the client has not participated to such a degree that the
302.26 program's level of care is ineffective or unsafe for the client, despite multiple, documented
302.27 attempts that the license holder has made to address the client's lack of participation in
302.28 treatment;

302.29 (2) the client has not made progress toward the client's treatment goals and objectives
302.30 despite the license holder's persistent efforts to engage the client in treatment, and the license
302.31 holder has no reasonable expectation that the client will make progress at the program's

303.1 level of care nor does the client require the program's level of care to maintain the current
303.2 level of functioning;

303.3 (3) a court order or the client's legal status requires the client to participate in the program
303.4 but the client has left the program against staff person advice; or

303.5 (4) the client meets criteria for a more intensive level of care and a more intensive level
303.6 of care is available to the client.

303.7 (g) Prior to a program-initiated discharge of a client from a program, the license holder
303.8 must consult the client, the client's family and other natural supports, and the client's case
303.9 manager, if applicable, to review the issues involved in the program's decision to discharge
303.10 the client from the program. During the discharge review process, which must not exceed
303.11 five working days, the license holder must determine whether the license holder, treatment
303.12 team, and any interested persons can develop additional strategies to resolve the issues
303.13 leading to the client's discharge and to permit the client to have an opportunity to continue
303.14 receiving services from the license holder. The license holder may temporarily remove a
303.15 client from the program facility during the five-day discharge review period. The license
303.16 holder must document the client's discharge review in the client's file.

303.17 (h) Prior to a program-initiated discharge of a client from the program, the license holder
303.18 must complete the client's discharge summary and provide the client with a copy of the
303.19 discharge summary in plain language that includes:

303.20 (1) the reasons for the client's discharge;

303.21 (2) the alternatives to discharge that the license holder considered or attempted to
303.22 implement;

303.23 (3) the names of each individual who is involved in the decision to discharge the client
303.24 and a description of each individual's involvement; and

303.25 (4) recommended actions, supports, and services that will assist the client with a
303.26 successful transition from the program to another setting.

303.27 Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a
303.28 board and lodging facility, supervised living facility, or a boarding care home by the
303.29 Department of Health.

303.30 (b) The license holder must have a capacity of five to 16 beds and the program must not
303.31 be declared as an institution for mental disease.

304.1 (c) The license holder must furnish each program location to meet the psychological,
304.2 emotional, and developmental needs of clients.

304.3 (d) The license holder must provide one living room or lounge area per program location.
304.4 There must be space available to provide services according to each client's treatment plan,
304.5 such as an area for learning recreation time skills and areas for learning independent living
304.6 skills, such as laundering clothes and preparing meals.

304.7 (e) The license holder must ensure that each program location allows each client to have
304.8 privacy. Each client must have privacy during assessment interviews and counseling sessions.
304.9 Each client must have a space designated for the client to see outside visitors at the program
304.10 facility.

304.11 Subd. 20. **Physical separation of services.** If the license holder offers services to
304.12 individuals who are not receiving intensive residential treatment services or residential
304.13 stabilization at the program location, the license holder must inform the commissioner and
304.14 submit a plan for approval to the commissioner about how and when the license holder will
304.15 provide services. The license holder must only provide services to clients who are not
304.16 receiving intensive residential treatment services or residential crisis stabilization in an area
304.17 that is physically separated from the area in which the license holder provides clients with
304.18 intensive residential treatment services or residential crisis stabilization.

304.19 Subd. 21. **Dividing staff time between locations.** A license holder must obtain approval
304.20 from the commissioner prior to providing intensive residential treatment services or
304.21 residential crisis stabilization to clients in more than one program location under one license
304.22 and dividing one staff person's time between program locations during the same work period.

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

304.26 (b) The license holder must have policies and procedures for receiving referrals and
304.27 making admissions determinations about referred persons under subdivisions 14 to 16.

304.28 (c) The license holder must have policies and procedures for discharging clients under
304.29 subdivision 17. In the policies and procedures, the license holder must identify the staff
304.30 persons who are authorized to discharge clients from the program.

304.31 Subd. 23. **Quality assurance and improvement plan.** (a) A license holder must develop
304.32 a written quality assurance and improvement plan that includes a plan to:

304.33 (1) encourage ongoing consultation between members of the treatment team;

305.1 (2) obtain and evaluate feedback about services from clients, family and other natural
305.2 supports, referral sources, and staff persons;

305.3 (3) measure and evaluate client outcomes in the program;

305.4 (4) review critical incidents in the program;

305.5 (5) examine the quality of clinical services in the program; and

305.6 (6) self-monitor the license holder's compliance with this chapter.

305.7 (b) At least annually, the license holder must review, evaluate, and update the license
305.8 holder's quality assurance and improvement plan. The license holder's review must:

305.9 (1) document the actions that the license holder will take in response to the information
305.10 that the license holder obtains from the monitoring activities in the plan; and

305.11 (2) establish goals for improving the license holder's services to clients during the next
305.12 year.

305.13 Subd. 24. **Application.** When an applicant requests licensure to provide intensive
305.14 residential treatment services, residential crisis stabilization, or both to clients, the applicant
305.15 must submit, on forms that the commissioner provides, any documents that the commissioner
305.16 requires.

305.17 **Sec. 17. [256B.0671] COVERED MENTAL HEALTH SERVICES.**

305.18 Subdivision 1. **Definitions.** (a) "Clinical trainee" means a staff person who is qualified
305.19 under section 245I.04, subdivision 6.

305.20 (b) "Mental health practitioner" means a staff person who is qualified under section
305.21 245I.04, subdivision 4.

305.22 (c) "Mental health professional" means a staff person who is qualified under section
305.23 245I.04, subdivision 2.

305.24 Subd. 2. **Generally.** (a) An individual, organization, or government entity providing
305.25 mental health services to a client under this section must obtain a criminal background study
305.26 of each staff person or volunteer who is providing direct contact services to a client.

305.27 (b) An individual, organization, or government entity providing mental health services
305.28 to a client under this section must comply with all responsibilities that chapter 245I assigns
305.29 to a license holder, except section 245I.011, subdivision 1, unless all of the individual's,
305.30 organization's, or government entity's treatment staff are qualified as mental health
305.31 professionals.

306.1 (c) An individual, organization, or government entity providing mental health services
306.2 to a client under this section must comply with the following requirements if all of the
306.3 license holder's treatment staff are qualified as mental health professionals:

306.4 (1) provider qualifications and scopes of practice under section 245I.04;

306.5 (2) maintaining and updating personnel files under section 245I.07;

306.6 (3) documenting under section 245I.08;

306.7 (4) maintaining and updating client files under section 245I.09;

306.8 (5) completing client assessments and treatment planning under section 245I.10;

306.9 (6) providing clients with health services and medications under section 245I.11; and

306.10 (7) respecting and enforcing client rights under section 245I.12.

306.11 Subd. 3. **Adult day treatment services.** (a) Subject to federal approval, medical
306.12 assistance covers adult day treatment (ADT) services that are provided under contract with
306.13 the county board. Adult day treatment payment is subject to the conditions in paragraphs
306.14 (b) to (e). The provider must make reasonable and good faith efforts to report individual
306.15 client outcomes to the commissioner using instruments, protocols, and forms approved by
306.16 the commissioner.

306.17 (b) Adult day treatment is an intensive psychotherapeutic treatment to reduce or relieve
306.18 the effects of mental illness on a client to enable the client to benefit from a lower level of
306.19 care and to live and function more independently in the community. Adult day treatment
306.20 services must be provided to a client to stabilize the client's mental health and to improve
306.21 the client's independent living and socialization skills. Adult day treatment must consist of
306.22 at least one hour of group psychotherapy and must include group time focused on
306.23 rehabilitative interventions or other therapeutic services that a multidisciplinary team provides
306.24 to each client. Adult day treatment services are not a part of inpatient or residential treatment
306.25 services. The following providers may apply to become adult day treatment providers:

306.26 (1) a hospital accredited by the Joint Commission on Accreditation of Health
306.27 Organizations and licensed under sections 144.50 to 144.55;

306.28 (2) a community mental health center under section 256B.0625, subdivision 5; or

306.29 (3) an entity that is under contract with the county board to operate a program that meets
306.30 the requirements of section 245.4712, subdivision 2, and Minnesota Rules, parts 9505.0170
306.31 to 9505.0475.

306.32 (c) An adult day treatment (ADT) services provider must:

307.1 (1) ensure that the commissioner has approved of the organization as an adult day
307.2 treatment provider organization;

307.3 (2) ensure that a multidisciplinary team provides ADT services to a group of clients. A
307.4 mental health professional must supervise each multidisciplinary staff person who provides
307.5 ADT services;

307.6 (3) make ADT services available to the client at least two days a week for at least three
307.7 consecutive hours per day. ADT services may be longer than three hours per day, but medical
307.8 assistance may not reimburse a provider for more than 15 hours per week;

307.9 (4) provide ADT services to each client that includes group psychotherapy by a mental
307.10 health professional or clinical trainee and daily rehabilitative interventions by a mental
307.11 health professional, clinical trainee, or mental health practitioner; and

307.12 (5) include ADT services in the client's individual treatment plan, when appropriate.

307.13 The adult day treatment provider must:

307.14 (i) complete a functional assessment of each client under section 245I.10, subdivision
307.15 9;

307.16 (ii) notwithstanding section 245I.10, subdivision 8, review the client's progress and
307.17 update the individual treatment plan at least every 90 days until the client is discharged
307.18 from the program; and

307.19 (iii) include a discharge plan for the client in the client's individual treatment plan.

307.20 (d) To be eligible for adult day treatment, a client must:

307.21 (1) be 18 years of age or older;

307.22 (2) not reside in a nursing facility, hospital, institute of mental disease, or state-operated
307.23 treatment center unless the client has an active discharge plan that indicates a move to an
307.24 independent living setting within 180 days;

307.25 (3) have the capacity to engage in rehabilitative programming, skills activities, and
307.26 psychotherapy in the structured, therapeutic setting of an adult day treatment program and
307.27 demonstrate measurable improvements in functioning resulting from participation in the
307.28 adult day treatment program;

307.29 (4) have a level of care assessment under section 245I.02, subdivision 19, recommending
307.30 that the client participate in services with the level of intensity and duration of an adult day
307.31 treatment program; and

308.1 (5) have the recommendation of a mental health professional for adult day treatment
308.2 services. The mental health professional must find that adult day treatment services are
308.3 medically necessary for the client.

308.4 (e) Medical assistance does not cover the following services as adult day treatment
308.5 services:

308.6 (1) services that are primarily recreational or that are provided in a setting that is not
308.7 under medical supervision, including sports activities, exercise groups, craft hours, leisure
308.8 time, social hours, meal or snack time, trips to community activities, and tours;

308.9 (2) social or educational services that do not have or cannot reasonably be expected to
308.10 have a therapeutic outcome related to the client's mental illness;

308.11 (3) consultations with other providers or service agency staff persons about the care or
308.12 progress of a client;

308.13 (4) prevention or education programs that are provided to the community;

308.14 (5) day treatment for clients with a primary diagnosis of a substance use disorder;

308.15 (6) day treatment provided in the client's home;

308.16 (7) psychotherapy for more than two hours per day; and

308.17 (8) participation in meal preparation and eating that is not part of a clinical treatment
308.18 plan to address the client's eating disorder.

308.19 Subd. 4. **Explanation of findings.** (a) Subject to federal approval, medical assistance
308.20 covers an explanation of findings that a mental health professional or clinical trainee provides
308.21 when the provider has obtained the authorization from the client or the client's representative
308.22 to release the information.

308.23 (b) A mental health professional or clinical trainee provides an explanation of findings
308.24 to assist the client or related parties in understanding the results of the client's testing or
308.25 diagnostic assessment and the client's mental illness, and provides professional insight that
308.26 the client or related parties need to carry out a client's treatment plan. Related parties may
308.27 include the client's family and other natural supports and other service providers working
308.28 with the client.

308.29 (c) An explanation of findings is not paid for separately when a mental health professional
308.30 or clinical trainee explains the results of psychological testing or a diagnostic assessment
308.31 to the client or the client's representative as part of the client's psychological testing or a
308.32 diagnostic assessment.

309.1 Subd. 5. Family psychoeducation services. (a) Subject to federal approval, medical
309.2 assistance covers family psychoeducation services provided to a child up to age 21 with a
309.3 diagnosed mental health condition when identified in the child's individual treatment plan
309.4 and provided by a mental health professional or a clinical trainee who has determined it
309.5 medically necessary to involve family members in the child's care.

309.6 (b) "Family psychoeducation services" means information or demonstration provided
309.7 to an individual or family as part of an individual, family, multifamily group, or peer group
309.8 session to explain, educate, and support the child and family in understanding a child's
309.9 symptoms of mental illness, the impact on the child's development, and needed components
309.10 of treatment and skill development so that the individual, family, or group can help the child
309.11 to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental
309.12 health and long-term resilience.

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

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

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

309.25 (1) be 18 years of age or older;

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

309.28 (3) have either:

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

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

310.1 (4) be cognitively capable of participating in dialectical behavior therapy as an intensive
310.2 therapy program and be able and willing to follow program policies and rules to ensure the
310.3 safety of the client and others; and

310.4 (5) be at significant risk of one or more of the following if the client does not receive
310.5 dialectical behavior therapy:

310.6 (i) having a mental health crisis;

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

310.8 (iii) decompensating; or

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

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

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

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

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

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

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

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

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

310.28 (f) Group skills training must be provided by two mental health professionals or by a
310.29 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
310.30 Individual skills training must be provided by a mental health professional, a clinical trainee,
310.31 or a mental health practitioner.

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

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

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

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

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

311.10 **Subd. 7. Mental health clinical care consultation.** (a) Subject to federal approval,
311.11 medical assistance covers clinical care consultation for a person up to age 21 who is
311.12 diagnosed with a complex mental health condition or a mental health condition that co-occurs
311.13 with other complex and chronic conditions, when described in the person's individual
311.14 treatment plan and provided by a mental health professional or a clinical trainee.

311.15 (b) "Clinical care consultation" means communication from a treating mental health
311.16 professional to other providers or educators not under the treatment supervision of the
311.17 treating mental health professional who are working with the same client to inform, inquire,
311.18 and instruct regarding the client's symptoms; strategies for effective engagement, care, and
311.19 intervention needs; and treatment expectations across service settings and to direct and
311.20 coordinate clinical service components provided to the client and family.

311.21 **Subd. 8. Neuropsychological assessment.** (a) Subject to federal approval, medical
311.22 assistance covers a client's neuropsychological assessment.

311.23 (b) "Neuropsychological assessment" means a specialized clinical assessment of the
311.24 client's underlying cognitive abilities related to thinking, reasoning, and judgment that is
311.25 conducted by a qualified neuropsychologist. A neuropsychological assessment must include
311.26 a face-to-face interview with the client, interpretation of the test results, and preparation
311.27 and completion of a report.

311.28 (c) A client is eligible for a neuropsychological assessment if the client meets at least
311.29 one of the following criteria:

311.30 (1) the client has a known or strongly suspected brain disorder based on the client's
311.31 medical history or the client's prior neurological evaluation, including a history of significant
311.32 head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative
311.33 disorder, significant exposure to neurotoxins, central nervous system infection, metabolic

- 312.1 or toxic encephalopathy, fetal alcohol syndrome, or congenital malformation of the brain;
312.2 or
- 312.3 (2) the client has cognitive or behavioral symptoms that suggest that the client has an
312.4 organic condition that cannot be readily attributed to functional psychopathology or suspected
312.5 neuropsychological impairment in addition to functional psychopathology. The client's
312.6 symptoms may include:
- 312.7 (i) having a poor memory or impaired problem solving;
- 312.8 (ii) experiencing change in mental status evidenced by lethargy, confusion, or
312.9 disorientation;
- 312.10 (iii) experiencing a deteriorating level of functioning;
- 312.11 (iv) displaying a marked change in behavior or personality;
- 312.12 (v) in a child or an adolescent, having significant delays in acquiring academic skill or
312.13 poor attention relative to peers;
- 312.14 (vi) in a child or an adolescent, having reached a significant plateau in expected
312.15 development of cognitive, social, emotional, or physical functioning relative to peers; and
- 312.16 (vii) in a child or an adolescent, significant inability to develop expected knowledge,
312.17 skills, or abilities to adapt to new or changing cognitive, social, emotional, or physical
312.18 demands.
- 312.19 (d) The neuropsychological assessment must be completed by a neuropsychologist who:
- 312.20 (1) was awarded a diploma by the American Board of Clinical Neuropsychology, the
312.21 American Board of Professional Neuropsychology, or the American Board of Pediatric
312.22 Neuropsychology;
- 312.23 (2) earned a doctoral degree in psychology from an accredited university training program
312.24 and:
- 312.25 (i) completed an internship or its equivalent in a clinically relevant area of professional
312.26 psychology;
- 312.27 (ii) completed the equivalent of two full-time years of experience and specialized training,
312.28 at least one of which is at the postdoctoral level, supervised by a clinical neuropsychologist
312.29 in the study and practice of clinical neuropsychology and related neurosciences; and
- 312.30 (iii) holds a current license to practice psychology independently according to sections
312.31 144.88 to 144.98;

313.1 (3) is licensed or credentialed by another state's board of psychology examiners in the
313.2 specialty of neuropsychology using requirements equivalent to requirements specified by
313.3 one of the boards named in clause (1); or

313.4 (4) was approved by the commissioner as an eligible provider of neuropsychological
313.5 assessments prior to December 31, 2010.

313.6 **Subd. 9. Neuropsychological testing.** (a) Subject to federal approval, medical assistance
313.7 covers neuropsychological testing for clients.

313.8 (b) "Neuropsychological testing" means administering standardized tests and measures
313.9 designed to evaluate the client's ability to attend to, process, interpret, comprehend,
313.10 communicate, learn, and recall information and use problem solving and judgment.

313.11 (c) Medical assistance covers neuropsychological testing of a client when the client:

313.12 (1) has a significant mental status change that is not a result of a metabolic disorder and
313.13 that has failed to respond to treatment;

313.14 (2) is a child or adolescent with a significant plateau in expected development of
313.15 cognitive, social, emotional, or physical function relative to peers;

313.16 (3) is a child or adolescent with a significant inability to develop expected knowledge,
313.17 skills, or abilities to adapt to new or changing cognitive, social, physical, or emotional
313.18 demands; or

313.19 (4) has a significant behavioral change, memory loss, or suspected neuropsychological
313.20 impairment in addition to functional psychopathology, or other organic brain injury or one
313.21 of the following:

313.22 (i) traumatic brain injury;

313.23 (ii) stroke;

313.24 (iii) brain tumor;

313.25 (iv) substance use disorder;

313.26 (v) cerebral anoxic or hypoxic episode;

313.27 (vi) central nervous system infection or other infectious disease;

313.28 (vii) neoplasms or vascular injury of the central nervous system;

313.29 (viii) neurodegenerative disorders;

313.30 (ix) demyelinating disease;

- 314.1 (x) extrapyramidal disease;
- 314.2 (xi) exposure to systemic or intrathecal agents or cranial radiation known to be associated
314.3 with cerebral dysfunction;
- 314.4 (xii) systemic medical conditions known to be associated with cerebral dysfunction,
314.5 including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and
314.6 related hematologic anomalies, and autoimmune disorders, including lupus, erythematosus,
314.7 or celiac disease;
- 314.8 (xiii) congenital genetic or metabolic disorders known to be associated with cerebral
314.9 dysfunction, including phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;
- 314.10 (xiv) severe or prolonged nutrition or malabsorption syndromes; or
- 314.11 (xv) a condition presenting in a manner difficult for a clinician to distinguish between
314.12 the neurocognitive effects of a neurogenic syndrome, including dementia or encephalopathy;
314.13 and a major depressive disorder when adequate treatment for major depressive disorder has
314.14 not improved the client's neurocognitive functioning; or another disorder, including autism,
314.15 selective mutism, anxiety disorder, or reactive attachment disorder.
- 314.16 (d) Neuropsychological testing must be administered or clinically supervised by a
314.17 qualified neuropsychologist under subdivision 8, paragraph (c).
- 314.18 (e) Medical assistance does not cover neuropsychological testing of a client when the
314.19 testing is:
- 314.20 (1) primarily for educational purposes;
- 314.21 (2) primarily for vocational counseling or training;
- 314.22 (3) for personnel or employment testing;
- 314.23 (4) a routine battery of psychological tests given to the client at the client's inpatient
314.24 admission or during a client's continued inpatient stay; or
- 314.25 (5) for legal or forensic purposes.
- 314.26 Subd. 10. **Psychological testing.** (a) Subject to federal approval, medical assistance
314.27 covers psychological testing of a client.
- 314.28 (b) "Psychological testing" means the use of tests or other psychometric instruments to
314.29 determine the status of a client's mental, intellectual, and emotional functioning.
- 314.30 (c) The psychological testing must:

315.1 (1) be administered or supervised by a licensed psychologist qualified under section
315.2 245I.04, subdivision 2, clause (3), who is competent in the area of psychological testing;
315.3 and

315.4 (2) be validated in a face-to-face interview between the client and a licensed psychologist
315.5 or a clinical trainee in psychology under the treatment supervision of a licensed psychologist
315.6 under section 245I.06.

315.7 (d) A licensed psychologist must supervise the administration, scoring, and interpretation
315.8 of a client's psychological tests when a clinical psychology trainee, technician, psychometrist,
315.9 or psychological assistant or a computer-assisted psychological testing program completes
315.10 the psychological testing of the client. The report resulting from the psychological testing
315.11 must be signed by the licensed psychologist who conducts the face-to-face interview with
315.12 the client. The licensed psychologist or a staff person who is under treatment supervision
315.13 must place the client's psychological testing report in the client's record and release one
315.14 copy of the report to the client and additional copies to individuals authorized by the client
315.15 to receive the report.

315.16 Subd. 11. **Psychotherapy.** (a) Subject to federal approval, medical assistance covers
315.17 psychotherapy for a client.

315.18 (b) "Psychotherapy" means treatment of a client with mental illness that applies to the
315.19 most appropriate psychological, psychiatric, psychosocial, or interpersonal method that
315.20 conforms to prevailing community standards of professional practice to meet the mental
315.21 health needs of the client. Medical assistance covers psychotherapy if a mental health
315.22 professional or a clinical trainee provides psychotherapy to a client.

315.23 (c) "Individual psychotherapy" means psychotherapy that a mental health professional
315.24 or clinical trainee designs for a client.

315.25 (d) "Family psychotherapy" means psychotherapy that a mental health professional or
315.26 clinical trainee designs for a client and one or more and the client's family members or
315.27 primary caregiver whose participation is necessary to accomplish the client's treatment
315.28 goals. Family members or primary caregivers participating in a therapy session do not need
315.29 to be eligible for medical assistance for medical assistance to cover family psychotherapy.
315.30 For purposes of this paragraph, "primary caregiver whose participation is necessary to
315.31 accomplish the client's treatment goals" excludes shift or facility staff persons who work at
315.32 the client's residence. Medical assistance payments for family psychotherapy are limited to
315.33 face-to-face sessions during which the client is present throughout the session, unless the
315.34 mental health professional or clinical trainee believes that the client's exclusion from the

316.1 family psychotherapy session is necessary to meet the goals of the client's individual
316.2 treatment plan. If the client is excluded from a family psychotherapy session, a mental health
316.3 professional or clinical trainee must document the reason for the client's exclusion and the
316.4 length of time that the client is excluded. The mental health professional must also document
316.5 any reason that a member of the client's family is excluded from a psychotherapy session.

316.6 (e) Group psychotherapy is appropriate for a client who, because of the nature of the
316.7 client's emotional, behavioral, or social dysfunctions, can benefit from treatment in a group
316.8 setting. For a group of three to eight clients, at least one mental health professional or clinical
316.9 trainee must provide psychotherapy to the group. For a group of nine to 12 clients, a team
316.10 of at least two mental health professionals or two clinical trainees or one mental health
316.11 professional and one clinical trainee must provide psychotherapy to the group. Medical
316.12 assistance will cover group psychotherapy for a group of no more than 12 persons.

316.13 (f) A multiple-family group psychotherapy session is eligible for medical assistance if
316.14 a mental health professional or clinical trainee designs the psychotherapy session for at least
316.15 two but not more than five families. A mental health professional or clinical trainee must
316.16 design multiple-family group psychotherapy sessions to meet the treatment needs of each
316.17 client. If the client is excluded from a psychotherapy session, the mental health professional
316.18 or clinical trainee must document the reason for the client's exclusion and the length of time
316.19 that the client was excluded. The mental health professional or clinical trainee must document
316.20 any reason that a member of the client's family was excluded from a psychotherapy session.

316.21 Subd. 12. **Partial hospitalization.** (a) Subject to federal approval, medical assistance
316.22 covers a client's partial hospitalization.

316.23 (b) "Partial hospitalization" means a provider's time-limited, structured program of
316.24 psychotherapy and other therapeutic services, as defined in United States Code, title 42,
316.25 chapter 7, subchapter XVIII, part E, section 1395x(ff), that a multidisciplinary staff person
316.26 provides in an outpatient hospital facility or community mental health center that meets
316.27 Medicare requirements to provide partial hospitalization services to a client.

316.28 (c) Partial hospitalization is an appropriate alternative to inpatient hospitalization for a
316.29 client who is experiencing an acute episode of mental illness who meets the criteria for an
316.30 inpatient hospital admission under Minnesota Rules, part 9505.0520, subpart 1, and who
316.31 has family and community resources that support the client's residence in the community.
316.32 Partial hospitalization consists of multiple intensive short-term therapeutic services for a
316.33 client that a multidisciplinary staff person provides to a client to treat the client's mental
316.34 illness.

317.1 Subd. 13. **Diagnostic assessments.** Subject to federal approval, medical assistance covers
 317.2 a client's diagnostic assessments that a mental health professional or clinical trainee completes
 317.3 under section 245I.10.

317.4 Sec. 18. **DIRECTION TO COMMISSIONER; SINGLE COMPREHENSIVE**
 317.5 **LICENSE STRUCTURE.**

317.6 The commissioner of human services, in consultation with stakeholders including
 317.7 counties, tribes, managed care organizations, provider organizations, advocacy groups, and
 317.8 clients and clients' families, shall develop recommendations to develop a single
 317.9 comprehensive licensing structure for mental health service programs, including outpatient
 317.10 and residential services for adults and children. The recommendations must prioritize
 317.11 program integrity, the welfare of clients and clients' families, improved integration of mental
 317.12 health and substance use disorder services, and the reduction of administrative burden on
 317.13 providers.

317.14 **ARTICLE 10**

317.15 **CRISIS RESPONSE SERVICES**

317.16 Section 1. Minnesota Statutes 2020, section 245.469, subdivision 1, is amended to read:

317.17 Subdivision 1. **Availability of emergency services.** ~~By July 1, 1988,~~ (a) County boards
 317.18 must provide or contract for enough emergency services within the county to meet the needs
 317.19 of adults, children, and families in the county who are experiencing an emotional crisis or
 317.20 mental illness. Clients may be required to pay a fee according to section 245.481. Emergency
 317.21 service providers must not delay the timely provision of emergency services to a client
 317.22 because of delays in determining the fee under section 245.481 or because of the
 317.23 unwillingness or inability of the client to pay the fee. Emergency services must include
 317.24 assessment, crisis intervention, and appropriate case disposition. Emergency services must:

317.25 (1) promote the safety and emotional stability of ~~adults with mental illness or emotional~~
 317.26 ~~crises~~ each client;

317.27 (2) minimize further deterioration of ~~adults with mental illness or emotional crises~~ each
 317.28 client;

317.29 (3) help ~~adults with mental illness or emotional crises~~ each client to obtain ongoing care
 317.30 and treatment; ~~and~~

317.31 (4) prevent placement in settings that are more intensive, costly, or restrictive than
 317.32 necessary and appropriate to meet client needs; and

318.1 (5) provide support, psychoeducation, and referrals to each client's family members,
318.2 service providers, and other third parties on behalf of the client in need of emergency
318.3 services.

318.4 (b) If a county provides engagement services under section 253B.041, the county's
318.5 emergency service providers must refer clients to engagement services when the client
318.6 meets the criteria for engagement services.

318.7 Sec. 2. Minnesota Statutes 2020, section 245.469, subdivision 2, is amended to read:

318.8 Subd. 2. **Specific requirements.** (a) The county board shall require that all service
318.9 providers of emergency services to adults with mental illness provide immediate direct
318.10 access to a mental health professional during regular business hours. For evenings, weekends,
318.11 and holidays, the service may be by direct toll-free telephone access to a mental health
318.12 professional, a clinical trainee, or mental health practitioner, ~~or until January 1, 1991, a~~
318.13 ~~designated person with training in human services who receives clinical supervision from~~
318.14 ~~a mental health professional.~~

318.15 (b) The commissioner may waive the requirement in paragraph (a) that the evening,
318.16 weekend, and holiday service be provided by a mental health professional, clinical trainee,
318.17 ~~or mental health practitioner after January 1, 1991,~~ if the county documents that:

318.18 (1) mental health professionals, clinical trainees, or mental health practitioners are
318.19 unavailable to provide this service;

318.20 (2) services are provided by a designated person with training in human services who
318.21 receives ~~clinical~~ clinical treatment supervision from a mental health professional; and

318.22 (3) the service provider is not also the provider of fire and public safety emergency
318.23 services.

318.24 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the
318.25 evening, weekend, and holiday service not be provided by the provider of fire and public
318.26 safety emergency services if:

318.27 (1) every person who will be providing the first telephone contact has received at least
318.28 eight hours of training on emergency mental health services ~~reviewed by the state advisory~~
318.29 ~~council on mental health and then~~ approved by the commissioner;

318.30 (2) every person who will be providing the first telephone contact will annually receive
318.31 at least four hours of continued training on emergency mental health services ~~reviewed by~~
318.32 ~~the state advisory council on mental health and then~~ approved by the commissioner;

319.1 (3) the local social service agency has provided public education about available
319.2 emergency mental health services and can assure potential users of emergency services that
319.3 their calls will be handled appropriately;

319.4 (4) the local social service agency agrees to provide the commissioner with accurate
319.5 data on the number of emergency mental health service calls received;

319.6 (5) the local social service agency agrees to monitor the frequency and quality of
319.7 emergency services; and

319.8 (6) the local social service agency describes how it will comply with paragraph (d).

319.9 (d) Whenever emergency service during nonbusiness hours is provided by anyone other
319.10 than a mental health professional, a mental health professional must be available on call for
319.11 an emergency assessment and crisis intervention services, and must be available for at least
319.12 telephone consultation within 30 minutes.

319.13 Sec. 3. Minnesota Statutes 2020, section 245.4879, subdivision 1, is amended to read:

319.14 Subdivision 1. **Availability of emergency services.** County boards must provide or
319.15 contract for enough mental health emergency services within the county to meet the needs
319.16 of children, and children's families when clinically appropriate, in the county who are
319.17 experiencing an emotional crisis or emotional disturbance. The county board shall ensure
319.18 that parents, providers, and county residents are informed about when and how to access
319.19 emergency mental health services for children. A child or the child's parent may be required
319.20 to pay a fee according to section 245.481. Emergency service providers shall not delay the
319.21 timely provision of emergency service because of delays in determining this fee or because
319.22 of the unwillingness or inability of the parent to pay the fee. Emergency services must
319.23 include assessment, crisis intervention, and appropriate case disposition. Emergency services
319.24 must: according to section 245.469.

319.25 ~~(1) promote the safety and emotional stability of children with emotional disturbances~~
319.26 ~~or emotional crises;~~

319.27 ~~(2) minimize further deterioration of the child with emotional disturbance or emotional~~
319.28 ~~crisis;~~

319.29 ~~(3) help each child with an emotional disturbance or emotional crisis to obtain ongoing~~
319.30 ~~care and treatment; and~~

319.31 ~~(4) prevent placement in settings that are more intensive, costly, or restrictive than~~
319.32 ~~necessary and appropriate to meet the child's needs.~~

320.1 Sec. 4. Minnesota Statutes 2020, section 256B.0624, is amended to read:

320.2 **256B.0624 ADULT CRISIS RESPONSE SERVICES COVERED.**

320.3 Subdivision 1. **Scope.** ~~Medical assistance covers adult mental health crisis response~~
320.4 ~~services as defined in subdivision 2, paragraphs (e) to (e), (a) Subject to federal approval,~~
320.5 ~~if provided to a recipient as defined in subdivision 3 and provided by a qualified provider~~
320.6 ~~entity as defined in this section and by a qualified individual provider working within the~~
320.7 ~~provider's scope of practice and as defined in this subdivision and identified in the recipient's~~
320.8 ~~individual crisis treatment plan as defined in subdivision 11 and if determined to be medically~~
320.9 ~~necessary~~ medical assistance covers medically necessary crisis response services when the
320.10 services are provided according to the standards in this section.

320.11 (b) Subject to federal approval, medical assistance covers medically necessary residential
320.12 crisis stabilization for adults when the services are provided by an entity licensed under and
320.13 meeting the standards in section 245I.23.

320.14 (c) The provider entity must make reasonable and good faith efforts to report individual
320.15 client outcomes to the commissioner using instruments and protocols approved by the
320.16 commissioner.

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

320.19 ~~(a) "Mental health crisis" is an adult behavioral, emotional, or psychiatric situation~~
320.20 ~~which, but for the provision of crisis response services, would likely result in significantly~~
320.21 ~~reduced levels of functioning in primary activities of daily living, or in an emergency~~
320.22 ~~situation, or in the placement of the recipient in a more restrictive setting, including, but~~
320.23 ~~not limited to, inpatient hospitalization.~~

320.24 ~~(b) "Mental health emergency" is an adult behavioral, emotional, or psychiatric situation~~
320.25 ~~which causes an immediate need for mental health services and is consistent with section~~
320.26 ~~62Q.55.~~

320.27 ~~A mental health crisis or emergency is determined for medical assistance service~~
320.28 ~~reimbursement by a physician, a mental health professional, or crisis mental health~~
320.29 ~~practitioner with input from the recipient whenever possible.~~

320.30 (a) "Certified rehabilitation specialist" means a staff person who is qualified under section
320.31 245I.04, subdivision 8.

320.32 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
320.33 subdivision 6.

321.1 (c) ~~"Mental health Crisis assessment"~~ means an immediate face-to-face assessment by
321.2 a physician, a mental health professional, or ~~mental health practitioner under the clinical~~
321.3 ~~supervision of a mental health professional, following a screening that suggests that the~~
321.4 ~~adult may be experiencing a mental health crisis or mental health emergency situation. It~~
321.5 ~~includes, when feasible, assessing whether the person might be willing to voluntarily accept~~
321.6 ~~treatment, determining whether the person has an advance directive, and obtaining~~
321.7 ~~information and history from involved family members or caretakers~~ a qualified member
321.8 of a crisis team, as described in subdivision 6a.

321.9 (d) ~~"Mental health mobile Crisis intervention services"~~ means face-to-face, short-term
321.10 intensive mental health services initiated during a mental health crisis ~~or mental health~~
321.11 ~~emergency~~ to help the recipient cope with immediate stressors, identify and utilize available
321.12 resources and strengths, engage in voluntary treatment, and begin to return to the recipient's
321.13 baseline level of functioning. ~~The services, including screening and treatment plan~~
321.14 ~~recommendations, must be culturally and linguistically appropriate.~~

321.15 ~~(1) This service is provided on site by a mobile crisis intervention team outside of an~~
321.16 ~~inpatient hospital setting. Mental health mobile crisis intervention services must be available~~
321.17 ~~24 hours a day, seven days a week.~~

321.18 ~~(2) The initial screening must consider other available services to determine which~~
321.19 ~~service intervention would best address the recipient's needs and circumstances.~~

321.20 ~~(3) The mobile crisis intervention team must be available to meet promptly face-to-face~~
321.21 ~~with a person in mental health crisis or emergency in a community setting or hospital~~
321.22 ~~emergency room.~~

321.23 ~~(4) The intervention must consist of a mental health crisis assessment and a crisis~~
321.24 ~~treatment plan.~~

321.25 ~~(5) The team must be available to individuals who are experiencing a co-occurring~~
321.26 ~~substance use disorder, who do not need the level of care provided in a detoxification facility.~~

321.27 ~~(6) The treatment plan must include recommendations for any needed crisis stabilization~~
321.28 ~~services for the recipient, including engagement in treatment planning and family~~
321.29 ~~psychoeducation.~~

321.30 (e) "Crisis screening" means a screening of a client's potential mental health crisis
321.31 situation under subdivision 6.

321.32 ~~(e) (f) "Mental health Crisis stabilization services"~~ means individualized mental health
321.33 services provided to a recipient ~~following crisis intervention services~~ which are designed

322.1 to restore the recipient to the recipient's prior functional level. ~~Mental health~~ Crisis
322.2 stabilization services may be provided in the recipient's home, the home of a family member
322.3 or friend of the recipient, another community setting, or a short-term supervised, licensed
322.4 residential program. ~~Mental health crisis stabilization does not include partial hospitalization~~
322.5 ~~or day treatment.~~ Mental health Crisis stabilization services includes family psychoeducation.

322.6 (g) "Crisis team" means the staff of a provider entity who are supervised and prepared
322.7 to provide mobile crisis services to a client in a potential mental health crisis situation.

322.8 (h) "Mental health certified family peer specialist" means a staff person who is qualified
322.9 under section 245I.04, subdivision 12.

322.10 (i) "Mental health certified peer specialist" means a staff person who is qualified under
322.11 section 245I.04, subdivision 10.

322.12 (j) "Mental health crisis" is a behavioral, emotional, or psychiatric situation that, without
322.13 the provision of crisis response services, would likely result in significantly reducing the
322.14 recipient's levels of functioning in primary activities of daily living, in an emergency situation
322.15 under section 62Q.55, or in the placement of the recipient in a more restrictive setting,
322.16 including but not limited to inpatient hospitalization.

322.17 (k) "Mental health practitioner" means a staff person who is qualified under section
322.18 245I.04, subdivision 4.

322.19 (l) "Mental health professional" means a staff person who is qualified under section
322.20 245I.04, subdivision 2.

322.21 (m) "Mental health rehabilitation worker" means a staff person who is qualified under
322.22 section 245I.04, subdivision 14.

322.23 (n) "Mobile crisis services" means screening, assessment, intervention, and community
322.24 based stabilization, excluding residential crisis stabilization, that is provided to a recipient.

322.25 Subd. 3. **Eligibility.** ~~An eligible recipient is an individual who:~~

322.26 ~~(1) is age 18 or older;~~

322.27 ~~(2) is screened as possibly experiencing a mental health crisis or emergency where a~~
322.28 ~~mental health crisis assessment is needed; and~~

322.29 ~~(3) is assessed as experiencing a mental health crisis or emergency, and mental health~~
322.30 ~~crisis intervention or crisis intervention and stabilization services are determined to be~~
322.31 ~~medically necessary.~~

323.1 (a) A recipient is eligible for crisis assessment services when the recipient has screened
 323.2 positive for a potential mental health crisis during a crisis screening.

323.3 (b) A recipient is eligible for crisis intervention services and crisis stabilization services
 323.4 when the recipient has been assessed during a crisis assessment to be experiencing a mental
 323.5 health crisis.

323.6 **Subd. 4. Provider entity standards.** ~~(a) A provider entity is an entity that meets the~~
 323.7 ~~standards listed in paragraph (c) and~~ mobile crisis provider must be:

323.8 ~~(1) is a county board operated entity; or~~

323.9 (2) an Indian health services facility or facility owned and operated by a tribe or tribal
 323.10 organization operating under United States Code, title 325, section 450f; or

323.11 ~~(2) is~~ (3) a provider entity that is under contract with the county board in the county
 323.12 where the potential crisis or emergency is occurring. To provide services under this section,
 323.13 the provider entity must directly provide the services; or if services are subcontracted, the
 323.14 provider entity must maintain responsibility for services and billing.

323.15 (b) A mobile crisis provider must meet the following standards:

323.16 (1) must ensure that crisis screenings, crisis assessments, and crisis intervention services
 323.17 are available to a recipient 24 hours a day, seven days a week;

323.18 (2) must be able to respond to a call for services in a designated service area or according
 323.19 to a written agreement with the local mental health authority for an adjacent area;

323.20 (3) must have at least one mental health professional on staff at all times and at least
 323.21 one additional staff member capable of leading a crisis response in the community; and

323.22 (4) must provide the commissioner with information about the number of requests for
 323.23 service, the number of people that the provider serves face-to-face, outcomes, and the
 323.24 protocols that the provider uses when deciding when to respond in the community.

323.25 ~~(b)~~ (c) A provider entity that provides crisis stabilization services in a residential setting
 323.26 under subdivision 7 is not required to meet the requirements of paragraph paragraphs (a);
 323.27 clauses (1) and (2) to (b), but must meet all other requirements of this subdivision.

323.28 ~~(e) The adult mental health~~ (d) A crisis response services provider entity must have the
 323.29 capacity to meet and carry out the standards in section 245I.011, subdivision 5, and the
 323.30 following standards:

323.31 ~~(1) has the capacity to recruit, hire, and manage and train mental health professionals,~~
 323.32 ~~practitioners, and rehabilitation workers~~ ensures that staff persons provide support for a

- 324.1 recipient's family and natural supports, by enabling the recipient's family and natural supports
324.2 to observe and participate in the recipient's treatment, assessments, and planning services;
- 324.3 (2) has adequate administrative ability to ensure availability of services;
- 324.4 ~~(3) is able to ensure adequate preservice and in-service training;~~
- 324.5 ~~(4)~~ (3) is able to ensure that staff providing these services are skilled in the delivery of
324.6 mental health crisis response services to recipients;
- 324.7 ~~(5)~~ (4) is able to ensure that staff are ~~capable of~~ implementing culturally specific treatment
324.8 identified in the individual crisis treatment plan that is meaningful and appropriate as
324.9 determined by the recipient's culture, beliefs, values, and language;
- 324.10 ~~(6)~~ (5) is able to ensure enough flexibility to respond to the changing intervention and
324.11 care needs of a recipient as identified by the recipient or family member during the service
324.12 partnership between the recipient and providers;
- 324.13 ~~(7)~~ (6) is able to ensure that ~~mental health professionals and mental health practitioners~~
324.14 staff have the communication tools and procedures to communicate and consult promptly
324.15 about crisis assessment and interventions as services occur;
- 324.16 ~~(8)~~ (7) is able to coordinate these services with county emergency services, community
324.17 hospitals, ambulance, transportation services, social services, law enforcement, engagement
324.18 services, and mental health crisis services through regularly scheduled interagency meetings;
- 324.19 ~~(9) is able to ensure that mental health crisis assessment and mobile crisis intervention~~
324.20 ~~services are available 24 hours a day, seven days a week;~~
- 324.21 ~~(10)~~ (8) is able to ensure that services are coordinated with other mental behavioral
324.22 health service providers, county mental health authorities, or federally recognized American
324.23 Indian authorities and others as necessary, with the consent of the ~~adult~~ recipient or parent
324.24 or guardian. Services must also be coordinated with the recipient's case manager if the ~~adult~~
324.25 recipient is receiving case management services;
- 324.26 ~~(11)~~ (9) is able to ensure that crisis intervention services are provided in a manner
324.27 consistent with sections 245.461 to 245.486 and 245.487 to 245.4879;
- 324.28 ~~(12) is able to submit information as required by the state;~~
- 324.29 ~~(13) maintains staff training and personnel files;~~
- 324.30 (10) is able to coordinate detoxification services for the recipient according to Minnesota
324.31 Rules, parts 9530.6605 to 9530.6655, or withdrawal management according to chapter 245F;

325.1 ~~(14)~~ (11) is able to establish and maintain a quality assurance and evaluation plan to
325.2 evaluate the outcomes of services and recipient satisfaction; and

325.3 ~~(15) is able to keep records as required by applicable laws;~~

325.4 ~~(16) is able to comply with all applicable laws and statutes;~~

325.5 ~~(17)~~ (12) is an enrolled medical assistance provider; and.

325.6 ~~(18) develops and maintains written policies and procedures regarding service provision~~
325.7 ~~and administration of the provider entity, including safety of staff and recipients in high-risk~~
325.8 ~~situations.~~

325.9 Subd. 4a. **Alternative provider standards.** If a county or tribe demonstrates that, due
325.10 to geographic or other barriers, it is not feasible to provide mobile crisis intervention services
325.11 according to the standards in subdivision 4, paragraph ~~(e)~~, ~~clause (9)~~ (b), the commissioner
325.12 may approve ~~a crisis response provider based on~~ an alternative plan proposed by a county
325.13 ~~or group of counties~~ tribe. The alternative plan must:

325.14 (1) result in increased access and a reduction in disparities in the availability of mobile
325.15 crisis services;

325.16 (2) provide mobile crisis services outside of the usual nine-to-five office hours and on
325.17 weekends and holidays; and

325.18 (3) comply with standards for emergency mental health services in section 245.469.

325.19 Subd. 5. **Mobile Crisis assessment and intervention staff qualifications.** ~~For provision~~
325.20 ~~of adult mental health mobile crisis intervention services, a mobile crisis intervention team~~
325.21 ~~is comprised of at least two mental health professionals as defined in section 245.462,~~
325.22 ~~subdivision 18, clauses (1) to (6), or a combination of at least one mental health professional~~
325.23 ~~and one mental health practitioner as defined in section 245.462, subdivision 17, with the~~
325.24 ~~required mental health crisis training and under the clinical supervision of a mental health~~
325.25 ~~professional on the team. The team must have at least two people with at least one member~~
325.26 ~~providing on-site crisis intervention services when needed. (a) Qualified individual staff of~~
325.27 a qualified provider entity must provide crisis assessment and intervention services to a
325.28 recipient. A staff member providing crisis assessment and intervention services to a recipient
325.29 must be qualified as a:

325.30 (1) mental health professional;

325.31 (2) clinical trainee;

325.32 (3) mental health practitioner;

326.1 (4) mental health certified family peer specialist; or

326.2 (5) mental health certified peer specialist.

326.3 (b) When crisis assessment and intervention services are provided to a recipient in the
326.4 community, a mental health professional, clinical trainee, or mental health practitioner must
326.5 lead the response.

326.6 (c) The 30 hours of ongoing training required by section 245I.05, subdivision 4, paragraph
326.7 (b), must be specific to providing crisis services to children and adults and include training
326.8 about evidence-based practices identified by the commissioner of health to reduce the
326.9 recipient's risk of suicide and self-injurious behavior.

326.10 (d) Team members must be experienced in ~~mental health~~ crisis assessment, crisis
326.11 intervention techniques, treatment engagement strategies, working with families, and clinical
326.12 decision-making under emergency conditions and have knowledge of local services and
326.13 resources. ~~The team must recommend and coordinate the team's services with appropriate~~
326.14 ~~local resources such as the county social services agency, mental health services, and local~~
326.15 ~~law enforcement when necessary.~~

326.16 **Subd. 6. ~~Crisis assessment and mobile intervention treatment planning screening.~~ (a)**
326.17 **~~Prior to initiating mobile crisis intervention services, a screening of the potential crisis~~**
326.18 **~~situation must be conducted.~~ The crisis screening may use the resources of ~~crisis assistance~~**
326.19 **~~and emergency services as defined in sections 245.462, subdivision 6, and section 245.469,~~**
326.20 **~~subdivisions 1 and 2. The crisis screening must gather information, determine whether a~~**
326.21 **~~mental health crisis situation exists, identify parties involved, and determine an appropriate~~**
326.22 **~~response.~~**

326.23 (b) When conducting the crisis screening of a recipient, a provider must:

326.24 (1) employ evidence-based practices to reduce the recipient's risk of suicide and
326.25 self-injurious behavior;

326.26 (2) work with the recipient to establish a plan and time frame for responding to the
326.27 recipient's mental health crisis, including responding to the recipient's immediate need for
326.28 support by telephone or text message until the provider can respond to the recipient
326.29 face-to-face;

326.30 (3) document significant factors in determining whether the recipient is experiencing a
326.31 mental health crisis, including prior requests for crisis services, a recipient's recent
326.32 presentation at an emergency department, known calls to 911 or law enforcement, or
326.33 information from third parties with knowledge of a recipient's history or current needs;

327.1 (4) accept calls from interested third parties and consider the additional needs or potential
327.2 mental health crises that the third parties may be experiencing;

327.3 (5) provide psychoeducation, including means reduction, to relevant third parties
327.4 including family members or other persons living with the recipient; and

327.5 (6) consider other available services to determine which service intervention would best
327.6 address the recipient's needs and circumstances.

327.7 (c) For the purposes of this section, the following situations indicate a positive screen
327.8 for a potential mental health crisis and the provider must prioritize providing a face-to-face
327.9 crisis assessment of the recipient, unless a provider documents specific evidence to show
327.10 why this was not possible, including insufficient staffing resources, concerns for staff or
327.11 recipient safety, or other clinical factors:

327.12 (1) the recipient presents at an emergency department or urgent care setting and the
327.13 health care team at that location requested crisis services; or

327.14 (2) a peace officer requested crisis services for a recipient who is potentially subject to
327.15 transportation under section 253B.051.

327.16 (d) A provider is not required to have direct contact with the recipient to determine that
327.17 the recipient is experiencing a potential mental health crisis. A mobile crisis provider may
327.18 gather relevant information about the recipient from a third party at the scene to establish
327.19 the recipient's need for services and potential safety factors.

327.20 Subd. 6a. **Crisis assessment.** ~~(b)~~ (a) If a ~~crisis exists~~ recipient screens positive for
327.21 potential mental health crisis, a crisis assessment must be completed. A crisis assessment
327.22 evaluates any immediate needs for which ~~emergency~~ services are needed and, as time
327.23 permits, the recipient's current life situation, health information, including current
327.24 medications, sources of stress, mental health problems and symptoms, strengths, cultural
327.25 considerations, support network, vulnerabilities, current functioning, and the recipient's
327.26 preferences as communicated directly by the recipient, or as communicated in a health care
327.27 directive as described in chapters 145C and 253B, the crisis treatment plan described under
327.28 ~~paragraph (d)~~ subdivision 11, a crisis prevention plan, or a wellness recovery action plan.

327.29 (b) A provider must conduct a crisis assessment at the recipient's location whenever
327.30 possible.

327.31 (c) Whenever possible, the assessor must attempt to include input from the recipient and
327.32 the recipient's family and other natural supports to assess whether a crisis exists.

328.1 (d) A crisis assessment includes determining: (1) whether the recipient is willing to
328.2 voluntarily engage in treatment or (2) has an advance directive and (3) gathering the
328.3 recipient's information and history from involved family or other natural supports.

328.4 (e) A crisis assessment must include coordinated response with other health care providers
328.5 if the assessment indicates that a recipient needs detoxification, withdrawal management,
328.6 or medical stabilization in addition to crisis response services. If the recipient does not need
328.7 an acute level of care, a team must serve an otherwise eligible recipient who has a
328.8 co-occurring substance use disorder.

328.9 (f) If, after completing a crisis assessment of a recipient, a provider refers a recipient to
328.10 an intensive setting, including an emergency department, inpatient hospitalization, or
328.11 residential crisis stabilization, one of the crisis team members who completed or conferred
328.12 about the recipient's crisis assessment must immediately contact the referral entity and
328.13 consult with the triage nurse or other staff responsible for intake at the referral entity. During
328.14 the consultation, the crisis team member must convey key findings or concerns that led to
328.15 the recipient's referral. Following the immediate consultation, the provider must also send
328.16 written documentation upon completion. The provider must document if these releases
328.17 occurred with authorization by the recipient, the recipient's legal guardian, or as allowed
328.18 by section 144.293, subdivision 5.

328.19 Subd. 6b. Crisis intervention services. (e)(a) If the crisis assessment determines mobile
328.20 crisis intervention services are needed, the crisis intervention services must be provided
328.21 promptly. As opportunity presents during the intervention, at least two members of the
328.22 mobile crisis intervention team must confer directly or by telephone about the crisis
328.23 assessment, crisis treatment plan, and actions taken and needed. At least one of the team
328.24 members must be on-site providing face-to-face crisis intervention services. If providing
328.25 on-site crisis intervention services, a clinical trainee or mental health practitioner must seek
328.26 clinical treatment supervision as required in subdivision 9.

328.27 (b) If a provider delivers crisis intervention services while the recipient is absent, the
328.28 provider must document the reason for delivering services while the recipient is absent.

328.29 ~~(d)~~ (c) The mobile crisis intervention team must develop an initial, brief a crisis treatment
328.30 plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention
328.31 according to subdivision 11. The plan must address the needs and problems noted in the
328.32 crisis assessment and include measurable short-term goals, cultural considerations, and
328.33 frequency and type of services to be provided to achieve the goals and reduce or eliminate
328.34 the crisis. The treatment plan must be updated as needed to reflect current goals and services.

329.1 ~~(e)~~ (d) The mobile crisis intervention team must document which ~~short-term goals~~ crisis
329.2 treatment plan goals and objectives have been met and when no further crisis intervention
329.3 services are required.

329.4 ~~(f)~~ (e) If the recipient's mental health crisis is stabilized, but the recipient needs a referral
329.5 to other services, the team must provide referrals to these services. If the recipient has a
329.6 case manager, planning for other services must be coordinated with the case manager. If
329.7 the recipient is unable to follow up on the referral, the team must link the recipient to the
329.8 service and follow up to ensure the recipient is receiving the service.

329.9 ~~(g)~~ (f) If the recipient's mental health crisis is stabilized and the recipient does not have
329.10 an advance directive, the case manager or crisis team shall offer to work with the recipient
329.11 to develop one.

329.12 Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be provided
329.13 by qualified staff of a crisis stabilization services provider entity and must meet the following
329.14 standards:

329.15 (1) a crisis ~~stabilization~~ treatment plan must be developed ~~which~~ that meets the criteria
329.16 in subdivision 11;

329.17 (2) staff must be qualified as defined in subdivision 8; ~~and~~

329.18 (3) crisis stabilization services must be delivered according to the crisis treatment plan
329.19 and include face-to-face contact with the recipient by qualified staff for further assessment,
329.20 help with referrals, updating of the crisis ~~stabilization~~ treatment plan, ~~supportive counseling,~~
329.21 skills training, and collaboration with other service providers in the community; and

329.22 (4) if a provider delivers crisis stabilization services while the recipient is absent, the
329.23 provider must document the reason for delivering services while the recipient is absent.

329.24 ~~(b) If crisis stabilization services are provided in a supervised, licensed residential setting,~~
329.25 ~~the recipient must be contacted face-to-face daily by a qualified mental health practitioner~~
329.26 ~~or mental health professional. The program must have 24-hour-a-day residential staffing~~
329.27 ~~which may include staff who do not meet the qualifications in subdivision 8. The residential~~
329.28 ~~staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental~~
329.29 ~~health professional or practitioner.~~

329.30 ~~(e)~~ (b) If crisis stabilization services are provided in a supervised, licensed residential
329.31 setting that serves no more than four adult residents, and one or more individuals are present
329.32 at the setting to receive residential crisis stabilization ~~services~~, the residential staff must
329.33 include, for at least eight hours per day, at least one ~~individual who meets the qualifications~~

330.1 ~~in subdivision 8, paragraph (a), clause (1) or (2)~~ mental health professional, clinical trainee,
 330.2 certified rehabilitation specialist, or mental health practitioner.

330.3 ~~(d) If crisis stabilization services are provided in a supervised, licensed residential setting~~
 330.4 ~~that serves more than four adult residents, and one or more are recipients of crisis stabilization~~
 330.5 ~~services, the residential staff must include, for 24 hours a day, at least one individual who~~
 330.6 ~~meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the~~
 330.7 ~~residential program, the residential program must have at least two staff working 24 hours~~
 330.8 ~~a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as~~
 330.9 ~~specified in the crisis stabilization treatment plan.~~

330.10 Subd. 8. **Adult Crisis stabilization staff qualifications.** (a) ~~Adult~~ Mental health crisis
 330.11 stabilization services must be provided by qualified individual staff of a qualified provider
 330.12 entity. ~~Individual provider staff must have the following qualifications~~ A staff member
 330.13 providing crisis stabilization services to a recipient must be qualified as a:

330.14 ~~(1) be a mental health professional as defined in section 245.462, subdivision 18, clauses~~
 330.15 ~~(1) to (6);~~

330.16 ~~(2) be a~~ certified rehabilitation specialist;

330.17 ~~(3) clinical trainee;~~

330.18 ~~(4) mental health practitioner as defined in section 245.462, subdivision 17. The mental~~
 330.19 ~~health practitioner must work under the clinical supervision of a mental health professional;~~

330.20 ~~(5) mental health certified family peer specialist;~~

330.21 ~~(3) be a~~ (6) mental health certified peer specialist under section 256B.0615. The certified
 330.22 ~~peer specialist must work under the clinical supervision of a mental health professional; or~~

330.23 ~~(4) be a~~ (7) mental health rehabilitation worker who meets the criteria in section
 330.24 ~~256B.0623, subdivision 5, paragraph (a), clause (4); works under the direction of a mental~~
 330.25 ~~health practitioner as defined in section 245.462, subdivision 17, or under direction of a~~
 330.26 ~~mental health professional; and works under the clinical supervision of a mental health~~
 330.27 ~~professional.~~

330.28 ~~(b) Mental health practitioners and mental health rehabilitation workers must have~~
 330.29 ~~completed at least 30 hours of training in crisis intervention and stabilization during the~~
 330.30 ~~past two years. The 30 hours of ongoing training required in section 245I.05, subdivision~~
 330.31 ~~4, paragraph (b), must be specific to providing crisis services to children and adults and~~
 330.32 ~~include training about evidence-based practices identified by the commissioner of health~~
 330.33 ~~to reduce a recipient's risk of suicide and self-injurious behavior.~~

331.1 Subd. 9. **Supervision.** Clinical trainees and mental health practitioners may provide
331.2 crisis assessment and ~~mobile~~ crisis intervention services if the following ~~clinical~~ treatment
331.3 supervision requirements are met:

331.4 (1) the mental health provider entity must accept full responsibility for the services
331.5 provided;

331.6 (2) the mental health professional of the provider entity, ~~who is an employee or under~~
331.7 ~~contract with the provider entity,~~ must be immediately available by phone or in person for
331.8 clinical treatment supervision;

331.9 (3) the mental health professional is consulted, in person or by phone, during the first
331.10 three hours when a clinical trainee or mental health practitioner provides ~~on-site service~~
331.11 crisis assessment or crisis intervention services; and

331.12 (4) the mental health professional must:

331.13 (i) review and approve, as defined in section 245I.02, subdivision 2, of the tentative
331.14 crisis assessment and crisis treatment plan within 24 hours of first providing services to the
331.15 recipient, notwithstanding section 245I.08, subdivision 3; and

331.16 (ii) document the consultation required in clause (3); ~~and~~

331.17 (iii) ~~sign the crisis assessment and treatment plan within the next business day;~~

331.18 (5) ~~if the mobile crisis intervention services continue into a second calendar day, a mental~~
331.19 ~~health professional must contact the recipient face-to-face on the second day to provide~~
331.20 ~~services and update the crisis treatment plan; and~~

331.21 (6) ~~the on-site observation must be documented in the recipient's record and signed by~~
331.22 ~~the mental health professional.~~

331.23 Subd. 10. **Recipient file.** ~~Providers of mobile crisis intervention or crisis stabilization~~
331.24 ~~services must maintain a file for each recipient containing the following information:~~

331.25 (1) ~~individual crisis treatment plans signed by the recipient, mental health professional,~~
331.26 ~~and mental health practitioner who developed the crisis treatment plan, or if the recipient~~
331.27 ~~refused to sign the plan, the date and reason stated by the recipient as to why the recipient~~
331.28 ~~would not sign the plan;~~

331.29 (2) ~~signed release forms;~~

331.30 (3) ~~recipient health information and current medications;~~

331.31 (4) ~~emergency contacts for the recipient;~~

332.1 ~~(5) case records which document the date of service, place of service delivery, signature~~
332.2 ~~of the person providing the service, and the nature, extent, and units of service. Direct or~~
332.3 ~~telephone contact with the recipient's family or others should be documented;~~

332.4 ~~(6) required clinical supervision by mental health professionals;~~

332.5 ~~(7) summary of the recipient's case reviews by staff;~~

332.6 ~~(8) any written information by the recipient that the recipient wants in the file; and~~

332.7 ~~(9) an advance directive, if there is one available.~~

332.8 ~~Documentation in the file must comply with all requirements of the commissioner.~~

332.9 Subd. 11. **Crisis treatment plan.** ~~The individual crisis stabilization treatment plan must~~
332.10 ~~include, at a minimum:~~

332.11 ~~(1) a list of problems identified in the assessment;~~

332.12 ~~(2) a list of the recipient's strengths and resources;~~

332.13 ~~(3) concrete, measurable short-term goals and tasks to be achieved, including time frames~~
332.14 ~~for achievement;~~

332.15 ~~(4) specific objectives directed toward the achievement of each one of the goals;~~

332.16 ~~(5) documentation of the participants involved in the service planning. The recipient, if~~
332.17 ~~possible, must be a participant. The recipient or the recipient's legal guardian must sign the~~
332.18 ~~service plan or documentation must be provided why this was not possible. A copy of the~~
332.19 ~~plan must be given to the recipient and the recipient's legal guardian. The plan should include~~
332.20 ~~services arranged, including specific providers where applicable;~~

332.21 ~~(6) planned frequency and type of services initiated;~~

332.22 ~~(7) a crisis response action plan if a crisis should occur;~~

332.23 ~~(8) clear progress notes on outcome of goals;~~

332.24 ~~(9) a written plan must be completed within 24 hours of beginning services with the~~
332.25 ~~recipient; and~~

332.26 ~~(10) a treatment plan must be developed by a mental health professional or mental health~~
332.27 ~~practitioner under the clinical supervision of a mental health professional. The mental health~~
332.28 ~~professional must approve and sign all treatment plans.~~

332.29 (a) Within 24 hours of the recipient's admission, the provider entity must complete the
332.30 recipient's crisis treatment plan. The provider entity must:

- 333.1 (1) base the recipient's crisis treatment plan on the recipient's crisis assessment;
- 333.2 (2) consider crisis assistance strategies that have been effective for the recipient in the
- 333.3 past;
- 333.4 (3) for a child recipient, use a child-centered, family-driven, and culturally appropriate
- 333.5 planning process that allows the recipient's parents and guardians to observe or participate
- 333.6 in the recipient's individual and family treatment services, assessment, and treatment
- 333.7 planning;
- 333.8 (4) for an adult recipient, use a person-centered, culturally appropriate planning process
- 333.9 that allows the recipient's family and other natural supports to observe or participate in
- 333.10 treatment services, assessment, and treatment planning;
- 333.11 (5) identify the participants involved in the recipient's treatment planning. The recipient,
- 333.12 if possible, must be a participant;
- 333.13 (6) identify the recipient's initial treatment goals, measurable treatment objectives, and
- 333.14 specific interventions that the license holder will use to help the recipient engage in treatment;
- 333.15 (7) include documentation of referral to and scheduling of services, including specific
- 333.16 providers where applicable;
- 333.17 (8) ensure that the recipient or the recipient's legal guardian approves under section
- 333.18 245I.02, subdivision 2, of the recipient's crisis treatment plan unless a court orders the
- 333.19 recipient's treatment plan under chapter 253B. If the recipient or the recipient's legal guardian
- 333.20 disagrees with the crisis treatment plan, the license holder must document in the client file
- 333.21 the reasons why the recipient disagrees with the crisis treatment plan; and
- 333.22 (9) ensure that a treatment supervisor approves under section 245I.02, subdivision 2, of
- 333.23 the recipient's treatment plan within 24 hours of the recipient's admission if a mental health
- 333.24 practitioner or clinical trainee completes the crisis treatment plan, notwithstanding section
- 333.25 245I.08, subdivision 3.
- 333.26 (b) The provider entity must provide the recipient and the recipient's legal guardian with
- 333.27 a copy of the recipient's crisis treatment plan.

333.28 Subd. 12. **Excluded services.** The following services are excluded from reimbursement

333.29 under this section:

333.30 (1) room and board services;

333.31 (2) services delivered to a recipient while admitted to an inpatient hospital;

- 334.1 (3) recipient transportation costs may be covered under other medical assistance
 334.2 provisions, but transportation services are not an adult mental health crisis response service;
- 334.3 (4) services provided and billed by a provider who is not enrolled under medical
 334.4 assistance to provide adult mental health crisis response services;
- 334.5 (5) services performed by volunteers;
- 334.6 (6) direct billing of time spent "on call" when not delivering services to a recipient;
- 334.7 (7) provider service time included in case management reimbursement. When a provider
 334.8 is eligible to provide more than one type of medical assistance service, the recipient must
 334.9 have a choice of provider for each service, unless otherwise provided for by law;
- 334.10 (8) outreach services to potential recipients; ~~and~~
- 334.11 (9) a mental health service that is not medically necessary;
- 334.12 (10) services that a residential treatment center licensed under Minnesota Rules, chapter
 334.13 2960, provides to a client;
- 334.14 (11) partial hospitalization or day treatment; and
- 334.15 (12) a crisis assessment that a residential provider completes when a daily rate is paid
 334.16 for the recipient's crisis stabilization.

ARTICLE 11

MENTAL HEALTH UNIFORM SERVICE STANDARDS; CONFORMING CHANGES

334.20 Section 1. Minnesota Statutes 2020, section 62A.152, subdivision 3, is amended to read:

334.21 Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber
 334.22 contracts that provide benefits for mental or nervous disorder treatments in a hospital must
 334.23 provide direct reimbursement for those services if performed by a mental health professional;
 334.24 ~~as defined in sections 245.462, subdivision 18, clauses (1) to (5); and 245.4871, subdivision~~
 334.25 ~~27, clauses (1) to (5)~~ qualified according to section 245I.04, subdivision 2, to the extent that
 334.26 the services and treatment are within the scope of mental health professional licensure.

334.27 This subdivision is intended to provide payment of benefits for mental or nervous disorder
 334.28 treatments performed by a licensed mental health professional in a hospital and is not
 334.29 intended to change or add benefits for those services provided in policies or contracts to
 334.30 which this subdivision applies.

335.1 Sec. 2. Minnesota Statutes 2020, section 62A.3094, subdivision 1, is amended to read:

335.2 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in
335.3 paragraphs (b) to (d) have the meanings given.

335.4 (b) "Autism spectrum disorders" means the conditions as determined by criteria set forth
335.5 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of
335.6 the American Psychiatric Association.

335.7 (c) "Medically necessary care" means health care services appropriate, in terms of type,
335.8 frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing
335.9 and preventative services. Medically necessary care must be consistent with generally
335.10 accepted practice parameters as determined by physicians and licensed psychologists who
335.11 typically manage patients who have autism spectrum disorders.

335.12 (d) "Mental health professional" means a mental health professional ~~as defined in section~~
335.13 ~~245.4871, subdivision 27~~ qualified according to section 245I.04, subdivision 2, clause (1),
335.14 (2), (3), (4), or (6), who has training and expertise in autism spectrum disorder and child
335.15 development.

335.16 Sec. 3. Minnesota Statutes 2020, section 62Q.096, is amended to read:

335.17 **62Q.096 CREDENTIALING OF PROVIDERS.**

335.18 If a health plan company has initially credentialed, as providers in its provider network,
335.19 individual providers employed by or under contract with an entity that:

335.20 (1) is authorized to bill under section 256B.0625, subdivision 5;

335.21 (2) ~~meets the requirements of Minnesota Rules, parts 9520.0750 to 9520.0870~~ is a mental
335.22 health clinic certified under section 245I.20;

335.23 (3) is designated an essential community provider under section 62Q.19; and

335.24 (4) is under contract with the health plan company to provide mental health services,
335.25 the health plan company must continue to credential at least the same number of providers
335.26 from that entity, as long as those providers meet the health plan company's credentialing
335.27 standards.

335.28 A health plan company shall not refuse to credential these providers on the grounds that
335.29 their provider network has a sufficient number of providers of that type.

336.1 Sec. 4. Minnesota Statutes 2020, section 144.651, subdivision 2, is amended to read:

336.2 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is
336.3 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for
336.4 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.
336.5 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a
336.6 person who receives health care services at an outpatient surgical center or at a birth center
336.7 licensed under section 144.615. "Patient" also means a minor who is admitted to a residential
336.8 program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and
336.9 30, "patient" also means any person who is receiving mental health treatment on an outpatient
336.10 basis or in a community support program or other community-based program. "Resident"
336.11 means a person who is admitted to a nonacute care facility including extended care facilities,
336.12 nursing homes, and boarding care homes for care required because of prolonged mental or
336.13 physical illness or disability, recovery from injury or disease, or advancing age. For purposes
336.14 of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is
336.15 admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts
336.16 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a
336.17 supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which
336.18 operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules,
336.19 parts 9530.6510 to 9530.6590.

336.20 Sec. 5. Minnesota Statutes 2020, section 144D.01, subdivision 4, is amended to read:

336.21 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with
336.22 services establishment" or "establishment" means:

336.23 (1) an establishment providing sleeping accommodations to one or more adult residents,
336.24 at least 80 percent of which are 55 years of age or older, and offering or providing, for a
336.25 fee, one or more regularly scheduled health-related services or two or more regularly
336.26 scheduled supportive services, whether offered or provided directly by the establishment
336.27 or by another entity arranged for by the establishment; or

336.28 (2) an establishment that registers under section 144D.025.

336.29 (b) Housing with services establishment does not include:

336.30 (1) a nursing home licensed under chapter 144A;

336.31 (2) a hospital, certified boarding care home, or supervised living facility licensed under
336.32 sections 144.50 to 144.56;

337.1 (3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules,
337.2 parts 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

337.3 (4) a board and lodging establishment which serves as a shelter for battered women or
337.4 other similar purpose;

337.5 (5) a family adult foster care home licensed by the Department of Human Services;

337.6 (6) private homes in which the residents are related by kinship, law, or affinity with the
337.7 providers of services;

337.8 (7) residential settings for persons with developmental disabilities in which the services
337.9 are licensed under chapter 245D;

337.10 (8) a home-sharing arrangement such as when an elderly or disabled person or
337.11 single-parent family makes lodging in a private residence available to another person in
337.12 exchange for services or rent, or both;

337.13 (9) a duly organized condominium, cooperative, common interest community, or owners'
337.14 association of the foregoing where at least 80 percent of the units that comprise the
337.15 condominium, cooperative, or common interest community are occupied by individuals
337.16 who are the owners, members, or shareholders of the units;

337.17 (10) services for persons with developmental disabilities that are provided under a license
337.18 under chapter 245D; or

337.19 (11) a temporary family health care dwelling as defined in sections 394.307 and 462.3593.

337.20 Sec. 6. Minnesota Statutes 2020, section 144G.08, subdivision 7, as amended by Laws
337.21 2020, Seventh Special Session chapter 1, article 6, section 5, is amended to read:

337.22 Subd. 7. **Assisted living facility.** "Assisted living facility" means a facility that provides
337.23 sleeping accommodations and assisted living services to one or more adults. Assisted living
337.24 facility includes assisted living facility with dementia care, and does not include:

337.25 (1) emergency shelter, transitional housing, or any other residential units serving
337.26 exclusively or primarily homeless individuals, as defined under section 116L.361;

337.27 (2) a nursing home licensed under chapter 144A;

337.28 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
337.29 144.50 to 144.56;

337.30 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
337.31 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

338.1 (5) services and residential settings licensed under chapter 245A, including adult foster
338.2 care and services and settings governed under the standards in chapter 245D;

338.3 (6) a private home in which the residents are related by kinship, law, or affinity with the
338.4 provider of services;

338.5 (7) a duly organized condominium, cooperative, and common interest community, or
338.6 owners' association of the condominium, cooperative, and common interest community
338.7 where at least 80 percent of the units that comprise the condominium, cooperative, or
338.8 common interest community are occupied by individuals who are the owners, members, or
338.9 shareholders of the units;

338.10 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

338.11 (9) a setting offering services conducted by and for the adherents of any recognized
338.12 church or religious denomination for its members exclusively through spiritual means or
338.13 by prayer for healing;

338.14 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
338.15 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
338.16 units financed by the Minnesota Housing Finance Agency that are intended to serve
338.17 individuals with disabilities or individuals who are homeless, except for those developments
338.18 that market or hold themselves out as assisted living facilities and provide assisted living
338.19 services;

338.20 (11) rental housing developed under United States Code, title 42, section 1437, or United
338.21 States Code, title 12, section 1701q;

338.22 (12) rental housing designated for occupancy by only elderly or elderly and disabled
338.23 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
338.24 families under Code of Federal Regulations, title 24, section 983.56;

338.25 (13) rental housing funded under United States Code, title 42, chapter 89, or United
338.26 States Code, title 42, section 8011;

338.27 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

338.28 (15) any establishment that exclusively or primarily serves as a shelter or temporary
338.29 shelter for victims of domestic or any other form of violence.

338.30 Sec. 7. Minnesota Statutes 2020, section 148B.5301, subdivision 2, is amended to read:

338.31 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
338.32 4,000 hours of post-master's degree supervised professional practice in the delivery of

339.1 clinical services in the diagnosis and treatment of mental illnesses and disorders in both
339.2 children and adults. The supervised practice shall be conducted according to the requirements
339.3 in paragraphs (b) to (e).

339.4 (b) The supervision must have been received under a contract that defines clinical practice
339.5 and supervision from a mental health professional ~~as defined in section 245.462, subdivision~~
339.6 ~~18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6)~~ qualified according to
339.7 section 245I.04, subdivision 2, or by a board-approved supervisor, who has at least two
339.8 years of postlicensure experience in the delivery of clinical services in the diagnosis and
339.9 treatment of mental illnesses and disorders. All supervisors must meet the supervisor
339.10 requirements in Minnesota Rules, part 2150.5010.

339.11 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours
339.12 of professional practice. The supervision must be evenly distributed over the course of the
339.13 supervised professional practice. At least 75 percent of the required supervision hours must
339.14 be received in person. The remaining 25 percent of the required hours may be received by
339.15 telephone or by audio or audiovisual electronic device. At least 50 percent of the required
339.16 hours of supervision must be received on an individual basis. The remaining 50 percent
339.17 may be received in a group setting.

339.18 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

339.19 (e) The supervised practice must be clinical practice. Supervision includes the observation
339.20 by the supervisor of the successful application of professional counseling knowledge, skills,
339.21 and values in the differential diagnosis and treatment of psychosocial function, disability,
339.22 or impairment, including addictions and emotional, mental, and behavioral disorders.

339.23 Sec. 8. Minnesota Statutes 2020, section 148E.120, subdivision 2, is amended to read:

339.24 Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor as
339.25 determined in this subdivision. The board shall approve up to 25 percent of the required
339.26 supervision hours by a ~~licensed~~ mental health professional who is competent and qualified
339.27 to provide supervision according to the mental health professional's respective licensing
339.28 board, as established by section ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871,~~
339.29 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

339.30 (b) The board shall approve up to 100 percent of the required supervision hours by an
339.31 alternate supervisor if the board determines that:

339.32 (1) there are five or fewer supervisors in the county where the licensee practices social
339.33 work who meet the applicable licensure requirements in subdivision 1;

340.1 (2) the supervisor is an unlicensed social worker who is employed in, and provides the
340.2 supervision in, a setting exempt from licensure by section 148E.065, and who has
340.3 qualifications equivalent to the applicable requirements specified in sections 148E.100 to
340.4 148E.115;

340.5 (3) the supervisor is a social worker engaged in authorized social work practice in Iowa,
340.6 Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications
340.7 equivalent to the applicable requirements in sections 148E.100 to 148E.115; or

340.8 (4) the applicant or licensee is engaged in nonclinical authorized social work practice
340.9 outside of Minnesota and the supervisor meets the qualifications equivalent to the applicable
340.10 requirements in sections 148E.100 to 148E.115, or the supervisor is an equivalent mental
340.11 health professional, as determined by the board, who is credentialed by a state, territorial,
340.12 provincial, or foreign licensing agency; or

340.13 (5) the applicant or licensee is engaged in clinical authorized social work practice outside
340.14 of Minnesota and the supervisor meets qualifications equivalent to the applicable
340.15 requirements in section 148E.115, or the supervisor is an equivalent mental health
340.16 professional as determined by the board, who is credentialed by a state, territorial, provincial,
340.17 or foreign licensing agency.

340.18 (c) In order for the board to consider an alternate supervisor under this section, the
340.19 licensee must:

340.20 (1) request in the supervision plan and verification submitted according to section
340.21 148E.125 that an alternate supervisor conduct the supervision; and

340.22 (2) describe the proposed supervision and the name and qualifications of the proposed
340.23 alternate supervisor. The board may audit the information provided to determine compliance
340.24 with the requirements of this section.

340.25 Sec. 9. Minnesota Statutes 2020, section 148F.11, subdivision 1, is amended to read:

340.26 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
340.27 other professions or occupations from performing functions for which they are qualified or
340.28 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
340.29 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
340.30 members of the clergy provided such services are provided within the scope of regular
340.31 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
340.32 licensed marriage and family therapists; licensed social workers; social workers employed
340.33 by city, county, or state agencies; licensed professional counselors; licensed professional

341.1 clinical counselors; licensed school counselors; registered occupational therapists or
341.2 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
341.3 (UMICAD) certified counselors when providing services to Native American people; city,
341.4 county, or state employees when providing assessments or case management under Minnesota
341.5 Rules, chapter 9530; and individuals defined in section 256B.0623, subdivision 5, paragraph
341.6 (a), clauses (1) ~~and (2)~~ to (6), providing ~~integrated dual diagnosis~~ co-occurring substance
341.7 use disorder treatment in adult mental health rehabilitative programs certified or licensed
341.8 by the Department of Human Services under section 245I.23, 256B.0622, or 256B.0623.

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

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

341.20 Sec. 10. Minnesota Statutes 2020, section 245.462, subdivision 1, is amended to read:

341.21 Subdivision 1. **Definitions.** The definitions in this section apply to sections 245.461 to
341.22 ~~245.486~~ 245.4863.

341.23 Sec. 11. Minnesota Statutes 2020, section 245.462, subdivision 6, is amended to read:

341.24 Subd. 6. **Community support services program.** "Community support services program"
341.25 means services, other than inpatient or residential treatment services, provided or coordinated
341.26 by an identified program and staff under the ~~clinical~~ treatment supervision of a mental health
341.27 professional designed to help adults with serious and persistent mental illness to function
341.28 and remain in the community. A community support services program includes:

341.29 (1) client outreach,

341.30 (2) medication monitoring,

341.31 (3) assistance in independent living skills,

341.32 (4) development of employability and work-related opportunities,

- 342.1 (5) crisis assistance,
342.2 (6) psychosocial rehabilitation,
342.3 (7) help in applying for government benefits, and
342.4 (8) housing support services.

342.5 The community support services program must be coordinated with the case management
342.6 services specified in section 245.4711.

342.7 Sec. 12. Minnesota Statutes 2020, section 245.462, subdivision 8, is amended to read:

342.8 Subd. 8. **Day treatment services.** "Day treatment," "day treatment services," or "day
342.9 treatment program" means ~~a structured program of treatment and care provided to an adult~~
342.10 ~~in or by: (1) a hospital accredited by the joint commission on accreditation of health~~
342.11 ~~organizations and licensed under sections 144.50 to 144.55; (2) a community mental health~~
342.12 ~~center under section 245.62; or (3) an entity that is under contract with the county board to~~
342.13 ~~operate a program that meets the requirements of section 245.4712, subdivision 2, and~~
342.14 ~~Minnesota Rules, parts 9505.0170 to 9505.0475. Day treatment consists of group~~
342.15 ~~psychotherapy and other intensive therapeutic services that are provided at least two days~~
342.16 ~~a week by a multidisciplinary staff under the clinical supervision of a mental health~~
342.17 ~~professional. Day treatment may include education and consultation provided to families~~
342.18 ~~and other individuals as part of the treatment process. The services are aimed at stabilizing~~
342.19 ~~the adult's mental health status, providing mental health services, and developing and~~
342.20 ~~improving the adult's independent living and socialization skills. The goal of day treatment~~
342.21 ~~is to reduce or relieve mental illness and to enable the adult to live in the community. Day~~
342.22 ~~treatment services are not a part of inpatient or residential treatment services. Day treatment~~
342.23 ~~services are distinguished from day care by their structured therapeutic program of~~
342.24 ~~psychotherapy services. The commissioner may limit medical assistance reimbursement~~
342.25 ~~for day treatment to 15 hours per week per person the treatment services described under~~
342.26 ~~section 256B.0671, subdivision 3.~~

342.27 Sec. 13. Minnesota Statutes 2020, section 245.462, subdivision 9, is amended to read:

342.28 Subd. 9. **Diagnostic assessment.** ~~(a) "Diagnostic assessment" has the meaning given in~~
342.29 ~~Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
342.30 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
342.31 ~~standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,~~
342.32 ~~subdivisions 4 to 6.~~

343.1 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~
343.2 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~
343.3 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
343.4 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
343.5 ~~the client's:~~

343.6 ~~(1) age;~~

343.7 ~~(2) description of symptoms, including reason for referral;~~

343.8 ~~(3) history of mental health treatment;~~

343.9 ~~(4) cultural influences and their impact on the client; and~~

343.10 ~~(5) mental status examination.~~

343.11 ~~(c) On the basis of the initial components, the professional or clinical trainee must draw~~
343.12 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~
343.13 ~~immediate needs or presenting problem.~~

343.14 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~
343.15 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~
343.16 ~~an extended diagnostic assessment.~~

343.17 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
343.18 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~
343.19 ~~for psychological testing as part of the diagnostic process.~~

343.20 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
343.21 ~~unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction~~
343.22 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~
343.23 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~
343.24 ~~sessions not to exceed three sessions.~~

343.25 ~~(g) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item B, subitem (3),~~
343.26 ~~unit (a), a brief diagnostic assessment may be used for a client's family who requires a~~
343.27 ~~language interpreter to participate in the assessment.~~

343.28 Sec. 14. Minnesota Statutes 2020, section 245.462, subdivision 14, is amended to read:

343.29 Subd. 14. **Individual treatment plan.** "Individual treatment plan" means a written plan
343.30 of intervention, treatment, and services for an adult with mental illness that is developed
343.31 by a service provider under the clinical supervision of a mental health professional on the
343.32 basis of a diagnostic assessment. The plan identifies goals and objectives of treatment,

344.1 ~~treatment strategy, a schedule for accomplishing treatment goals and objectives, and the~~
344.2 ~~individual responsible for providing treatment to the adult with mental illness~~ the formulation
344.3 of planned services that are responsive to the needs and goals of a client. An individual
344.4 treatment plan must be completed according to section 245I.10, subdivisions 7 and 8.

344.5 Sec. 15. Minnesota Statutes 2020, section 245.462, subdivision 16, is amended to read:

344.6 Subd. 16. **Mental health funds.** "Mental health funds" are funds expended under sections
344.7 245.73 and 256E.12, federal mental health block grant funds, and funds expended under
344.8 section 256D.06 to facilities licensed under section 245I.23 or Minnesota Rules, parts
344.9 9520.0500 to 9520.0670.

344.10 Sec. 16. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

344.11 Subd. 17. **Mental health practitioner.** ~~(a) "Mental health practitioner" means a staff~~
344.12 ~~person providing services to adults with mental illness or children with emotional disturbance~~
344.13 ~~who is qualified in at least one of the ways described in paragraphs (b) to (g). A mental~~
344.14 ~~health practitioner for a child client must have training working with children. A mental~~
344.15 ~~health practitioner for an adult client must have training working with adults~~ qualified
344.16 according to section 245I.04, subdivision 4.

344.17 ~~(b) For purposes of this subdivision, a practitioner is qualified through relevant~~
344.18 ~~coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in~~
344.19 ~~behavioral sciences or related fields and:~~

344.20 ~~(1) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
344.21 ~~or children with:~~

344.22 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

344.23 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
344.24 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
344.25 ~~mental illness and substance abuse, and psychotropic medications and side effects;~~

344.26 ~~(2) is fluent in the non-English language of the ethnic group to which at least 50 percent~~
344.27 ~~of the practitioner's clients belong, completes 40 hours of training in the delivery of services~~
344.28 ~~to adults with mental illness or children with emotional disturbance, and receives clinical~~
344.29 ~~supervision from a mental health professional at least once a week until the requirement of~~
344.30 ~~2,000 hours of supervised experience is met;~~

344.31 ~~(3) is working in a day treatment program under section 245.4712, subdivision 2; or~~

345.1 ~~(4) has completed a practicum or internship that (i) requires direct interaction with adults~~
345.2 ~~or children served, and (ii) is focused on behavioral sciences or related fields.~~

345.3 ~~(c) For purposes of this subdivision, a practitioner is qualified through work experience~~
345.4 ~~if the person:~~

345.5 ~~(1) has at least 4,000 hours of supervised experience in the delivery of services to adults~~
345.6 ~~or children with:~~

345.7 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

345.8 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
345.9 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
345.10 ~~mental illness and substance abuse, and psychotropic medications and side effects; or~~

345.11 ~~(2) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
345.12 ~~or children with:~~

345.13 ~~(i) mental illness, emotional disturbance, or substance use disorder, and receives clinical~~
345.14 ~~supervision as required by applicable statutes and rules from a mental health professional~~
345.15 ~~at least once a week until the requirement of 4,000 hours of supervised experience is met;~~
345.16 ~~or~~

345.17 ~~(ii) traumatic brain injury or developmental disabilities; completes training on mental~~
345.18 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
345.19 ~~mental illness and substance abuse, and psychotropic medications and side effects; and~~
345.20 ~~receives clinical supervision as required by applicable statutes and rules at least once a week~~
345.21 ~~from a mental health professional until the requirement of 4,000 hours of supervised~~
345.22 ~~experience is met.~~

345.23 ~~(d) For purposes of this subdivision, a practitioner is qualified through a graduate student~~
345.24 ~~internship if the practitioner is a graduate student in behavioral sciences or related fields~~
345.25 ~~and is formally assigned by an accredited college or university to an agency or facility for~~
345.26 ~~clinical training.~~

345.27 ~~(e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's~~
345.28 ~~degree if the practitioner:~~

345.29 ~~(1) holds a master's or other graduate degree in behavioral sciences or related fields; or~~

345.30 ~~(2) holds a bachelor's degree in behavioral sciences or related fields and completes a~~
345.31 ~~practicum or internship that (i) requires direct interaction with adults or children served,~~
345.32 ~~and (ii) is focused on behavioral sciences or related fields.~~

346.1 ~~(f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical~~
346.2 ~~care if the practitioner meets the definition of vendor of medical care in section 256B.02,~~
346.3 ~~subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.~~

346.4 ~~(g) For purposes of medical assistance coverage of diagnostic assessments, explanations~~
346.5 ~~of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health~~
346.6 ~~practitioner working as a clinical trainee means that the practitioner's clinical supervision~~
346.7 ~~experience is helping the practitioner gain knowledge and skills necessary to practice~~
346.8 ~~effectively and independently. This may include supervision of direct practice, treatment~~
346.9 ~~team collaboration, continued professional learning, and job management. The practitioner~~
346.10 ~~must also:~~

346.11 ~~(1) comply with requirements for licensure or board certification as a mental health~~
346.12 ~~professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart~~
346.13 ~~5, item A, including supervised practice in the delivery of mental health services for the~~
346.14 ~~treatment of mental illness; or~~

346.15 ~~(2) be a student in a bona fide field placement or internship under a program leading to~~
346.16 ~~completion of the requirements for licensure as a mental health professional according to~~
346.17 ~~the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.~~

346.18 ~~(h) For purposes of this subdivision, "behavioral sciences or related fields" has the~~
346.19 ~~meaning given in section 256B.0623, subdivision 5, paragraph (d).~~

346.20 ~~(i) Notwithstanding the licensing requirements established by a health-related licensing~~
346.21 ~~board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other~~
346.22 ~~statute or rule.~~

346.23 Sec. 17. Minnesota Statutes 2020, section 245.462, subdivision 18, is amended to read:

346.24 Subd. 18. **Mental health professional.** "Mental health professional" means a staff person
346.25 providing clinical services in the treatment of mental illness who is qualified in at least one
346.26 of the following ways: qualified according to section 245I.04, subdivision 2.

346.27 ~~(1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171 to~~
346.28 ~~148.285; and:~~

346.29 ~~(i) who is certified as a clinical specialist or as a nurse practitioner in adult or family~~
346.30 ~~psychiatric and mental health nursing by a national nurse certification organization; or~~

346.31 ~~(ii) who has a master's degree in nursing or one of the behavioral sciences or related~~
346.32 ~~fields from an accredited college or university or its equivalent, with at least 4,000 hours~~

347.1 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
347.2 ~~of mental illness;~~

347.3 ~~(2) in clinical social work: a person licensed as an independent clinical social worker~~
347.4 ~~under chapter 148D, or a person with a master's degree in social work from an accredited~~
347.5 ~~college or university, with at least 4,000 hours of post-master's supervised experience in~~
347.6 ~~the delivery of clinical services in the treatment of mental illness;~~

347.7 ~~(3) in psychology: an individual licensed by the Board of Psychology under sections~~
347.8 ~~148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis~~
347.9 ~~and treatment of mental illness;~~

347.10 ~~(4) in psychiatry: a physician licensed under chapter 147 and certified by the American~~
347.11 ~~Board of Psychiatry and Neurology or eligible for board certification in psychiatry, or an~~
347.12 ~~osteopathic physician licensed under chapter 147 and certified by the American Osteopathic~~
347.13 ~~Board of Neurology and Psychiatry or eligible for board certification in psychiatry;~~

347.14 ~~(5) in marriage and family therapy: the mental health professional must be a marriage~~
347.15 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~
347.16 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
347.17 ~~mental illness;~~

347.18 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~
347.19 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
347.20 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
347.21 ~~of mental illness; or~~

347.22 ~~(7) in allied fields: a person with a master's degree from an accredited college or university~~
347.23 ~~in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's~~
347.24 ~~supervised experience in the delivery of clinical services in the treatment of mental illness.~~

347.25 Sec. 18. Minnesota Statutes 2020, section 245.462, subdivision 21, is amended to read:

347.26 Subd. 21. **Outpatient services.** "Outpatient services" means mental health services,
347.27 excluding day treatment and community support services programs, provided by or under
347.28 the ~~clinical~~ treatment supervision of a mental health professional to adults with mental
347.29 illness who live outside a hospital. Outpatient services include clinical activities such as
347.30 individual, group, and family therapy; individual treatment planning; diagnostic assessments;
347.31 medication management; and psychological testing.

348.1 Sec. 19. Minnesota Statutes 2020, section 245.462, subdivision 23, is amended to read:

348.2 Subd. 23. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
348.3 under the ~~clinical~~ treatment supervision of a mental health professional, in a community
348.4 residential setting other than an acute care hospital or regional treatment center inpatient
348.5 unit, that must be licensed as a residential treatment program for adults with mental illness
348.6 under chapter 245I, Minnesota Rules, parts 9520.0500 to 9520.0670, or other rules adopted
348.7 by the commissioner.

348.8 Sec. 20. Minnesota Statutes 2020, section 245.462, is amended by adding a subdivision
348.9 to read:

348.10 Subd. 27. **Treatment supervision.** "Treatment supervision" means the treatment
348.11 supervision described under section 245I.06.

348.12 Sec. 21. Minnesota Statutes 2020, section 245.4661, subdivision 5, is amended to read:

348.13 Subd. 5. **Planning for pilot projects.** (a) Each local plan for a pilot project, with the
348.14 exception of the placement of a Minnesota specialty treatment facility as defined in paragraph
348.15 (c), must be developed under the direction of the county board, or multiple county boards
348.16 acting jointly, as the local mental health authority. The planning process for each pilot shall
348.17 include, but not be limited to, mental health consumers, families, advocates, local mental
348.18 health advisory councils, local and state providers, representatives of state and local public
348.19 employee bargaining units, and the department of human services. As part of the planning
348.20 process, the county board or boards shall designate a managing entity responsible for receipt
348.21 of funds and management of the pilot project.

348.22 (b) For Minnesota specialty treatment facilities, the commissioner shall issue a request
348.23 for proposal for regions in which a need has been identified for services.

348.24 (c) For purposes of this section, "Minnesota specialty treatment facility" is defined as
348.25 an intensive residential treatment service licensed under section 256B.0622, subdivision 2,
348.26 paragraph (b) chapter 245I.

348.27 Sec. 22. Minnesota Statutes 2020, section 245.4662, subdivision 1, is amended to read:

348.28 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
348.29 the meanings given them.

348.30 (b) "Community partnership" means a project involving the collaboration of two or more
348.31 eligible applicants.

349.1 (c) "Eligible applicant" means an eligible county, Indian tribe, mental health service
349.2 provider, hospital, or community partnership. Eligible applicant does not include a
349.3 state-operated direct care and treatment facility or program under chapter 246.

349.4 (d) "Intensive residential treatment services" has the meaning given in section 256B.0622,
349.5 ~~subdivision 2.~~

349.6 (e) "Metropolitan area" means the seven-county metropolitan area, as defined in section
349.7 473.121, subdivision 2.

349.8 Sec. 23. Minnesota Statutes 2020, section 245.467, subdivision 2, is amended to read:

349.9 ~~Subd. 2. **Diagnostic assessment.** All providers of residential, acute care hospital inpatient,~~
349.10 ~~and regional treatment centers must complete a diagnostic assessment for each of their~~
349.11 ~~clients within five days of admission. Providers of day treatment services must complete a~~
349.12 ~~diagnostic assessment within five days after the adult's second visit or within 30 days after~~
349.13 ~~intake, whichever occurs first. In cases where a diagnostic assessment is available and has~~
349.14 ~~been completed within three years preceding admission, only an adult diagnostic assessment~~
349.15 ~~update is necessary. An "adult diagnostic assessment update" means a written summary by~~
349.16 ~~a mental health professional of the adult's current mental health status and service needs~~
349.17 ~~and includes a face-to-face interview with the adult. If the adult's mental health status has~~
349.18 ~~changed markedly since the adult's most recent diagnostic assessment, a new diagnostic~~
349.19 ~~assessment is required. Compliance with the provisions of this subdivision does not ensure~~
349.20 ~~eligibility for medical assistance reimbursement under chapter 256B. Providers of services~~
349.21 ~~governed by this section must complete a diagnostic assessment according to the standards~~
349.22 ~~of section 245I.10, subdivisions 4 to 6.~~

349.23 Sec. 24. Minnesota Statutes 2020, section 245.467, subdivision 3, is amended to read:

349.24 ~~Subd. 3. **Individual treatment plans.** All providers of outpatient services, day treatment~~
349.25 ~~services, residential treatment, acute care hospital inpatient treatment, and all regional~~
349.26 ~~treatment centers must develop an individual treatment plan for each of their adult clients.~~
349.27 ~~The individual treatment plan must be based on a diagnostic assessment. To the extent~~
349.28 ~~possible, the adult client shall be involved in all phases of developing and implementing~~
349.29 ~~the individual treatment plan. Providers of residential treatment and acute care hospital~~
349.30 ~~inpatient treatment, and all regional treatment centers must develop the individual treatment~~
349.31 ~~plan within ten days of client intake and must review the individual treatment plan every~~
349.32 ~~90 days after intake. Providers of day treatment services must develop the individual~~
349.33 ~~treatment plan before the completion of five working days in which service is provided or~~

350.1 ~~within 30 days after the diagnostic assessment is completed or obtained, whichever occurs~~
350.2 ~~first. Providers of outpatient services must develop the individual treatment plan within 30~~
350.3 ~~days after the diagnostic assessment is completed or obtained or by the end of the second~~
350.4 ~~session of an outpatient service, not including the session in which the diagnostic assessment~~
350.5 ~~was provided, whichever occurs first. Outpatient and day treatment services providers must~~
350.6 ~~review the individual treatment plan every 90 days after intake. Providers of services~~
350.7 ~~governed by this section must complete an individual treatment plan according to the~~
350.8 ~~standards of section 245I.10, subdivisions 7 and 8.~~

350.9 Sec. 25. Minnesota Statutes 2020, section 245.470, subdivision 1, is amended to read:

350.10 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
350.11 contract for enough outpatient services within the county to meet the needs of adults with
350.12 mental illness residing in the county. Services may be provided directly by the county
350.13 through county-operated ~~mental health centers or mental health clinics approved by the~~
350.14 ~~commissioner under section 245.69, subdivision 2 meeting the standards of chapter 245I;~~
350.15 by contract with privately operated ~~mental health centers or mental health clinics approved~~
350.16 ~~by the commissioner under section 245.69, subdivision 2 meeting the standards of chapter~~
350.17 245I; by contract with hospital mental health outpatient programs certified by the Joint
350.18 Commission on Accreditation of Hospital Organizations; or by contract with a ~~licensed~~
350.19 ~~mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6).~~
350.20 Clients may be required to pay a fee according to section 245.481. Outpatient services
350.21 include:

350.22 (1) conducting diagnostic assessments;

350.23 (2) conducting psychological testing;

350.24 (3) developing or modifying individual treatment plans;

350.25 (4) making referrals and recommending placements as appropriate;

350.26 (5) treating an adult's mental health needs through therapy;

350.27 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
350.28 medication; and

350.29 (7) preventing placement in settings that are more intensive, costly, or restrictive than
350.30 necessary and appropriate to meet client needs.

350.31 (b) County boards may request a waiver allowing outpatient services to be provided in
350.32 a nearby trade area if it is determined that the client can best be served outside the county.

351.1 Sec. 26. Minnesota Statutes 2020, section 245.4712, subdivision 2, is amended to read:

351.2 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be developed
351.3 as a part of the community support services available to adults with serious and persistent
351.4 mental illness residing in the county. Adults may be required to pay a fee according to
351.5 section 245.481. Day treatment services must be designed to:

351.6 (1) provide a structured environment for treatment;

351.7 (2) provide support for residing in the community;

351.8 (3) prevent placement in settings that are more intensive, costly, or restrictive than
351.9 necessary and appropriate to meet client need;

351.10 (4) coordinate with or be offered in conjunction with a local education agency's special
351.11 education program; and

351.12 (5) operate on a continuous basis throughout the year.

351.13 (b) ~~For purposes of complying with medical assistance requirements, an adult day~~
351.14 ~~treatment program must comply with the method of clinical supervision specified in~~
351.15 ~~Minnesota Rules, part 9505.0371, subpart 4. The clinical supervision must be performed~~
351.16 ~~by a qualified supervisor who satisfies the requirements of Minnesota Rules, part 9505.0371,~~
351.17 ~~subpart 5. An adult day treatment program must comply with medical assistance requirements~~
351.18 ~~in section 256B.0671, subdivision 3.~~

351.19 ~~A day treatment program must demonstrate compliance with this clinical supervision~~
351.20 ~~requirement by the commissioner's review and approval of the program according to~~
351.21 ~~Minnesota Rules, part 9505.0372, subpart 8.~~

351.22 (c) County boards may request a waiver from including day treatment services if they
351.23 can document that:

351.24 (1) an alternative plan of care exists through the county's community support services
351.25 for clients who would otherwise need day treatment services;

351.26 (2) day treatment, if included, would be duplicative of other components of the
351.27 community support services; and

351.28 (3) county demographics and geography make the provision of day treatment services
351.29 cost ineffective and infeasible.

352.1 Sec. 27. Minnesota Statutes 2020, section 245.472, subdivision 2, is amended to read:

352.2 Subd. 2. **Specific requirements.** Providers of residential services must be licensed under
352.3 chapter 245I or applicable rules adopted by the commissioner ~~and must be clinically~~
352.4 ~~supervised by a mental health professional. Persons employed in facilities licensed under~~
352.5 ~~Minnesota Rules, parts 9520.0500 to 9520.0670, in the capacity of program director as of~~
352.6 ~~July 1, 1987, in accordance with Minnesota Rules, parts 9520.0500 to 9520.0670, may be~~
352.7 ~~allowed to continue providing clinical supervision within a facility, provided they continue~~
352.8 ~~to be employed as a program director in a facility licensed under Minnesota Rules, parts~~
352.9 ~~9520.0500 to 9520.0670.~~ Residential services must be provided under treatment supervision.

352.10 Sec. 28. Minnesota Statutes 2020, section 245.4863, is amended to read:

352.11 **245.4863 INTEGRATED CO-OCCURRING DISORDER TREATMENT.**

352.12 (a) The commissioner shall require individuals who perform chemical dependency
352.13 assessments to screen clients for co-occurring mental health disorders, and staff who perform
352.14 mental health diagnostic assessments to screen for co-occurring substance use disorders.
352.15 Screening tools must be approved by the commissioner. If a client screens positive for a
352.16 co-occurring mental health or substance use disorder, the individual performing the screening
352.17 must document what actions will be taken in response to the results and whether further
352.18 assessments must be performed.

352.19 (b) Notwithstanding paragraph (a), screening is not required when:

352.20 (1) the presence of co-occurring disorders was documented for the client in the past 12
352.21 months;

352.22 (2) the client is currently receiving co-occurring disorders treatment;

352.23 (3) the client is being referred for co-occurring disorders treatment; or

352.24 (4) a mental health professional, ~~as defined in Minnesota Rules, part 9505.0370, subpart~~
352.25 ~~18,~~ who is competent to perform diagnostic assessments of co-occurring disorders is
352.26 performing a diagnostic assessment ~~that meets the requirements in Minnesota Rules, part~~
352.27 ~~9533.0090, subpart 5,~~ to identify whether the client may have co-occurring mental health
352.28 and chemical dependency disorders. If an individual is identified to have co-occurring
352.29 mental health and substance use disorders, the assessing mental health professional must
352.30 document what actions will be taken to address the client's co-occurring disorders.

352.31 (c) The commissioner shall adopt rules as necessary to implement this section. The
352.32 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing

353.1 a certification process for integrated dual disorder treatment providers and a system through
353.2 which individuals receive integrated dual diagnosis treatment if assessed as having both a
353.3 substance use disorder and either a serious mental illness or emotional disturbance.

353.4 (d) The commissioner shall apply for any federal waivers necessary to secure, to the
353.5 extent allowed by law, federal financial participation for the provision of integrated dual
353.6 diagnosis treatment to persons with co-occurring disorders.

353.7 Sec. 29. Minnesota Statutes 2020, section 245.4871, subdivision 9a, is amended to read:

353.8 Subd. 9a. **Crisis ~~assistance~~ planning**. "~~Crisis assistance~~ planning" means ~~assistance to~~
353.9 ~~the child, the child's family, and all providers of services to the child to: recognize factors~~
353.10 ~~precipitating a mental health crisis, identify behaviors related to the crisis, and be informed~~
353.11 ~~of available resources to resolve the crisis. Crisis assistance requires the development of a~~
353.12 ~~plan which addresses prevention and intervention strategies to be used in a potential crisis.~~
353.13 ~~Other interventions include: (1) arranging for admission to acute care hospital inpatient~~
353.14 ~~treatment~~ the development of a written plan to assist a child and the child's family in
353.15 preventing and addressing a potential crisis and is distinct from mobile crisis services as
353.16 defined in section 256B.0624. The plan must address prevention, deescalation, and
353.17 intervention strategies to be used in a crisis. The plan identifies factors that might precipitate
353.18 a crisis, behaviors or symptoms related to the emergence of a crisis, and the resources
353.19 available to resolve a crisis. The plan must address the following potential needs: (1) acute
353.20 care; (2) crisis placement; (3) community resources for follow-up; and (4) emotional support
353.21 to the family during crisis. When appropriate for the child's needs, the plan must include
353.22 strategies to reduce the child's risk of suicide and self-injurious behavior. ~~Crisis assistance~~
353.23 planning does not include services designed to secure the safety of a child who is at risk of
353.24 abuse or neglect or necessary emergency services.

353.25 Sec. 30. Minnesota Statutes 2020, section 245.4871, subdivision 10, is amended to read:

353.26 Subd. 10. **Day treatment services**. "Day treatment," "day treatment services," or "day
353.27 treatment program" means a structured program of treatment and care provided to a child
353.28 in:

353.29 (1) an outpatient hospital accredited by the Joint Commission on Accreditation of Health
353.30 Organizations and licensed under sections 144.50 to 144.55;

353.31 (2) a community mental health center under section 245.62;

354.1 (3) an entity that is under contract with the county board to operate a program that meets
354.2 the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170
354.3 to 9505.0475; ~~or~~

354.4 (4) an entity that operates a program that meets the requirements of section 245.4884,
354.5 subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475, that is under contract
354.6 with an entity that is under contract with a county board; or

354.7 (5) a program certified under section 256B.0943.

354.8 Day treatment consists of group psychotherapy and other intensive therapeutic services
354.9 that are provided for a minimum two-hour time block by a multidisciplinary staff under the
354.10 ~~clinical~~ treatment supervision of a mental health professional. Day treatment may include
354.11 education and consultation provided to families and other individuals as an extension of the
354.12 treatment process. The services are aimed at stabilizing the child's mental health status, and
354.13 developing and improving the child's daily independent living and socialization skills. Day
354.14 treatment services are distinguished from day care by their structured therapeutic program
354.15 of psychotherapy services. Day treatment services are not a part of inpatient hospital or
354.16 residential treatment services.

354.17 A day treatment service must be available to a child up to 15 hours a week throughout
354.18 the year and must be coordinated with, integrated with, or part of an education program
354.19 offered by the child's school.

354.20 Sec. 31. Minnesota Statutes 2020, section 245.4871, subdivision 11a, is amended to read:

354.21 Subd. 11a. **Diagnostic assessment.** ~~(a) "Diagnostic assessment" has the meaning given~~
354.22 ~~in Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
354.23 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
354.24 ~~standard, extended, or brief diagnostic assessment, or an adult update~~ section 245I.10,
354.25 subdivisions 4 to 6.

354.26 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~
354.27 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~
354.28 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
354.29 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
354.30 ~~the client's:~~

354.31 ~~(1) age;~~

354.32 ~~(2) description of symptoms, including reason for referral;~~

355.1 ~~(3) history of mental health treatment;~~

355.2 ~~(4) cultural influences and their impact on the client; and~~

355.3 ~~(5) mental status examination.~~

355.4 ~~(e) On the basis of the brief components, the professional or clinical trainee must draw~~
355.5 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~
355.6 ~~immediate needs or presenting problem.~~

355.7 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~
355.8 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~
355.9 ~~an extended diagnostic assessment.~~

355.10 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
355.11 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~
355.12 ~~for psychological testing as part of the diagnostic process.~~

355.13 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
355.14 ~~unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction~~
355.15 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~
355.16 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~
355.17 ~~sessions not to exceed three sessions.~~

355.18 Sec. 32. Minnesota Statutes 2020, section 245.4871, subdivision 17, is amended to read:

355.19 Subd. 17. **Family community support services.** "Family community support services"
355.20 means services provided under the ~~clinical~~ treatment supervision of a mental health
355.21 professional and designed to help each child with severe emotional disturbance to function
355.22 and remain with the child's family in the community. Family community support services
355.23 do not include acute care hospital inpatient treatment, residential treatment services, or
355.24 regional treatment center services. Family community support services include:

355.25 (1) client outreach to each child with severe emotional disturbance and the child's family;

355.26 (2) medication monitoring where necessary;

355.27 (3) assistance in developing independent living skills;

355.28 (4) assistance in developing parenting skills necessary to address the needs of the child
355.29 with severe emotional disturbance;

355.30 (5) assistance with leisure and recreational activities;

355.31 (6) ~~assistance~~ crisis planning, including crisis placement and respite care;

- 356.1 (7) professional home-based family treatment;
- 356.2 (8) foster care with therapeutic supports;
- 356.3 (9) day treatment;
- 356.4 (10) assistance in locating respite care and special needs day care; and
- 356.5 (11) assistance in obtaining potential financial resources, including those benefits listed
- 356.6 in section 245.4884, subdivision 5.

356.7 Sec. 33. Minnesota Statutes 2020, section 245.4871, subdivision 21, is amended to read:

356.8 Subd. 21. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~

356.9 ~~of intervention, treatment, and services for a child with an emotional disturbance that is~~

356.10 ~~developed by a service provider under the clinical supervision of a mental health professional~~

356.11 ~~on the basis of a diagnostic assessment. An individual treatment plan for a child must be~~

356.12 ~~developed in conjunction with the family unless clinically inappropriate. The plan identifies~~

356.13 ~~goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment~~

356.14 ~~goals and objectives, and the individuals responsible for providing treatment to the child~~

356.15 ~~with an emotional disturbance~~ the formulation of planned services that are responsive to

356.16 the needs and goals of a client. An individual treatment plan must be completed according

356.17 to section 245I.10, subdivisions 7 and 8.

356.18 Sec. 34. Minnesota Statutes 2020, section 245.4871, subdivision 26, is amended to read:

356.19 Subd. 26. **Mental health practitioner.** "Mental health practitioner" ~~has the meaning~~

356.20 ~~given in section 245.462, subdivision 17~~ means a staff person who is qualified according

356.21 to section 245I.04, subdivision 4.

356.22 Sec. 35. Minnesota Statutes 2020, section 245.4871, subdivision 27, is amended to read:

356.23 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person

356.24 ~~providing clinical services in the diagnosis and treatment of children's emotional disorders.~~

356.25 ~~A mental health professional must have training and experience in working with children~~

356.26 ~~consistent with the age group to which the mental health professional is assigned. A mental~~

356.27 ~~health professional must be qualified in at least one of the following ways:~~ qualified according

356.28 to section 245I.04, subdivision 2.

356.29 ~~(1) in psychiatric nursing, the mental health professional must be a registered nurse who~~

356.30 ~~is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in~~

356.31 ~~child and adolescent psychiatric or mental health nursing by a national nurse certification~~

357.1 ~~organization or who has a master's degree in nursing or one of the behavioral sciences or~~
357.2 ~~related fields from an accredited college or university or its equivalent, with at least 4,000~~
357.3 ~~hours of post-master's supervised experience in the delivery of clinical services in the~~
357.4 ~~treatment of mental illness;~~

357.5 ~~(2) in clinical social work, the mental health professional must be a person licensed as~~
357.6 ~~an independent clinical social worker under chapter 148D, or a person with a master's degree~~
357.7 ~~in social work from an accredited college or university, with at least 4,000 hours of~~
357.8 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
357.9 ~~mental disorders;~~

357.10 ~~(3) in psychology, the mental health professional must be an individual licensed by the~~
357.11 ~~board of psychology under sections 148.88 to 148.98 who has stated to the board of~~
357.12 ~~psychology competencies in the diagnosis and treatment of mental disorders;~~

357.13 ~~(4) in psychiatry, the mental health professional must be a physician licensed under~~
357.14 ~~chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible~~
357.15 ~~for board certification in psychiatry or an osteopathic physician licensed under chapter 147~~
357.16 ~~and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible~~
357.17 ~~for board certification in psychiatry;~~

357.18 ~~(5) in marriage and family therapy, the mental health professional must be a marriage~~
357.19 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~
357.20 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
357.21 ~~mental disorders or emotional disturbances;~~

357.22 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~
357.23 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
357.24 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
357.25 ~~of mental disorders or emotional disturbances; or~~

357.26 ~~(7) in allied fields, the mental health professional must be a person with a master's degree~~
357.27 ~~from an accredited college or university in one of the behavioral sciences or related fields,~~
357.28 ~~with at least 4,000 hours of post-master's supervised experience in the delivery of clinical~~
357.29 ~~services in the treatment of emotional disturbances.~~

357.30 Sec. 36. Minnesota Statutes 2020, section 245.4871, subdivision 29, is amended to read:

357.31 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,
357.32 excluding day treatment and community support services programs, provided by or under
357.33 the clinical treatment supervision of a mental health professional to children with emotional

358.1 disturbances who live outside a hospital. Outpatient services include clinical activities such
358.2 as individual, group, and family therapy; individual treatment planning; diagnostic
358.3 assessments; medication management; and psychological testing.

358.4 Sec. 37. Minnesota Statutes 2020, section 245.4871, subdivision 31, is amended to read:

358.5 Subd. 31. **Professional home-based family treatment.** "Professional home-based family
358.6 treatment" means intensive mental health services provided to children because of an
358.7 emotional disturbance (1) who are at risk of out-of-home placement; (2) who are in
358.8 out-of-home placement; or (3) who are returning from out-of-home placement. Services
358.9 are provided to the child and the child's family primarily in the child's home environment.
358.10 Services may also be provided in the child's school, child care setting, or other community
358.11 setting appropriate to the child. Services must be provided on an individual family basis,
358.12 must be child-oriented and family-oriented, and must be designed using information from
358.13 diagnostic and functional assessments to meet the specific mental health needs of the child
358.14 and the child's family. Examples of services are: (1) individual therapy; (2) family therapy;
358.15 (3) client outreach; (4) assistance in developing individual living skills; (5) assistance in
358.16 developing parenting skills necessary to address the needs of the child; (6) assistance with
358.17 leisure and recreational services; (7) ~~assistance~~ crisis planning, including crisis respite care
358.18 and arranging for crisis placement; and (8) assistance in locating respite and child care.
358.19 Services must be coordinated with other services provided to the child and family.

358.20 Sec. 38. Minnesota Statutes 2020, section 245.4871, subdivision 32, is amended to read:

358.21 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
358.22 under the ~~clinical~~ treatment supervision of a mental health professional, in a community
358.23 residential setting other than an acute care hospital or regional treatment center inpatient
358.24 unit, that must be licensed as a residential treatment program for children with emotional
358.25 disturbances under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted
358.26 by the commissioner.

358.27 Sec. 39. Minnesota Statutes 2020, section 245.4871, subdivision 34, is amended to read:

358.28 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"
358.29 means the mental health training and mental health support services and ~~clinical~~ treatment
358.30 supervision provided by a mental health professional to foster families caring for children
358.31 with severe emotional disturbance to provide a therapeutic family environment and support
358.32 for the child's improved functioning. Therapeutic support of foster care includes services
358.33 provided under section 256B.0946.

359.1 Sec. 40. Minnesota Statutes 2020, section 245.4871, is amended by adding a subdivision
359.2 to read:

359.3 Subd. 36. **Treatment supervision.** "Treatment supervision" means the treatment
359.4 supervision described under section 245I.06.

359.5 Sec. 41. Minnesota Statutes 2020, section 245.4876, subdivision 2, is amended to read:

359.6 ~~Subd. 2. **Diagnostic assessment.** All residential treatment facilities and acute care~~
359.7 ~~hospital inpatient treatment facilities that provide mental health services for children must~~
359.8 ~~complete a diagnostic assessment for each of their child clients within five working days~~
359.9 ~~of admission. Providers of day treatment services for children must complete a diagnostic~~
359.10 ~~assessment within five days after the child's second visit or 30 days after intake, whichever~~
359.11 ~~occurs first. In cases where a diagnostic assessment is available and has been completed~~
359.12 ~~within 180 days preceding admission, only updating is necessary. "Updating" means a~~
359.13 ~~written summary by a mental health professional of the child's current mental health status~~
359.14 ~~and service needs. If the child's mental health status has changed markedly since the child's~~
359.15 ~~most recent diagnostic assessment, a new diagnostic assessment is required. Compliance~~
359.16 ~~with the provisions of this subdivision does not ensure eligibility for medical assistance~~
359.17 ~~reimbursement under chapter 256B. Providers of services governed by this section shall~~
359.18 ~~complete a diagnostic assessment according to the standards of section 245I.10, subdivisions~~
359.19 ~~4 to 6.~~

359.20 Sec. 42. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

359.21 ~~Subd. 3. **Individual treatment plans.** All providers of outpatient services, day treatment~~
359.22 ~~services, professional home-based family treatment, residential treatment, and acute care~~
359.23 ~~hospital inpatient treatment, and all regional treatment centers that provide mental health~~
359.24 ~~services for children must develop an individual treatment plan for each child client. The~~
359.25 ~~individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,~~
359.26 ~~the child and the child's family shall be involved in all phases of developing and~~
359.27 ~~implementing the individual treatment plan. Providers of residential treatment, professional~~
359.28 ~~home-based family treatment, and acute care hospital inpatient treatment, and regional~~
359.29 ~~treatment centers must develop the individual treatment plan within ten working days of~~
359.30 ~~client intake or admission and must review the individual treatment plan every 90 days after~~
359.31 ~~intake, except that the administrative review of the treatment plan of a child placed in a~~
359.32 ~~residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.~~
359.33 ~~Providers of day treatment services must develop the individual treatment plan before the~~

360.1 ~~completion of five working days in which service is provided or within 30 days after the~~
360.2 ~~diagnostic assessment is completed or obtained, whichever occurs first. Providers of~~
360.3 ~~outpatient services must develop the individual treatment plan within 30 days after the~~
360.4 ~~diagnostic assessment is completed or obtained or by the end of the second session of an~~
360.5 ~~outpatient service, not including the session in which the diagnostic assessment was provided,~~
360.6 ~~whichever occurs first. Providers of outpatient and day treatment services must review the~~
360.7 ~~individual treatment plan every 90 days after intake. Providers of services governed by this~~
360.8 ~~section shall complete an individual treatment plan according to the standards of section~~
360.9 ~~245I.10, subdivisions 7 and 8.~~

360.10 Sec. 43. Minnesota Statutes 2020, section 245.488, subdivision 1, is amended to read:

360.11 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
360.12 contract for enough outpatient services within the county to meet the needs of each child
360.13 with emotional disturbance residing in the county and the child's family. Services may be
360.14 provided directly by the county through county-operated ~~mental health centers or mental~~
360.15 ~~health clinics approved by the commissioner under section 245.69, subdivision 2~~ meeting
360.16 the standards of chapter 245I; by contract with privately operated ~~mental health centers or~~
360.17 ~~mental health clinics approved by the commissioner under section 245.69, subdivision 2~~
360.18 meeting the standards of chapter 245I; by contract with hospital mental health outpatient
360.19 programs certified by the Joint Commission on Accreditation of Hospital Organizations;
360.20 or by contract with a ~~licensed~~ mental health professional ~~as defined in section 245.4871,~~
360.21 ~~subdivision 27, clauses (1) to (6).~~ A child or a child's parent may be required to pay a fee
360.22 based in accordance with section 245.481. Outpatient services include:

360.23 (1) conducting diagnostic assessments;

360.24 (2) conducting psychological testing;

360.25 (3) developing or modifying individual treatment plans;

360.26 (4) making referrals and recommending placements as appropriate;

360.27 (5) treating the child's mental health needs through therapy; and

360.28 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
360.29 medication.

360.30 (b) County boards may request a waiver allowing outpatient services to be provided in
360.31 a nearby trade area if it is determined that the child requires necessary and appropriate
360.32 services that are only available outside the county.

361.1 (c) Outpatient services offered by the county board to prevent placement must be at the
361.2 level of treatment appropriate to the child's diagnostic assessment.

361.3 Sec. 44. Minnesota Statutes 2020, section 245.4901, subdivision 2, is amended to read:

361.4 Subd. 2. **Eligible applicants.** An eligible applicant for school-linked mental health grants
361.5 is an entity that is:

361.6 (1) a mental health clinic certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~
361.7 section 245I.20;

361.8 (2) a community mental health center under section 256B.0625, subdivision 5;

361.9 (3) an Indian health service facility or a facility owned and operated by a tribe or tribal
361.10 organization operating under United States Code, title 25, section 5321;

361.11 (4) a provider of children's therapeutic services and supports as defined in section
361.12 256B.0943; or

361.13 (5) enrolled in medical assistance as a mental health or substance use disorder provider
361.14 agency and employs at least two full-time equivalent mental health professionals qualified
361.15 according to section ~~245I.16~~ 245I.04, subdivision 2, or two alcohol and drug counselors
361.16 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical
361.17 services to children and families.

361.18 Sec. 45. Minnesota Statutes 2020, section 245.62, subdivision 2, is amended to read:

361.19 Subd. 2. **Definition.** A community mental health center is a private nonprofit corporation
361.20 or public agency approved under the ~~rules promulgated by the commissioner pursuant to~~
361.21 ~~subdivision 4~~ standards of section 256B.0625, subdivision 5.

361.22 Sec. 46. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

361.23 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
361.24 establish a state certification process for certified community behavioral health clinics
361.25 (CCBHCs). Entities that choose to be CCBHCs must:

361.26 (1) comply with the CCBHC criteria published by the United States Department of
361.27 Health and Human Services;

361.28 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
361.29 including licensed mental health professionals and licensed alcohol and drug counselors,

362.1 and staff who are culturally and linguistically trained to meet the needs of the population
362.2 the clinic serves;

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

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

362.8 (5) comply with quality assurance reporting requirements and other reporting
362.9 requirements, including any required reporting of encounter data, clinical outcomes data,
362.10 and quality data;

362.11 (6) provide crisis mental health and substance use services, withdrawal management
362.12 services, emergency crisis intervention services, and stabilization services; screening,
362.13 assessment, and diagnosis services, including risk assessments and level of care
362.14 determinations; person- and family-centered treatment planning; outpatient mental health
362.15 and substance use services; targeted case management; psychiatric rehabilitation services;
362.16 peer support and counselor services and family support services; and intensive
362.17 community-based mental health services, including mental health services for members of
362.18 the armed forces and veterans;

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

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

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

362.31 (8) be ~~certified as mental health clinics under section 245.69, subdivision 2~~ meeting the
362.32 standards of chapter 245I;

- 363.1 (9) ~~comply with standards relating to mental health services in Minnesota Rules, parts~~
363.2 ~~9505.0370 to 9505.0372~~ be a co-occurring disorder specialist;
- 363.3 (10) be licensed to provide substance use disorder treatment under chapter 245G;
- 363.4 (11) be certified to provide children's therapeutic services and supports under section
363.5 256B.0943;
- 363.6 (12) be certified to provide adult rehabilitative mental health services under section
363.7 256B.0623;
- 363.8 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
363.9 256B.0624 and 256B.0944;
- 363.10 (14) be enrolled to provide mental health targeted case management under section
363.11 256B.0625, subdivision 20;
- 363.12 (15) comply with standards relating to mental health case management in Minnesota
363.13 Rules, parts 9520.0900 to 9520.0926;
- 363.14 (16) provide services that comply with the evidence-based practices described in
363.15 paragraph (e); and
- 363.16 (17) comply with standards relating to peer services under sections 256B.0615,
363.17 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
363.18 services are provided.
- 363.19 (b) If an entity is unable to provide one or more of the services listed in paragraph (a),
363.20 clauses (6) to (17), the commissioner may certify the entity as a CCBHC, if the entity has
363.21 a current contract with another entity that has the required authority to provide that service
363.22 and that meets federal CCBHC criteria as a designated collaborating organization, or, to
363.23 the extent allowed by the federal CCBHC criteria, the commissioner may approve a referral
363.24 arrangement. The CCBHC must meet federal requirements regarding the type and scope of
363.25 services to be provided directly by the CCBHC.
- 363.26 (c) Notwithstanding any other law that requires a county contract or other form of county
363.27 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
363.28 CCBHC requirements may receive the prospective payment under section 256B.0625,
363.29 subdivision 5m, for those services without a county contract or county approval. As part of
363.30 the certification process in paragraph (a), the commissioner shall require a letter of support
363.31 from the CCBHC's host county confirming that the CCBHC and the county or counties it
363.32 serves have an ongoing relationship to facilitate access and continuity of care, especially
363.33 for individuals who are uninsured or who may go on and off medical assistance.

364.1 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
364.2 address similar issues in duplicative or incompatible ways, the commissioner may grant
364.3 variances to state requirements if the variances do not conflict with federal requirements.
364.4 If standards overlap, the commissioner may substitute all or a part of a licensure or
364.5 certification that is substantially the same as another licensure or certification. The
364.6 commissioner shall consult with stakeholders, as described in subdivision 4, before granting
364.7 variances under this provision. For the CCBHC that is certified but not approved for
364.8 prospective payment under section 256B.0625, subdivision 5m, the commissioner may
364.9 grant a variance under this paragraph if the variance does not increase the state share of
364.10 costs.

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

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

364.24 Sec. 47. Minnesota Statutes 2020, section 245A.04, subdivision 5, is amended to read:

364.25 Subd. 5. **Commissioner's right of access.** (a) When the commissioner is exercising the
364.26 powers conferred by this chapter, ~~sections 245.69 and~~ section 626.557, and chapter 260E,
364.27 the commissioner must be given access to:

364.28 (1) the physical plant and grounds where the program is provided;

364.29 (2) documents and records, including records maintained in electronic format;

364.30 (3) persons served by the program; and

364.31 (4) staff and personnel records of current and former staff whenever the program is in
364.32 operation and the information is relevant to inspections or investigations conducted by the

365.1 commissioner. Upon request, the license holder must provide the commissioner verification
365.2 of documentation of staff work experience, training, or educational requirements.

365.3 The commissioner must be given access without prior notice and as often as the
365.4 commissioner considers necessary if the commissioner is investigating alleged maltreatment,
365.5 conducting a licensing inspection, or investigating an alleged violation of applicable laws
365.6 or rules. In conducting inspections, the commissioner may request and shall receive assistance
365.7 from other state, county, and municipal governmental agencies and departments. The
365.8 applicant or license holder shall allow the commissioner to photocopy, photograph, and
365.9 make audio and video tape recordings during the inspection of the program at the
365.10 commissioner's expense. The commissioner shall obtain a court order or the consent of the
365.11 subject of the records or the parents or legal guardian of the subject before photocopying
365.12 hospital medical records.

365.13 (b) Persons served by the program have the right to refuse to consent to be interviewed,
365.14 photographed, or audio or videotaped. Failure or refusal of an applicant or license holder
365.15 to fully comply with this subdivision is reasonable cause for the commissioner to deny the
365.16 application or immediately suspend or revoke the license.

365.17 Sec. 48. Minnesota Statutes 2020, section 245A.10, subdivision 4, is amended to read:

365.18 Subd. 4. **License or certification fee for certain programs.** (a) Child care centers shall
365.19 pay an annual nonrefundable license fee based on the following schedule:

365.20		Child Care Center
365.21	Licensed Capacity	License Fee
365.22	1 to 24 persons	\$200
365.23	25 to 49 persons	\$300
365.24	50 to 74 persons	\$400
365.25	75 to 99 persons	\$500
365.26	100 to 124 persons	\$600
365.27	125 to 149 persons	\$700
365.28	150 to 174 persons	\$800
365.29	175 to 199 persons	\$900
365.30	200 to 224 persons	\$1,000
365.31	225 or more persons	\$1,100

365.32 (b)(1) A program licensed to provide one or more of the home and community-based
365.33 services and supports identified under chapter 245D to persons with disabilities or age 65
365.34 and older, shall pay an annual nonrefundable license fee based on revenues derived from

366.1 the provision of services that would require licensure under chapter 245D during the calendar
 366.2 year immediately preceding the year in which the license fee is paid, according to the
 366.3 following schedule:

366.4	License Holder Annual Revenue	License Fee
366.5	less than or equal to \$10,000	\$200
366.6	greater than \$10,000 but less than or	
366.7	equal to \$25,000	\$300
366.8	greater than \$25,000 but less than or	
366.9	equal to \$50,000	\$400
366.10	greater than \$50,000 but less than or	
366.11	equal to \$100,000	\$500
366.12	greater than \$100,000 but less than or	
366.13	equal to \$150,000	\$600
366.14	greater than \$150,000 but less than or	
366.15	equal to \$200,000	\$800
366.16	greater than \$200,000 but less than or	
366.17	equal to \$250,000	\$1,000
366.18	greater than \$250,000 but less than or	
366.19	equal to \$300,000	\$1,200
366.20	greater than \$300,000 but less than or	
366.21	equal to \$350,000	\$1,400
366.22	greater than \$350,000 but less than or	
366.23	equal to \$400,000	\$1,600
366.24	greater than \$400,000 but less than or	
366.25	equal to \$450,000	\$1,800
366.26	greater than \$450,000 but less than or	
366.27	equal to \$500,000	\$2,000
366.28	greater than \$500,000 but less than or	
366.29	equal to \$600,000	\$2,250
366.30	greater than \$600,000 but less than or	
366.31	equal to \$700,000	\$2,500
366.32	greater than \$700,000 but less than or	
366.33	equal to \$800,000	\$2,750
366.34	greater than \$800,000 but less than or	
366.35	equal to \$900,000	\$3,000
366.36	greater than \$900,000 but less than or	
366.37	equal to \$1,000,000	\$3,250
366.38	greater than \$1,000,000 but less than or	
366.39	equal to \$1,250,000	\$3,500
366.40	greater than \$1,250,000 but less than or	
366.41	equal to \$1,500,000	\$3,750
366.42	greater than \$1,500,000 but less than or	
366.43	equal to \$1,750,000	\$4,000

367.1	greater than \$1,750,000 but less than or	
367.2	equal to \$2,000,000	\$4,250
367.3	greater than \$2,000,000 but less than or	
367.4	equal to \$2,500,000	\$4,500
367.5	greater than \$2,500,000 but less than or	
367.6	equal to \$3,000,000	\$4,750
367.7	greater than \$3,000,000 but less than or	
367.8	equal to \$3,500,000	\$5,000
367.9	greater than \$3,500,000 but less than or	
367.10	equal to \$4,000,000	\$5,500
367.11	greater than \$4,000,000 but less than or	
367.12	equal to \$4,500,000	\$6,000
367.13	greater than \$4,500,000 but less than or	
367.14	equal to \$5,000,000	\$6,500
367.15	greater than \$5,000,000 but less than or	
367.16	equal to \$7,500,000	\$7,000
367.17	greater than \$7,500,000 but less than or	
367.18	equal to \$10,000,000	\$8,500
367.19	greater than \$10,000,000 but less than or	
367.20	equal to \$12,500,000	\$10,000
367.21	greater than \$12,500,000 but less than or	
367.22	equal to \$15,000,000	\$14,000
367.23	greater than \$15,000,000	\$18,000

367.24 (2) If requested, the license holder shall provide the commissioner information to verify
 367.25 the license holder's annual revenues or other information as needed, including copies of
 367.26 documents submitted to the Department of Revenue.

367.27 (3) At each annual renewal, a license holder may elect to pay the highest renewal fee,
 367.28 and not provide annual revenue information to the commissioner.

367.29 (4) A license holder that knowingly provides the commissioner incorrect revenue amounts
 367.30 for the purpose of paying a lower license fee shall be subject to a civil penalty in the amount
 367.31 of double the fee the provider should have paid.

367.32 (5) Notwithstanding clause (1), a license holder providing services under one or more
 367.33 licenses under chapter 245B that are in effect on May 15, 2013, shall pay an annual license
 367.34 fee for calendar years 2014, 2015, and 2016, equal to the total license fees paid by the license
 367.35 holder for all licenses held under chapter 245B for calendar year 2013. For calendar year
 367.36 2017 and thereafter, the license holder shall pay an annual license fee according to clause
 367.37 (1).

368.1 (c) A chemical dependency treatment program licensed under chapter 245G, to provide
 368.2 chemical dependency treatment shall pay an annual nonrefundable license fee based on the
 368.3 following schedule:

368.4	Licensed Capacity	License Fee
368.5	1 to 24 persons	\$600
368.6	25 to 49 persons	\$800
368.7	50 to 74 persons	\$1,000
368.8	75 to 99 persons	\$1,200
368.9	100 or more persons	\$1,400

368.10 (d) A chemical dependency program licensed under Minnesota Rules, parts 9530.6510
 368.11 to 9530.6590, to provide detoxification services shall pay an annual nonrefundable license
 368.12 fee based on the following schedule:

368.13	Licensed Capacity	License Fee
368.14	1 to 24 persons	\$760
368.15	25 to 49 persons	\$960
368.16	50 or more persons	\$1,160

368.17 (e) Except for child foster care, a residential facility licensed under Minnesota Rules,
 368.18 chapter 2960, to serve children shall pay an annual nonrefundable license fee based on the
 368.19 following schedule:

368.20	Licensed Capacity	License Fee
368.21	1 to 24 persons	\$1,000
368.22	25 to 49 persons	\$1,100
368.23	50 to 74 persons	\$1,200
368.24	75 to 99 persons	\$1,300
368.25	100 or more persons	\$1,400

368.26 (f) A residential facility licensed under section 245I.23 or Minnesota Rules, parts
 368.27 9520.0500 to 9520.0670, to serve persons with mental illness shall pay an annual
 368.28 nonrefundable license fee based on the following schedule:

368.29	Licensed Capacity	License Fee
368.30	1 to 24 persons	\$2,525
368.31	25 or more persons	\$2,725

368.32 (g) A residential facility licensed under Minnesota Rules, parts 9570.2000 to 9570.3400,
 368.33 to serve persons with physical disabilities shall pay an annual nonrefundable license fee
 368.34 based on the following schedule:

	Licensed Capacity	License Fee
369.1		
369.2	1 to 24 persons	\$450
369.3	25 to 49 persons	\$650
369.4	50 to 74 persons	\$850
369.5	75 to 99 persons	\$1,050
369.6	100 or more persons	\$1,250

369.7 (h) A program licensed to provide independent living assistance for youth under section
369.8 245A.22 shall pay an annual nonrefundable license fee of \$1,500.

369.9 (i) A private agency licensed to provide foster care and adoption services under Minnesota
369.10 Rules, parts 9545.0755 to 9545.0845, shall pay an annual nonrefundable license fee of \$875.

369.11 (j) A program licensed as an adult day care center licensed under Minnesota Rules, parts
369.12 9555.9600 to 9555.9730, shall pay an annual nonrefundable license fee based on the
369.13 following schedule:

	Licensed Capacity	License Fee
369.14		
369.15	1 to 24 persons	\$500
369.16	25 to 49 persons	\$700
369.17	50 to 74 persons	\$900
369.18	75 to 99 persons	\$1,100
369.19	100 or more persons	\$1,300

369.20 (k) A program licensed to provide treatment services to persons with sexual psychopathic
369.21 personalities or sexually dangerous persons under Minnesota Rules, parts 9515.3000 to
369.22 9515.3110, shall pay an annual nonrefundable license fee of \$20,000.

369.23 (l) ~~A mental health center or mental health clinic requesting certification for purposes~~
369.24 ~~of insurance and subscriber contract reimbursement under Minnesota Rules, parts 9520.0750~~
369.25 ~~to 9520.0870~~ certified under section 245I.20, shall pay a an annual nonrefundable certification
369.26 fee of \$1,550 ~~per year~~. If the ~~mental health center or~~ mental health clinic provides services
369.27 at a primary location with satellite facilities, the satellite facilities shall be certified with the
369.28 primary location without an additional charge.

369.29 Sec. 49. Minnesota Statutes 2020, section 245A.65, subdivision 2, is amended to read:

369.30 Subd. 2. **Abuse prevention plans.** All license holders shall establish and enforce ongoing
369.31 written program abuse prevention plans and individual abuse prevention plans as required
369.32 under section 626.557, subdivision 14.

370.1 (a) The scope of the program abuse prevention plan is limited to the population, physical
370.2 plant, and environment within the control of the license holder and the location where
370.3 licensed services are provided. In addition to the requirements in section 626.557, subdivision
370.4 14, the program abuse prevention plan shall meet the requirements in clauses (1) to (5).

370.5 (1) The assessment of the population shall include an evaluation of the following factors:
370.6 age, gender, mental functioning, physical and emotional health or behavior of the client;
370.7 the need for specialized programs of care for clients; the need for training of staff to meet
370.8 identified individual needs; and the knowledge a license holder may have regarding previous
370.9 abuse that is relevant to minimizing risk of abuse for clients.

370.10 (2) The assessment of the physical plant where the licensed services are provided shall
370.11 include an evaluation of the following factors: the condition and design of the building as
370.12 it relates to the safety of the clients; and the existence of areas in the building which are
370.13 difficult to supervise.

370.14 (3) The assessment of the environment for each facility and for each site when living
370.15 arrangements are provided by the agency shall include an evaluation of the following factors:
370.16 the location of the program in a particular neighborhood or community; the type of grounds
370.17 and terrain surrounding the building; the type of internal programming; and the program's
370.18 staffing patterns.

370.19 (4) The license holder shall provide an orientation to the program abuse prevention plan
370.20 for clients receiving services. If applicable, the client's legal representative must be notified
370.21 of the orientation. The license holder shall provide this orientation for each new person
370.22 within 24 hours of admission, or for persons who would benefit more from a later orientation,
370.23 the orientation may take place within 72 hours.

370.24 (5) The license holder's governing body or the governing body's delegated representative
370.25 shall review the plan at least annually using the assessment factors in the plan and any
370.26 substantiated maltreatment findings that occurred since the last review. The governing body
370.27 or the governing body's delegated representative shall revise the plan, if necessary, to reflect
370.28 the review results.

370.29 (6) A copy of the program abuse prevention plan shall be posted in a prominent location
370.30 in the program and be available upon request to mandated reporters, persons receiving
370.31 services, and legal representatives.

370.32 (b) In addition to the requirements in section 626.557, subdivision 14, the individual
370.33 abuse prevention plan shall meet the requirements in clauses (1) and (2).

371.1 (1) The plan shall include a statement of measures that will be taken to minimize the
371.2 risk of abuse to the vulnerable adult when the individual assessment required in section
371.3 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the
371.4 specific measures identified in the program abuse prevention plan. The measures shall
371.5 include the specific actions the program will take to minimize the risk of abuse within the
371.6 scope of the licensed services, and will identify referrals made when the vulnerable adult
371.7 is susceptible to abuse outside the scope or control of the licensed services. When the
371.8 assessment indicates that the vulnerable adult does not need specific risk reduction measures
371.9 in addition to those identified in the program abuse prevention plan, the individual abuse
371.10 prevention plan shall document this determination.

371.11 (2) An individual abuse prevention plan shall be developed for each new person as part
371.12 of the initial individual program plan or service plan required under the applicable licensing
371.13 rule or statute. The review and evaluation of the individual abuse prevention plan shall be
371.14 done as part of the review of the program plan ~~or~~, service plan, or treatment plan. The person
371.15 receiving services shall participate in the development of the individual abuse prevention
371.16 plan to the full extent of the person's abilities. If applicable, the person's legal representative
371.17 shall be given the opportunity to participate with or for the person in the development of
371.18 the plan. The interdisciplinary team shall document the review of all abuse prevention plans
371.19 at least annually, using the individual assessment and any reports of abuse relating to the
371.20 person. The plan shall be revised to reflect the results of this review.

371.21 Sec. 50. Minnesota Statutes 2020, section 245D.02, subdivision 20, is amended to read:

371.22 Subd. 20. **Mental health crisis intervention team.** "Mental health crisis intervention
371.23 team" means a mental health crisis response provider as identified in section 256B.0624,
371.24 ~~subdivision 2, paragraph (d), for adults, and in section 256B.0944, subdivision 1, paragraph~~
371.25 ~~(d), for children.~~

371.26 Sec. 51. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

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

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

371.30 (1) outpatient treatment services that are licensed according to sections 245G.01 to
371.31 245G.17, or applicable tribal license;

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

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

372.5 (4) peer recovery support services provided according to section 245G.07, subdivision
372.6 2, clause (8);

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

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

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

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

372.16 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
372.17 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
372.18 144.56;

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

372.23 (11) high-intensity residential treatment services that are licensed according to sections
372.24 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
372.25 clinical services each week provided by a state-operated vendor or to clients who have been
372.26 civilly committed to the commissioner, present the most complex and difficult care needs,
372.27 and are a potential threat to the community; and

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

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

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

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

373.1 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
373.2 9503; or

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

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

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

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

373.9 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
373.10 programs or subprograms serving special populations, if the program or subprogram meets
373.11 the following requirements:

373.12 (i) is designed to address the unique needs of individuals who share a common language,
373.13 racial, ethnic, or social background;

373.14 (ii) is governed with significant input from individuals of that specific background; and

373.15 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
373.16 whom are of that specific background, except when the common social background of the
373.17 individuals served is a traumatic brain injury or cognitive disability and the program employs
373.18 treatment staff who have the necessary professional training, as approved by the
373.19 commissioner, to serve clients with the specific disabilities that the program is designed to
373.20 serve;

373.21 (3) programs that offer medical services delivered by appropriately credentialed health
373.22 care staff in an amount equal to two hours per client per week if the medical needs of the
373.23 client and the nature and provision of any medical services provided are documented in the
373.24 client file; and

373.25 (4) programs that offer services to individuals with co-occurring mental health and
373.26 chemical dependency problems if:

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

373.28 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
373.29 ~~in section 245.462, subdivision 18, clauses (1) to (6)~~ qualified according to section 245I.04,
373.30 subdivision 2, or are students or licensing candidates under the supervision of a licensed
373.31 alcohol and drug counselor supervisor and ~~licensed~~ mental health professional, except that

374.1 no more than 50 percent of the mental health staff may be students or licensing candidates
374.2 with time documented to be directly related to provisions of co-occurring services;

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

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

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

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

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

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

374.20 (f) Subject to federal approval, chemical dependency services that are otherwise covered
374.21 as direct face-to-face services may be provided via two-way interactive video. The use of
374.22 two-way interactive video must be medically appropriate to the condition and needs of the
374.23 person being served. Reimbursement shall be at the same rates and under the same conditions
374.24 that would otherwise apply to direct face-to-face services. The interactive video equipment
374.25 and connection must comply with Medicare standards in effect at the time the service is
374.26 provided.

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

375.1 Sec. 52. Minnesota Statutes 2020, section 256B.0615, subdivision 1, is amended to read:

375.2 Subdivision 1. **Scope.** Medical assistance covers mental health certified peer specialist
375.3 services, as established in subdivision 2, subject to federal approval, if provided to recipients
375.4 who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and
375.5 are provided by a mental health certified peer specialist who has completed the training
375.6 under subdivision 5 and is qualified according to section 245I.04, subdivision 10.

375.7 Sec. 53. Minnesota Statutes 2020, section 256B.0615, subdivision 5, is amended to read:

375.8 Subd. 5. **Certified peer specialist training and certification.** The commissioner of
375.9 human services shall develop a training and certification process for certified peer specialists,
375.10 ~~who must be at least 21 years of age.~~ The candidates must have had a primary diagnosis of
375.11 mental illness, be a current or former consumer of mental health services, and must
375.12 demonstrate leadership and advocacy skills and a strong dedication to recovery. The training
375.13 curriculum must teach participating consumers specific skills relevant to providing peer
375.14 support to other consumers. In addition to initial training and certification, the commissioner
375.15 shall develop ongoing continuing educational workshops on pertinent issues related to peer
375.16 support counseling.

375.17 Sec. 54. Minnesota Statutes 2020, section 256B.0616, subdivision 1, is amended to read:

375.18 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer
375.19 specialists services, as established in subdivision 2, subject to federal approval, if provided
375.20 to recipients who have an emotional disturbance or severe emotional disturbance under
375.21 chapter 245, and are provided by a mental health certified family peer specialist who has
375.22 completed the training under subdivision 5 and is qualified according to section 245I.04,
375.23 subdivision 12. A family peer specialist cannot provide services to the peer specialist's
375.24 family.

375.25 Sec. 55. Minnesota Statutes 2020, section 256B.0616, subdivision 3, is amended to read:

375.26 Subd. 3. **Eligibility.** Family peer support services may be ~~located in~~ provided to recipients
375.27 of inpatient hospitalization, partial hospitalization, residential treatment, intensive treatment
375.28 in foster care, day treatment, children's therapeutic services and supports, or crisis services.

375.29 Sec. 56. Minnesota Statutes 2020, section 256B.0616, subdivision 5, is amended to read:

375.30 Subd. 5. **Certified family peer specialist training and certification.** The commissioner
375.31 shall develop a training and certification process for certified family peer specialists ~~who~~

376.1 ~~must be at least 21 years of age.~~ The candidates must have raised or be currently raising a
376.2 child with a mental illness, have had experience navigating the children's mental health
376.3 system, and must demonstrate leadership and advocacy skills and a strong dedication to
376.4 family-driven and family-focused services. The training curriculum must teach participating
376.5 family peer specialists specific skills relevant to providing peer support to other parents. In
376.6 addition to initial training and certification, the commissioner shall develop ongoing
376.7 continuing educational workshops on pertinent issues related to family peer support
376.8 counseling.

376.9 Sec. 57. Minnesota Statutes 2020, section 256B.0622, subdivision 1, is amended to read:

376.10 Subdivision 1. **Scope.** (a) Subject to federal approval, medical assistance covers medically
376.11 necessary, assertive community treatment for clients as defined in subdivision 2a and
376.12 intensive residential treatment services for clients as defined in subdivision 3, when the
376.13 services are provided by an entity certified under and meeting the standards in this section.

376.14 (b) Subject to federal approval, medical assistance covers medically necessary, intensive
376.15 residential treatment services when the services are provided by an entity licensed under
376.16 and meeting the standards in section 245I.23.

376.17 (c) The provider entity must make reasonable and good faith efforts to report individual
376.18 client outcomes to the commissioner, using instruments and protocols approved by the
376.19 commissioner.

376.20 Sec. 58. Minnesota Statutes 2020, section 256B.0622, subdivision 2, is amended to read:

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

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

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

376.30 (d) "Individual treatment plan" means ~~the document that results from a person-centered~~
376.31 ~~planning process of determining real-life outcomes with clients and developing strategies~~
376.32 ~~to achieve those outcomes~~ a plan described under section 245I.10, subdivisions 7 and 8.

377.1 ~~(e) "Assertive engagement" means the use of collaborative strategies to engage clients~~
377.2 ~~to receive services.~~

377.3 ~~(f) "Benefits and finance support" means assisting clients in capably managing financial~~
377.4 ~~affairs. Services include, but are not limited to, assisting clients in applying for benefits;~~
377.5 ~~assisting with redetermination of benefits; providing financial crisis management; teaching~~
377.6 ~~and supporting budgeting skills and asset development; and coordinating with a client's~~
377.7 ~~representative payee, if applicable.~~

377.8 ~~(g) "Co-occurring disorder treatment" means the treatment of co-occurring mental illness~~
377.9 ~~and substance use disorders and is characterized by assertive outreach, stage-wise~~
377.10 ~~comprehensive treatment, treatment goal setting, and flexibility to work within each stage~~
377.11 ~~of treatment. Services include, but are not limited to, assessing and tracking clients' stages~~
377.12 ~~of change readiness and treatment; applying the appropriate treatment based on stages of~~
377.13 ~~change, such as outreach and motivational interviewing techniques to work with clients in~~
377.14 ~~earlier stages of change readiness and cognitive behavioral approaches and relapse prevention~~
377.15 ~~to work with clients in later stages of change; and facilitating access to community supports.~~

377.16 ~~(h)~~ (e) "Crisis assessment and intervention" means mental health crisis response services
377.17 as defined in section 256B.0624, subdivision 2, paragraphs (e) to (e).

377.18 ~~(i) "Employment services" means assisting clients to work at jobs of their choosing.~~
377.19 ~~Services must follow the principles of the individual placement and support (IPS)~~
377.20 ~~employment model, including focusing on competitive employment; emphasizing individual~~
377.21 ~~client preferences and strengths; ensuring employment services are integrated with mental~~
377.22 ~~health services; conducting rapid job searches and systematic job development according~~
377.23 ~~to client preferences and choices; providing benefits counseling; and offering all services~~
377.24 ~~in an individualized and time-unlimited manner. Services shall also include educating clients~~
377.25 ~~about opportunities and benefits of work and school and assisting the client in learning job~~
377.26 ~~skills, navigating the work place, and managing work relationships.~~

377.27 ~~(j) "Family psychoeducation and support" means services provided to the client's family~~
377.28 ~~and other natural supports to restore and strengthen the client's unique social and family~~
377.29 ~~relationships. Services include, but are not limited to, individualized psychoeducation about~~
377.30 ~~the client's illness and the role of the family and other significant people in the therapeutic~~
377.31 ~~process; family intervention to restore contact, resolve conflict, and maintain relationships~~
377.32 ~~with family and other significant people in the client's life; ongoing communication and~~
377.33 ~~collaboration between the ACT team and the family; introduction and referral to family~~
377.34 ~~self-help programs and advocacy organizations that promote recovery and family~~

378.1 ~~engagement, individual supportive counseling, parenting training, and service coordination~~
378.2 ~~to help clients fulfill parenting responsibilities; coordinating services for the child and~~
378.3 ~~restoring relationships with children who are not in the client's custody; and coordinating~~
378.4 ~~with child welfare and family agencies, if applicable. These services must be provided with~~
378.5 ~~the client's agreement and consent.~~

378.6 ~~(k) "Housing access support" means assisting clients to find, obtain, retain, and move~~
378.7 ~~to safe and adequate housing of their choice. Housing access support includes, but is not~~
378.8 ~~limited to, locating housing options with a focus on integrated independent settings; applying~~
378.9 ~~for housing subsidies, programs, or resources; assisting the client in developing relationships~~
378.10 ~~with local landlords; providing tenancy support and advocacy for the individual's tenancy~~
378.11 ~~rights at the client's home; and assisting with relocation.~~

378.12 ~~(l)~~ (f) "Individual treatment team" means a minimum of three members of the ACT team
378.13 who are responsible for consistently carrying out most of a client's assertive community
378.14 treatment services.

378.15 ~~(m) "Intensive residential treatment services treatment team" means all staff who provide~~
378.16 ~~intensive residential treatment services under this section to clients. At a minimum, this~~
378.17 ~~includes the clinical supervisor; mental health professionals as defined in section 245.462,~~
378.18 ~~subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462,~~
378.19 ~~subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision~~
378.20 ~~5, paragraph (a), clause (4); and mental health certified peer specialists under section~~
378.21 ~~256B.0615.~~

378.22 ~~(n) "Intensive residential treatment services" means short-term, time-limited services~~
378.23 ~~provided in a residential setting to clients who are in need of more restrictive settings and~~
378.24 ~~are at risk of significant functional deterioration if they do not receive these services. Services~~
378.25 ~~are designed to develop and enhance psychiatric stability, personal and emotional adjustment,~~
378.26 ~~self-sufficiency, and skills to live in a more independent setting. Services must be directed~~
378.27 ~~toward a targeted discharge date with specified client outcomes.~~

378.28 ~~(o) "Medication assistance and support" means assisting clients in accessing medication,~~
378.29 ~~developing the ability to take medications with greater independence, and providing~~
378.30 ~~medication setup. This includes the prescription, administration, and order of medication~~
378.31 ~~by appropriate medical staff.~~

378.32 ~~(p) "Medication education" means educating clients on the role and effects of medications~~
378.33 ~~in treating symptoms of mental illness and the side effects of medications.~~

379.1 ~~(q) "Overnight staff" means a member of the intensive residential treatment services~~
379.2 ~~team who is responsible during hours when clients are typically asleep.~~

379.3 ~~(r) "Mental health certified peer specialist services" has the meaning given in section~~
379.4 ~~256B.0615.~~

379.5 ~~(s) "Physical health services" means any service or treatment to meet the physical health~~
379.6 ~~needs of the client to support the client's mental health recovery. Services include, but are~~
379.7 ~~not limited to, education on primary health issues, including wellness education; medication~~
379.8 ~~administration and monitoring; providing and coordinating medical screening and follow-up;~~
379.9 ~~scheduling routine and acute medical and dental care visits; tobacco cessation strategies;~~
379.10 ~~assisting clients in attending appointments; communicating with other providers; and~~
379.11 ~~integrating all physical and mental health treatment.~~

379.12 ~~(t)(g) "Primary team member" means the person who leads and coordinates the activities~~
379.13 ~~of the individual treatment team and is the individual treatment team member who has~~
379.14 ~~primary responsibility for establishing and maintaining a therapeutic relationship with the~~
379.15 ~~client on a continuing basis.~~

379.16 ~~(u) "Rehabilitative mental health services" means mental health services that are~~
379.17 ~~rehabilitative and enable the client to develop and enhance psychiatric stability, social~~
379.18 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
379.19 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~

379.20 ~~(v) "Symptom management" means supporting clients in identifying and targeting the~~
379.21 ~~symptoms and occurrence patterns of their mental illness and developing strategies to reduce~~
379.22 ~~the impact of those symptoms.~~

379.23 ~~(w) "Therapeutic interventions" means empirically supported techniques to address~~
379.24 ~~specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional~~
379.25 ~~dysregulation, and trauma symptoms. Interventions include empirically supported~~
379.26 ~~psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy,~~
379.27 ~~acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.~~

379.28 ~~(x) "Wellness self-management and prevention" means a combination of approaches to~~
379.29 ~~working with the client to build and apply skills related to recovery, and to support the client~~
379.30 ~~in participating in leisure and recreational activities, civic participation, and meaningful~~
379.31 ~~structure.~~

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

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

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

380.5 (k) "Mental health practitioner" means a staff person who is qualified according to section
 380.6 245I.04, subdivision 4.

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

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

380.11 Sec. 59. Minnesota Statutes 2020, section 256B.0622, subdivision 3a, is amended to read:

380.12 Subd. 3a. **Provider certification and contract requirements for assertive community**
 380.13 **treatment.** (a) The assertive community treatment provider must:

380.14 (1) have a contract with the host county to provide assertive community treatment
 380.15 services; and

380.16 (2) have each ACT team be certified by the state following the certification process and
 380.17 procedures developed by the commissioner. The certification process determines whether
 380.18 the ACT team meets the standards for assertive community treatment under this section as
 380.19 ~~well as,~~ the standards in chapter 245I as required in section 245I.011, subdivision 5, and
 380.20 minimum program fidelity standards as measured by a nationally recognized fidelity tool
 380.21 approved by the commissioner. Recertification must occur at least every three years.

380.22 (b) An ACT team certified under this subdivision must meet the following standards:

380.23 (1) have capacity to recruit, hire, manage, and train required ACT team members;

380.24 (2) have adequate administrative ability to ensure availability of services;

380.25 ~~(3) ensure adequate preservice and ongoing training for staff;~~

380.26 ~~(4) ensure that staff is capable of implementing culturally specific services that are~~
 380.27 ~~culturally responsive and appropriate as determined by the client's culture, beliefs, values,~~
 380.28 ~~and language as identified in the individual treatment plan;~~

380.29 ~~(5)~~ (3) ensure flexibility in service delivery to respond to the changing and intermittent
 380.30 care needs of a client as identified by the client and the individual treatment plan;

380.31 ~~(6) develop and maintain client files, individual treatment plans, and contact charting;~~

- 381.1 ~~(7) develop and maintain staff training and personnel files;~~
- 381.2 ~~(8) submit information as required by the state;~~
- 381.3 ~~(9)~~ (4) keep all necessary records required by law;
- 381.4 ~~(10) comply with all applicable laws;~~
- 381.5 ~~(11)~~ (5) be an enrolled Medicaid provider; and
- 381.6 ~~(12)~~ (6) establish and maintain a quality assurance plan to determine specific service
- 381.7 outcomes and the client's satisfaction with services; ~~and.~~
- 381.8 ~~(13) develop and maintain written policies and procedures regarding service provision~~
- 381.9 ~~and administration of the provider entity.~~
- 381.10 (c) The commissioner may intervene at any time and decertify an ACT team with cause.
- 381.11 The commissioner shall establish a process for decertification of an ACT team and shall
- 381.12 require corrective action, medical assistance repayment, or decertification of an ACT team
- 381.13 that no longer meets the requirements in this section or that fails to meet the clinical quality
- 381.14 standards or administrative standards provided by the commissioner in the application and
- 381.15 certification process. The decertification is subject to appeal to the state.
- 381.16 Sec. 60. Minnesota Statutes 2020, section 256B.0622, subdivision 4, is amended to read:
- 381.17 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**
- 381.18 **treatment services.** ~~(a) The intensive residential treatment services provider entity must:~~
- 381.19 ~~(1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;~~
- 381.20 ~~(2) not exceed 16 beds per site; and~~
- 381.21 ~~(3) comply with the additional standards in this section.~~
- 381.22 ~~(b)~~ (a) The commissioner shall develop procedures for counties and providers to submit
- 381.23 other documentation as needed to allow the commissioner to determine whether the standards
- 381.24 in this section are met.
- 381.25 ~~(c)~~ (b) A provider entity must specify in the provider entity's application what geographic
- 381.26 area and populations will be served by the proposed program. A provider entity must
- 381.27 document that the capacity or program specialties of existing programs are not sufficient
- 381.28 to meet the service needs of the target population. A provider entity must submit evidence
- 381.29 of ongoing relationships with other providers and levels of care to facilitate referrals to and
- 381.30 from the proposed program.

382.1 ~~(d)~~ (c) A provider entity must submit documentation that the provider entity requested
382.2 a statement of need from each county board and tribal authority that serves as a local mental
382.3 health authority in the proposed service area. The statement of need must specify if the local
382.4 mental health authority supports or does not support the need for the proposed program and
382.5 the basis for this determination. If a local mental health authority does not respond within
382.6 60 days of the receipt of the request, the commissioner shall determine the need for the
382.7 program based on the documentation submitted by the provider entity.

382.8 Sec. 61. Minnesota Statutes 2020, section 256B.0622, subdivision 7, is amended to read:

382.9 Subd. 7. **Assertive community treatment service standards.** (a) ACT teams must offer
382.10 and have the capacity to directly provide the following services:

382.11 (1) assertive engagement using collaborative strategies to encourage clients to receive
382.12 services;

382.13 (2) benefits and finance support that assists clients to capably manage financial affairs.
382.14 Services include but are not limited to assisting clients in applying for benefits, assisting
382.15 with redetermination of benefits, providing financial crisis management, teaching and
382.16 supporting budgeting skills and asset development, and coordinating with a client's
382.17 representative payee, if applicable;

382.18 (3) co-occurring substance use disorder treatment as defined in section 245I.02,
382.19 subdivision 11;

382.20 (4) crisis assessment and intervention;

382.21 (5) employment services that assist clients to work at jobs of the clients' choosing.
382.22 Services must follow the principles of the individual placement and support employment
382.23 model, including focusing on competitive employment, emphasizing individual client
382.24 preferences and strengths, ensuring employment services are integrated with mental health
382.25 services, conducting rapid job searches and systematic job development according to client
382.26 preferences and choices, providing benefits counseling, and offering all services in an
382.27 individualized and time-unlimited manner. Services must also include educating clients
382.28 about opportunities and benefits of work and school and assisting the client in learning job
382.29 skills, navigating the workplace, workplace accommodations, and managing work
382.30 relationships;

382.31 (6) family psychoeducation and support provided to the client's family and other natural
382.32 supports to restore and strengthen the client's unique social and family relationships. Services
382.33 include but are not limited to individualized psychoeducation about the client's illness and

383.1 the role of the family and other significant people in the therapeutic process; family
383.2 intervention to restore contact, resolve conflict, and maintain relationships with family and
383.3 other significant people in the client's life; ongoing communication and collaboration between
383.4 the ACT team and the family; introduction and referral to family self-help programs and
383.5 advocacy organizations that promote recovery and family engagement, individual supportive
383.6 counseling, parenting training, and service coordination to help clients fulfill parenting
383.7 responsibilities; coordinating services for the child and restoring relationships with children
383.8 who are not in the client's custody; and coordinating with child welfare and family agencies,
383.9 if applicable. These services must be provided with the client's agreement and consent;

383.10 (7) housing access support that assists clients to find, obtain, retain, and move to safe
383.11 and adequate housing of their choice. Housing access support includes but is not limited to
383.12 locating housing options with a focus on integrated independent settings; applying for
383.13 housing subsidies, programs, or resources; assisting the client in developing relationships
383.14 with local landlords; providing tenancy support and advocacy for the individual's tenancy
383.15 rights at the client's home; and assisting with relocation;

383.16 (8) medication assistance and support that assists clients in accessing medication,
383.17 developing the ability to take medications with greater independence, and providing
383.18 medication setup. Medication assistance and support includes assisting the client with the
383.19 prescription, administration, and ordering of medication by appropriate medical staff;

383.20 (9) medication education that educates clients on the role and effects of medications in
383.21 treating symptoms of mental illness and the side effects of medications;

383.22 (10) mental health certified peer specialists services according to section 256B.0615;

383.23 (11) physical health services to meet the physical health needs of the client to support
383.24 the client's mental health recovery. Services include but are not limited to education on
383.25 primary health and wellness issues, medication administration and monitoring, providing
383.26 and coordinating medical screening and follow-up, scheduling routine and acute medical
383.27 and dental care visits, tobacco cessation strategies, assisting clients in attending appointments,
383.28 communicating with other providers, and integrating all physical and mental health treatment;

383.29 (12) rehabilitative mental health services as defined in section 245I.02, subdivision 33;

383.30 (13) symptom management that supports clients in identifying and targeting the symptoms
383.31 and occurrence patterns of their mental illness and developing strategies to reduce the impact
383.32 of those symptoms;

384.1 (14) therapeutic interventions to address specific symptoms and behaviors such as
384.2 anxiety, psychotic symptoms, emotional dysregulation, and trauma symptoms. Interventions
384.3 include empirically supported psychotherapies including but not limited to cognitive
384.4 behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal
384.5 therapy, and motivational interviewing;

384.6 (15) wellness self-management and prevention that includes a combination of approaches
384.7 to working with the client to build and apply skills related to recovery, and to support the
384.8 client in participating in leisure and recreational activities, civic participation, and meaningful
384.9 structure; and

384.10 (16) other services based on client needs as identified in a client's assertive community
384.11 treatment individual treatment plan.

384.12 (b) ACT teams must ensure the provision of all services necessary to meet a client's
384.13 needs as identified in the client's individual treatment plan.

384.14 Sec. 62. Minnesota Statutes 2020, section 256B.0622, subdivision 7a, is amended to read:

384.15 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)

384.16 The required treatment staff qualifications and roles for an ACT team are:

384.17 (1) the team leader:

384.18 (i) shall be a ~~licensed~~ mental health professional ~~who is qualified under Minnesota Rules,~~
384.19 ~~part 9505.0371, subpart 5, item A.~~ Individuals who are not licensed but who are eligible
384.20 for licensure and are otherwise qualified may also fulfill this role but must obtain full
384.21 licensure within 24 months of assuming the role of team leader;

384.22 (ii) must be an active member of the ACT team and provide some direct services to
384.23 clients;

384.24 (iii) must be a single full-time staff member, dedicated to the ACT team, who is
384.25 responsible for overseeing the administrative operations of the team, providing ~~clinical~~
384.26 ~~oversight~~ treatment supervision of services in conjunction with the psychiatrist or psychiatric
384.27 care provider, and supervising team members to ensure delivery of best and ethical practices;
384.28 and

384.29 (iv) must be available to provide overall ~~clinical oversight~~ treatment supervision to the
384.30 ACT team after regular business hours and on weekends and holidays. The team leader may
384.31 delegate this duty to another qualified member of the ACT team;

384.32 (2) the psychiatric care provider:

385.1 (i) must be a ~~licensed psychiatrist certified by the American Board of Psychiatry and~~
385.2 ~~Neurology or eligible for board certification or certified by the American Osteopathic Board~~
385.3 ~~of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who~~
385.4 ~~is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A~~ mental health
385.5 professional permitted to prescribe psychiatric medications as part of the mental health
385.6 professional's scope of practice. The psychiatric care provider must have demonstrated
385.7 clinical experience working with individuals with serious and persistent mental illness;

385.8 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for
385.9 screening and admitting clients; monitoring clients' treatment and team member service
385.10 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,
385.11 and health-related conditions; actively collaborating with nurses; and helping provide ~~clinical~~
385.12 treatment supervision to the team;

385.13 (iii) shall fulfill the following functions for assertive community treatment clients:
385.14 provide assessment and treatment of clients' symptoms and response to medications, including
385.15 side effects; provide brief therapy to clients; provide diagnostic and medication education
385.16 to clients, with medication decisions based on shared decision making; monitor clients'
385.17 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and
385.18 community visits;

385.19 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized
385.20 for mental health treatment and shall communicate directly with the client's inpatient
385.21 psychiatric care providers to ensure continuity of care;

385.22 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per
385.23 50 clients. Part-time psychiatric care providers shall have designated hours to work on the
385.24 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,
385.25 supervisory, and administrative responsibilities. No more than two psychiatric care providers
385.26 may share this role;

385.27 (vi) may not provide specific roles and responsibilities by telemedicine unless approved
385.28 by the commissioner; and

385.29 (vii) shall provide psychiatric backup to the program after regular business hours and
385.30 on weekends and holidays. The psychiatric care provider may delegate this duty to another
385.31 qualified psychiatric provider;

385.32 (3) the nursing staff:

386.1 (i) shall consist of one to three registered nurses or advanced practice registered nurses,
386.2 of whom at least one has a minimum of one-year experience working with adults with
386.3 serious mental illness and a working knowledge of psychiatric medications. No more than
386.4 two individuals can share a full-time equivalent position;

386.5 (ii) are responsible for managing medication, administering and documenting medication
386.6 treatment, and managing a secure medication room; and

386.7 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications
386.8 as prescribed; screen and monitor clients' mental and physical health conditions and
386.9 medication side effects; engage in health promotion, prevention, and education activities;
386.10 communicate and coordinate services with other medical providers; facilitate the development
386.11 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring
386.12 psychiatric and physical health symptoms and medication side effects;

386.13 (4) the co-occurring disorder specialist:

386.14 (i) shall be a full-time equivalent co-occurring disorder specialist who has received
386.15 specific training on co-occurring disorders that is consistent with national evidence-based
386.16 practices. The training must include practical knowledge of common substances and how
386.17 they affect mental illnesses, the ability to assess substance use disorders and the client's
386.18 stage of treatment, motivational interviewing, and skills necessary to provide counseling to
386.19 clients at all different stages of change and treatment. The co-occurring disorder specialist
386.20 may also be an individual who is a licensed alcohol and drug counselor as described in
386.21 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,
386.22 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring
386.23 disorder specialists may occupy this role; and

386.24 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.
386.25 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT
386.26 team members on co-occurring disorders;

386.27 (5) the vocational specialist:

386.28 (i) shall be a full-time vocational specialist who has at least one-year experience providing
386.29 employment services or advanced education that involved field training in vocational services
386.30 to individuals with mental illness. An individual who does not meet these qualifications
386.31 may also serve as the vocational specialist upon completing a training plan approved by the
386.32 commissioner;

387.1 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational
387.2 specialist serves as a consultant and educator to fellow ACT team members on these services;
387.3 and

387.4 (iii) ~~should~~ must not refer individuals to receive any type of vocational services or linkage
387.5 by providers outside of the ACT team;

387.6 (6) the mental health certified peer specialist:

387.7 (i) shall be a full-time equivalent ~~mental health certified peer specialist as defined in~~
387.8 ~~section 256B.0615~~. No more than two individuals can share this position. The mental health
387.9 certified peer specialist is a fully integrated team member who provides highly individualized
387.10 services in the community and promotes the self-determination and shared decision-making
387.11 abilities of clients. This requirement may be waived due to workforce shortages upon
387.12 approval of the commissioner;

387.13 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,
387.14 self-advocacy, and self-direction, promote wellness management strategies, and assist clients
387.15 in developing advance directives; and

387.16 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage
387.17 wellness and resilience, provide consultation to team members, promote a culture where
387.18 the clients' points of view and preferences are recognized, understood, respected, and
387.19 integrated into treatment, and serve in a manner equivalent to other team members;

387.20 (7) the program administrative assistant shall be a full-time office-based program
387.21 administrative assistant position assigned to solely work with the ACT team, providing a
387.22 range of supports to the team, clients, and families; and

387.23 (8) additional staff:

387.24 (i) shall be based on team size. Additional treatment team staff may include ~~licensed~~
387.25 ~~mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item~~
387.26 ~~A; clinical trainees; certified rehabilitation specialists; mental health practitioners as defined~~
387.27 ~~in section 245.462, subdivision 17; a mental health practitioner working as a clinical trainee~~
387.28 ~~according to Minnesota Rules, part 9505.0371, subpart 5, item C; or mental health~~
387.29 ~~rehabilitation workers as defined in section 256B.0623, subdivision 5, paragraph (a), clause~~
387.30 ~~(4)~~. These individuals shall have the knowledge, skills, and abilities required by the
387.31 population served to carry out rehabilitation and support functions; and

387.32 (ii) shall be selected based on specific program needs or the population served.

387.33 (b) Each ACT team must clearly document schedules for all ACT team members.

388.1 (c) Each ACT team member must serve as a primary team member for clients assigned
388.2 by the team leader and are responsible for facilitating the individual treatment plan process
388.3 for those clients. The primary team member for a client is the responsible team member
388.4 knowledgeable about the client's life and circumstances and writes the individual treatment
388.5 plan. The primary team member provides individual supportive therapy or counseling, and
388.6 provides primary support and education to the client's family and support system.

388.7 (d) Members of the ACT team must have strong clinical skills, professional qualifications,
388.8 experience, and competency to provide a full breadth of rehabilitation services. Each staff
388.9 member shall be proficient in their respective discipline and be able to work collaboratively
388.10 as a member of a multidisciplinary team to deliver the majority of the treatment,
388.11 rehabilitation, and support services clients require to fully benefit from receiving assertive
388.12 community treatment.

388.13 (e) Each ACT team member must fulfill training requirements established by the
388.14 commissioner.

388.15 Sec. 63. Minnesota Statutes 2020, section 256B.0622, subdivision 7b, is amended to read:

388.16 Subd. 7b. **Assertive community treatment program size and opportunities.** (a) Each
388.17 ACT team shall maintain an annual average caseload that does not exceed 100 clients.
388.18 Staff-to-client ratios shall be based on team size as follows:

388.19 (1) a small ACT team must:

388.20 (i) employ at least six but no more than seven full-time treatment team staff, excluding
388.21 the program assistant and the psychiatric care provider;

388.22 (ii) serve an annual average maximum of no more than 50 clients;

388.23 (iii) ensure at least one full-time equivalent position for every eight clients served;

388.24 (iv) schedule ACT team staff for at least eight-hour shift coverage on weekdays and
388.25 on-call duty to provide crisis services and deliver services after hours when staff are not
388.26 working;

388.27 (v) provide crisis services during business hours if the small ACT team does not have
388.28 sufficient staff numbers to operate an after-hours on-call system. During all other hours,
388.29 the ACT team may arrange for coverage for crisis assessment and intervention services
388.30 through a reliable crisis-intervention provider as long as there is a mechanism by which the
388.31 ACT team communicates routinely with the crisis-intervention provider and the on-call

389.1 ACT team staff are available to see clients face-to-face when necessary or if requested by
389.2 the crisis-intervention services provider;

389.3 (vi) adjust schedules and provide staff to carry out the needed service activities in the
389.4 evenings or on weekend days or holidays, when necessary;

389.5 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
389.6 provider is not regularly scheduled to work. If availability of the ACT team's psychiatric
389.7 care provider during all hours is not feasible, alternative psychiatric prescriber backup must
389.8 be arranged and a mechanism of timely communication and coordination established in
389.9 writing; and

389.10 (viii) be composed of, at minimum, one full-time team leader, at least 16 hours each
389.11 week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time
389.12 equivalent nursing, one full-time ~~substance abuse~~ co-occurring disorder specialist, one
389.13 full-time equivalent mental health certified peer specialist, one full-time vocational specialist,
389.14 one full-time program assistant, and at least one additional full-time ACT team member
389.15 who has mental health professional, certified rehabilitation specialist, clinical trainee, or
389.16 mental health practitioner status; and

389.17 (2) a midsize ACT team shall:

389.18 (i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry
389.19 time for 51 clients, with an additional two hours for every six clients added to the team, 1.5
389.20 to two full-time equivalent nursing staff, one full-time ~~substance abuse~~ co-occurring disorder
389.21 specialist, one full-time equivalent mental health certified peer specialist, one full-time
389.22 vocational specialist, one full-time program assistant, and at least 1.5 to two additional
389.23 full-time equivalent ACT members, with at least one dedicated full-time staff member with
389.24 mental health professional status. Remaining team members may have mental health
389.25 professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner
389.26 status;

389.27 (ii) employ seven or more treatment team full-time equivalents, excluding the program
389.28 assistant and the psychiatric care provider;

389.29 (iii) serve an annual average maximum caseload of 51 to 74 clients;

389.30 (iv) ensure at least one full-time equivalent position for every nine clients served;

389.31 (v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays
389.32 and six- to eight-hour shift coverage on weekends and holidays. In addition to these minimum

390.1 specifications, staff are regularly scheduled to provide the necessary services on a
390.2 client-by-client basis in the evenings and on weekends and holidays;

390.3 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
390.4 when staff are not working;

390.5 (vii) have the authority to arrange for coverage for crisis assessment and intervention
390.6 services through a reliable crisis-intervention provider as long as there is a mechanism by
390.7 which the ACT team communicates routinely with the crisis-intervention provider and the
390.8 on-call ACT team staff are available to see clients face-to-face when necessary or if requested
390.9 by the crisis-intervention services provider; and

390.10 (viii) arrange for and provide psychiatric backup during all hours the psychiatric care
390.11 provider is not regularly scheduled to work. If availability of the psychiatric care provider
390.12 during all hours is not feasible, alternative psychiatric prescriber backup must be arranged
390.13 and a mechanism of timely communication and coordination established in writing;

390.14 (3) a large ACT team must:

390.15 (i) be composed of, at minimum, one full-time team leader, at least 32 hours each week
390.16 per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff,
390.17 one full-time ~~substance-abuse~~ co-occurring disorder specialist, one full-time equivalent
390.18 mental health certified peer specialist, one full-time vocational specialist, one full-time
390.19 program assistant, and at least two additional full-time equivalent ACT team members, with
390.20 at least one dedicated full-time staff member with mental health professional status.

390.21 Remaining team members may have mental health professional or mental health practitioner
390.22 status;

390.23 (ii) employ nine or more treatment team full-time equivalents, excluding the program
390.24 assistant and psychiatric care provider;

390.25 (iii) serve an annual average maximum caseload of 75 to 100 clients;

390.26 (iv) ensure at least one full-time equivalent position for every nine individuals served;

390.27 (v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the
390.28 second shift providing services at least 12 hours per day weekdays. For weekends and
390.29 holidays, the team must operate and schedule ACT team staff to work one eight-hour shift,
390.30 with a minimum of two staff each weekend day and every holiday;

390.31 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
390.32 when staff are not working; and

391.1 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
391.2 provider is not regularly scheduled to work. If availability of the ACT team psychiatric care
391.3 provider during all hours is not feasible, alternative psychiatric backup must be arranged
391.4 and a mechanism of timely communication and coordination established in writing.

391.5 (b) An ACT team of any size may have a staff-to-client ratio that is lower than the
391.6 requirements described in paragraph (a) upon approval by the commissioner, but may not
391.7 exceed a one-to-ten staff-to-client ratio.

391.8 Sec. 64. Minnesota Statutes 2020, section 256B.0622, subdivision 7d, is amended to read:

391.9 Subd. 7d. **Assertive community treatment assessment and individual treatment**
391.10 **plan.** (a) An initial assessment, ~~including a diagnostic assessment that meets the requirements~~
391.11 ~~of Minnesota Rules, part 9505.0372, subpart 1, and a 30-day treatment plan~~ shall be
391.12 completed the day of the client's admission to assertive community treatment by the ACT
391.13 team leader or the psychiatric care provider, with participation by designated ACT team
391.14 members and the client. The initial assessment must include obtaining or completing a
391.15 standard diagnostic assessment according to section 245I.10, subdivision 6, and completing
391.16 a 30-day individual treatment plan. The team leader, psychiatric care provider, or other
391.17 mental health professional designated by the team leader or psychiatric care provider, must
391.18 update the client's diagnostic assessment at least annually.

391.19 (b) ~~An initial~~ A functional assessment must be completed ~~within ten days of intake and~~
391.20 ~~updated every six months for assertive community treatment, or prior to discharge from the~~
391.21 ~~service, whichever comes first~~ according to section 245I.10, subdivision 9.

391.22 (c) ~~Within 30 days of the client's assertive community treatment admission, the ACT~~
391.23 ~~team shall complete an in-depth assessment of the domains listed under section 245.462,~~
391.24 ~~subdivision 11a.~~

391.25 (d) Each part of the ~~in-depth~~ functional assessment areas shall be completed by each
391.26 respective team specialist or an ACT team member with skill and knowledge in the area
391.27 being assessed. ~~The assessments are based upon all available information, including that~~
391.28 ~~from client interview family and identified natural supports, and written summaries from~~
391.29 ~~other agencies, including police, courts, county social service agencies, outpatient facilities,~~
391.30 ~~and inpatient facilities, where applicable.~~

391.31 (e) ~~(c)~~ Between 30 and 45 days after the client's admission to assertive community
391.32 treatment, the entire ACT team must hold a comprehensive case conference, where all team
391.33 members, including the psychiatric provider, present information discovered from the

392.1 completed ~~in-depth~~ assessments and provide treatment recommendations. The conference
392.2 must serve as the basis for the first ~~six-month~~ individual treatment plan, which must be
392.3 written by the primary team member.

392.4 ~~(f)~~ (d) The client's psychiatric care provider, primary team member, and individual
392.5 treatment team members shall assume responsibility for preparing the written narrative of
392.6 the results from the psychiatric and social functioning history timeline and the comprehensive
392.7 assessment.

392.8 ~~(g)~~ (e) The primary team member and individual treatment team members shall be
392.9 assigned by the team leader in collaboration with the psychiatric care provider by the time
392.10 of the first treatment planning meeting or 30 days after admission, whichever occurs first.

392.11 ~~(h)~~ (f) Individual treatment plans must be developed through the following treatment
392.12 planning process:

392.13 (1) The individual treatment plan shall be developed in collaboration with the client and
392.14 the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT
392.15 team shall evaluate, together with each client, the client's needs, strengths, and preferences
392.16 and develop the individual treatment plan collaboratively. The ACT team shall make every
392.17 effort to ensure that the client and the client's family and natural supports, with the client's
392.18 consent, are in attendance at the treatment planning meeting, are involved in ongoing
392.19 meetings related to treatment, and have the necessary supports to fully participate. The
392.20 client's participation in the development of the individual treatment plan shall be documented.

392.21 (2) The client and the ACT team shall work together to formulate and prioritize the
392.22 issues, set goals, research approaches and interventions, and establish the plan. The plan is
392.23 individually tailored so that the treatment, rehabilitation, and support approaches and
392.24 interventions achieve optimum symptom reduction, help fulfill the personal needs and
392.25 aspirations of the client, take into account the cultural beliefs and realities of the individual,
392.26 and improve all the aspects of psychosocial functioning that are important to the client. The
392.27 process supports strengths, rehabilitation, and recovery.

392.28 (3) Each client's individual treatment plan shall identify service needs, strengths and
392.29 capacities, and barriers, and set specific and measurable short- and long-term goals for each
392.30 service need. The individual treatment plan must clearly specify the approaches and
392.31 interventions necessary for the client to achieve the individual goals, when the interventions
392.32 shall happen, and identify which ACT team member shall carry out the approaches and
392.33 interventions.

393.1 (4) The primary team member and the individual treatment team, together with the client
393.2 and the client's family and natural supports with the client's consent, are responsible for
393.3 reviewing and rewriting the treatment goals and individual treatment plan whenever there
393.4 is a major decision point in the client's course of treatment or at least every six months.

393.5 (5) The primary team member shall prepare a summary that thoroughly describes in
393.6 writing the client's and the individual treatment team's evaluation of the client's progress
393.7 and goal attainment, the effectiveness of the interventions, and the satisfaction with services
393.8 since the last individual treatment plan. The client's most recent diagnostic assessment must
393.9 be included with the treatment plan summary.

393.10 (6) The individual treatment plan and review must be ~~signed~~ approved or acknowledged
393.11 by the client, the primary team member, the team leader, the psychiatric care provider, and
393.12 all individual treatment team members. A copy of the ~~signed~~ approved individual treatment
393.13 plan ~~is~~ must be made available to the client.

393.14 Sec. 65. Minnesota Statutes 2020, section 256B.0623, subdivision 1, is amended to read:

393.15 Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers medically
393.16 necessary adult rehabilitative mental health services as defined in subdivision 2, subject to
393.17 federal approval, if provided to recipients as defined in subdivision 3 and provided by a
393.18 qualified provider entity meeting the standards in this section and by a qualified individual
393.19 provider working within the provider's scope of practice and identified in the recipient's
393.20 individual treatment plan as defined in section 245.462, subdivision 14, and if determined
393.21 to be medically necessary according to section 62Q.53 when the services are provided by
393.22 an entity meeting the standards in this section. The provider entity must make reasonable
393.23 and good faith efforts to report individual client outcomes to the commissioner, using
393.24 instruments and protocols approved by the commissioner.

393.25 Sec. 66. Minnesota Statutes 2020, section 256B.0623, subdivision 2, is amended to read:

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

393.28 (a) "Adult rehabilitative mental health services" means ~~mental health services which are~~
393.29 ~~rehabilitative and enable the recipient to develop and enhance psychiatric stability, social~~
393.30 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
393.31 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~
393.32 ~~Adult rehabilitative mental health services are also appropriate when provided to enable a~~
393.33 ~~recipient to retain stability and functioning, if the recipient would be at risk of significant~~

394.1 ~~functional decompensation or more restrictive service settings without these services~~ the
394.2 services described in section 245I.02, subdivision 33.

394.3 ~~(1) Adult rehabilitative mental health services instruct, assist, and support the recipient~~
394.4 ~~in areas such as: interpersonal communication skills, community resource utilization and~~
394.5 ~~integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting~~
394.6 ~~and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,~~
394.7 ~~transportation skills, medication education and monitoring, mental illness symptom~~
394.8 ~~management skills, household management skills, employment-related skills, parenting~~
394.9 ~~skills, and transition to community living services.~~

394.10 ~~(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's~~
394.11 ~~home or another community setting or in groups.~~

394.12 (b) "Medication education services" means services provided individually or in groups
394.13 which focus on educating the recipient about mental illness and symptoms; the role and
394.14 effects of medications in treating symptoms of mental illness; and the side effects of
394.15 medications. Medication education is coordinated with medication management services
394.16 and does not duplicate it. Medication education services are provided by physicians, advanced
394.17 practice registered nurses, pharmacists, physician assistants, or registered nurses.

394.18 (c) "Transition to community living services" means services which maintain continuity
394.19 of contact between the rehabilitation services provider and the recipient and which facilitate
394.20 discharge from a hospital, residential treatment program ~~under Minnesota Rules, chapter~~
394.21 ~~9505~~, board and lodging facility, or nursing home. Transition to community living services
394.22 are not intended to provide other areas of adult rehabilitative mental health services.

394.23 Sec. 67. Minnesota Statutes 2020, section 256B.0623, subdivision 3, is amended to read:

394.24 Subd. 3. **Eligibility.** An eligible recipient is an individual who:

394.25 (1) is age 18 or older;

394.26 (2) is diagnosed with a medical condition, such as mental illness or traumatic brain
394.27 injury, for which adult rehabilitative mental health services are needed;

394.28 (3) has substantial disability and functional impairment in three or more of the areas
394.29 listed in section ~~245.462, subdivision 11a~~ 245I.10, subdivision 9, clause (4), so that
394.30 self-sufficiency is markedly reduced; and

394.31 (4) has had a recent standard diagnostic assessment ~~or an adult diagnostic assessment~~
394.32 ~~update~~ by a qualified professional that documents adult rehabilitative mental health services

395.1 are medically necessary to address identified disability and functional impairments and
395.2 individual recipient goals.

395.3 Sec. 68. Minnesota Statutes 2020, section 256B.0623, subdivision 4, is amended to read:

395.4 Subd. 4. **Provider entity standards.** (a) The provider entity must be certified by the
395.5 state following the certification process and procedures developed by the commissioner.

395.6 (b) The certification process is a determination as to whether the entity meets the standards
395.7 in this ~~subdivision~~ section and chapter 245I, as required in section 245I.011, subdivision 5.
395.8 The certification must specify which adult rehabilitative mental health services the entity
395.9 is qualified to provide.

395.10 (c) A noncounty provider entity must obtain additional certification from each county
395.11 in which it will provide services. The additional certification must be based on the adequacy
395.12 of the entity's knowledge of that county's local health and human service system, and the
395.13 ability of the entity to coordinate its services with the other services available in that county.
395.14 A county-operated entity must obtain this additional certification from any other county in
395.15 which it will provide services.

395.16 (d) State-level recertification must occur at least every three years.

395.17 (e) The commissioner may intervene at any time and decertify providers with cause.
395.18 The decertification is subject to appeal to the state. A county board may recommend that
395.19 the state decertify a provider for cause.

395.20 (f) The adult rehabilitative mental health services provider entity must meet the following
395.21 standards:

395.22 (1) have capacity to recruit, hire, manage, and train ~~mental health professionals, mental~~
395.23 ~~health practitioners, and mental health rehabilitation workers~~ qualified staff;

395.24 (2) have adequate administrative ability to ensure availability of services;

395.25 ~~(3) ensure adequate preservice and inservice and ongoing training for staff;~~

395.26 ~~(4)~~ (3) ensure that ~~mental health professionals, mental health practitioners, and mental~~
395.27 ~~health rehabilitation workers~~ staff are skilled in the delivery of the specific adult rehabilitative
395.28 mental health services provided to the individual eligible recipient;

395.29 ~~(5) ensure that staff is capable of implementing culturally specific services that are~~
395.30 ~~culturally competent and appropriate as determined by the recipient's culture, beliefs, values,~~
395.31 ~~and language as identified in the individual treatment plan;~~

396.1 ~~(6)~~ (4) ensure enough flexibility in service delivery to respond to the changing and
 396.2 intermittent care needs of a recipient as identified by the recipient and the individual treatment
 396.3 plan;

396.4 ~~(7) ensure that the mental health professional or mental health practitioner, who is under~~
 396.5 ~~the clinical supervision of a mental health professional, involved in a recipient's services~~
 396.6 ~~participates in the development of the individual treatment plan;~~

396.7 ~~(8)~~ (5) assist the recipient in arranging needed crisis assessment, intervention, and
 396.8 stabilization services;

396.9 ~~(9)~~ (6) ensure that services are coordinated with other recipient mental health services
 396.10 providers and the county mental health authority and the federally recognized American
 396.11 Indian authority and necessary others after obtaining the consent of the recipient. Services
 396.12 must also be coordinated with the recipient's case manager or care coordinator if the recipient
 396.13 is receiving case management or care coordination services;

396.14 ~~(10) develop and maintain recipient files, individual treatment plans, and contact charting;~~

396.15 ~~(11) develop and maintain staff training and personnel files;~~

396.16 ~~(12) submit information as required by the state;~~

396.17 ~~(13) establish and maintain a quality assurance plan to evaluate the outcome of services~~
 396.18 ~~provided;~~

396.19 ~~(14)~~ (7) keep all necessary records required by law;

396.20 ~~(15)~~ (8) deliver services as required by section 245.461;

396.21 ~~(16) comply with all applicable laws;~~

396.22 ~~(17)~~ (9) be an enrolled Medicaid provider; and

396.23 ~~(18)~~ (10) maintain a quality assurance plan to determine specific service outcomes and
 396.24 the recipient's satisfaction with services; and.

396.25 ~~(19) develop and maintain written policies and procedures regarding service provision~~
 396.26 ~~and administration of the provider entity.~~

396.27 Sec. 69. Minnesota Statutes 2020, section 256B.0623, subdivision 5, is amended to read:

396.28 Subd. 5. **Qualifications of provider staff.** (a) Adult rehabilitative mental health services
 396.29 must be provided by qualified individual provider staff of a certified provider entity.

396.30 Individual provider staff must be qualified under one of the following criteria as:

397.1 (1) a mental health professional as defined in section 245.462, subdivision 18, clauses
397.2 (1) to (6). If the recipient has a current diagnostic assessment by a licensed mental health
397.3 professional as defined in section 245.462, subdivision 18, clauses (1) to (6), recommending
397.4 receipt of adult mental health rehabilitative services, the definition of mental health
397.5 professional for purposes of this section includes a person who is qualified under section
397.6 245.462, subdivision 18, clause (7), and who holds a current and valid national certification
397.7 as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner
397.8 qualified according to section 245I.04, subdivision 2;

397.9 (2) a certified rehabilitation specialist qualified according to section 245I.04, subdivision
397.10 8;

397.11 (3) a clinical trainee qualified according to section 245I.04, subdivision 6;

397.12 (4) a mental health practitioner as defined in section 245.462, subdivision 17. The mental
397.13 health practitioner must work under the clinical supervision of a mental health professional
397.14 qualified according to section 245I.04, subdivision 4;

397.15 ~~(3)~~ (5) a mental health certified peer specialist under section 256B.0615. The certified
397.16 peer specialist must work under the clinical supervision of a mental health professional
397.17 qualified according to section 245I.04, subdivision 10; or

397.18 ~~(4)~~ (6) a mental health rehabilitation worker qualified according to section 245I.04,
397.19 subdivision 14. A mental health rehabilitation worker means a staff person working under
397.20 the direction of a mental health practitioner or mental health professional and under the
397.21 clinical supervision of a mental health professional in the implementation of rehabilitative
397.22 mental health services as identified in the recipient's individual treatment plan who:

397.23 (i) is at least 21 years of age;

397.24 (ii) has a high school diploma or equivalent;

397.25 (iii) ~~has successfully completed 30 hours of training during the two years immediately~~
397.26 ~~prior to the date of hire, or before provision of direct services, in all of the following areas:~~
397.27 ~~recovery from mental illness, mental health de-escalation techniques, recipient rights,~~
397.28 ~~recipient-centered individual treatment planning, behavioral terminology, mental illness,~~
397.29 ~~co-occurring mental illness and substance abuse, psychotropic medications and side effects,~~
397.30 ~~functional assessment, local community resources, adult vulnerability, recipient~~
397.31 ~~confidentiality; and~~

397.32 (iv) ~~meets the qualifications in paragraph (b).~~

398.1 ~~(b) In addition to the requirements in paragraph (a), a mental health rehabilitation worker~~
398.2 ~~must also meet the qualifications in clause (1), (2), or (3):~~

398.3 ~~(1) has an associates of arts degree, two years of full-time postsecondary education, or~~
398.4 ~~a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields; is~~
398.5 ~~a registered nurse; or within the previous ten years has:~~

398.6 ~~(i) three years of personal life experience with serious mental illness;~~

398.7 ~~(ii) three years of life experience as a primary caregiver to an adult with a serious mental~~
398.8 ~~illness, traumatic brain injury, substance use disorder, or developmental disability; or~~

398.9 ~~(iii) 2,000 hours of supervised work experience in the delivery of mental health services~~
398.10 ~~to adults with a serious mental illness, traumatic brain injury, substance use disorder, or~~
398.11 ~~developmental disability;~~

398.12 ~~(2)(i) is fluent in the non-English language or competent in the culture of the ethnic~~
398.13 ~~group to which at least 20 percent of the mental health rehabilitation worker's clients belong;~~

398.14 ~~(ii) receives during the first 2,000 hours of work, monthly documented individual clinical~~
398.15 ~~supervision by a mental health professional;~~

398.16 ~~(iii) has 18 hours of documented field supervision by a mental health professional or~~
398.17 ~~mental health practitioner during the first 160 hours of contact work with recipients, and at~~
398.18 ~~least six hours of field supervision quarterly during the following year;~~

398.19 ~~(iv) has review and cosignature of charting of recipient contacts during field supervision~~
398.20 ~~by a mental health professional or mental health practitioner; and~~

398.21 ~~(v) has 15 hours of additional continuing education on mental health topics during the~~
398.22 ~~first year of employment and 15 hours during every additional year of employment; or~~

398.23 ~~(3) for providers of crisis residential services, intensive residential treatment services,~~
398.24 ~~partial hospitalization, and day treatment services:~~

398.25 ~~(i) satisfies clause (2), items (ii) to (iv); and~~

398.26 ~~(ii) has 40 hours of additional continuing education on mental health topics during the~~
398.27 ~~first year of employment.~~

398.28 ~~(c) A mental health rehabilitation worker who solely acts and is scheduled as overnight~~
398.29 ~~staff is not required to comply with paragraph (a), clause (4), item (iv).~~

398.30 ~~(d) For purposes of this subdivision, "behavioral sciences or related fields" means an~~
398.31 ~~education from an accredited college or university and includes but is not limited to social~~

399.1 ~~work, psychology, sociology, community counseling, family social science, child~~
399.2 ~~development, child psychology, community mental health, addiction counseling, counseling~~
399.3 ~~and guidance, special education, and other fields as approved by the commissioner.~~

399.4 Sec. 70. Minnesota Statutes 2020, section 256B.0623, subdivision 6, is amended to read:

399.5 Subd. 6. **Required training and supervision.** ~~(a) Mental health rehabilitation workers~~
399.6 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~
399.7 ~~areas of mental illness and mental health services and other areas specific to the population~~
399.8 ~~being served. Mental health rehabilitation workers must also be subject to the ongoing~~
399.9 ~~direction and clinical supervision standards in paragraphs (c) and (d).~~

399.10 ~~(b) Mental health practitioners must receive ongoing continuing education training as~~
399.11 ~~required by their professional license; or if the practitioner is not licensed, the practitioner~~
399.12 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~
399.13 ~~areas of mental illness and mental health services. Mental health practitioners must meet~~
399.14 ~~the ongoing clinical supervision standards in paragraph (c).~~

399.15 ~~(c) Clinical supervision may be provided by a full- or part-time qualified professional~~
399.16 ~~employed by or under contract with the provider entity. Clinical supervision may be provided~~
399.17 ~~by interactive videoconferencing according to procedures developed by the commissioner.~~
399.18 ~~A mental health professional providing clinical supervision of staff delivering adult~~
399.19 ~~rehabilitative mental health services must provide the following guidance:~~

399.20 ~~(1) review the information in the recipient's file;~~

399.21 ~~(2) review and approve initial and updates of individual treatment plans;~~

399.22 ~~(a) A treatment supervisor providing treatment supervision required under section 245I.06~~
399.23 ~~must:~~

399.24 ~~(3) (1) meet with mental health rehabilitation workers and practitioners, individually or~~
399.25 ~~in small groups, staff receiving treatment supervision at least monthly to discuss treatment~~
399.26 ~~topics of interest to the workers and practitioners;~~

399.27 ~~(4) meet with mental health rehabilitation workers and practitioners, individually or in~~
399.28 ~~small groups, at least monthly to discuss and treatment plans of recipients, and approve by~~
399.29 ~~signature and document in the recipient's file any resulting plan updates; and~~

399.30 ~~(5) (2) meet at least monthly with the directing clinical trainee or mental health~~
399.31 ~~practitioner, if there is one, to review needs of the adult rehabilitative mental health services~~
399.32 ~~program, review staff on-site observations and evaluate mental health rehabilitation workers,~~

400.1 plan staff training, review program evaluation and development, and consult with the
400.2 directing clinical trainee or mental health practitioner; ~~and~~.

400.3 ~~(6) be available for urgent consultation as the individual recipient needs or the situation~~
400.4 ~~necessitates.~~

400.5 ~~(d)~~ (b) An adult rehabilitative mental health services provider entity must have a treatment
400.6 director who is a ~~mental health practitioner or mental health professional~~ clinical trainee,
400.7 certified rehabilitation specialist, or mental health practitioner. The treatment director must
400.8 ensure the following:

400.9 ~~(1) while delivering direct services to recipients, a newly hired mental health rehabilitation~~
400.10 ~~worker must be directly observed delivering services to recipients by a mental health~~
400.11 ~~practitioner or mental health professional for at least six hours per 40 hours worked during~~
400.12 ~~the first 160 hours that the mental health rehabilitation worker works~~ ensure the direct
400.13 observation of mental health rehabilitation workers required under section 245I.06,
400.14 subdivision 3, is provided;

400.15 ~~(2) the mental health rehabilitation worker must receive ongoing on-site direct service~~
400.16 ~~observation by a mental health professional or mental health practitioner for at least six~~
400.17 ~~hours for every six months of employment;~~

400.18 ~~(3) progress notes are reviewed from on-site service observation prepared by the mental~~
400.19 ~~health rehabilitation worker and mental health practitioner for accuracy and consistency~~
400.20 ~~with actual recipient contact and the individual treatment plan and goals;~~

400.21 ~~(4)~~ (2) ensure immediate availability by phone or in person for consultation by a mental
400.22 health professional, certified rehabilitation specialist, clinical trainee, or a mental health
400.23 practitioner to the mental health rehabilitation services worker during service provision;

400.24 ~~(5) oversee the identification of changes in individual recipient treatment strategies,~~
400.25 ~~revise the plan, and communicate treatment instructions and methodologies as appropriate~~
400.26 ~~to ensure that treatment is implemented correctly;~~

400.27 ~~(6)~~ (3) model service practices which: respect the recipient, include the recipient in
400.28 planning and implementation of the individual treatment plan, recognize the recipient's
400.29 strengths, collaborate and coordinate with other involved parties and providers;

400.30 ~~(7)~~ (4) ensure that clinical trainees, mental health practitioners, and mental health
400.31 rehabilitation workers are able to effectively communicate with the recipients, significant
400.32 others, and providers; and

401.1 ~~(8)~~ (5) oversee the record of the results of ~~on-site~~ direct observation ~~and charting~~, progress
401.2 note evaluation, and corrective actions taken to modify the work of the clinical trainees,
401.3 mental health practitioners, and mental health rehabilitation workers.

401.4 ~~(e)~~ (c) A clinical trainee or mental health practitioner who is providing treatment direction
401.5 for a provider entity must receive treatment supervision at least monthly ~~from a mental~~
401.6 ~~health professional~~ to:

401.7 (1) identify and plan for general needs of the recipient population served;

401.8 (2) identify and plan to address provider entity program needs and effectiveness;

401.9 (3) identify and plan provider entity staff training and personnel needs and issues; and

401.10 (4) plan, implement, and evaluate provider entity quality improvement programs.

401.11 Sec. 71. Minnesota Statutes 2020, section 256B.0623, subdivision 9, is amended to read:

401.12 Subd. 9. **Functional assessment.** (a) Providers of adult rehabilitative mental health
401.13 services must complete a written functional assessment ~~as defined in section 245.462,~~
401.14 ~~subdivision 11a~~ according to section 245I.10, subdivision 9, for each recipient. ~~The functional~~
401.15 ~~assessment must be completed within 30 days of intake, and reviewed and updated at least~~
401.16 ~~every six months after it is developed, unless there is a significant change in the functioning~~
401.17 ~~of the recipient. If there is a significant change in functioning, the assessment must be~~
401.18 ~~updated. A single functional assessment can meet case management and adult rehabilitative~~
401.19 ~~mental health services requirements if agreed to by the recipient. Unless the recipient refuses,~~
401.20 ~~the recipient must have significant participation in the development of the functional~~
401.21 ~~assessment.~~

401.22 (b) When a provider of adult rehabilitative mental health services completes a written
401.23 functional assessment, the provider must also complete a level of care assessment as defined
401.24 in section 245I.02, subdivision 19, for the recipient.

401.25 Sec. 72. Minnesota Statutes 2020, section 256B.0623, subdivision 12, is amended to read:

401.26 Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative mental health
401.27 services must comply with the requirements relating to referrals for case management in
401.28 section 245.467, subdivision 4.

401.29 (b) Adult rehabilitative mental health services are provided for most recipients in the
401.30 recipient's home and community. Services may also be provided at the home of a relative
401.31 or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom,

402.1 or other places in the community. Except for "transition to community services," the place
402.2 of service does not include a regional treatment center, nursing home, residential treatment
402.3 facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or section
402.4 245I.23, or an acute care hospital.

402.5 (c) Adult rehabilitative mental health services may be provided in group settings if
402.6 appropriate to each participating recipient's needs and individual treatment plan. A group
402.7 is defined as two to ten clients, at least one of whom is a recipient, who is concurrently
402.8 receiving a service which is identified in this section. The service and group must be specified
402.9 in the recipient's individual treatment plan. No more than two qualified staff may bill
402.10 Medicaid for services provided to the same group of recipients. If two adult rehabilitative
402.11 mental health workers bill for recipients in the same group session, they must each bill for
402.12 different recipients.

402.13 (d) Adult rehabilitative mental health services are appropriate if provided to enable a
402.14 recipient to retain stability and functioning, when the recipient is at risk of significant
402.15 functional decompensation or requiring more restrictive service settings without these
402.16 services.

402.17 (e) Adult rehabilitative mental health services instruct, assist, and support the recipient
402.18 in areas including: interpersonal communication skills, community resource utilization and
402.19 integration skills, crisis planning, relapse prevention skills, health care directives, budgeting
402.20 and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,
402.21 transportation skills, medication education and monitoring, mental illness symptom
402.22 management skills, household management skills, employment-related skills, parenting
402.23 skills, and transition to community living services.

402.24 (f) Community intervention, including consultation with relatives, guardians, friends,
402.25 employers, treatment providers, and other significant individuals, is appropriate when
402.26 directed exclusively to the treatment of the client.

402.27 Sec. 73. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

402.28 Subd. 3b. **Telemedicine services.** (a) Medical assistance covers medically necessary
402.29 services and consultations delivered by a licensed health care provider via telemedicine in
402.30 the same manner as if the service or consultation was delivered in person. Coverage is
402.31 limited to three telemedicine services per enrollee per calendar week, except as provided
402.32 in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

403.1 (b) The commissioner shall establish criteria that a health care provider must attest to
403.2 in order to demonstrate the safety or efficacy of delivering a particular service via
403.3 telemedicine. The attestation may include that the health care provider:

403.4 (1) has identified the categories or types of services the health care provider will provide
403.5 via telemedicine;

403.6 (2) has written policies and procedures specific to telemedicine services that are regularly
403.7 reviewed and updated;

403.8 (3) has policies and procedures that adequately address patient safety before, during,
403.9 and after the telemedicine service is rendered;

403.10 (4) has established protocols addressing how and when to discontinue telemedicine
403.11 services; and

403.12 (5) has an established quality assurance process related to telemedicine services.

403.13 (c) As a condition of payment, a licensed health care provider must document each
403.14 occurrence of a health service provided by telemedicine to a medical assistance enrollee.
403.15 Health care service records for services provided by telemedicine must meet the requirements
403.16 set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

403.17 (1) the type of service provided by telemedicine;

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

403.20 (3) the licensed health care provider's basis for determining that telemedicine is an
403.21 appropriate and effective means for delivering the service to the enrollee;

403.22 (4) the mode of transmission of the telemedicine service and records evidencing that a
403.23 particular mode of transmission was utilized;

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

403.25 (6) if the claim for payment is based on a physician's telemedicine consultation with
403.26 another physician, the written opinion from the consulting physician providing the
403.27 telemedicine consultation; and

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

403.30 (d) For purposes of this subdivision, unless otherwise covered under this chapter,
403.31 "telemedicine" is defined as the delivery of health care services or consultations while the

404.1 patient is at an originating site and the licensed health care provider is at a distant site. A
404.2 communication between licensed health care providers, or a licensed health care provider
404.3 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission
404.4 does not constitute telemedicine consultations or services. Telemedicine may be provided
404.5 by means of real-time two-way, interactive audio and visual communications, including the
404.6 application of secure video conferencing or store-and-forward technology to provide or
404.7 support health care delivery, which facilitate the assessment, diagnosis, consultation,
404.8 treatment, education, and care management of a patient's health care.

404.9 (e) For purposes of this section, "licensed health care provider" means a licensed health
404.10 care provider under section 62A.671, subdivision 6, a community paramedic as defined
404.11 under section 144E.001, subdivision 5f, ~~or a clinical trainee qualified according to section~~
404.12 245I.04, subdivision 6, a mental health practitioner ~~defined under section 245.462,~~
404.13 ~~subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a~~
404.14 ~~mental health professional~~ qualified according to section 245I.04, subdivision 4, and a
404.15 community health worker who meets the criteria under subdivision 49, paragraph (a); "health
404.16 care provider" is defined under section 62A.671, subdivision 3; and "originating site" is
404.17 defined under section 62A.671, subdivision 7.

404.18 (f) The limit on coverage of three telemedicine services per enrollee per calendar week
404.19 does not apply if:

404.20 (1) the telemedicine services provided by the licensed health care provider are for the
404.21 treatment and control of tuberculosis; and

404.22 (2) the services are provided in a manner consistent with the recommendations and best
404.23 practices specified by the Centers for Disease Control and Prevention and the commissioner
404.24 of health.

404.25 Sec. 74. Minnesota Statutes 2020, section 256B.0625, subdivision 5, is amended to read:

404.26 Subd. 5. **Community mental health center services.** Medical assistance covers
404.27 community mental health center services provided by a community mental health center
404.28 that meets the requirements in paragraphs (a) to (j).

404.29 (a) The provider is ~~licensed under Minnesota Rules, parts 9520.0750 to 9520.0870~~
404.30 certified as a mental health clinic under section 245I.20.

404.31 (b) ~~The provider provides mental health services under the clinical supervision of a~~ The
404.32 treatment supervision required by section 245I.06 is provided by a mental health professional
404.33 who is licensed for independent practice at the doctoral level or by a board-certified

405.1 psychiatrist or a psychiatrist who is eligible for board certification. ~~Clinical supervision has~~
405.2 ~~the meaning given in Minnesota Rules, part 9505.0370, subpart 6.~~

405.3 (c) The provider must be a private nonprofit corporation or a governmental agency and
405.4 have a community board of directors as specified by section 245.66.

405.5 (d) The provider must have a sliding fee scale that meets the requirements in section
405.6 245.481, and agree to serve within the limits of its capacity all individuals residing in its
405.7 service delivery area.

405.8 (e) At a minimum, the provider must provide the following outpatient mental health
405.9 services: diagnostic assessment; explanation of findings; family, group, and individual
405.10 psychotherapy, including crisis intervention psychotherapy services, ~~multiple family group~~
405.11 ~~psychotherapy~~, psychological testing, and medication management. In addition, the provider
405.12 must provide or be capable of providing upon request of the local mental health authority
405.13 day treatment services, multiple family group psychotherapy, and professional home-based
405.14 mental health services. The provider must have the capacity to provide such services to
405.15 specialized populations such as the elderly, families with children, persons who are seriously
405.16 and persistently mentally ill, and children who are seriously emotionally disturbed.

405.17 (f) The provider must be capable of providing the services specified in paragraph (e) to
405.18 individuals who are ~~diagnosed with both~~ dually diagnosed with mental illness or emotional
405.19 disturbance, and ~~chemical dependency~~ substance use disorder, and to individuals who are
405.20 dually diagnosed with a mental illness or emotional disturbance and developmental disability.

405.21 (g) The provider must provide 24-hour emergency care services or demonstrate the
405.22 capacity to assist recipients in need of such services to access such services on a 24-hour
405.23 basis.

405.24 (h) The provider must have a contract with the local mental health authority to provide
405.25 one or more of the services specified in paragraph (e).

405.26 (i) The provider must agree, upon request of the local mental health authority, to enter
405.27 into a contract with the county to provide mental health services not reimbursable under
405.28 the medical assistance program.

405.29 (j) The provider may not be enrolled with the medical assistance program as both a
405.30 hospital and a community mental health center. The community mental health center's
405.31 administrative, organizational, and financial structure must be separate and distinct from
405.32 that of the hospital.

406.1 Sec. 75. Minnesota Statutes 2020, section 256B.0625, subdivision 19c, is amended to
406.2 read:

406.3 Subd. 19c. **Personal care.** Medical assistance covers personal care assistance services
406.4 provided by an individual who is qualified to provide the services according to subdivision
406.5 19a and sections 256B.0651 to 256B.0654, provided in accordance with a plan, and
406.6 supervised by a qualified professional.

406.7 "Qualified professional" means a mental health professional ~~as defined in section 245.462,~~
406.8 ~~subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6);~~ a registered
406.9 nurse as defined in sections 148.171 to 148.285, a licensed social worker as defined in
406.10 sections 148E.010 and 148E.055, or a qualified designated coordinator under section
406.11 245D.081, subdivision 2. The qualified professional shall perform the duties required in
406.12 section 256B.0659.

406.13 Sec. 76. Minnesota Statutes 2020, section 256B.0625, subdivision 28a, is amended to
406.14 read:

406.15 Subd. 28a. **Licensed physician assistant services.** (a) Medical assistance covers services
406.16 performed by a licensed physician assistant if the service is otherwise covered under this
406.17 chapter as a physician service and if the service is within the scope of practice of a licensed
406.18 physician assistant as defined in section 147A.09.

406.19 (b) Licensed physician assistants, who are supervised by a physician certified by the
406.20 American Board of Psychiatry and Neurology or eligible for board certification in psychiatry,
406.21 may bill for medication management and evaluation and management services provided to
406.22 medical assistance enrollees in inpatient hospital settings, and in outpatient settings after
406.23 the licensed physician assistant completes 2,000 hours of clinical experience in the evaluation
406.24 and treatment of mental health, consistent with their authorized scope of practice, as defined
406.25 in section 147A.09, with the exception of performing psychotherapy or diagnostic
406.26 assessments or providing ~~clinical~~ treatment supervision.

406.27 Sec. 77. Minnesota Statutes 2020, section 256B.0625, subdivision 42, is amended to read:

406.28 Subd. 42. **Mental health professional.** Notwithstanding Minnesota Rules, part
406.29 9505.0175, subpart 28, the definition of a mental health professional ~~shall include a person~~
406.30 ~~who is qualified as specified in~~ according to section 245.462, ~~subdivision 18, clauses (1) to~~
406.31 ~~(6); or 245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2, for the purpose
406.32 of this section and Minnesota Rules, parts 9505.0170 to 9505.0475.

407.1 Sec. 78. Minnesota Statutes 2020, section 256B.0625, subdivision 48, is amended to read:

407.2 Subd. 48. **Psychiatric consultation to primary care practitioners.** Medical assistance
407.3 covers consultation provided by a ~~psychiatrist, a psychologist, an advanced practice registered~~
407.4 ~~nurse certified in psychiatric mental health, a licensed independent clinical social worker,~~
407.5 ~~as defined in section 245.462, subdivision 18, clause (2), or a licensed marriage and family~~
407.6 ~~therapist, as defined in section 245.462, subdivision 18, clause (5)~~ mental health professional
407.7 qualified according to section 245I.04, subdivision 2, except a licensed professional clinical
407.8 counselor licensed under section 148B.5301, via telephone, e-mail, facsimile, or other means
407.9 of communication to primary care practitioners, including pediatricians. The need for
407.10 consultation and the receipt of the consultation must be documented in the patient record
407.11 maintained by the primary care practitioner. If the patient consents, and subject to federal
407.12 limitations and data privacy provisions, the consultation may be provided without the patient
407.13 present.

407.14 Sec. 79. Minnesota Statutes 2020, section 256B.0625, subdivision 49, is amended to read:

407.15 Subd. 49. **Community health worker.** (a) Medical assistance covers the care
407.16 coordination and patient education services provided by a community health worker if the
407.17 community health worker has:

407.18 ~~(1)~~ received a certificate from the Minnesota State Colleges and Universities System
407.19 approved community health worker curriculum; ~~or~~.

407.20 ~~(2) at least five years of supervised experience with an enrolled physician, registered~~
407.21 ~~nurse, advanced practice registered nurse, mental health professional as defined in section~~
407.22 ~~245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses~~
407.23 ~~(1) to (5), or dentist, or at least five years of supervised experience by a certified public~~
407.24 ~~health nurse operating under the direct authority of an enrolled unit of government.~~

407.25 ~~Community health workers eligible for payment under clause (2) must complete the~~
407.26 ~~certification program by January 1, 2010, to continue to be eligible for payment.~~

407.27 (b) Community health workers must work under the supervision of a medical assistance
407.28 enrolled physician, registered nurse, advanced practice registered nurse, mental health
407.29 professional ~~as defined in section 245.462, subdivision 18, clauses (1) to (6), and section~~
407.30 ~~245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a~~
407.31 ~~certified public health nurse operating under the direct authority of an enrolled unit of~~
407.32 ~~government.~~

408.1 (c) Care coordination and patient education services covered under this subdivision
408.2 include, but are not limited to, services relating to oral health and dental care.

408.3 Sec. 80. Minnesota Statutes 2020, section 256B.0625, subdivision 56a, is amended to
408.4 read:

408.5 Subd. 56a. **Officer-involved community-based care coordination.** (a) Medical
408.6 assistance covers officer-involved community-based care coordination for an individual
408.7 who:

408.8 (1) has screened positive for benefiting from treatment for a mental illness or substance
408.9 use disorder using a tool approved by the commissioner;

408.10 (2) does not require the security of a public detention facility and is not considered an
408.11 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
408.12 435.1010;

408.13 (3) meets the eligibility requirements in section 256B.056; and

408.14 (4) has agreed to participate in officer-involved community-based care coordination.

408.15 (b) Officer-involved community-based care coordination means navigating services to
408.16 address a client's mental health, chemical health, social, economic, and housing needs, or
408.17 any other activity targeted at reducing the incidence of jail utilization and connecting
408.18 individuals with existing covered services available to them, including, but not limited to,
408.19 targeted case management, waiver case management, or care coordination.

408.20 (c) Officer-involved community-based care coordination must be provided by an
408.21 individual who is an employee of or is under contract with a county, or is an employee of
408.22 or under contract with an Indian health service facility or facility owned and operated by a
408.23 tribe or a tribal organization operating under Public Law 93-638 as a 638 facility to provide
408.24 officer-involved community-based care coordination and is qualified under one of the
408.25 following criteria:

408.26 (1) ~~a licensed mental health professional as defined in section 245.462, subdivision 18,~~
408.27 ~~clauses (1) to (6);~~

408.28 (2) a clinical trainee qualified according to section 245I.04, subdivision 6, working under
408.29 the treatment supervision of a mental health professional according to section 245I.06;

408.30 (3) a mental health practitioner as defined in section 245.462, subdivision 17 qualified
408.31 according to section 245I.04, subdivision 4, working under the clinical treatment supervision
408.32 of a mental health professional according to section 245I.06;

409.1 ~~(3)~~ (4) a mental health certified peer specialist ~~under section 256B.0615~~ qualified
409.2 according to section 245I.04, subdivision 10, working under the clinical treatment supervision
409.3 of a mental health professional according to section 245I.06;

409.4 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
409.5 subdivision 5; or

409.6 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
409.7 supervision of an individual qualified as an alcohol and drug counselor under section
409.8 245G.11, subdivision 5.

409.9 (d) Reimbursement is allowed for up to 60 days following the initial determination of
409.10 eligibility.

409.11 (e) Providers of officer-involved community-based care coordination shall annually
409.12 report to the commissioner on the number of individuals served, and number of the
409.13 community-based services that were accessed by recipients. The commissioner shall ensure
409.14 that services and payments provided under officer-involved community-based care
409.15 coordination do not duplicate services or payments provided under section 256B.0625,
409.16 subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

409.17 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for
409.18 officer-involved community-based care coordination services shall be provided by the
409.19 county providing the services, from sources other than federal funds or funds used to match
409.20 other federal funds.

409.21 Sec. 81. Minnesota Statutes 2020, section 256B.0757, subdivision 4c, is amended to read:

409.22 Subd. 4c. **Behavioral health home services staff qualifications.** (a) A behavioral health
409.23 home services provider must maintain staff with required professional qualifications
409.24 appropriate to the setting.

409.25 (b) If behavioral health home services are offered in a mental health setting, the
409.26 integration specialist must be a registered nurse licensed under the Minnesota Nurse Practice
409.27 Act, sections 148.171 to 148.285.

409.28 (c) If behavioral health home services are offered in a primary care setting, the integration
409.29 specialist must be a mental health professional ~~as defined in~~ qualified according to section
409.30 ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6)~~
409.31 245I.04, subdivision 2.

410.1 (d) If behavioral health home services are offered in either a primary care setting or
410.2 mental health setting, the systems navigator must be a mental health practitioner ~~as defined~~
410.3 ~~in~~ qualified according to section 245.462, subdivision 17 245I.04, subdivision 4, or a
410.4 community health worker as defined in section 256B.0625, subdivision 49.

410.5 (e) If behavioral health home services are offered in either a primary care setting or
410.6 mental health setting, the qualified health home specialist must be one of the following:

410.7 (1) a mental health certified peer support specialist as defined in qualified according to
410.8 section 256B.0615 245I.04, subdivision 10;

410.9 (2) a mental health certified family peer support specialist as defined in qualified
410.10 according to section 256B.0616 245I.04, subdivision 12;

410.11 (3) a case management associate as defined in section 245.462, subdivision 4, paragraph
410.12 (g), or 245.4871, subdivision 4, paragraph (j);

410.13 (4) a mental health rehabilitation worker ~~as defined in~~ qualified according to section
410.14 ~~256B.0623, subdivision 5, clause (4)~~ 245I.04, subdivision 14;

410.15 (5) a community paramedic as defined in section 144E.28, subdivision 9;

410.16 (6) a peer recovery specialist as defined in section 245G.07, subdivision 1, clause (5);

410.17 or

410.18 (7) a community health worker as defined in section 256B.0625, subdivision 49.

410.19 Sec. 82. Minnesota Statutes 2020, section 256B.0941, subdivision 1, is amended to read:

410.20 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment
410.21 services in a psychiatric residential treatment facility must meet all of the following criteria:

410.22 (1) before admission, services are determined to be medically necessary according to
410.23 Code of Federal Regulations, title 42, section 441.152;

410.24 (2) is younger than 21 years of age at the time of admission. Services may continue until
410.25 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs
410.26 first;

410.27 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic
410.28 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,
410.29 or a finding that the individual is a risk to self or others;

410.30 (4) has functional impairment and a history of difficulty in functioning safely and
410.31 successfully in the community, school, home, or job; an inability to adequately care for

411.1 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
411.2 the individual's needs;

411.3 (5) requires psychiatric residential treatment under the direction of a physician to improve
411.4 the individual's condition or prevent further regression so that services will no longer be
411.5 needed;

411.6 (6) utilized and exhausted other community-based mental health services, or clinical
411.7 evidence indicates that such services cannot provide the level of care needed; and

411.8 (7) was referred for treatment in a psychiatric residential treatment facility by a ~~qualified~~
411.9 mental health professional ~~licensed as defined in~~ qualified according to section 245.4871,
411.10 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

411.11 (b) The commissioner shall provide oversight and review the use of referrals for clients
411.12 admitted to psychiatric residential treatment facilities to ensure that eligibility criteria,
411.13 clinical services, and treatment planning reflect clinical, state, and federal standards for
411.14 psychiatric residential treatment facility level of care. The commissioner shall coordinate
411.15 the production of a statewide list of children and youth who meet the medical necessity
411.16 criteria for psychiatric residential treatment facility level of care and who are awaiting
411.17 admission. The commissioner and any recipient of the list shall not use the statewide list to
411.18 direct admission of children and youth to specific facilities.

411.19 Sec. 83. Minnesota Statutes 2020, section 256B.0943, subdivision 1, is amended to read:

411.20 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the
411.21 meanings given them.

411.22 (a) "Children's therapeutic services and supports" means the flexible package of mental
411.23 health services for children who require varying therapeutic and rehabilitative levels of
411.24 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
411.25 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
411.26 20. The services are time-limited interventions that are delivered using various treatment
411.27 modalities and combinations of services designed to reach treatment outcomes identified
411.28 in the individual treatment plan.

411.29 ~~(b) "Clinical supervision" means the overall responsibility of the mental health~~
411.30 ~~professional for the control and direction of individualized treatment planning, service~~
411.31 ~~delivery, and treatment review for each client. A mental health professional who is an~~
411.32 ~~enrolled Minnesota health care program provider accepts full professional responsibility~~

412.1 ~~for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,~~
412.2 ~~and oversees or directs the supervisee's work.~~

412.3 ~~(e)~~ (b) "Clinical trainee" means a ~~mental health practitioner who meets the qualifications~~
412.4 ~~specified in Minnesota Rules, part 9505.0371, subpart 5, item C~~ staff person who is qualified
412.5 according to section 245I.04, subdivision 6.

412.6 ~~(d)~~ (c) "Crisis assistance planning" has the meaning given in section 245.4871, subdivision
412.7 9a. ~~Crisis assistance entails the development of a written plan to assist a child's family to~~
412.8 ~~contend with a potential crisis and is distinct from the immediate provision of crisis~~
412.9 ~~intervention services.~~

412.10 ~~(e)~~ (d) "Culturally competent provider" means a provider who understands and can
412.11 utilize to a client's benefit the client's culture when providing services to the client. A provider
412.12 may be culturally competent because the provider is of the same cultural or ethnic group
412.13 as the client or the provider has developed the knowledge and skills through training and
412.14 experience to provide services to culturally diverse clients.

412.15 ~~(f)~~ (e) "Day treatment program" for children means a site-based structured mental health
412.16 program consisting of psychotherapy for three or more individuals and individual or group
412.17 skills training provided by a ~~multidisciplinary~~ team, under the ~~clinical~~ treatment supervision
412.18 of a mental health professional.

412.19 ~~(g)~~ (f) "Standard diagnostic assessment" ~~has the meaning given in Minnesota Rules, part~~
412.20 ~~9505.0372, subpart 1~~ means the assessment described in 245I.10, subdivision 6.

412.21 ~~(h)~~ (g) "Direct service time" means the time that a mental health professional, clinical
412.22 trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with
412.23 a client and the client's family or providing covered telemedicine services. Direct service
412.24 time includes time in which the provider obtains a client's history, develops a client's
412.25 treatment plan, records individual treatment outcomes, or provides service components of
412.26 children's therapeutic services and supports. Direct service time does not include time doing
412.27 work before and after providing direct services, including scheduling or maintaining clinical
412.28 records.

412.29 ~~(i)~~ (h) "Direction of mental health behavioral aide" means the activities of a mental
412.30 health professional, clinical trainee, or mental health practitioner in guiding the mental
412.31 health behavioral aide in providing services to a client. The direction of a mental health
412.32 behavioral aide must be based on the client's ~~individualized~~ individual treatment plan and
412.33 meet the requirements in subdivision 6, paragraph (b), clause (5).

413.1 ~~(i)~~ (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision
413.2 15.

413.3 ~~(j)~~ (j) "Individual behavioral plan" means a plan of intervention, treatment, and services
413.4 for a child written by a mental health professional or a clinical trainee or mental health
413.5 practitioner, under the ~~clinical~~ treatment supervision of a mental health professional, to
413.6 guide the work of the mental health behavioral aide. The individual behavioral plan may
413.7 be incorporated into the child's individual treatment plan so long as the behavioral plan is
413.8 separately communicable to the mental health behavioral aide.

413.9 ~~(k)~~ (k) "Individual treatment plan" ~~has the meaning given in Minnesota Rules, part~~
413.10 ~~9505.0371, subpart 7~~ means the plan described under section 245I.10, subdivisions 7 and
413.11 8.

413.12 ~~(l)~~ (l) "Mental health behavioral aide services" means medically necessary one-on-one
413.13 activities performed by a ~~trained paraprofessional qualified as provided in subdivision 7,~~
413.14 ~~paragraph (b), clause (3)~~ mental health behavioral aide qualified according to section 245I.04,
413.15 subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained
413.16 by a mental health professional, clinical trainee, or mental health practitioner and as described
413.17 in the child's individual treatment plan and individual behavior plan. Activities involve
413.18 working directly with the child or child's family as provided in subdivision 9, paragraph
413.19 (b), clause (4).

413.20 (m) "Mental health certified family peer specialist" means a staff person who is qualified
413.21 according to section 245I.04, subdivision 12.

413.22 (n) "Mental health practitioner" ~~has the meaning given in section 245.462, subdivision~~
413.23 ~~17, except that a practitioner working in a day treatment setting may qualify as a mental~~
413.24 ~~health practitioner if the practitioner holds a bachelor's degree in one of the behavioral~~
413.25 ~~sciences or related fields from an accredited college or university, and: (1) has at least 2,000~~
413.26 ~~hours of clinically supervised experience in the delivery of mental health services to clients~~
413.27 ~~with mental illness; (2) is fluent in the language, other than English, of the cultural group~~
413.28 ~~that makes up at least 50 percent of the practitioner's clients, completes 40 hours of training~~
413.29 ~~on the delivery of services to clients with mental illness, and receives clinical supervision~~
413.30 ~~from a mental health professional at least once per week until meeting the required 2,000~~
413.31 ~~hours of supervised experience; or (3) receives 40 hours of training on the delivery of~~
413.32 ~~services to clients with mental illness within six months of employment, and clinical~~
413.33 ~~supervision from a mental health professional at least once per week until meeting the~~

414.1 ~~required 2,000 hours of supervised experience~~ means a staff person who is qualified according
414.2 to section 245I.04, subdivision 4.

414.3 (o) "Mental health professional" means ~~an individual as defined in Minnesota Rules,~~
414.4 ~~part 9505.0370, subpart 18~~ a staff person who is qualified according to section 245I.04,
414.5 subdivision 2.

414.6 (p) "Mental health service plan development" includes:

414.7 (1) the development, review, and revision of a child's individual treatment plan, as
414.8 ~~provided in Minnesota Rules, part 9505.0371, subpart 7,~~ including involvement of the client
414.9 or client's parents, primary caregiver, or other person authorized to consent to mental health
414.10 services for the client, and including arrangement of treatment and support activities specified
414.11 in the individual treatment plan; and

414.12 (2) administering and reporting the standardized outcome measurement instruments,
414.13 ~~determined and updated by the commissioner~~ measurements in section 245I.10, subdivision
414.14 6, paragraph (d), clauses (3) and (4), and other standardized outcome measurements approved
414.15 by the commissioner, as periodically needed to evaluate the effectiveness of treatment ~~for~~
414.16 ~~children receiving clinical services and reporting outcome measures, as required by the~~
414.17 ~~commissioner.~~

414.18 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
414.19 in section 245.462, subdivision 20, paragraph (a).

414.20 (r) "Psychotherapy" means the treatment ~~of mental or emotional disorders or~~
414.21 ~~maladjustment by psychological means. Psychotherapy may be provided in many modalities~~
414.22 ~~in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or~~
414.23 ~~family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;~~
414.24 ~~or multiple-family psychotherapy. Beginning with the American Medical Association's~~
414.25 ~~Current Procedural Terminology, standard edition, 2014, the procedure "individual~~
414.26 ~~psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change~~
414.27 ~~that permits the therapist to work with the client's family without the client present to obtain~~
414.28 ~~information about the client or to explain the client's treatment plan to the family.~~
414.29 ~~Psychotherapy is appropriate for crisis response when a child has become dysregulated or~~
414.30 ~~experienced new trauma since the diagnostic assessment was completed and needs~~
414.31 ~~psychotherapy to address issues not currently included in the child's individual treatment~~
414.32 ~~plan~~ described in section 256B.0671, subdivision 11.

414.33 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means ~~a series of~~
414.34 ~~multidisciplinary combination of psychiatric and psychosocial interventions to:~~ (1) restore

415.1 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted
415.2 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,
415.3 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the
415.4 course of a psychiatric illness. Psychiatric rehabilitation services for children combine
415.5 coordinated psychotherapy to address internal psychological, emotional, and intellectual
415.6 processing deficits, and skills training to restore personal and social functioning. Psychiatric
415.7 rehabilitation services establish a progressive series of goals with each achievement building
415.8 upon a prior achievement. ~~Continuing progress toward goals is expected, and rehabilitative~~
415.9 ~~potential ceases when successive improvement is not observable over a period of time.~~

415.10 (t) "Skills training" means individual, family, or group training, delivered by or under
415.11 the supervision of a mental health professional, designed to facilitate the acquisition of
415.12 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
415.13 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
415.14 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
415.15 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
415.16 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

415.17 (u) "Treatment supervision" means the supervision described in section 245I.06.

415.18 Sec. 84. Minnesota Statutes 2020, section 256B.0943, subdivision 2, is amended to read:

415.19 Subd. 2. **Covered service components of children's therapeutic services and**
415.20 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
415.21 children's therapeutic services and supports ~~as defined in this section that~~ when the services
415.22 are provided by an eligible provider entity certified under subdivision 4 provides to a client
415.23 eligible under subdivision 3 and meeting the standards in this section. The provider entity
415.24 must make reasonable and good faith efforts to report individual client outcomes to the
415.25 commissioner, using instruments and protocols approved by the commissioner.

415.26 (b) The service components of children's therapeutic services and supports are:

415.27 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,
415.28 and group psychotherapy;

415.29 (2) individual, family, or group skills training provided by a mental health professional,
415.30 clinical trainee, or mental health practitioner;

415.31 (3) crisis ~~assistance~~ planning;

415.32 (4) mental health behavioral aide services;

416.1 (5) direction of a mental health behavioral aide;

416.2 (6) mental health service plan development; and

416.3 (7) children's day treatment.

416.4 Sec. 85. Minnesota Statutes 2020, section 256B.0943, subdivision 3, is amended to read:

416.5 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's
416.6 therapeutic services and supports under this section shall be determined based on a standard
416.7 diagnostic assessment by a mental health professional or a ~~mental health practitioner who~~
416.8 ~~meets the requirements of a clinical trainee as defined in Minnesota Rules, part 9505.0371,~~
416.9 ~~subpart 5, item C,~~ clinical trainee that is performed within one year before the initial start
416.10 of service. The standard diagnostic assessment must ~~meet the requirements for a standard~~
416.11 ~~or extended diagnostic assessment as defined in Minnesota Rules, part 9505.0372, subpart~~
416.12 ~~1, items B and C,~~ and:

416.13 ~~(1) include current diagnoses, including any differential diagnosis, in accordance with~~
416.14 ~~all criteria for a complete diagnosis and diagnostic profile as specified in the current edition~~
416.15 ~~of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, for~~
416.16 ~~children under age five, as specified in the current edition of the Diagnostic Classification~~
416.17 ~~of Mental Health Disorders of Infancy and Early Childhood;~~

416.18 ~~(2)~~ (1) determine whether a child under age 18 has a diagnosis of emotional disturbance
416.19 or, if the person is between the ages of 18 and 21, whether the person has a mental illness;

416.20 ~~(3)~~ (2) document children's therapeutic services and supports as medically necessary to
416.21 address an identified disability, functional impairment, and the individual client's needs and
416.22 goals; and

416.23 ~~(4)~~ (3) be used in the development of the ~~individualized~~ individual treatment plan; and

416.24 ~~(5) be completed annually until age 18. For individuals between age 18 and 21, unless~~
416.25 ~~a client's mental health condition has changed markedly since the client's most recent~~
416.26 ~~diagnostic assessment, annual updating is necessary. For the purpose of this section,~~
416.27 ~~"updating" means an adult diagnostic update as defined in Minnesota Rules, part 9505.0371,~~
416.28 ~~subpart 2, item E.~~

416.29 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to
416.30 five days of day treatment under this section based on a hospital's medical history and
416.31 presentation examination of the client.

417.1 Sec. 86. Minnesota Statutes 2020, section 256B.0943, subdivision 4, is amended to read:

417.2 Subd. 4. **Provider entity certification.** (a) The commissioner shall establish an initial
417.3 provider entity application and certification process and recertification process to determine
417.4 whether a provider entity has an administrative and clinical infrastructure that meets the
417.5 requirements in subdivisions 5 and 6. A provider entity must be certified for the three core
417.6 rehabilitation services of psychotherapy, skills training, and crisis ~~assistance~~ planning. The
417.7 commissioner shall recertify a provider entity at least every three years. The commissioner
417.8 shall establish a process for decertification of a provider entity and shall require corrective
417.9 action, medical assistance repayment, or decertification of a provider entity that no longer
417.10 meets the requirements in this section or that fails to meet the clinical quality standards or
417.11 administrative standards provided by the commissioner in the application and certification
417.12 process.

417.13 (b) For purposes of this section, a provider entity must meet the standards in this section
417.14 and chapter 245I, as required in section 245I.011, subdivision 5, and be:

417.15 (1) an Indian health services facility or a facility owned and operated by a tribe or tribal
417.16 organization operating as a 638 facility under Public Law 93-638 certified by the state;

417.17 (2) a county-operated entity certified by the state; or

417.18 (3) a noncounty entity certified by the state.

417.19 Sec. 87. Minnesota Statutes 2020, section 256B.0943, subdivision 5, is amended to read:

417.20 Subd. 5. **Provider entity administrative infrastructure requirements.** ~~(a) To be an~~
417.21 ~~eligible provider entity under this section, a provider entity must have an administrative~~
417.22 ~~infrastructure that establishes authority and accountability for decision making and oversight~~
417.23 ~~of functions, including finance, personnel, system management, clinical practice, and~~
417.24 ~~individual treatment outcomes measurement.~~ An eligible provider entity shall demonstrate
417.25 the availability, by means of employment or contract, of at least one backup mental health
417.26 professional in the event of the primary mental health professional's absence. ~~The provider~~
417.27 ~~must have written policies and procedures that it reviews and updates every three years and~~
417.28 ~~distributes to staff initially and upon each subsequent update.~~

417.29 (b) ~~The administrative infrastructure written~~ In addition to the policies and procedures
417.30 required under section 245I.03, the policies and procedures must include:

417.31 ~~(1) personnel procedures, including a process for: (i) recruiting, hiring, training, and~~
417.32 ~~retention of culturally and linguistically competent providers; (ii) conducting a criminal~~
417.33 ~~background check on all direct service providers and volunteers; (iii) investigating, reporting,~~

418.1 ~~and acting on violations of ethical conduct standards; (iv) investigating, reporting, and acting~~
418.2 ~~on violations of data privacy policies that are compliant with federal and state laws; (v)~~
418.3 ~~utilizing volunteers, including screening applicants, training and supervising volunteers,~~
418.4 ~~and providing liability coverage for volunteers; and (vi) documenting that each mental~~
418.5 ~~health professional, mental health practitioner, or mental health behavioral aide meets the~~
418.6 ~~applicable provider qualification criteria, training criteria under subdivision 8, and clinical~~
418.7 ~~supervision or direction of a mental health behavioral aide requirements under subdivision~~
418.8 ~~6;~~

418.9 ~~(2)~~ (1) fiscal procedures, including internal fiscal control practices and a process for
418.10 collecting revenue that is compliant with federal and state laws; and

418.11 ~~(3)~~ (2) a client-specific treatment outcomes measurement system, including baseline
418.12 measures, to measure a client's progress toward achieving mental health rehabilitation goals.
418.13 ~~Effective July 1, 2017, to be eligible for medical assistance payment, a provider entity must~~
418.14 ~~report individual client outcomes to the commissioner, using instruments and protocols~~
418.15 ~~approved by the commissioner; and~~

418.16 ~~(4) a process to establish and maintain individual client records. The client's records~~
418.17 ~~must include:~~

418.18 ~~(i) the client's personal information;~~

418.19 ~~(ii) forms applicable to data privacy;~~

418.20 ~~(iii) the client's diagnostic assessment, updates, results of tests, individual treatment~~
418.21 ~~plan, and individual behavior plan, if necessary;~~

418.22 ~~(iv) documentation of service delivery as specified under subdivision 6;~~

418.23 ~~(v) telephone contacts;~~

418.24 ~~(vi) discharge plan; and~~

418.25 ~~(vii) if applicable, insurance information.~~

418.26 (c) A provider entity that uses a restrictive procedure with a client must meet the
418.27 requirements of section 245.8261.

418.28 Sec. 88. Minnesota Statutes 2020, section 256B.0943, subdivision 5a, is amended to read:

418.29 Subd. 5a. **Background studies.** The requirements for background studies under ~~this~~
418.30 section 245I.011, subdivision 4, paragraph (d), may be met by a children's therapeutic

419.1 services and supports services agency through the commissioner's NETStudy system as
419.2 provided under sections 245C.03, subdivision 7, and 245C.10, subdivision 8.

419.3 Sec. 89. Minnesota Statutes 2020, section 256B.0943, subdivision 6, is amended to read:

419.4 Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be an eligible
419.5 provider entity under this section, a provider entity must have a clinical infrastructure that
419.6 utilizes diagnostic assessment, ~~individualized~~ individual treatment plans, service delivery,
419.7 and individual treatment plan review that are culturally competent, child-centered, and
419.8 family-driven to achieve maximum benefit for the client. The provider entity must review,
419.9 and update as necessary, the clinical policies and procedures every three years, must distribute
419.10 the policies and procedures to staff initially and upon each subsequent update, and must
419.11 train staff accordingly.

419.12 (b) The clinical infrastructure written policies and procedures must include policies and
419.13 procedures for meeting the requirements in this subdivision:

419.14 (1) providing or obtaining a client's standard diagnostic assessment, including a standard
419.15 diagnostic assessment ~~performed by an outside or independent clinician, that identifies acute~~
419.16 ~~and chronic clinical disorders, co-occurring medical conditions, and sources of psychological~~
419.17 ~~and environmental problems, including baselines, and a functional assessment. The functional~~
419.18 ~~assessment component must clearly summarize the client's individual strengths and needs.~~
419.19 When required components of the standard diagnostic assessment, ~~such as baseline measures,~~
419.20 are not provided in an outside or independent assessment or ~~when baseline measures cannot~~
419.21 ~~be attained in a one-session standard diagnostic assessment~~ immediately, the provider entity
419.22 must determine the missing information within 30 days and amend the child's standard
419.23 diagnostic assessment or incorporate the baselines information into the child's individual
419.24 treatment plan;

419.25 (2) developing an individual treatment plan ~~that~~;

419.26 (i) ~~is based on the information in the client's diagnostic assessment and baselines;~~

419.27 (ii) ~~identified goals and objectives of treatment, treatment strategy, schedule for~~
419.28 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
419.29 ~~treatment services and supports;~~

419.30 (iii) ~~is developed after completion of the client's diagnostic assessment by a mental health~~
419.31 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
419.32 ~~and supports;~~

420.1 ~~(iv) is developed through a child-centered, family-driven, culturally appropriate planning~~
420.2 ~~process, including allowing parents and guardians to observe or participate in individual~~
420.3 ~~and family treatment services, assessment, and treatment planning;~~

420.4 ~~(v) is reviewed at least once every 90 days and revised to document treatment progress~~
420.5 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
420.6 ~~changes in treatment; and~~

420.7 ~~(vi) is signed by the clinical supervisor and by the client or by the client's parent or other~~
420.8 ~~person authorized by statute to consent to mental health services for the client. A client's~~
420.9 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
420.10 ~~by documented oral approval that is later verified by written signature;~~

420.11 (3) developing an individual behavior plan that documents treatment strategies and
420.12 describes interventions to be provided by the mental health behavioral aide. The individual
420.13 behavior plan must include:

420.14 (i) detailed instructions on the ~~treatment strategies to be provided~~ psychosocial skills to
420.15 be practiced;

420.16 (ii) time allocated to each ~~treatment strategy~~ intervention;

420.17 (iii) methods of documenting the child's behavior;

420.18 (iv) methods of monitoring the child's progress in reaching objectives; and

420.19 (v) goals to increase or decrease targeted behavior as identified in the individual treatment
420.20 plan;

420.21 (4) providing clinical treatment supervision plans for ~~mental health practitioners and~~
420.22 ~~mental health behavioral aides. A mental health professional must document the clinical~~
420.23 ~~supervision the professional provides by cosigning individual treatment plans and making~~
420.24 ~~entries in the client's record on supervisory activities. The clinical supervisor also shall~~
420.25 ~~document supervisee-specific supervision in the supervisee's personnel file. Clinical staff~~
420.26 according to section 245I.06. Treatment supervision does not include the authority to make
420.27 or terminate court-ordered placements of the child. A clinical treatment supervisor must be
420.28 available for urgent consultation as required by the individual client's needs or the situation:
420.29 ~~Clinical supervision may occur individually or in a small group to discuss treatment and~~
420.30 ~~review progress toward goals. The focus of clinical supervision must be the client's treatment~~
420.31 ~~needs and progress and the mental health practitioner's or behavioral aide's ability to provide~~
420.32 ~~services;~~

420.33 (4a) meeting day treatment program conditions in items (i) ~~to (iii)~~ and (ii):

421.1 (i) the ~~elinical~~ treatment supervisor must be present and available on the premises more
421.2 than 50 percent of the time in a provider's standard working week during which the supervisee
421.3 is providing a mental health service; and

421.4 ~~(ii) the diagnosis and the client's individual treatment plan or a change in the diagnosis~~
421.5 ~~or individual treatment plan must be made by or reviewed, approved, and signed by the~~
421.6 ~~elinical supervisor; and~~

421.7 ~~(iii)~~ (ii) every 30 days, the ~~elinical~~ treatment supervisor must review and sign the record
421.8 indicating the supervisor has reviewed the client's care for all activities in the preceding
421.9 30-day period;

421.10 (4b) meeting the ~~elinical~~ treatment supervision standards in items (i) ~~to (iv)~~ and (ii) for
421.11 all other services provided under CTSS:

421.12 ~~(i) medical assistance shall reimburse for services provided by a mental health practitioner~~
421.13 ~~who is delivering services that fall within the scope of the practitioner's practice and who~~
421.14 ~~is supervised by a mental health professional who accepts full professional responsibility;~~

421.15 ~~(ii) medical assistance shall reimburse for services provided by a mental health behavioral~~
421.16 ~~aide who is delivering services that fall within the scope of the aide's practice and who is~~
421.17 ~~supervised by a mental health professional who accepts full professional responsibility and~~
421.18 ~~has an approved plan for clinical supervision of the behavioral aide. Plans must be developed~~
421.19 ~~in accordance with supervision standards defined in Minnesota Rules, part 9505.0371,~~
421.20 ~~subpart 4, items A to D;~~

421.21 ~~(iii)~~ (i) the mental health professional is required to be present at the site of service
421.22 delivery for observation as clinically appropriate when the clinical trainee, mental health
421.23 practitioner, or mental health behavioral aide is providing CTSS services; and

421.24 ~~(iv)~~ (ii) when conducted, the on-site presence of the mental health professional must be
421.25 documented in the child's record and signed by the mental health professional who accepts
421.26 full professional responsibility;

421.27 (5) providing direction to a mental health behavioral aide. For entities that employ mental
421.28 health behavioral aides, the ~~elinical~~ treatment supervisor must be employed by the provider
421.29 entity or other provider certified to provide mental health behavioral aide services to ensure
421.30 necessary and appropriate oversight for the client's treatment and continuity of care. The
421.31 ~~mental health professional or mental health practitioner~~ staff giving direction must begin
421.32 with the goals on the ~~individualized~~ individual treatment plan, and instruct the mental health
421.33 behavioral aide on how to implement therapeutic activities and interventions that will lead

422.1 to goal attainment. The ~~professional or practitioner~~ staff giving direction must also instruct
422.2 the mental health behavioral aide about the client's diagnosis, functional status, and other
422.3 characteristics that are likely to affect service delivery. Direction must also include
422.4 determining that the mental health behavioral aide has the skills to interact with the client
422.5 and the client's family in ways that convey personal and cultural respect and that the aide
422.6 actively solicits information relevant to treatment from the family. The aide must be able
422.7 to clearly explain or demonstrate the activities the aide is doing with the client and the
422.8 activities' relationship to treatment goals. Direction is more didactic than is supervision and
422.9 requires the ~~professional or practitioner~~ staff providing it to continuously evaluate the mental
422.10 health behavioral aide's ability to carry out the activities of the ~~individualized~~ individual
422.11 treatment plan and the ~~individualized~~ individual behavior plan. When providing direction,
422.12 the ~~professional or practitioner~~ staff must:

422.13 (i) review progress notes prepared by the mental health behavioral aide for accuracy and
422.14 consistency with diagnostic assessment, treatment plan, and behavior goals and the
422.15 ~~professional or practitioner~~ staff must approve and sign the progress notes;

422.16 (ii) identify changes in treatment strategies, revise the individual behavior plan, and
422.17 communicate treatment instructions and methodologies as appropriate to ensure that treatment
422.18 is implemented correctly;

422.19 (iii) demonstrate family-friendly behaviors that support healthy collaboration among
422.20 the child, the child's family, and providers as treatment is planned and implemented;

422.21 (iv) ensure that the mental health behavioral aide is able to effectively communicate
422.22 with the child, the child's family, and the provider; ~~and~~

422.23 (v) record the results of any evaluation and corrective actions taken to modify the work
422.24 of the mental health behavioral aide; and

422.25 (vi) ensure the immediate accessibility of a mental health professional, clinical trainee,
422.26 or mental health practitioner to the behavioral aide during service delivery;

422.27 (6) providing service delivery that implements the individual treatment plan and meets
422.28 the requirements under subdivision 9; and

422.29 (7) individual treatment plan review. The review must determine the extent to which
422.30 the services have met each of the goals and objectives in the treatment plan. The review
422.31 must assess the client's progress and ensure that services and treatment goals continue to
422.32 be necessary and appropriate to the client and the client's family or foster family. ~~Revision~~
422.33 ~~of the individual treatment plan does not require a new diagnostic assessment unless the~~

423.1 ~~client's mental health status has changed markedly. The updated treatment plan must be~~
423.2 ~~signed by the clinical supervisor and by the client, if appropriate, and by the client's parent~~
423.3 ~~or other person authorized by statute to give consent to the mental health services for the~~
423.4 ~~child.~~

423.5 Sec. 90. Minnesota Statutes 2020, section 256B.0943, subdivision 7, is amended to read:

423.6 Subd. 7. **Qualifications of individual and team providers.** (a) An individual or team
423.7 provider working within the scope of the provider's practice or qualifications may provide
423.8 service components of children's therapeutic services and supports that are identified as
423.9 medically necessary in a client's individual treatment plan.

423.10 (b) An individual provider must be qualified as a:

423.11 (1) ~~a mental health professional as defined in subdivision 1, paragraph (o); or~~

423.12 (2) a clinical trainee;

423.13 (3) mental health practitioner or clinical trainee. ~~The mental health practitioner or clinical~~
423.14 ~~trainee must work under the clinical supervision of a mental health professional; or~~

423.15 (4) mental health certified family peer specialist; or

423.16 (3) ~~a~~ (5) mental health behavioral aide working under the clinical supervision of a mental
423.17 ~~health professional to implement the rehabilitative mental health services previously~~
423.18 ~~introduced by a mental health professional or practitioner and identified in the client's~~
423.19 ~~individual treatment plan and individual behavior plan.~~

423.20 (A) ~~A level I mental health behavioral aide must:~~

423.21 (i) ~~be at least 18 years old;~~

423.22 (ii) ~~have a high school diploma or commissioner of education-selected high school~~
423.23 ~~equivalency certification or two years of experience as a primary caregiver to a child with~~
423.24 ~~severe emotional disturbance within the previous ten years; and~~

423.25 (iii) ~~meet preservice and continuing education requirements under subdivision 8.~~

423.26 (B) ~~A level II mental health behavioral aide must:~~

423.27 (i) ~~be at least 18 years old;~~

423.28 (ii) ~~have an associate or bachelor's degree or 4,000 hours of experience in delivering~~
423.29 ~~clinical services in the treatment of mental illness concerning children or adolescents or~~
423.30 ~~complete a certificate program established under subdivision 8a; and~~

424.1 ~~(iii) meet preservice and continuing education requirements in subdivision 8.~~

424.2 (c) A day treatment multidisciplinary team must include at least one mental health
424.3 professional or clinical trainee and one mental health practitioner.

424.4 Sec. 91. Minnesota Statutes 2020, section 256B.0943, subdivision 9, is amended to read:

424.5 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified
424.6 provider entity must ensure that:

424.7 (1) ~~each individual provider's caseload size permits the provider to deliver services to~~
424.8 ~~both clients with severe, complex needs and clients with less intensive needs.~~ the provider's
424.9 caseload size should reasonably enable the provider to play an active role in service planning,
424.10 monitoring, and delivering services to meet the client's and client's family's needs, as specified
424.11 in each client's individual treatment plan;

424.12 (2) site-based programs, including day treatment programs, provide staffing and facilities
424.13 to ensure the client's health, safety, and protection of rights, and that the programs are able
424.14 to implement each client's individual treatment plan; and

424.15 (3) a day treatment program is provided to a group of clients by a multidisciplinary team
424.16 under the ~~clinical~~ clinical treatment supervision of a mental health professional. The day treatment
424.17 program must be provided in and by: (i) an outpatient hospital accredited by the Joint
424.18 Commission on Accreditation of Health Organizations and licensed under sections 144.50
424.19 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that
424.20 is certified under subdivision 4 to operate a program that meets the requirements of section
424.21 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475. The day
424.22 treatment program must stabilize the client's mental health status while developing and
424.23 improving the client's independent living and socialization skills. The goal of the day
424.24 treatment program must be to reduce or relieve the effects of mental illness and provide
424.25 training to enable the client to live in the community. The program must be available
424.26 year-round at least three to five days per week, two or three hours per day, unless the normal
424.27 five-day school week is shortened by a holiday, weather-related cancellation, or other
424.28 districtwide reduction in a school week. A child transitioning into or out of day treatment
424.29 must receive a minimum treatment of one day a week for a two-hour time block. The
424.30 two-hour time block must include at least one hour of patient and/or family or group
424.31 psychotherapy. The remainder of the structured treatment program may include patient
424.32 and/or family or group psychotherapy, and individual or group skills training, if included
424.33 in the client's individual treatment plan. Day treatment programs are not part of inpatient
424.34 or residential treatment services. When a day treatment group that meets the minimum group

425.1 size requirement temporarily falls below the minimum group size because of a member's
425.2 temporary absence, medical assistance covers a group session conducted for the group
425.3 members in attendance. A day treatment program may provide fewer than the minimally
425.4 required hours for a particular child during a billing period in which the child is transitioning
425.5 into, or out of, the program.

425.6 (b) To be eligible for medical assistance payment, a provider entity must deliver the
425.7 service components of children's therapeutic services and supports in compliance with the
425.8 following requirements:

425.9 (1) ~~patient and/or family, family, and group psychotherapy must be delivered as specified~~
425.10 ~~in Minnesota Rules, part 9505.0372, subpart 6.~~ psychotherapy to address the child's
425.11 underlying mental health disorder must be documented as part of the child's ongoing
425.12 treatment. A provider must deliver, or arrange for, medically necessary psychotherapy,
425.13 unless the child's parent or caregiver chooses not to receive it. When a provider delivering
425.14 other services to a child under this section deems it not medically necessary to provide
425.15 psychotherapy to the child for a period of 90 days or longer, the provider entity must
425.16 document the medical reasons why psychotherapy is not necessary. When a provider
425.17 determines that a child needs psychotherapy but psychotherapy cannot be delivered due to
425.18 a shortage of licensed mental health professionals in the child's community, the provider
425.19 must document the lack of access in the child's medical record;

425.20 (2) individual, family, or group skills training ~~must be provided by a mental health~~
425.21 ~~professional or a mental health practitioner who is delivering services that fall within the~~
425.22 ~~scope of the provider's practice and is supervised by a mental health professional who~~
425.23 ~~accepts full professional responsibility for the training.~~ Skills training is subject to the
425.24 following requirements:

425.25 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide
425.26 skills training;

425.27 (ii) skills training delivered to a child or the child's family must be targeted to the specific
425.28 deficits or maladaptations of the child's mental health disorder and must be prescribed in
425.29 the child's individual treatment plan;

425.30 (iii) the mental health professional delivering or supervising the delivery of skills training
425.31 must document any underlying psychiatric condition and must document how skills training
425.32 is being used in conjunction with psychotherapy to address the underlying condition;

425.33 (iv) skills training delivered to the child's family must teach skills needed by parents to
425.34 enhance the child's skill development, to help the child utilize daily life skills taught by a

426.1 mental health professional, clinical trainee, or mental health practitioner, and to develop or
426.2 maintain a home environment that supports the child's progressive use of skills;

426.3 (v) group skills training may be provided to multiple recipients who, because of the
426.4 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from
426.5 interaction in a group setting, which must be staffed as follows:

426.6 (A) one mental health professional ~~or one~~₂ clinical trainee₂ or mental health practitioner
426.7 ~~under supervision of a licensed mental health professional~~ must work with a group of three
426.8 to eight clients; or

426.9 (B) any combination of two mental health professionals, ~~two~~₂ clinical trainees₂ or mental
426.10 health practitioners ~~under supervision of a licensed mental health professional, or one mental~~
426.11 ~~health professional or clinical trainee and one mental health practitioner~~ must work with a
426.12 group of nine to 12 clients;

426.13 (vi) a mental health professional, clinical trainee, or mental health practitioner must have
426.14 taught the psychosocial skill before a mental health behavioral aide may practice that skill
426.15 with the client; and

426.16 (vii) for group skills training, when a skills group that meets the minimum group size
426.17 requirement temporarily falls below the minimum group size because of a group member's
426.18 temporary absence, the provider may conduct the session for the group members in
426.19 attendance;

426.20 (3) crisis ~~assistance~~ planning to a child and family must include development of a written
426.21 plan that anticipates the particular factors specific to the child that may precipitate a
426.22 psychiatric crisis for the child in the near future. The written plan must document actions
426.23 that the family should be prepared to take to resolve or stabilize a crisis, such as advance
426.24 arrangements for direct intervention and support services to the child and the child's family.
426.25 Crisis ~~assistance~~ planning must include preparing resources designed to address abrupt or
426.26 substantial changes in the functioning of the child or the child's family when sudden change
426.27 in behavior or a loss of usual coping mechanisms is observed, or the child begins to present
426.28 a danger to self or others;

426.29 (4) mental health behavioral aide services must be medically necessary treatment services,
426.30 identified in the child's individual treatment plan and individual behavior plan, ~~which are~~
426.31 ~~performed minimally by a paraprofessional qualified according to subdivision 7, paragraph~~
426.32 ~~(b), clause (3)~~, and which are designed to improve the functioning of the child in the
426.33 progressive use of developmentally appropriate psychosocial skills. Activities involve
426.34 working directly with the child, child-peer groupings, or child-family groupings to practice,

427.1 repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (t), as previously
427.2 taught by a mental health professional, clinical trainee, or mental health practitioner including:

427.3 (i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions
427.4 so that the child progressively recognizes and responds to the cues independently;

427.5 (ii) performing as a practice partner or role-play partner;

427.6 (iii) reinforcing the child's accomplishments;

427.7 (iv) generalizing skill-building activities in the child's multiple natural settings;

427.8 (v) assigning further practice activities; and

427.9 (vi) intervening as necessary to redirect the child's target behavior and to de-escalate
427.10 behavior that puts the child or other person at risk of injury.

427.11 To be eligible for medical assistance payment, mental health behavioral aide services must
427.12 be delivered to a child who has been diagnosed with an emotional disturbance or a mental
427.13 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must
427.14 implement treatment strategies in the individual treatment plan and the individual behavior
427.15 plan as developed by the mental health professional, clinical trainee, or mental health
427.16 practitioner providing direction for the mental health behavioral aide. The mental health
427.17 behavioral aide must document the delivery of services in written progress notes. Progress
427.18 notes must reflect implementation of the treatment strategies, as performed by the mental
427.19 health behavioral aide and the child's responses to the treatment strategies; and

427.20 ~~(5) direction of a mental health behavioral aide must include the following:~~

427.21 ~~(i) ongoing face-to-face observation of the mental health behavioral aide delivering~~
427.22 ~~services to a child by a mental health professional or mental health practitioner for at least~~
427.23 ~~a total of one hour during every 40 hours of service provided to a child; and~~

427.24 ~~(ii) immediate accessibility of the mental health professional, clinical trainee, or mental~~
427.25 ~~health practitioner to the mental health behavioral aide during service provision;~~

427.26 ~~(6)~~ (5) mental health service plan development must be performed in consultation with
427.27 the child's family and, when appropriate, with other key participants in the child's life by
427.28 the child's treating mental health professional or clinical trainee or by a mental health
427.29 practitioner and approved by the treating mental health professional. Treatment plan drafting
427.30 consists of development, review, and revision by face-to-face or electronic communication.
427.31 The provider must document events, including the time spent with the family and other key
427.32 participants in the child's life to ~~review, revise, and sign~~ approve the individual treatment

428.1 plan. ~~Notwithstanding Minnesota Rules, part 9505.0371, subpart 7,~~ Medical assistance
428.2 covers service plan development before completion of the child's individual treatment plan.
428.3 Service plan development is covered only if a treatment plan is completed for the child. If
428.4 upon review it is determined that a treatment plan was not completed for the child, the
428.5 commissioner shall recover the payment for the service plan development; ~~and,~~

428.6 ~~(7) to be eligible for payment, a diagnostic assessment must be complete with regard to~~
428.7 ~~all required components, including multiple assessment appointments required for an~~
428.8 ~~extended diagnostic assessment and the written report. Dates of the multiple assessment~~
428.9 ~~appointments must be noted in the client's clinical record.~~

428.10 Sec. 92. Minnesota Statutes 2020, section 256B.0943, subdivision 11, is amended to read:

428.11 Subd. 11. **Documentation and billing.** ~~(a)~~ A provider entity must document the services
428.12 it provides under this section. The provider entity must ensure that documentation complies
428.13 with Minnesota Rules, parts 9505.2175 and 9505.2197. Services billed under this section
428.14 that are not documented according to this subdivision shall be subject to monetary recovery
428.15 by the commissioner. Billing for covered service components under subdivision 2, paragraph
428.16 (b), must not include anything other than direct service time.

428.17 ~~(b) An individual mental health provider must promptly document the following in a~~
428.18 ~~client's record after providing services to the client:~~

428.19 ~~(1) each occurrence of the client's mental health service, including the date, type, start~~
428.20 ~~and stop times, scope of the service as described in the child's individual treatment plan,~~
428.21 ~~and outcome of the service compared to baselines and objectives;~~

428.22 ~~(2) the name, dated signature, and credentials of the person who delivered the service;~~

428.23 ~~(3) contact made with other persons interested in the client, including representatives~~
428.24 ~~of the courts, corrections systems, or schools. The provider must document the name and~~
428.25 ~~date of each contact;~~

428.26 ~~(4) any contact made with the client's other mental health providers, case manager,~~
428.27 ~~family members, primary caregiver, legal representative, or the reason the provider did not~~
428.28 ~~contact the client's family members, primary caregiver, or legal representative, if applicable;~~

428.29 ~~(5) required clinical supervision directly related to the identified client's services and~~
428.30 ~~needs, as appropriate, with co-signatures of the supervisor and supervisee; and~~

428.31 ~~(6) the date when services are discontinued and reasons for discontinuation of services.~~

429.1 Sec. 93. Minnesota Statutes 2020, section 256B.0946, subdivision 1, is amended to read:

429.2 Subdivision 1. **Required covered service components.** (a) ~~Effective May 23, 2013,~~
429.3 ~~and~~ Subject to federal approval, medical assistance covers medically necessary intensive
429.4 treatment services ~~described under paragraph (b) that~~ when the services are provided by a
429.5 provider entity ~~eligible under subdivision 3 to a client eligible under subdivision 2 who is~~
429.6 ~~placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or~~
429.7 ~~placed in a foster home licensed under the regulations established by a federally recognized~~
429.8 Minnesota tribe certified under and meeting the standards in this section. The provider entity
429.9 must make reasonable and good faith efforts to report individual client outcomes to the
429.10 commissioner, using instruments and protocols approved by the commissioner.

429.11 (b) Intensive treatment services to children with mental illness residing in foster family
429.12 settings that comprise specific required service components provided in clauses (1) to (5)
429.13 are reimbursed by medical assistance when they meet the following standards:

429.14 (1) psychotherapy provided by a mental health professional ~~as defined in Minnesota~~
429.15 ~~Rules, part 9505.0371, subpart 5, item A,~~ or a clinical trainee, ~~as defined in Minnesota~~
429.16 ~~Rules, part 9505.0371, subpart 5, item C;~~

429.17 (2) ~~crisis assistance provided according to standards for children's therapeutic services~~
429.18 ~~and supports in section 256B.0943~~ planning;

429.19 (3) individual, family, and group psychoeducation services, ~~defined in subdivision 1a,~~
429.20 ~~paragraph (c),~~ provided by a mental health professional or a clinical trainee;

429.21 (4) clinical care consultation, ~~as defined in subdivision 1a,~~ and provided by a mental
429.22 health professional or a clinical trainee; and

429.23 (5) service delivery payment requirements as provided under subdivision 4.

429.24 Sec. 94. Minnesota Statutes 2020, section 256B.0946, subdivision 1a, is amended to read:

429.25 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
429.26 meanings given them.

429.27 (a) "Clinical care consultation" means communication from a treating clinician to other
429.28 providers working with the same client to inform, inquire, and instruct regarding the client's
429.29 symptoms, strategies for effective engagement, care and intervention needs, and treatment
429.30 expectations across service settings, including but not limited to the client's school, social
429.31 services, day care, probation, home, primary care, medication prescribers, disabilities

430.1 services, and other mental health providers and to direct and coordinate clinical service
430.2 components provided to the client and family.

430.3 ~~(b) "Clinical supervision" means the documented time a clinical supervisor and supervisee~~
430.4 ~~spend together to discuss the supervisee's work, to review individual client cases, and for~~
430.5 ~~the supervisee's professional development. It includes the documented oversight and~~
430.6 ~~supervision responsibility for planning, implementation, and evaluation of services for a~~
430.7 ~~client's mental health treatment.~~

430.8 ~~(c) "Clinical supervisor" means the mental health professional who is responsible for~~
430.9 ~~clinical supervision.~~

430.10 ~~(d) (b) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371,~~
430.11 ~~subpart 5, item C; means a staff person who is qualified according to section 245I.04,~~
430.12 ~~subdivision 6.~~

430.13 ~~(e) (c) "Crisis assistance planning" has the meaning given in section 245.4871, subdivision~~
430.14 ~~9a, including the development of a plan that addresses prevention and intervention strategies~~
430.15 ~~to be used in a potential crisis, but does not include actual crisis intervention.~~

430.16 ~~(f) (d) "Culturally appropriate" means providing mental health services in a manner that~~
430.17 ~~incorporates the child's cultural influences, as defined in Minnesota Rules, part 9505.0370,~~
430.18 ~~subpart 9, into interventions as a way to maximize resiliency factors and utilize cultural~~
430.19 ~~strengths and resources to promote overall wellness.~~

430.20 ~~(g) (e) "Culture" means the distinct ways of living and understanding the world that are~~
430.21 ~~used by a group of people and are transmitted from one generation to another or adopted~~
430.22 ~~by an individual.~~

430.23 ~~(h) (f) "Standard diagnostic assessment" has the meaning given in Minnesota Rules, part~~
430.24 ~~9505.0370, subpart 11 means the assessment described in section 245I.10, subdivision 6.~~

430.25 ~~(i) (g) "Family" means a person who is identified by the client or the client's parent or~~
430.26 ~~guardian as being important to the client's mental health treatment. Family may include,~~
430.27 ~~but is not limited to, parents, foster parents, children, spouse, committed partners, former~~
430.28 ~~spouses, persons related by blood or adoption, persons who are a part of the client's~~
430.29 ~~permanency plan, or persons who are presently residing together as a family unit.~~

430.30 ~~(j) (h) "Foster care" has the meaning given in section 260C.007, subdivision 18.~~

430.31 ~~(k) (i) "Foster family setting" means the foster home in which the license holder resides.~~

- 431.1 ~~(h)~~ (j) "Individual treatment plan" ~~has the meaning given in Minnesota Rules, part~~
431.2 ~~9505.0370, subpart 15~~ means the plan described in section 245I.10, subdivisions 7 and 8.
- 431.3 ~~(m)~~ "Mental health practitioner" ~~has the meaning given in section 245.462, subdivision~~
431.4 ~~17, and a mental health practitioner working as a clinical trainee according to Minnesota~~
431.5 ~~Rules, part 9505.0371, subpart 5, item C.~~
- 431.6 (k) "Mental health certified family peer specialist" means a staff person who is qualified
431.7 according to section 245I.04, subdivision 12.
- 431.8 ~~(n)~~ (l) "Mental health professional" ~~has the meaning given in Minnesota Rules, part~~
431.9 ~~9505.0370, subpart 18~~ means a staff person who is qualified according to section 245I.04,
431.10 subdivision 2.
- 431.11 ~~(o)~~ (m) "Mental illness" has the meaning given in ~~Minnesota Rules, part 9505.0370,~~
431.12 ~~subpart 20~~ section 245I.02, subdivision 29.
- 431.13 ~~(p)~~ (n) "Parent" has the meaning given in section 260C.007, subdivision 25.
- 431.14 ~~(q)~~ (o) "Psychoeducation services" means information or demonstration provided to an
431.15 individual, family, or group to explain, educate, and support the individual, family, or group
431.16 in understanding a child's symptoms of mental illness, the impact on the child's development,
431.17 and needed components of treatment and skill development so that the individual, family,
431.18 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,
431.19 and achieve optimal mental health and long-term resilience.
- 431.20 ~~(r)~~ (p) "Psychotherapy" ~~has the meaning given in Minnesota Rules, part 9505.0370,~~
431.21 ~~subpart 27~~ means the treatment described in section 256B.0671, subdivision 11.
- 431.22 ~~(s)~~ (q) "Team consultation and treatment planning" means the coordination of treatment
431.23 plans and consultation among providers in a group concerning the treatment needs of the
431.24 child, including disseminating the child's treatment service schedule to all members of the
431.25 service team. Team members must include all mental health professionals working with the
431.26 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and
431.27 at least two of the following: an individualized education program case manager; probation
431.28 agent; children's mental health case manager; child welfare worker, including adoption or
431.29 guardianship worker; primary care provider; foster parent; and any other member of the
431.30 child's service team.
- 431.31 (r) "Trauma" has the meaning given in section 245I.02, subdivision 38.
- 431.32 (s) "Treatment supervision" means the supervision described under section 245I.06.

432.1 Sec. 95. Minnesota Statutes 2020, section 256B.0946, subdivision 2, is amended to read:

432.2 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from

432.3 birth through age 20, who is currently placed in a foster home licensed under Minnesota

432.4 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the

432.5 regulations established by a federally recognized Minnesota tribe, and has received: (1) a

432.6 standard diagnostic assessment and an evaluation of level of care needed, as defined in

432.7 paragraphs (a) and (b). within 180 days before the start of service that documents that

432.8 intensive treatment services are medically necessary within a foster family setting to

432.9 ameliorate identified symptoms and functional impairments; and (2) a level of care

432.10 assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual

432.11 requires intensive intervention without 24-hour medical monitoring, and a functional

432.12 assessment as defined in section 245I.02, subdivision 17. The level of care assessment and

432.13 the functional assessment must include information gathered from the placing county, tribe,

432.14 or case manager.

432.15 ~~(a) The diagnostic assessment must:~~

432.16 ~~(1) meet criteria described in Minnesota Rules, part 9505.0372, subpart 1, and be~~

432.17 ~~conducted by a mental health professional or a clinical trainee;~~

432.18 ~~(2) determine whether or not a child meets the criteria for mental illness, as defined in~~

432.19 ~~Minnesota Rules, part 9505.0370, subpart 20;~~

432.20 ~~(3) document that intensive treatment services are medically necessary within a foster~~

432.21 ~~family setting to ameliorate identified symptoms and functional impairments;~~

432.22 ~~(4) be performed within 180 days before the start of service; and~~

432.23 ~~(5) be completed as either a standard or extended diagnostic assessment annually to~~

432.24 ~~determine continued eligibility for the service.~~

432.25 ~~(b) The evaluation of level of care must be conducted by the placing county, tribe, or~~

432.26 ~~case manager in conjunction with the diagnostic assessment as described by Minnesota~~

432.27 ~~Rules, part 9505.0372, subpart 1, item B, using a validated tool approved by the~~

432.28 ~~commissioner of human services and not subject to the rulemaking process, consistent with~~

432.29 ~~section 245.4885, subdivision 1, paragraph (d), the result of which evaluation demonstrates~~

432.30 ~~that the child requires intensive intervention without 24-hour medical monitoring. The~~

432.31 ~~commissioner shall update the list of approved level of care tools annually and publish on~~

432.32 ~~the department's website.~~

433.1 Sec. 96. Minnesota Statutes 2020, section 256B.0946, subdivision 3, is amended to read:

433.2 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for intensive
433.3 children's mental health services in a foster family setting must be certified by the state and
433.4 have a service provision contract with a county board or a reservation tribal council and
433.5 must be able to demonstrate the ability to provide all of the services required in this section
433.6 and meet the standards in chapter 245I, as required in section 245I.011, subdivision 5.

433.7 (b) For purposes of this section, a provider agency must be:

433.8 (1) a county-operated entity certified by the state;

433.9 (2) an Indian Health Services facility operated by a tribe or tribal organization under
433.10 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
433.11 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

433.12 (3) a noncounty entity.

433.13 (c) Certified providers that do not meet the service delivery standards required in this
433.14 section shall be subject to a decertification process.

433.15 (d) For the purposes of this section, all services delivered to a client must be provided
433.16 by a mental health professional or a clinical trainee.

433.17 Sec. 97. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

433.18 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
433.19 this section, a provider must develop and practice written policies and procedures for
433.20 intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply
433.21 with the following requirements in paragraphs (b) to ~~(n)~~ (l).

433.22 ~~(b) A qualified clinical supervisor, as defined in and performing in compliance with~~
433.23 ~~Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and~~
433.24 ~~provision of services described in this section.~~

433.25 ~~(c) Each client receiving treatment services must receive an extended diagnostic~~
433.26 ~~assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30~~
433.27 ~~days of enrollment in this service unless the client has a previous extended diagnostic~~
433.28 ~~assessment that the client, parent, and mental health professional agree still accurately~~
433.29 ~~describes the client's current mental health functioning.~~

433.30 ~~(d)~~ (b) Each previous and current mental health, school, and physical health treatment
433.31 provider must be contacted to request documentation of treatment and assessments that the

434.1 eligible client has received. This information must be reviewed and incorporated into the
434.2 standard diagnostic assessment and team consultation and treatment planning review process.

434.3 ~~(e)~~ (c) Each client receiving treatment must be assessed for a trauma history, and the
434.4 client's treatment plan must document how the results of the assessment will be incorporated
434.5 into treatment.

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

434.9 ~~(f)~~ (e) Each client receiving treatment services must have an individual treatment plan
434.10 that is reviewed, evaluated, and signed approved every 90 days using the team consultation
434.11 and treatment planning process, ~~as defined in subdivision 1a, paragraph (s).~~

434.12 ~~(g)~~ (f) Clinical care consultation, as defined in subdivision 1a, paragraph (a), must be
434.13 provided in accordance with the client's individual treatment plan.

434.14 ~~(h)~~ (g) Each client must have a crisis ~~assistance~~ plan within ten days of initiating services
434.15 and must have access to clinical phone support 24 hours per day, seven days per week,
434.16 during the course of treatment. The crisis plan must demonstrate coordination with the local
434.17 or regional mobile crisis intervention team.

434.18 ~~(i)~~ (h) Services must be delivered and documented at least three days per week, equaling
434.19 at least six hours of treatment per week, unless reduced units of service are specified on the
434.20 treatment plan as part of transition or on a discharge plan to another service or level of care.
434.21 ~~Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.~~

434.22 ~~(j)~~ (i) Location of service delivery must be in the client's home, day care setting, school,
434.23 or other community-based setting that is specified on the client's individualized treatment
434.24 plan.

434.25 ~~(k)~~ (j) Treatment must be developmentally and culturally appropriate for the client.

434.26 ~~(l)~~ (k) Services must be delivered in continual collaboration and consultation with the
434.27 client's medical providers and, in particular, with prescribers of psychotropic medications,
434.28 including those prescribed on an off-label basis. Members of the service team must be aware
434.29 of the medication regimen and potential side effects.

434.30 ~~(m)~~ (l) Parents, siblings, foster parents, and members of the child's permanency plan
434.31 must be involved in treatment and service delivery unless otherwise noted in the treatment
434.32 plan.

435.1 ~~(n)~~ (m) Transition planning for the child must be conducted starting with the first
 435.2 treatment plan and must be addressed throughout treatment to support the child's permanency
 435.3 plan and postdischarge mental health service needs.

435.4 Sec. 98. Minnesota Statutes 2020, section 256B.0946, subdivision 6, is amended to read:

435.5 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
 435.6 section and are not eligible for medical assistance payment as components of intensive
 435.7 treatment in foster care services, but may be billed separately:

435.8 (1) inpatient psychiatric hospital treatment;

435.9 (2) mental health targeted case management;

435.10 (3) partial hospitalization;

435.11 (4) medication management;

435.12 (5) children's mental health day treatment services;

435.13 (6) crisis response services under section ~~256B.0944~~ 256B.0624; and

435.14 (7) transportation; and

435.15 (8) mental health certified family peer specialist services under section 256B.0616.

435.16 (b) Children receiving intensive treatment in foster care services are not eligible for
 435.17 medical assistance reimbursement for the following services while receiving intensive
 435.18 treatment in foster care:

435.19 (1) psychotherapy and skills training components of children's therapeutic services and
 435.20 supports under section ~~256B.0625, subdivision 35b~~ 256B.0943;

435.21 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
 435.22 1, paragraph ~~(m)~~ (l);

435.23 (3) home and community-based waiver services;

435.24 (4) mental health residential treatment; and

435.25 (5) room and board costs as defined in section 256I.03, subdivision 6.

435.26 Sec. 99. Minnesota Statutes 2020, section 256B.0947, subdivision 1, is amended to read:

435.27 Subdivision 1. **Scope.** ~~Effective November 1, 2011, and~~ Subject to federal approval,
 435.28 medical assistance covers medically necessary, intensive nonresidential rehabilitative mental
 435.29 health services ~~as defined in subdivision 2, for recipients as defined in subdivision 3,~~ when

436.1 the services are provided by an entity meeting the standards in this section. The provider
436.2 entity must make reasonable and good faith efforts to report individual client outcomes to
436.3 the commissioner, using instruments and protocols approved by the commissioner.

436.4 Sec. 100. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

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

436.7 (a) "Intensive nonresidential rehabilitative mental health services" means child
436.8 rehabilitative mental health services as defined in section 256B.0943, except that these
436.9 services are provided by a multidisciplinary staff using a total team approach consistent
436.10 with assertive community treatment, as adapted for youth, and are directed to recipients
436.11 ~~ages 16, 17, 18, 19, or 20 with a serious mental illness or co-occurring mental illness and~~
436.12 ~~substance abuse addiction~~ who require intensive services to prevent admission to an inpatient
436.13 psychiatric hospital or placement in a residential treatment facility or who require intensive
436.14 services to step down from inpatient or residential care to community-based care.

436.15 (b) "Co-occurring mental illness and ~~substance abuse addiction~~ use disorder" means a
436.16 dual diagnosis of at least one form of mental illness and at least one substance use disorder.
436.17 Substance use disorders include alcohol or drug abuse or dependence, excluding nicotine
436.18 use.

436.19 (c) "Standard diagnostic assessment" ~~has the meaning given to it in Minnesota Rules,~~
436.20 ~~part 9505.0370, subpart 11. A diagnostic assessment must be provided according to~~
436.21 ~~Minnesota Rules, part 9505.0372, subpart 1, and for this section must incorporate a~~
436.22 ~~determination of the youth's necessary level of care using a standardized functional~~
436.23 ~~assessment instrument approved and periodically updated by the commissioner~~ means the
436.24 assessment described in section 245I.10, subdivision 6.

436.25 (d) "~~Education specialist~~" means an individual with knowledge and experience working
436.26 ~~with youth regarding special education requirements and goals, special education plans,~~
436.27 ~~and coordination of educational activities with health care activities.~~

436.28 (e) "~~Housing access support~~" means an ancillary activity to help an individual find,
436.29 ~~obtain, retain, and move to safe and adequate housing. Housing access support does not~~
436.30 ~~provide monetary assistance for rent, damage deposits, or application fees.~~

436.31 (f) "~~Integrated dual disorders treatment~~" means the integrated treatment of co-occurring
436.32 ~~mental illness and substance use disorders by a team of cross-trained clinicians within the~~

437.1 ~~same program, and is characterized by assertive outreach, stage-wise comprehensive~~
437.2 ~~treatment, treatment goal setting, and flexibility to work within each stage of treatment.~~

437.3 ~~(g)~~ (d) "Medication education services" means services provided individually or in
437.4 groups, which focus on:

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

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

437.8 (3) the side effects of medications.

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

437.12 ~~(h) "Peer specialist" means an employed team member who is a mental health certified~~
437.13 ~~peer specialist according to section 256B.0615 and also a former children's mental health~~
437.14 ~~consumer who:~~

437.15 ~~(1) provides direct services to clients including social, emotional, and instrumental~~
437.16 ~~support and outreach;~~

437.17 ~~(2) assists younger peers to identify and achieve specific life goals;~~

437.18 ~~(3) works directly with clients to promote the client's self-determination, personal~~
437.19 ~~responsibility, and empowerment;~~

437.20 ~~(4) assists youth with mental illness to regain control over their lives and their~~
437.21 ~~developmental process in order to move effectively into adulthood;~~

437.22 ~~(5) provides training and education to other team members, consumer advocacy~~
437.23 ~~organizations, and clients on resiliency and peer support; and~~

437.24 ~~(6) meets the following criteria:~~

437.25 ~~(i) is at least 22 years of age;~~

437.26 ~~(ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,~~
437.27 ~~subpart 20, or co-occurring mental illness and substance abuse addiction;~~

437.28 ~~(iii) is a former consumer of child and adolescent mental health services, or a former or~~
437.29 ~~current consumer of adult mental health services for a period of at least two years;~~

437.30 ~~(iv) has at least a high school diploma or equivalent;~~

438.1 ~~(v) has successfully completed training requirements determined and periodically updated~~
 438.2 ~~by the commissioner;~~

438.3 ~~(vi) is willing to disclose the individual's own mental health history to team members~~
 438.4 ~~and clients; and~~

438.5 ~~(vii) must be free of substance use problems for at least one year.~~

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

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

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

438.12 ~~(h)~~ (h) "Transition services" means:

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

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

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

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

438.20 (5) establishing and enforcing procedures and schedules.

438.21 A youth's transition from the children's mental health system and services to the adult
 438.22 mental health system and services and return to the client's home and entry or re-entry into
 438.23 community-based mental health services following discharge from an out-of-home placement
 438.24 or inpatient hospital stay.

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

438.27 ~~(j)~~ (j) "Family peer specialist" means a staff person who is qualified under section
 438.28 256B.0616.

438.29 Sec. 101. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

438.30 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

439.1 (1) is age 16, 17, 18, 19, or 20; and

439.2 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
439.3 ~~abuse addiction~~ use disorder, for which intensive nonresidential rehabilitative mental health
439.4 services are needed;

439.5 (3) has received a ~~level-of-care determination, using an instrument approved by the~~
439.6 ~~commissioner~~ level of care assessment as defined in section 245I.02, subdivision 19, that
439.7 indicates a need for intensive integrated intervention without 24-hour medical monitoring
439.8 and a need for extensive collaboration among multiple providers;

439.9 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
439.10 that indicates functional impairment and a history of difficulty in functioning safely and
439.11 successfully in the community, school, home, or job; or who is likely to need services from
439.12 the adult mental health system within the next two years; and

439.13 (5) has had a recent standard diagnostic assessment, as provided in Minnesota Rules,
439.14 part 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota
439.15 Rules, part 9505.0371, subpart 5, item A, that documents that intensive nonresidential
439.16 rehabilitative mental health services are medically necessary to ameliorate identified
439.17 symptoms and functional impairments and to achieve individual transition goals.

439.18 Sec. 102. Minnesota Statutes 2020, section 256B.0947, subdivision 3a, is amended to
439.19 read:

439.20 Subd. 3a. **Required service components.** ~~(a) Subject to federal approval, medical~~
439.21 ~~assistance covers all medically necessary intensive nonresidential rehabilitative mental~~
439.22 ~~health services and supports, as defined in this section, under a single daily rate per client.~~
439.23 ~~Services and supports must be delivered by an eligible provider under subdivision 5 to an~~
439.24 ~~eligible client under subdivision 3.~~

439.25 ~~(b)~~ (a) Intensive nonresidential rehabilitative mental health services, supports, and
439.26 ancillary activities are covered by the a single daily rate per client must include the following,
439.27 as needed by the individual client:

439.28 (1) individual, family, and group psychotherapy;

439.29 (2) individual, family, and group skills training, as defined in section 256B.0943,
439.30 subdivision 1, paragraph (t);

439.31 (3) crisis assistance planning as defined in section 245.4871, subdivision 9a, ~~which~~
439.32 ~~includes recognition of factors precipitating a mental health crisis, identification of behaviors~~

440.1 ~~related to the crisis, and the development of a plan to address prevention, intervention, and~~
440.2 ~~follow-up strategies to be used in the lead-up to or onset of, and conclusion of, a mental~~
440.3 ~~health crisis; crisis assistance does not mean crisis response services or crisis intervention~~
440.4 ~~services provided in section 256B.0944;~~

440.5 (4) medication management provided by a physician or an advanced practice registered
440.6 nurse with certification in psychiatric and mental health care;

440.7 (5) mental health case management as provided in section 256B.0625, subdivision 20;

440.8 (6) medication education services as defined in this section;

440.9 (7) care coordination by a client-specific lead worker assigned by and responsible to the
440.10 treatment team;

440.11 (8) psychoeducation of and consultation and coordination with the client's biological,
440.12 adoptive, or foster family and, in the case of a youth living independently, the client's
440.13 immediate nonfamilial support network;

440.14 (9) clinical consultation to a client's employer or school or to other service agencies or
440.15 to the courts to assist in managing the mental illness or co-occurring disorder and to develop
440.16 client support systems;

440.17 (10) coordination with, or performance of, crisis intervention and stabilization services
440.18 as defined in section ~~256B.0944~~ 256B.0624;

440.19 ~~(11) assessment of a client's treatment progress and effectiveness of services using~~
440.20 ~~standardized outcome measures published by the commissioner;~~

440.21 ~~(12)~~ (11) transition services as defined in this section;

440.22 ~~(13) integrated dual disorders treatment as defined in this section~~ (12) co-occurring
440.23 substance use disorder treatment as defined in section 245I.02, subdivision 11; and

440.24 ~~(14)~~ (13) housing access support that assists clients to find, obtain, retain, and move to
440.25 safe and adequate housing. Housing access support does not provide monetary assistance
440.26 for rent, damage deposits, or application fees.

440.27 ~~(e)~~ (b) The provider shall ensure and document the following by means of performing
440.28 the required function or by contracting with a qualified person or entity:

440.29 ~~(1)~~ (1) client access to crisis intervention services, as defined in section ~~256B.0944~~
440.30 256B.0624, and available 24 hours per day and seven days per week;

441.1 ~~(2) completion of an extended diagnostic assessment, as defined in Minnesota Rules,~~
441.2 ~~part 9505.0372, subpart 1, item C; and~~

441.3 ~~(3) determination of the client's needed level of care using an instrument approved and~~
441.4 ~~periodically updated by the commissioner.~~

441.5 Sec. 103. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

441.6 **Subd. 5. Standards for intensive nonresidential rehabilitative providers.** (a) Services
441.7 ~~must be provided by a provider entity as provided in subdivision 4~~ meet the standards in
441.8 this section and chapter 245I as required in section 245I.011, subdivision 5.

441.9 (b) The treatment team for intensive nonresidential rehabilitative mental health services
441.10 comprises both permanently employed core team members and client-specific team members
441.11 as follows:

441.12 ~~(1) The core treatment team is an entity that operates under the direction of an~~
441.13 ~~independently licensed mental health professional, who is qualified under Minnesota Rules,~~
441.14 ~~part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility~~
441.15 ~~for clients.~~ Based on professional qualifications and client needs, clinically qualified core
441.16 team members are assigned on a rotating basis as the client's lead worker to coordinate a
441.17 client's care. The core team must comprise at least four full-time equivalent direct care staff
441.18 and must minimally include, ~~but is not limited to:~~

441.19 (i) ~~an independently licensed~~ a mental health professional, ~~qualified under Minnesota~~
441.20 ~~Rules, part 9505.0371, subpart 5, item A,~~ who serves as team leader to provide administrative
441.21 ~~direction and clinical~~ treatment supervision to the team;

441.22 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
441.23 health care or a board-certified child and adolescent psychiatrist, either of which must be
441.24 credentialed to prescribe medications;

441.25 (iii) a licensed alcohol and drug counselor who is also trained in mental health
441.26 interventions; and

441.27 (iv) a mental health certified peer specialist as defined in subdivision 2, paragraph (h)
441.28 who is qualified according to section 245I.04, subdivision 10, and is also a former children's
441.29 mental health consumer.

441.30 (2) The core team may also include any of the following:

441.31 (i) additional mental health professionals;

441.32 (ii) a vocational specialist;

442.1 (iii) an educational specialist with knowledge and experience working with youth
 442.2 regarding special education requirements and goals, special education plans, and coordination
 442.3 of educational activities with health care activities;

442.4 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

442.5 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

442.6 (vi) a mental health practitioner, ~~as defined in section 245.4871, subdivision 26~~ qualified
 442.7 according to section 245I.04, subdivision 4;

442.8 ~~(vi)~~ (vii) a case management service provider, as defined in section 245.4871, subdivision
 442.9 4;

442.10 ~~(vii)~~ (viii) a housing access specialist; and

442.11 ~~(viii)~~ (ix) a family peer specialist as defined in subdivision 2, paragraph (m).

442.12 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
 442.13 members not employed by the team who consult on a specific client and who must accept
 442.14 overall clinical direction from the treatment team for the duration of the client's placement
 442.15 with the treatment team and must be paid by the provider agency at the rate for a typical
 442.16 session by that provider with that client or at a rate negotiated with the client-specific
 442.17 member. Client-specific treatment team members may include:

442.18 (i) the mental health professional treating the client prior to placement with the treatment
 442.19 team;

442.20 (ii) the client's current substance ~~abuse~~ use counselor, if applicable;

442.21 (iii) a lead member of the client's individualized education program team or school-based
 442.22 mental health provider, if applicable;

442.23 (iv) a representative from the client's health care home or primary care clinic, as needed
 442.24 to ensure integration of medical and behavioral health care;

442.25 (v) the client's probation officer or other juvenile justice representative, if applicable;
 442.26 and

442.27 (vi) the client's current vocational or employment counselor, if applicable.

442.28 (c) The ~~clinical~~ treatment supervisor shall be an active member of the treatment team
 442.29 and shall function as a practicing clinician at least on a part-time basis. The treatment team
 442.30 shall meet with the ~~clinical~~ treatment supervisor at least weekly to discuss recipients' progress
 442.31 and make rapid adjustments to meet recipients' needs. The team meeting must include

443.1 client-specific case reviews and general treatment discussions among team members.

443.2 Client-specific case reviews and planning must be documented in the individual client's
443.3 treatment record.

443.4 (d) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
443.5 team position.

443.6 (e) The treatment team shall serve no more than 80 clients at any one time. Should local
443.7 demand exceed the team's capacity, an additional team must be established rather than
443.8 exceed this limit.

443.9 (f) Nonclinical staff shall have prompt access in person or by telephone to a mental
443.10 health practitioner, clinical trainee, or mental health professional. The provider shall have
443.11 the capacity to promptly and appropriately respond to emergent needs and make any
443.12 necessary staffing adjustments to ensure the health and safety of clients.

443.13 (g) The intensive nonresidential rehabilitative mental health services provider shall
443.14 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
443.15 as conducted by the commissioner, including the collection and reporting of data and the
443.16 reporting of performance measures as specified by contract with the commissioner.

443.17 (h) A regional treatment team may serve multiple counties.

443.18 Sec. 104. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

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

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

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

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

443.24 (d) ~~The initial functional assessment must be completed within ten days of intake and~~
443.25 level of care assessment as defined in section 245I.02, subdivision 19, and functional
443.26 assessment as defined in section 245I.02, subdivision 17, must be updated at least every six
443.27 ~~months~~ 90 days or prior to discharge from the service, whichever comes first.

443.28 (e) An individual treatment plan must be completed for each client, according to section
443.29 245I.10, subdivisions 7 and 8, and, additionally, must:

443.30 ~~(1) be based on the information in the client's diagnostic assessment and baselines;~~

444.1 ~~(2) identify goals and objectives of treatment, a treatment strategy, a schedule for~~
444.2 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
444.3 ~~treatment services and supports;~~

444.4 ~~(3) be developed after completion of the client's diagnostic assessment by a mental health~~
444.5 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
444.6 ~~and supports;~~

444.7 ~~(4) be developed through a child-centered, family-driven, culturally appropriate planning~~
444.8 ~~process, including allowing parents and guardians to observe or participate in individual~~
444.9 ~~and family treatment services, assessments, and treatment planning;~~

444.10 ~~(5) be reviewed at least once every six months and revised to document treatment progress~~
444.11 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
444.12 ~~changes in treatment;~~

444.13 ~~(6) be signed by the clinical supervisor and by the client or by the client's parent or other~~
444.14 ~~person authorized by statute to consent to mental health services for the client. A client's~~
444.15 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
444.16 ~~by documented oral approval that is later verified by written signature;~~

444.17 ~~(7) (1) be completed in consultation with the client's current therapist and key providers~~
444.18 ~~and provide for ongoing consultation with the client's current therapist to ensure therapeutic~~
444.19 ~~continuity and to facilitate the client's return to the community. For clients under the age of~~
444.20 ~~18, the treatment team must consult with parents and guardians in developing the treatment~~
444.21 ~~plan;~~

444.22 ~~(8) (2) if a need for substance use disorder treatment is indicated by validated assessment:~~

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

444.24 ~~(ii) develop a schedule for accomplishing substance use disorder treatment goals and~~
444.25 ~~objectives; and~~

444.26 ~~(iii) identify the individuals responsible for providing substance use disorder treatment~~
444.27 ~~services and supports;~~

444.28 ~~(ii) be reviewed at least once every 90 days and revised, if necessary;~~

444.29 ~~(9) be signed by the clinical supervisor and by the client and, if the client is a minor, by~~
444.30 ~~the client's parent or other person authorized by statute to consent to mental health treatment~~
444.31 ~~and substance use disorder treatment for the client; and~~

445.1 ~~(10)~~ (3) provide for the client's transition out of intensive nonresidential rehabilitative
445.2 mental health services by defining the team's actions to assist the client and subsequent
445.3 providers in the transition to less intensive or "stepped down" services; and

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

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

445.13 (g) For a client age 18 or older, the treatment team may disclose to a family member,
445.14 other relative, or a close personal friend of the client, or other person identified by the client,
445.15 the protected health information directly relevant to such person's involvement with the
445.16 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
445.17 client is present, the treatment team shall obtain the client's agreement, provide the client
445.18 with an opportunity to object, or reasonably infer from the circumstances, based on the
445.19 exercise of professional judgment, that the client does not object. If the client is not present
445.20 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
445.21 team may, in the exercise of professional judgment, determine whether the disclosure is in
445.22 the best interests of the client and, if so, disclose only the protected health information that
445.23 is directly relevant to the family member's, relative's, friend's, or client-identified person's
445.24 involvement with the client's health care. The client may orally agree or object to the
445.25 disclosure and may prohibit or restrict disclosure to specific individuals.

445.26 (h) The treatment team shall provide interventions to promote positive interpersonal
445.27 relationships.

445.28 Sec. 105. Minnesota Statutes 2020, section 256B.0947, subdivision 7, is amended to read:

445.29 Subd. 7. **Medical assistance payment and rate setting.** (a) Payment for services in this
445.30 section must be based on one daily encounter rate per provider inclusive of the following
445.31 services received by an eligible client in a given calendar day: all rehabilitative services,
445.32 supports, and ancillary activities under this section, staff travel time to provide rehabilitative
445.33 services under this section, and crisis response services under section ~~256B.0944~~ 256B.0624.

446.1 (b) Payment must not be made to more than one entity for each client for services
446.2 provided under this section on a given day. If services under this section are provided by a
446.3 team that includes staff from more than one entity, the team shall determine how to distribute
446.4 the payment among the members.

446.5 (c) The commissioner shall establish regional cost-based rates for entities that will bill
446.6 medical assistance for nonresidential intensive rehabilitative mental health services. In
446.7 developing these rates, the commissioner shall consider:

446.8 (1) the cost for similar services in the health care trade area;

446.9 (2) actual costs incurred by entities providing the services;

446.10 (3) the intensity and frequency of services to be provided to each client;

446.11 (4) the degree to which clients will receive services other than services under this section;

446.12 and

446.13 (5) the costs of other services that will be separately reimbursed.

446.14 (d) The rate for a provider must not exceed the rate charged by that provider for the
446.15 same service to other payers.

446.16 Sec. 106. Minnesota Statutes 2020, section 256B.0949, subdivision 2, is amended to read:

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

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

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

446.29 (1) is severe and chronic;

446.30 (2) results in impairment of adaptive behavior and function similar to that of a person
446.31 with ASD;

- 447.1 (3) requires treatment or services similar to those required for a person with ASD; and
- 447.2 (4) results in substantial functional limitations in three core developmental deficits of
- 447.3 ASD: social or interpersonal interaction; functional communication, including nonverbal
- 447.4 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
- 447.5 hyporeactivity to sensory input; and may include deficits or a high level of support in one
- 447.6 or more of the following domains:
- 447.7 (i) behavioral challenges and self-regulation;
- 447.8 (ii) cognition;
- 447.9 (iii) learning and play;
- 447.10 (iv) self-care; or
- 447.11 (v) safety.
- 447.12 (d) "Person" means a person under 21 years of age.
- 447.13 (e) "Clinical supervision" means the overall responsibility for the control and direction
- 447.14 of EIDBI service delivery, including individual treatment planning, staff supervision,
- 447.15 individual treatment plan progress monitoring, and treatment review for each person. Clinical
- 447.16 supervision is provided by a qualified supervising professional (QSP) who takes full
- 447.17 professional responsibility for the service provided by each supervisee.
- 447.18 (f) "Commissioner" means the commissioner of human services, unless otherwise
- 447.19 specified.
- 447.20 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
- 447.21 evaluation of a person to determine medical necessity for EIDBI services based on the
- 447.22 requirements in subdivision 5.
- 447.23 (h) "Department" means the Department of Human Services, unless otherwise specified.
- 447.24 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
- 447.25 benefit" means a variety of individualized, intensive treatment modalities approved and
- 447.26 published by the commissioner that are based in behavioral and developmental science
- 447.27 consistent with best practices on effectiveness.
- 447.28 (j) "Generalizable goals" means results or gains that are observed during a variety of
- 447.29 activities over time with different people, such as providers, family members, other adults,
- 447.30 and people, and in different environments including, but not limited to, clinics, homes,
- 447.31 schools, and the community.

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

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

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

448.4 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,

448.5 including a person leaving the agency unattended.

448.6 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written

448.7 plan of care that integrates and coordinates person and family information from the CMDE

448.8 for a person who meets medical necessity for the EIDBI benefit. An individual treatment

448.9 plan must meet the standards in subdivision 6.

448.10 (m) "Legal representative" means the parent of a child who is under 18 years of age, a

448.11 court-appointed guardian, or other representative with legal authority to make decisions

448.12 about service for a person. For the purpose of this subdivision, "other representative with

448.13 legal authority to make decisions" includes a health care agent or an attorney-in-fact

448.14 authorized through a health care directive or power of attorney.

448.15 (n) "Mental health professional" ~~has the meaning given in~~ means a staff person who is

448.16 qualified according to section 245.4871, subdivision 27, clauses (1) to (6) 245I.04,

448.17 subdivision 2.

448.18 (o) "Person-centered" means a service that both responds to the identified needs, interests,

448.19 values, preferences, and desired outcomes of the person or the person's legal representative

448.20 and respects the person's history, dignity, and cultural background and allows inclusion and

448.21 participation in the person's community.

448.22 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or

448.23 level III treatment provider.

448.24 Sec. 107. Minnesota Statutes 2020, section 256B.0949, subdivision 4, is amended to read:

448.25 Subd. 4. **Diagnosis.** (a) A diagnosis of ASD or a related condition must:

448.26 (1) be based upon current DSM criteria including direct observations of the person and

448.27 information from the person's legal representative or primary caregivers;

448.28 (2) be completed by either (i) a licensed physician or advanced practice registered nurse

448.29 or (ii) a mental health professional; and

448.30 (3) meet the requirements of ~~Minnesota Rules, part 9505.0372, subpart 1, items B and~~

448.31 € a standard diagnostic assessment according to section 245I.10, subdivision 6.

449.1 (b) Additional assessment information may be considered to complete a diagnostic
449.2 assessment including specialized tests administered through special education evaluations
449.3 and licensed school personnel, and from professionals licensed in the fields of medicine,
449.4 speech and language, psychology, occupational therapy, and physical therapy. A diagnostic
449.5 assessment may include treatment recommendations.

449.6 Sec. 108. Minnesota Statutes 2020, section 256B.0949, subdivision 5a, is amended to
449.7 read:

449.8 Subd. 5a. **Comprehensive multidisciplinary evaluation provider qualification.** A
449.9 CMDE provider must:

449.10 (1) be a licensed physician, advanced practice registered nurse, a mental health
449.11 professional, or a ~~mental health practitioner who meets the requirements of a clinical trainee~~
449.12 ~~as defined in Minnesota Rules, part 9505.0371, subpart 5, item C~~ who is qualified according
449.13 to section 245I.04, subdivision 6;

449.14 (2) have at least 2,000 hours of clinical experience in the evaluation and treatment of
449.15 people with ASD or a related condition or equivalent documented coursework at the graduate
449.16 level by an accredited university in the following content areas: ASD or a related condition
449.17 diagnosis, ASD or a related condition treatment strategies, and child development; and

449.18 (3) be able to diagnose, evaluate, or provide treatment within the provider's scope of
449.19 practice and professional license.

449.20 Sec. 109. Minnesota Statutes 2020, section 256B.25, subdivision 3, is amended to read:

449.21 Subd. 3. **Payment exceptions.** The limitation in subdivision 2 shall not apply to:

449.22 (1) payment of Minnesota supplemental assistance funds to recipients who reside in
449.23 facilities which are involved in litigation contesting their designation as an institution for
449.24 treatment of mental disease;

449.25 (2) payment or grants to a boarding care home or supervised living facility licensed by
449.26 the Department of Human Services under Minnesota Rules, parts 2960.0130 to 2960.0220
449.27 ~~or~~, 2960.0580 to 2960.0700, or 9520.0500 to 9520.0670, or under chapter 245G or 245I,
449.28 or payment to recipients who reside in these facilities;

449.29 (3) payments or grants to a boarding care home or supervised living facility which are
449.30 ineligible for certification under United States Code, title 42, sections 1396-1396p;

449.31 (4) payments or grants otherwise specifically authorized by statute or rule.

450.1 Sec. 110. Minnesota Statutes 2020, section 256B.761, is amended to read:

450.2 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

450.3 (a) Effective for services rendered on or after July 1, 2001, payment for medication
450.4 management provided to psychiatric patients, outpatient mental health services, day treatment
450.5 services, home-based mental health services, and family community support services shall
450.6 be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of
450.7 1999 charges.

450.8 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health
450.9 services provided by an entity that operates: (1) a Medicare-certified comprehensive
450.10 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993,
450.11 with at least 33 percent of the clients receiving rehabilitation services in the most recent
450.12 calendar year who are medical assistance recipients, will be increased by 38 percent, when
450.13 those services are provided within the comprehensive outpatient rehabilitation facility and
450.14 provided to residents of nursing facilities owned by the entity.

450.15 ~~(c) The commissioner shall establish three levels of payment for mental health diagnostic~~
450.16 ~~assessment, based on three levels of complexity. The aggregate payment under the tiered~~
450.17 ~~rates must not exceed the projected aggregate payments for mental health diagnostic~~
450.18 ~~assessment under the previous single rate. The new rate structure is effective January 1,~~
450.19 ~~2011, or upon federal approval, whichever is later.~~

450.20 ~~(d)~~ (c) In addition to rate increases otherwise provided, the commissioner may restructure
450.21 coverage policy and rates to improve access to adult rehabilitative mental health services
450.22 under section 256B.0623 and related mental health support services under section 256B.021,
450.23 subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected
450.24 state share of increased costs due to this paragraph is transferred from adult mental health
450.25 grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent
450.26 base adjustment for subsequent fiscal years. Payments made to managed care plans and
450.27 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
450.28 the rate changes described in this paragraph.

450.29 ~~(e)~~ (d) Any ratables effective before July 1, 2015, do not apply to early intensive
450.30 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

451.1 Sec. 111. Minnesota Statutes 2020, section 256B.763, is amended to read:

451.2 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

451.3 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007, payment
451.4 rates shall be increased by 23.7 percent over the rates in effect on January 1, 2006, for:

451.5 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;

451.6 (2) community mental health centers under section 256B.0625, subdivision 5; and

451.7 (3) mental health clinics ~~and centers~~ certified under ~~Minnesota Rules, parts 9520.0750~~

451.8 ~~to 9520.0870~~ section 245I.20, or hospital outpatient psychiatric departments that are

451.9 designated as essential community providers under section 62Q.19.

451.10 (b) This increase applies to group skills training when provided as a component of

451.11 children's therapeutic services and support, psychotherapy, medication management,

451.12 evaluation and management, diagnostic assessment, explanation of findings, psychological

451.13 testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

451.14 (c) This increase does not apply to rates that are governed by section 256B.0625,

451.15 subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated

451.16 with the county, rates that are established by the federal government, or rates that increased

451.17 between January 1, 2004, and January 1, 2005.

451.18 (d) The commissioner shall adjust rates paid to prepaid health plans under contract with

451.19 the commissioner to reflect the rate increases provided in paragraphs (a), (e), and (f). The

451.20 prepaid health plan must pass this rate increase to the providers identified in paragraphs (a),

451.21 (e), (f), and (g).

451.22 (e) Payment rates shall be increased by 23.7 percent over the rates in effect on December

451.23 31, 2007, for:

451.24 (1) medication education services provided on or after January 1, 2008, by adult

451.25 rehabilitative mental health services providers certified under section 256B.0623; and

451.26 (2) mental health behavioral aide services provided on or after January 1, 2008, by

451.27 children's therapeutic services and support providers certified under section 256B.0943.

451.28 (f) For services defined in paragraph (b) and rendered on or after January 1, 2008, by

451.29 children's therapeutic services and support providers certified under section 256B.0943 and

451.30 not already included in paragraph (a), payment rates shall be increased by 23.7 percent over

451.31 the rates in effect on December 31, 2007.

452.1 (g) Payment rates shall be increased by 2.3 percent over the rates in effect on December
452.2 31, 2007, for individual and family skills training provided on or after January 1, 2008, by
452.3 children's therapeutic services and support providers certified under section 256B.0943.

452.4 (h) For services described in paragraphs (b), (e), and (g) and rendered on or after July
452.5 1, 2017, payment rates for mental health clinics ~~and centers certified under Minnesota Rules,~~
452.6 ~~parts 9520.0750 to 9520.0870~~ section 245I.20, that are not designated as essential community
452.7 providers under section 62Q.19 shall be equal to payment rates for mental health clinics
452.8 ~~and centers certified under Minnesota Rules, parts 9520.0750 to 9520.0870~~ section 245I.20,
452.9 that are designated as essential community providers under section 62Q.19. In order to
452.10 receive increased payment rates under this paragraph, a provider must demonstrate a
452.11 commitment to serve low-income and underserved populations by:

452.12 (1) charging for services on a sliding-fee schedule based on current poverty income
452.13 guidelines; and

452.14 (2) not restricting access or services because of a client's financial limitation.

452.15 Sec. 112. Minnesota Statutes 2020, section 256P.01, subdivision 6a, is amended to read:

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

452.20 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
452.21 professional" means a licensed physician, physician assistant, advanced practice registered
452.22 nurse, licensed independent clinical social worker, licensed psychologist, certified school
452.23 psychologist, or certified psychometrist working under the supervision of a licensed
452.24 psychologist.

452.25 (c) For mental health, a "qualified professional" means a licensed physician, advanced
452.26 practice registered nurse, or qualified mental health professional under section ~~245.462,~~
452.27 ~~subdivision 18, clauses (1) to (6)~~ 245I.04, subdivision 2.

452.28 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
452.29 qualified mental health professional under section 245.462, subdivision 18, clauses (1) to
452.30 (6), or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

453.1 Sec. 113. Minnesota Statutes 2020, section 295.50, subdivision 9b, is amended to read:

453.2 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services
453.3 and other goods and services provided by hospitals, surgical centers, or health care providers.

453.4 They include the following health care goods and services provided to a patient or consumer:

453.5 (1) bed and board;

453.6 (2) nursing services and other related services;

453.7 (3) use of hospitals, surgical centers, or health care provider facilities;

453.8 (4) medical social services;

453.9 (5) drugs, biologicals, supplies, appliances, and equipment;

453.10 (6) other diagnostic or therapeutic items or services;

453.11 (7) medical or surgical services;

453.12 (8) items and services furnished to ambulatory patients not requiring emergency care;

453.13 and

453.14 (9) emergency services.

453.15 (b) "Patient services" does not include:

453.16 (1) services provided to nursing homes licensed under chapter 144A;

453.17 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,
453.18 litigation, and employment, including reviews of medical records for those purposes;

453.19 (3) services provided to and by community residential mental health facilities licensed
453.20 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by
453.21 residential treatment programs for children with severe emotional disturbance licensed or
453.22 certified under chapter 245A;

453.23 (4) services provided under the following programs: day treatment services as defined
453.24 in section 245.462, subdivision 8; assertive community treatment as described in section
453.25 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;
453.26 ~~adult~~ crisis response services as described in section 256B.0624; and children's therapeutic
453.27 services and supports as described in section 256B.0943; ~~and children's mental health crisis~~
453.28 ~~response services as described in section 256B.0944;~~

453.29 (5) services provided to and by community mental health centers as defined in section
453.30 245.62, subdivision 2;

454.1 (6) services provided to and by assisted living programs and congregate housing
454.2 programs;

454.3 (7) hospice care services;

454.4 (8) home and community-based waived services under chapter 256S and sections
454.5 256B.49 and 256B.501;

454.6 (9) targeted case management services under sections 256B.0621; 256B.0625,
454.7 subdivisions 20, 20a, 33, and 44; and 256B.094; and

454.8 (10) services provided to the following: supervised living facilities for persons with
454.9 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;
454.10 housing with services establishments required to be registered under chapter 144D; board
454.11 and lodging establishments providing only custodial services that are licensed under chapter
454.12 157 and registered under section 157.17 to provide supportive services or health supervision
454.13 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training
454.14 and habilitation services for adults with developmental disabilities as defined in section
454.15 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;
454.16 adult day care services as defined in section 245A.02, subdivision 2a; and home health
454.17 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under
454.18 chapter 144A.

454.19 Sec. 114. Minnesota Statutes 2020, section 325F.721, subdivision 1, is amended to read:

454.20 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
454.21 the meanings given them.

454.22 (b) "Covered setting" means an unlicensed setting providing sleeping accommodations
454.23 to one or more adult residents, at least 80 percent of which are 55 years of age or older, and
454.24 offering or providing, for a fee, supportive services. For the purposes of this section, covered
454.25 setting does not mean:

454.26 (1) emergency shelter, transitional housing, or any other residential units serving
454.27 exclusively or primarily homeless individuals, as defined under section 116L.361;

454.28 (2) a nursing home licensed under chapter 144A;

454.29 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
454.30 144.50 to 144.56;

454.31 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
454.32 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

455.1 (5) services and residential settings licensed under chapter 245A, including adult foster
455.2 care and services and settings governed under the standards in chapter 245D;

455.3 (6) private homes in which the residents are related by kinship, law, or affinity with the
455.4 providers of services;

455.5 (7) a duly organized condominium, cooperative, and common interest community, or
455.6 owners' association of the condominium, cooperative, and common interest community
455.7 where at least 80 percent of the units that comprise the condominium, cooperative, or
455.8 common interest community are occupied by individuals who are the owners, members, or
455.9 shareholders of the units;

455.10 (8) temporary family health care dwellings as defined in sections 394.307 and 462.3593;

455.11 (9) settings offering services conducted by and for the adherents of any recognized
455.12 church or religious denomination for its members exclusively through spiritual means or
455.13 by prayer for healing;

455.14 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
455.15 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
455.16 units financed by the Minnesota Housing Finance Agency that are intended to serve
455.17 individuals with disabilities or individuals who are homeless, except for those developments
455.18 that market or hold themselves out as assisted living facilities and provide assisted living
455.19 services;

455.20 (11) rental housing developed under United States Code, title 42, section 1437, or United
455.21 States Code, title 12, section 1701q;

455.22 (12) rental housing designated for occupancy by only elderly or elderly and disabled
455.23 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
455.24 families under Code of Federal Regulations, title 24, section 983.56;

455.25 (13) rental housing funded under United States Code, title 42, chapter 89, or United
455.26 States Code, title 42, section 8011; or

455.27 (14) an assisted living facility licensed under chapter 144G.

455.28 (c) "'I'm okay' check services" means providing a service to, by any means, check on
455.29 the safety of a resident.

455.30 (d) "Resident" means a person entering into written contract for housing and services
455.31 with a covered setting.

455.32 (e) "Supportive services" means:

- 456.1 (1) assistance with laundry, shopping, and household chores;
- 456.2 (2) housekeeping services;
- 456.3 (3) provision of meals or assistance with meals or food preparation;
- 456.4 (4) help with arranging, or arranging transportation to, medical, social, recreational,
- 456.5 personal, or social services appointments; or
- 456.6 (5) provision of social or recreational services.
- 456.7 Arranging for services does not include making referrals or contacting a service provider
- 456.8 in an emergency.

456.9 Sec. 115. **REPEALER.**

456.10 (a) Minnesota Statutes 2020, sections 245.462, subdivision 4a; 245.4879, subdivision

456.11 2; 245.62, subdivisions 3 and 4; 245.69, subdivision 2; 256B.0615, subdivision 2; 256B.0616,

456.12 subdivision 2; 256B.0622, subdivisions 3 and 5a; 256B.0623, subdivisions 7, 8, 10, and 11;

456.13 256B.0625, subdivisions 51, 35a, 35b, 61, 62, and 65; 256B.0943, subdivisions 8 and 10;

456.14 256B.0944; and 256B.0946, subdivision 5, are repealed.

456.15 (b) Minnesota Rules, parts 9505.0370; 9505.0371; 9505.0372; 9520.0010; 9520.0020;

456.16 9520.0030; 9520.0040; 9520.0050; 9520.0060; 9520.0070; 9520.0080; 9520.0090;

456.17 9520.0100; 9520.0110; 9520.0120; 9520.0130; 9520.0140; 9520.0150; 9520.0160;

456.18 9520.0170; 9520.0180; 9520.0190; 9520.0200; 9520.0210; 9520.0230; 9520.0750;

456.19 9520.0760; 9520.0770; 9520.0780; 9520.0790; 9520.0800; 9520.0810; 9520.0820;

456.20 9520.0830; 9520.0840; 9520.0850; 9520.0860; and 9520.0870, are repealed.

456.21 **ARTICLE 12**

456.22 **FORECAST ADJUSTMENTS**

456.23 Section 1. **DEPARTMENT OF HUMAN SERVICES FORECAST ADJUSTMENT.**

456.24 The dollar amounts shown in the columns marked "Appropriations" are added to or, if

456.25 shown in parentheses, are subtracted from the appropriations in Laws 2019, First Special

456.26 Session chapter 9, article 14, from the general fund, or any other fund named, to the

456.27 commissioner of human services for the purposes specified in this article, to be available

456.28 for the fiscal year indicated for each purpose. The figure "2021" used in this article means

456.29 that the appropriations listed are available for the fiscal year ending June 30, 2021.

456.30 **APPROPRIATIONS**

456.31 **Available for the Year**

457.1		<u>Ending June 30</u>
457.2		<u>2021</u>
457.3	<u>Sec. 2. COMMISSIONER OF HUMAN</u>	
457.4	<u>SERVICES</u>	
457.5	<u>Subdivision 1. Total Appropriation</u>	<u>\$ (816,996,000)</u>
457.6	<u>Appropriations by Fund</u>	
457.7	<u>2021</u>	
457.8	<u>General</u>	<u>(745,266,000)</u>
457.9	<u>Health Care Access</u>	<u>(36,893,000)</u>
457.10	<u>Federal TANF</u>	<u>(34,837,000)</u>
457.11	<u>Subd. 2. Forecasted Programs</u>	
457.12	<u>(a) Minnesota Family</u>	
457.13	<u>Investment Program</u>	
457.14	<u>(MFIP)/Diversionary Work</u>	
457.15	<u>Program (DWP)</u>	
457.16	<u>Appropriations by Fund</u>	
457.17	<u>2021</u>	
457.18	<u>General</u>	<u>59,004,000</u>
457.19	<u>Federal TANF</u>	<u>(34,843,000)</u>
457.20	<u>(b) MFIP Child Care Assistance</u>	<u>(54,158,000)</u>
457.21	<u>(c) General Assistance</u>	<u>3,925,000</u>
457.22	<u>(d) Minnesota Supplemental Aid</u>	<u>3,849,000</u>
457.23	<u>(e) Housing Support</u>	<u>3,022,000</u>
457.24	<u>(f) Northstar Care for Children</u>	<u>(8,639,000)</u>
457.25	<u>(g) MinnesotaCare</u>	<u>(36,893,000)</u>
457.26	<u>This appropriation is from the health care</u>	
457.27	<u>access fund.</u>	
457.28	<u>(h) Medical Assistance</u>	
457.29	<u>Appropriations by Fund</u>	
457.30	<u>2021</u>	
457.31	<u>General</u>	<u>(694,938,000)</u>
457.32	<u>Health Care Access</u>	<u>-0-</u>
457.33	<u>(i) Alternative Care</u>	<u>247,000</u>

458.1 **(j) Consolidated Chemical Dependency**
 458.2 **Treatment Fund (CCDTF) Entitlement** (57,578,000)

458.3 **Subd. 3. Technical Activities** 6,000

458.4 **This appropriation is from the federal TANF**
 458.5 **fund.**

458.6 **Sec. 3. EFFECTIVE DATE.**

458.7 **Sections 1 and 2 are effective the day following final enactment.**

458.8 **ARTICLE 13**
 458.9 **APPROPRIATIONS**

458.10 **Section 1. HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

458.11 **The sums shown in the columns marked "Appropriations" are appropriated to the agencies**
 458.12 **and for the purposes specified in this article. The appropriations are from the general fund,**
 458.13 **or another named fund, and are available for the fiscal years indicated for each purpose.**
 458.14 **The figures "2022" and "2023" used in this article mean that the appropriations listed under**
 458.15 **them are available for the fiscal year ending June 30, 2022, or June 30, 2023, respectively.**
 458.16 **"The first year" is fiscal year 2022. "The second year" is fiscal year 2023. "The biennium"**
 458.17 **is fiscal years 2022 and 2023.**

458.18 **APPROPRIATIONS**

458.19 **Available for the Year**

458.20 **Ending June 30**

458.21 **2022** **2023**

458.22 **Sec. 2. COMMISSIONER OF HUMAN**
 458.23 **SERVICES**

458.24 **Subdivision 1. Total Appropriation** **\$ 8,945,179,000** **\$ 9,427,045,000**

458.25 **Appropriations by Fund**

	<u>2022</u>	<u>2023</u>
458.26		
458.27 <u>General</u>	<u>7,786,587,000</u>	<u>8,293,393,000</u>
458.28 <u>State Government</u>		
458.29 <u>Special Revenue</u>	<u>4,299,000</u>	<u>4,299,000</u>
458.30 <u>Health Care Access</u>	<u>867,214,000</u>	<u>845,520,000</u>
458.31 <u>Federal TANF</u>	<u>282,623,000</u>	<u>278,803,000</u>

459.1	<u>Lottery Prize</u>	<u>1,896,000</u>	<u>1,896,000</u>
459.2	<u>Opiate Epidemic</u>		
459.3	<u>Response</u>	<u>2,560,000</u>	<u>2,560,000</u>
459.4	<u>The amounts that may be spent for each</u>		
459.5	<u>purpose are specified in the following</u>		
459.6	<u>subdivisions.</u>		
459.7	<u>Subd. 2. TANF Maintenance of Effort</u>		
459.8	<u>(a) Nonfederal Expenditures.</u> <u>The</u>		
459.9	<u>commissioner shall ensure that sufficient</u>		
459.10	<u>qualified nonfederal expenditures are made</u>		
459.11	<u>each year to meet the state's maintenance of</u>		
459.12	<u>effort (MOE) requirements of the TANF block</u>		
459.13	<u>grant specified under Code of Federal</u>		
459.14	<u>Regulations, title 45, section 263.1. In order</u>		
459.15	<u>to meet these basic TANF/MOE requirements,</u>		
459.16	<u>the commissioner may report as TANF/MOE</u>		
459.17	<u>expenditures only nonfederal money expended</u>		
459.18	<u>for allowable activities listed in the following</u>		
459.19	<u>clauses:</u>		
459.20	<u>(1) MFIP cash, diversionary work program,</u>		
459.21	<u>and food assistance benefits under Minnesota</u>		
459.22	<u>Statutes, chapter 256J;</u>		
459.23	<u>(2) the child care assistance programs under</u>		
459.24	<u>Minnesota Statutes, sections 119B.03 and</u>		
459.25	<u>119B.05, and county child care administrative</u>		
459.26	<u>costs under Minnesota Statutes, section</u>		
459.27	<u>119B.15;</u>		
459.28	<u>(3) state and county MFIP administrative costs</u>		
459.29	<u>under Minnesota Statutes, chapters 256J and</u>		
459.30	<u>256K;</u>		
459.31	<u>(4) state, county, and tribal MFIP employment</u>		
459.32	<u>services under Minnesota Statutes, chapters</u>		
459.33	<u>256J and 256K;</u>		

460.1 (5) expenditures made on behalf of legal
460.2 noncitizen MFIP recipients who qualify for
460.3 the MinnesotaCare program under Minnesota
460.4 Statutes, chapter 256L;

460.5 (6) qualifying working family credit
460.6 expenditures under Minnesota Statutes, section
460.7 290.0671;

460.8 (7) qualifying Minnesota education credit
460.9 expenditures under Minnesota Statutes, section
460.10 290.0674; and

460.11 (8) qualifying Head Start expenditures under
460.12 Minnesota Statutes, section 119A.50.

460.13 **(b) Nonfederal Expenditures; Reporting.**
460.14 For the activities listed in paragraph (a),
460.15 clauses (2) to (8), the commissioner may
460.16 report only expenditures that are excluded
460.17 from the definition of assistance under Code
460.18 of Federal Regulations, title 45, section
460.19 260.31.

460.20 **(c) Certain Expenditures Required. The**
460.21 commissioner shall ensure that the MOE used
460.22 by the commissioner of management and
460.23 budget for the February and November
460.24 forecasts required under Minnesota Statutes,
460.25 section 16A.103, contains expenditures under
460.26 paragraph (a), clause (1), equal to at least 16
460.27 percent of the total required under Code of
460.28 Federal Regulations, title 45, section 263.1.

460.29 **(d) Limitation; Exceptions. The**
460.30 commissioner must not claim an amount of
460.31 TANF/MOE in excess of the 75 percent
460.32 standard in Code of Federal Regulations, title
460.33 45, section 263.1(a)(2), except:

461.1 (1) to the extent necessary to meet the 80
461.2 percent standard under Code of Federal
461.3 Regulations, title 45, section 263.1(a)(1), if it
461.4 is determined by the commissioner that the
461.5 state will not meet the TANF work
461.6 participation target rate for the current year;
461.7 (2) to provide any additional amounts under
461.8 Code of Federal Regulations, title 45, section
461.9 264.5, that relate to replacement of TANF
461.10 funds due to the operation of TANF penalties;
461.11 and
461.12 (3) to provide any additional amounts that may
461.13 contribute to avoiding or reducing TANF work
461.14 participation penalties through the operation
461.15 of the excess MOE provisions of Code of
461.16 Federal Regulations, title 45, section 261.43
461.17 (a)(2).

461.18 **(e) Supplemental Expenditures.** For the
461.19 purposes of paragraph (d), the commissioner
461.20 may supplement the MOE claim with working
461.21 family credit expenditures or other qualified
461.22 expenditures to the extent such expenditures
461.23 are otherwise available after considering the
461.24 expenditures allowed in this subdivision.

461.25 **(f) Reduction of Appropriations; Exception.**
461.26 The requirement in Minnesota Statutes, section
461.27 256.011, subdivision 3, that federal grants or
461.28 aids secured or obtained under that subdivision
461.29 be used to reduce any direct appropriations
461.30 provided by law, does not apply if the grants
461.31 or aids are federal TANF funds.

461.32 **(g) IT Appropriations Generally.** This
461.33 appropriation includes funds for information
461.34 technology projects, services, and support.

462.1 Notwithstanding Minnesota Statutes, section
462.2 16E.0466, funding for information technology
462.3 project costs shall be incorporated into the
462.4 service level agreement and paid to the Office
462.5 of MN.IT Services by the Department of
462.6 Human Services under the rates and
462.7 mechanism specified in that agreement.

462.8 **(h) Receipts for Systems Project.**
462.9 Appropriations and federal receipts for
462.10 information systems projects for MAXIS,
462.11 PRISM, MMIS, ISDS, METS, and SSIS must
462.12 be deposited in the state systems account
462.13 authorized in Minnesota Statutes, section
462.14 256.014. Money appropriated for computer
462.15 projects approved by the commissioner of the
462.16 Office of MN.IT Services, funded by the
462.17 legislature, and approved by the commissioner
462.18 of management and budget may be transferred
462.19 from one project to another and from
462.20 development to operations as the
462.21 commissioner of human services considers
462.22 necessary. Any unexpended balance in the
462.23 appropriation for these projects does not
462.24 cancel and is available for ongoing
462.25 development and operations.

462.26 **(i) Federal SNAP Education and Training**
462.27 **Grants.** Federal funds available during fiscal
462.28 years 2022 and 2023 for Supplemental
462.29 Nutrition Assistance Program Education and
462.30 Training and SNAP Quality Control
462.31 Performance Bonus grants are appropriated
462.32 to the commissioner of human services for the
462.33 purposes allowable under the terms of the
462.34 federal award. This paragraph is effective the
462.35 day following final enactment.

463.1 **Subd. 3. Information Technology**463.2 **(a) IT Appropriations Generally. This**463.3 appropriation includes funds for information463.4 technology projects, services, and support.463.5 Notwithstanding Minnesota Statutes, section463.6 16E.0466, funding for information technology463.7 project costs shall be incorporated into the463.8 service level agreement and paid to the Office463.9 of MN.IT Services by the Department of463.10 Human Services under the rates and463.11 mechanism specified in that agreement.463.12 **(b) Receipts for Systems Project.**463.13 Appropriations and federal receipts for463.14 information systems projects for MAXIS,463.15 PRISM, MMIS, ISDS, METS, and SSIS must463.16 be deposited in the state systems account463.17 authorized in Minnesota Statutes, section463.18 256.014. Money appropriated for computer463.19 projects approved by the commissioner of the463.20 Office of MN.IT Services, funded by the463.21 legislature, and approved by the commissioner463.22 of management and budget may be transferred463.23 from one project to another and from463.24 development to operations as the463.25 commissioner of human services considers463.26 necessary. Any unexpended balance in the463.27 appropriation for these projects does not463.28 cancel and is available for ongoing463.29 development and operations.463.30 **Subd. 4. Central Office; Operations**463.31 Appropriations by Fund463.32 General 174,084,000 167,528,000463.33 State Government463.34 Special Revenue 4,174,000 4,174,000

464.1	<u>Health Care Access</u>	<u>16,966,000</u>	<u>16,966,000</u>
464.2	<u>Federal TANF</u>	<u>100,000</u>	<u>100,000</u>

464.3 **(a) Administrative Recovery; Set-Aside. The**
464.4 **commissioner may invoice local entities**
464.5 **through the SWIFT accounting system as an**
464.6 **alternative means to recover the actual cost of**
464.7 **administering the following provisions:**

464.8 **(1) Minnesota Statutes, section 125A.744,**
464.9 **subdivision 3;**

464.10 **(2) Minnesota Statutes, section 245.495,**
464.11 **paragraph (b);**

464.12 **(3) Minnesota Statutes, section 256B.0625,**
464.13 **subdivision 20, paragraph (k);**

464.14 **(4) Minnesota Statutes, section 256B.0924,**
464.15 **subdivision 6, paragraph (g);**

464.16 **(5) Minnesota Statutes, section 256B.0945,**
464.17 **subdivision 4, paragraph (d); and**

464.18 **(6) Minnesota Statutes, section 256F.10,**
464.19 **subdivision 6, paragraph (b).**

464.20 **(b) Background Studies. (1) \$2,074,000 in**
464.21 **fiscal year 2022 is from the general fund to**
464.22 **provide a credit to providers who paid for**
464.23 **emergency background studies in NETStudy**
464.24 **2.0.**

464.25 **(2) \$2,061,000 in fiscal year 2022 is from the**
464.26 **general fund to cover the costs of reprocessing**
464.27 **emergency studies conducted under**
464.28 **interagency agreements with other agencies.**

464.29 **(c) Personal Care Assistance Compensation**
464.30 **for Services Provided by a Parent or**
464.31 **Spouse. \$349,000 in fiscal year 2022 is from**
464.32 **the general fund for compensation for personal**
464.33 **care assistance services provided by a parent**

465.1 or spouse under Laws 2020, Fifth Special
 465.2 Session chapter 3, article 10, section 3, as
 465.3 amended.

465.4 **(d) Family Foster Setting Background**
 465.5 **Studies.** \$338,000 in fiscal year 2022 and
 465.6 \$349,000 in fiscal year 2023 are from the
 465.7 general fund for costs related to implementing
 465.8 and administering licensed family foster
 465.9 setting background study requirements.

465.10 **(e) Cultural and Ethnic Communities**
 465.11 **Leadership Council.** \$18,000 in fiscal year
 465.12 2022 and \$62,000 in fiscal year 2023 are from
 465.13 the general fund for the Cultural and Ethnic
 465.14 Communities Leadership Council.

465.15 **(f) Base Level Adjustment.** The general fund
 465.16 base is \$162,024,000 in fiscal year 2024 and
 465.17 \$162,255,000 in fiscal year 2025.

465.18 **Subd. 5. Central Office; Children and Families**

	<u>Appropriations by Fund</u>	
465.19		
465.20	<u>General</u>	<u>18,435,000</u> <u>18,402,000</u>
465.21	<u>Federal TANF</u>	<u>2,582,000</u> <u>2,582,000</u>

465.22 **(a) Financial Institution Data Match and**
 465.23 **Payment of Fees.** The commissioner is
 465.24 authorized to allocate up to \$310,000 each
 465.25 year in fiscal year 2022 and fiscal year 2023
 465.26 from the systems special revenue account to
 465.27 make payments to financial institutions in
 465.28 exchange for performing data matches
 465.29 between account information held by financial
 465.30 institutions and the public authority's database
 465.31 of child support obligors as authorized by
 465.32 Minnesota Statutes, section 13B.06,
 465.33 subdivision 7.

466.1 (b) Base Level Adjustment. The general fund
 466.2 base is \$18,692,000 in fiscal year 2024 and
 466.3 \$18,692,000 in fiscal year 2025.

466.4 Subd. 6. Central Office; Health Care

466.5 Appropriations by Fund

466.6	<u>General</u>	<u>25,546,000</u>	<u>23,557,000</u>
466.7	<u>Health Care Access</u>	<u>28,168,000</u>	<u>28,168,000</u>

466.8 (a) Case Management Benefit Study for
 466.9 American Indians. \$200,000 in fiscal year
 466.10 2022 is from the general fund for a contract
 466.11 to conduct fiscal analysis and development of
 466.12 standards for a targeted case management
 466.13 benefit for American Indians. The
 466.14 commissioner of human services must consult
 466.15 the Minnesota Indian Affairs Council in the
 466.16 development of any request for proposal and
 466.17 in the evaluation of responses. This is a
 466.18 onetime appropriation. Any unencumbered
 466.19 balance remaining from the first year does not
 466.20 cancel and is available for the second year of
 466.21 the biennium.

466.22 (b) Integrated Care for High-Risk Pregnant
 466.23 Women Grant Program. \$106,000 in fiscal
 466.24 year 2022 and \$122,000 in fiscal year 2023
 466.25 are from the general fund for administration
 466.26 of the integrated care for high-risk pregnant
 466.27 women grant program under Minnesota
 466.28 Statutes, section 256B.79.

466.29 (c) Studies on Health Care Delivery.
 466.30 \$700,000 in fiscal year 2022 and \$300,000 in
 466.31 fiscal year 2023 are from the general fund for
 466.32 the commissioner of human services to
 466.33 develop a legislative proposal for a public
 466.34 option program and to compare and report to
 466.35 the legislature on delivery and payment system

467.1 models to deliver services to MinnesotaCare
 467.2 enrollees and certain medical assistance
 467.3 enrollees.

467.4 (d) Base Level Adjustment. The general fund
 467.5 base is \$24,036,000 in fiscal year 2024 and
 467.6 \$24,004,000 in fiscal year 2025.

467.7 Subd. 7. Central Office; Continuing Care for
 467.8 Older Adults

467.9	<u>Appropriations by Fund</u>		
467.10	<u>General</u>	<u>18,873,000</u>	<u>18,786,000</u>
467.11	<u>State Government</u>		
467.12	<u>Special Revenue</u>	<u>125,000</u>	<u>125,000</u>

467.13 (a) Assisted Living Survey. \$2,593,000 in
 467.14 fiscal year 2022 and \$2,593,000 in fiscal year
 467.15 2023 are from the general fund for
 467.16 development and administration of a resident
 467.17 experience survey and family survey for all
 467.18 assisted living facilities according to
 467.19 Minnesota Statutes, section 256B.439,
 467.20 subdivision 3c. These appropriations are
 467.21 available in either year of the biennium.

467.22 (b) Base Level Adjustment. The general fund
 467.23 base is \$18,830,000 in fiscal year 2024 and
 467.24 \$18,900,000 in fiscal year 2025.

467.25 Subd. 8. Central Office; Community Supports

467.26	<u>Appropriations by Fund</u>		
467.27	<u>General</u>	<u>35,653,000</u>	<u>35,223,000</u>
467.28	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>
467.29	<u>Opioid Epidemic</u>		
467.30	<u>Response</u>	<u>60,000</u>	<u>60,000</u>

467.31 (a) Study of Self Directed Tiered Wage
 467.32 Structure. \$25,000 in fiscal year 2022 is from
 467.33 the general fund for a study of the feasibility
 467.34 of a tiered wage structure for individual
 467.35 providers. This is a onetime appropriation.

468.1 This appropriation is available only if the labor
468.2 agreement between the state of Minnesota and
468.3 the Service Employees International Union
468.4 Healthcare Minnesota under Minnesota
468.5 Statutes, section 179A.54, is approved under
468.6 Minnesota Statutes, section 3.855.

468.7 **(b) Substance Use Disorder Treatment**
468.8 **Paperwork Reduction.** \$200,000 in fiscal
468.9 year 2022 and \$118,000 in fiscal year 2023
468.10 are from the general fund for a contract with
468.11 a vendor to develop, assess, and recommend
468.12 systems improvements to minimize regulatory
468.13 paperwork and improve systems for licensed
468.14 substance use disorder programs. This is a
468.15 onetime appropriation.

468.16 **(c) Case Management and Substance Use**
468.17 **Disorder Treatment Rate Methodology**
468.18 **Analysis.** \$500,000 in fiscal year 2022 and
468.19 \$200,000 in fiscal year 2023 are from the
468.20 general fund for the fiscal analysis needed to
468.21 establish federally compliant payment
468.22 methodologies for all medical
468.23 assistance-funded case management services,
468.24 including substance use disorder treatment
468.25 rates. This is a onetime appropriation.

468.26 **(d) Substance Use Disorder Community of**
468.27 **Practice.** \$250,000 in fiscal year 2022 and
468.28 \$250,000 in fiscal year 2023 are from the
468.29 general fund for the commissioner of human
468.30 services to establish and administer the
468.31 substance use disorder community of practice,
468.32 including providing compensation for
468.33 community of practice participants.

468.34 **(e) Sober Housing Program**
468.35 **Recommendations Development.** \$90,000

469.1 in fiscal year 2022 is from the general fund
 469.2 for developing recommendations related to
 469.3 sober housing programs and completing and
 469.4 submitting a report on the recommendations
 469.5 to the legislature.

469.6 **(f) Base Level Adjustment.** The general fund
 469.7 base is \$34,634,000 in fiscal year 2024 and
 469.8 \$34,666,000 in fiscal year 2025. The opiate
 469.9 epidemic response fund base is \$60,000 in
 469.10 fiscal year 2024 and \$0 in fiscal year 2025.

469.11 **Subd. 9. Forecasted Programs; MFIP/DWP**

	<u>Appropriations by Fund</u>	
469.12		
469.13	<u>General</u>	<u>92,588,000</u> <u>91,668,000</u>
469.14	<u>Federal TANF</u>	<u>104,285,000</u> <u>104,410,000</u>

469.15 **Subd. 10. Forecasted Programs; MFIP Child**
 469.16 **Care Assistance.**

146,000 569,000

469.17 **Subd. 11. Forecasted Programs; General**
 469.18 **Assistance.**

53,574,000 52,835,000

469.19 **(a) General Assistance Standard.** The
 469.20 commissioner shall set the monthly standard
 469.21 of assistance for general assistance units
 469.22 consisting of an adult recipient who is
 469.23 childless and unmarried or living apart from
 469.24 parents or a legal guardian at \$203. The
 469.25 commissioner may reduce this amount
 469.26 according to Laws 1997, chapter 85, article 3,
 469.27 section 54.

469.28 **(b) Emergency General Assistance Limit.**

469.29 The amount appropriated for emergency
 469.30 general assistance is limited to no more than
 469.31 \$6,729,812 in fiscal year 2022 and \$6,729,812
 469.32 in fiscal year 2023. Funds to counties shall be
 469.33 allocated by the commissioner using the
 469.34 allocation method under Minnesota Statutes,
 469.35 section 256D.06.

470.1	<u>Subd. 12. Forecasted Programs; Minnesota</u>		
470.2	<u>Supplemental Aid</u>	<u>51,779,000</u>	<u>52,486,000</u>
470.3	<u>Subd. 13. Forecasted Programs; Housing</u>		
470.4	<u>Support</u>	<u>184,005,000</u>	<u>191,966,000</u>
470.5	<u>Subd. 14. Forecasted Programs; Northstar Care</u>		
470.6	<u>for Children</u>	<u>110,583,000</u>	<u>121,246,000</u>
470.7	<u>Subd. 15. Forecasted Programs; MinnesotaCare</u>	<u>207,437,000</u>	<u>184,822,000</u>
470.8	<u>Generally.</u> This appropriation is from the		
470.9	<u>health care access fund.</u>		
470.10	<u>Subd. 16. Forecasted Programs; Medical</u>		
470.11	<u>Assistance</u>		
470.12	<u>Appropriations by Fund</u>		
470.13	<u>General</u>	<u>6,058,941,000</u>	<u>6,561,264,000</u>
470.14	<u>Health Care Access</u>	<u>611,178,000</u>	<u>612,099,000</u>
470.15	<u>Behavioral Health Services.</u> \$1,000,000 in		
470.16	<u>fiscal year 2022 and \$1,000,000 in fiscal year</u>		
470.17	<u>2023 are for behavioral health services</u>		
470.18	<u>provided by hospitals identified under</u>		
470.19	<u>Minnesota Statutes, section 256.969,</u>		
470.20	<u>subdivision 2b, paragraph (a), clause (4). The</u>		
470.21	<u>increase in payments shall be made by</u>		
470.22	<u>increasing the adjustment under Minnesota</u>		
470.23	<u>Statutes, section 256.969, subdivision 2b,</u>		
470.24	<u>paragraph (e), clause (2).</u>		
470.25	<u>Subd. 17. Forecasted Programs; Alternative</u>		
470.26	<u>Care</u>	<u>45,669,000</u>	<u>45,656,000</u>
470.27	<u>Alternative Care Transfer.</u> Any money		
470.28	<u>allocated to the alternative care program that</u>		
470.29	<u>is not spent for the purposes indicated does</u>		
470.30	<u>not cancel but must be transferred to the</u>		
470.31	<u>medical assistance account.</u>		
470.32	<u>Subd. 18. Forecasted Programs; Behavioral</u>		
470.33	<u>Health Fund</u>	<u>132,377,000</u>	<u>116,706,000</u>
470.34	<u>(a) Grants to Tribal Governments.</u>		
470.35	<u>\$28,873,377 in fiscal year 2022 is from the</u>		

471.1 general fund to satisfy the value of
 471.2 overpayments owed by the Leech Lake Band
 471.3 of Ojibwe and White Earth Band of Chippewa
 471.4 to repay overpayments for medication-assisted
 471.5 treatment services between fiscal year 2014
 471.6 and fiscal year 2019. The grant to the Leech
 471.7 Lake Band of Ojibwe shall be \$14,666,122
 471.8 and the grant to the White Earth Band of
 471.9 Chippewa shall be \$14,207,215. This is a
 471.10 onetime appropriation.

471.11 **(b) Institutions for Mental Disease**
 471.12 **Payments.** \$8,328,000 in fiscal year 2022 is
 471.13 from the general fund for the commissioner
 471.14 of human services to reimburse counties for
 471.15 the amount identified by the commissioner for
 471.16 the statewide county share of costs for which
 471.17 federal funds were claimed, but were not
 471.18 eligible for federal funding for substance use
 471.19 disorder services provided in institutions for
 471.20 mental disease, for claims paid between
 471.21 January 1, 2014, and June 30, 2019. The
 471.22 commissioner of human services shall allocate
 471.23 this appropriation between counties in the
 471.24 amount identified by the department that is
 471.25 owed by each county. Prior to a county
 471.26 receiving reimbursement, the county must pay
 471.27 in full any unpaid consolidated chemical
 471.28 dependency treatment fund invoiced county
 471.29 share. This is a onetime appropriation.

471.30 **Subd. 19. Grant Programs; Support Services**
 471.31 **Grants**

471.32	<u>Appropriations by Fund</u>	
471.33	<u>General</u>	<u>8,715,000</u> <u>8,715,000</u>
471.34	<u>Federal TANF</u>	<u>96,312,000</u> <u>96,311,000</u>

472.1	<u>Subd. 20. Grant Programs; BSF Child Care</u>		
472.2	<u>Grants.</u>	(17,000)	(23,000)
472.3	<u>Subd. 21. Grant Programs; Child Support</u>		
472.4	<u>Enforcement Grants</u>	50,000	50,000
472.5	<u>Subd. 22. Grant Programs; Children's Services</u>		
472.6	<u>Grants</u>		
472.7	<u>Appropriations by Fund</u>		
472.8	<u>General</u>	52,133,000	51,848,000
472.9	<u>Federal TANF</u>	140,000	140,000
472.10	<u>(a) Title IV-E Adoption Assistance. (1) The</u>		
472.11	<u>commissioner shall allocate funds from the</u>		
472.12	<u>Title IV-E reimbursement to the state from</u>		
472.13	<u>the Fostering Connections to Success and</u>		
472.14	<u>Increasing Adoptions Act for adoptive, foster,</u>		
472.15	<u>and kinship families as required in Minnesota</u>		
472.16	<u>Statutes, section 256N.261.</u>		
472.17	<u>(2) Additional federal reimbursement to the</u>		
472.18	<u>state as a result of the Fostering Connections</u>		
472.19	<u>to Success and Increasing Adoptions Act's</u>		
472.20	<u>expanded eligibility for title IV-E adoption</u>		
472.21	<u>assistance is for postadoption, foster care,</u>		
472.22	<u>adoption, and kinship services, including a</u>		
472.23	<u>parent-to-parent support network.</u>		
472.24	<u>(b) Indian Child Welfare Training.</u>		
472.25	<u>\$1,012,000 in fiscal year 2022 and \$993,000</u>		
472.26	<u>in fiscal year 2023 are from the general fund</u>		
472.27	<u>for the establishment and operation of the</u>		
472.28	<u>Tribal Training and Certification Partnership</u>		
472.29	<u>at the University of Minnesota-Duluth to</u>		
472.30	<u>provide training, establish federal Indian Child</u>		
472.31	<u>Welfare Act and Minnesota Family</u>		
472.32	<u>Preservation Act training requirements for</u>		
472.33	<u>county child welfare workers, and develop</u>		
472.34	<u>Indigenous child welfare training for American</u>		
472.35	<u>Indian Tribes. The base for this appropriation</u>		

473.1 is \$1,053,000 in fiscal year 2024 and

473.2 \$1,053,000 in fiscal year 2025.

473.3 **(c) Parent Support for Better Outcomes**

473.4 **Grants. \$150,000 in fiscal year 2022 and**

473.5 **\$150,000 in fiscal year 2023 are from the**

473.6 **general fund for grants to Minnesota One-Stop**

473.7 **for Communities to provide mentoring,**

473.8 **guidance, and support services to parents**

473.9 **navigating the child welfare system in**

473.10 **Minnesota, in order to promote the**

473.11 **development of safe, stable, and healthy**

473.12 **families. Grant money may be used for parent**

473.13 **mentoring, peer-to-peer support groups,**

473.14 **housing support services, training, staffing,**

473.15 **and administrative costs.**

473.16 **Subd. 23. Grant Programs; Children and**

473.17 **Community Service Grants**

60,251,000

60,856,000

473.18 **Subd. 24. Grant Programs; Children and**

473.19 **Economic Support Grants**

34,240,000

34,240,000

473.20 **(a) Minnesota Food Assistance Program.**

473.21 **Unexpended funds for the Minnesota food**

473.22 **assistance program for fiscal year 2022 do not**

473.23 **cancel but are available for this purpose in**

473.24 **fiscal year 2023.**

473.25 **(b) Emergency Shelters. \$2,500,000 in fiscal**

473.26 **year 2022 and \$2,500,000 in fiscal year 2023**

473.27 **are for short-term housing facilities to increase**

473.28 **the supply and improve the condition of**

473.29 **shelters for individuals and families without**

473.30 **a permanent residence. The commissioner**

473.31 **shall ensure that a portion of the funds are**

473.32 **expended to provide for short-term housing**

473.33 **facilities for tribes and shall ensure equitable**

473.34 **geographic distribution of funds. This**

473.35 **appropriation is available until June 30, 2026.**

474.1 (c) Emergency Services Grants. \$9,000,000
 474.2 in fiscal year 2022 and \$9,000,000 in fiscal
 474.3 year 2023 are to provide emergency services
 474.4 grants under Minnesota Statutes, section
 474.5 256E.36.

474.6 Subd. 25. Grant Programs; Health Care Grants

474.7 Appropriations by Fund

474.8 General 4,811,000 4,811,000

474.9 Health Care Access 3,465,000 3,465,000

474.10 Integrated Care for High Risk Pregnancies

474.11 Initiative. \$1,100,000 in fiscal year 2022 and

474.12 \$1,100,000 in fiscal year 2023 are from the

474.13 general fund for the commissioner of human

474.14 services to enter into a contract with the

474.15 Integrated Care for High Risk Pregnancies

474.16 (ICHRP) initiative to provide support to the

474.17 integrated care for high-risk pregnant women

474.18 grant program under Minnesota Statutes,

474.19 section 256B.79.

474.20 Subd. 26. Grant Programs; Other Long-Term

474.21 Care Grants 1,925,000 1,925,000

474.22 Subd. 27. Grant Programs; Aging and Adult

474.23 Services Grants 32,495,000 32,495,000

474.24 Subd. 28. Grant Programs; Deaf and

474.25 Hard-of-Hearing Grants 2,886,000 2,886,000

474.26 Subd. 29. Grant Programs; Disabilities Grants

20,251,000 18,863,000

474.27 Training Stipends for Direct Support

474.28 Services Providers. \$1,000,000 in fiscal year

474.29 2022 is from the general fund for stipends for

474.30 individual providers of direct support services

474.31 as defined in Minnesota Statutes, section

474.32 256B.0711, subdivision 1. These stipends are

474.33 available to individual providers who have

474.34 completed designated voluntary trainings

474.35 made available through the State-Provider

475.1 Cooperation Committee formed by the State
 475.2 of Minnesota and the Service Employees
 475.3 International Union Healthcare Minnesota.
 475.4 Any unspent appropriation in fiscal year 2022
 475.5 is available in fiscal year 2023. This is a
 475.6 onetime appropriation. This appropriation is
 475.7 available only if the labor agreement between
 475.8 the state of Minnesota and the Service
 475.9 Employees International Union Healthcare
 475.10 Minnesota under Minnesota Statutes, section
 475.11 179A.54, is approved under Minnesota
 475.12 Statutes, section 3.855.

475.13 **Subd. 30. Grant Programs; Housing Support**
 475.14 **Grants**

11,364,000

11,364,000

475.15 **Long-Term Homeless Supportive Services.**
 475.16 \$1,000,000 in fiscal year 2022 and \$1,000,000
 475.17 in fiscal year 2023 are for long-term homeless
 475.18 supportive services under Minnesota Statutes,
 475.19 section 256K.26.

475.20 **Subd. 31. Grant Programs; Adult Mental Health**
 475.21 **Grants**

475.22	<u>Appropriations by Fund</u>	
475.23 <u>General</u>	<u>84,073,000</u>	<u>84,074,000</u>
475.24 <u>Opiate Epidemic</u>		
475.25 <u>Response</u>	<u>2,000,000</u>	<u>2,000,000</u>

475.26 **(a) Culturally and Linguistically**
 475.27 **Appropriate Services Implementation**
 475.28 **Grants.** \$750,000 in fiscal year 2022 and
 475.29 \$750,000 in fiscal year 2023 are from the
 475.30 general fund for grants to substance use
 475.31 disorder treatment providers to implement
 475.32 culturally and linguistically appropriate
 475.33 services standards, according to the
 475.34 implementation and transition plan developed
 475.35 by the commissioner. This is a onetime
 475.36 appropriation.

476.1 (b) Base Level Adjustment. The general fund
 476.2 base is \$82,324,000 in fiscal year 2024 and
 476.3 \$82,324,000 in fiscal year 2025. The opiate
 476.4 epidemic response fund base is \$2,000,000 in
 476.5 fiscal year 2024 and \$0 in fiscal year 2025.

476.6 Subd. 32. Grant Programs; Child Mental Health
 476.7 Grants

28,703,000

28,703,000

476.8 Base Level Adjustment. The general fund
 476.9 base is \$28,726,000 in fiscal year 2024 and
 476.10 \$28,726,000 in fiscal year 2025.

476.11 Subd. 33. Grant Programs; Chemical
 476.12 Dependency Treatment Support Grants

476.13 Appropriations by Fund

476.14 General 2,809,000 2,806,000

476.15 Lottery Prize 1,733,000 1,733,000

476.16 Opiate Epidemic

476.17 Response 500,000 500,000

476.18 (a) Problem Gambling. \$225,000 in fiscal
 476.19 year 2022 and \$225,000 in fiscal year 2023
 476.20 are from the lottery prize fund for a grant to
 476.21 the state affiliate recognized by the National
 476.22 Council on Problem Gambling. The affiliate
 476.23 must provide services to increase public
 476.24 awareness of problem gambling, education,
 476.25 and training for individuals and organizations
 476.26 providing effective treatment services to
 476.27 problem gamblers and their families, and
 476.28 research related to problem gambling.

476.29 (b) Recovery Community Organization
 476.30 Grants. \$536,000 in fiscal year 2022 and
 476.31 \$532,000 in fiscal year 2023 are from the
 476.32 general fund for grants to recovery community
 476.33 organizations, as defined in Minnesota
 476.34 Statutes, section 254B.01, subdivision 8, to
 476.35 provide for costs and community-based peer

477.1 recovery support services that are not
 477.2 otherwise eligible for reimbursement under
 477.3 Minnesota Statutes, section 254B.05, as part
 477.4 of the continuum of care for substance use
 477.5 disorders.

477.6 (c) **Base Level Adjustment.** The general fund
 477.7 base is \$2,636,000 in fiscal year 2024 and
 477.8 \$2,636,000 in fiscal year 2025. The opiate
 477.9 epidemic response fund base is \$500,000 in
 477.10 fiscal year 2024 and \$0 in fiscal year 2025.

477.11 Subd. 34. **Direct Care and Treatment -**
 477.12 **Generally**

477.13 **Transfer Authority.** Money appropriated to
 477.14 budget activities under this subdivision and
 477.15 subdivisions 33 to 37, may be transferred
 477.16 between budget activities and between years
 477.17 of the biennium with the approval of the
 477.18 commissioner of management and budget.

477.19 Subd. 35. **Direct Care and Treatment - Mental**
 477.20 **Health and Substance Abuse**

139,946,000

144,103,000

477.21 (a) **Transfer Authority.** Money appropriated
 477.22 to support the continued operations of the
 477.23 Community Addiction Recovery Enterprise
 477.24 (C.A.R.E.) program may be transferred to the
 477.25 enterprise fund for C.A.R.E.

477.26 (b) **Operating Adjustment.** \$2,307,000 in
 477.27 fiscal year 2022 and \$2,453,000 in fiscal year
 477.28 2023 are for the Community Addiction
 477.29 Recovery Enterprise program. The
 477.30 commissioner may transfer \$2,307,000 in
 477.31 fiscal year 2022 and \$2,453,000 in fiscal year
 477.32 2023 to the enterprise fund for Community
 477.33 Addiction Recovery Enterprise.

477.34 Subd. 36. **Direct Care and Treatment -**
 477.35 **Community-Based Services**

18,771,000

19,752,000

478.1 (a) **Transfer Authority.** Money appropriated
 478.2 to support the continued operations of the
 478.3 Minnesota State Operated Community
 478.4 Services (MSOCS) program may be
 478.5 transferred to the enterprise fund for MSOCS.

478.6 (b) **Operating Adjustment.** \$1,519,000 in
 478.7 fiscal year 2022 and \$2,541,000 in fiscal year
 478.8 2023 are for the Minnesota State Operated
 478.9 Community Services program. The
 478.10 commissioner may transfer \$1,519,000 in
 478.11 fiscal year 2022 and \$2,541,000 in fiscal year
 478.12 2023 to the enterprise fund for Minnesota State
 478.13 Operated Community Services.

478.14 <u>Subd. 37. Direct Care and Treatment - Forensic</u>		
478.15 <u>Services</u>	<u>119,854,000</u>	<u>122,206,000</u>

478.16 <u>Subd. 38. Direct Care and Treatment - Sex</u>		
478.17 <u>Offender Program</u>	<u>97,570,000</u>	<u>99,917,000</u>

478.18 **Transfer Authority.** Money appropriated for
 478.19 the Minnesota sex offender program may be
 478.20 transferred between fiscal years of the
 478.21 biennium with the approval of the
 478.22 commissioner of management and budget.

478.23 <u>Subd. 39. Direct Care and Treatment -</u>		
478.24 <u>Operations</u>	<u>63,504,000</u>	<u>65,910,000</u>

478.25 <u>Subd. 40. Technical Activities</u>		
	<u>79,204,000</u>	<u>78,260,000</u>

478.26 (a) **Generally.** This appropriation is from the
 478.27 federal TANF fund.

478.28 (b) **Base Level Adjustment.** The TANF fund
 478.29 base is \$71,493,000 in fiscal year 2024 and
 478.30 \$71,493,000 in fiscal year 2025.

478.31 Sec. 3. **COMMISSIONER OF HEALTH**

478.32 <u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>255,530,000</u>	<u>\$</u>	<u>251,781,000</u>
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478.33 <u>Appropriations by Fund</u>		
478.34 <u>2022</u>	<u>2023</u>	

479.1	<u>General</u>	<u>152,494,000</u>	<u>150,454,000</u>
479.2	<u>State Government</u>		
479.3	<u>Special Revenue</u>	<u>54,465,000</u>	<u>53,356,000</u>
479.4	<u>Health Care Access</u>	<u>36,858,000</u>	<u>36,258,000</u>
479.5	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>

479.6 The amounts that may be spent for each
 479.7 purpose are specified in the following
 479.8 subdivisions.

479.9 Subd. 2. **Health Improvement**

479.10	<u>Appropriations by Fund</u>		
479.11	<u>General</u>	<u>114,297,000</u>	<u>112,692,000</u>
479.12	<u>State Government</u>		
479.13	<u>Special Revenue</u>	<u>9,103,000</u>	<u>7,777,000</u>
479.14	<u>Health Care Access</u>	<u>36,858,000</u>	<u>36,258,000</u>
479.15	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>

479.16 (a) **TANF Appropriations.** (1) \$3,579,000 in
 479.17 fiscal year 2022 and \$3,579,000 in fiscal year
 479.18 2023 are from the TANF fund for home
 479.19 visiting and nutritional services listed under
 479.20 Minnesota Statutes, section 145.882,
 479.21 subdivision 7, clauses (6) and (7). Funds must
 479.22 be distributed to community health boards
 479.23 according to Minnesota Statutes, section
 479.24 145A.131, subdivision 1;

479.25 (2) \$2,000,000 in fiscal year 2022 and
 479.26 \$2,000,000 in fiscal year 2023 are from the
 479.27 TANF fund for decreasing racial and ethnic
 479.28 disparities in infant mortality rates under
 479.29 Minnesota Statutes, section 145.928,
 479.30 subdivision 7;

479.31 (3) \$4,978,000 in fiscal year 2022 and
 479.32 \$4,978,000 in fiscal year 2023 are from the
 479.33 TANF fund for the family home visiting grant
 479.34 program according to Minnesota Statutes,
 479.35 section 145A.17. \$4,000,000 of the funding

480.1 in each fiscal year must be distributed to
480.2 community health boards according to
480.3 Minnesota Statutes, section 145A.131,
480.4 subdivision 1. \$978,000 of the funding in each
480.5 fiscal year must be distributed to tribal
480.6 governments according to Minnesota Statutes,
480.7 section 145A.14, subdivision 2a;
480.8 (4) \$1,156,000 in fiscal year 2022 and
480.9 \$1,156,000 in fiscal year 2023 are from the
480.10 TANF fund for family planning grants under
480.11 Minnesota Statutes, section 145.925; and
480.12 (5) the commissioner may use up to 6.23
480.13 percent of the funds appropriated from the
480.14 TANF fund each fiscal year to conduct the
480.15 ongoing evaluations required under Minnesota
480.16 Statutes, section 145A.17, subdivision 7, and
480.17 training and technical assistance as required
480.18 under Minnesota Statutes, section 145A.17,
480.19 subdivisions 4 and 5.
480.20 **(b) TANF Carryforward.** Any unexpended
480.21 balance of the TANF appropriation in the first
480.22 year of the biennium does not cancel but is
480.23 available for the second year.
480.24 **(c) Maternal Morbidity and Death Studies.**
480.25 \$198,000 in fiscal year 2022 and \$198,000 in
480.26 fiscal year 2023 are from the general fund to
480.27 be used to conduct maternal morbidity and
480.28 death studies under Minnesota Statutes,
480.29 sections 145.901 and 145.9013.
480.30 **(d) Comprehensive Advanced Life Support**
480.31 **Educational Program.** \$100,000 in fiscal
480.32 year 2022 is from the general fund for the
480.33 comprehensive advanced life support

481.1 educational program under Minnesota Statutes,
481.2 section 144.6062.

481.3 **(e) Local Public Health Grants. \$2,978,000**
481.4 in fiscal year 2022 and \$2,978,000 in fiscal
481.5 year 2023 are from the general fund for local
481.6 public health grants under Minnesota Statutes,
481.7 section 145A.131. The base for this
481.8 appropriation is \$2,500,000 in fiscal year 2024
481.9 and \$2,500,000 in fiscal year 2025.

481.10 **(f) Public Health Infrastructure and Health**
481.11 **Equity and Outreach. \$5,000,000 in fiscal**
481.12 year 2022 and \$5,000,000 in fiscal year 2023
481.13 are from the general fund for purposes of
481.14 Minnesota Statutes, sections 144.067 to
481.15 144.069, and to build public health
481.16 infrastructure at the state and local levels to
481.17 address current and future public health
481.18 emergencies, conduct outreach to underserved
481.19 communities in the state experiencing health
481.20 disparities, and build systems at the state and
481.21 local levels with the goals of reducing and
481.22 eliminating health disparities in these
481.23 communities.

481.24 **(g) Mental Health Cultural Community**
481.25 **Continuing Education. \$500,000 in fiscal**
481.26 year 2022 and \$500,000 in fiscal year 2023
481.27 are from the general fund for the mental health
481.28 cultural community continuing education grant
481.29 program.

481.30 **(h) Health Professional Education Loan**
481.31 **Forgiveness Program. \$3,000,000 in fiscal**
481.32 year 2022 and \$3,000,000 in fiscal year 2023
481.33 are from the general fund for loan forgiveness
481.34 under the health professional education loan
481.35 forgiveness program under Minnesota Statutes,

482.1 section 144.1501, for individuals who: (1) are
482.2 eligible alcohol and drug counselors or eligible
482.3 mental health professionals, as defined in
482.4 Minnesota Statutes, section 144.1501,
482.5 subdivision 1; and (2) are Black, indigenous,
482.6 or people of color, or members of an
482.7 underrepresented community as defined in
482.8 Minnesota Statutes, section 148E.010,
482.9 subdivision 20. Loan forgiveness shall be
482.10 provided according to this paragraph
482.11 notwithstanding the priorities and distribution
482.12 requirements for loan forgiveness in
482.13 Minnesota Statutes, section 144.1501.

482.14 **(i) Birth Records; Homeless Youth. \$72,000**
482.15 **in fiscal year 2022 and \$32,000 in fiscal year**
482.16 **2023 are from the general fund for**
482.17 **administration and issuance of certified birth**
482.18 **records and statements of no vital record found**
482.19 **to homeless youth under Minnesota Statutes,**
482.20 **section 144.2255.**

482.21 **(j) Skin Lightening Products Public**
482.22 **Awareness and Education Grant Program.**
482.23 **\$100,000 in fiscal year 2022 and \$100,000 in**
482.24 **fiscal year 2023 are from the general fund for**
482.25 **a skin lightening products public awareness**
482.26 **and education grant program. This is a onetime**
482.27 **appropriation.**

482.28 **(k) Trauma-Informed Gun Violence**
482.29 **Reduction Pilot Program. \$100,000 in fiscal**
482.30 **year 2022 is from the general fund for the**
482.31 **trauma-informed gun violence reduction pilot**
482.32 **program.**

482.33 **(l) Home Visiting for Pregnant Women and**
482.34 **Families with Young Children. \$2,500,000**
482.35 **in fiscal year 2022 and \$2,500,000 in fiscal**

483.1 year 2023 are from the general fund for grants
483.2 for home visiting services under Minnesota
483.3 Statutes, section 145.87.

483.4 **(m) Supporting Healthy Development of**
483.5 **Babies During Pregnancy and Postpartum.**
483.6 \$279,000 in fiscal year 2022 and \$279,000 in
483.7 fiscal year 2023 are from the general fund for
483.8 a grant to the Amherst H. Wilder Foundation
483.9 for the African American Babies Coalition
483.10 initiative for community-driven training and
483.11 education on best practices to support healthy
483.12 development of babies during pregnancy and
483.13 postpartum. Grant funds must be used to build
483.14 capacity in, train, educate, or improve
483.15 practices among individuals, from youth to
483.16 elders, serving families with members who
483.17 are Black, indigenous, or people of color,
483.18 during pregnancy and postpartum. This is a
483.19 onetime appropriation. Any unexpended
483.20 balance in the first year of the biennium does
483.21 not cancel and is available in the second year
483.22 of the biennium.

483.23 **(n) Dignity in Pregnancy and Childbirth.**
483.24 \$1,695,000 in fiscal year 2022 and \$908,000
483.25 in fiscal year 2023 are from the general fund
483.26 for purposes of Minnesota Statutes, section
483.27 144.1461. Of this appropriation, \$845,000 in
483.28 fiscal year 2022 is for a grant to the University
483.29 of Minnesota School of Public Health's Center
483.30 for Antiracism Research for Health Equity, to
483.31 develop a model curriculum on anti-racism
483.32 and implicit bias for use by hospitals with
483.33 obstetric care and birth centers to provide
483.34 continuing education to staff caring for
483.35 pregnant or postpartum women. The model

484.1 curriculum must be evidence-based and must
 484.2 meet the criteria in Minnesota Statutes, section
 484.3 144.1461, subdivision 2, paragraph (a). The
 484.4 base for this appropriation is \$907,000 in fiscal
 484.5 year 2024 and \$860,000 in fiscal year 2025.

484.6 **(o) Recommendations to Expand Access to**
 484.7 **Data from the All-Payer Claims Database.**
 484.8 \$55,000 in fiscal year 2022 is from the general
 484.9 fund for the commissioner to develop
 484.10 recommendations to expand access to data
 484.11 from the all-payer claims database under
 484.12 Minnesota Statutes, section 62U.04, to
 484.13 additional outside entities for public health or
 484.14 research purposes.

484.15 **(p) Base Level Adjustments.** The general
 484.16 fund base is \$110,834,000 in fiscal year 2024
 484.17 and \$110,787,000 in fiscal year 2025. The
 484.18 state government special revenue fund base is
 484.19 \$7,777,000 in fiscal year 2024 and \$7,777,000
 484.20 in fiscal year 2025. The health care access
 484.21 fund base is \$36,858,000 in fiscal year 2024
 484.22 and \$36,258,000 in fiscal year 2025.

484.23 **Subd. 3. Health Protection**

484.24	<u>Appropriations by Fund</u>	
484.25	<u>General</u>	<u>26,627,000</u> <u>26,183,000</u>
484.26	<u>State Government</u>	
484.27	<u>Special Revenue</u>	<u>45,362,000</u> <u>45,579,000</u>

484.28 **(a) Lead Risk Assessments and Lead**
 484.29 **Orders.** \$1,530,000 in fiscal year 2022 and
 484.30 \$1,314,000 in fiscal year 2023 are from the
 484.31 general fund for implementation of the
 484.32 requirements for conducting lead risk
 484.33 assessments under Minnesota Statutes, section
 484.34 144.9504, subdivision 2, and for issuance of

485.1 lead orders under Minnesota Statutes, section
 485.2 144.9504, subdivision 5.

485.3 **(b) Hospital Closure or Curtailment of**
 485.4 **Operations.** \$10,000 in fiscal year 2022 and
 485.5 \$1,000 in fiscal year 2023 are from the general
 485.6 fund for purposes of Minnesota Statutes,
 485.7 section 144.555, subdivisions 1a, 1b, and 2.

485.8 **(c) Transfer; Public Health Response**
 485.9 **Contingency Account.** The commissioner
 485.10 shall transfer \$500,000 in fiscal year 2022
 485.11 from the general fund to the public health
 485.12 response contingency account established in
 485.13 Minnesota Statutes, section 144.4199. This is
 485.14 a onetime transfer.

485.15 **(d) Base Level Adjustments.** The general
 485.16 fund base is \$26,183,000 in fiscal year 2024
 485.17 and \$26,183,000 in fiscal year 2025. The state
 485.18 government special revenue fund base is
 485.19 \$45,579,000 in fiscal year 2024 and
 485.20 \$45,579,000 in fiscal year 2025.

485.21 <u>Subd. 4. Health Operations</u>	<u>11,570,000</u>	<u>11,579,000</u>
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485.22 Sec. 4. **HEALTH-RELATED BOARDS**

485.23 <u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>24,797,000</u>	<u>\$</u>	<u>24,314,000</u>
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485.24 Appropriations by Fund

485.25 <u>State Government</u>		
485.26 <u>Special Revenue</u>	<u>24,721,000</u>	<u>24,238,000</u>
485.27 <u>Health Care Access</u>	<u>76,000</u>	<u>76,000</u>

485.28 This appropriation is from the state
 485.29 government special revenue fund unless
 485.30 specified otherwise. The amounts that may be
 485.31 spent for each purpose are specified in the
 485.32 following subdivisions.

486.1	<u>Subd. 2. Board of Behavioral Health and</u>		
486.2	<u>Therapy</u>	<u>700,000</u>	<u>698,000</u>
486.3	<u>Subd. 3. Board of Chiropractic Examiners</u>	<u>611,000</u>	<u>611,000</u>
486.4	<u>Subd. 4. Board of Dentistry</u>	<u>4,223,000</u>	<u>3,748,000</u>
486.5	<u>(a) Administrative Services Unit - Operating</u>		
486.6	<u>Costs.</u> <u>Of this appropriation, \$2,738,000 in</u>		
486.7	<u>fiscal year 2022 and \$2,263,000 in fiscal year</u>		
486.8	<u>2023 are for operating costs of the</u>		
486.9	<u>administrative services unit. The</u>		
486.10	<u>administrative services unit may receive and</u>		
486.11	<u>expend reimbursements for services it</u>		
486.12	<u>performs for other agencies.</u>		
486.13	<u>(b) Administrative Services Unit - Volunteer</u>		
486.14	<u>Health Care Provider Program.</u> <u>Of this</u>		
486.15	<u>appropriation, \$150,000 in fiscal year 2022</u>		
486.16	<u>and \$150,000 in fiscal year 2023 are to pay</u>		
486.17	<u>for medical professional liability coverage</u>		
486.18	<u>required under Minnesota Statutes, section</u>		
486.19	<u>214.40.</u>		
486.20	<u>(c) Administrative Services Unit -</u>		
486.21	<u>Retirement Costs.</u> <u>Of this appropriation,</u>		
486.22	<u>\$475,000 in fiscal year 2022 is a onetime</u>		
486.23	<u>appropriation to the administrative services</u>		
486.24	<u>unit to pay for the retirement costs of</u>		
486.25	<u>health-related board employees. This funding</u>		
486.26	<u>may be transferred to the health board</u>		
486.27	<u>incurring retirement costs. Any board that has</u>		
486.28	<u>an unexpended balance for an amount</u>		
486.29	<u>transferred under this paragraph shall transfer</u>		
486.30	<u>the unexpended amount to the administrative</u>		
486.31	<u>services unit. These funds are available either</u>		
486.32	<u>year of the biennium.</u>		
486.33	<u>(d) Administrative Services Unit - Contested</u>		
486.34	<u>Cases and Other Legal Proceedings.</u> <u>Of this</u>		
486.35	<u>appropriation, \$200,000 in fiscal year 2022</u>		

487.1 and \$200,000 in fiscal year 2023 are for costs
 487.2 of contested case hearings and other
 487.3 unanticipated costs of legal proceedings
 487.4 involving health-related boards funded under
 487.5 this section. Upon certification by a
 487.6 health-related board to the administrative
 487.7 services unit that costs will be incurred and
 487.8 that there is insufficient money available to
 487.9 pay for the costs out of money currently
 487.10 available to that board, the administrative
 487.11 services unit is authorized to transfer money
 487.12 from this appropriation to the board for
 487.13 payment of those costs with the approval of
 487.14 the commissioner of management and budget.
 487.15 The commissioner of management and budget
 487.16 must require any board that has an unexpended
 487.17 balance for an amount transferred under this
 487.18 paragraph to transfer the unexpended amount
 487.19 to the administrative services unit to be
 487.20 deposited in the state government special
 487.21 revenue fund.

487.22	<u>Subd. 5. Board of Dietetics and Nutrition</u>		
487.23	<u>Practice</u>	<u>149,000</u>	<u>149,000</u>
487.24	<u>Subd. 6. Board of Executives for Long Term</u>		
487.25	<u>Services and Supports</u>	<u>368,000</u>	<u>310,000</u>
487.26	<u>Subd. 7. Board of Marriage and Family Therapy</u>	<u>395,000</u>	<u>393,000</u>
487.27	<u>Subd. 8. Board of Medical Practice</u>	<u>5,351,000</u>	<u>5,351,000</u>
487.28	<u>Health Professional Services Program. This</u>		
487.29	<u>appropriation includes \$1,002,000 in fiscal</u>		
487.30	<u>year 2022 and \$1,002,000 in fiscal year 2023</u>		
487.31	<u>for the health professional services program.</u>		
487.32	<u>Subd. 9. Board of Nursing</u>	<u>5,233,000</u>	<u>5,243,000</u>
487.33	<u>Subd. 10. Board of Occupational Therapy</u>		
487.34	<u>Practice</u>	<u>330,000</u>	<u>330,000</u>
487.35	<u>Subd. 11. Board of Optometry</u>	<u>191,000</u>	<u>191,000</u>

488.1	<u>Subd. 12. Board of Pharmacy</u>		<u>3,417,000</u>	<u>3,454,000</u>
488.2	<u>Appropriations by Fund</u>			
488.3	<u>State Government</u>			
488.4	<u>Special Revenue</u>	<u>3,341,000</u>	<u>3,378,000</u>	
488.5	<u>Health Care Access</u>	<u>76,000</u>	<u>76,000</u>	
488.6	<u>Base Level Adjustment. The health care</u>			
488.7	<u>access fund base is \$76,000 in fiscal year</u>			
488.8	<u>2024, \$38,000 in fiscal year 2025, and \$0 in</u>			
488.9	<u>fiscal year 2026.</u>			
488.10	<u>Subd. 13. Board of Physical Therapy</u>		<u>562,000</u>	<u>564,000</u>
488.11	<u>Subd. 14. Board of Podiatric Medicine</u>		<u>214,000</u>	<u>214,000</u>
488.12	<u>Subd. 15. Board of Psychology</u>		<u>1,275,000</u>	<u>1,273,000</u>
488.13	<u>Subd. 16. Board of Social Work</u>		<u>1,436,000</u>	<u>1,437,000</u>
488.14	<u>Subd. 17. Board of Veterinary Medicine</u>		<u>342,000</u>	<u>348,000</u>
488.15	<u>Sec. 5. EMERGENCY MEDICAL SERVICES</u>			
488.16	<u>REGULATORY BOARD</u>	<u>\$</u>	<u>3,803,000</u>	<u>\$ 3,829,000</u>
488.17	<u>(a) Cooper/Sams Volunteer Ambulance</u>			
488.18	<u>Program. \$950,000 in fiscal year 2022 and</u>			
488.19	<u>\$950,000 in fiscal year 2023 are for the</u>			
488.20	<u>Cooper/Sams volunteer ambulance program</u>			
488.21	<u>under Minnesota Statutes, section 144E.40.</u>			
488.22	<u>(1) Of this amount, \$861,000 in fiscal year</u>			
488.23	<u>2022 and \$861,000 in fiscal year 2023 are for</u>			
488.24	<u>the ambulance service personnel longevity</u>			
488.25	<u>award and incentive program under Minnesota</u>			
488.26	<u>Statutes, section 144E.40.</u>			
488.27	<u>(2) Of this amount, \$89,000 in fiscal year 2022</u>			
488.28	<u>and \$89,000 in fiscal year 2023 are for the</u>			
488.29	<u>operations of the ambulance service personnel</u>			
488.30	<u>longevity award and incentive program under</u>			
488.31	<u>Minnesota Statutes, section 144E.40.</u>			

489.1 (b) EMSRB Operations. \$1,880,000 in fiscal
 489.2 year 2022 and \$1,880,000 in fiscal year 2023
 489.3 are for board operations.

489.4 (c) Regional Grants. \$585,000 in fiscal year
 489.5 2022 and \$585,000 in fiscal year 2023 are for
 489.6 regional emergency medical services
 489.7 programs, to be distributed equally to the eight
 489.8 emergency medical service regions under
 489.9 Minnesota Statutes, section 144E.52.

489.10 (d) Ambulance Training Grant. \$361,000
 489.11 in fiscal year 2022 and \$361,000 in fiscal year
 489.12 2023 are for training grants under Minnesota
 489.13 Statutes, section 144E.35.

489.14 Sec. 6. COUNCIL ON DISABILITY \$ 1,022,000 \$ 1,038,000

489.15 Sec. 7. OMBUDSMAN FOR MENTAL
 489.16 HEALTH AND DEVELOPMENTAL
 489.17 DISABILITIES \$ 2,487,000 \$ 2,536,000

489.18 Department of Psychiatry Monitoring.
 489.19 \$100,000 in fiscal year 2022 and \$100,000 in
 489.20 fiscal year 2023 are for monitoring the
 489.21 Department of Psychiatry at the University of
 489.22 Minnesota.

489.23 Sec. 8. OMBUDSPERSONS FOR FAMILIES \$ 733,000 \$ 744,000

489.24 Sec. 9. Laws 2019, First Special Session chapter 9, article 14, section 3, as amended by
 489.25 Laws 2019, First Special Session chapter 12, section 6, is amended to read:

489.26 Sec. 3. **COMMISSIONER OF HEALTH**

489.27 **236,188,000**
 489.28 Subdivision 1. **Total Appropriation** \$ **231,829,000** \$ **233,584,000**

489.29 Appropriations by Fund

	2020	2021
		126,276,000
489.32 General	124,381,000	<u>125,881,000</u>
489.33 State Government		61,367,000
489.34 Special Revenue	58,450,000	<u>59,158,000</u>

490.1	Health Care Access	37,285,000	36,832,000
490.2	Federal TANF	11,713,000	11,713,000

490.3 The amounts that may be spent for each
490.4 purpose are specified in the following
490.5 subdivisions.

490.6 **Subd. 2. Health Improvement**

490.7 Appropriations by Fund

490.8			96,117,000
490.9	General	94,980,000	<u>95,722,000</u>
490.10	State Government		7,558,000
490.11	Special Revenue	7,614,000	<u>6,924,000</u>
490.12	Health Care Access	37,285,000	36,832,000
490.13	Federal TANF	11,713,000	11,713,000

490.14 (a) **TANF Appropriations.** (1) \$3,579,000 in
490.15 fiscal year 2020 and \$3,579,000 in fiscal year
490.16 2021 are from the TANF fund for home
490.17 visiting and nutritional services under
490.18 Minnesota Statutes, section 145.882,
490.19 subdivision 7, clauses (6) and (7). Funds must
490.20 be distributed to community health boards
490.21 according to Minnesota Statutes, section
490.22 145A.131, subdivision 1;

490.23 (2) \$2,000,000 in fiscal year 2020 and
490.24 \$2,000,000 in fiscal year 2021 are from the
490.25 TANF fund for decreasing racial and ethnic
490.26 disparities in infant mortality rates under
490.27 Minnesota Statutes, section 145.928,
490.28 subdivision 7;

490.29 (3) \$4,978,000 in fiscal year 2020 and
490.30 \$4,978,000 in fiscal year 2021 are from the
490.31 TANF fund for the family home visiting grant
490.32 program under Minnesota Statutes, section
490.33 145A.17. \$4,000,000 of the funding in each
490.34 fiscal year must be distributed to community
490.35 health boards according to Minnesota Statutes,

491.1 section 145A.131, subdivision 1. \$978,000 of
491.2 the funding in each fiscal year must be
491.3 distributed to tribal governments according to
491.4 Minnesota Statutes, section 145A.14,
491.5 subdivision 2a;

491.6 (4) \$1,156,000 in fiscal year 2020 and
491.7 \$1,156,000 in fiscal year 2021 are from the
491.8 TANF fund for family planning grants under
491.9 Minnesota Statutes, section 145.925; and

491.10 (5) The commissioner may use up to 6.23
491.11 percent of the amounts appropriated from the
491.12 TANF fund each year to conduct the ongoing
491.13 evaluations required under Minnesota Statutes,
491.14 section 145A.17, subdivision 7, and training
491.15 and technical assistance as required under
491.16 Minnesota Statutes, section 145A.17,
491.17 subdivisions 4 and 5.

491.18 (b) **TANF Carryforward.** Any unexpended
491.19 balance of the TANF appropriation in the first
491.20 year of the biennium does not cancel but is
491.21 available for the second year.

491.22 (c) **Comprehensive Suicide Prevention.**
491.23 \$2,730,000 in fiscal year 2020 and \$2,730,000
491.24 in fiscal year 2021 are from the general fund
491.25 for a comprehensive, community-based suicide
491.26 prevention strategy. The funds are allocated
491.27 as follows:

491.28 (1) \$955,000 in fiscal year 2020 and \$955,000
491.29 in fiscal year 2021 are for community-based
491.30 suicide prevention grants authorized in
491.31 Minnesota Statutes, section 145.56,
491.32 subdivision 2. Specific emphasis must be
491.33 placed on those communities with the greatest
491.34 disparities. The base for this appropriation is

492.1 \$1,291,000 in fiscal year 2022 and \$1,291,000
492.2 in fiscal year 2023;

492.3 (2) \$683,000 in fiscal year 2020 and \$683,000
492.4 in fiscal year 2021 are to support
492.5 evidence-based training for educators and
492.6 school staff and purchase suicide prevention
492.7 curriculum for student use statewide, as
492.8 authorized in Minnesota Statutes, section
492.9 145.56, subdivision 2. The base for this
492.10 appropriation is \$913,000 in fiscal year 2022
492.11 and \$913,000 in fiscal year 2023;

492.12 (3) \$137,000 in fiscal year 2020 and \$137,000
492.13 in fiscal year 2021 are to implement the Zero
492.14 Suicide framework with up to 20 behavioral
492.15 and health care organizations each year to treat
492.16 individuals at risk for suicide and support
492.17 those individuals across systems of care upon
492.18 discharge. The base for this appropriation is
492.19 \$205,000 in fiscal year 2022 and \$205,000 in
492.20 fiscal year 2023;

492.21 (4) \$955,000 in fiscal year 2020 and \$955,000
492.22 in fiscal year 2021 are to develop and fund a
492.23 Minnesota-based network of National Suicide
492.24 Prevention Lifeline, providing statewide
492.25 coverage. The base for this appropriation is
492.26 \$1,321,000 in fiscal year 2022 and \$1,321,000
492.27 in fiscal year 2023; and

492.28 (5) the commissioner may retain up to 18.23
492.29 percent of the appropriation under this
492.30 paragraph to administer the comprehensive
492.31 suicide prevention strategy.

492.32 (d) **Statewide Tobacco Cessation.** \$1,598,000
492.33 in fiscal year 2020 and \$2,748,000 in fiscal
492.34 year 2021 are from the general fund for

493.1 statewide tobacco cessation services under
493.2 Minnesota Statutes, section 144.397. The base
493.3 for this appropriation is \$2,878,000 in fiscal
493.4 year 2022 and \$2,878,000 in fiscal year 2023.

493.5 **(e) Health Care Access Survey.** \$225,000 in
493.6 fiscal year 2020 and \$225,000 in fiscal year
493.7 2021 are from the health care access fund to
493.8 continue and improve the Minnesota Health
493.9 Care Access Survey. These appropriations
493.10 may be used in either year of the biennium.

493.11 **(f) Community Solutions for Healthy Child**
493.12 **Development Grant Program.** \$1,000,000
493.13 in fiscal year 2020 and \$1,000,000 in fiscal
493.14 year 2021 are for the community solutions for
493.15 healthy child development grant program to
493.16 promote health and racial equity for young
493.17 children and their families under article 11,
493.18 section 107. The commissioner may use up to
493.19 23.5 percent of the total appropriation for
493.20 administration. The base for this appropriation
493.21 is \$1,000,000 in fiscal year 2022, \$1,000,000
493.22 in fiscal year 2023, and \$0 in fiscal year 2024.

493.23 **(g) Domestic Violence and Sexual Assault**
493.24 **Prevention Program.** \$375,000 in fiscal year
493.25 2020 and \$375,000 in fiscal year 2021 are
493.26 from the general fund for the domestic
493.27 violence and sexual assault prevention
493.28 program under article 11, section 108. This is
493.29 a onetime appropriation.

493.30 **(h) Skin Lightening Products Public**
493.31 **Awareness Grant Program.** \$100,000 in
493.32 fiscal year 2020 and \$100,000 in fiscal year
493.33 2021 are from the general fund for a skin
493.34 lightening products public awareness and

494.1 education grant program. This is a onetime
 494.2 appropriation.

494.3 **(i) Cannabinoid Products Workgroup.**
 494.4 \$8,000 in fiscal year 2020 is from the state
 494.5 government special revenue fund for the
 494.6 cannabinoid products workgroup. This is a
 494.7 onetime appropriation.

494.8 **(j) Base Level Adjustments.** The general fund
 494.9 base is \$96,742,000 in fiscal year 2022 and
 494.10 \$96,742,000 in fiscal year 2023. The health
 494.11 care access fund base is \$37,432,000 in fiscal
 494.12 year 2022 and \$36,832,000 in fiscal year 2023.

494.13 **Subd. 3. Health Protection**

494.14	Appropriations by Fund		
494.15	General	18,803,000	19,774,000
494.16	State Government		53,809,000
494.17	Special Revenue	50,836,000	<u>52,234,000</u>

494.18 **(a) Public Health Laboratory Equipment.**
 494.19 \$840,000 in fiscal year 2020 and \$655,000 in
 494.20 fiscal year 2021 are from the general fund for
 494.21 equipment for the public health laboratory.
 494.22 This is a onetime appropriation and is
 494.23 available until June 30, 2023.

494.24 **(b) Base Level Adjustment.** The general fund
 494.25 base is \$19,119,000 in fiscal year 2022 and
 494.26 \$19,119,000 in fiscal year 2023. The state
 494.27 government special revenue fund base is
 494.28 \$53,782,000 in fiscal year 2022 and
 494.29 \$53,782,000 in fiscal year 2023.

494.30 **Subd. 4. Health Operations** 10,598,000 10,385,000

494.31 **Base Level Adjustment.** The general fund
 494.32 base is \$10,912,000 in fiscal year 2022 and
 494.33 \$10,912,000 in fiscal year 2023.

495.1 **EFFECTIVE DATE.** This section is effective the day following final enactment and
495.2 the reductions in subdivisions 1 to 3 are onetime reductions.

495.3 Sec. 10. **APPROPRIATION; MINNESOTA FAMILY INVESTMENT PROGRAM**
495.4 **SUPPLEMENTAL PAYMENT.**

495.5 \$24,235,000 in fiscal year 2021 is appropriated from the TANF fund to the commissioner
495.6 of human services to provide a onetime cash benefit of up to \$750 for each household
495.7 enrolled in the Minnesota family investment program or diversionary work program under
495.8 Minnesota Statutes, chapter 256J, at the time that the cash benefit is distributed. The
495.9 commissioner shall distribute these funds through existing systems and in a manner that
495.10 minimizes the burden to families. This is a onetime appropriation.

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

495.12 Sec. 11. **APPROPRIATION; REFINANCING OF EMERGENCY CHILD CARE**
495.13 **GRANTS; CANCELLATION.**

495.14 \$26,622,626 in fiscal year 2021 is appropriated from the coronavirus relief federal fund
495.15 to the commissioner of human services for fiscal year 2020 to replace a portion of the general
495.16 fund appropriation in Laws 2020, chapter 71, article 1, section 2, subdivision 9. The general
495.17 fund appropriation that is replaced by coronavirus relief funds under this section is canceled
495.18 to the general fund. This is a onetime appropriation.

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

495.20 Sec. 12. **CANCELLATION; TRANSFER FROM STATE GOVERNMENT SPECIAL**
495.21 **REVENUE FUND TO GENERAL FUND.**

495.22 The \$77,000 transfer each year from the state government special revenue fund to the
495.23 general fund under Laws 2008, chapter 364, section 17, paragraph (b), is canceled. This
495.24 section does not expire.

495.25 **EFFECTIVE DATE.** This section is effective June 30, 2021.

495.26 Sec. 13. **FEDERAL FUNDS FOR VACCINE ACTIVITIES; APPROPRIATION.**

495.27 Federal funds made available to the commissioner of health for vaccine activities are
495.28 appropriated to the commissioner for that purpose and shall be used to support work under
495.29 Minnesota Statutes, sections 144.067 to 144.069.

496.1 **Sec. 14. FEDERAL FUNDS REPLACEMENT; APPROPRIATION.**

496.2 Notwithstanding any law to the contrary, the commissioner of management and budget
496.3 must determine whether the expenditures authorized under this act are eligible uses of federal
496.4 funding received under the Coronavirus State Fiscal Recovery Fund or any other federal
496.5 funds received by the state under the American Rescue Plan Act, Public Law 117-2. If the
496.6 commissioner of management and budget determines an expenditure is eligible for funding
496.7 under Public Law 117-2, the amount of the eligible expenditure is appropriated from the
496.8 account where those amounts have been deposited and the corresponding general fund
496.9 amounts appropriated under this act are canceled to the general fund.

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

496.11 **Sec. 15. TRANSFERS; HUMAN SERVICES.**

496.12 Subdivision 1. **Grants.** The commissioner of human services, with the approval of the
496.13 commissioner of management and budget, may transfer unencumbered appropriation balances
496.14 for the biennium ending June 30, 2023, within fiscal years among the MFIP, general
496.15 assistance, medical assistance, MinnesotaCare, MFIP child care assistance under Minnesota
496.16 Statutes, section 119B.05, Minnesota supplemental aid program, group residential housing
496.17 program, the entitlement portion of Northstar Care for Children under Minnesota Statutes,
496.18 chapter 256N, and the entitlement portion of the chemical dependency consolidated treatment
496.19 fund, and between fiscal years of the biennium. The commissioner shall inform the chairs
496.20 and ranking minority members of the senate Health and Human Services Finance Division
496.21 and the house of representatives Health Finance and Policy Committee and Human Services
496.22 Finance and Policy Committee quarterly about transfers made under this subdivision.

496.23 Subd. 2. **Administration.** Positions, salary money, and nonsalary administrative money
496.24 may be transferred within the Department of Human Services as the commissioners consider
496.25 necessary, with the advance approval of the commissioner of management and budget. The
496.26 commissioner shall inform the chairs and ranking minority members of the senate Health
496.27 and Human Services Finance Division and the house of representatives Health Finance and
496.28 Policy Committee and Human Services Finance and Policy Committee quarterly about
496.29 transfers made under this subdivision.

496.30 **Sec. 16. TRANSFERS; HEALTH.**

496.31 Positions, salary money, and nonsalary administrative money may be transferred within
496.32 the Department of Health as the commissioner considers necessary, with the advance
496.33 approval of the commissioner of management and budget. The commissioner shall inform

497.1 the chairs and ranking minority members of the legislative committees with jurisdiction
497.2 over health and human services finance quarterly about transfers made under this section.

497.3 Sec. 17. **INDIRECT COSTS NOT TO FUND PROGRAMS.**

497.4 The commissioners of health and human services shall not use indirect cost allocations
497.5 to pay for the operational costs of any program for which they are responsible.

497.6 Sec. 18. **APPROPRIATION ENACTED MORE THAN ONCE.**

497.7 If an appropriation in this act is enacted more than once in the 2021 legislative session,
497.8 the appropriation must be given effect only once.

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

497.10 Sec. 19. **EXPIRATION OF UNCODIFIED LANGUAGE.**

497.11 All uncodified language contained in this article expires on June 30, 2023, unless a
497.12 different expiration date is explicit.

497.13 Sec. 20. **REPEALER.**

497.14 Minnesota Statutes 2020, section 16A.724, subdivision 2, is repealed effective June 30,
497.15 2025.

497.16 Sec. 21. **EFFECTIVE DATE.**

497.17 This article is effective July 1, 2021, unless a different effective date is specified."

497.18 Amend the title accordingly