

**SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION**

S.F. No. 3651

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DATE	D-PG	OFFICIAL STATUS
03/02/2022	5183	Introduction and first reading
		Referred to Human Services Reform Finance and Policy
03/03/2022	5208	Author added Duckworth
		See HF2725

1.1 A bill for an act

1.2 relating to human services; establishing residential treatment admission

1.3 requirements for children experiencing a mental health crisis; amending Minnesota

1.4 Statutes 2020, section 245.4882, by adding a subdivision; Minnesota Statutes 2021

1.5 Supplement, section 245.4885, subdivision 1.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision

1.8 to read:

1.9 Subd. 6. Crisis admissions and stabilization. (a) A child may be referred for residential

1.10 treatment services under this section for the purpose of crisis stabilization by the following:

1.11 (1) a mental health professional as defined in section 245I.04, subdivision 2;

1.12 (2) a physician licensed under chapter 147 who is assessing a child in an emergency

1.13 department; or

1.14 (3) a member of a mobile crisis team who meets the qualifications under section

1.15 256B.0624, subdivision 5.

1.16 (b) A provider making a referral under paragraph (a) must conduct an assessment of the

1.17 child's mental health needs and make a determination that the child is experiencing a mental

1.18 health crisis and is in need of residential treatment services under this section.

1.19 (c) A child may receive services under this subdivision for up to 30 days and must be

1.20 subject to the screening and admissions criteria and processes under section 245.4885

1.21 thereafter.

2.1 Sec. 2. Minnesota Statutes 2021 Supplement, section 245.4885, subdivision 1, is amended
2.2 to read:

2.3 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
2.4 case of an emergency, all children referred for treatment of severe emotional disturbance
2.5 in a treatment foster care setting, residential treatment facility, or informally admitted to a
2.6 regional treatment center shall undergo an assessment to determine the appropriate level of
2.7 care if county funds are used to pay for the child's services. An emergency includes a child
2.8 who is in need of and has been referred for crisis stabilization services under section
2.9 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis
2.10 stabilization services in a residential treatment center is not required to undergo an assessment
2.11 under this section.

2.12 (b) The county board shall determine the appropriate level of care for a child when
2.13 county-controlled funds are used to pay for the child's residential treatment under this
2.14 chapter, including residential treatment provided in a qualified residential treatment program
2.15 as defined in section 260C.007, subdivision 26d. When a county board does not have
2.16 responsibility for a child's placement and the child is enrolled in a prepaid health program
2.17 under section 256B.69, the enrolled child's contracted health plan must determine the
2.18 appropriate level of care for the child. When Indian Health Services funds or funds of a
2.19 tribally owned facility funded under the Indian Self-Determination and Education Assistance
2.20 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal
2.21 health facility must determine the appropriate level of care for the child. When more than
2.22 one entity bears responsibility for a child's coverage, the entities shall coordinate level of
2.23 care determination activities for the child to the extent possible.

2.24 (c) The child's level of care determination shall determine whether the proposed treatment:

2.25 (1) is necessary;

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

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

2.28 (4) provides a length of stay as short as possible consistent with the individual child's
2.29 needs.

2.30 (d) When a level of care determination is conducted, the county board or other entity
2.31 may not determine that a screening of a child, referral, or admission to a residential treatment
2.32 facility is not appropriate solely because services were not first provided to the child in a
2.33 less restrictive setting and the child failed to make progress toward or meet treatment goals

3.1 in the less restrictive setting. The level of care determination must be based on a diagnostic
3.2 assessment of a child that evaluates the child's family, school, and community living
3.3 situations; and an assessment of the child's need for care out of the home using a validated
3.4 tool which assesses a child's functional status and assigns an appropriate level of care to the
3.5 child. The validated tool must be approved by the commissioner of human services and
3.6 may be the validated tool approved for the child's assessment under section 260C.704 if the
3.7 juvenile treatment screening team recommended placement of the child in a qualified
3.8 residential treatment program. If a diagnostic assessment has been completed by a mental
3.9 health professional within the past 180 days, a new diagnostic assessment need not be
3.10 completed unless in the opinion of the current treating mental health professional the child's
3.11 mental health status has changed markedly since the assessment was completed. The child's
3.12 parent shall be notified if an assessment will not be completed and of the reasons. A copy
3.13 of the notice shall be placed in the child's file. Recommendations developed as part of the
3.14 level of care determination process shall include specific community services needed by
3.15 the child and, if appropriate, the child's family, and shall indicate whether these services
3.16 are available and accessible to the child and the child's family. The child and the child's
3.17 family must be invited to any meeting where the level of care determination is discussed
3.18 and decisions regarding residential treatment are made. The child and the child's family
3.19 may invite other relatives, friends, or advocates to attend these meetings.

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

3.24 (f) The level of care determination, placement decision, and recommendations for mental
3.25 health services must be documented in the child's record and made available to the child's
3.26 family, as appropriate.