

This Document can be made available  
in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. **4579**

03/24/2022 Authored by Schultz and Liebling  
The bill was read for the first time and referred to the Committee on Human Services Finance and Policy  
04/19/2022 Adoption of Report: Amended and re-referred to the Committee on Ways and Means

1.1 A bill for an act

1.2 relating to state government; modifying provisions governing community supports,

1.3 behavioral health, continuing care for older adults, child and vulnerable adult

1.4 protection, economic assistance, direct care and treatment, preventing homelessness,

1.5 human services licensing and operations, and opioid litigation settlements; making

1.6 forecast adjustments; requiring reports; appropriating money; amending Minnesota

1.7 Statutes 2020, sections 62N.25, subdivision 5; 62Q.1055; 62Q.47; 119B.011,

1.8 subdivision 15; 119B.025, subdivision 4; 145.4716, by adding a subdivision;

1.9 169A.70, subdivisions 3, 4; 177.27, subdivisions 4, 7; 242.19, subdivision 2;

1.10 245.4882, by adding subdivisions; 245.4889, by adding a subdivision; 245.713,

1.11 subdivision 2; 245A.07, subdivisions 2a, 3; 245A.14, subdivision 14; 245D.10,

1.12 subdivision 3a; 245D.12; 245F.03; 245F.15, subdivision 1; 245F.16, subdivision

1.13 1; 245G.01, subdivisions 4, 17; 245G.05, subdivision 2; 245G.06, subdivision 3,

1.14 by adding subdivisions; 245G.08, subdivision 5; 245G.09, subdivision 3; 245G.11,

1.15 subdivisions 1, 10; 245G.13, subdivision 1; 245G.20; 245G.22, subdivisions 2, 7,

1.16 15; 253B.18, subdivision 6; 254A.19, subdivisions 1, 3, by adding subdivisions;

1.17 254B.01, subdivision 5, by adding subdivisions; 254B.03, subdivisions 1, 4, 5;

1.18 254B.04, subdivision 2a, by adding subdivisions; 256.01, by adding a subdivision;

1.19 256.042, subdivisions 1, 2, 5; 256.043, subdivision 1, by adding a subdivision;

1.20 256.045, subdivision 3; 256B.0651, subdivisions 1, 2; 256B.0652, subdivision 11;

1.21 256B.0653, subdivision 6; 256B.0659, subdivisions 1, 12, 19, 24; 256B.0757,

1.22 subdivision 5; 256B.0913, subdivisions 4, 5; 256B.0941, subdivision 3, by adding

1.23 subdivisions; 256B.0946, subdivision 7; 256B.0949, subdivision 15; 256B.4911,

1.24 by adding a subdivision; 256B.4914, subdivisions 8, as amended, 9, as amended;

1.25 256B.85, by adding a subdivision; 256D.03, by adding a subdivision; 256D.0515;

1.26 256D.0516, subdivision 2; 256D.06, subdivisions 1, 2, 5; 256D.09, subdivision

1.27 2a; 256E.33, subdivisions 1, 2; 256E.36, subdivision 1; 256I.03, subdivisions 7,

1.28 13; 256I.04, subdivision 3; 256I.06, subdivision 6; 256I.09; 256J.08, subdivisions

1.29 71, 79; 256J.21, subdivision 4; 256J.33, subdivision 2; 256J.37, subdivisions 3,

1.30 3a; 256J.95, subdivision 19; 256K.26, subdivisions 2, 6, 7; 256K.45, subdivision

1.31 3, by adding a subdivision; 256L.12, subdivision 8; 256N.26, subdivision 14;

1.32 256P.01, by adding a subdivision; 256P.04, subdivision 11; 256P.07, subdivisions

1.33 1, 2, 3, 4, 6, 7, by adding subdivisions; 256Q.06, by adding a subdivision; 256R.02,

1.34 subdivisions 4, 17, 18, 19, 22, 29, 42a, 48a, by adding subdivisions; 256R.07,

1.35 subdivisions 1, 2, 3; 256R.08, subdivision 1; 256R.09, subdivisions 2, 5; 256R.13,

1.36 subdivision 4; 256R.16, subdivision 1; 256R.17, subdivision 3; 256R.26,

1.37 subdivision 1; 256R.261, subdivision 13; 256R.37; 256R.39; 256S.15, subdivision

1.38 2; 256S.16; 256S.18, subdivision 1, by adding a subdivision; 256S.19, subdivision

2.1 3; 256S.211, by adding subdivisions; 256S.212; 256S.213; 256S.214; 256S.215;  
 2.2 260.012; 260.761, subdivision 2; 260B.157, subdivisions 1, 3; 260B.331,  
 2.3 subdivision 1; 260C.001, subdivision 3; 260C.007, subdivision 27; 260C.151,  
 2.4 subdivision 6; 260C.152, subdivision 5; 260C.175, subdivision 2; 260C.176,  
 2.5 subdivision 2; 260C.178, subdivision 1; 260C.181, subdivision 2; 260C.193,  
 2.6 subdivision 3; 260C.201, subdivisions 1, 2; 260C.202; 260C.203; 260C.204;  
 2.7 260C.221; 260C.331, subdivision 1; 260C.451, subdivision 8, by adding  
 2.8 subdivisions; 260C.513; 260C.607, subdivisions 2, 5; 260C.613, subdivisions 1,  
 2.9 5; 260E.01; 260E.02, subdivision 1; 260E.03, by adding subdivisions; 260E.14,  
 2.10 subdivisions 2, 5; 260E.17, subdivision 1; 260E.18; 260E.20, subdivision 1;  
 2.11 260E.22, subdivision 2; 260E.24, subdivisions 2, 7; 260E.33, subdivision 1;  
 2.12 260E.34; 260E.35, subdivision 6; 268.19, subdivision 1; 299A.299, subdivision  
 2.13 1; 626.557, subdivisions 4, 9, 9b, 9c, 9d, 10, 10b, 12b; 626.5571, subdivisions 1,  
 2.14 2; 626.5572, subdivisions 2, 4, 17; Minnesota Statutes 2021 Supplement, sections  
 2.15 16A.151, subdivision 2; 62A.673, subdivision 2; 148F.11, subdivision 1; 151.066,  
 2.16 subdivision 3; 245.467, subdivisions 2, 3; 245.4871, subdivision 21; 245.4876,  
 2.17 subdivisions 2, 3; 245.4885, subdivision 1; 245.4889, subdivision 1; 245.735,  
 2.18 subdivision 3; 245A.03, subdivision 7; 245A.043, subdivision 3; 245I.02,  
 2.19 subdivisions 19, 36; 245I.03, subdivision 9; 245I.04, subdivision 4; 245I.05,  
 2.20 subdivision 3; 245I.08, subdivision 4; 245I.09, subdivision 2; 245I.10, subdivisions  
 2.21 2, 6; 245I.20, subdivision 5; 245I.23, subdivision 22, by adding a subdivision;  
 2.22 254A.03, subdivision 3; 254A.19, subdivision 4; 254B.03, subdivision 2; 254B.04,  
 2.23 subdivision 1; 254B.05, subdivisions 1a, 4, 5; 256.01, subdivision 42; 256.042,  
 2.24 subdivision 4; 256.043, subdivisions 3, 4; 256B.0622, subdivision 2; 256B.0625,  
 2.25 subdivisions 3b, 5m; 256B.0671, subdivision 6; 256B.0759, subdivision 4;  
 2.26 256B.0911, subdivision 3a; 256B.0946, subdivisions 1, 1a, 2, 3, 4, 6; 256B.0947,  
 2.27 subdivisions 2, 3, 5, 6; 256B.0949, subdivisions 2, 13; 256B.85, subdivisions 7,  
 2.28 8; 256B.851, subdivision 5; 256I.06, subdivision 8; 256J.21, subdivision 3; 256J.33,  
 2.29 subdivision 1; 256L.03, subdivision 2; 256N.26, subdivision 11; 256P.01,  
 2.30 subdivision 6a; 256P.04, subdivisions 4, 8; 256P.06, subdivision 3; 256S.21;  
 2.31 256S.2101, subdivision 2, by adding a subdivision; 260C.007, subdivision 14;  
 2.32 260C.157, subdivision 3; 260C.212, subdivisions 1, 2; 260C.605, subdivision 1;  
 2.33 260C.607, subdivision 6; 260E.03, subdivision 22; 260E.20, subdivision 2; Laws  
 2.34 2009, chapter 79, article 13, section 3, subdivision 10, as amended; Laws 2019,  
 2.35 chapter 63, article 3, section 1, as amended; Laws 2020, First Special Session  
 2.36 chapter 7, section 1, subdivision 1, as amended; Laws 2021, First Special Session  
 2.37 chapter 2, article 1, section 4, subdivision 2; Laws 2021, First Special Session  
 2.38 chapter 7, article 16, sections 2, subdivisions 29, 31, 33; 12; article 17, sections 1,  
 2.39 subdivision 2; 3; 6; 10; 11; 12; 14, subdivision 3; 17, subdivision 3; Laws 2021,  
 2.40 First Special Session chapter 8, article 6, section 1, subdivision 7; Laws 2022,  
 2.41 chapter 33, section 1, subdivisions 5a, 9a; proposing coding for new law in  
 2.42 Minnesota Statutes, chapters 3; 181; 245; 245A; 256E; 256P; repealing Minnesota  
 2.43 Statutes 2020, sections 169A.70, subdivision 6; 245A.03, subdivision 5; 245F.15,  
 2.44 subdivision 2; 245G.11, subdivision 2; 245G.22, subdivision 19; 246.0136; 252.025,  
 2.45 subdivision 7; 252.035; 254A.02, subdivision 8a; 254A.04; 254A.16, subdivision  
 2.46 6; 254A.19, subdivisions 1a, 2; 254B.04, subdivisions 2b, 2c; 254B.041, subdivision  
 2.47 2; 254B.14, subdivisions 1, 2, 3, 4, 6; 256D.055; 256J.08, subdivisions 10, 61, 62,  
 2.48 81, 83; 256J.30, subdivisions 5, 7; 256J.33, subdivisions 3, 5; 256J.34, subdivisions  
 2.49 1, 2, 3, 4; 256J.37, subdivision 10; 256R.08, subdivision 2; 256R.49; 256S.19,  
 2.50 subdivision 4; Minnesota Statutes 2021 Supplement, sections 254A.19, subdivision  
 2.51 5; 254B.14, subdivision 5; 256J.08, subdivision 53; 256J.30, subdivision 8; 256J.33,  
 2.52 subdivision 4; Minnesota Rules, parts 2960.0460, subpart 2; 9530.6565, subpart  
 2.53 2; 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a, 19, 20, 21;  
 2.54 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, 6; 9530.7020,  
 2.55 subparts 1, 1a, 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; 9530.7030, subpart  
 2.56 1; 9555.6255.

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

3.2 **ARTICLE 1**  
3.3 **COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY**

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

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

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

3.10 (c) "Health care provider" means a health care professional who is licensed or registered  
3.11 by the state to perform health care services within the provider's scope of practice and in  
3.12 accordance with state law. A health care provider includes a mental health professional as  
3.13 ~~defined under section 245.462, subdivision 18, or 245.4871, subdivision 27~~ 245I.04,  
3.14 subdivision 2; a mental health practitioner as ~~defined under section 245.462, subdivision~~  
3.15 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section  
3.16 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an  
3.17 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under  
3.18 section 245G.11, subdivision 8.

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

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

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

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

3.31 (h) "Telehealth" means the delivery of health care services or consultations through the  
3.32 use of real time two-way interactive audio and visual communications to provide or support

4.1 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,  
4.2 education, and care management of a patient's health care. Telehealth includes the application  
4.3 of secure video conferencing, store-and-forward technology, and synchronous interactions  
4.4 between a patient located at an originating site and a health care provider located at a distant  
4.5 site. Until July 1, 2023, telehealth also includes audio-only communication between a health  
4.6 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does  
4.7 not include communication between health care providers that consists solely of a telephone  
4.8 conversation, e-mail, or facsimile transmission. Telehealth does not include communication  
4.9 between a health care provider and a patient that consists solely of an e-mail or facsimile  
4.10 transmission. Telehealth does not include telemonitoring services as defined in paragraph  
4.11 (i).

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

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

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

4.22 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of  
4.23 other professions or occupations from performing functions for which they are qualified or  
4.24 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;  
4.25 licensed practical nurses; licensed psychologists and licensed psychological practitioners;  
4.26 members of the clergy provided such services are provided within the scope of regular  
4.27 ministries; American Indian medicine men and women; licensed attorneys; probation officers;  
4.28 licensed marriage and family therapists; licensed social workers; social workers employed  
4.29 by city, county, or state agencies; licensed professional counselors; licensed professional  
4.30 clinical counselors; licensed school counselors; registered occupational therapists or  
4.31 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders  
4.32 (UMICAD) certified counselors when providing services to Native American people; city,  
4.33 county, or state employees when providing assessments or case management under Minnesota  
4.34 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~

5.1 ~~(1) to (6)~~, staff persons providing co-occurring substance use disorder treatment in adult  
5.2 mental health rehabilitative programs certified or licensed by the Department of Human  
5.3 Services under section 245I.23, 256B.0622, or 256B.0623.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.25 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this  
6.26 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards  
6.27 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing  
6.28 a diagnostic assessment in section 245I.10, a children's residential facility licensed under  
6.29 Minnesota Rules, chapter 2960, that provides mental health services to children must, within  
6.30 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)  
6.31 review and update the client's diagnostic assessment with a summary of the child's current  
6.32 mental health status and service needs if a diagnostic assessment is available that was

7.1 completed within 180 days preceding admission and the client's mental health status has  
7.2 not changed markedly since the diagnostic assessment.

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

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

7.8 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by  
7.9 this section ~~shall~~ must complete an individual treatment plan for a client according to the  
7.10 standards of section 245I.10, subdivisions 7 and 8. A children's residential facility licensed  
7.11 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section  
7.12 245I.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's  
7.13 family in all phases of developing and implementing the individual treatment plan to the  
7.14 extent appropriate and must review the individual treatment plan every 90 days after intake.

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

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

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

7.27 (1) comply with state licensing requirements and other requirements issued by the  
7.28 commissioner;

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

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

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

8.6 (5) comply with quality assurance reporting requirements and other reporting  
8.7 requirements, including any required reporting of encounter data, clinical outcomes data,  
8.8 and quality data;

8.9 (6) provide crisis mental health and substance use services, withdrawal management  
8.10 services, emergency crisis intervention services, and stabilization services through existing  
8.11 mobile crisis services; screening, assessment, and diagnosis services, including risk  
8.12 assessments and level of care determinations; person- and family-centered treatment planning;  
8.13 outpatient mental health and substance use services; targeted case management; psychiatric  
8.14 rehabilitation services; peer support and counselor services and family support services;  
8.15 and intensive community-based mental health services, including mental health services  
8.16 for members of the armed forces and veterans. CCBHCs must directly provide the majority  
8.17 of these services to enrollees, but may coordinate some services with another entity through  
8.18 a collaboration or agreement, pursuant to paragraph (b);

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

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

8.26 (ii) other community services, supports, and providers, including schools, child welfare  
8.27 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally  
8.28 licensed health care and mental health facilities, urban Indian health clinics, Department of  
8.29 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,  
8.30 and hospital outpatient clinics;

8.31 (8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~  
8.32 245I.20;



- 9.1 (9) comply with standards established by the commissioner relating to CCBHC  
9.2 screenings, assessments, and evaluations;
- 9.3 (10) be licensed to provide substance use disorder treatment under chapter 245G;
- 9.4 (11) be certified to provide children's therapeutic services and supports under section  
9.5 256B.0943;
- 9.6 (12) be certified to provide adult rehabilitative mental health services under section  
9.7 256B.0623;
- 9.8 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section  
9.9 256B.0624 ~~and 256B.0944~~;
- 9.10 (14) be enrolled to provide mental health targeted case management under section  
9.11 256B.0625, subdivision 20;
- 9.12 (15) comply with standards relating to mental health case management in Minnesota  
9.13 Rules, parts 9520.0900 to 9520.0926;
- 9.14 (16) provide services that comply with the evidence-based practices described in  
9.15 paragraph (e); and
- 9.16 (17) comply with standards relating to peer services under sections 256B.0615,  
9.17 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer  
9.18 services are provided.
- 9.19 (b) If a certified CCBHC is unable to provide one or more of the services listed in  
9.20 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the  
9.21 required authority to provide that service and that meets the following criteria as a designated  
9.22 collaborating organization:
- 9.23 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the  
9.24 services under paragraph (a), clause (6);
- 9.25 (2) the entity provides assurances that it will provide services according to CCBHC  
9.26 service standards and provider requirements;
- 9.27 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical  
9.28 and financial responsibility for the services that the entity provides under the agreement;  
9.29 and
- 9.30 (4) the entity meets any additional requirements issued by the commissioner.

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

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

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

10.27 (f) The commissioner shall recertify CCBHCs at least every three years. The  
10.28 commissioner shall establish a process for decertification and shall require corrective action,  
10.29 medical assistance repayment, or decertification of a CCBHC that no longer meets the  
10.30 requirements in this section or that fails to meet the standards provided by the commissioner  
10.31 in the application and certification process.

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

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

11.3 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license  
11.4 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
11.5 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
11.6 for a physical location that will not be the primary residence of the license holder for the  
11.7 entire period of licensure. If a family child foster care home or family adult foster care home  
11.8 license is issued during this moratorium, and the license holder changes the license holder's  
11.9 primary residence away from the physical location of the foster care license, the  
11.10 commissioner shall revoke the license according to section 245A.07. The commissioner  
11.11 shall not issue an initial license for a community residential setting licensed under chapter  
11.12 245D. When approving an exception under this paragraph, the commissioner shall consider  
11.13 the resource need determination process in paragraph (h), the availability of foster care  
11.14 licensed beds in the geographic area in which the licensee seeks to operate, the results of a  
11.15 person's choices during their annual assessment and service plan review, and the  
11.16 recommendation of the local county board. The determination by the commissioner is final  
11.17 and not subject to appeal. Exceptions to the moratorium include:

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

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

11.24 (3) new foster care licenses or community residential setting licenses determined to be  
11.25 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
11.26 or regional treatment center; restructuring of state-operated services that limits the capacity  
11.27 of state-operated facilities; or allowing movement to the community for people who no  
11.28 longer require the level of care provided in state-operated facilities as provided under section  
11.29 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

11.33 ~~(5) new foster care licenses or community residential setting licenses for people receiving~~  
11.34 ~~services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and~~

12.1 ~~for which a license is required. This exception does not apply to people living in their own~~  
12.2 ~~home. For purposes of this clause, there is a presumption that a foster care or community~~  
12.3 ~~residential setting license is required for services provided to three or more people in a~~  
12.4 ~~dwelling unit when the setting is controlled by the provider. A license holder subject to this~~  
12.5 ~~exception may rebut the presumption that a license is required by seeking a reconsideration~~  
12.6 ~~of the commissioner's determination. The commissioner's disposition of a request for~~  
12.7 ~~reconsideration is final and not subject to appeal under chapter 14. The exception is available~~  
12.8 ~~until June 30, 2018. This exception is available when:~~

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

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

12.15 ~~(6) (5) new foster care licenses or community residential setting licenses for people~~  
12.16 ~~receiving customized living or 24-hour customized living services under the brain injury~~  
12.17 ~~or community access for disability inclusion waiver plans under section 256B.49 and residing~~  
12.18 ~~in the customized living setting before July 1, 2022, for which a license is required. A~~  
12.19 ~~customized living service provider subject to this exception may rebut the presumption that~~  
12.20 ~~a license is required by seeking a reconsideration of the commissioner's determination. The~~  
12.21 ~~commissioner's disposition of a request for reconsideration is final and not subject to appeal~~  
12.22 ~~under chapter 14. The exception is available until June 30, 2023. This exception is available~~  
12.23 ~~when:~~

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

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

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

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

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

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

13.16 (e) A resource need determination process, managed at the state level, using the available  
13.17 reports required by section 144A.351, and other data and information shall be used to  
13.18 determine where the reduced capacity determined under section 256B.493 will be  
13.19 implemented. The commissioner shall consult with the stakeholders described in section  
13.20 144A.351, and employ a variety of methods to improve the state's capacity to meet the  
13.21 informed decisions of those people who want to move out of corporate foster care or  
13.22 community residential settings, long-term service needs within budgetary limits, including  
13.23 seeking proposals from service providers or lead agencies to change service type, capacity,  
13.24 or location to improve services, increase the independence of residents, and better meet  
13.25 needs identified by the long-term services and supports reports and statewide data and  
13.26 information.

13.27 (f) At the time of application and reapplication for licensure, the applicant and the license  
13.28 holder that are subject to the moratorium or an exclusion established in paragraph (a) are  
13.29 required to inform the commissioner whether the physical location where the foster care  
13.30 will be provided is or will be the primary residence of the license holder for the entire period  
13.31 of licensure. If the primary residence of the applicant or license holder changes, the applicant  
13.32 or license holder must notify the commissioner immediately. The commissioner shall print  
13.33 on the foster care license certificate whether or not the physical location is the primary  
13.34 residence of the license holder.

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

14.7 (h) The commissioner may adjust capacity to address needs identified in section  
14.8 144A.351. Under this authority, the commissioner may approve new licensed settings or  
14.9 delicense existing settings. Delicensing of settings will be accomplished through a process  
14.10 identified in section 256B.493. Annually, by August 1, the commissioner shall provide  
14.11 information and data on capacity of licensed long-term services and supports, actions taken  
14.12 under the subdivision to manage statewide long-term services and supports resources, and  
14.13 any recommendations for change to the legislative committees with jurisdiction over the  
14.14 health and human services budget.

14.15 (i) The commissioner must notify a license holder when its corporate foster care or  
14.16 community residential setting licensed beds are reduced under this section. The notice of  
14.17 reduction of licensed beds must be in writing and delivered to the license holder by certified  
14.18 mail or personal service. The notice must state why the licensed beds are reduced and must  
14.19 inform the license holder of its right to request reconsideration by the commissioner. The  
14.20 license holder's request for reconsideration must be in writing. If mailed, the request for  
14.21 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
14.22 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
14.23 reconsideration is made by personal service, it must be received by the commissioner within  
14.24 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

14.25 (j) The commissioner shall not issue an initial license for children's residential treatment  
14.26 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
14.27 for a program that Centers for Medicare and Medicaid Services would consider an institution  
14.28 for mental diseases. Facilities that serve only private pay clients are exempt from the  
14.29 moratorium described in this paragraph. The commissioner has the authority to manage  
14.30 existing statewide capacity for children's residential treatment services subject to the  
14.31 moratorium under this paragraph and may issue an initial license for such facilities if the  
14.32 initial license would not increase the statewide capacity for children's residential treatment  
14.33 services subject to the moratorium under this paragraph.

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

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

15.2 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**  
15.3 **REPORT.**

15.4 (a) The license holder providing integrated community support, as defined in section  
15.5 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to  
15.6 the commissioner to ensure the identified location of service delivery meets the criteria of  
15.7 the home and community-based service requirements as specified in section 256B.492.

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

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

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

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

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

15.19 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the  
15.20 multifamily housing building by dividing clause (2) by clause (3).

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

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

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

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

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

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

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

16.12 Subd. 9. **Volunteers.** A If a license holder uses volunteers, the license holder must have  
16.13 policies and procedures for using volunteers, including when a the license holder must  
16.14 submit a background study for a volunteer, and the specific tasks that a volunteer may  
16.15 perform.

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

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

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

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

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

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

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



17.1 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent  
17.2 of the individual's clients belong, and completes the additional training described in section  
17.3 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

17.4 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or  
17.5 256B.0943; ~~or~~

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

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

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

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

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

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

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

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

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

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

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

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

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

- 18.1 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and
- 18.2 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
- 18.3 within 72 hours of first providing direct contact services to a client.
- 18.4 (b) Before providing direct contact services to a client, a staff person must receive training
- 18.5 about:
- 18.6 (1) client rights and protections under section 245I.12;
- 18.7 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
- 18.8 under section 144.294, and client privacy;
- 18.9 (3) emergency procedures that the staff person must follow when responding to a fire,
- 18.10 inclement weather, a report of a missing person, and a behavioral or medical emergency;
- 18.11 (4) specific activities and job functions for which the staff person is responsible, including
- 18.12 the license holder's program policies and procedures applicable to the staff person's position;
- 18.13 (5) professional boundaries that the staff person must maintain; and
- 18.14 (6) specific needs of each client to whom the staff person will be providing direct contact
- 18.15 services, including each client's developmental status, cognitive functioning, and physical
- 18.16 and mental abilities.
- 18.17 (c) Before providing direct contact services to a client, a mental health rehabilitation
- 18.18 worker, mental health behavioral aide, or mental health practitioner ~~qualified under~~ required
- 18.19 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours
- 18.20 of training about:
- 18.21 (1) mental illnesses;
- 18.22 (2) client recovery and resiliency;
- 18.23 (3) mental health de-escalation techniques;
- 18.24 (4) co-occurring mental illness and substance use disorders; and
- 18.25 (5) psychotropic medications and medication side effects.
- 18.26 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
- 18.27 trainee, mental health practitioner, mental health certified peer specialist, or mental health
- 18.28 rehabilitation worker must receive training about:
- 18.29 (1) trauma-informed care and secondary trauma;

19.1 (2) person-centered individual treatment plans, including seeking partnerships with  
19.2 family and other natural supports;

19.3 (3) co-occurring substance use disorders; and

19.4 (4) culturally responsive treatment practices.

19.5 (e) Within 90 days of first providing direct contact services to a child client, a clinical  
19.6 trainee, mental health practitioner, mental health certified family peer specialist, mental  
19.7 health certified peer specialist, or mental health behavioral aide must receive training about  
19.8 the topics in clauses (1) to (5). This training must address the developmental characteristics  
19.9 of each child served by the license holder and address the needs of each child in the context  
19.10 of the child's family, support system, and culture. Training topics must include:

19.11 (1) trauma-informed care and secondary trauma, including adverse childhood experiences  
19.12 (ACEs);

19.13 (2) family-centered treatment plan development, including seeking partnership with a  
19.14 child client's family and other natural supports;

19.15 (3) mental illness and co-occurring substance use disorders in family systems;

19.16 (4) culturally responsive treatment practices; and

19.17 (5) child development, including cognitive functioning, and physical and mental abilities.

19.18 (f) For a mental health behavioral aide, the training under paragraph (e) must include  
19.19 parent team training using a curriculum approved by the commissioner.

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

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

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

19.28 (1) the type of service;

19.29 (2) the date of service;

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

20.1 (4) the location of the service;

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

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

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

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

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

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

20.20 Subd. 2. **Record retention.** A license holder must retain client records of a discharged  
20.21 client for a minimum of five years from the date of the client's discharge. A license holder  
20.22 who ~~ceases to provide treatment services to a client~~ closes a program must retain ~~the a~~  
20.23 client's records for a minimum of five years from the date that the license holder stopped  
20.24 providing services to the client and must notify the commissioner of the location of the  
20.25 client records and the name of the individual responsible for storing and maintaining the  
20.26 client records.

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

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

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

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

21.8 (1) an explanation of findings;

21.9 (2) neuropsychological testing, neuropsychological assessment, and psychological  
21.10 testing;

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

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

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

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

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

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

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

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

21.31 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family  
21.32 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions

22.1 within a 12-month period without prior authorization for any new client or for an existing  
22.2 client who the license holder projects will need fewer than ten sessions during the next 12  
22.3 months; and

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

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

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

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

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

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

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

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

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

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

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

23.4 (1) the client's age;

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

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

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

23.9 (5) the client's current medications;

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

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

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

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

23.15 (10) cultural influences on the client.

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

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

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

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

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

23.27 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

23.28 (6) the client's health history and the client's family health history, including the client's  
23.29 physical, chemical, and mental health history.

24.1 (d) When completing a standard diagnostic assessment of a client, an assessor must use  
24.2 a recognized diagnostic framework.

24.3 (1) When completing a standard diagnostic assessment of a client who is five years of  
24.4 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic  
24.5 Classification of Mental Health and Development Disorders of Infancy and Early Childhood  
24.6 published by Zero to Three.

24.7 (2) When completing a standard diagnostic assessment of a client who is six years of  
24.8 age or older, the assessor must use the current edition of the Diagnostic and Statistical  
24.9 Manual of Mental Disorders published by the American Psychiatric Association.

24.10 (3) When completing a standard diagnostic assessment of a client who is five years of  
24.11 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument  
24.12 (ECSII) to the client and include the results in the client's assessment.

24.13 (4) When completing a standard diagnostic assessment of a client who is six to 17 years  
24.14 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument  
24.15 (CASII) to the client and include the results in the client's assessment.

24.16 (5) When completing a standard diagnostic assessment of a client who is 18 years of  
24.17 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria  
24.18 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders  
24.19 published by the American Psychiatric Association to screen and assess the client for a  
24.20 substance use disorder.

24.21 (e) When completing a standard diagnostic assessment of a client, the assessor must  
24.22 include and document the following components of the assessment:

24.23 (1) the client's mental status examination;

24.24 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;  
24.25 vulnerabilities; safety needs, including client information that supports the assessor's findings  
24.26 after applying a recognized diagnostic framework from paragraph (d); and any differential  
24.27 diagnosis of the client;

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

24.32 (f) When completing a standard diagnostic assessment of a client, the assessor must  
24.33 consult the client and the client's family about which services that the client and the family



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

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

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

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

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

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

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

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

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

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

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

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

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

26.12 (1) outpatient treatment services that are licensed according to sections 245G.01 to  
26.13 245G.17, or applicable tribal license;

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

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

26.18 (4) peer recovery support services provided according to section 245G.07, subdivision  
26.19 2, clause (8);

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

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

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

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

26.29 (9) hospital-based treatment services that are licensed according to sections 245G.01 to  
26.30 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to  
26.31 144.56;

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

27.5 (11) high-intensity residential treatment services that are licensed according to sections  
27.6 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of  
27.7 clinical services each week provided by a state-operated vendor or to clients who have been  
27.8 civilly committed to the commissioner, present the most complex and difficult care needs,  
27.9 and are a potential threat to the community; and

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

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

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

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

27.15 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter  
27.16 9503; or

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

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

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

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

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

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

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

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

- 28.1 (i) the program meets the co-occurring requirements in section 245G.20;
- 28.2 (ii) 25 percent of the counseling staff are licensed mental health professionals, ~~as defined~~  
28.3 ~~in section 245.462, subdivision 18, clauses (1) to (6)~~ under section 245I.04, subdivision 2,  
28.4 or are students or licensing candidates under the supervision of a licensed alcohol and drug  
28.5 counselor supervisor and ~~licensed~~ licensed mental health professional under section 245I.04,  
28.6 subdivision 2, except that no more than 50 percent of the mental health staff may be students  
28.7 or licensing candidates with time documented to be directly related to provisions of  
28.8 co-occurring services;
- 28.9 (iii) clients scoring positive on a standardized mental health screen receive a mental  
28.10 health diagnostic assessment within ten days of admission;
- 28.11 (iv) the program has standards for multidisciplinary case review that include a monthly  
28.12 review for each client that, at a minimum, includes a licensed mental health professional  
28.13 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 28.14 (v) family education is offered that addresses mental health and substance abuse disorders  
28.15 and the interaction between the two; and
- 28.16 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder  
28.17 training annually.
- 28.18 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program  
28.19 that provides arrangements for off-site child care must maintain current documentation at  
28.20 the chemical dependency facility of the child care provider's current licensure to provide  
28.21 child care services. Programs that provide child care according to paragraph (c), clause (1),  
28.22 must be deemed in compliance with the licensing requirements in section 245G.19.
- 28.23 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,  
28.24 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements  
28.25 in paragraph (c), clause (4), items (i) to (iv).
- 28.26 (f) Subject to federal approval, substance use disorder services that are otherwise covered  
28.27 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,  
28.28 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to  
28.29 the condition and needs of the person being served. Reimbursement shall be at the same  
28.30 rates and under the same conditions that would otherwise apply to direct face-to-face services.
- 28.31 (g) For the purpose of reimbursement under this section, substance use disorder treatment  
28.32 services provided in a group setting without a group participant maximum or maximum  
28.33 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.

29.1 At least one of the attending staff must meet the qualifications as established under this  
29.2 chapter for the type of treatment service provided. A recovery peer may not be included as  
29.3 part of the staff ratio.

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

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

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

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

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

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

29.21 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions  
29.22 7 and 8.

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

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

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

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

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

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

30.7 (k) "Mental health practitioner" means a staff person who is qualified according to section  
30.8 245I.04, subdivision 4.

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

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

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

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

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

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

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

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

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

31.1 (4) has established protocols addressing how and when to discontinue telehealth services;  
31.2 and

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

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

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

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

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

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

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

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

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

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

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

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

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

32.15 (2) "health care provider" means a health care provider as defined under section 62A.673,  
32.16 a community paramedic as defined under section 144E.001, subdivision 5f, a community  
32.17 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health  
32.18 certified peer specialist under section ~~256B.0615, subdivision 5~~ 245I.04, subdivision 10, a  
32.19 mental health certified family peer specialist under section ~~256B.0616, subdivision 5~~ 245I.04,  
32.20 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623, subdivision~~  
32.21 ~~5, paragraph (a), clause (4), and paragraph (b)~~ 245I.04, subdivision 14, a mental health  
32.22 behavioral aide under section ~~256B.0943, subdivision 7, paragraph (b), clause (3)~~ 245I.04,  
32.23 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol  
32.24 and drug counselor under section 245G.11, subdivision 5, a recovery peer under section  
32.25 245G.11, subdivision 8; and

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33.28 (1) be the employer of the personal care assistant and the qualified professional for  
33.29 employment law and related regulations including, but not limited to, purchasing and  
33.30 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,  
33.31 and liability insurance, and submit any or all necessary documentation including, but not

34.1 limited to; workers' compensation, unemployment insurance, and labor market data required  
34.2 under section 256B.4912, subdivision 1a;

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

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

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

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

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

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

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

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

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

34.20 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance  
34.21 covers intensive mental health outpatient treatment for dialectical behavior therapy for  
34.22 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts  
34.23 to report individual client outcomes to the commissioner using instruments and protocols  
34.24 that are approved by the commissioner.

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

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

- 35.1 ~~(1) be 18 years of age or older;~~
- 35.2 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet
- 35.3 or that the client must receive concurrently with other community-based services;
- 35.4 ~~(3)~~ (2) have either:
- 35.5 (i) a diagnosis of borderline personality disorder; or
- 35.6 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
- 35.7 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
- 35.8 dysfunction in multiple areas of the client's life;
- 35.9 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an
- 35.10 intensive therapy program and be able and willing to follow program policies and rules to
- 35.11 ensure the safety of the client and others; and
- 35.12 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive
- 35.13 dialectical behavior therapy:
- 35.14 (i) having a mental health crisis;
- 35.15 (ii) requiring a more restrictive setting such as hospitalization;
- 35.16 (iii) decompensating; or
- 35.17 (iv) engaging in intentional self-harm behavior.
- 35.18 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
- 35.19 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
- 35.20 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
- 35.21 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
- 35.22 health professional or clinical trainee providing dialectical behavior therapy to a client must:
- 35.23 (1) identify, prioritize, and sequence the client's behavioral targets;
- 35.24 (2) treat the client's behavioral targets;
- 35.25 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
- 35.26 environment through telephone coaching outside of treatment sessions;
- 35.27 (4) measure the client's progress toward dialectical behavior therapy targets;
- 35.28 (5) help the client manage mental health crises and life-threatening behaviors; and
- 35.29 (6) help the client learn and apply effective behaviors when working with other treatment
- 35.30 providers.

36.1 (e) Group skills training combines individualized psychotherapeutic and psychiatric  
36.2 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and  
36.3 other dysfunctional coping behaviors and restore function. Group skills training must teach  
36.4 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal  
36.5 effectiveness; (3) emotional regulation; and (4) distress tolerance.

36.6 (f) Group skills training must be provided by two mental health professionals or by a  
36.7 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.  
36.8 Individual skills training must be provided by a mental health professional, a clinical trainee,  
36.9 or a mental health practitioner.

36.10 (g) Before a program provides dialectical behavior therapy to a client, the commissioner  
36.11 must certify the program as a dialectical behavior therapy provider. To qualify for  
36.12 certification as a dialectical behavior therapy provider, a provider must:

36.13 (1) allow the commissioner to inspect the provider's program;

36.14 (2) provide evidence to the commissioner that the program's policies, procedures, and  
36.15 practices meet the requirements of this subdivision and chapter 245I;

36.16 (3) be enrolled as a MHCP provider; and

36.17 (4) have a manual that outlines the program's policies, procedures, and practices that  
36.18 meet the requirements of this subdivision.

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

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

36.24 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services  
36.25 planning, or other assistance intended to support community-based living, including persons  
36.26 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,  
36.27 must be visited by a long-term care consultation team within 20 calendar days after the date  
36.28 on which an assessment was requested or recommended. Upon statewide implementation  
36.29 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person  
36.30 requesting personal care assistance services. The commissioner shall provide at least a  
36.31 90-day notice to lead agencies prior to the effective date of this requirement. Assessments  
36.32 must be conducted according to paragraphs (b) to (r).

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

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

37.9 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified  
37.10 assessor in a face-to-face conversational interview with the person being assessed. The  
37.11 person's legal representative must provide input during the assessment process and may do  
37.12 so remotely if requested. At the request of the person, other individuals may participate in  
37.13 the assessment to provide information on the needs, strengths, and preferences of the person  
37.14 necessary to develop a community support plan that ensures the person's health and safety.  
37.15 Except for legal representatives or family members invited by the person, persons  
37.16 participating in the assessment may not be a provider of service or have any financial interest  
37.17 in the provision of services. For persons who are to be assessed for elderly waiver customized  
37.18 living or adult day services under chapter 256S, with the permission of the person being  
37.19 assessed or the person's designated or legal representative, the client's current or proposed  
37.20 provider of services may submit a copy of the provider's nursing assessment or written  
37.21 report outlining its recommendations regarding the client's care needs. The person conducting  
37.22 the assessment must notify the provider of the date by which this information is to be  
37.23 submitted. This information shall be provided to the person conducting the assessment prior  
37.24 to the assessment. For a person who is to be assessed for waiver services under section  
37.25 256B.092 or 256B.49, with the permission of the person being assessed or the person's  
37.26 designated legal representative, the person's current provider of services may submit a  
37.27 written report outlining recommendations regarding the person's care needs the person  
37.28 completed in consultation with someone who is known to the person and has interaction  
37.29 with the person on a regular basis. The provider must submit the report at least 60 days  
37.30 before the end of the person's current service agreement. The certified assessor must consider  
37.31 the content of the submitted report prior to finalizing the person's assessment or reassessment.

37.32 (e) The certified assessor and the individual responsible for developing the coordinated  
37.33 service and support plan must complete the community support plan and the coordinated  
37.34 service and support plan no more than 60 calendar days from the assessment visit. The  
37.35 person or the person's legal representative must be provided with a written community

38.1 support plan within the timelines established by the commissioner, regardless of whether  
38.2 the person is eligible for Minnesota health care programs.

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

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

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

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

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

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

38.11 (iii) all available options for living arrangements;

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

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

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

38.17 (4) referral information; and

38.18 (5) informal caregiver supports, if applicable.

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

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

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

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

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

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

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

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

39.9 (1) written recommendations for community-based services and consumer-directed  
39.10 options;

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

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

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

39.27 (5) information about Minnesota health care programs;

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

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

39.31 (8) the certified assessor's decision regarding the person's need for institutional level of  
39.32 care as determined under criteria established in subdivision 4e and the certified assessor's

40.1 decision regarding eligibility for all services and programs as defined in subdivision 1a,  
40.2 paragraphs (a), clause (6), and (b);

40.3 (9) the person's right to appeal the certified assessor's decision regarding eligibility for  
40.4 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and  
40.5 (8), and (b), and incorporating the decision regarding the need for institutional level of care  
40.6 or the lead agency's final decisions regarding public programs eligibility according to section  
40.7 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right  
40.8 to the person and must visually point out where in the document the right to appeal is stated;  
40.9 and

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

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

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

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

40.28 (n) If a person who receives home and community-based waiver services under section  
40.29 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer  
40.30 a hospital, institution of mental disease, nursing facility, intensive residential treatment  
40.31 services program, transitional care unit, or inpatient substance use disorder treatment setting,  
40.32 the person may return to the community with home and community-based waiver services  
40.33 under the same waiver, without requiring an assessment or reassessment under this section,  
40.34 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall



41.1 change annual long-term care consultation reassessment requirements, payment for  
41.2 institutional or treatment services, medical assistance financial eligibility, or any other law.

41.3 (o) At the time of reassessment, the certified assessor shall assess each person receiving  
41.4 waiver residential supports and services currently residing in a community residential setting,  
41.5 licensed adult foster care home that is either not the primary residence of the license holder  
41.6 or in which the license holder is not the primary caregiver, family adult foster care residence,  
41.7 customized living setting, or supervised living facility to determine if that person would  
41.8 prefer to be served in a community-living setting as defined in section 256B.49, subdivision  
41.9 23, in a setting not controlled by a provider, or to receive integrated community supports  
41.10 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified  
41.11 assessor shall offer the person, through a person-centered planning process, the option to  
41.12 receive alternative housing and service options.

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

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

41.23 (r) All assessments performed according to this subdivision must be face-to-face unless  
41.24 the assessment is a reassessment meeting the requirements of this paragraph. Remote  
41.25 reassessments conducted by interactive video or telephone may substitute for face-to-face  
41.26 reassessments. For services provided by the developmental disabilities waiver under section  
41.27 256B.092, and the community access for disability inclusion, community alternative care,  
41.28 and brain injury waiver programs under section 256B.49, remote reassessments may be  
41.29 substituted for two consecutive reassessments if followed by a face-to-face reassessment.  
41.30 For services provided by alternative care under section 256B.0913, essential community  
41.31 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote  
41.32 reassessments may be substituted for one reassessment if followed by a face-to-face  
41.33 reassessment. A remote reassessment is permitted only if the person being reassessed, ~~or~~  
41.34 ~~the person's legal representative, and the lead agency case manager both agree that there is~~  
41.35 ~~no change in the person's condition, there is no need for a change in service, and that a~~

42.1 ~~remote reassessment is appropriate~~ or the person's legal representative provide informed  
42.2 choice for a remote assessment. The person being reassessed, or the person's legal  
42.3 representative, has the right to refuse a remote reassessment at any time. During a remote  
42.4 reassessment, if the certified assessor determines a face-to-face reassessment is necessary  
42.5 ~~in order~~ to complete the assessment, the lead agency shall schedule a face-to-face  
42.6 reassessment. All other requirements of a face-to-face reassessment shall apply to a remote  
42.7 reassessment, including updates to a person's support plan.

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

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

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

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

42.20 (2) crisis planning;

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

42.23 (4) clinical care consultation provided by a mental health professional or a clinical  
42.24 trainee;

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

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

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

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

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

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

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

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

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

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

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

43.23 (3) the side effects of medications.

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

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

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

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

44.1 (h) "Transition services" means:

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

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

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

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

44.9 (5) establishing and enforcing procedures and schedules.

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

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

44.15 (j) "Family peer specialist" means a staff person who is qualified under section  
44.16 256B.0616.

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

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

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

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

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

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

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

45.1 (1) be completed in consultation with the client's current therapist and key providers and  
45.2 provide for ongoing consultation with the client's current therapist to ensure therapeutic  
45.3 continuity and to facilitate the client's return to the community. For clients under the age of  
45.4 18, the treatment team must consult with parents and guardians in developing the treatment  
45.5 plan;

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

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

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

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

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

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

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

45.24 (g) For a client age 18 or older, the treatment team may disclose to a family member,  
45.25 other relative, or a close personal friend of the client, or other person identified by the client,  
45.26 the protected health information directly relevant to such person's involvement with the  
45.27 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the  
45.28 client is present, the treatment team shall obtain the client's agreement, provide the client  
45.29 with an opportunity to object, or reasonably infer from the circumstances, based on the  
45.30 exercise of professional judgment, that the client does not object. If the client is not present  
45.31 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment  
45.32 team may, in the exercise of professional judgment, determine whether the disclosure is in  
45.33 the best interests of the client and, if so, disclose only the protected health information that

46.1 is directly relevant to the family member's, relative's, friend's, or client-identified person's  
46.2 involvement with the client's health care. The client may orally agree or object to the  
46.3 disclosure and may prohibit or restrict disclosure to specific individuals.

46.4 (h) The treatment team shall provide interventions to promote positive interpersonal  
46.5 relationships.

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

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

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

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

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

46.23 (1) is severe and chronic;

46.24 (2) results in impairment of adaptive behavior and function similar to that of a person  
46.25 with ASD;

46.26 (3) requires treatment or services similar to those required for a person with ASD; and

46.27 (4) results in substantial functional limitations in three core developmental deficits of  
46.28 ASD: social or interpersonal interaction; functional communication, including nonverbal  
46.29 or social communication; and restrictive or repetitive behaviors or hyperreactivity or  
46.30 hyporeactivity to sensory input; and may include deficits or a high level of support in one  
46.31 or more of the following domains:

46.32 (i) behavioral challenges and self-regulation;

- 47.1 (ii) cognition;
- 47.2 (iii) learning and play;
- 47.3 (iv) self-care; or
- 47.4 (v) safety.
- 47.5 (d) "Person" means a person under 21 years of age.
- 47.6 (e) "Clinical supervision" means the overall responsibility for the control and direction  
47.7 of EIDBI service delivery, including individual treatment planning, staff supervision,  
47.8 individual treatment plan progress monitoring, and treatment review for each person. Clinical  
47.9 supervision is provided by a qualified supervising professional (QSP) who takes full  
47.10 professional responsibility for the service provided by each supervisee.
- 47.11 (f) "Commissioner" means the commissioner of human services, unless otherwise  
47.12 specified.
- 47.13 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive  
47.14 evaluation of a person to determine medical necessity for EIDBI services based on the  
47.15 requirements in subdivision 5.
- 47.16 (h) "Department" means the Department of Human Services, unless otherwise specified.
- 47.17 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI  
47.18 benefit" means a variety of individualized, intensive treatment modalities approved and  
47.19 published by the commissioner that are based in behavioral and developmental science  
47.20 consistent with best practices on effectiveness.
- 47.21 (j) "Generalizable goals" means results or gains that are observed during a variety of  
47.22 activities over time with different people, such as providers, family members, other adults,  
47.23 and people, and in different environments including; but not limited to; clinics, homes,  
47.24 schools, and the community.
- 47.25 (k) "Incident" means when any of the following occur:
- 47.26 (1) an illness, accident, or injury that requires first aid treatment;
- 47.27 (2) a bump or blow to the head; or
- 47.28 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,  
47.29 including a person leaving the agency unattended.
- 47.30 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written  
47.31 plan of care that integrates and coordinates person and family information from the CMDE

48.1 for a person who meets medical necessity for the EIDBI benefit. An individual treatment  
48.2 plan must meet the standards in subdivision 6.

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

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

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

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

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

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

48.20 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are  
48.21 eligible for reimbursement by medical assistance under this section. Services must be  
48.22 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must  
48.23 address the person's medically necessary treatment goals and must be targeted to develop,  
48.24 enhance, or maintain the individual developmental skills of a person with ASD or a related  
48.25 condition to improve functional communication, including nonverbal or social  
48.26 communication, social or interpersonal interaction, restrictive or repetitive behaviors,  
48.27 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,  
48.28 cognition, learning and play, self-care, and safety.

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

48.31 (1) applied behavior analysis (ABA);

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



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

49.2 (4) PLAY project;

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

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

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

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

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

49.20 (f) EIDBI intervention observation and direction is the clinical direction and oversight  
49.21 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,  
49.22 including developmental and behavioral techniques, progress measurement, data collection,  
49.23 function of behaviors, and generalization of acquired skills for the direct benefit of a person.  
49.24 EIDBI intervention observation and direction informs any modification of the current  
49.25 treatment protocol to support the outcomes outlined in the ITP.

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

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

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

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

50.8 (h) ITP development and ITP progress monitoring is development of the initial, annual,  
50.9 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents  
50.10 provide oversight and ongoing evaluation of a person's treatment and progress on targeted  
50.11 goals and objectives and integrate and coordinate the person's and the person's legal  
50.12 representative's information from the CMDE and ITP progress monitoring. This service  
50.13 must be reviewed and completed by the QSP, and may include input from a level I provider  
50.14 or a level II provider.

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

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

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

50.29 (l) Medical assistance covers medically necessary EIDBI services and consultations  
50.30 ~~delivered by a licensed health care provider~~ via telehealth, as defined under section  
50.31 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered  
50.32 in person.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

52.7 (b) For developmental disability, learning disability, and intelligence testing, a "qualified  
52.8 professional" means a licensed physician, physician assistant, advanced practice registered  
52.9 nurse, licensed independent clinical social worker, licensed psychologist, certified school  
52.10 psychologist, or certified psychometrist working under the supervision of a licensed  
52.11 psychologist.

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

52.15 (d) For substance use disorder, a "qualified professional" means a licensed physician, a  
52.16 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~  
52.17 ~~(6)~~ 245I.04, subdivision 2, or an individual as defined in section 245G.11, subdivision 3,  
52.18 4, or 5.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

54.3 Sec. 39. **REVISOR INSTRUCTION.**

54.4 In Minnesota Statutes and Minnesota Rules, the revisor of statutes shall change the term  
 54.5 "chemical dependency" or similar terms to "substance use disorder." The revisor may make  
 54.6 grammatical changes related to the term change.

54.7 Sec. 40. **REPEALER.**

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

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

54.11 **ARTICLE 2**

54.12 **COMMUNITY SUPPORTS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

55.20 (ii) provide notice of intent to issue a termination of services to the lead agency when a  
55.21 finding has been made that a person no longer demonstrates complex behavioral needs that  
55.22 cannot be met by private community-based providers identified in section 252.50, subdivision  
55.23 5, paragraph (a), clause (1);

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

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

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

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

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

56.6 (2) the notice must include:

56.7 (i) the reason for the action;

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

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

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

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

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

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

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

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

56.29 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide  
56.30 notice to the commissioner and state-operated services at least 30 days before the conclusion  
56.31 of the 90-day termination period, if an appropriate alternative provider cannot be secured.  
56.32 Upon receipt of this notice, the commissioner and state-operated services shall reassess



57.1 whether a private community-based service can meet the person's needs. If the commissioner  
57.2 determines that a private provider can meet the person's needs, state-operated services shall,  
57.3 if necessary, extend notice of service termination until placement can be made. If the  
57.4 commissioner determines that a private provider cannot meet the person's needs,  
57.5 state-operated services shall rescind the notice of service termination and re-engage with  
57.6 the lead agency in service planning for the person.

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

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

57.13 Subd. 12b. Department of Human Services systemic critical incident review team. (a)  
57.14 The commissioner may establish a Department of Human Services systemic critical incident  
57.15 review team to review required critical incident reports under section 626.557 for which  
57.16 the Department of Human Services is responsible under section 626.5572, subdivision 13;  
57.17 chapter 245D; or Minnesota Rules, chapter 9544. When reviewing a critical incident, the  
57.18 systemic critical incident review team must identify systemic influences to the incident  
57.19 rather than determining the culpability of any actors involved in the incident. The systemic  
57.20 critical incident review may assess the entire critical incident process from the point of an  
57.21 entity reporting the critical incident through the ongoing case management process.  
57.22 Department staff must lead and conduct the reviews and may utilize county staff as reviewers.  
57.23 The systemic critical incident review process may include but is not limited to:

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

57.30 (i) staff of the provider agency;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

58.28 (d) The systemic critical incident review under this section must not replace the process  
58.29 for screening or investigating cases of alleged maltreatment of an adult under section 626.557.  
58.30 The department, under the jurisdiction of the commissioner, may select for systemic critical  
58.31 incident review cases reported for suspected maltreatment and closed following initial or  
58.32 final disposition.

59.1 (e) The proceedings and records of the review team are confidential data on individuals  
59.2 or protected nonpublic data as defined in section 13.02, subdivisions 3 and 13. Data that  
59.3 document a person's opinions formed as a result of the review are not subject to discovery  
59.4 or introduction into evidence in a civil or criminal action against a professional, the state,  
59.5 or a county agency arising out of the matters that the team is reviewing. Information,  
59.6 documents, and records otherwise available from other sources are not immune from  
59.7 discovery or use in a civil or criminal action solely because the information, documents,  
59.8 and records were assessed or presented during review team proceedings. A person who  
59.9 presented information before the systemic critical incident review team or who is a member  
59.10 of the team must not be prevented from testifying about matters within the person's  
59.11 knowledge. In a civil or criminal proceeding, a person must not be questioned about opinions  
59.12 formed by the person as a result of the review.

59.13 (f) By October 1 of each year, the commissioner shall prepare an annual public report  
59.14 containing the following information:

59.15 (1) the number of cases reviewed under each critical incident category identified in  
59.16 paragraph (b) and a geographical description of where cases under each category originated;

59.17 (2) an aggregate summary of the systemic themes from the critical incidents examined  
59.18 by the critical incident review team during the previous year;

59.19 (3) a synopsis of the conclusions, incident analyses, or exploratory activities taken in  
59.20 regard to the critical incidents examined by the critical incident review team; and

59.21 (4) recommendations made to the commissioner regarding systemic changes that could  
59.22 decrease the number and severity of critical incidents in the future or improve the quality  
59.23 of the home and community-based service system.

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

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

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

59.31 (2) any patient or relative aggrieved by an order of the commissioner under section  
59.32 252.27;

- 60.1 (3) a party aggrieved by a ruling of a prepaid health plan;
- 60.2 (4) except as provided under chapter 245C, any individual or facility determined by a  
60.3 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after  
60.4 they have exercised their right to administrative reconsideration under section 626.557;
- 60.5 (5) any person whose claim for foster care payment according to a placement of the  
60.6 child resulting from a child protection assessment under chapter 260E is denied or not acted  
60.7 upon with reasonable promptness, regardless of funding source;
- 60.8 (6) any person to whom a right of appeal according to this section is given by other  
60.9 provision of law;
- 60.10 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver  
60.11 under section 256B.15;
- 60.12 (8) an applicant aggrieved by an adverse decision to an application or redetermination  
60.13 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;
- 60.14 (9) except as provided under chapter 245A, an individual or facility determined to have  
60.15 maltreated a minor under chapter 260E, after the individual or facility has exercised the  
60.16 right to administrative reconsideration under chapter 260E;
- 60.17 (10) except as provided under chapter 245C, an individual disqualified under sections  
60.18 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,  
60.19 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the  
60.20 individual has committed an act or acts that meet the definition of any of the crimes listed  
60.21 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section  
60.22 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment  
60.23 determination under clause (4) or (9) and a disqualification under this clause in which the  
60.24 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into  
60.25 a single fair hearing. In such cases, the scope of review by the human services judge shall  
60.26 include both the maltreatment determination and the disqualification. The failure to exercise  
60.27 the right to an administrative reconsideration shall not be a bar to a hearing under this section  
60.28 if federal law provides an individual the right to a hearing to dispute a finding of  
60.29 maltreatment;
- 60.30 (11) any person with an outstanding debt resulting from receipt of public assistance,  
60.31 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the  
60.32 Department of Human Services or a county agency. The scope of the appeal is the validity

61.1 of the claimant agency's intention to request a setoff of a refund under chapter 270A against  
61.2 the debt;

61.3 (12) a person issued a notice of service termination under section 245D.10, subdivision  
61.4 3a, from by a licensed provider of any residential supports and or services as defined listed  
61.5 in section 245D.03, subdivision 1, paragraph paragraphs (b) and (c), clause (3), that is not  
61.6 otherwise subject to appeal under subdivision 4a;

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

61.9 (14) a person issued a notice of service termination under section 245A.11, subdivision  
61.10 11, that is not otherwise subject to appeal under subdivision 4a.

61.11 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),  
61.12 is the only administrative appeal to the final agency determination specifically, including  
61.13 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested  
61.14 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or  
61.15 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged  
61.16 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case  
61.17 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),  
61.18 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A  
61.19 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only  
61.20 available when there is no district court action pending. If such action is filed in district  
61.21 court while an administrative review is pending that arises out of some or all of the events  
61.22 or circumstances on which the appeal is based, the administrative review must be suspended  
61.23 until the judicial actions are completed. If the district court proceedings are completed,  
61.24 dismissed, or overturned, the matter may be considered in an administrative hearing.

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

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

61.32 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to  
61.33 whether the proposed termination of services is authorized under section 245D.10,  
61.34 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements

62.1 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,  
62.2 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of  
62.3 termination of services, the scope of the hearing shall also include whether the case  
62.4 management provider has finalized arrangements for a residential facility, a program, or  
62.5 services that will meet the assessed needs of the recipient by the effective date of the service  
62.6 termination.

62.7 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor  
62.8 under contract with a county agency to provide social services is not a party and may not  
62.9 request a hearing under this section, except if assisting a recipient as provided in subdivision  
62.10 4.

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

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

62.17 (i) Unless federal or Minnesota law specifies a different time frame in which to file an  
62.18 appeal, an individual or organization specified in this section may contest the specified  
62.19 action, decision, or final disposition before the state agency by submitting a written request  
62.20 for a hearing to the state agency within 30 days after receiving written notice of the action,  
62.21 decision, or final disposition, or within 90 days of such written notice if the applicant,  
62.22 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision  
62.23 13, why the request was not submitted within the 30-day time limit. The individual filing  
62.24 the appeal has the burden of proving good cause by a preponderance of the evidence.

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

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

62.28 (b) "Activities of daily living" has the meaning given in section 256B.0659, subdivision  
62.29 1, paragraph (b).

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

62.32 (d) "Care coordination" means a service performed by a licensed professional to  
62.33 coordinate both skilled and unskilled home care services, except personal care assistance,

63.1 for a recipient, and may include documentation and coordination activities not carried out  
63.2 in conjunction with a care evaluation visit.

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

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

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

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

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

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

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

63.25 Subd. 2. **Services covered.** Home care services covered under this section and sections  
63.26 256B.0652 to 256B.0654 and 256B.0659 include:

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

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

63.29 ~~(1)~~ (3) nursing services under sections 256B.0625, subdivision 6a, and 256B.0653;

63.30 ~~(2)~~ (4) home care nursing services under sections 256B.0625, subdivision 7, and  
63.31 256B.0654;

- 64.1 ~~(3)~~(5) home health services under sections 256B.0625, subdivision 6a, and 256B.0653;
- 64.2 ~~(4)~~(6) personal care assistance services under sections 256B.0625, subdivision 19a, and
- 64.3 256B.0659;
- 64.4 ~~(5)~~(7) supervision of personal care assistance services provided by a qualified
- 64.5 professional under sections 256B.0625, subdivision 19a, and 256B.0659;
- 64.6 ~~(6)~~(8) face-to-face assessments by county public health nurses for services under sections
- 64.7 256B.0625, subdivision 19a, and 256B.0659; and
- 64.8 ~~(7)~~(9) service updates and review of temporary increases for personal care assistance
- 64.9 services by the county public health nurse for services under sections 256B.0625, subdivision
- 64.10 19a, and 256B.0659.

64.11 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,

64.12 whichever is later. The commissioner of human services shall notify the revisor of statutes

64.13 when federal approval is obtained.

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

64.15 Subd. 11. **Limits on services without authorization.** A recipient may receive the

64.16 following home care services during a calendar year:

64.17 (1) up to two face-to-face assessments to determine a recipient's need for personal care

64.18 assistance services;

64.19 (2) one service update done to determine a recipient's need for personal care assistance

64.20 services; ~~and~~

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

64.22 evaluations; and

64.23 (4) up to four 15-minute units of care coordination per episode of care to coordinate

64.24 home health services for a recipient.

64.25 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,

64.26 whichever is later. The commissioner of human services shall notify the revisor of statutes

64.27 when federal approval is obtained.

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

64.29 Subd. 6. **Noncovered home health agency services.** The following are not eligible for

64.30 payment under medical assistance as a home health agency service:



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

65.4 (2) the following skilled nurse visits:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

67.3 (j) "Managing employee" has the same definition as Code of Federal Regulations, title  
67.4 42, section 455.

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

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

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

67.13 (n) "Personal care assistance care plan" means a written description of personal care  
67.14 assistance services developed by the personal care assistance provider according to the  
67.15 service plan.

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

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

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

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

67.26 **EFFECTIVE DATE.** This section is effective within 90 days of federal approval. The  
67.27 commissioner of human services shall inform the revisor of statutes when federal approval  
67.28 is obtained.

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

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

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

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

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

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

68.9 (2) provider name and telephone numbers;

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

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

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

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

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

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

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

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

68.23 **EFFECTIVE DATE.** This section is effective within 90 days of federal approval. The  
 68.24 commissioner of human services shall inform the revisor of statutes when federal approval  
 68.25 is obtained.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

70.16 **EFFECTIVE DATE.** This section is effective within 90 days of federal approval. The  
70.17 commissioner of human services shall inform the revisor of statutes when federal approval  
70.18 is obtained.

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

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

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

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

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

70.27 (4) comply with background study requirements;

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

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

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

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

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

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

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

71.14 (12) report suspected neglect and abuse to the common entry point according to section  
71.15 256B.0651;

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

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

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

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

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

71.27 **EFFECTIVE DATE.** This section is effective within 90 days of federal approval. The  
71.28 commissioner of human services shall inform the revisor of statutes when federal approval  
71.29 is obtained.

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

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

72.8 (1) alternative care program;

72.9 (2) brain injury waiver;

72.10 (3) community alternative care waiver;

72.11 (4) community access for disability inclusion waiver;

72.12 (5) developmental disabilities waiver;

72.13 (6) elderly waiver; and

72.14 (7) Minnesota senior health option.

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

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

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

72.25 (e) If a spouse is providing personal assistance services, the spouse may provide up to  
72.26 60 hours of personal assistance services in a seven-day period.

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

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



73.1 Sec. 13. Minnesota Statutes 2020, section 256B.4914, subdivision 8, as amended by Laws  
73.2 2022, chapter 33, section 1, is amended to read:

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

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

73.10 (1) competitive workforce factor: 4.7 percent;

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

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

73.13 (4) employee-related cost ratio: 23.6 percent;

73.14 (5) program plan support ratio: 15.5 percent;

73.15 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision  
73.16 5b;

73.17 (7) general administrative support ratio: 13.25 percent;

73.18 (8) program-related expense ratio: 6.1 percent; and

73.19 (9) absence and utilization factor ratio: 3.9 percent.

73.20 (c) A unit of service for unit-based services with programming is 15 minutes.

73.21 (d) Payments for unit-based services with programming must be calculated as follows,  
73.22 unless the services are reimbursed separately as part of a residential support services or day  
73.23 program payment rate:

73.24 (1) determine the number of units of service to meet a recipient's needs;

73.25 (2) determine the appropriate hourly staff wage rates derived by the commissioner as  
73.26 provided in subdivisions 5 and 5a;

73.27 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the  
73.28 product of one plus the competitive workforce factor;

- 74.1 (4) for a recipient requiring customization for deaf and hard-of-hearing language  
74.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12  
74.3 to the result of clause (3);
- 74.4 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 74.5 (6) multiply the number of direct staffing hours by the product of the supervisory span  
74.6 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 74.7 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
74.8 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing  
74.9 rate;
- 74.10 (8) for program plan support, multiply the result of clause (7) by one plus the program  
74.11 plan support ratio;
- 74.12 (9) for employee-related expenses, multiply the result of clause (8) by one plus the  
74.13 employee-related cost ratio;
- 74.14 (10) for client programming and supports, multiply the result of clause (9) by one plus  
74.15 the client programming and support ratio;
- 74.16 (11) this is the subtotal rate;
- 74.17 (12) sum the standard general administrative support ratio, the program-related expense  
74.18 ratio, and the absence and utilization factor ratio;
- 74.19 (13) divide the result of clause (11) by one minus the result of clause (12). This is the  
74.20 total payment amount;
- 74.21 (14) for services provided in a shared manner, divide the total payment in clause (13)  
74.22 as follows:
- 74.23 (i) for employment exploration services, divide by the number of service recipients, not  
74.24 to exceed five;
- 74.25 (ii) for employment support services, divide by the number of service recipients, not to  
74.26 exceed six; and
- 74.27 (iii) for individualized home supports with training and individualized home supports  
74.28 with family training, divide by the number of service recipients, not to exceed ~~two~~ three;  
74.29 and
- 74.30 (15) adjust the result of clause (14) by a factor to be determined by the commissioner  
74.31 to adjust for regional differences in the cost of providing services.

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

75.4 Sec. 14. Minnesota Statutes 2020, section 256B.4914, subdivision 9, as amended by Laws  
75.5 2022, chapter 33, section 1, is amended to read:

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

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

75.12 (1) competitive workforce factor: 4.7 percent;

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

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

75.15 (4) employee-related cost ratio: 23.6 percent;

75.16 (5) program plan support ratio: 7.0 percent;

75.17 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision  
75.18 5b;

75.19 (7) general administrative support ratio: 13.25 percent;

75.20 (8) program-related expense ratio: 2.9 percent; and

75.21 (9) absence and utilization factor ratio: 3.9 percent.

75.22 (c) A unit of service for unit-based services without programming is 15 minutes.

75.23 (d) Payments for unit-based services without programming must be calculated as follows  
75.24 unless the services are reimbursed separately as part of a residential support services or day  
75.25 program payment rate:

75.26 (1) determine the number of units of service to meet a recipient's needs;

75.27 (2) determine the appropriate hourly staff wage rates derived by the commissioner as  
75.28 provided in subdivisions 5 to 5a;

75.29 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the  
75.30 product of one plus the competitive workforce factor;

76.1 (4) for a recipient requiring customization for deaf and hard-of-hearing language  
76.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12  
76.3 to the result of clause (3);

76.4 (5) multiply the number of direct staffing hours by the appropriate staff wage;

76.5 (6) multiply the number of direct staffing hours by the product of the supervisory span  
76.6 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

76.7 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
76.8 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing  
76.9 rate;

76.10 (8) for program plan support, multiply the result of clause (7) by one plus the program  
76.11 plan support ratio;

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

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

76.16 (11) this is the subtotal rate;

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

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

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

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

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

77.1 Sec. 15. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 7, is amended  
77.2 to read:

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

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

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

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

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

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

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

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

77.21 (6) services provided by a consultation services provider as defined under subdivision  
77.22 17, that is under contract with the department and enrolled as a Minnesota health care  
77.23 program provider;

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

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

77.30 ~~(i) provide any medical assistance home and community-based services in excess of 40~~  
77.31 ~~hours per seven-day period regardless of the number of parents providing services;~~

78.1 ~~combination of parents and spouses providing services, or number of children who receive~~  
78.2 ~~medical assistance services; and~~

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

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

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

78.9 Sec. 16. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision  
78.10 to read:

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

78.13 (b) If multiple parents are support workers providing CFSS services to their minor child  
78.14 or children, each parent may provide up to 40 hours of medical assistance home and  
78.15 community-based services in any seven-day period regardless of the number of children  
78.16 served. The total number of hours of medical assistance home and community-based services  
78.17 provided by all of the parents must not exceed 80 hours in a seven-day period regardless of  
78.18 the number of children served.

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

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

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

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

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

79.1 Sec. 17. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 8, is amended  
79.2 to read:

79.3 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community  
79.4 first services and supports must be authorized by the commissioner or the commissioner's  
79.5 designee before services begin. The authorization for CFSS must be completed as soon as  
79.6 possible following an assessment but no later than 40 calendar days from the date of the  
79.7 assessment.

79.8 (b) The amount of CFSS authorized must be based on the participant's home care rating  
79.9 described in paragraphs (d) and (e) and any additional service units for which the participant  
79.10 qualifies as described in paragraph (f).

79.11 (c) The home care rating shall be determined by the commissioner or the commissioner's  
79.12 designee based on information submitted to the commissioner identifying the following for  
79.13 a participant:

79.14 (1) the total number of dependencies of activities of daily living;

79.15 (2) the presence of complex health-related needs; and

79.16 (3) the presence of Level I behavior.

79.17 (d) The methodology to determine the total service units for CFSS for each home care  
79.18 rating is based on the median paid units per day for each home care rating from fiscal year  
79.19 2007 data for the PCA program.

79.20 (e) Each home care rating is designated by the letters P through Z and EN and has the  
79.21 following base number of service units assigned:

79.22 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs  
79.23 and qualifies the person for five service units;

79.24 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs  
79.25 and qualifies the person for six service units;

79.26 (3) R home care rating requires a complex health-related need and one to three  
79.27 dependencies in ADLs and qualifies the person for seven service units;

79.28 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person  
79.29 for ten service units;

79.30 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior  
79.31 and qualifies the person for 11 service units;

80.1 (6) U home care rating requires four to six dependencies in ADLs and a complex  
80.2 health-related need and qualifies the person for 14 service units;

80.3 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the  
80.4 person for 17 service units;

80.5 (8) W home care rating requires seven to eight dependencies in ADLs and Level I  
80.6 behavior and qualifies the person for 20 service units;

80.7 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex  
80.8 health-related need and qualifies the person for 30 service units; and

80.9 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,  
80.10 subdivision 1, paragraph ~~(g)~~ (i). A person who meets the definition of ventilator-dependent  
80.11 and the EN home care rating and utilize a combination of CFSS and home care nursing  
80.12 services is limited to a total of 96 service units per day for those services in combination.  
80.13 Additional units may be authorized when a person's assessment indicates a need for two  
80.14 staff to perform activities. Additional time is limited to 16 service units per day.

80.15 (f) Additional service units are provided through the assessment and identification of  
80.16 the following:

80.17 (1) 30 additional minutes per day for a dependency in each critical activity of daily  
80.18 living;

80.19 (2) 30 additional minutes per day for each complex health-related need; and

80.20 (3) 30 additional minutes per day for each behavior under this clause that requires  
80.21 assistance at least four times per week:

80.22 (i) level I behavior that requires the immediate response of another person;

80.23 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;

80.24 or

80.25 (iii) increased need for assistance for participants who are verbally aggressive or resistive  
80.26 to care so that the time needed to perform activities of daily living is increased.

80.27 (g) The service budget for budget model participants shall be based on:

80.28 (1) assessed units as determined by the home care rating; and

80.29 (2) an adjustment needed for administrative expenses.



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

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

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

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

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

81.10 (3) employee benefits factor, 12.04 percent;

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

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

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

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

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

81.16 (b) For purposes of implementation, the commissioner shall use the following  
81.17 implementation components:

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

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

81.21 (3) qualified professional services and CFSS worker training and development: ~~75.45~~  
81.22 79.5 percent.

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

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

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

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

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

82.10 (3) notwithstanding the provisions of subdivision 2a, for up to ~~226~~ 500 supportive  
82.11 housing units in Anoka, Carver, Dakota, Hennepin, or Ramsey, Scott, or Washington County  
82.12 for homeless adults with a disability, including but not limited to mental illness, a history  
82.13 of substance abuse, or human immunodeficiency virus or acquired immunodeficiency  
82.14 syndrome. For purposes of this ~~section~~ clause, "homeless adult" means a person who is: (i)  
82.15 living on the street or in a shelter; or (ii) discharged from a regional treatment center,  
82.16 community hospital, or residential treatment program and has no appropriate housing  
82.17 available and lacks the resources and support necessary to access appropriate housing. At  
82.18 ~~least 70 percent of the supportive housing units must serve homeless adults with mental~~  
82.19 ~~illness, substance abuse problems, or human immunodeficiency virus or acquired~~  
82.20 ~~immunodeficiency syndrome who are about to be or, within the previous six months, have~~  
82.21 ~~been discharged from a regional treatment center, or a state-contracted psychiatric bed in~~  
82.22 ~~a community hospital, or a residential mental health or chemical dependency treatment~~  
82.23 ~~program.~~ If a person meets the requirements of subdivision 1, paragraph (a) or (b), and  
82.24 receives a federal or state housing subsidy, the housing support rate for that person is limited  
82.25 to the supplementary rate under section 256I.05, subdivision 1a, ~~and is determined by~~  
82.26 ~~subtracting the amount of the person's countable income that exceeds the MSA equivalent~~  
82.27 ~~rate from the housing support supplementary service rate.~~ A resident in a demonstration  
82.28 project site who no longer participates in the demonstration program shall retain eligibility  
82.29 for a housing support payment in an amount determined under section 256I.06, subdivision  
82.30 8, using the MSA equivalent rate. ~~Service funding under section 256I.05, subdivision 1a,~~  
82.31 ~~will end June 30, 1997, if federal matching funds are available and the services can be~~  
82.32 ~~provided through a managed care entity. If federal matching funds are not available, then~~  
82.33 ~~service funding will continue under section 256I.05, subdivision 1a;~~

82.34 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in  
82.35 Hennepin County providing services for recovering and chemically dependent men that has

83.1 had a housing support contract with the county and has been licensed as a board and lodge  
83.2 facility with special services since 1980;

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

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

83.10 (7) for a housing support provider that operates two ten-bed facilities, one located in  
83.11 Hennepin County and one located in Ramsey County, that provide community support and  
83.12 24-hour-a-day supervision to serve the mental health needs of individuals who have  
83.13 chronically lived unsheltered; and

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

83.17 (b) An agency may enter into a housing support agreement for beds with rates in excess  
83.18 of the MSA equivalent rate in addition to those currently covered under a housing support  
83.19 agreement if the additional beds are only a replacement of beds with rates in excess of the  
83.20 MSA equivalent rate which have been made available due to closure of a setting, a change  
83.21 of licensure or certification which removes the beds from housing support payment, or as  
83.22 a result of the downsizing of a setting authorized for recipients of housing support. The  
83.23 transfer of available beds from one agency to another can only occur by the agreement of  
83.24 both agencies.

83.25 (c) The appropriation for this subdivision must include administrative funding equal to  
83.26 the cost of two full-time equivalent employees to process eligibility. The commissioner  
83.27 must disburse administrative funding to the fiscal agent for the counties under this  
83.28 subdivision.

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

83.30 **256S.16 AUTHORIZATION OF ELDERLY WAIVER SERVICES AND SERVICE**  
83.31 **RATES.**

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

84.1 Subd. 2. **Shared services; rates.** The commissioner shall provide a rate system for  
84.2 shared homemaker services and shared chore services, based on homemaker rates for a  
84.3 single individual under section 256S.215, subdivisions 9 to 11, and the chore rate for a  
84.4 single individual under section 256S.215, subdivision 7. For two persons sharing services,  
84.5 the rate paid to a provider must not exceed 1-1/2 times the rate paid for serving a single  
84.6 individual, and for three persons sharing services, the rate paid to a provider must not exceed  
84.7 two times the rate paid for serving a single individual. These rates apply only when all of  
84.8 the criteria for the shared service have been met.

84.9 Sec. 21. Minnesota Statutes 2020, section 256S.18, subdivision 1, is amended to read:

84.10 Subdivision 1. **Case mix classifications.** (a) The elderly waiver case mix classifications  
84.11 A to K shall be the resident classes A to K established under Minnesota Rules, parts  
84.12 9549.0058 and 9549.0059.

84.13 (b) A participant assigned to elderly waiver case mix classification A must be reassigned  
84.14 to elderly waiver case mix classification L if an assessment or reassessment performed  
84.15 under section 256B.0911 determines that the participant has:

84.16 (1) no dependencies in activities of daily living; or

84.17 (2) up to two dependencies in bathing, dressing, grooming, walking, or eating when the  
84.18 dependency score in eating is three or greater.

84.19 (c) A participant must be assigned to elderly waiver case mix classification V if the  
84.20 participant meets the definition of ventilator-dependent in section 256B.0651, subdivision  
84.21 1, paragraph ~~(g)~~ (i).

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

84.25 Sec. 22. Laws 2021, First Special Session chapter 7, article 17, section 14, subdivision 3,  
84.26 is amended to read:

84.27 Subd. 3. **Membership.** (a) The task force consists of ~~16~~ 20 members, appointed as  
84.28 follows:

84.29 (1) the commissioner of human services or a designee;

84.30 (2) the commissioner of labor and industry or a designee;

84.31 (3) the commissioner of education or a designee;

- 85.1 (4) the commissioner of employment and economic development or a designee;
- 85.2 (5) a representative of the Department of Employment and Economic Development's  
85.3 Vocational Rehabilitation Services Division appointed by the commissioner of employment  
85.4 and economic development;
- 85.5 (6) one member appointed by the Minnesota Disability Law Center;
- 85.6 (7) one member appointed by The Arc of Minnesota;
- 85.7 (8) ~~three~~ four members who are persons with disabilities appointed by the commissioner  
85.8 of human services, at least one of whom ~~must be~~ is neurodiverse, ~~and~~ at least one of whom  
85.9 ~~must have~~ has a significant physical disability, and at least one of whom at the time of the  
85.10 appointment is being paid a subminimum wage;
- 85.11 (9) two representatives of employers authorized to pay subminimum wage and one  
85.12 representative of an employer who successfully transitioned away from payment of  
85.13 subminimum wages to people with disabilities, appointed by the commissioner of human  
85.14 services;
- 85.15 (10) one member appointed by the Minnesota Organization for Habilitation and  
85.16 Rehabilitation;
- 85.17 (11) one member appointed by ARRM; ~~and~~
- 85.18 (12) one member appointed by the State Rehabilitation Council; and
- 85.19 (13) three members who are parents or guardians of persons with disabilities appointed  
85.20 by the commissioner of human services, at least one of whom is a parent or guardian of a  
85.21 person who is neurodiverse, at least one of whom is a parent or guardian of a person with  
85.22 a significant physical disability, and at least one of whom is a parent or guardian of a person  
85.23 being paid a subminimum wage as of the date of the appointment.
- 85.24 (b) To the extent possible, membership on the task force under paragraph (a) shall reflect  
85.25 geographic parity throughout the state and representation from Black, Indigenous, and  
85.26 communities of color.
- 85.27 **EFFECTIVE DATE.** This section is effective the day following final enactment. The  
85.28 commissioner of human services must make the additional appointments required under  
85.29 this section within 30 days following final enactment.

86.1 Sec. 23. Laws 2022, chapter 33, section 1, subdivision 5a, is amended to read:

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

86.4 (1) for supervisory staff, 100 percent of the median wage for community and social  
86.5 services specialist (SOC code 21-1099), with the exception of the supervisor of positive  
86.6 supports professional, positive supports analyst, and positive supports specialist, which is  
86.7 100 percent of the median wage for clinical counseling and school psychologist (SOC code  
86.8 19-3031);

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

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

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

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

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

86.21 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and  
86.22 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant  
86.23 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code  
86.24 29-2053); and 20 percent of the median wage for social and human services aide (SOC code  
86.25 21-1093);

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

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

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

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

87.5 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric  
87.6 technicians (SOC code 29-2053);

87.7 (11) for individualized home supports with family training staff, 20 percent of the median  
87.8 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community  
87.9 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and  
87.10 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric  
87.11 technician (SOC code 29-2053);

87.12 (12) for individualized home supports with training services staff, 40 percent of the  
87.13 median wage for community social service specialist (SOC code 21-1099); 50 percent of  
87.14 the median wage for social and human services aide (SOC code 21-1093); and ten percent  
87.15 of the median wage for psychiatric technician (SOC code 29-2053);

87.16 (13) for employment support services staff, 50 percent of the median wage for  
87.17 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for  
87.18 community and social services specialist (SOC code 21-1099);

87.19 (14) for employment exploration services staff, 50 percent of the median wage for  
87.20 ~~rehabilitation counselor (SOC code 21-1015)~~ education, guidance, school, and vocational  
87.21 counselors (SOC code 21-1012); and 50 percent of the median wage for community and  
87.22 social services specialist (SOC code 21-1099);

87.23 (15) for employment development services staff, 50 percent of the median wage for  
87.24 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent  
87.25 of the median wage for community and social services specialist (SOC code 21-1099);

87.26 (16) for individualized home support without training staff, 50 percent of the median  
87.27 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the  
87.28 median wage for nursing assistant (SOC code 31-1131);

87.29 (17) for night supervision staff, 40 percent of the median wage for home health and  
87.30 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant  
87.31 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code  
87.32 29-2053); and 20 percent of the median wage for social and human services aide (SOC code  
87.33 21-1093); and

88.1 (18) for respite staff, 50 percent of the median wage for home health and personal care  
88.2 aide (SOC code 31-1131); and 50 percent of the median wage for nursing assistant (SOC  
88.3 code 31-1014).-

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

88.7 Sec. 24. Laws 2022, chapter 33, section 1, subdivision 9a, is amended to read:

88.8 Subd. 9a. **Respite services; component values and calculation of payment rates.** (a)

88.9 For the purposes of this section, respite services include respite services provided to an  
88.10 individual outside of any service plan for a day program or residential support service.

88.11 (b) Component values for respite services are:

88.12 (1) competitive workforce factor: 4.7 percent;

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

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

88.15 (4) employee-related cost ratio: 23.6 percent;

88.16 (5) general administrative support ratio: 13.25 percent;

88.17 (6) program-related expense ratio: 2.9 percent; and

88.18 (7) absence and utilization factor ratio: 3.9 percent.

88.19 (c) A unit of service for respite services is 15 minutes.

88.20 (d) Payments for respite services must be calculated as follows unless the service is  
88.21 reimbursed separately as part of a residential support services or day program payment rate:

88.22 (1) determine the number of units of service to meet an individual's needs;

88.23 (2) determine the appropriate hourly staff wage rates derived by the commissioner as  
88.24 provided in subdivisions 5 and 5a;

88.25 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the  
88.26 product of one plus the competitive workforce factor;

88.27 (4) for a recipient requiring deaf and hard-of-hearing customization under subdivision  
88.28 12, add the customization rate provided in subdivision 12 to the result of clause (3);

88.29 (5) multiply the number of direct staffing hours by the appropriate staff wage;



89.1 (6) multiply the number of direct staffing hours by the product of the supervisory span  
89.2 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

89.3 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
89.4 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing  
89.5 rate;

89.6 (8) for employee-related expenses, multiply the result of clause (7) by one plus the  
89.7 employee-related cost ratio;

89.8 (9) this is the subtotal rate;

89.9 (10) sum the standard general administrative support ratio, the program-related expense  
89.10 ratio, and the absence and utilization factor ratio;

89.11 (11) divide the result of clause (9) by one minus the result of clause (10). This is the  
89.12 total payment amount;

89.13 (12) for respite services provided in a shared manner, divide the total payment amount  
89.14 in clause (11) by the number of service recipients, not to exceed three; ~~and~~

89.15 (13) for night supervision provided in a shared manner, divide the total payment amount  
89.16 in clause (11) by the number of service recipients, not to exceed two; and

89.17 ~~(13)~~ (14) adjust the result of clause clauses (12) and (13) by a factor to be determined  
89.18 by the commissioner to adjust for regional differences in the cost of providing services.

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

89.22 Sec. 25. **WORKFORCE INCENTIVE FUND GRANTS.**

89.23 Subdivision 1. **Grant program established.** The commissioner of human services shall  
89.24 establish grants for behavioral health, housing, disability, and home and community-based  
89.25 older adult providers to assist with recruiting and retaining direct support and frontline  
89.26 workers.

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

89.29 (b) "Commissioner" means the commissioner of human services.

89.30 (c) "Eligible employer" means an organization enrolled in a Minnesota health care  
89.31 program or providing housing services that is:

- 90.1 (1) a provider of home and community-based services under Minnesota Statutes, chapter  
90.2 245D;
- 90.3 (2) an agency provider or financial management service provider under Minnesota  
90.4 Statutes, section 256B.85;
- 90.5 (3) a home care provider licensed under Minnesota Statutes, sections 144A.43 to  
90.6 144A.482;
- 90.7 (4) a facility certified as an intermediate care facility for persons with developmental  
90.8 disabilities;
- 90.9 (5) a provider of home care services as defined in Minnesota Statutes, section 256B.0651,  
90.10 subdivision 1, paragraph (d);
- 90.11 (6) an agency as defined in Minnesota Statutes, section 256B.0949, subdivision 2;
- 90.12 (7) a provider of mental health day treatment services for children or adults;
- 90.13 (8) a provider of emergency services as defined in Minnesota Statutes, section 256E.36;
- 90.14 (9) a provider of housing support as defined in Minnesota Statutes, chapter 256I;
- 90.15 (10) a provider of housing stabilization services as defined in Minnesota Statutes, section  
90.16 256B.051;
- 90.17 (11) a provider of transitional housing programs as defined in Minnesota Statutes, section  
90.18 256E.33;
- 90.19 (12) a provider of substance use disorder services as defined in Minnesota Statutes,  
90.20 chapter 245G;
- 90.21 (13) an eligible financial management service provider serving people through  
90.22 consumer-directed community supports under Minnesota Statutes, sections 256B.092 and  
90.23 256B.49, and chapter 256S, and consumer support grants under Minnesota Statutes, section  
90.24 256.476;
- 90.25 (14) a provider of customized living services as defined in Minnesota Statutes, section  
90.26 256S.02, subdivision 12; or
- 90.27 (15) a provider who serves children with an emotional disorder or adults with mental  
90.28 illness under Minnesota Statutes, section 245I.011 or 256B.0671, providing services,  
90.29 including:
- 90.30 (i) assertive community treatment;
- 90.31 (ii) intensive residential treatment services;

- 91.1 (iii) adult rehabilitative mental health services;
- 91.2 (iv) mobile crisis services;
- 91.3 (v) children's therapeutic services and supports;
- 91.4 (vi) children's residential services;
- 91.5 (vii) psychiatric residential treatment services;
- 91.6 (viii) outpatient mental health treatment provided by mental health professionals,
- 91.7 community mental health center services, or certified community behavioral health clinics;
- 91.8 and
- 91.9 (ix) intensive mental health outpatient treatment services.
- 91.10 (d) "Eligible worker" means a worker who earns \$30 per hour or less and has worked
- 91.11 in an eligible profession for at least six months. Eligible workers may receive up to \$5,000
- 91.12 annually in payments from the workforce incentive fund.
- 91.13 Subd. 3. Allowable uses of grant money. (a) Grantees must use money awarded to
- 91.14 provide payments to eligible workers for the following purposes:
- 91.15 (1) retention and incentive payments;
- 91.16 (2) postsecondary loan and tuition payments;
- 91.17 (3) child care costs;
- 91.18 (4) transportation-related costs; and
- 91.19 (5) other costs associated with retaining and recruiting workers, as approved by the
- 91.20 commissioner.
- 91.21 (b) The commissioner must develop a grant cycle distribution plan that allows for
- 91.22 equitable distribution of funding among eligible employer types. The commissioner's
- 91.23 determination of the grant awards and amounts is final and is not subject to appeal.
- 91.24 (c) The commissioner must make efforts to prioritize eligible employers owned by
- 91.25 persons who are Black, Indigenous, and people of color and small- to mid-sized eligible
- 91.26 employers.
- 91.27 Subd. 4. Attestation. As a condition of obtaining grant payments under this section, an
- 91.28 eligible employer must attest and agree to the following:
- 91.29 (1) the employer is an eligible employer;
- 91.30 (2) the total number of eligible employees;

92.1 (3) the employer will distribute the entire value of the grant to eligible employees, as  
92.2 allowed under this section;

92.3 (4) the employer will create and maintain records under subdivision 6;

92.4 (5) the employer will not use the money appropriated under this section for any purpose  
92.5 other than the purposes permitted under this section; and

92.6 (6) the entire value of any grant amounts must be distributed to eligible employees  
92.7 identified by the provider.

92.8 Subd. 5. **Audits and recoupment.** (a) The commissioner may perform an audit under  
92.9 this section up to six years after the grant is awarded to ensure:

92.10 (1) the grantee used the money solely for the purposes stated in subdivision 3;

92.11 (2) the grantee was truthful when making attestations under subdivision 5; and

92.12 (3) the grantee complied with the conditions of receiving a grant under this section.

92.13 (b) If the commissioner determines that a grantee used awarded money for purposes not  
92.14 authorized under this section, the commissioner must treat any amount used for a purpose  
92.15 not authorized under this section as an overpayment. The commissioner must recover any  
92.16 overpayment.

92.17 Subd. 6. **Self-directed services workforce.** Grants paid to eligible employees providing  
92.18 services within the covered programs defined in Minnesota Statutes, section 256B.0711,  
92.19 do not constitute a change in a term or condition for individual providers in covered programs  
92.20 and are not subject to the state's obligation to meet and negotiate under Minnesota Statutes,  
92.21 chapter 179A.

92.22 Subd. 7. **Grants not to be considered income.** (a) For the purposes of this subdivision,  
92.23 "subtraction" has the meaning given in Minnesota Statutes, section 290.0132, subdivision  
92.24 1, paragraph (a), and the rules in that subdivision apply for this subdivision. The definitions  
92.25 in Minnesota Statutes, section 290.01, apply to this subdivision.

92.26 (b) The amount of grant awards received under this section is a subtraction.

92.27 (c) Grant awards under this section are excluded from income, as defined in Minnesota  
92.28 Statutes, sections 290.0674, subdivision 2a, and 290A.03, subdivision 3.

92.29 (d) Notwithstanding any law to the contrary, grant awards under this section must not  
92.30 be considered income, assets, or personal property for purposes of determining eligibility  
92.31 or recertifying eligibility for:

- 93.1 (1) child care assistance programs under Minnesota Statutes, chapter 119B;
- 93.2 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
- 93.3 Statutes, chapter 256D;
- 93.4 (3) housing support under Minnesota Statutes, chapter 256I;
- 93.5 (4) Minnesota family investment program and diversionary work program under
- 93.6 Minnesota Statutes, chapter 256J; and
- 93.7 (5) economic assistance programs under Minnesota Statutes, chapter 256P.
- 93.8 (e) The commissioner of human services must not consider grant awards under this
- 93.9 section as income or assets under Minnesota Statutes, section 256B.056, subdivision 1a,
- 93.10 paragraph (a); 3; or 3c, or for persons with eligibility determined under Minnesota Statutes,
- 93.11 section 256B.057, subdivision 3, 3a, or 3b.

93.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

93.13 **Sec. 26. DIRECT CARE SERVICE CORPS PILOT PROJECT.**

93.14 Subdivision 1. **Establishment.** HealthForce Minnesota at Winona State University must

93.15 develop a pilot project establishing the Minnesota Direct Care Service Corps. The pilot

93.16 program must utilize financial incentives to attract postsecondary students to work as personal

93.17 care assistants or direct support professionals. HealthForce Minnesota must establish the

93.18 financial incentives and minimum work requirements to be eligible for incentive payments.

93.19 The financial incentive must increase with each semester that the student participates in the

93.20 Minnesota Direct Care Service Corps.

93.21 Subd. 2. **Pilot sites.** (a) Pilot sites must include one postsecondary institution in the

93.22 seven-county metropolitan area and at least one postsecondary institution outside of the

93.23 seven-county metropolitan area. If more than one postsecondary institution outside the

93.24 metropolitan area is selected, one must be located in northern Minnesota and the other must

93.25 be located in southern Minnesota.

93.26 (b) After satisfactorily completing the work requirements for a semester, the pilot site

93.27 or its fiscal agent must pay students the financial incentive developed for the pilot project.

93.28 Subd. 3. **Evaluation and report.** (a) HealthForce Minnesota must contract with a third

93.29 party to evaluate the pilot project's impact on health care costs, retention of personal care

93.30 assistants, and patients' and providers' satisfaction of care. The evaluation must include the

93.31 number of participants, the hours of care provided by participants, and the retention of

93.32 participants from semester to semester.

94.1 (b) By January 4, 2024, HealthForce Minnesota must report the findings under paragraph  
94.2 (a) to the chairs and ranking members of the legislative committees with jurisdiction over  
94.3 human services policy and finance.

94.4 Sec. 27. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**  
94.5 **LIFE-SHARING SERVICES.**

94.6 Subdivision 1. **Recommendations required.** The commissioner of human services shall  
94.7 develop recommendations for establishing life sharing as a covered medical assistance  
94.8 waiver service.

94.9 Subd. 2. **Definition.** For the purposes of this section, "life sharing" means a  
94.10 relationship-based living arrangement between an adult with a disability and an individual  
94.11 or family in which they share their lives and experiences while the adult with a disability  
94.12 receives support from the individual or family using person-centered practices.

94.13 Subd. 3. **Stakeholder engagement and consultation.** (a) The commissioner must  
94.14 proactively solicit participation in the development of the life-sharing medical assistance  
94.15 service through a robust stakeholder engagement process that results in the inclusion of a  
94.16 racially, culturally, and geographically diverse group of interested stakeholders from each  
94.17 of the following groups:

- 94.18 (1) providers currently providing or interested in providing life-sharing services;  
94.19 (2) people with disabilities accessing or interested in accessing life-sharing services;  
94.20 (3) disability advocacy organizations; and  
94.21 (4) lead agencies.

94.22 (b) The commissioner must proactively seek input into and assistance with the  
94.23 development of recommendations for establishing the life-sharing service from interested  
94.24 stakeholders.

94.25 (c) The commissioner must provide a method for the commissioner and interested  
94.26 stakeholders to cofacilitate public meetings. The first meeting must occur before January  
94.27 31, 2023. The commissioner must host the cofacilitated meetings at least monthly through  
94.28 October 31, 2023. All meetings must be accessible to all interested stakeholders, recorded,  
94.29 and posted online within one week of the meeting date.

94.30 Subd. 4. **Required topics to be discussed during development of the**  
94.31 **recommendations.** The commissioner and the interested stakeholders must discuss the  
94.32 following topics:

- 95.1 (1) the distinction between life sharing and adult family foster care;  
95.2 (2) successful life-sharing models used in other states;  
95.3 (3) services and supports that could be included in a life-sharing service;  
95.4 (4) potential barriers to providing or accessing life-sharing services;  
95.5 (5) solutions to remove identified barriers to providing or accessing life-sharing services;  
95.6 (6) potential medical assistance payment methodologies for life-sharing services;  
95.7 (7) expanding awareness of the life-sharing model; and  
95.8 (8) draft language for legislation necessary to define and implement life-sharing services.

95.9 Subd. 5. **Report to the legislature.** By December 31, 2023, the commissioner must  
95.10 provide to the chairs and ranking minority members of the house of representatives and  
95.11 senate committees and divisions with jurisdiction over direct care services a report  
95.12 summarizing the discussions between the commissioner and the interested stakeholders and  
95.13 the commissioner's recommendations. The report must also include any draft legislation  
95.14 necessary to define and implement life-sharing services.

95.15 **Sec. 28. DISABILITY SERVICES ACCESSIBILITY TASK FORCE AND PILOT**  
95.16 **PROJECTS.**

95.17 Subdivision 1. **Establishment; purpose.** The Task Force on Disability Services  
95.18 Accessibility is established to evaluate the accessibility of current state and county disability  
95.19 services and to develop and evaluate plans to address barriers to accessibility.

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

95.22 (b) "Accessible" means that a service or program is easily navigated without  
95.23 accommodation or assistance, or, if reasonable accommodations are needed to navigate a  
95.24 service or program, accommodations are chosen by the participant and effectively  
95.25 implemented without excessive burden to the participant. Accessible communication means  
95.26 communication that a person understands, with appropriate accommodations as needed,  
95.27 including language or other interpretation.

95.28 (c) "Commissioner" means the commissioner of the Department of Human Services.

95.29 (d) "Disability services" means services provided through Medicaid, including personal  
95.30 care assistance, home care, other home and community-based services, waivers, and other  
95.31 home and community-based disability services provided through lead agencies.

96.1 (e) "Lead agency" means a county, Tribe, or health plan under contract with the  
96.2 commissioner to administer disability services.

96.3 (f) "Task force" means the Task Force on Disability Services Accessibility.

96.4 Subd. 3. **Membership.** (a) The task force consists of 24 members as follows:

96.5 (1) the commissioner of human services or a designee;

96.6 (2) one member appointed by the Minnesota Council on Disability;

96.7 (3) the ombudsman for mental health and developmental disabilities or a designee;

96.8 (4) two representatives of counties or Tribal agencies appointed by the commissioner  
96.9 of human services;

96.10 (5) one member appointed by the Minnesota Association of County Social Service  
96.11 Administrators;

96.12 (6) one member appointed by the Minnesota Disability Law Center;

96.13 (7) one member appointed by the Arc of Minnesota;

96.14 (8) one member appointed by the Autism Society of Minnesota;

96.15 (9) one member appointed by the Service Employees International Union;

96.16 (10) five members appointed by the commissioner of human services who are people  
96.17 with disabilities, including at least one individual who has been denied services from the  
96.18 state or county and two individuals who use different types of disability services;

96.19 (11) three members appointed by the commissioner of human services who are parents  
96.20 of children with disabilities who use different types of disability services;

96.21 (12) one member appointed by the Association of Residential Resources in Minnesota;

96.22 (13) one member appointed by the Minnesota First Provider Alliance;

96.23 (14) one member appointed by the Minnesota Commission of the Deaf, DeafBlind and  
96.24 Hard of Hearing;

96.25 (15) one member appointed by the Minnesota Organization for Habilitation and  
96.26 Rehabilitation; and

96.27 (16) two members appointed by the commissioner of human services who are direct  
96.28 service professionals.



97.1 (b) To the extent possible, membership on the task force under paragraph (a) shall reflect  
97.2 geographic parity throughout the state and representation from Black and Indigenous  
97.3 communities and communities of color.

97.4 (c) The membership terms, compensation, expense reimbursement, and removal and  
97.5 filling of vacancies of task force members are as provided in section 15.059.

97.6 Subd. 4. **Appointment deadline; first meeting; chair.** Appointing authorities must  
97.7 complete member selections by January 1, 2023. The commissioner shall convene the first  
97.8 meeting of the task force by February 15, 2023. The task force shall select a chair from  
97.9 among its members at its first meeting. The chair will convene all subsequent meetings.

97.10 Subd. 5. **Goals.** The goals of the task force include:

97.11 (1) developing plans and executing methods to investigate accessibility of disability  
97.12 services, including consideration of the following inquiries:

97.13 (i) how accessible is the program or service without assistance or accommodation,  
97.14 including what accessibility options exist, how the accessibility options are communicated,  
97.15 what trainings are provided to ensure accessibility options are implemented, and available  
97.16 processes for filing consumer accessibility complaints and correcting administrative errors;

97.17 (ii) the impact of accessibility barriers on individuals' access to services, including  
97.18 information about service denials or reductions due to accessibility issues, and aggregate  
97.19 information about reductions and denials related to disability or support need types and  
97.20 reasons for reductions and denials; and

97.21 (iii) what areas of discrepancy exist between declared state and county disability policy  
97.22 goals and enumerated state and federal laws and the experiences of people who have  
97.23 disabilities in accessing services;

97.24 (2) identifying areas of inaccessibility creating inefficiencies that financially impact the  
97.25 state and counties, including:

97.26 (i) the number and cost of appeals, including the number of appeals of service denials  
97.27 or reductions that are ultimately overturned;

97.28 (ii) the cost of crisis intervention because of service failure; and

97.29 (iii) the cost of redoing work that was not done correctly initially; and

97.30 (3) assessing the efficacy of possible solutions, including supervising and reviewing  
97.31 data from pilot projects as described in subdivisions 7 and 8.

98.1 Subd. 6. Duties; plan and recommendations. (a) The task force shall work with the  
98.2 commissioner to identify investigative areas and to develop a plan to conduct an accessibility  
98.3 assessment of disability services provided by lead agencies and the Department of Human  
98.4 Services. The assessment must:

98.5 (1) identify accessibility barriers and impediments created by current policies, procedures,  
98.6 and implementation;

98.7 (2) identify and analyze accessibility barrier and impediment impacts on different  
98.8 demographics;

98.9 (3) gather information from:

98.10 (i) the Department of Human Services;

98.11 (ii) relevant state agencies and staff;

98.12 (iii) counties and relevant staff;

98.13 (iv) people who use disability services;

98.14 (v) disability advocates; and

98.15 (vi) family members and other support people for individuals who use disability services;

98.16 (4) identify barriers to accessibility improvements in state and county services; and

98.17 (5) identify benefits to the state and counties in improving accessibility of disability  
98.18 services.

98.19 (b) For the purposes of the assessment, disability services include:

98.20 (1) access to services;

98.21 (2) explanation of services;

98.22 (3) maintenance of services;

98.23 (4) application of services;

98.24 (5) services participant understanding of rights and responsibilities;

98.25 (6) communication regarding services;

98.26 (7) requests for accommodations;

98.27 (8) processes for filing complaints or grievances; and

98.28 (9) processes for appealing decisions denying or reducing services or eligibility.

99.1 (c) The task force shall collaborate with stakeholders, counties, and state agencies to  
99.2 develop recommendations from the findings of the assessment and to create sustainable and  
99.3 accessible changes to county and state services to improve outcomes for people with  
99.4 disabilities. The recommendations must include:

99.5 (1) recommendations to eliminate barriers identified in the assessment, including but  
99.6 not limited to recommendations for state legislative action, state policy action, and lead  
99.7 agency changes;

99.8 (2) benchmarks for measuring annual progress toward increasing accessibility in county  
99.9 and state disability services to be annually evaluated by the commissioner and the Minnesota  
99.10 Council on Disability;

99.11 (3) a proposed method for monitoring and tracking accessibility in disability services;

99.12 (4) proposed initiatives, training, and services designed to improve accessibility and  
99.13 effectiveness of county and state disability services; and

99.14 (5) recommendations for sustainable financial support and resources for improving  
99.15 accessibility.

99.16 (d) The task force shall oversee preparation of a report outlining the findings from the  
99.17 accessibility assessment in paragraph (a) and the recommendations developed pursuant to  
99.18 paragraph (b) according to subdivision 9.

99.19 Subd. 7. **Pilot projects.** (a) The commissioner shall establish pilot projects with multiple  
99.20 methods of reducing accessibility barriers in disability services.

99.21 (b) The commissioner shall select lead agencies to conduct pilot projects through a  
99.22 competitive application process. The commissioner shall select six lead agencies across the  
99.23 state in regional zones, with representation from counties serving Black people, Indigenous  
99.24 people, and other people of color and no more than two lead agencies from the seven-county  
99.25 metropolitan area.

99.26 (c) The application must include a proposal for how the county will implement any pilot  
99.27 project in subdivisions 7 and 8 for at least five percent of the county's total disability services  
99.28 case load.

99.29 (d) Selected counties shall use a process to facilitate communication between counties  
99.30 and applicants and reduce incidences of appeal prior to issuing disability service decisions  
99.31 that deny or reduce services or eligibility. These counties shall provide recipients with a  
99.32 preview of the service decision and an opportunity to ask questions, provide clarification,  
99.33 or provide additional information. The process must be accessible to recipients, including

100.1 in its forms of communication. A recipient is not required to participate in the preview  
100.2 process.

100.3 (e) Any preview and opportunity for questions, clarification, or additional documents  
100.4 must occur at least ten business days in advance of issuing a service decision. The preview  
100.5 process must at minimum include:

100.6 (1) the lead agency sharing the substantive content of the proposed decision with the  
100.7 recipient;

100.8 (2) an opportunity for interactive communication between the recipient and a  
100.9 representative of the lead agency with knowledge regarding the proposed decision that must  
100.10 be in a format that is accessible to the recipient; and

100.11 (3) continuation of services while a notice of action is pending following the preview  
100.12 process.

100.13 (f) Counties must issue a notice of action within ten days of the final communication of  
100.14 the preview process. Counties may change a decision denying or reducing services or  
100.15 eligibility between the preview and the decision based on discussions or information from  
100.16 the preview process. The recipient may request an appeal at any time.

100.17 (g) To the extent permitted by the Centers for Medicare and Medicaid Services, selected  
100.18 counties shall streamline Medicaid service eligibility for people with disabilities by using  
100.19 less frequent disability service needs assessments to save costs and reduce administrative  
100.20 work needed to redetermine service eligibility. If federal approval is needed for the pilot  
100.21 project, the commissioner shall seek a waiver from the Centers for Medicare and Medicaid  
100.22 Services to permit the pilot project.

100.23 (h) The commissioner shall establish the criteria for lead agencies participating in the  
100.24 pilot project to use less frequent assessments for disability services for qualifying individuals.  
100.25 This criteria must include the likelihood of the individual's disability-related needs to change  
100.26 over time and the consistency or lack thereof of previous assessment results.

100.27 (i) A change to less frequent assessments must not preclude an individual from requesting  
100.28 an assessment earlier than the next scheduled assessment. Lead agencies shall assess service  
100.29 eligibility at least every three years.

100.30 (j) Selected lead agencies shall hire or contract with a community program and train and  
100.31 implement a team of peer system navigators to assist recipients with navigating county  
100.32 processes. Navigators must be people with disabilities or parents or guardians receiving the

101.1 same type of services in similar settings. The county must communicate with navigators  
101.2 and pair navigators with participants.

101.3 (k) The peer system navigator process must be accessible to recipients, including in form  
101.4 of communication. The counties must pay peer navigators and provide benefit counseling  
101.5 to navigators to ensure their own services and supports are not at risk.

101.6 (l) Selected lead agencies shall make options available for disability service recipients  
101.7 to use electronic communications for interactions with the lead agency regarding services.

101.8 Subd. 8. **Pilot projects; funding and timing.** (a) Each county selected must receive  
101.9 grant funding to implement, operate, and report on the pilot project. The amount of grant  
101.10 funding must be proportionate to the disability services case load for the selected county.

101.11 (b) Counties shall implement the pilot projects no later than July 1, 2023, and shall  
101.12 continue the projects for at least 18 months. Counties must provide interim reporting on the  
101.13 pilot projects to the task force at six, 12, and 18 months into the pilot projects.

101.14 Subd. 9. **Report.** By August 1, 2025, the task force shall submit a report with  
101.15 recommendations to the chairs and ranking minority members of the committees and divisions  
101.16 in the senate and house of representatives with jurisdiction over health and human services.  
101.17 This report must comply with subdivision 6, paragraph (d), include any changes to statutes,  
101.18 laws, or rules required to implement the recommendations of the task force, and include a  
101.19 recommendation concerning continuing the task force beyond its scheduled expiration.

101.20 Subd. 10. **Administrative support.** The commissioner of human services shall provide  
101.21 meeting space and administrative services to the task force.

101.22 Subd. 11. **Expiration.** The task force expires on March 31, 2026.

101.23 Sec. 29. **DIRECTION TO COMMISSIONER; SHARED SERVICES.**

101.24 (a) By December 1, 2022, the commissioner of human services shall seek any necessary  
101.25 changes to home and community-based services waiver plans regarding sharing services in  
101.26 order to:

101.27 (1) permit shared services for more services, including chore, homemaker, and night  
101.28 supervision;

101.29 (2) permit shared services for some services for higher ratios, including individualized  
101.30 home supports without training, individualized home supports with training, and  
101.31 individualized home supports with family training for a ratio of one staff person to three  
101.32 recipients;

102.1 (3) ensure that individuals who are seeking to share services permitted under the waiver  
102.2 plans in an own-home setting are not required to live in a licensed setting in order to share  
102.3 services so long as all other requirements are met; and

102.4 (4) issue guidance for shared services, including:

102.5 (i) informed choice for all individuals sharing the services;

102.6 (ii) guidance for when multiple shared services by different providers occur in one home  
102.7 and how lead agencies and individuals shall determine that shared service is appropriate to  
102.8 meet the needs, health, and safety of each individual for whom the lead agency provides  
102.9 case management or care coordination; and

102.10 (iii) guidance clarifying that an individual's decision to share services does not reduce  
102.11 any determination of the individual's overall or assessed needs for services.

102.12 (b) The commissioner shall develop or provide guidance outlining:

102.13 (1) instructions for shared services support planning;

102.14 (2) person-centered approaches and informed choice in shared services support planning;

102.15 and

102.16 (3) required contents of shared services agreements.

102.17 (c) The commissioner shall seek and utilize stakeholder input for any proposed changes  
102.18 to waiver plans and any shared services guidance.

102.19 **Sec. 30. DIRECTION TO COMMISSIONER; DISABILITY WAIVER SHARED**  
102.20 **SERVICES RATES.**

102.21 The commissioner of human services shall provide a rate system for shared homemaker  
102.22 services and shared chore services provided under Minnesota Statutes, sections 256B.092  
102.23 and 256B.49. For two persons sharing services, the rate paid to a provider must not exceed  
102.24 1-1/2 times the rate paid for serving a single individual, and for three persons sharing  
102.25 services, the rate paid to a provider must not exceed two times the rate paid for serving a  
102.26 single individual. These rates apply only when all of the criteria for the shared service have  
102.27 been met.

102.28 **Sec. 31. DIRECTION TO COMMISSIONER; INTERMEDIATE CARE FACILITIES**  
102.29 **FOR PERSONS WITH DISABILITIES RATE STUDY.**

102.30 The commissioner of human services shall study medical assistance payment rates for  
102.31 intermediate care facilities for persons with disabilities under Minnesota Statutes, sections

103.1 256B.5011 to 256B.5015; make recommendations on establishing a new payment rate  
103.2 methodology for these facilities; and submit a report to the chairs and ranking minority  
103.3 members of the legislative committees with jurisdiction over human services finance by  
103.4 February 15, 2023, that includes the recommendations and any draft legislation necessary  
103.5 to implement the recommendations.

### 103.6 ARTICLE 3

### 103.7 BEHAVIORAL HEALTH

103.8 Section 1. Minnesota Statutes 2020, section 62N.25, subdivision 5, is amended to read:

103.9 Subd. 5. **Benefits.** Community integrated service networks must offer the health  
103.10 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable  
103.11 to entities regulated under chapter 62D. Community networks and chemical dependency  
103.12 facilities under contract with a community network shall use the assessment criteria in  
103.13 ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing enrollees  
103.14 for chemical dependency treatment.

103.15 **EFFECTIVE DATE.** This section is effective July 1, 2022.

103.16 Sec. 2. Minnesota Statutes 2020, section 62Q.1055, is amended to read:

103.17 **62Q.1055 CHEMICAL DEPENDENCY.**

103.18 All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts~~  
103.19 ~~9530.6600 to 9530.6655,~~ section 245G.05 when assessing and ~~placing~~ treating enrollees  
103.20 for chemical dependency treatment.

103.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

103.22 Sec. 3. Minnesota Statutes 2020, section 62Q.47, is amended to read:

103.23 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**  
103.24 **SERVICES.**

103.25 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,  
103.26 mental health, or chemical dependency services, must comply with the requirements of this  
103.27 section.

103.28 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental  
103.29 health and outpatient chemical dependency and alcoholism services, except for persons  
103.30 ~~placed in~~ seeking chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~  
103.31 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or

104.1 enrollee, or be more restrictive than those requirements and limitations for outpatient medical  
104.2 services.

104.3 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital  
104.4 mental health and inpatient hospital and residential chemical dependency and alcoholism  
104.5 services, except for persons ~~placed in~~ seeking chemical dependency services under ~~Minnesota~~  
104.6 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial  
104.7 burden on the insured or enrollee, or be more restrictive than those requirements and  
104.8 limitations for inpatient hospital medical services.

104.9 (d) A health plan company must not impose an NQTL with respect to mental health and  
104.10 substance use disorders in any classification of benefits unless, under the terms of the health  
104.11 plan as written and in operation, any processes, strategies, evidentiary standards, or other  
104.12 factors used in applying the NQTL to mental health and substance use disorders in the  
104.13 classification are comparable to, and are applied no more stringently than, the processes,  
104.14 strategies, evidentiary standards, or other factors used in applying the NQTL with respect  
104.15 to medical and surgical benefits in the same classification.

104.16 (e) All health plans must meet the requirements of the federal Mental Health Parity Act  
104.17 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and  
104.18 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal  
104.19 guidance or regulations issued under, those acts.

104.20 (f) The commissioner may require information from health plan companies to confirm  
104.21 that mental health parity is being implemented by the health plan company. Information  
104.22 required may include comparisons between mental health and substance use disorder  
104.23 treatment and other medical conditions, including a comparison of prior authorization  
104.24 requirements, drug formulary design, claim denials, rehabilitation services, and other  
104.25 information the commissioner deems appropriate.

104.26 (g) Regardless of the health care provider's professional license, if the service provided  
104.27 is consistent with the provider's scope of practice and the health plan company's credentialing  
104.28 and contracting provisions, mental health therapy visits and medication maintenance visits  
104.29 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing  
104.30 requirements imposed under the enrollee's health plan.

104.31 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in  
104.32 consultation with the commissioner of health, shall submit a report on compliance and  
104.33 oversight to the chairs and ranking minority members of the legislative committees with  
104.34 jurisdiction over health and commerce. The report must:



105.1 (1) describe the commissioner's process for reviewing health plan company compliance  
105.2 with United States Code, title 42, section 18031(j), any federal regulations or guidance  
105.3 relating to compliance and oversight, and compliance with this section and section 62Q.53;

105.4 (2) identify any enforcement actions taken by either commissioner during the preceding  
105.5 12-month period regarding compliance with parity for mental health and substance use  
105.6 disorders benefits under state and federal law, summarizing the results of any market conduct  
105.7 examinations. The summary must include: (i) the number of formal enforcement actions  
105.8 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the  
105.9 subject matter of each enforcement action, including quantitative and nonquantitative  
105.10 treatment limitations;

105.11 (3) detail any corrective action taken by either commissioner to ensure health plan  
105.12 company compliance with this section, section 62Q.53, and United States Code, title 42,  
105.13 section 18031(j); and

105.14 (4) describe the information provided by either commissioner to the public about  
105.15 alcoholism, mental health, or chemical dependency parity protections under state and federal  
105.16 law.

105.17 The report must be written in nontechnical, readily understandable language and must be  
105.18 made available to the public by, among other means as the commissioners find appropriate,  
105.19 posting the report on department websites. Individually identifiable information must be  
105.20 excluded from the report, consistent with state and federal privacy protections.

105.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

105.22 Sec. 4. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

105.23 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed  
105.24 by the commissioner and shall contain an evaluation of the convicted defendant concerning  
105.25 the defendant's prior traffic and criminal record, characteristics and history of alcohol and  
105.26 chemical use problems, and amenability to rehabilitation through the alcohol safety program.  
105.27 The report is classified as private data on individuals as defined in section 13.02, subdivision  
105.28 12.

105.29 (b) The assessment report must include:

105.30 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

105.31 (2) an assessment of the severity level of the involvement;

106.1 (3) a recommended level of care for the offender in accordance with the criteria contained  
106.2 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~  
106.3 ~~3 (chemical dependency treatment rules)~~ section 245G.05;

106.4 (4) an assessment of the offender's placement needs;

106.5 (5) recommendations for other appropriate remedial action or care, including aftercare  
106.6 services in section 254B.01, subdivision 3, that may consist of educational programs,  
106.7 one-on-one counseling, a program or type of treatment that addresses mental health concerns,  
106.8 or a combination of them; and

106.9 (6) a specific explanation why no level of care or action was recommended, if applicable.

106.10 **EFFECTIVE DATE.** This section is effective July 1, 2022.

106.11 Sec. 5. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

106.12 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment  
106.13 required by this section must be conducted by an assessor appointed by the court. The  
106.14 assessor must meet the training and qualification requirements of ~~rules adopted by the~~  
106.15 ~~commissioner of human services under section 254A.03, subdivision 3 (chemical dependency~~  
106.16 ~~treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law  
106.17 enforcement data), the assessor shall have access to any police reports, laboratory test results,  
106.18 and other law enforcement data relating to the current offense or previous offenses that are  
106.19 necessary to complete the evaluation. ~~An assessor providing an assessment under this section~~  
106.20 ~~may not have any direct or shared financial interest or referral relationship resulting in~~  
106.21 ~~shared financial gain with a treatment provider, except as authorized under section 254A.19,~~  
106.22 ~~subdivision 3. If an independent assessor is not available, the court may use the services of~~  
106.23 ~~an assessor authorized to perform assessments for the county social services agency under~~  
106.24 ~~a variance granted under rules adopted by the commissioner of human services under section~~  
106.25 ~~254A.03, subdivision 3.~~ An appointment for the defendant to undergo the assessment must  
106.26 be made by the court, a court services probation officer, or the court administrator as soon  
106.27 as possible but in no case more than one week after the defendant's court appearance. The  
106.28 assessment must be completed no later than three weeks after the defendant's court  
106.29 appearance. If the assessment is not performed within this time limit, the county where the  
106.30 defendant is to be sentenced shall perform the assessment. The county of financial  
106.31 responsibility must be determined under chapter 256G.

106.32 **EFFECTIVE DATE.** This section is effective July 1, 2022.

107.1 Sec. 6. [245.4866] CHILDREN'S MENTAL HEALTH COMMUNITY OF  
107.2 PRACTICE.

107.3 Subdivision 1. Establishment; purpose. The commissioner of human services, in  
107.4 consultation with children's mental health subject matter experts, shall establish a children's  
107.5 mental health community of practice. The purposes of the community of practice are to  
107.6 improve treatment outcomes for children and adolescents with mental illness and reduce  
107.7 disparities. The community of practice shall use evidence-based and best practices through  
107.8 peer-to-peer and person-to-provider sharing.

107.9 Subd. 2. Participants; meetings. (a) The community of practice must include the  
107.10 following participants:

107.11 (1) researchers or members of the academic community who are children's mental health  
107.12 subject matter experts who do not have financial relationships with treatment providers;

107.13 (2) children's mental health treatment providers;

107.14 (3) a representative from a mental health advocacy organization;

107.15 (4) a representative from the Department of Human Services;

107.16 (5) a representative from the Department of Health;

107.17 (6) a representative from the Department of Education;

107.18 (7) representatives from county social services agencies;

107.19 (8) representatives from Tribal nations or Tribal social services providers; and

107.20 (9) representatives from managed care organizations.

107.21 (b) The community of practice must include, to the extent possible, individuals and  
107.22 family members who have used mental health treatment services and must highlight the  
107.23 voices and experiences of individuals who are Black, Indigenous, people of color, and  
107.24 people from other communities that are disproportionately impacted by mental illness.

107.25 (c) The community of practice must meet regularly and must hold its first meeting before  
107.26 January 1, 2023.

107.27 (d) Compensation and reimbursement for expenses for participants in paragraph (b) are  
107.28 governed by section 15.059, subdivision 3.

107.29 Subd. 3. Duties. (a) The community of practice must:

107.30 (1) identify gaps in children's mental health treatment services;

- 108.1 (2) enhance collective knowledge of issues related to children's mental health;
- 108.2 (3) understand evidence-based practices, best practices, and promising approaches to  
108.3 address children's mental health;
- 108.4 (4) use knowledge gathered through the community of practice to develop strategic plans  
108.5 to improve outcomes for children who participate in mental health treatment and related  
108.6 services in Minnesota;
- 108.7 (5) increase knowledge about the challenges and opportunities learned by implementing  
108.8 strategies; and
- 108.9 (6) develop capacity for community advocacy.
- 108.10 (b) The commissioner, in collaboration with subject matter experts and other participants,  
108.11 may issue reports and recommendations to the chairs and ranking minority members of the  
108.12 legislative committees with jurisdiction over health and human services policy and finance  
108.13 and to local and regional governments.

108.14 Sec. 7. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision  
108.15 to read:

- 108.16 Subd. 2a. **Assessment requirements.** (a) A residential treatment service provider must  
108.17 complete a diagnostic assessment of a child within ten calendar days of the child's admission.  
108.18 If a diagnostic assessment has been completed by a mental health professional within the  
108.19 past 180 days, a new diagnostic assessment need not be completed unless in the opinion of  
108.20 the current treating mental health professional the child's mental health status has changed  
108.21 markedly since the assessment was completed.
- 108.22 (b) The service provider must complete the screenings required by Minnesota Rules,  
108.23 part 2960.0070, subpart 5, within ten calendar days.

108.24 Sec. 8. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision  
108.25 to read:

- 108.26 Subd. 6. **Crisis admissions and stabilization.** (a) A child may be referred for residential  
108.27 treatment services under this section for the purpose of crisis stabilization by:
- 108.28 (1) a mental health professional as defined in section 245I.04, subdivision 2;
- 108.29 (2) a physician licensed under chapter 147 who is assessing a child in an emergency  
108.30 department; or

109.1 (3) a member of a mobile crisis team who meets the qualifications under section  
109.2 256B.0624, subdivision 5.

109.3 (b) A provider making a referral under paragraph (a) must conduct an assessment of the  
109.4 child's mental health needs and make a determination that the child is experiencing a mental  
109.5 health crisis and is in need of residential treatment services under this section.

109.6 (c) A child may receive services under this subdivision for up to 30 days and must be  
109.7 subject to the screening and admissions criteria and processes under section 245.4885  
109.8 thereafter.

109.9 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.4885, subdivision 1, is amended  
109.10 to read:

109.11 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the  
109.12 case of an emergency, all children referred for treatment of severe emotional disturbance  
109.13 in a treatment foster care setting, residential treatment facility, or informally admitted to a  
109.14 regional treatment center shall undergo an assessment to determine the appropriate level of  
109.15 care if county funds are used to pay for the child's services. An emergency includes when  
109.16 a child is in need of and has been referred for crisis stabilization services under section  
109.17 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis  
109.18 stabilization services in a residential treatment center is not required to undergo an assessment  
109.19 under this section.

109.20 (b) The county board shall determine the appropriate level of care for a child when  
109.21 county-controlled funds are used to pay for the child's residential treatment under this  
109.22 chapter, including residential treatment provided in a qualified residential treatment program  
109.23 as defined in section 260C.007, subdivision 26d. When a county board does not have  
109.24 responsibility for a child's placement and the child is enrolled in a prepaid health program  
109.25 under section 256B.69, the enrolled child's contracted health plan must determine the  
109.26 appropriate level of care for the child. When Indian Health Services funds or funds of a  
109.27 tribally owned facility funded under the Indian Self-Determination and Education Assistance  
109.28 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal  
109.29 health facility must determine the appropriate level of care for the child. When more than  
109.30 one entity bears responsibility for a child's coverage, the entities shall coordinate level of  
109.31 care determination activities for the child to the extent possible.

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

109.33 (1) is necessary;

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

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

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

110.5 (d) When a level of care determination is conducted, the county board or other entity  
110.6 may not determine that a screening of a child, referral, or admission to a residential treatment  
110.7 facility is not appropriate solely because services were not first provided to the child in a  
110.8 less restrictive setting and the child failed to make progress toward or meet treatment goals  
110.9 in the less restrictive setting. The level of care determination must be based on a diagnostic  
110.10 assessment of a child that evaluates the child's family, school, and community living  
110.11 situations; and an assessment of the child's need for care out of the home using a validated  
110.12 tool which assesses a child's functional status and assigns an appropriate level of care to the  
110.13 child. The validated tool must be approved by the commissioner of human services and  
110.14 may be the validated tool approved for the child's assessment under section 260C.704 if the  
110.15 juvenile treatment screening team recommended placement of the child in a qualified  
110.16 residential treatment program. If a diagnostic assessment has been completed by a mental  
110.17 health professional within the past 180 days, a new diagnostic assessment need not be  
110.18 completed unless in the opinion of the current treating mental health professional the child's  
110.19 mental health status has changed markedly since the assessment was completed. The child's  
110.20 parent shall be notified if an assessment will not be completed and of the reasons. A copy  
110.21 of the notice shall be placed in the child's file. Recommendations developed as part of the  
110.22 level of care determination process shall include specific community services needed by  
110.23 the child and, if appropriate, the child's family, and shall indicate whether these services  
110.24 are available and accessible to the child and the child's family. The child and the child's  
110.25 family must be invited to any meeting where the level of care determination is discussed  
110.26 and decisions regarding residential treatment are made. The child and the child's family  
110.27 may invite other relatives, friends, or advocates to attend these meetings.

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

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

111.1 Sec. 10. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended  
111.2 to read:

111.3 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to  
111.4 make grants from available appropriations to assist:

111.5 (1) counties;

111.6 (2) Indian tribes;

111.7 (3) children's collaboratives under section 124D.23 or 245.493; or

111.8 (4) mental health service providers.

111.9 (b) The following services are eligible for grants under this section:

111.10 (1) services to children with emotional disturbances as defined in section 245.4871,  
111.11 subdivision 15, and their families;

111.12 (2) transition services under section 245.4875, subdivision 8, for young adults under  
111.13 age 21 and their families;

111.14 (3) respite care services for children with emotional disturbances or severe emotional  
111.15 disturbances who are at risk of out-of-home placement or already in out-of-home placement  
111.16 and at risk of change in placement or a higher level of care. Allowable activities and expenses  
111.17 for respite care services are defined under subdivision 4. A child is not required to have  
111.18 case management services to receive respite care services;

111.19 (4) children's mental health crisis services;

111.20 (5) mental health services for people from cultural and ethnic minorities, including  
111.21 supervision of clinical trainees who are Black, indigenous, or people of color;

111.22 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

111.23 (7) services to promote and develop the capacity of providers to use evidence-based  
111.24 practices in providing children's mental health services;

111.25 (8) school-linked mental health services under section 245.4901;

111.26 (9) building evidence-based mental health intervention capacity for children birth to age  
111.27 five;

111.28 (10) suicide prevention and counseling services that use text messaging statewide;

111.29 (11) mental health first aid training;

112.1 (12) training for parents, collaborative partners, and mental health providers on the  
112.2 impact of adverse childhood experiences and trauma and development of an interactive  
112.3 website to share information and strategies to promote resilience and prevent trauma;

112.4 (13) transition age services to develop or expand mental health treatment and supports  
112.5 for adolescents and young adults 26 years of age or younger;

112.6 (14) early childhood mental health consultation;

112.7 (15) evidence-based interventions for youth at risk of developing or experiencing a first  
112.8 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
112.9 psychosis;

112.10 (16) psychiatric consultation for primary care practitioners; ~~and~~

112.11 (17) providers to begin operations and meet program requirements when establishing a  
112.12 new children's mental health program. These may be start-up grants; and

112.13 (18) intensive developmentally appropriate and culturally informed interventions for  
112.14 youth who are at risk of developing a mood disorder or experiencing a first episode of a  
112.15 mood disorder and a public awareness campaign on the signs and symptoms of mood  
112.16 disorders in youth.

112.17 (c) Services under paragraph (b) must be designed to help each child to function and  
112.18 remain with the child's family in the community and delivered consistent with the child's  
112.19 treatment plan. Transition services to eligible young adults under this paragraph must be  
112.20 designed to foster independent living in the community.

112.21 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party  
112.22 reimbursement sources, if applicable.

112.23 Sec. 11. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision  
112.24 to read:

112.25 Subd. 4. Covered respite care services. Respite care services under subdivision 1,  
112.26 paragraph (b), clause (3), include hourly or overnight stays at a licensed foster home or with  
112.27 a qualified and approved family member or friend and may occur at a child's or a provider's  
112.28 home. Respite care services may also include the following activities and expenses:

112.29 (1) recreational, sport, and nonsport extracurricular activities and programs for the child  
112.30 such as camps, clubs, activities, lessons, group outings, sports, or other activities and  
112.31 programs;



113.1 (2) family activities, camps, and retreats that the whole family does together that provide  
113.2 a break from the family's circumstances;

113.3 (3) cultural programs and activities for the child and family designed to address the  
113.4 unique needs of individuals who share a common language or racial, ethnic, or social  
113.5 background; and

113.6 (4) costs of transportation, food, supplies, and equipment directly associated with  
113.7 approved respite care services and expenses necessary for the child and family to access  
113.8 and participate in respite care services.

113.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

113.10 Sec. 12. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**  
113.11 **GRANT PROGRAM.**

113.12 Subdivision 1. **Establishment.** The commissioner of human services shall establish a  
113.13 cultural and ethnic minority infrastructure grant program to ensure that mental health and  
113.14 substance use disorder treatment supports and services are culturally specific and culturally  
113.15 responsive to meet the cultural needs of the communities served.

113.16 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from  
113.17 a cultural or ethnic minority population who:

113.18 (1) provides mental health or substance use disorder treatment services and supports to  
113.19 individuals from cultural and ethnic minority populations, including individuals who are  
113.20 lesbian, gay, bisexual, transgender, or queer, from cultural and ethnic minority populations;

113.21 (2) provides or is qualified and has the capacity to provide clinical supervision and  
113.22 support to members of culturally diverse and ethnic minority communities to qualify as  
113.23 mental health and substance use disorder treatment providers; or

113.24 (3) has the capacity and experience to provide training for mental health and substance  
113.25 use disorder treatment providers on cultural competency and cultural humility.

113.26 Subd. 3. **Allowable grant activities.** (a) The cultural and ethnic minority infrastructure  
113.27 grant program grantees must engage in activities and provide supportive services to ensure  
113.28 and increase equitable access to culturally specific and responsive care and to build  
113.29 organizational and professional capacity for licensure and certification for the communities  
113.30 served. Allowable grant activities include but are not limited to:

114.1 (1) workforce development activities focused on recruiting, supporting, training, and  
114.2 supervision activities for mental health and substance use disorder practitioners and  
114.3 professionals from diverse racial, cultural, and ethnic communities;

114.4 (2) supporting members of culturally diverse and ethnic minority communities to qualify  
114.5 as mental health and substance use disorder professionals, practitioners, clinical supervisors,  
114.6 recovery peer specialists, mental health certified peer specialists, and mental health certified  
114.7 family peer specialists;

114.8 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery  
114.9 support in mental health and substance use disorder services;

114.10 (4) provision of trauma-informed, culturally responsive mental health and substance use  
114.11 disorder supports and services for children and families, youth, or adults who are from  
114.12 cultural and ethnic minority backgrounds and are uninsured or underinsured;

114.13 (5) mental health and substance use disorder service expansion and infrastructure  
114.14 improvement activities, particularly in greater Minnesota;

114.15 (6) training for mental health and substance use disorder treatment providers on cultural  
114.16 competency and cultural humility; and

114.17 (7) activities to increase the availability of culturally responsive mental health and  
114.18 substance use disorder services for children and families, youth, or adults or to increase the  
114.19 availability of substance use disorder services for individuals from cultural and ethnic  
114.20 minorities in the state.

114.21 (b) The commissioner must assist grantees with meeting third-party credentialing  
114.22 requirements, and grantees must obtain all available third-party reimbursement sources as  
114.23 a condition of receiving grant funds. Grantees must serve individuals from cultural and  
114.24 ethnic minority communities regardless of health coverage status or ability to pay.

114.25 Subd. 4. **Data collection and outcomes.** Grantees must provide regular data summaries  
114.26 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic  
114.27 minority infrastructure grant program. The commissioner must use identified culturally  
114.28 appropriate outcome measures instruments to evaluate outcomes and must evaluate program  
114.29 activities by analyzing whether the program:

114.30 (1) increased access to culturally specific services for individuals from cultural and  
114.31 ethnic minority communities across the state;

114.32 (2) increased number of individuals from cultural and ethnic minority communities  
114.33 served by grantees;

115.1 (3) increased cultural responsiveness and cultural competency of mental health and  
115.2 substance use disorder treatment providers;

115.3 (4) increased number of mental health and substance use disorder treatment providers  
115.4 and clinical supervisors from cultural and ethnic minority communities;

115.5 (5) increased number of mental health and substance use disorder treatment organizations  
115.6 owned, managed, or led by individuals who are Black, Indigenous, or people of color;

115.7 (6) reduced in health disparities through improved clinical and functional outcomes for  
115.8 those accessing services; and

115.9 (7) led to an overall increase in culturally specific mental health and substance use  
115.10 disorder service availability.

115.11 **Sec. 13. [245.4904] EMERGING MOOD DISORDER GRANT PROGRAM.**

115.12 Subdivision 1. **Creation.** (a) The emerging mood disorder grant program is established  
115.13 in the Department of Human Services to fund:

115.14 (1) evidence-informed interventions for youth and young adults who are at risk of  
115.15 developing a mood disorder or are experiencing an emerging mood disorder, including  
115.16 major depression and bipolar disorders; and

115.17 (2) a public awareness campaign on the signs and symptoms of mood disorders in youth  
115.18 and young adults.

115.19 (b) Emerging mood disorder services are eligible for children's mental health grants as  
115.20 specified in section 245.4889, subdivision 1, paragraph (b), clause (18).

115.21 Subd. 2. **Activities.** (a) All emerging mood disorder grant programs must:

115.22 (1) provide intensive treatment and support to adolescents and young adults experiencing  
115.23 or at risk of experiencing an emerging mood disorder. Intensive treatment and support  
115.24 includes medication management, psychoeducation for the individual and the individual's  
115.25 family, case management, employment support, education support, cognitive behavioral  
115.26 approaches, social skills training, peer support, crisis planning, and stress management;

115.27 (2) conduct outreach and provide training and guidance to mental health and health care  
115.28 professionals, including postsecondary health clinicians, on early symptoms of mood  
115.29 disorders, screening tools, and best practices;

115.30 (3) ensure access for individuals to emerging mood disorder services under this section,  
115.31 including ensuring access for individuals who live in rural areas; and

116.1 (4) use all available funding streams.

116.2 (b) Grant money may also be used to pay for housing or travel expenses for individuals  
116.3 receiving services or to address other barriers preventing individuals and their families from  
116.4 participating in emerging mood disorder services.

116.5 (c) Grant money may be used by the grantee to evaluate the efficacy of providing  
116.6 intensive services and supports to people with emerging mood disorders.

116.7 Subd. 3. **Eligibility.** Program activities must be provided to youth and young adults with  
116.8 early signs of an emerging mood disorder.

116.9 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based  
116.10 practices and must include the following outcome evaluation criteria:

116.11 (1) whether individuals experience a reduction in mood disorder symptoms; and

116.12 (2) whether individuals experience a decrease in inpatient mental health hospitalizations.

116.13 Sec. 14. **[245.4905] FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM.**

116.14 Subdivision 1. **Creation.** The first episode of psychosis grant program is established in  
116.15 the Department of Human Services to fund evidence-based interventions for youth at risk  
116.16 of developing or experiencing a first episode of psychosis and a public awareness campaign  
116.17 on the signs and symptoms of psychosis. First episode of psychosis services are eligible for  
116.18 children's mental health grants as specified in section 245.4889, subdivision 1, paragraph  
116.19 (b), clause (15).

116.20 Subd. 2. **Activities.** (a) All first episode of psychosis grant programs must:

116.21 (1) provide intensive treatment and support for adolescents and adults experiencing or  
116.22 at risk of experiencing a first psychotic episode. Intensive treatment and support includes  
116.23 medication management, psychoeducation for an individual and an individual's family, case  
116.24 management, employment support, education support, cognitive behavioral approaches,  
116.25 social skills training, peer support, crisis planning, and stress management;

116.26 (2) conduct outreach and provide training and guidance to mental health and health care  
116.27 professionals, including postsecondary health clinicians, on early psychosis symptoms,  
116.28 screening tools, and best practices;

116.29 (3) ensure access for individuals to first psychotic episode services under this section,  
116.30 including access for individuals who live in rural areas; and

116.31 (4) use all available funding streams.

117.1 (b) Grant money may also be used to pay for housing or travel expenses for individuals  
117.2 receiving services or to address other barriers preventing individuals and their families from  
117.3 participating in first psychotic episode services.

117.4 Subd. 3. **Eligibility.** Program activities must be provided to people 15 to 40 years old  
117.5 with early signs of psychosis.

117.6 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based  
117.7 practices and must include the following outcome evaluation criteria:

117.8 (1) whether individuals experience a reduction in psychotic symptoms;

117.9 (2) whether individuals experience a decrease in inpatient mental health hospitalizations;  
117.10 and

117.11 (3) whether individuals experience an increase in educational attainment.

117.12 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with  
117.13 all conditions and requirements necessary to receive federal aid or grants.

117.14 Sec. 15. Minnesota Statutes 2020, section 245.713, subdivision 2, is amended to read:

117.15 **Subd. 2. Total funds available; allocation.** Funds granted to the state by the federal  
117.16 government under United States Code, title 42, sections 300X to 300X-9 each federal fiscal  
117.17 year for mental health services must be allocated as follows:

117.18 (a) Any amount set aside by the commissioner of human services for American Indian  
117.19 organizations within the state, which funds shall not duplicate any direct federal funding of  
117.20 American Indian organizations and which funds shall be at least 25 percent of the total  
117.21 federal allocation to the state for mental health services; ~~provided that sufficient applications~~  
117.22 ~~for funding are received by the commissioner which meet the specifications contained in~~  
117.23 ~~requests for proposals.~~ Money from this source may be used for special committees to advise  
117.24 the commissioner on mental health programs and services for American Indians and other  
117.25 minorities or underserved groups. For purposes of this subdivision, "American Indian  
117.26 organization" means an American Indian tribe or band or an organization providing mental  
117.27 health services that is legally incorporated as a nonprofit organization registered with the  
117.28 secretary of state and governed by a board of directors having at least a majority of American  
117.29 Indian directors.

117.30 (b) An amount not to exceed five percent of the federal block grant allocation for mental  
117.31 health services to be retained by the commissioner for administration.

118.1 (c) Any amount permitted under federal law which the commissioner approves for  
118.2 demonstration or research projects for severely disturbed children and adolescents, the  
118.3 underserved, special populations or multiply disabled mentally ill persons. The groups to  
118.4 be served, the extent and nature of services to be provided, the amount and duration of any  
118.5 grant awards are to be based on criteria set forth in the Alcohol, Drug Abuse and Mental  
118.6 Health Block Grant Law, United States Code, title 42, sections 300X to 300X-9, and on  
118.7 state policies and procedures determined necessary by the commissioner. Grant recipients  
118.8 must comply with applicable state and federal requirements and demonstrate fiscal and  
118.9 program management capabilities that will result in provision of quality, cost-effective  
118.10 services.

118.11 (d) The amount required under federal law, for federally mandated expenditures.

118.12 (e) An amount not to exceed 15 percent of the federal block grant allocation for mental  
118.13 health services to be retained by the commissioner for planning and evaluation.

118.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

118.15 Sec. 16. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**  
118.16 **HOMELESSNESS PROGRAM.**

118.17 **Subdivision 1. Creation.** The projects for assistance in transition from homelessness  
118.18 program is established in the Department of Human Services to prevent or end homelessness  
118.19 for people with serious mental illness and substance use disorders and ensure the  
118.20 commissioner may achieve the goals of the housing mission statement in section 245.461,  
118.21 subdivision 4.

118.22 **Subd. 2. Activities.** All projects for assistance in transition from homelessness must  
118.23 provide homeless outreach and case management services. Projects may provide clinical  
118.24 assessment, habilitation and rehabilitation services, community mental health services,  
118.25 substance use disorder treatment, housing transition and sustaining services, direct assistance  
118.26 funding, and other activities as determined by the commissioner.

118.27 **Subd. 3. Eligibility.** Program activities must be provided to people with serious mental  
118.28 illness or a substance use disorder who meet homeless criteria determined by the  
118.29 commissioner. People receiving homeless outreach may be presumed eligible until a serious  
118.30 mental illness or a substance use disorder can be verified.

118.31 **Subd. 4. Outcomes.** Evaluation of each project must include the following outcome  
118.32 evaluation criteria:

118.33 (1) whether people are contacted through homeless outreach services;

119.1 (2) whether people are enrolled in case management services;

119.2 (3) whether people access behavioral health services; and

119.3 (4) whether people transition from homelessness to housing.

119.4 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with  
119.5 all conditions and requirements necessary to receive federal aid or grants with respect to  
119.6 homeless services or programs as specified in section 245.70.

119.7 Sec. 17. **[245.992] HOUSING WITH SUPPORT FOR BEHAVIORAL HEALTH.**

119.8 Subdivision 1. **Creation.** The housing with support for behavioral health program is  
119.9 established in the Department of Human Services to prevent or end homelessness for people  
119.10 with serious mental illness and substance use disorders, increase the availability of housing  
119.11 with support, and ensure the commissioner may achieve the goals of the housing mission  
119.12 statement in section 245.461, subdivision 4.

119.13 Subd. 2. **Activities.** The housing with support for behavioral health program may provide  
119.14 a range of activities and supportive services to ensure that people obtain and retain permanent  
119.15 supportive housing. Program activities may include case management, site-based housing  
119.16 services, housing transition and sustaining services, outreach services, community support  
119.17 services, direct assistance funding, and other activities as determined by the commissioner.

119.18 Subd. 3. **Eligibility.** Program activities must be provided to people with a serious mental  
119.19 illness or a substance use disorder who meet homeless criteria determined by the  
119.20 commissioner.

119.21 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based  
119.22 practices and must include the following outcome evaluation criteria:

119.23 (1) whether housing and activities utilize evidence-based practices;

119.24 (2) whether people transition from homelessness to housing;

119.25 (3) whether people retain housing; and

119.26 (4) whether people are satisfied with their current housing.

119.27 Sec. 18. Minnesota Statutes 2021 Supplement, section 245A.043, subdivision 3, is amended  
119.28 to read:

119.29 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed  
119.30 and the party intends to assume operation without an interruption in service longer than 60

120.1 days after acquiring the program or service, the license holder must provide the commissioner  
120.2 with written notice of the proposed change on a form provided by the commissioner at least  
120.3 60 days before the anticipated date of the change in ownership. For purposes of this  
120.4 subdivision and subdivision 4, "party" means the party that intends to operate the service  
120.5 or program.

120.6 (b) The party must submit a license application under this chapter on the form and in  
120.7 the manner prescribed by the commissioner at least 30 days before the change in ownership  
120.8 is complete, and must include documentation to support the upcoming change. The party  
120.9 must comply with background study requirements under chapter 245C and shall pay the  
120.10 application fee required under section 245A.10. A party that intends to assume operation  
120.11 without an interruption in service longer than 60 days after acquiring the program or service  
120.12 is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and  
120.13 254B.03, subdivision 2, paragraphs ~~(d)~~ (c) and ~~(e)~~ (d).

120.14 (c) The commissioner may streamline application procedures when the party is an existing  
120.15 license holder under this chapter and is acquiring a program licensed under this chapter or  
120.16 service in the same service class as one or more licensed programs or services the party  
120.17 operates and those licenses are in substantial compliance. For purposes of this subdivision,  
120.18 "substantial compliance" means within the previous 12 months the commissioner did not  
120.19 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make  
120.20 a license held by the party conditional according to section 245A.06.

120.21 (d) Except when a temporary change in ownership license is issued pursuant to  
120.22 subdivision 4, the existing license holder is solely responsible for operating the program  
120.23 according to applicable laws and rules until a license under this chapter is issued to the  
120.24 party.

120.25 (e) If a licensing inspection of the program or service was conducted within the previous  
120.26 12 months and the existing license holder's license record demonstrates substantial  
120.27 compliance with the applicable licensing requirements, the commissioner may waive the  
120.28 party's inspection required by section 245A.04, subdivision 4. The party must submit to the  
120.29 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire  
120.30 marshal deemed that an inspection was not warranted, and (2) proof that the premises was  
120.31 inspected for compliance with the building code or that no inspection was deemed warranted.

120.32 (f) If the party is seeking a license for a program or service that has an outstanding action  
120.33 under section 245A.06 or 245A.07, the party must submit a letter as part of the application



121.1 process identifying how the party has or will come into full compliance with the licensing  
121.2 requirements.

121.3 (g) The commissioner shall evaluate the party's application according to section 245A.04,  
121.4 subdivision 6. If the commissioner determines that the party has remedied or demonstrates  
121.5 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has  
121.6 determined that the program otherwise complies with all applicable laws and rules, the  
121.7 commissioner shall issue a license or conditional license under this chapter. The conditional  
121.8 license remains in effect until the commissioner determines that the grounds for the action  
121.9 are corrected or no longer exist.

121.10 (h) The commissioner may deny an application as provided in section 245A.05. An  
121.11 applicant whose application was denied by the commissioner may appeal the denial according  
121.12 to section 245A.05.

121.13 (i) This subdivision does not apply to a licensed program or service located in a home  
121.14 where the license holder resides.

121.15 Sec. 19. **[245A.26] CHILDREN'S RESIDENTIAL FACILITY CRISIS**  
121.16 **STABILIZATION SERVICES.**

121.17 Subdivision 1. Definitions. (a) For the purposes of this section, the terms defined in this  
121.18 subdivision have the meanings given.

121.19 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,  
121.20 subdivision 6.

121.21 (c) "License holder" means an individual, organization, or government entity that was  
121.22 issued a license by the commissioner of human services under this chapter for residential  
121.23 mental health treatment for children with emotional disturbance according to Minnesota  
121.24 Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter care services  
121.25 according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510 to 2960.0530.

121.26 (d) "Mental health professional" means an individual who is qualified under section  
121.27 245I.04, subdivision 2.

121.28 Subd. 2. Scope and applicability. (a) This section establishes additional licensing  
121.29 requirements for a children's residential facility to provide children's residential crisis  
121.30 stabilization services to a child who is experiencing a mental health crisis and is in need of  
121.31 residential treatment services.

122.1 (b) A children's residential facility may provide residential crisis stabilization services  
122.2 only if the facility is licensed to provide:

122.3 (1) residential mental health treatment for children with emotional disturbance according  
122.4 to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700; or

122.5 (2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120  
122.6 and 2960.0510 to 2960.0530.

122.7 (c) If a child receives residential crisis stabilization services for 35 days or fewer in a  
122.8 facility licensed according to paragraph (b), clause (1), the facility is not required to complete  
122.9 a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart  
122.10 2, and part 2960.0600.

122.11 (d) If a child receives residential crisis stabilization services for 35 days or fewer in a  
122.12 facility licensed according to paragraph (b), clause (2), the facility is not required to develop  
122.13 a plan for meeting the child's immediate needs under Minnesota Rules, part 2960.0520,  
122.14 subpart 3.

122.15 Subd. 3. **Eligibility for services.** An individual is eligible for children's residential crisis  
122.16 stabilization services if the individual is under 19 years of age and meets the eligibility  
122.17 criteria for crisis services under section 256B.0624, subdivision 3.

122.18 Subd. 4. **Required services; providers.** (a) A license holder providing residential crisis  
122.19 stabilization services must continually follow a child's individual crisis treatment plan to  
122.20 improve the child's functioning.

122.21 (b) The license holder must offer and have the capacity to directly provide the following  
122.22 treatment services to a child:

122.23 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

122.24 (2) mental health services as specified in the child's individual crisis treatment plan,  
122.25 according to the child's treatment needs;

122.26 (3) health services and medication administration, if applicable; and

122.27 (4) referrals for the child to community-based treatment providers and support services  
122.28 for the child's transition from residential crisis stabilization to another treatment setting.

122.29 (c) Children's residential crisis stabilization services must be provided by a qualified  
122.30 staff person listed in section 256B.0624, subdivision 8, according to the scope of practice  
122.31 for the individual staff person's position.

123.1 Subd. 5. Assessment and treatment planning. (a) Within 24 hours of a child's admission  
123.2 for residential crisis stabilization, the license holder must assess the child and document the  
123.3 child's immediate needs, including the child's:

123.4 (1) health and safety, including the need for crisis assistance; and

123.5 (2) need for connection to family and other natural supports.

123.6 (b) Within 24 hours of a child's admission for residential crisis stabilization, the license  
123.7 holder must complete a crisis treatment plan for the child, according to the requirements  
123.8 for a crisis treatment plan under section 256B.0624, subdivision 11. The license holder must  
123.9 base the child's crisis treatment plan on the child's referral information and the assessment  
123.10 of the child's immediate needs under paragraph (a). A mental health professional or a clinical  
123.11 trainee under the supervision of a mental health professional must complete the crisis  
123.12 treatment plan. A crisis treatment plan completed by a clinical trainee must contain  
123.13 documentation of approval, as defined in section 245I.02, subdivision 2, by a mental health  
123.14 professional within five business days of initial completion by the clinical trainee.

123.15 (c) A mental health professional must review a child's crisis treatment plan each week  
123.16 and document the weekly reviews in the child's client file.

123.17 (d) For a client receiving children's residential crisis stabilization services who is 18  
123.18 years of age or older, the license holder must complete an individual abuse prevention plan  
123.19 for the client, pursuant to section 245A.65, subdivision 2, as part of the client's crisis  
123.20 treatment plan.

123.21 Subd. 6. Staffing requirements. Staff members of facilities providing services under  
123.22 this section must have access to a mental health professional or clinical trainee within 30  
123.23 minutes, either in person or by telephone. The license holder must maintain a current schedule  
123.24 of available mental health professionals or clinical trainees and include contact information  
123.25 for each mental health professional or clinical trainee. The schedule must be readily available  
123.26 to all staff members.

123.27 Sec. 20. Minnesota Statutes 2020, section 245F.03, is amended to read:

123.28 **245F.03 APPLICATION.**

123.29 (a) This chapter establishes minimum standards for withdrawal management programs  
123.30 licensed by the commissioner that serve one or more unrelated persons.

123.31 (b) This chapter does not apply to a withdrawal management program licensed as a  
123.32 hospital under sections 144.50 to 144.581. A withdrawal management program located in

124.1 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this  
124.2 chapter is deemed to be in compliance with section 245F.13.

124.3 ~~(c) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal~~  
124.4 ~~management programs licensed under this chapter.~~

124.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

124.6 Sec. 21. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

124.7 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an  
124.8 assessment summary within three calendar days from the day of service initiation for a  
124.9 residential program and within three calendar days on which a treatment session has been  
124.10 provided from the day of service initiation for a client in a nonresidential program. The  
124.11 comprehensive assessment summary is complete upon a qualified staff member's dated  
124.12 signature. If the comprehensive assessment is used to authorize the treatment service, the  
124.13 alcohol and drug counselor must prepare an assessment summary on the same date the  
124.14 comprehensive assessment is completed. If the comprehensive assessment and assessment  
124.15 summary are to authorize treatment services, the assessor must determine appropriate level  
124.16 of care and services for the client using the ~~dimensions in Minnesota Rules, part 9530.6622~~  
124.17 criteria established in section 254B.04, subdivision 4, and document the recommendations.

124.18 (b) An assessment summary must include:

124.19 (1) a risk description according to section 245G.05 for each dimension listed in paragraph  
124.20 (c);

124.21 (2) a narrative summary supporting the risk descriptions; and

124.22 (3) a determination of whether the client has a substance use disorder.

124.23 (c) An assessment summary must contain information relevant to treatment service  
124.24 planning and recorded in the dimensions in clauses (1) to (6). The license holder must  
124.25 consider:

124.26 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with  
124.27 withdrawal symptoms and current state of intoxication;

124.28 (2) Dimension 2, biomedical conditions and complications; the degree to which any  
124.29 physical disorder of the client would interfere with treatment for substance use, and the  
124.30 client's ability to tolerate any related discomfort. The license holder must determine the  
124.31 impact of continued substance use on the unborn child, if the client is pregnant;

125.1 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;  
125.2 the degree to which any condition or complication is likely to interfere with treatment for  
125.3 substance use or with functioning in significant life areas and the likelihood of harm to self  
125.4 or others;

125.5 (4) Dimension 4, readiness for change; the support necessary to keep the client involved  
125.6 in treatment service;

125.7 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree  
125.8 to which the client recognizes relapse issues and has the skills to prevent relapse of either  
125.9 substance use or mental health problems; and

125.10 (6) Dimension 6, recovery environment; whether the areas of the client's life are  
125.11 supportive of or antagonistic to treatment participation and recovery.

125.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

125.13 Sec. 22. Minnesota Statutes 2020, section 245G.22, subdivision 2, is amended to read:

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

125.16 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being  
125.17 diverted from intended use of the medication.

125.18 (c) "Guest dose" means administration of a medication used for the treatment of opioid  
125.19 addiction to a person who is not a client of the program that is administering or dispensing  
125.20 the medication.

125.21 (d) "Medical director" means a practitioner licensed to practice medicine in the  
125.22 jurisdiction that the opioid treatment program is located who assumes responsibility for  
125.23 administering all medical services performed by the program, either by performing the  
125.24 services directly or by delegating specific responsibility to a practitioner of the opioid  
125.25 treatment program.

125.26 (e) "Medication used for the treatment of opioid use disorder" means a medication  
125.27 approved by the Food and Drug Administration for the treatment of opioid use disorder.

125.28 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

125.29 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,  
125.30 title 42, section 8.12, and includes programs licensed under this chapter.

126.1 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~  
126.2 ~~subpart 21a.~~

126.3 ~~(h)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to  
126.4 practice medicine issued by the Board of Medical Practice or nursing issued by the Board  
126.5 of Nursing and is currently registered with the Drug Enforcement Administration to order  
126.6 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,  
126.7 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice  
126.8 registered nurse and physician assistant if the staff member receives a variance by the state  
126.9 opioid treatment authority under section 254A.03 and the federal Substance Abuse and  
126.10 Mental Health Services Administration.

126.11 ~~(i)~~ (i) "Unsupervised use" means the use of a medication for the treatment of opioid use  
126.12 disorder dispensed for use by a client outside of the program setting.

126.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

126.14 Sec. 23. Minnesota Statutes 2020, section 245G.22, subdivision 15, is amended to read:

126.15 Subd. 15. **Nonmedication treatment services; documentation.** ~~(a) The program must~~  
126.16 ~~offer at least 50 consecutive minutes of individual or group therapy treatment services as~~  
126.17 ~~defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first~~  
126.18 ~~ten weeks following the day of service initiation, and at least 50 consecutive minutes per~~  
126.19 ~~month thereafter. As clinically appropriate, the program may offer these services cumulatively~~  
126.20 ~~and not consecutively in increments of no less than 15 minutes over the required time period,~~  
126.21 ~~and for a total of 60 minutes of treatment services over the time period, and must document~~  
126.22 ~~the reason for providing services cumulatively in the client's record. The program may offer~~  
126.23 ~~additional levels of service when deemed clinically necessary.~~

126.24 (a) The program must meet the requirements in section 245G.07, subdivision 1, paragraph  
126.25 (a), and must document each occurrence when the program offered the client an individual  
126.26 or group counseling service. If the program offered an individual or group counseling service  
126.27 but did not provide the service to the client, the program must document the reason the  
126.28 service was not provided. If the service is provided, the program must ensure that the staff  
126.29 member who provides the treatment service documents in the client record the date, type,  
126.30 and amount of the treatment service and the client's response to the treatment service within  
126.31 seven days of providing the treatment service.

126.32 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,  
126.33 the assessment must be completed within 21 days from the day of service initiation.

127.1 (c) Notwithstanding the requirements of individual treatment plans set forth in section  
127.2 245G.06:

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

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

127.7 (3) for the ten weeks following the day of service initiation for all new admissions,  
127.8 readmissions, and transfers, a weekly treatment plan review must be documented once the  
127.9 treatment plan is completed. Subsequently, the counselor must document treatment plan  
127.10 reviews in the six dimensions at least once monthly or, when clinical need warrants, more  
127.11 frequently.

127.12 Sec. 24. Minnesota Statutes 2021 Supplement, section 245I.23, is amended by adding a  
127.13 subdivision to read:

127.14 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder  
127.15 that prohibits clients from leaving the facility by locking exit doors or other permissible  
127.16 methods must meet the additional requirements of this subdivision.

127.17 (b) The license holder must meet all applicable building and fire codes to operate a  
127.18 building with locked exit doors. The license holder must have the appropriate license from  
127.19 the Department of Health, as determined by the Department of Health, for operating a  
127.20 program with locked exit doors.

127.21 (c) The license holder's policies and procedures must clearly describe the types of court  
127.22 orders that authorize the license holder to prohibit clients from leaving the facility.

127.23 (d) For each client present in the facility under a court order, the license holder must  
127.24 maintain documentation of the court order authorizing the license holder to prohibit the  
127.25 client from leaving the facility.

127.26 (e) Upon a client's admission to a locked program facility, the license holder must  
127.27 document in the client file that the client was informed:

127.28 (1) that the client has the right to leave the facility according to the client's rights under  
127.29 section 144.651, subdivision 12, if the client is not subject to a court order authorizing the  
127.30 license holder to prohibit the client from leaving the facility; or

127.31 (2) that the client cannot leave the facility due to a court order authorizing the license  
127.32 holder to prohibit the client from leaving the facility.

128.1 (f) If the license holder prohibits a client from leaving the facility, the client's treatment  
128.2 plan must reflect this restriction.

128.3 Sec. 25. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended  
128.4 to read:

128.5 Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human~~  
128.6 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~  
128.7 ~~chemical dependency care for each recipient of public assistance seeking treatment for~~  
128.8 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~  
128.9 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~  
128.10 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~  
128.11 ~~comprehensive assessments under section 254B.05 may determine and approve the~~  
128.12 ~~appropriate level of substance use disorder treatment for a recipient of public assistance.~~  
128.13 ~~The process for determining an individual's financial eligibility for the behavioral health~~  
128.14 ~~fund or determining an individual's enrollment in or eligibility for a publicly subsidized~~  
128.15 ~~health plan is not affected by the individual's choice to access a comprehensive assessment~~  
128.16 ~~for placement.~~

128.17 (b) The commissioner shall develop and implement a utilization review process for  
128.18 publicly funded treatment placements to monitor and review the clinical appropriateness  
128.19 and timeliness of all publicly funded placements in treatment.

128.20 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for  
128.21 alcohol or substance use disorder that is provided to a recipient of public assistance within  
128.22 a primary care clinic, hospital, or other medical setting or school setting establishes medical  
128.23 necessity and approval for an initial set of substance use disorder services identified in  
128.24 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose  
128.25 screen result is positive may include any combination of up to four hours of individual or  
128.26 group substance use disorder treatment, two hours of substance use disorder treatment  
128.27 coordination, or two hours of substance use disorder peer support services provided by a  
128.28 qualified individual according to chapter 245G. A recipient must obtain an assessment  
128.29 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~  
128.30 ~~parts 9530.6600 to 9530.6655, and A comprehensive assessment pursuant to section 245G.05~~  
128.31 ~~are not applicable~~ is not required to receive the initial set of services allowed under this  
128.32 subdivision. A positive screen result establishes eligibility for the initial set of services  
128.33 allowed under this subdivision.



129.1 (d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ An individual  
129.2 may choose to obtain a comprehensive assessment as provided in section 245G.05.  
129.3 Individuals obtaining a comprehensive assessment may access any enrolled provider that  
129.4 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision  
129.5 3, ~~paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must  
129.6 comply with any provider network requirements or limitations. ~~This paragraph expires July~~  
129.7 ~~1, 2022.~~

129.8 **EFFECTIVE DATE.** This section is effective July 1, 2022.

129.9 Sec. 26. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

129.10 Subdivision 1. **Persons arrested outside of ~~home county~~ county of residence.** When  
129.11 a chemical use assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655,~~  
129.12 for a person who is arrested and taken into custody by a peace officer outside of the person's  
129.13 county of residence, the assessment ~~must be completed by the person's county of residence~~  
129.14 ~~no later than three weeks after the assessment is initially requested. If the assessment is not~~  
129.15 ~~performed within this time limit, the county where the person is to be sentenced shall perform~~  
129.16 ~~the assessment~~ county where the person is detained must facilitate access to an assessor  
129.17 qualified under subdivision 3. The county of financial responsibility is determined under  
129.18 chapter 256G.

129.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

129.20 Sec. 27. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

129.21 Subd. 3. **Financial conflicts of interest Comprehensive assessments.** ~~(a) Except as~~  
129.22 ~~provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment~~  
129.23 ~~under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared~~  
129.24 ~~financial interest or referral relationship resulting in shared financial gain with a treatment~~  
129.25 ~~provider.~~

129.26 ~~(b) A county may contract with an assessor having a conflict described in paragraph (a)~~  
129.27 ~~if the county documents that:~~

129.28 ~~(1) the assessor is employed by a culturally specific service provider or a service provider~~  
129.29 ~~with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

129.30 ~~(2) the county does not employ a sufficient number of qualified assessors and the only~~  
129.31 ~~qualified assessors available in the county have a direct or shared financial interest or a~~  
129.32 ~~referral relationship resulting in shared financial gain with a treatment provider; or~~

130.1 ~~(3) the county social service agency has an existing relationship with an assessor or~~  
 130.2 ~~service provider and elects to enter into a contract with that assessor to provide both~~  
 130.3 ~~assessment and treatment under circumstances specified in the county's contract, provided~~  
 130.4 ~~the county retains responsibility for making placement decisions.~~

130.5 ~~(e) The county may contract with a hospital to conduct chemical assessments if the~~  
 130.6 ~~requirements in subdivision 1a are met.~~

130.7 ~~An assessor under this paragraph may not place clients in treatment. The assessor shall~~  
 130.8 ~~gather required information and provide it to the county along with any required~~  
 130.9 ~~documentation. The county shall make all placement decisions for clients assessed by~~  
 130.10 ~~assessors under this paragraph.~~

130.11 ~~(d) An eligible vendor under section 254B.05 conducting a comprehensive assessment~~  
 130.12 ~~for an individual seeking treatment shall approve the nature, intensity level, and duration~~  
 130.13 ~~of treatment service if a need for services is indicated, but the individual assessed can access~~  
 130.14 ~~any enrolled provider that is licensed to provide the level of service authorized, including~~  
 130.15 ~~the provider or program that completed the assessment. If an individual is enrolled in a~~  
 130.16 ~~prepaid health plan, the individual must comply with any provider network requirements~~  
 130.17 ~~or limitations. An eligible vendor of a comprehensive assessment must provide information,~~  
 130.18 ~~in a format provided by the commissioner, on medical assistance and the behavioral health~~  
 130.19 ~~fund to individuals seeking an assessment.~~

130.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

130.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended  
 130.22 to read:

130.23 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~  
 130.24 ~~9530.6615, For the purposes of determining level of care, a comprehensive assessment does~~  
 130.25 ~~not need to be completed for an individual being committed as a chemically dependent~~  
 130.26 ~~person, as defined in section 253B.02, and for the duration of a civil commitment under~~  
 130.27 ~~section 253B.065, 253B.09, or 253B.095 in order for a county to access the behavioral~~  
 130.28 ~~health fund under section 254B.04. The county must determine if the individual meets the~~  
 130.29 ~~financial eligibility requirements for the behavioral health fund under section 254B.04.~~  
 130.30 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~  
 130.31 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

130.32 **EFFECTIVE DATE.** This section is effective July 1, 2022.

131.1 Sec. 29. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision  
131.2 to read:

131.3 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed  
131.4 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a  
131.5 "chemical use assessment" means a comprehensive assessment and assessment summary  
131.6 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"  
131.7 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and  
131.8 5.

131.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

131.10 Sec. 30. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision  
131.11 to read:

131.12 Subd. 7. **Assessments for children's residential facilities.** For children's residential  
131.13 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to  
131.14 2960.0220 and 2960.0430 to 2960.0490, a "chemical use assessment" means a comprehensive  
131.15 assessment and assessment summary completed according to section 245G.05 by an  
131.16 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

131.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

131.18 Sec. 31. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
131.19 to read:

131.20 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated  
131.21 for payment of treatment services under this chapter.

131.22 **EFFECTIVE DATE.** This section is effective July 1, 2022.

131.23 Sec. 32. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
131.24 to read:

131.25 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder  
131.26 services, or for whom substance use disorder services have been requested.

131.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

132.1 Sec. 33. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
132.2 to read:

132.3 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated  
132.4 to pay before the person's third-party payment source is obligated to make a payment, or  
132.5 the amount an insured person is obligated to pay in addition to the amount the person's  
132.6 third-party payment source is obligated to pay.

132.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

132.8 Sec. 34. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
132.9 to read:

132.10 Subd. 4c. **Department.** "Department" means the Department of Human Services.

132.11 **EFFECTIVE DATE.** This section is effective July 1, 2022.

132.12 Sec. 35. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
132.13 to read:

132.14 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug  
132.15 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system  
132.16 used to collect substance use disorder treatment data across all levels of care and providers.

132.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

132.18 Sec. 36. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

132.19 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of  
132.20 county commissioners, a local social services agency, or a human services board to make  
132.21 placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to  
132.22 20 authorized under section 254B.03, subdivision 1, to determine financial eligibility for  
132.23 the behavioral health fund.

132.24 Sec. 37. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
132.25 to read:

132.26 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

132.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

133.1 Sec. 38. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
133.2 to read:

133.3 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment  
133.4 policy under which a third-party payment source has an obligation to pay all or part of a  
133.5 client's treatment costs.

133.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

133.7 Sec. 39. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
133.8 to read:

133.9 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member  
133.10 of the client's household and is a client's spouse or the parent of a minor child who is a  
133.11 client.

133.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

133.13 Sec. 40. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
133.14 to read:

133.15 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,  
133.16 entity, or public or private agency other than medical assistance or general assistance medical  
133.17 care that has a probable obligation to pay all or part of the costs of a client's substance use  
133.18 disorder treatment.

133.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

133.20 Sec. 41. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
133.21 to read:

133.22 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment  
133.23 services that meets the criteria established in section 254B.05 and that has applied to  
133.24 participate as a provider in the medical assistance program according to Minnesota Rules,  
133.25 part 9505.0195.

133.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

133.27 Sec. 42. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
133.28 to read:

133.29 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**  
133.30 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the

134.1 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or  
134.2 discharge of individuals with substance use disorders. The ASAM criteria are contained in  
134.3 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,  
134.4 Substance-Related, and Co-Occurring Conditions.

134.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

134.6 Sec. 43. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
134.7 to read:

134.8 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment  
134.9 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);  
134.10 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified  
134.11 professionals as identified in section 245G.07, subdivision 3.

134.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

134.13 Sec. 44. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

134.14 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ must determine financial  
134.15 eligibility for substance use disorder services and provide chemical dependency substance  
134.16 use disorder services to persons residing within its jurisdiction who meet criteria established  
134.17 by the commissioner for placement in a chemical dependency residential or nonresidential  
134.18 treatment service. Chemical dependency money must be administered by the local agencies  
134.19 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

134.20 (b) In order to contain costs, the commissioner of human services shall select eligible  
134.21 vendors of chemical dependency services who can provide economical and appropriate  
134.22 treatment. Unless the local agency is a social services department directly administered by  
134.23 a county or human services board, the local agency shall not be an eligible vendor under  
134.24 section 254B.05. The commissioner may approve proposals from county boards to provide  
134.25 services in an economical manner or to control utilization, with safeguards to ensure that  
134.26 necessary services are provided. If a county implements a demonstration or experimental  
134.27 medical services funding plan, the commissioner shall transfer the money as appropriate.

134.28 ~~(e) A culturally specific vendor that provides assessments under a variance under~~  
134.29 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~  
134.30 ~~not covered by the variance.~~

134.31 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ (c) An individual  
134.32 may choose to obtain a comprehensive assessment as provided in section 245G.05.

135.1 Individuals obtaining a comprehensive assessment may access any enrolled provider that  
135.2 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision  
135.3 3, ~~paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must  
135.4 comply with any provider network requirements or limitations.

135.5 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location  
135.6 determinations.

135.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

135.8 Sec. 45. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended  
135.9 to read:

135.10 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health  
135.11 fund is limited to payments for services identified in section 254B.05, other than  
135.12 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and  
135.13 detoxification provided in another state that would be required to be licensed as a chemical  
135.14 dependency program if the program were in the state. Out of state vendors must also provide  
135.15 the commissioner with assurances that the program complies substantially with state licensing  
135.16 requirements and possesses all licenses and certifications required by the host state to provide  
135.17 chemical dependency treatment. Vendors receiving payments from the behavioral health  
135.18 fund must not require co-payment from a recipient of benefits for services provided under  
135.19 this subdivision. The vendor is prohibited from using the client's public benefits to offset  
135.20 the cost of services paid under this section. The vendor shall not require the client to use  
135.21 public benefits for room or board costs. This includes but is not limited to cash assistance  
135.22 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP  
135.23 benefits is a right of a client receiving services through the behavioral health fund or through  
135.24 state contracted managed care entities. Payment from the behavioral health fund shall be  
135.25 made for necessary room and board costs provided by vendors meeting the criteria under  
135.26 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner  
135.27 of health according to sections 144.50 to 144.56 to a client who is:

135.28 (1) determined to meet the criteria for placement in a residential chemical dependency  
135.29 treatment program according to rules adopted under section 254A.03, subdivision 3; and

135.30 (2) concurrently receiving a chemical dependency treatment service in a program licensed  
135.31 by the commissioner and reimbursed by the behavioral health fund.

135.32 ~~(b) A county may, from its own resources, provide chemical dependency services for~~  
135.33 ~~which state payments are not made. A county may elect to use the same invoice procedures~~

136.1 ~~and obtain the same state payment services as are used for chemical dependency services~~  
136.2 ~~for which state payments are made under this section if county payments are made to the~~  
136.3 ~~state in advance of state payments to vendors. When a county uses the state system for~~  
136.4 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~  
136.5 ~~available information to determine the anticipated services for which payments will be made~~  
136.6 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~  
136.7 ~~expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~  
136.8 ~~month.~~

136.9 ~~(e)~~ (b) The commissioner shall coordinate chemical dependency services and determine  
136.10 whether there is a need for any proposed expansion of chemical dependency treatment  
136.11 services. The commissioner shall deny vendor certification to any provider that has not  
136.12 received prior approval from the commissioner for the creation of new programs or the  
136.13 expansion of existing program capacity. The commissioner shall consider the provider's  
136.14 capacity to obtain clients from outside the state based on plans, agreements, and previous  
136.15 utilization history, when determining the need for new treatment services.

136.16 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter  
136.17 245G, the applicant must notify the county human services director in writing of the  
136.18 applicant's intent to open a new treatment program. The written notification must include,  
136.19 at a minimum:

136.20 (1) a description of the proposed treatment program; and

136.21 (2) a description of the target population to be served by the treatment program.

136.22 ~~(e)~~ (d) The county human services director may submit a written statement to the  
136.23 commissioner, within 60 days of receiving notice from the applicant, regarding the county's  
136.24 support of or opposition to the opening of the new treatment program. The written statement  
136.25 must include documentation of the rationale for the county's determination. The commissioner  
136.26 shall consider the county's written statement when determining whether there is a need for  
136.27 the treatment program as required by paragraph ~~(e)~~ (b).

136.28 **EFFECTIVE DATE.** This section is effective July 1, 2022.

136.29 Sec. 46. Minnesota Statutes 2020, section 254B.03, subdivision 4, is amended to read:

136.30 Subd. 4. **Division of costs.** (a) Except for services provided by a county under section  
136.31 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out  
136.32 of local money, pay the state for 22.95 percent of the cost of chemical dependency services,  
136.33 except for those services provided to persons enrolled in medical assistance under chapter



137.1 256B and room and board services under section 254B.05, subdivision 5, paragraph (b),  
137.2 clause ~~(12)~~ (11). Counties may use the indigent hospitalization levy for treatment and hospital  
137.3 payments made under this section.

137.4 (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent  
137.5 for the cost of payment and collections, must be distributed to the county that paid for a  
137.6 portion of the treatment under this section.

137.7 Sec. 47. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

137.8 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement  
137.9 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~  
137.10 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~  
137.11 ~~standards for the appeal process to assure adequate redress for persons referred to~~  
137.12 ~~inappropriate services.~~

137.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

137.14 Sec. 48. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended  
137.15 to read:

137.16 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal  
137.17 Regulations, title 25, part 20, who meet the income standards of section 256B.056,  
137.18 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health  
137.19 fund services. State money appropriated for this paragraph must be placed in a separate  
137.20 account established for this purpose.

137.21 (b) Persons with dependent children who are determined to be in need of chemical  
137.22 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or  
137.23 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the  
137.24 local agency to access needed treatment services. Treatment services must be appropriate  
137.25 for the individual or family, which may include long-term care treatment or treatment in a  
137.26 facility that allows the dependent children to stay in the treatment facility. The county shall  
137.27 pay for out-of-home placement costs, if applicable.

137.28 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible  
137.29 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause  
137.30 ~~(12)~~ (11).

137.31 (d) A client is eligible to have substance use disorder treatment paid for with funds from  
137.32 the behavioral health fund if:

- 138.1 (1) the client is eligible for MFIP as determined under chapter 256J;
- 138.2 (2) the client is eligible for medical assistance as determined under Minnesota Rules,  
138.3 parts 9505.0010 to 9505.0150;
- 138.4 (3) the client is eligible for general assistance, general assistance medical care, or work  
138.5 readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or
- 138.6 (4) the client's income is within current household size and income guidelines for entitled  
138.7 persons, as defined in this subdivision and subdivision 7.
- 138.8 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have  
138.9 a third-party payment source are eligible for the behavioral health fund if the third-party  
138.10 payment source pays less than 100 percent of the cost of treatment services for eligible  
138.11 clients.
- 138.12 (f) A client is ineligible to have substance use disorder treatment services paid for by  
138.13 the behavioral health fund if the client:
- 138.14 (1) has an income that exceeds current household size and income guidelines for entitled  
138.15 persons, as defined in this subdivision and subdivision 7; or
- 138.16 (2) has an available third-party payment source that will pay the total cost of the client's  
138.17 treatment.
- 138.18 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode  
138.19 is eligible for continued treatment service paid for by the behavioral health fund until the  
138.20 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if  
138.21 the client:
- 138.22 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance  
138.23 medical care; or
- 138.24 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local  
138.25 agency under this section.
- 138.26 (h) If a county commits a client under chapter 253B to a regional treatment center for  
138.27 substance use disorder services and the client is ineligible for the behavioral health fund,  
138.28 the county is responsible for payment to the regional treatment center according to section  
138.29 254B.05, subdivision 4.
- 138.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

139.1 Sec. 49. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

139.2 Subd. 2a. **Eligibility for ~~treatment in residential settings~~ room and board services**  
139.3 **for persons in outpatient substance use disorder treatment.** ~~Notwithstanding provisions~~  
139.4 ~~of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in~~  
139.5 ~~making placements to residential treatment settings,~~ A person eligible for room and board  
139.6 services under ~~this section~~ 254B.05, subdivision 5, paragraph (b), clause (12), must score  
139.7 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,  
139.8 or recovery environment ~~in order~~ to be assigned to services with a room and board component  
139.9 reimbursed under this section. Whether a treatment facility has been designated an institution  
139.10 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor  
139.11 in making placements.

139.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

139.13 Sec. 50. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
139.14 to read:

139.15 **Subd. 4. Assessment criteria and risk descriptions.** (a) The level of care determination  
139.16 must follow criteria approved by the commissioner.

139.17 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's  
139.18 acute intoxication and withdrawal potential.

139.19 (1) "0" The client displays full functioning with good ability to tolerate and cope with  
139.20 withdrawal discomfort. The client displays no signs or symptoms of intoxication or  
139.21 withdrawal or diminishing signs or symptoms.

139.22 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays  
139.23 mild to moderate intoxication or signs and symptoms interfering with daily functioning but  
139.24 does not immediately endanger self or others. The client poses minimal risk of severe  
139.25 withdrawal.

139.26 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.  
139.27 The client's intoxication may be severe, but the client responds to support and treatment  
139.28 such that the client does not immediately endanger self or others. The client displays moderate  
139.29 signs and symptoms with moderate risk of severe withdrawal.

139.30 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has  
139.31 severe intoxication, such that the client endangers self or others, or has intoxication that has  
139.32 not abated with less intensive services. The client displays severe signs and symptoms, risk

140.1 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a  
140.2 less intensive level.

140.3 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays  
140.4 severe withdrawal and is a danger to self or others.

140.5 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's  
140.6 biomedical conditions and complications.

140.7 (1) "0" The client displays full functioning with good ability to cope with physical  
140.8 discomfort.

140.9 (2) "1" The client tolerates and copes with physical discomfort and is able to get the  
140.10 services that the client needs.

140.11 (3) "2" The client has difficulty tolerating and coping with physical problems or has  
140.12 other biomedical problems that interfere with recovery and treatment. The client neglects  
140.13 or does not seek care for serious biomedical problems.

140.14 (4) "3" The client tolerates and copes poorly with physical problems or has poor general  
140.15 health. The client neglects the client's medical problems without active assistance.

140.16 (5) "4" The client is unable to participate in substance use disorder treatment and has  
140.17 severe medical problems, has a condition that requires immediate intervention, or is  
140.18 incapacitated.

140.19 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's  
140.20 emotional, behavioral, and cognitive conditions and complications.

140.21 (1) "0" The client has good impulse control and coping skills and presents no risk of  
140.22 harm to self or others. The client functions in all life areas and displays no emotional,  
140.23 behavioral, or cognitive problems or the problems are stable.

140.24 (2) "1" The client has impulse control and coping skills. The client presents a mild to  
140.25 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or  
140.26 cognitive problems. The client has a mental health diagnosis and is stable. The client  
140.27 functions adequately in significant life areas.

140.28 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client  
140.29 has thoughts of suicide or harm to others without means; however, the thoughts may interfere  
140.30 with participation in some activities. The client has difficulty functioning in significant life  
140.31 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.  
140.32 The client is able to participate in most treatment activities.

141.1 (4) "3" The client has a severe lack of impulse control and coping skills. The client also  
141.2 has frequent thoughts of suicide or harm to others, including a plan and the means to carry  
141.3 out the plan. In addition, the client is severely impaired in significant life areas and has  
141.4 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the  
141.5 client's participation in treatment activities.

141.6 (5) "4" The client has severe emotional or behavioral symptoms that place the client or  
141.7 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.  
141.8 The client is unable to participate in treatment activities.

141.9 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's  
141.10 readiness for change.

141.11 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,  
141.12 committed to change, and engaged in treatment as a responsible participant.

141.13 (2) "1" The client is motivated with active reinforcement to explore treatment and  
141.14 strategies for change but ambivalent about the client's illness or need for change.

141.15 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low  
141.16 motivation for change, and is passively involved in treatment.

141.17 (4) "3" The client displays inconsistent compliance, has minimal awareness of either  
141.18 the client's addiction or mental disorder, and is minimally cooperative.

141.19 (5) "4" The client is:

141.20 (i) noncompliant with treatment and has no awareness of addiction or mental disorder  
141.21 and does not want or is unwilling to explore change or is in total denial of the client's illness  
141.22 and its implications; or

141.23 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm  
141.24 to self and others.

141.25 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's  
141.26 relapse, continued substance use, and continued problem potential.

141.27 (1) "0" The client recognizes risk well and is able to manage potential problems.

141.28 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some  
141.29 vulnerability for further substance use or mental health problems.

141.30 (3) "2" The client has minimal recognition and understanding of relapse and recidivism  
141.31 issues and displays moderate vulnerability for further substance use or mental health  
141.32 problems. The client has some coping skills inconsistently applied.

142.1 (4) "3" The client has poor recognition and understanding of relapse and recidivism  
142.2 issues and displays moderately high vulnerability for further substance use or mental health  
142.3 problems. The client has few coping skills and rarely applies coping skills.

142.4 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or  
142.5 to prevent relapse. The client has no recognition or understanding of relapse and recidivism  
142.6 issues and displays high vulnerability for further substance use or mental health problems.

142.7 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's  
142.8 recovery environment.

142.9 (1) "0" The client is engaged in structured, meaningful activity and has a supportive  
142.10 significant other, family, and living environment.

142.11 (2) "1" The client has passive social network support or the client's family and significant  
142.12 other are not interested in the client's recovery. The client is engaged in structured, meaningful  
142.13 activity.

142.14 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,  
142.15 family, significant other, and living environment are unsupportive, or there is criminal  
142.16 justice system involvement by the client or among the client's peers or significant other or  
142.17 in the client's living environment.

142.18 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,  
142.19 family, significant other, and living environment are unsupportive, or there is significant  
142.20 criminal justice system involvement.

142.21 (5) "4" The client has:

142.22 (i) a chronically antagonistic significant other, living environment, family, or peer group  
142.23 or long-term criminal justice system involvement that is harmful to the client's recovery or  
142.24 treatment progress; or

142.25 (ii) an actively antagonistic significant other, family, work, or living environment, with  
142.26 an immediate threat to the client's safety and well-being.

142.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

142.28 Sec. 51. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
142.29 to read:

142.30 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral  
142.31 health fund, establishes the criteria to be applied by local agencies to determine a client's

143.1 financial eligibility under the behavioral health fund, and determines a client's obligation  
143.2 to pay for substance use disorder treatment services.

143.3 **EFFECTIVE DATE.** This section is effective July 1, 2022.

143.4 Sec. 52. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
143.5 to read:

143.6 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ  
143.7 individuals to conduct administrative activities and facilitate access to substance use disorder  
143.8 treatment services.

143.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

143.10 Sec. 53. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
143.11 to read:

143.12 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency  
143.13 shall determine a client's financial eligibility for the behavioral health fund according to  
143.14 subdivision 1 with the income calculated prospectively for one year from the date of  
143.15 comprehensive assessment. The local agency shall pay for eligible clients according to  
143.16 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar  
143.17 days of request. Client eligibility must be determined using forms prescribed by the  
143.18 commissioner. The local agency must determine a client's eligibility as follows:

143.19 (1) The local agency must determine the client's income. A client who is a minor child  
143.20 must not be deemed to have income available to pay for substance use disorder treatment,  
143.21 unless the minor child is responsible for payment under section 144.347 for substance use  
143.22 disorder treatment services sought under section 144.343, subdivision 1.

143.23 (2) The local agency must determine the client's household size according to the  
143.24 following:

143.25 (i) If the client is a minor child, the household size includes the following persons living  
143.26 in the same dwelling unit:

143.27 (A) the client;

143.28 (B) the client's birth or adoptive parents; and

143.29 (C) the client's siblings who are minors.

143.30 (ii) If the client is an adult, the household size includes the following persons living in  
143.31 the same dwelling unit:

144.1 (A) the client;

144.2 (B) the client's spouse;

144.3 (C) the client's minor children; and

144.4 (D) the client's spouse's minor children.

144.5 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home  
144.6 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person  
144.7 in out-of-home placement.

144.8 (3) The local agency must determine the client's current prepaid health plan enrollment  
144.9 and the availability of a third-party payment source, including the availability of total or  
144.10 partial payment and the amount of co-payment.

144.11 (4) The local agency must provide the required eligibility information to the commissioner  
144.12 in the manner specified by the commissioner.

144.13 (5) The local agency must require the client and policyholder to conditionally assign to  
144.14 the department the client's and policyholder's rights and the rights of minor children to  
144.15 benefits or services provided to the client if the commissioner is required to collect from a  
144.16 third-party payment source.

144.17 (b) The local agency must redetermine a client's eligibility for the behavioral health fund  
144.18 every 12 months.

144.19 (c) A client, responsible relative, and policyholder must provide income or wage  
144.20 verification and household size verification under paragraph (a), clause (3), and must make  
144.21 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,  
144.22 responsible relative, or policyholder does not comply with this subdivision, the client is  
144.23 ineligible for behavioral health fund payment for substance use disorder treatment, and the  
144.24 client and responsible relative are obligated to pay the full cost of substance use disorder  
144.25 treatment services provided to the client.

144.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

144.27 Sec. 54. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
144.28 to read:

144.29 Subd. 8. **Client fees.** A client whose household income is within current household size  
144.30 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.

144.31 **EFFECTIVE DATE.** This section is effective July 1, 2022.



145.1 Sec. 55. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
145.2 to read:

145.3 Subd. 9. Vendor must participate in DAANES. To be eligible for payment under the  
145.4 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner  
145.5 the information required in DAANES in the format specified by the commissioner.

145.6 EFFECTIVE DATE. This section is effective July 1, 2022.

145.7 Sec. 56. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 1a, is amended  
145.8 to read:

145.9 Subd. 1a. **Room and board provider requirements.** (a) Effective January 1, 2000,  
145.10 vendors of room and board are eligible for behavioral health fund payment if the vendor:

145.11 (1) has rules prohibiting residents bringing chemicals into the facility or using chemicals  
145.12 while residing in the facility and provide consequences for infractions of those rules;

145.13 (2) is determined to meet applicable health and safety requirements;

145.14 (3) is not a jail or prison;

145.15 (4) is not concurrently receiving funds under chapter 256I for the recipient;

145.16 (5) admits individuals who are 18 years of age or older;

145.17 (6) is registered as a board and lodging or lodging establishment according to section  
145.18 157.17;

145.19 (7) has awake staff on site 24 hours per day;

145.20 (8) has staff who are at least 18 years of age and meet the requirements of section  
145.21 245G.11, subdivision 1, paragraph (b);

145.22 (9) has emergency behavioral procedures that meet the requirements of section 245G.16;

145.23 (10) meets the requirements of section 245G.08, subdivision 5, if administering  
145.24 medications to clients;

145.25 (11) meets the abuse prevention requirements of section 245A.65, including a policy on  
145.26 fraternization and the mandatory reporting requirements of section 626.557;

145.27 (12) documents coordination with the treatment provider to ensure compliance with  
145.28 section 254B.03, subdivision 2;

145.29 (13) protects client funds and ensures freedom from exploitation by meeting the  
145.30 provisions of section 245A.04, subdivision 13;

146.1 (14) has a grievance procedure that meets the requirements of section 245G.15,  
146.2 subdivision 2; and

146.3 (15) has sleeping and bathroom facilities for men and women separated by a door that  
146.4 is locked, has an alarm, or is supervised by awake staff.

146.5 (b) Programs licensed according to Minnesota Rules, chapter 2960, are exempt from  
146.6 paragraph (a), clauses (5) to (15).

146.7 (c) Programs providing children's mental health crisis admissions and stabilization under  
146.8 section 245.4882, subdivision 6, are eligible vendors of room and board.

146.9 ~~(e)~~(d) Licensed programs providing intensive residential treatment services or residential  
146.10 crisis stabilization services pursuant to section 256B.0622 or 256B.0624 are eligible vendors  
146.11 of room and board and are exempt from paragraph (a), clauses (6) to (15).

146.12 Sec. 57. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended  
146.13 to read:

146.14 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency  
146.15 treatment units are eligible vendors. The commissioner may expand the capacity of chemical  
146.16 dependency treatment units beyond the capacity funded by direct legislative appropriation  
146.17 to serve individuals who are referred for treatment by counties and whose treatment will be  
146.18 paid for by funding under this chapter or other funding sources. Notwithstanding the  
146.19 provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any person committed  
146.20 at county request to a regional treatment center under chapter 253B for chemical dependency  
146.21 treatment and determined to be ineligible under the behavioral health fund, shall become  
146.22 the responsibility of the county.

146.23 Sec. 58. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended  
146.24 to read:

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

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

146.28 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~  
146.29 ~~245G.17, or applicable tribal license;~~

146.30 (1) outpatient treatment services licensed according to sections 245G.01 to 245G.17, or  
146.31 applicable Tribal license, including:

147.1 (i) ASAM 1.0 Outpatient: zero to eight hours per week of skilled treatment services for  
147.2 adults and zero to five hours per week for adolescents. Peer recovery and treatment  
147.3 coordination may be provided beyond the skilled treatment service hours allowable per  
147.4 week; and

147.5 (ii) ASAM 2.1 Intensive Outpatient: nine or more hours per week of skilled treatment  
147.6 services for adults and six or more hours per week for adolescents in accordance with the  
147.7 limitations in paragraph (h). Peer recovery and treatment coordination may be provided  
147.8 beyond the skilled treatment service hours allowable per week;

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

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

147.13 (4) peer recovery support services provided according to section 245G.07, subdivision  
147.14 2, clause (8);

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

147.17 ~~(6) medication-assisted therapy services that are~~ substance use disorder treatment with  
147.18 medication for opioid use disorders provided in an opioid treatment program that is licensed  
147.19 according to sections 245G.01 to 245G.17 and 245G.22, or applicable tribal license;

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

147.22 ~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed  
147.23 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which  
147.24 provide, respectively, 30, 15, and five hours of clinical services each week;

147.25 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01  
147.26 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to  
147.27 144.56;

147.28 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs  
147.29 according to sections 245G.01 to 245G.18 or as residential treatment programs according  
147.30 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or  
147.31 applicable tribal license;

148.1 ~~(11)~~ (10) high-intensity residential treatment services that are licensed according to  
148.2 sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30  
148.3 hours of clinical services each week provided by a state-operated vendor or to clients who  
148.4 have been civilly committed to the commissioner, present the most complex and difficult  
148.5 care needs, and are a potential threat to the community; and

148.6 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

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

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

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

148.11 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter  
148.12 9503; or

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

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

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

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

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

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

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

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

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

148.29 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined  
148.30 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates  
148.31 under the supervision of a licensed alcohol and drug counselor supervisor and licensed

149.1 mental health professional, except that no more than 50 percent of the mental health staff  
149.2 may be students or licensing candidates with time documented to be directly related to  
149.3 provisions of co-occurring services;

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

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

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

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

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

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

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

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

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

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

150.7 Sec. 59. Minnesota Statutes 2020, section 256.042, subdivision 1, is amended to read:

150.8 Subdivision 1. **Establishment of the advisory council.** (a) The Opiate Epidemic  
150.9 Response Advisory Council is established to develop and implement a comprehensive and  
150.10 effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.  
150.11 The council shall focus on:

150.12 (1) prevention and education, including public education and awareness for adults and  
150.13 youth, prescriber education, the development and sustainability of opioid overdose prevention  
150.14 and education programs, the role of adult protective services in prevention and response,  
150.15 and providing financial support to local law enforcement agencies for opiate antagonist  
150.16 programs;

150.17 (2) training on the treatment of opioid addiction, including the use of all Food and Drug  
150.18 Administration approved opioid addiction medications, detoxification, relapse prevention,  
150.19 patient assessment, individual treatment planning, counseling, recovery supports, diversion  
150.20 control, and other best practices;

150.21 (3) the expansion and enhancement of a continuum of care for opioid-related substance  
150.22 use disorders, including primary prevention, early intervention, treatment, recovery, and  
150.23 aftercare services; and

150.24 (4) the development of measures to assess and protect the ability of cancer patients and  
150.25 survivors, persons battling life-threatening illnesses, persons suffering from severe chronic  
150.26 pain, and persons at the end stages of life, who legitimately need prescription pain  
150.27 medications, to maintain their quality of life by accessing these pain medications without  
150.28 facing unnecessary barriers. The measures must also address the needs of individuals  
150.29 described in this clause who are elderly or who reside in underserved or rural areas of the  
150.30 state.

150.31 (b) The council shall:

151.1 (1) review local, state, and federal initiatives and activities related to education,  
151.2 prevention, treatment, and services for individuals and families experiencing and affected  
151.3 by opioid use disorder;

151.4 (2) establish priorities to address the state's opioid epidemic, for the purpose of  
151.5 recommending initiatives to fund;

151.6 (3) recommend to the commissioner of human services specific projects and initiatives  
151.7 to be funded;

151.8 (4) ensure that available funding is allocated to align with other state and federal funding,  
151.9 to achieve the greatest impact and ensure a coordinated state effort;

151.10 (5) consult with the commissioners of human services, health, and management and  
151.11 budget to develop measurable outcomes to determine the effectiveness of funds allocated;  
151.12 ~~and~~

151.13 (6) develop recommendations for an administrative and organizational framework for  
151.14 the allocation, on a sustainable and ongoing basis, of any money deposited into the separate  
151.15 account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid  
151.16 abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph  
151.17 (a);

151.18 (7) review reports, data, and performance measures submitted by municipalities, as  
151.19 defined in section 466.01, subdivision 1, in receipt of direct payments from settlement  
151.20 agreements, as described in section 256.043, subdivision 4; and

151.21 (8) consult with relevant stakeholders, including lead agencies and municipalities, to  
151.22 review and provide recommendations for necessary revisions to required reporting to ensure  
151.23 the reporting reflects measures of progress in addressing the harms of the opioid epidemic.

151.24 (c) The council, in consultation with the commissioner of management and budget, and  
151.25 within available appropriations, shall select from the awarded grants projects or may select  
151.26 municipality projects funded by settlement monies as described in section 256.043,  
151.27 subdivision 4, that include promising practices or theory-based activities for which the  
151.28 commissioner of management and budget shall conduct evaluations using experimental or  
151.29 quasi-experimental design. Grants awarded to proposals or municipality projects funded by  
151.30 settlement monies that include promising practices or theory-based activities and that are  
151.31 selected for an evaluation shall be administered to support the experimental or  
151.32 quasi-experimental evaluation and require grantees and municipality projects to collect and  
151.33 report information that is needed to complete the evaluation. The commissioner of

152.1 management and budget, under section 15.08, may obtain additional relevant data to support  
152.2 the experimental or quasi-experimental evaluation studies. For the purposes of this paragraph,  
152.3 "municipality" has the meaning given in section 466.01, subdivision 1.

152.4 (d) The council, in consultation with the commissioners of human services, health, public  
152.5 safety, and management and budget, shall establish goals related to addressing the opioid  
152.6 epidemic and determine a baseline against which progress shall be monitored and set  
152.7 measurable outcomes, including benchmarks. The goals established must include goals for  
152.8 prevention and public health, access to treatment, and multigenerational impacts. The council  
152.9 shall use existing measures and data collection systems to determine baseline data against  
152.10 which progress shall be measured. The council shall include the proposed goals, the  
152.11 measurable outcomes, and proposed benchmarks to meet these goals in its initial report to  
152.12 the legislature under subdivision 5, paragraph (a), due January 31, 2021.

152.13 Sec. 60. Minnesota Statutes 2020, section 256.042, subdivision 2, is amended to read:

152.14 Subd. 2. **Membership.** (a) The council shall consist of the following ~~19~~ 30 voting  
152.15 members, appointed by the commissioner of human services except as otherwise specified,  
152.16 and three nonvoting members:

152.17 (1) two members of the house of representatives, appointed in the following sequence:  
152.18 the first from the majority party appointed by the speaker of the house and the second from  
152.19 the minority party appointed by the minority leader. Of these two members, one member  
152.20 must represent a district outside of the seven-county metropolitan area, and one member  
152.21 must represent a district that includes the seven-county metropolitan area. The appointment  
152.22 by the minority leader must ensure that this requirement for geographic diversity in  
152.23 appointments is met;

152.24 (2) two members of the senate, appointed in the following sequence: the first from the  
152.25 majority party appointed by the senate majority leader and the second from the minority  
152.26 party appointed by the senate minority leader. Of these two members, one member must  
152.27 represent a district outside of the seven-county metropolitan area and one member must  
152.28 represent a district that includes the seven-county metropolitan area. The appointment by  
152.29 the minority leader must ensure that this requirement for geographic diversity in appointments  
152.30 is met;

152.31 (3) one member appointed by the Board of Pharmacy;

152.32 (4) one member who is a physician appointed by the Minnesota Medical Association;



153.1 (5) one member representing opioid treatment programs, sober living programs, or  
153.2 substance use disorder programs licensed under chapter 245G;

153.3 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an  
153.4 addiction psychiatrist;

153.5 (7) one member representing professionals providing alternative pain management  
153.6 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

153.7 (8) one member representing nonprofit organizations conducting initiatives to address  
153.8 the opioid epidemic, with the commissioner's initial appointment being a member  
153.9 representing the Steve Rummeler Hope Network, and subsequent appointments representing  
153.10 this or other organizations;

153.11 (9) one member appointed by the Minnesota Ambulance Association who is serving  
153.12 with an ambulance service as an emergency medical technician, advanced emergency  
153.13 medical technician, or paramedic;

153.14 (10) one member representing the Minnesota courts who is a judge or law enforcement  
153.15 officer;

153.16 (11) one public member who is a Minnesota resident and who is in opioid addiction  
153.17 recovery;

153.18 (12) ~~two~~ 11 members representing Indian tribes, one representing ~~the Ojibwe tribes and~~  
153.19 ~~one representing the Dakota tribes~~ each of Minnesota's Tribal Nations;

153.20 (13) two members representing the urban American Indian population;

153.21 ~~(13)~~ (14) one public member who is a Minnesota resident and who is suffering from  
153.22 chronic pain, intractable pain, or a rare disease or condition;

153.23 ~~(14)~~ (15) one mental health advocate representing persons with mental illness;

153.24 ~~(15)~~ (16) one member appointed by the Minnesota Hospital Association;

153.25 ~~(16)~~ (17) one member representing a local health department; and

153.26 ~~(17)~~ (18) the commissioners of human services, health, and corrections, or their designees,  
153.27 who shall be ex officio nonvoting members of the council.

153.28 (b) The commissioner of human services shall coordinate the commissioner's  
153.29 appointments to provide geographic, racial, and gender diversity, and shall ensure that at  
153.30 least one-half of council members appointed by the commissioner reside outside of the  
153.31 seven-county metropolitan area and that at least one-half of the members have lived

154.1 experience with opiate addiction. Of the members appointed by the commissioner, to the  
154.2 extent practicable, at least one member must represent a community of color  
154.3 disproportionately affected by the opioid epidemic.

154.4 (c) The council is governed by section 15.059, except that members of the council shall  
154.5 serve three-year terms and shall receive no compensation other than reimbursement for  
154.6 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

154.7 (d) The chair shall convene the council at least quarterly, and may convene other meetings  
154.8 as necessary. The chair shall convene meetings at different locations in the state to provide  
154.9 geographic access, and shall ensure that at least one-half of the meetings are held at locations  
154.10 outside of the seven-county metropolitan area.

154.11 (e) The commissioner of human services shall provide staff and administrative services  
154.12 for the advisory council.

154.13 (f) The council is subject to chapter 13D.

154.14 Sec. 61. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended  
154.15 to read:

154.16 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the  
154.17 grants proposed by the advisory council to be awarded for the upcoming calendar year to  
154.18 the chairs and ranking minority members of the legislative committees with jurisdiction  
154.19 over health and human services policy and finance, by December 1 of each year, beginning  
154.20 March 1, 2020.

154.21 (b) The grants shall be awarded to proposals selected by the advisory council that address  
154.22 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated  
154.23 by the legislature. The advisory council shall determine grant awards and funding amounts  
154.24 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,  
154.25 paragraph (e). The commissioner shall award the grants from the opiate epidemic response  
154.26 fund and administer the grants in compliance with section 16B.97. No more than ten percent  
154.27 of the grant amount may be used by a grantee for administration. The commissioner must  
154.28 award at least 40 percent of grants to projects that include a focus on addressing the opiate  
154.29 crisis in Black and Indigenous communities and communities of color.

154.30 Sec. 62. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

154.31 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking  
154.32 minority members of the legislative committees with jurisdiction over health and human

155.1 services policy and finance by January 31 of each year, ~~beginning January 31, 2021~~. The  
155.2 report shall include information about the individual projects that receive grants, the  
155.3 municipality projects funded by settlement monies as described in section 256.043,  
155.4 subdivision 4, and the overall role of the ~~project~~ projects in addressing the opioid addiction  
155.5 and overdose epidemic in Minnesota. The report must describe the grantees and the activities  
155.6 implemented, along with measurable outcomes as determined by the council in consultation  
155.7 with the commissioner of human services and the commissioner of management and budget.  
155.8 At a minimum, the report must include information about the number of individuals who  
155.9 received information or treatment, the outcomes the individuals achieved, and demographic  
155.10 information about the individuals participating in the project; an assessment of the progress  
155.11 toward achieving statewide access to qualified providers and comprehensive treatment and  
155.12 recovery services; and an update on the evaluations implemented by the commissioner of  
155.13 management and budget for the promising practices and theory-based projects that receive  
155.14 funding.

155.15 (b) The commissioner of management and budget, in consultation with the Opiate  
155.16 Epidemic Response Advisory Council, shall report to the chairs and ranking minority  
155.17 members of the legislative committees with jurisdiction over health and human services  
155.18 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is  
155.19 complete on the promising practices or theory-based projects that are selected for evaluation  
155.20 activities. The report shall include demographic information; outcome information for the  
155.21 individuals in the program; the results for the program in promoting recovery, employment,  
155.22 family reunification, and reducing involvement with the criminal justice system; and other  
155.23 relevant outcomes determined by the commissioner of management and budget that are  
155.24 specific to the projects that are evaluated. The report shall include information about the  
155.25 ability of grant programs to be scaled to achieve the statewide results that the grant project  
155.26 demonstrated.

155.27 (c) The advisory council, in its annual report to the legislature under paragraph (a) due  
155.28 by January 31, 2024, shall include recommendations on whether the appropriations to the  
155.29 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or  
155.30 discontinued; whether funding should be appropriated for other purposes related to opioid  
155.31 abuse prevention, education, and treatment; and on the appropriate level of funding for  
155.32 existing and new uses.

155.33 (d) Municipalities receiving direct payments for settlement agreements as described in  
155.34 section 256.043, subdivision 4, must annually report to the commissioner on how the funds  
155.35 were used on opioid remediation. The report must be submitted in a format prescribed by

156.1 the commissioner. The report must include data and measurable outcomes on expenditures  
156.2 funded with opioid settlement funds, as identified by the commissioner, including details  
156.3 on services drawn from the categories of approved uses, as identified in agreements between  
156.4 the state of Minnesota, the Association of Minnesota Counties, and the League of Minnesota  
156.5 Cities. Minimum reporting requirements must include:

156.6 (1) contact information;

156.7 (2) information on funded services and programs; and

156.8 (3) target populations for each funded service and program.

156.9 (e) In reporting data and outcomes under paragraph (d), municipalities should include  
156.10 information on the use of evidence-based and culturally relevant services, to the extent  
156.11 feasible.

156.12 (f) Reporting requirements for municipal projects using \$25,000 or more of settlement  
156.13 funds in a calendar year must also include:

156.14 (1) a brief qualitative description of successes or challenges; and

156.15 (2) results using process and quality measures.

156.16 (g) For the purposes of this subdivision, "municipality" or "municipalities" has the  
156.17 meaning given in section 466.01, subdivision 1.

156.18 Sec. 63. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 5m, is  
156.19 amended to read:

156.20 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical  
156.21 assistance covers services provided by a not-for-profit certified community behavioral health  
156.22 clinic (CCBHC) services that meet meets the requirements of section 245.735, subdivision  
156.23 3.

156.24 (b) The commissioner shall reimburse CCBHCs on a per-visit per-day basis ~~under the~~  
156.25 ~~prospective payment~~ for each day that an eligible service is delivered using the CCBHC  
156.26 daily bundled rate system for medical assistance payments as described in paragraph (c).  
156.27 The commissioner shall include a quality incentive payment in the ~~prospective payment~~  
156.28 CCBHC daily bundled rate system as described in paragraph (e). There is no county share  
156.29 for medical assistance services when reimbursed through the CCBHC ~~prospective payment~~  
156.30 daily bundled rate system.

156.31 (c) The commissioner shall ensure that the ~~prospective payment~~ CCBHC daily bundled  
156.32 rate system for CCBHC payments under medical assistance meets the following requirements:

157.1 (1) the ~~prospective payment~~ CCBHC daily bundled rate shall be a provider-specific rate  
157.2 calculated for each CCBHC, based on the daily cost of providing CCBHC services and the  
157.3 total annual allowable CCBHC costs ~~for CCBHCs~~ divided by the total annual number of  
157.4 CCBHC visits. For calculating the payment rate, total annual visits include visits covered  
157.5 by medical assistance and visits not covered by medical assistance. Allowable costs include  
157.6 but are not limited to the salaries and benefits of medical assistance providers; the cost of  
157.7 CCBHC services provided under section 245.735, subdivision 3, paragraph (a), clauses (6)  
157.8 and (7); and other costs such as insurance or supplies needed to provide CCBHC services;

157.9 (2) payment shall be limited to one payment per day per medical assistance enrollee ~~for~~  
157.10 ~~each~~ when an eligible CCBHC visit eligible for reimbursement service is provided. A  
157.11 CCBHC visit is eligible for reimbursement if at least one of the CCBHC services listed  
157.12 under section 245.735, subdivision 3, paragraph (a), clause (6), is furnished to a medical  
157.13 assistance enrollee by a health care practitioner or licensed agency employed by or under  
157.14 contract with a CCBHC;

157.15 (3) ~~new payment~~ initial CCBHC daily bundled rates ~~set by the commissioner~~ for newly  
157.16 certified CCBHCs under section 245.735, subdivision 3, shall be ~~based on rates for~~  
157.17 ~~established CCBHCs with a similar scope of services. If no comparable CCBHC exists, the~~  
157.18 ~~commissioner shall establish a clinic-specific rate using audited historical cost report data~~  
157.19 ~~adjusted for the estimated cost of delivering CCBHC services, including the estimated cost~~  
157.20 ~~of providing the full scope of services and the projected change in visits resulting from the~~  
157.21 ~~change in scope~~ established by the commissioner using a provider-specific rate based on  
157.22 the newly certified CCBHC's audited historical cost report data adjusted for the expected  
157.23 cost of delivering CCBHC services. Estimates are subject to review by the commissioner  
157.24 and must include the expected cost of providing the full scope of CCBHC services and the  
157.25 expected number of visits for the rate period;

157.26 (4) the commissioner shall rebase CCBHC rates once every three years following the  
157.27 last rebasing and no less than 12 months following an initial rate or a rate change due to a  
157.28 change in the scope of services;

157.29 (5) the commissioner shall provide for a 60-day appeals process after notice of the results  
157.30 of the rebasing;

157.31 (6) the ~~prospective payment~~ CCBHC daily bundled rate under this section does not apply  
157.32 to services rendered by CCBHCs to individuals who are dually eligible for Medicare and  
157.33 medical assistance when Medicare is the primary payer for the service. An entity that receives

158.1 a ~~prospective payment~~ CCBHC daily bundled rate system rate that overlaps with the CCBHC  
158.2 rate is not eligible for the CCBHC rate;

158.3 (7) payments for CCBHC services to individuals enrolled in managed care shall be  
158.4 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall  
158.5 complete the phase-out of CCBHC wrap payments within 60 days of the implementation  
158.6 of the ~~prospective payment~~ CCBHC daily bundled rate system in the Medicaid Management  
158.7 Information System (MMIS), for CCBHCs reimbursed under this chapter, with a final  
158.8 settlement of payments due made payable to CCBHCs no later than 18 months thereafter;

158.9 (8) the ~~prospective payment~~ CCBHC daily bundled rate for each CCBHC shall be updated  
158.10 by trending each provider-specific rate by the Medicare Economic Index for primary care  
158.11 services. This update shall occur each year in between rebasing periods determined by the  
158.12 commissioner in accordance with clause (4). CCBHCs must provide data on costs and visits  
158.13 to the state annually using the CCBHC cost report established by the commissioner; and

158.14 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of  
158.15 services when such changes are expected to result in an adjustment to the CCBHC payment  
158.16 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information  
158.17 regarding the changes in the scope of services, including the estimated cost of providing  
158.18 the new or modified services and any projected increase or decrease in the number of visits  
158.19 resulting from the change. Estimated costs are subject to review by the commissioner. Rate  
158.20 adjustments for changes in scope shall occur no more than once per year in between rebasing  
158.21 periods per CCBHC and are effective on the date of the annual CCBHC rate update.

158.22 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC  
158.23 providers at the ~~prospective payment~~ CCBHC daily bundled rate. The commissioner shall  
158.24 monitor the effect of this requirement on the rate of access to the services delivered by  
158.25 CCBHC providers. If, for any contract year, federal approval is not received for this  
158.26 paragraph, the commissioner must adjust the capitation rates paid to managed care plans  
158.27 and county-based purchasing plans for that contract year to reflect the removal of this  
158.28 provision. Contracts between managed care plans and county-based purchasing plans and  
158.29 providers to whom this paragraph applies must allow recovery of payments from those  
158.30 providers if capitation rates are adjusted in accordance with this paragraph. Payment  
158.31 recoveries must not exceed the amount equal to any increase in rates that results from this  
158.32 provision. This paragraph expires if federal approval is not received for this paragraph at  
158.33 any time.

159.1 (e) The commissioner shall implement a quality incentive payment program for CCBHCs  
159.2 that meets the following requirements:

159.3 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric  
159.4 thresholds for performance metrics established by the commissioner, in addition to payments  
159.5 for which the CCBHC is eligible under the ~~prospective payment~~ CCBHC daily bundled  
159.6 rate system described in paragraph (c);

159.7 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement  
159.8 year to be eligible for incentive payments;

159.9 (3) each CCBHC shall receive written notice of the criteria that must be met in order to  
159.10 receive quality incentive payments at least 90 days prior to the measurement year; and

159.11 (4) a CCBHC must provide the commissioner with data needed to determine incentive  
159.12 payment eligibility within six months following the measurement year. The commissioner  
159.13 shall notify CCBHC providers of their performance on the required measures and the  
159.14 incentive payment amount within 12 months following the measurement year.

159.15 (f) All claims to managed care plans for CCBHC services as provided under this section  
159.16 shall be submitted directly to, and paid by, the commissioner on the dates specified no later  
159.17 than January 1 of the following calendar year, if:

159.18 (1) one or more managed care plans does not comply with the federal requirement for  
159.19 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,  
159.20 section 447.45(b), and the managed care plan does not resolve the payment issue within 30  
159.21 days of noncompliance; and

159.22 (2) the total amount of clean claims not paid in accordance with federal requirements  
159.23 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims  
159.24 eligible for payment by managed care plans.

159.25 If the conditions in this paragraph are met between January 1 and June 30 of a calendar  
159.26 year, claims shall be submitted to and paid by the commissioner beginning on January 1 of  
159.27 the following year. If the conditions in this paragraph are met between July 1 and December  
159.28 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning  
159.29 on July 1 of the following year.

159.30 Sec. 64. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

159.31 Subd. 5. **Payments.** The commissioner shall ~~make payments to each designated provider~~  
159.32 ~~for the provision of~~ establish a single statewide reimbursement rate for health home services

160.1 ~~described in subdivision 3 to each eligible individual under subdivision 2 that selects the~~  
160.2 ~~health home as a provider~~ under this section. In setting this rate, the commissioner must  
160.3 include input from stakeholders, including providers of the services. The statewide  
160.4 reimbursement rate shall be adjusted annually to match the growth in the Medicare Economic  
160.5 Index.

160.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

160.7 Sec. 65. Minnesota Statutes 2021 Supplement, section 256B.0759, subdivision 4, is  
160.8 amended to read:

160.9 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must  
160.10 be increased for services provided to medical assistance enrollees. To receive a rate increase,  
160.11 participating providers must meet demonstration project requirements and provide evidence  
160.12 of formal referral arrangements with providers delivering step-up or step-down levels of  
160.13 care. Providers that have enrolled in the demonstration project but have not met the provider  
160.14 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under  
160.15 this subdivision until the date that the provider meets the provider standards in subdivision  
160.16 3. Services provided from July 1, 2022, to the date that the provider meets the provider  
160.17 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,  
160.18 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for  
160.19 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment  
160.20 when the provider is taking meaningful steps to meet demonstration project requirements  
160.21 that are not otherwise required by law, and the provider provides documentation to the  
160.22 commissioner, upon request, of the steps being taken.

160.23 (b) The commissioner may temporarily suspend payments to the provider according to  
160.24 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements  
160.25 in paragraph (a). Payments withheld from the provider must be made once the commissioner  
160.26 determines that the requirements in paragraph (a) are met.

160.27 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph  
160.28 (b), clause ~~(8)~~ (7), provided on or after July 1, 2020, payment rates must be increased by  
160.29 25 percent over the rates in effect on December 31, 2019.

160.30 (d) For substance use disorder services under section 254B.05, subdivision 5, paragraph  
160.31 (b), clauses (1), and (6), ~~and (7)~~, and adolescent treatment programs that are licensed as  
160.32 outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or  
160.33 after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect  
160.34 on December 31, 2020.



161.1 (e) Effective January 1, 2021, and contingent on annual federal approval, managed care  
161.2 plans and county-based purchasing plans must reimburse providers of the substance use  
161.3 disorder services meeting the criteria described in paragraph (a) who are employed by or  
161.4 under contract with the plan an amount that is at least equal to the fee-for-service base rate  
161.5 payment for the substance use disorder services described in paragraphs (c) and (d). The  
161.6 commissioner must monitor the effect of this requirement on the rate of access to substance  
161.7 use disorder services and residential substance use disorder rates. Capitation rates paid to  
161.8 managed care organizations and county-based purchasing plans must reflect the impact of  
161.9 this requirement. This paragraph expires if federal approval is not received at any time as  
161.10 required under this paragraph.

161.11 (f) Effective July 1, 2021, contracts between managed care plans and county-based  
161.12 purchasing plans and providers to whom paragraph (e) applies must allow recovery of  
161.13 payments from those providers if, for any contract year, federal approval for the provisions  
161.14 of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment  
161.15 recoveries must not exceed the amount equal to any decrease in rates that results from this  
161.16 provision.

161.17 Sec. 66. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision  
161.18 to read:

161.19 Subd. 2a. **Sleeping hours.** During normal sleeping hours, a psychiatric residential  
161.20 treatment facility provider must provide at least one staff person for every six residents  
161.21 present within a living unit. A provider must adjust sleeping-hour staffing levels based on  
161.22 the clinical needs of the residents in the facility.

161.23 Sec. 67. Minnesota Statutes 2020, section 256B.0941, subdivision 3, is amended to read:

161.24 Subd. 3. **Per diem rate.** (a) The commissioner must establish one per diem rate per  
161.25 provider for psychiatric residential treatment facility services for individuals 21 years of  
161.26 age or younger. The rate for a provider must not exceed the rate charged by that provider  
161.27 for the same service to other payers. Payment must not be made to more than one entity for  
161.28 each individual for services provided under this section on a given day. The commissioner  
161.29 must set rates prospectively for the annual rate period. The commissioner must require  
161.30 providers to submit annual cost reports on a uniform cost reporting form and must use  
161.31 submitted cost reports to inform the rate-setting process. The cost reporting must be done  
161.32 according to federal requirements for Medicare cost reports.

161.33 (b) The following are included in the rate:

162.1 (1) costs necessary for licensure and accreditation, meeting all staffing standards for  
162.2 participation, meeting all service standards for participation, meeting all requirements for  
162.3 active treatment, maintaining medical records, conducting utilization review, meeting  
162.4 inspection of care, and discharge planning. The direct services costs must be determined  
162.5 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff  
162.6 and service-related transportation; and

162.7 (2) payment for room and board provided by facilities meeting all accreditation and  
162.8 licensing requirements for participation.

162.9 (c) A facility may submit a claim for payment outside of the per diem for professional  
162.10 services arranged by and provided at the facility by an appropriately licensed professional  
162.11 who is enrolled as a provider with Minnesota health care programs. Arranged services may  
162.12 be billed by either the facility or the licensed professional. These services must be included  
162.13 in the individual plan of care and are subject to prior authorization.

162.14 (d) Medicaid must reimburse for concurrent services as approved by the commissioner  
162.15 to support continuity of care and successful discharge from the facility. "Concurrent services"  
162.16 means services provided by another entity or provider while the individual is admitted to a  
162.17 psychiatric residential treatment facility. Payment for concurrent services may be limited  
162.18 and these services are subject to prior authorization by the state's medical review agent.  
162.19 Concurrent services may include targeted case management, assertive community treatment,  
162.20 clinical care consultation, team consultation, and treatment planning.

162.21 (e) Payment rates under this subdivision must not include the costs of providing the  
162.22 following services:

162.23 (1) educational services;

162.24 (2) acute medical care or specialty services for other medical conditions;

162.25 (3) dental services; and

162.26 (4) pharmacy drug costs.

162.27 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,  
162.28 reasonable, and consistent with federal reimbursement requirements in Code of Federal  
162.29 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of  
162.30 Management and Budget Circular Number A-122, relating to nonprofit entities.

162.31 (g) The commissioner shall consult with providers and stakeholders to develop an  
162.32 assessment tool that identifies when a child with a medical necessity for psychiatric  
162.33 residential treatment facility level of care will require specialized care planning, including

163.1 but not limited to a one-on-one staffing ratio in a living environment. The commissioner  
163.2 must develop the tool based on clinical and safety review and recommend best uses of the  
163.3 protocols to align with reimbursement structures.

163.4 Sec. 68. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision  
163.5 to read:

163.6 Subd. 5. **Start-up grants.** Start-up grants to prospective psychiatric residential treatment  
163.7 facility sites may be used for:

163.8 (1) administrative expenses;

163.9 (2) consulting services;

163.10 (3) Health Insurance Portability and Accountability Act of 1996 compliance;

163.11 (4) therapeutic resources including evidence-based, culturally appropriate curriculums,  
163.12 and training programs for staff and clients;

163.13 (5) allowable physical renovations to the property; and

163.14 (6) emergency workforce shortage uses, as determined by the commissioner.

163.15 Sec. 69. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is  
163.16 amended to read:

163.17 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,  
163.18 medical assistance covers medically necessary intensive behavioral health treatment services  
163.19 when the services are provided by a provider entity certified under and meeting the standards  
163.20 in this section. The provider entity must make reasonable and good faith efforts to report  
163.21 individual client outcomes to the commissioner, using instruments and protocols approved  
163.22 by the commissioner.

163.23 (b) Intensive behavioral health treatment services to children with mental illness residing  
163.24 in foster family settings or with legal guardians that comprise specific required service  
163.25 components provided in clauses (1) to (6) are reimbursed by medical assistance when they  
163.26 meet the following standards:

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

163.28 (2) crisis planning;

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

164.1 (4) clinical care consultation provided by a mental health professional or a clinical  
164.2 trainee;

164.3 (5) individual treatment plan development as defined in Minnesota Rules, part 9505.0371,  
164.4 subpart 7; and

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

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

164.9 Sec. 70. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1a, is  
164.10 amended to read:

164.11 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the  
164.12 meanings given them.

164.13 (a) "At risk of out-of-home placement" means the child has participated in  
164.14 community-based therapeutic or behavioral services including psychotherapy within the  
164.15 past 30 days and has experienced severe difficulty in managing mental health and behavior  
164.16 in multiple settings and has one of the following:

164.17 (1) has previously been in out-of-home placement for mental health issues within the  
164.18 past six months;

164.19 (2) has a history of threatening harm to self or others and has actively engaged in  
164.20 self-harming or threatening behavior in the past 30 days;

164.21 (3) demonstrates extremely inappropriate or dangerous social behavior in home,  
164.22 community, and school settings;

164.23 (4) has a history of repeated intervention from mental health programs, social services,  
164.24 mobile crisis programs, or law enforcement to maintain safety in the home, community, or  
164.25 school within the past 60 days; or

164.26 (5) whose parent is unable to safely manage the child's mental health, behavioral, or  
164.27 emotional problems in the home and has been actively seeking placement for at least two  
164.28 weeks.

164.29 ~~(a)~~ (b) "Clinical care consultation" means communication from a treating clinician to  
164.30 other providers working with the same client to inform, inquire, and instruct regarding the  
164.31 client's symptoms, strategies for effective engagement, care and intervention needs, and  
164.32 treatment expectations across service settings, including but not limited to the client's school,

165.1 social services, day care, probation, home, primary care, medication prescribers, disabilities  
165.2 services, and other mental health providers and to direct and coordinate clinical service  
165.3 components provided to the client and family.

165.4 ~~(b)~~ (c) "Clinical trainee" means a staff person who is qualified according to section  
165.5 245I.04, subdivision 6.

165.6 ~~(e)~~ (d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

165.7 ~~(d)~~ (e) "Culturally appropriate" means providing mental health services in a manner that  
165.8 incorporates the child's cultural influences into interventions as a way to maximize resiliency  
165.9 factors and utilize cultural strengths and resources to promote overall wellness.

165.10 ~~(e)~~ (f) "Culture" means the distinct ways of living and understanding the world that are  
165.11 used by a group of people and are transmitted from one generation to another or adopted  
165.12 by an individual.

165.13 ~~(f)~~ (g) "Standard diagnostic assessment" means the assessment described in section  
165.14 245I.10, subdivision 6.

165.15 ~~(g)~~ (h) "Family" means a person who is identified by the client or the client's parent or  
165.16 guardian as being important to the client's mental health treatment. Family may include,  
165.17 but is not limited to, parents, foster parents, children, spouse, committed partners, former  
165.18 spouses, persons related by blood or adoption, persons who are a part of the client's  
165.19 permanency plan, or persons who are presently residing together as a family unit.

165.20 ~~(h)~~ (i) "Foster care" has the meaning given in section 260C.007, subdivision 18.

165.21 ~~(i)~~ (j) "Foster family setting" means the foster home in which the license holder resides.

165.22 ~~(j)~~ (k) "Individual treatment plan" means the plan described in section 245I.10,  
165.23 subdivisions 7 and 8.

165.24 ~~(k)~~ (l) "Mental health certified family peer specialist" means a staff person who is  
165.25 qualified according to section 245I.04, subdivision 12.

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

165.28 ~~(m)~~ (n) "Mental illness" has the meaning given in section 245I.02, subdivision 29.

165.29 ~~(n)~~ (o) "Parent" has the meaning given in section 260C.007, subdivision 25.

165.30 ~~(o)~~ (p) "Psychoeducation services" means information or demonstration provided to an  
165.31 individual, family, or group to explain, educate, and support the individual, family, or group

166.1 in understanding a child's symptoms of mental illness, the impact on the child's development,  
166.2 and needed components of treatment and skill development so that the individual, family,  
166.3 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,  
166.4 and achieve optimal mental health and long-term resilience.

166.5 ~~(p)~~(q) "Psychotherapy" means the treatment described in section 256B.0671, subdivision  
166.6 11.

166.7 ~~(q)~~(r) "Team consultation and treatment planning" means the coordination of treatment  
166.8 plans and consultation among providers in a group concerning the treatment needs of the  
166.9 child, including disseminating the child's treatment service schedule to all members of the  
166.10 service team. Team members must include all mental health professionals working with the  
166.11 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and  
166.12 at least two of the following: an individualized education program case manager; probation  
166.13 agent; children's mental health case manager; child welfare worker, including adoption or  
166.14 guardianship worker; primary care provider; foster parent; and any other member of the  
166.15 child's service team.

166.16 ~~(r)~~(s) "Trauma" has the meaning given in section 245I.02, subdivision 38.

166.17 ~~(s)~~(t) "Treatment supervision" means the supervision described under section 245I.06.

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

166.21 Sec. 71. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 2, is  
166.22 amended to read:

166.23 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from  
166.24 birth through age 20, who is currently placed in a foster home licensed under Minnesota  
166.25 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the  
166.26 regulations established by a federally recognized Minnesota Tribe, or who is residing in the  
166.27 legal guardian's home and is at risk of out-of-home placement, and has received: (1) a  
166.28 standard diagnostic assessment within 180 days before the start of service that documents  
166.29 that intensive behavioral health treatment services are medically necessary ~~within a foster~~  
166.30 ~~family setting~~ to ameliorate identified symptoms and functional impairments; and (2) a level  
166.31 of care assessment as defined in section 245I.02, subdivision 19, that demonstrates that the  
166.32 individual requires intensive intervention without 24-hour medical monitoring, and a  
166.33 functional assessment as defined in section 245I.02, subdivision 17. The level of care

167.1 assessment and the functional assessment must include information gathered from the  
167.2 placing county, Tribe, or case manager.

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

167.6 Sec. 72. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 3, is  
167.7 amended to read:

167.8 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for children's  
167.9 intensive ~~children's mental health~~ behavioral health services in a foster family setting must  
167.10 be certified by the state ~~and have a service provision contract with a county board or a~~  
167.11 ~~reservation tribal council~~ and must be able to demonstrate the ability to provide all of the  
167.12 services required in this section and meet the standards in chapter 245I, as required in section  
167.13 245I.011, subdivision 5.

167.14 (b) For purposes of this section, a provider agency must be:

167.15 (1) a county-operated entity certified by the state;

167.16 (2) an Indian Health Services facility operated by a Tribe or Tribal organization under  
167.17 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the  
167.18 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

167.19 (3) a noncounty entity.

167.20 (c) Certified providers that do not meet the service delivery standards required in this  
167.21 section shall be subject to a decertification process.

167.22 (d) For the purposes of this section, all services delivered to a client must be provided  
167.23 by a mental health professional or a clinical trainee.

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

167.27 Sec. 73. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 4, is  
167.28 amended to read:

167.29 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under  
167.30 this section, a provider must develop and practice written policies and procedures for  
167.31 children's intensive ~~treatment in foster care~~ behavioral health services, consistent with

168.1 subdivision 1, paragraph (b), and comply with the following requirements in paragraphs  
168.2 (b) to (n).

168.3 (b) Each previous and current mental health, school, and physical health treatment  
168.4 provider must be contacted to request documentation of treatment and assessments that the  
168.5 eligible client has received. This information must be reviewed and incorporated into the  
168.6 standard diagnostic assessment and team consultation and treatment planning review process.

168.7 (c) Each client receiving treatment must be assessed for a trauma history, and the client's  
168.8 treatment plan must document how the results of the assessment will be incorporated into  
168.9 treatment.

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

168.13 (e) Each client receiving treatment services must have an individual treatment plan that  
168.14 is reviewed, evaluated, and approved every 90 days using the team consultation and treatment  
168.15 planning process.

168.16 (f) Clinical care consultation must be provided in accordance with the client's individual  
168.17 treatment plan.

168.18 (g) Each client must have a crisis plan within ten days of initiating services and must  
168.19 have access to clinical phone support 24 hours per day, seven days per week, during the  
168.20 course of treatment. The crisis plan must demonstrate coordination with the local or regional  
168.21 mobile crisis intervention team.

168.22 (h) Services must be delivered and documented at least three days per week, equaling  
168.23 at least six hours of treatment per week. If the mental health professional, client, and family  
168.24 agree, service units may be temporarily reduced for a period of no more than 60 days in  
168.25 order to meet the needs of the client and family, or as part of transition or on a discharge  
168.26 plan to another service or level of care. The reasons for service reduction must be identified,  
168.27 documented, and included in the treatment plan. Billing and payment are prohibited for  
168.28 days on which no services are delivered and documented.

168.29 (i) Location of service delivery must be in the client's home, day care setting, school, or  
168.30 other community-based setting that is specified on the client's individualized treatment plan.

168.31 (j) Treatment must be developmentally and culturally appropriate for the client.

168.32 (k) Services must be delivered in continual collaboration and consultation with the  
168.33 client's medical providers and, in particular, with prescribers of psychotropic medications,



169.1 including those prescribed on an off-label basis. Members of the service team must be aware  
169.2 of the medication regimen and potential side effects.

169.3 (l) Parents, siblings, foster parents, legal guardians, and members of the child's  
169.4 permanency plan must be involved in treatment and service delivery unless otherwise noted  
169.5 in the treatment plan.

169.6 (m) Transition planning for ~~the~~ a child in foster care must be conducted starting with  
169.7 the first treatment plan and must be addressed throughout treatment to support the child's  
169.8 permanency plan and postdischarge mental health service needs.

169.9 (n) In order for a provider to receive the daily per-client encounter rate, at least one of  
169.10 the services listed in subdivision 1, paragraph (b), clauses (1) to (3), must be provided. The  
169.11 services listed in subdivision 1, paragraph (b), clauses (4) and (5), may be included as part  
169.12 of the daily per-client encounter rate.

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

169.16 Sec. 74. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 6, is  
169.17 amended to read:

169.18 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this  
169.19 section and are not eligible for medical assistance payment as components of children's  
169.20 ~~intensive treatment in foster care~~ behavioral health services, but may be billed separately:

169.21 (1) inpatient psychiatric hospital treatment;

169.22 (2) mental health targeted case management;

169.23 (3) partial hospitalization;

169.24 (4) medication management;

169.25 (5) children's mental health day treatment services;

169.26 (6) crisis response services under section 256B.0624;

169.27 (7) transportation; and

169.28 (8) mental health certified family peer specialist services under section 256B.0616.

169.29 (b) Children receiving intensive ~~treatment in foster care~~ behavioral health services are  
169.30 not eligible for medical assistance reimbursement for the following services while receiving  
169.31 children's intensive treatment in foster care behavioral health services:

170.1 (1) psychotherapy and skills training components of children's therapeutic services and  
170.2 supports under section 256B.0943;

170.3 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision  
170.4 1, paragraph (l);

170.5 (3) home and community-based waiver services;

170.6 (4) mental health residential treatment; and

170.7 (5) room and board costs as defined in section 256I.03, subdivision 6.

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

170.11 Sec. 75. Minnesota Statutes 2020, section 256B.0946, subdivision 7, is amended to read:

170.12 Subd. 7. **Medical assistance payment and rate setting.** The commissioner shall establish  
170.13 a single daily per-client encounter rate for children's intensive treatment in foster care  
170.14 behavioral health services. The rate must be constructed to cover only eligible services  
170.15 delivered to an eligible recipient by an eligible provider, as prescribed in subdivision 1,  
170.16 paragraph (b).

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

170.20 Sec. 76. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is  
170.21 amended to read:

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

170.24 (a) "Intensive nonresidential rehabilitative mental health services" means child  
170.25 rehabilitative mental health services as defined in section 256B.0943, except that these  
170.26 services are provided by a multidisciplinary staff using a total team approach consistent  
170.27 with assertive community treatment, as adapted for youth, and are directed to recipients  
170.28 who are eight years of age or older and under ~~26~~ 21 years of age who require intensive  
170.29 services to prevent admission to an inpatient psychiatric hospital or placement in a residential  
170.30 treatment facility or who require intensive services to step down from inpatient or residential  
170.31 care to community-based care.

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

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

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

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

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

171.11 (3) the side effects of medications.

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

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

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

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

171.21 (h) "Transition services" means:

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

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

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

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

171.29 (5) establishing and enforcing procedures and schedules.

171.30 A youth's transition from the children's mental health system and services to the adult  
171.31 mental health system and services and return to the client's home and entry or re-entry into

172.1 community-based mental health services following discharge from an out-of-home placement  
172.2 or inpatient hospital stay.

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

172.4 (j) "Family peer specialist" means a staff person who is qualified under section  
172.5 256B.0616.

172.6 Sec. 77. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 3, is  
172.7 amended to read:

172.8 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

172.9 (1) is eight years of age or older and under ~~26~~ 21 years of age;

172.10 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance  
172.11 use disorder, for which intensive nonresidential rehabilitative mental health services are  
172.12 needed;

172.13 (3) has received a level of care assessment as defined in section 245I.02, subdivision  
172.14 19, that indicates a need for intensive integrated intervention without 24-hour medical  
172.15 monitoring and a need for extensive collaboration among multiple providers;

172.16 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,  
172.17 that indicates functional impairment and a history of difficulty in functioning safely and  
172.18 successfully in the community, school, home, or job; or who is likely to need services from  
172.19 the adult mental health system during adulthood; and

172.20 (5) has had a recent standard diagnostic assessment that documents that intensive  
172.21 nonresidential rehabilitative mental health services are medically necessary to ameliorate  
172.22 identified symptoms and functional impairments and to achieve individual transition goals.

172.23 Sec. 78. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 5, is  
172.24 amended to read:

172.25 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services  
172.26 must meet the standards in this section and chapter 245I as required in section 245I.011,  
172.27 subdivision 5.

172.28 (b) The treatment team must have specialized training in providing services to the specific  
172.29 age group of youth that the team serves. An individual treatment team must serve youth  
172.30 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14  
172.31 years of age or older and under ~~26~~ 21 years of age.

173.1 (c) The treatment team for intensive nonresidential rehabilitative mental health services  
173.2 comprises both permanently employed core team members and client-specific team members  
173.3 as follows:

173.4 (1) Based on professional qualifications and client needs, clinically qualified core team  
173.5 members are assigned on a rotating basis as the client's lead worker to coordinate a client's  
173.6 care. The core team must comprise at least four full-time equivalent direct care staff and  
173.7 must minimally include:

173.8 (i) a mental health professional who serves as team leader to provide administrative  
173.9 direction and treatment supervision to the team;

173.10 (ii) an advanced-practice registered nurse with certification in psychiatric or mental  
173.11 health care or a board-certified child and adolescent psychiatrist, either of which must be  
173.12 credentialed to prescribe medications;

173.13 (iii) a licensed alcohol and drug counselor who is also trained in mental health  
173.14 interventions; and

173.15 (iv) a mental health certified peer specialist who is qualified according to section 245I.04,  
173.16 subdivision 10, and is also a former children's mental health consumer.

173.17 (2) The core team may also include any of the following:

173.18 (i) additional mental health professionals;

173.19 (ii) a vocational specialist;

173.20 (iii) an educational specialist with knowledge and experience working with youth  
173.21 regarding special education requirements and goals, special education plans, and coordination  
173.22 of educational activities with health care activities;

173.23 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

173.24 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

173.25 (vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

173.26 (vii) a case management service provider, as defined in section 245.4871, subdivision  
173.27 4;

173.28 (viii) a housing access specialist; and

173.29 (ix) a family peer specialist as defined in subdivision 2, paragraph (j).

173.30 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc  
173.31 members not employed by the team who consult on a specific client and who must accept

174.1 overall clinical direction from the treatment team for the duration of the client's placement  
174.2 with the treatment team and must be paid by the provider agency at the rate for a typical  
174.3 session by that provider with that client or at a rate negotiated with the client-specific  
174.4 member. Client-specific treatment team members may include:

174.5 (i) the mental health professional treating the client prior to placement with the treatment  
174.6 team;

174.7 (ii) the client's current substance use counselor, if applicable;

174.8 (iii) a lead member of the client's individualized education program team or school-based  
174.9 mental health provider, if applicable;

174.10 (iv) a representative from the client's health care home or primary care clinic, as needed  
174.11 to ensure integration of medical and behavioral health care;

174.12 (v) the client's probation officer or other juvenile justice representative, if applicable;

174.13 and

174.14 (vi) the client's current vocational or employment counselor, if applicable.

174.15 (d) The treatment supervisor shall be an active member of the treatment team and shall  
174.16 function as a practicing clinician at least on a part-time basis. The treatment team shall meet  
174.17 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid  
174.18 adjustments to meet recipients' needs. The team meeting must include client-specific case  
174.19 reviews and general treatment discussions among team members. Client-specific case  
174.20 reviews and planning must be documented in the individual client's treatment record.

174.21 (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment  
174.22 team position.

174.23 (f) The treatment team shall serve no more than 80 clients at any one time. Should local  
174.24 demand exceed the team's capacity, an additional team must be established rather than  
174.25 exceed this limit.

174.26 (g) Nonclinical staff shall have prompt access in person or by telephone to a mental  
174.27 health practitioner, clinical trainee, or mental health professional. The provider shall have  
174.28 the capacity to promptly and appropriately respond to emergent needs and make any  
174.29 necessary staffing adjustments to ensure the health and safety of clients.

174.30 (h) The intensive nonresidential rehabilitative mental health services provider shall  
174.31 participate in evaluation of the assertive community treatment for youth (Youth ACT) model

175.1 as conducted by the commissioner, including the collection and reporting of data and the  
175.2 reporting of performance measures as specified by contract with the commissioner.

175.3 (i) A regional treatment team may serve multiple counties.

175.4 Sec. 79. Minnesota Statutes 2020, section 256B.0949, subdivision 15, is amended to read:

175.5 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency  
175.6 and be:

175.7 (1) a licensed mental health professional who has at least 2,000 hours of supervised  
175.8 clinical experience or training in examining or treating people with ASD or a related condition  
175.9 or equivalent documented coursework at the graduate level by an accredited university in  
175.10 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child  
175.11 development; or

175.12 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised  
175.13 clinical experience or training in examining or treating people with ASD or a related condition  
175.14 or equivalent documented coursework at the graduate level by an accredited university in  
175.15 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and  
175.16 typical child development.

175.17 (b) A level I treatment provider must be employed by an agency and:

175.18 (1) have at least 2,000 hours of supervised clinical experience or training in examining  
175.19 or treating people with ASD or a related condition or equivalent documented coursework  
175.20 at the graduate level by an accredited university in ASD diagnostics, ASD developmental  
175.21 and behavioral treatment strategies, and typical child development or an equivalent  
175.22 combination of documented coursework or hours of experience; and

175.23 (2) have or be at least one of the following:

175.24 (i) a master's degree in behavioral health or child development or related fields including,  
175.25 but not limited to, mental health, special education, social work, psychology, speech  
175.26 pathology, or occupational therapy from an accredited college or university;

175.27 (ii) a bachelor's degree in a behavioral health, child development, or related field  
175.28 including, but not limited to, mental health, special education, social work, psychology,  
175.29 speech pathology, or occupational therapy, from an accredited college or university, and  
175.30 advanced certification in a treatment modality recognized by the department;

175.31 (iii) a board-certified behavior analyst; or

176.1 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical  
176.2 experience that meets all registration, supervision, and continuing education requirements  
176.3 of the certification.

176.4 (c) A level II treatment provider must be employed by an agency and must be:

176.5 (1) a person who has a bachelor's degree from an accredited college or university in a  
176.6 behavioral or child development science or related field including, but not limited to, mental  
176.7 health, special education, social work, psychology, speech pathology, or occupational  
176.8 therapy; and meets at least one of the following:

176.9 (i) has at least 1,000 hours of supervised clinical experience or training in examining or  
176.10 treating people with ASD or a related condition or equivalent documented coursework at  
176.11 the graduate level by an accredited university in ASD diagnostics, ASD developmental and  
176.12 behavioral treatment strategies, and typical child development or a combination of  
176.13 coursework or hours of experience;

176.14 (ii) has certification as a board-certified assistant behavior analyst from the Behavior  
176.15 Analyst Certification Board;

176.16 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification  
176.17 Board; or

176.18 (iv) is certified in one of the other treatment modalities recognized by the department;  
176.19 or

176.20 (2) a person who has:

176.21 (i) an associate's degree in a behavioral or child development science or related field  
176.22 including, but not limited to, mental health, special education, social work, psychology,  
176.23 speech pathology, or occupational therapy from an accredited college or university; and

176.24 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people  
176.25 with ASD or a related condition. Hours worked as a mental health behavioral aide or level  
176.26 III treatment provider may be included in the required hours of experience; or

176.27 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering  
176.28 treatment to people with ASD or a related condition. Hours worked as a mental health  
176.29 behavioral aide or level III treatment provider may be included in the required hours of  
176.30 experience; or

176.31 (4) a person who is a graduate student in a behavioral science, child development science,  
176.32 or related field and is receiving clinical supervision by a QSP affiliated with an agency to



177.1 meet the clinical training requirements for experience and training with people with ASD  
177.2 or a related condition; or

177.3 (5) a person who is at least 18 years of age and who:

177.4 (i) is fluent in a non-English language or an individual certified by a Tribal Nation;

177.5 (ii) completed the level III EIDBI training requirements; and

177.6 (iii) receives observation and direction from a QSP or level I treatment provider at least  
177.7 once a week until the person meets 1,000 hours of supervised clinical experience.

177.8 (d) A level III treatment provider must be employed by an agency, have completed the  
177.9 level III training requirement, be at least 18 years of age, and have at least one of the  
177.10 following:

177.11 (1) a high school diploma or commissioner of education-selected high school equivalency  
177.12 certification;

177.13 (2) fluency in a non-English language or certification by a Tribal Nation;

177.14 (3) one year of experience as a primary personal care assistant, community health worker,  
177.15 waiver service provider, or special education assistant to a person with ASD or a related  
177.16 condition within the previous five years; or

177.17 (4) completion of all required EIDBI training within six months of employment.

177.18 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,  
177.19 whichever is later. The commissioner of human services shall notify the revisor of statutes  
177.20 when federal approval is obtained.

177.21 Sec. 80. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

177.22 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application  
177.23 or at any other time, there is a reasonable basis for questioning whether a person applying  
177.24 for or receiving financial assistance is drug dependent, as defined in section 254A.02,  
177.25 subdivision 5, the person shall be referred for a chemical health assessment, and only  
177.26 emergency assistance payments or general assistance vendor payments may be provided  
177.27 until the assessment is complete and the results of the assessment made available to the  
177.28 county agency. A reasonable basis for referring an individual for an assessment exists when:

177.29 (1) the person has required detoxification two or more times in the past 12 months;

177.30 (2) the person appears intoxicated at the county agency as indicated by two or more of  
177.31 the following:

- 178.1 (i) the odor of alcohol;
- 178.2 (ii) slurred speech;
- 178.3 (iii) disconjugate gaze;
- 178.4 (iv) impaired balance;
- 178.5 (v) difficulty remaining awake;
- 178.6 (vi) consumption of alcohol;
- 178.7 (vii) responding to sights or sounds that are not actually present;
- 178.8 (viii) extreme restlessness, fast speech, or unusual belligerence;
- 178.9 (3) the person has been involuntarily committed for drug dependency at least once in
- 178.10 the past 12 months; or
- 178.11 (4) the person has received treatment, including domiciliary care, for drug abuse or
- 178.12 dependency at least twice in the past 12 months.

178.13 The assessment and determination of drug dependency, if any, must be made by an

178.14 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,

178.15 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only

178.16 provide emergency general assistance or vendor payments to an otherwise eligible applicant

178.17 or recipient who is determined to be drug dependent, except up to 15 percent of the grant

178.18 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision

178.19 1, the commissioner of human services shall also require county agencies to provide

178.20 assistance only in the form of vendor payments to all eligible recipients who assert chemical

178.21 dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),

178.22 clauses (1) and (5).

178.23 The determination of drug dependency shall be reviewed at least every 12 months. If

178.24 the county determines a recipient is no longer drug dependent, the county may cease vendor

178.25 payments and provide the recipient payments in cash.

178.26 Sec. 81. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended

178.27 to read:

178.28 Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services

178.29 shall include individual outpatient treatment of alcohol or drug dependency by a qualified

178.30 health professional or outpatient program.

179.1 Persons who may need chemical dependency services under the provisions of this chapter  
179.2 ~~shall be assessed by a local agency~~ must be offered access by a local agency to a  
179.3 comprehensive assessment as defined under section ~~254B.01~~ 245G.05, and under the  
179.4 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care  
179.5 plan under contract with the Department of Human Services must ~~place~~ offer services to a  
179.6 person in need of chemical dependency services ~~as provided in Minnesota Rules, parts~~  
179.7 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who  
179.8 are recipients of medical benefits under the provisions of this chapter and who are financially  
179.9 eligible for behavioral health fund services provided under the provisions of chapter 254B  
179.10 shall receive chemical dependency treatment services under the provisions of chapter 254B  
179.11 only if:

179.12 (1) they have exhausted the chemical dependency benefits offered under this chapter;

179.13 or

179.14 (2) an assessment indicates that they need a level of care not provided under the provisions  
179.15 of this chapter.

179.16 Recipients of covered health services under the children's health plan, as provided in  
179.17 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,  
179.18 article 4, section 17, and recipients of covered health services enrolled in the children's  
179.19 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,  
179.20 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency  
179.21 benefits under this subdivision.

179.22 Sec. 82. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

179.23 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible  
179.24 for assessing the need and ~~placement for~~ provision of chemical dependency services  
179.25 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section  
179.26 245G.05.

179.27 Sec. 83. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

179.28 Subdivision 1. **Investigation.** Upon request of the court the local social services agency  
179.29 or probation officer shall investigate the personal and family history and environment of  
179.30 any minor coming within the jurisdiction of the court under section 260B.101 and shall  
179.31 report its findings to the court. The court may order any minor coming within its jurisdiction  
179.32 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the  
179.33 court.

180.1 The court shall order a chemical use assessment conducted when a child is (1) found to  
180.2 be delinquent for violating a provision of chapter 152, or for committing a felony-level  
180.3 violation of a provision of chapter 609 if the probation officer determines that alcohol or  
180.4 drug use was a contributing factor in the commission of the offense, or (2) alleged to be  
180.5 delinquent for violating a provision of chapter 152, if the child is being held in custody  
180.6 under a detention order. The assessor's qualifications must comply with section 245G.11,  
180.7 subdivisions 1 and 5, and the assessment criteria shall must comply with ~~Minnesota Rules,~~  
180.8 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used  
180.9 to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all  
180.10 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~  
180.11 sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the  
180.12 court for the cost of the chemical use assessment, up to a maximum of \$100.

180.13 The court shall order a children's mental health screening conducted when a child is  
180.14 found to be delinquent. The screening shall be conducted with a screening instrument  
180.15 approved by the commissioner of human services and shall be conducted by a mental health  
180.16 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is  
180.17 trained in the use of the screening instrument. If the screening indicates a need for assessment,  
180.18 the local social services agency, in consultation with the child's family, shall have a diagnostic  
180.19 assessment conducted, including a functional assessment, as defined in section 245.4871.

180.20 With the consent of the commissioner of corrections and agreement of the county to pay  
180.21 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in  
180.22 an institution maintained by the commissioner for the detention, diagnosis, custody and  
180.23 treatment of persons adjudicated to be delinquent, in order that the condition of the minor  
180.24 be given due consideration in the disposition of the case. Any funds received under the  
180.25 provisions of this subdivision shall not cancel until the end of the fiscal year immediately  
180.26 following the fiscal year in which the funds were received. The funds are available for use  
180.27 by the commissioner of corrections during that period and are hereby appropriated annually  
180.28 to the commissioner of corrections as reimbursement of the costs of providing these services  
180.29 to the juvenile courts.

180.30 Sec. 84. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

180.31 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall  
180.32 establish a juvenile treatment screening team to conduct screenings and prepare case plans  
180.33 under this subdivision. The team, which may be the team constituted under section 245.4885  
180.34 or 256B.092 or ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist

181.1 of social workers, juvenile justice professionals, and persons with expertise in the treatment  
181.2 of juveniles who are emotionally disabled, chemically dependent, or have a developmental  
181.3 disability. The team shall involve parents or guardians in the screening process as appropriate.  
181.4 The team may be the same team as defined in section 260C.157, subdivision 3.

181.5 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

181.6 (1) for the primary purpose of treatment for an emotional disturbance, and residential  
181.7 placement is consistent with section 260.012, a developmental disability, or chemical  
181.8 dependency in a residential treatment facility out of state or in one which is within the state  
181.9 and licensed by the commissioner of human services under chapter 245A; or

181.10 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a  
181.11 post-dispositional placement in a facility licensed by the commissioner of corrections or  
181.12 human services, the court shall notify the county welfare agency. The county's juvenile  
181.13 treatment screening team must either:

181.14 (i) screen and evaluate the child and file its recommendations with the court within 14  
181.15 days of receipt of the notice; or

181.16 (ii) elect not to screen a given case, and notify the court of that decision within three  
181.17 working days.

181.18 (c) If the screening team has elected to screen and evaluate the child, the child may not  
181.19 be placed for the primary purpose of treatment for an emotional disturbance, a developmental  
181.20 disability, or chemical dependency, in a residential treatment facility out of state nor in a  
181.21 residential treatment facility within the state that is licensed under chapter 245A, unless one  
181.22 of the following conditions applies:

181.23 (1) a treatment professional certifies that an emergency requires the placement of the  
181.24 child in a facility within the state;

181.25 (2) the screening team has evaluated the child and recommended that a residential  
181.26 placement is necessary to meet the child's treatment needs and the safety needs of the  
181.27 community, that it is a cost-effective means of meeting the treatment needs, and that it will  
181.28 be of therapeutic value to the child; or

181.29 (3) the court, having reviewed a screening team recommendation against placement,  
181.30 determines to the contrary that a residential placement is necessary. The court shall state  
181.31 the reasons for its determination in writing, on the record, and shall respond specifically to  
181.32 the findings and recommendation of the screening team in explaining why the

182.1 recommendation was rejected. The attorney representing the child and the prosecuting  
182.2 attorney shall be afforded an opportunity to be heard on the matter.

182.3 Sec. 85. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended  
182.4 to read:

182.5 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency  
182.6 shall establish a juvenile treatment screening team to conduct screenings under this chapter  
182.7 and chapter 260D, for a child to receive treatment for an emotional disturbance, a  
182.8 developmental disability, or related condition in a residential treatment facility licensed by  
182.9 the commissioner of human services under chapter 245A, or licensed or approved by a  
182.10 Tribe. A screening team is not required for a child to be in: (1) a residential facility  
182.11 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in  
182.12 high-quality residential care and supportive services to children and youth who have been  
182.13 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)  
182.14 supervised settings for youth who are 18 years of age or older and living independently; or  
182.15 (4) a licensed residential family-based treatment facility for substance abuse consistent with  
182.16 section 260C.190. Screenings are also not required when a child must be placed in a facility  
182.17 due to an emotional crisis or other mental health emergency.

182.18 (b) The responsible social services agency shall conduct screenings within 15 days of a  
182.19 request for a screening, unless the screening is for the purpose of residential treatment and  
182.20 the child is enrolled in a prepaid health program under section 256B.69, in which case the  
182.21 agency shall conduct the screening within ten working days of a request. The responsible  
182.22 social services agency shall convene the juvenile treatment screening team, which may be  
182.23 constituted under section 245.4885 ~~or~~, 254B.05, or 256B.092 ~~or Minnesota Rules, parts~~  
182.24 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise  
182.25 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have  
182.26 a developmental disability; and the child's parent, guardian, or permanent legal custodian.  
182.27 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b  
182.28 and 27, the child's foster care provider, and professionals who are a resource to the child's  
182.29 family such as teachers, medical or mental health providers, and clergy, as appropriate,  
182.30 consistent with the family and permanency team as defined in section 260C.007, subdivision  
182.31 16a. Prior to forming the team, the responsible social services agency must consult with the  
182.32 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe  
182.33 to obtain recommendations regarding which individuals to include on the team and to ensure  
182.34 that the team is family-centered and will act in the child's best interests. If the child, child's

183.1 parents, or legal guardians raise concerns about specific relatives or professionals, the team  
183.2 should not include those individuals. This provision does not apply to paragraph (c).

183.3 (c) If the agency provides notice to Tribes under section 260.761, and the child screened  
183.4 is an Indian child, the responsible social services agency must make a rigorous and concerted  
183.5 effort to include a designated representative of the Indian child's Tribe on the juvenile  
183.6 treatment screening team, unless the child's Tribal authority declines to appoint a  
183.7 representative. The Indian child's Tribe may delegate its authority to represent the child to  
183.8 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.  
183.9 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections  
183.10 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to  
183.11 260.835, apply to this section.

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

183.17 The court shall ascertain whether the child is an Indian child and shall notify the  
183.18 responsible social services agency and, if the child is an Indian child, shall notify the Indian  
183.19 child's Tribe as paragraph (c) requires.

183.20 (e) When the responsible social services agency is responsible for placing and caring  
183.21 for the child and the screening team recommends placing a child in a qualified residential  
183.22 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)  
183.23 begin the assessment and processes required in section 260C.704 without delay; and (2)  
183.24 conduct a relative search according to section 260C.221 to assemble the child's family and  
183.25 permanency team under section 260C.706. Prior to notifying relatives regarding the family  
183.26 and permanency team, the responsible social services agency must consult with the child's  
183.27 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's  
183.28 Tribe to ensure that the agency is providing notice to individuals who will act in the child's  
183.29 best interests. The child and the child's parents may identify a culturally competent qualified  
183.30 individual to complete the child's assessment. The agency shall make efforts to refer the  
183.31 assessment to the identified qualified individual. The assessment may not be delayed for  
183.32 the purpose of having the assessment completed by a specific qualified individual.

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

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

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

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

184.6 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health  
184.7 Services provider proposes to place a child for the primary purpose of treatment for an  
184.8 emotional disturbance, a developmental disability, or co-occurring emotional disturbance  
184.9 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe  
184.10 shall submit necessary documentation to the county juvenile treatment screening team,  
184.11 which must invite the Indian child's Tribe to designate a representative to the screening  
184.12 team.

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

184.15 Sec. 86. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

184.16 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to  
184.17 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,  
184.18 and supporting and preserving family life whenever possible.

184.19 (b) If the report alleges a violation of a criminal statute involving maltreatment or child  
184.20 endangerment under section 609.378, the local law enforcement agency and local welfare  
184.21 agency shall coordinate the planning and execution of their respective investigation and  
184.22 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.  
184.23 Each agency shall prepare a separate report of the results of the agency's investigation or  
184.24 assessment.

184.25 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely  
184.26 on the fact-finding efforts of a law enforcement investigation to make a determination of  
184.27 whether or not maltreatment occurred.

184.28 (d) When necessary, the local welfare agency shall seek authority to remove the child  
184.29 from the custody of a parent, guardian, or adult with whom the child is living.

184.30 (e) In performing any of these duties, the local welfare agency shall maintain an  
184.31 appropriate record.



185.1 (f) In conducting a family assessment or investigation, the local welfare agency shall  
185.2 gather information on the existence of substance abuse and domestic violence.

185.3 (g) If the family assessment or investigation indicates there is a potential for abuse of  
185.4 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,  
185.5 the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive  
185.6 assessment pursuant to ~~Minnesota Rules, part 9530.6615~~ section 245G.05.

185.7 (h) The agency may use either a family assessment or investigation to determine whether  
185.8 the child is safe when responding to a report resulting from birth match data under section  
185.9 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined  
185.10 to be safe, the agency shall consult with the county attorney to determine the appropriateness  
185.11 of filing a petition alleging the child is in need of protection or services under section  
185.12 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is  
185.13 determined not to be safe, the agency and the county attorney shall take appropriate action  
185.14 as required under section 260C.503, subdivision 2.

185.15 Sec. 87. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

185.16 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties  
185.17 formed by an agreement under section 471.59, or a city with a population of no more than  
185.18 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical  
185.19 abuse prevention team may include, but not be limited to, representatives of health, mental  
185.20 health, public health, law enforcement, educational, social service, court service, community  
185.21 education, religious, and other appropriate agencies, and parent and youth groups. For  
185.22 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~  
185.23 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must  
185.24 coordinate its activities with existing local groups, organizations, and teams dealing with  
185.25 the same issues the team is addressing.

185.26 Sec. 88. Laws 2021, First Special Session chapter 7, article 17, section 1, subdivision 2,  
185.27 is amended to read:

185.28 Subd. 2. **Eligibility.** An individual is eligible for the transition to community initiative  
185.29 if the individual does not meet eligibility criteria for the medical assistance program under  
185.30 section 256B.056 or 256B.057, but who meets at least one of the following criteria:

185.31 (1) the person otherwise meets the criteria under section 256B.092, subdivision 13, or  
185.32 256B.49, subdivision 24;

186.1 (2) the person has met treatment objectives and no longer requires a hospital-level care  
186.2 or a secure treatment setting, but the person's discharge from the Anoka Metro Regional  
186.3 Treatment Center, the Minnesota Security Hospital, or a community behavioral health  
186.4 hospital would be substantially delayed without additional resources available through the  
186.5 transitions to community initiative;

186.6 (3) the person is in a community hospital ~~and on the waiting list for the Anoka Metro~~  
186.7 ~~Regional Treatment Center~~, but alternative community living options would be appropriate  
186.8 for the person, ~~and the person has received approval from the commissioner~~; or

186.9 (4)(i) the person is receiving customized living services reimbursed under section  
186.10 256B.4914, 24-hour customized living services reimbursed under section 256B.4914, or  
186.11 community residential services reimbursed under section 256B.4914; (ii) the person expresses  
186.12 a desire to move; and (iii) the person has received approval from the commissioner.

186.13 Sec. 89. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to  
186.14 read:

186.15 Sec. 11. **EXPAND MOBILE CRISIS.**

186.16 ~~(a)~~ This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023  
186.17 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,  
186.18 section 245.4661, subdivision 9, paragraph (b), clause (15) and children's mobile crisis  
186.19 services under Minnesota Statutes, section 256B.0944. The general fund base in this act for  
186.20 this purpose is ~~\$4,000,000~~ \$8,000,000 in fiscal year 2024 and ~~\$0~~ \$8,000,000 in fiscal year  
186.21 2025.

186.22 ~~(b) Beginning April 1, 2024, counties may fund and continue conducting activities~~  
186.23 ~~funded under this section.~~

186.24 ~~(c) All grant activities must be completed by March 31, 2024.~~

186.25 ~~(d) This section expires June 30, 2024.~~

187.1 Sec. 90. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to  
187.2 read:

187.3 Sec. 12. ~~PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD~~  
187.4 ~~AND ADOLESCENT ADULT AND CHILDREN'S MOBILE TRANSITION UNIT~~  
187.5 UNITS.

187.6 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023  
187.7 for the commissioner of human services to create adult and children's mental health transition  
187.8 and support teams to facilitate transition back to the community of children or to the least  
187.9 restrictive level of care from inpatient psychiatric settings, emergency departments, residential  
187.10 treatment facilities, and child and adolescent behavioral health hospitals. The general fund  
187.11 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal  
187.12 year 2025.

187.13 (b) Beginning April 1, 2024, counties may fund and continue conducting activities  
187.14 funded under this section.

187.15 (c) This section expires March 31, 2024.

187.16 Sec. 91. RATE INCREASE FOR MENTAL HEALTH ADULT DAY TREATMENT.

187.17 The commissioner of human services must increase the reimbursement rate for adult  
187.18 day treatment by 50 percent over the reimbursement rate in effect as of June 30, 2022.

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

187.22 Sec. 92. DIRECTION TO COMMISSIONER.

187.23 The commissioner must update the behavioral health fund room and board rate schedule  
187.24 to include programs providing children's mental health crisis admissions and stabilization  
187.25 under Minnesota Statutes, section 245.4882, subdivision 6. The commissioner must establish  
187.26 room and board rates commensurate with current room and board rates for adolescent  
187.27 programs licensed under Minnesota Statutes, section 245G.18.

188.1 Sec. 93. **DIRECTION TO COMMISSIONER; BEHAVIORAL HEALTH FUND**  
188.2 **ALLOCATION.**

188.3 The commissioner of human services, in consultation with counties and Tribal Nations,  
188.4 must make recommendations on an updated allocation to local agencies from funds allocated  
188.5 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit  
188.6 the recommendations to the chairs and ranking minority members of the legislative  
188.7 committees with jurisdiction over health and human services finance and policy by January  
188.8 1, 2024.

188.9 Sec. 94. **DIRECTION TO COMMISSIONER; MEDICATION-ASSISTED THERAPY**  
188.10 **SERVICES PAYMENT METHODOLOGY.**

188.11 The commissioner of human services shall revise the payment methodology for  
188.12 medication-assisted therapy services under Minnesota Statutes, section 254B.05, subdivision  
188.13 5, paragraph (b), clause (6). The revised payment methodology must only allow payment  
188.14 if the provider renders the service or services billed on the specified date of service or, in  
188.15 the case of drugs and drug-related services, within a week of the specified date of service,  
188.16 as defined by the commissioner. The revised payment methodology must include a weekly  
188.17 bundled rate, based on the Medicare rate, that includes the costs of drugs; drug administration  
188.18 and observation; drug packaging and preparation; and nursing time. The commissioner shall  
188.19 seek all necessary waivers, state plan amendments, and federal authorizations required to  
188.20 implement the revised payment methodology.

188.21 Sec. 95. **REVISOR INSTRUCTION.**

188.22 (a) The revisor of statutes shall change the terms "medication-assisted treatment" and  
188.23 "medication-assisted therapy" or similar terms to "substance use disorder treatment with  
188.24 medications for opioid use disorder" whenever the terms appear in Minnesota Statutes and  
188.25 Minnesota Rules. The revisor may make technical and other necessary grammatical changes  
188.26 related to the term change.

188.27 (b) The revisor of statutes shall change the term "intensive treatment in foster care" or  
188.28 similar terms to "children's intensive behavioral health services" wherever they appear in  
188.29 Minnesota Statutes and Minnesota Rules when referring to those providers and services  
188.30 regulated under Minnesota Statutes, section 256B.0946. The revisor shall make technical  
188.31 and grammatical changes related to the changes in terms.

189.1 Sec. 96. **REPEALER.**

189.2 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;  
189.3 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a and 2; 254B.04,  
189.4 subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

189.5 (b) Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 5, is repealed.

189.6 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,  
189.7 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;  
189.8 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and  
189.9 9530.7030, subpart 1, are repealed.

189.10 **ARTICLE 4**189.11 **CONTINUING CARE FOR OLDER ADULTS POLICY**

189.12 Section 1. Minnesota Statutes 2020, section 245A.14, subdivision 14, is amended to read:

189.13 Subd. 14. **Attendance records for publicly funded services.** (a) A child care center  
189.14 licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain  
189.15 documentation of actual attendance for each child receiving care for which the license holder  
189.16 is reimbursed by a governmental program. The records must be accessible to the  
189.17 commissioner during the program's hours of operation, they must be completed on the actual  
189.18 day of attendance, and they must include:

189.19 (1) the first and last name of the child;

189.20 (2) the time of day that the child was dropped off; and

189.21 (3) the time of day that the child was picked up.

189.22 (b) A family child care provider licensed under this chapter and according to Minnesota  
189.23 Rules, chapter 9502, must maintain documentation of actual attendance for each child  
189.24 receiving care for which the license holder is reimbursed for the care of that child by a  
189.25 governmental program. The records must be accessible to the commissioner during the  
189.26 program's hours of operation, they must be completed on the actual day of attendance, and  
189.27 they must include:

189.28 (1) the first and last name of the child;

189.29 (2) the time of day that the child was dropped off; and

189.30 (3) the time of day that the child was picked up.

190.1 (c) An adult day services program licensed under this chapter and according to Minnesota  
190.2 Rules, parts 9555.5105 to 9555.6265, must maintain documentation of actual attendance  
190.3 for each adult day service recipient for which the license holder is reimbursed by a  
190.4 governmental program. The records must be accessible to the commissioner during the  
190.5 program's hours of operation, they must be completed on the actual day of attendance, and  
190.6 they must include:

190.7 (1) the first, middle, and last name of the recipient;

190.8 (2) the time of day that the recipient was dropped off; and

190.9 (3) the time of day that the recipient was picked up.

190.10 (d) ~~The commissioner shall not issue a correction for attendance record errors that occur~~  
190.11 ~~before August 1, 2013.~~ Adult day services programs licensed under this chapter that are  
190.12 designated for remote adult day services must maintain documentation of actual participation  
190.13 for each adult day service recipient for whom the license holder is reimbursed by a  
190.14 governmental program. The records must be accessible to the commissioner during the  
190.15 program's hours of operation, must be completed on the actual day service is provided, and  
190.16 must include the:

190.17 (1) first, middle, and last name of the recipient;

190.18 (2) time of day the remote services started;

190.19 (3) time of day that the remote services ended; and

190.20 (4) means by which the remote services were provided, through audio remote services  
190.21 or through audio and video remote services.

190.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

190.23 **Sec. 2. [245A.70] REMOTE ADULT DAY SERVICES.**

190.24 (a) For the purposes of sections 245A.70 to 245A.75, the following terms have the  
190.25 meanings given.

190.26 (b) "Adult day care" and "adult day services" have the meanings given in section 245A.02,  
190.27 subdivision 2a.

190.28 (c) "Remote adult day services" means an individualized and coordinated set of services  
190.29 provided via live two-way communication by an adult day care or adult day services center.

190.30 (d) "Live two-way communication" means real-time audio or audio and video  
190.31 transmission of information between a participant and an actively involved staff member.

191.1 Sec. 3. **[245A.71] APPLICABILITY AND SCOPE.**

191.2 Subdivision 1. **Licensing requirements.** Adult day care centers or adult day services  
191.3 centers that provide remote adult day services must be licensed under this chapter and  
191.4 comply with the requirements set forth in this section.

191.5 Subd. 2. **Standards for licensure.** License holders seeking to provide remote adult day  
191.6 services must submit a request in the manner prescribed by the commissioner. Remote adult  
191.7 day services must not be delivered until approved by the commissioner. The designation to  
191.8 provide remote services is voluntary for license holders. Upon approval, the designation of  
191.9 approval for remote adult day services must be printed on the center's license, and identified  
191.10 on the commissioner's public website.

191.11 Subd. 3. **Federal requirements.** Adult day care centers or adult day services centers  
191.12 that provide remote adult day services to participants receiving alternative care under section  
191.13 256B.0913, essential community supports under section 256B.0922, or home and  
191.14 community-based services waivers under chapter 256S or section 256B.092 or 256B.49  
191.15 must comply with federally approved waiver plans.

191.16 Subd. 4. **Service limitations.** Remote adult day services must be provided during the  
191.17 days and hours of in-person services specified on the license of the adult day care center or  
191.18 adult day services center.

191.19 Sec. 4. **[245A.72] RECORD REQUIREMENTS.**

191.20 Adult day care centers and adult day services centers providing remote adult day services  
191.21 must comply with participant record requirements set forth in Minnesota Rules, part  
191.22 9555.9660. The center must document how remote services will help a participant reach  
191.23 the short- and long-term objectives in the participant's plan of care.

191.24 Sec. 5. **[245A.73] REMOTE ADULT DAY SERVICES STAFF.**

191.25 Subdivision 1. **Staff ratios.** (a) A staff person who provides remote adult day services  
191.26 without two-way interactive video must only provide services to one participant at a time.

191.27 (b) A staff person who provides remote adult day services through two-way interactive  
191.28 video must not provide services to more than eight participants at one time.

191.29 Subd. 2. **Staff training.** A center licensed under section 245A.71 must document training  
191.30 provided to each staff person regarding the provision of remote services in the staff person's  
191.31 record. The training must be provided prior to a staff person delivering remote adult day  
191.32 services without supervision. The training must include:

192.1 (1) how to use the equipment, technology, and devices required to provide remote adult  
192.2 day services via live two-way communication;

192.3 (2) orientation and training on each participant's plan of care as directly related to remote  
192.4 adult day services; and

192.5 (3) direct observation by a manager or supervisor of the staff person while providing  
192.6 supervised remote service delivery sufficient to assess staff competency.

192.7 **Sec. 6. [245A.74] INDIVIDUAL SERVICE PLANNING.**

192.8 Subdivision 1. **Eligibility.** (a) A person must be eligible for and receiving in-person  
192.9 adult day services to receive remote adult day services from the same provider. The same  
192.10 provider must deliver both in-person adult day services and remote adult day services to a  
192.11 participant.

192.12 (b) The license holder must update the participant's plan of care according to Minnesota  
192.13 Rules, part 9555.9700.

192.14 (c) For a participant who chooses to receive remote adult day services, the license holder  
192.15 must document in the participant's plan of care the participant's proposed schedule and  
192.16 frequency for receiving both in-person and remote services. The license holder must also  
192.17 document in the participant's plan of care that remote services:

192.18 (1) are chosen as a service delivery method by the participant or the participant's legal  
192.19 representative;

192.20 (2) will meet the participant's assessed needs;

192.21 (3) are provided within the scope of adult day services; and

192.22 (4) will help the participant achieve identified short and long-term objectives specific  
192.23 to the provision of remote adult day services.

192.24 **Subd. 2. Participant daily service limitations.** In a 24-hour period, a participant may  
192.25 receive:

192.26 (1) a combination of in-person adult day services and remote adult day services on the  
192.27 same day but not at the same time;

192.28 (2) a combination of in-person and remote adult day services that does not exceed 12  
192.29 hours in total; and

192.30 (3) up to six hours of remote adult day services.



193.1 Subd. 3. **Minimum in-person requirement.** A participant who receives remote services  
193.2 must receive services in-person as assigned in the participant's plan of care at least quarterly.

193.3 Sec. 7. [245A.75] SERVICE AND PROGRAM REQUIREMENTS.

193.4 Remote adult day services must be in the scope of adult day services provided in  
193.5 Minnesota Rules, part 9555.9710, subparts 3 to 7.

193.6 EFFECTIVE DATE. This section is effective January 1, 2023.

193.7 Sec. 8. Minnesota Statutes 2020, section 256R.02, subdivision 4, is amended to read:

193.8 Subd. 4. **Administrative costs.** "Administrative costs" means the identifiable costs for  
193.9 administering the overall activities of the nursing home. These costs include salaries and  
193.10 wages of the administrator, assistant administrator, business office employees, security  
193.11 guards, purchasing and inventory employees, and associated fringe benefits and payroll  
193.12 taxes, fees, contracts, or purchases related to business office functions, licenses, permits  
193.13 except as provided in the external fixed costs category, employee recognition, travel including  
193.14 meals and lodging, all training except as specified in subdivision 17, voice and data  
193.15 communication or transmission, office supplies, property and liability insurance and other  
193.16 forms of insurance except insurance that is a fringe benefit under subdivision 22, personnel  
193.17 recruitment, legal services, accounting services, management or business consultants, data  
193.18 processing, information technology, website, central or home office costs, business meetings  
193.19 and seminars, postage, fees for professional organizations, subscriptions, security services,  
193.20 nonpromotional advertising, board of directors fees, working capital interest expense, bad  
193.21 debts, bad debt collection fees, and costs incurred for travel and ~~housing~~ lodging for persons  
193.22 employed by a Minnesota-registered supplemental nursing services agency as defined in  
193.23 section 144A.70, subdivision 6.

193.24 Sec. 9. Minnesota Statutes 2020, section 256R.02, subdivision 17, is amended to read:

193.25 Subd. 17. **Direct care costs.** "Direct care costs" means costs for the wages of nursing  
193.26 administration, direct care registered nurses, licensed practical nurses, certified nursing  
193.27 assistants, trained medication aides, employees conducting training in resident care topics  
193.28 and associated fringe benefits and payroll taxes; services from a Minnesota-registered  
193.29 supplemental nursing services agency up to the maximum allowable charges under section  
193.30 144A.74, excluding associated lodging and travel costs; supplies that are stocked at nursing  
193.31 stations or on the floor and distributed or used individually, including, but not limited to:  
193.32 rubbing alcohol or alcohol swabs, applicators, cotton balls, incontinence pads, disposable

194.1 ice bags, dressings, bandages, water pitchers, tongue depressors, disposable gloves, enemas,  
 194.2 enema equipment, personal hygiene soap, medication cups, diapers, ~~plastic waste bags~~,  
 194.3 sanitary products, disposable thermometers, hypodermic needles and syringes, ~~clinical~~  
 194.4 ~~reagents or similar diagnostic agents~~, drugs ~~that are not paid~~ not payable on a separate fee  
 194.5 schedule by the medical assistance program or any other payer, and ~~technology related~~  
 194.6 clinical software costs specific to the provision of nursing care to residents, such as electronic  
 194.7 charting systems; costs of materials used for resident care training, and training courses  
 194.8 outside of the facility attended by direct care staff on resident care topics; and costs for  
 194.9 nurse consultants, pharmacy consultants, and medical directors. Salaries and payroll taxes  
 194.10 for nurse consultants who work out of a central office must be allocated proportionately by  
 194.11 total resident days or by direct identification to the nursing facilities served by those  
 194.12 consultants.

194.13 Sec. 10. Minnesota Statutes 2020, section 256R.02, subdivision 18, is amended to read:

194.14 Subd. 18. **Employer health insurance costs.** "Employer health insurance costs" means  
 194.15 premium expenses for group coverage; and actual expenses incurred for self-insured plans,  
 194.16 including reinsurance; actual claims paid, stop-loss premiums, plan fees, and employer  
 194.17 contributions to employee health reimbursement and health savings accounts. Actual costs  
 194.18 of self-insurance plans must not include any allowance for future funding unless the plan  
 194.19 meets the Medicare requirements for reporting on a premium basis when the Medicare  
 194.20 regulations define the actual costs. Premium and expense costs and contributions are  
 194.21 allowable for (1) all employees and (2) the spouse and dependents of those employees who  
 194.22 are employed on average at least 30 hours per week.

194.23 Sec. 11. Minnesota Statutes 2020, section 256R.02, subdivision 19, is amended to read:

194.24 Subd. 19. **External fixed costs.** "External fixed costs" means costs related to the nursing  
 194.25 home surcharge under section 256.9657, subdivision 1; licensure fees under section 144.122;  
 194.26 family advisory council fee under section 144A.33; scholarships under section 256R.37;  
 194.27 planned closure rate adjustments under section 256R.40; consolidation rate adjustments  
 194.28 under section 144A.071, subdivisions 4c, paragraph (a), clauses (5) and (6), and 4d;  
 194.29 single-bed room incentives under section 256R.41; property taxes, special assessments, and  
 194.30 payments in lieu of taxes; employer health insurance costs; quality improvement incentive  
 194.31 payment rate adjustments under section 256R.39; performance-based incentive payments  
 194.32 under section 256R.38; special dietary needs under section 256R.51; ~~rate adjustments for~~  
 194.33 ~~compensation-related costs for minimum wage changes under section 256R.49 provided~~

195.1 ~~on or after January 1, 2018~~; Public Employees Retirement Association employer costs; and  
195.2 border city rate adjustments under section 256R.481.

195.3 Sec. 12. Minnesota Statutes 2020, section 256R.02, subdivision 22, is amended to read:

195.4 Subd. 22. **Fringe benefit costs.** "Fringe benefit costs" means the costs for group life,  
195.5 dental, workers' compensation, short- and long-term disability, long-term care insurance,  
195.6 accident insurance, supplemental insurance, legal assistance insurance, profit sharing, child  
195.7 care costs, health insurance costs not covered under subdivision 18, including costs associated  
195.8 with part-time employee family members or retirees, and pension and retirement plan  
195.9 contributions, except for the Public Employees Retirement Association costs.

195.10 Sec. 13. Minnesota Statutes 2020, section 256R.02, subdivision 29, is amended to read:

195.11 Subd. 29. **Maintenance and plant operations costs.** "Maintenance and plant operations  
195.12 costs" means the costs for the salaries and wages of the maintenance supervisor, engineers,  
195.13 heating-plant employees, and other maintenance employees and associated fringe benefits  
195.14 and payroll taxes. It also includes identifiable costs for maintenance and operation of the  
195.15 building and grounds, including, but not limited to, fuel, electricity, plastic waste bags,  
195.16 medical waste and garbage removal, water, sewer, supplies, tools, ~~and~~ repairs, and minor  
195.17 equipment not requiring capitalization under Medicare guidelines.

195.18 Sec. 14. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision  
195.19 to read:

195.20 Subd. 32a. **Minor equipment.** "Minor equipment" means equipment that does not qualify  
195.21 as either fixed equipment or depreciable movable equipment as defined in section 256R.261.

195.22 Sec. 15. Minnesota Statutes 2020, section 256R.02, subdivision 42a, is amended to read:

195.23 Subd. 42a. **Real estate taxes.** "Real estate taxes" means the real estate tax liability shown  
195.24 on the annual property tax ~~statement~~ statements of the nursing facility for the reporting  
195.25 period. The term does not include personnel costs or fees for late payment.

195.26 Sec. 16. Minnesota Statutes 2020, section 256R.02, subdivision 48a, is amended to read:

195.27 Subd. 48a. **Special assessments.** "Special assessments" means the actual special  
195.28 assessments and related interest paid during the reporting period that are not voluntary costs.  
195.29 The term does not include personnel costs ~~or~~, fees for late payment, or special assessments  
195.30 for projects that are reimbursed in the property rate.

196.1 Sec. 17. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision  
196.2 to read:

196.3 Subd. 53. Vested. "Vested" means the existence of a legally fixed unconditional right  
196.4 to a present or future benefit.

196.5 Sec. 18. Minnesota Statutes 2020, section 256R.07, subdivision 1, is amended to read:

196.6 Subdivision 1. **Criteria.** A nursing facility ~~shall~~ must keep adequate documentation. In  
196.7 order to be adequate, documentation must:

196.8 (1) be maintained in orderly, well-organized files;

196.9 (2) not include documentation of more than one nursing facility in one set of files unless  
196.10 transactions may be traced by the commissioner to the nursing facility's annual cost report;

196.11 (3) include a paid invoice or copy of a paid invoice with date of purchase, vendor name  
196.12 and address, purchaser name and delivery destination address, listing of items or services  
196.13 purchased, cost of items purchased, account number to which the cost is posted, and a  
196.14 breakdown of any allocation of costs between accounts or nursing facilities. If any of the  
196.15 information is not available, the nursing facility ~~shall~~ must document its good faith attempt  
196.16 to obtain the information;

196.17 (4) include contracts, agreements, amortization schedules, mortgages, other debt  
196.18 instruments, and all other documents necessary to explain the nursing facility's costs or  
196.19 revenues; ~~and~~

196.20 (5) include signed and dated position descriptions; and

196.21 (6) be retained by the nursing facility to support the five most recent annual cost reports.

196.22 The commissioner may extend the period of retention if the field audit was postponed  
196.23 because of inadequate record keeping or accounting practices as in section 256R.13,  
196.24 subdivisions 2 and 4, the records are necessary to resolve a pending appeal, or the records  
196.25 are required for the enforcement of sections 256R.04; 256R.05, subdivision 2; 256R.06,  
196.26 subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09, subdivisions 3 and  
196.27 4.

196.28 Sec. 19. Minnesota Statutes 2020, section 256R.07, subdivision 2, is amended to read:

196.29 Subd. 2. **Documentation of compensation.** Compensation for personal services,  
196.30 regardless of whether treated as identifiable costs or costs that are not identifiable, must be  
196.31 documented on payroll records. Payrolls must be supported by time and attendance or

197.1 equivalent records for individual employees. Salaries and wages of employees which are  
 197.2 allocated to more than one cost category must be supported by time distribution records.  
 197.3 ~~The method used must produce a proportional distribution of actual time spent, or an accurate~~  
 197.4 ~~estimate of time spent performing assigned duties. The nursing facility that chooses to~~  
 197.5 ~~estimate time spent must use a statistically valid method. The compensation must reflect~~  
 197.6 ~~an amount proportionate to a full-time basis if the services are rendered on less than a~~  
 197.7 ~~full-time basis. Salary allocations are allowable using the Medicare-approved allocation~~  
 197.8 ~~basis and methodology only if the salary costs cannot be directly determined, including~~  
 197.9 ~~when employees provide shared services to noncovered operations.~~

197.10 Sec. 20. Minnesota Statutes 2020, section 256R.07, subdivision 3, is amended to read:

197.11 Subd. 3. **Adequate documentation supporting nursing facility payrolls.** Payroll  
 197.12 records supporting compensation costs claimed by nursing facilities must be supported by  
 197.13 affirmative time and attendance records prepared by each individual at intervals of not more  
 197.14 than one month. The requirements of this subdivision are met when documentation is  
 197.15 provided under either clause (1) or (2) ~~as follows:~~

197.16 (1) the affirmative time and attendance record must identify the individual's name; the  
 197.17 days worked during each pay period; the number of hours worked each day; and the number  
 197.18 of hours taken each day by the individual for vacation, sick, and other leave. The affirmative  
 197.19 time and attendance record must include a signed verification by the individual and the  
 197.20 individual's supervisor, if any, that the entries reported on the record are correct; or

197.21 (2) if the affirmative time and attendance records identifying the individual's name, the  
 197.22 days worked each pay period, the number of hours worked each day, and the number of  
 197.23 hours taken each day by the individual for vacation, sick, and other leave are ~~placed on~~  
 197.24 ~~microfilm~~ stored electronically, equipment must be made available for viewing and printing  
 197.25 ~~them, or if the records are stored as automated data, summary data must be available for~~  
 197.26 ~~viewing and printing the records.~~

197.27 Sec. 21. Minnesota Statutes 2020, section 256R.08, subdivision 1, is amended to read:

197.28 Subdivision 1. **Reporting of financial statements.** (a) No later than February 1 of each  
 197.29 year, a nursing facility ~~shall~~ must:

197.30 (1) provide the state agency with a copy of its audited financial statements or its working  
 197.31 trial balance;

197.32 (2) provide the state agency with a statement of ownership for the facility;

198.1 (3) provide the state agency with separate, audited financial statements or working trial  
198.2 balances for every other facility owned in whole or in part by an individual or entity that  
198.3 has an ownership interest in the facility;

198.4 (4) upon request, provide the state agency with separate, audited financial statements or  
198.5 working trial balances for every organization with which the facility conducts business and  
198.6 which is owned in whole or in part by an individual or entity which has an ownership interest  
198.7 in the facility;

198.8 (5) provide the state agency with copies of leases, purchase agreements, and other  
198.9 documents related to the lease or purchase of the nursing facility; and

198.10 (6) upon request, provide the state agency with copies of leases, purchase agreements,  
198.11 and other documents related to the acquisition of equipment, goods, and services which are  
198.12 claimed as allowable costs.

198.13 (b) Audited financial statements submitted under paragraph (a) must include a balance  
198.14 sheet, income statement, statement of the rate or rates charged to private paying residents,  
198.15 statement of retained earnings, statement of cash flows, notes to the financial statements,  
198.16 audited applicable supplemental information, and the public accountant's report. Public  
198.17 accountants must conduct audits in accordance with chapter 326A. The cost of an audit  
198.18 ~~shall~~ must not be an allowable cost unless the nursing facility submits its audited financial  
198.19 statements in the manner otherwise specified in this subdivision. A nursing facility must  
198.20 permit access by the state agency to the public accountant's audit work papers that support  
198.21 the audited financial statements submitted under paragraph (a).

198.22 (c) Documents or information provided to the state agency pursuant to this subdivision  
198.23 ~~shall~~ must be public unless prohibited by the Health Insurance Portability and Accountability  
198.24 Act or any other federal or state regulation. Data, notes, and preliminary drafts of reports  
198.25 created, collected, and maintained by the audit offices of government entities, or persons  
198.26 performing audits for government entities, and relating to an audit or investigation are  
198.27 confidential data on individuals or protected nonpublic data until the final report has been  
198.28 published or the audit or investigation is no longer being pursued actively, except that the  
198.29 data must be disclosed as required to comply with section 6.67 or 609.456.

198.30 (d) If the requirements of paragraphs (a) and (b) are not met, the reimbursement rate  
198.31 may be reduced to 80 percent of the rate in effect on the first day of the fourth calendar  
198.32 month after the close of the reporting period and the reduction ~~shall~~ must continue until the  
198.33 requirements are met.

199.1 Sec. 22. Minnesota Statutes 2020, section 256R.09, subdivision 2, is amended to read:

199.2 Subd. 2. **Reporting of statistical and cost information.** All nursing facilities ~~shall~~ must  
199.3 provide information annually to the commissioner on a form and in a manner determined  
199.4 by the commissioner. The commissioner may separately require facilities to submit in a  
199.5 manner specified by the commissioner documentation of statistical and cost information  
199.6 included in the report to ensure accuracy in establishing payment rates and to perform audit  
199.7 and appeal review functions under this chapter. The commissioner may also require nursing  
199.8 facilities to provide statistical and cost information for a subset of the items in the annual  
199.9 report on a semiannual basis. Nursing facilities ~~shall~~ must report only costs directly related  
199.10 to the operation of the nursing facility. The facility ~~shall~~ must not include costs which are  
199.11 separately reimbursed or reimbursable by residents, medical assistance, or other payors.  
199.12 Allocations of costs from central, affiliated, or corporate office and related organization  
199.13 transactions shall be reported according to sections 256R.07, subdivision 3, and 256R.12,  
199.14 subdivisions 1 to 7. The commissioner shall not grant facilities extensions to the filing  
199.15 deadline.

199.16 Sec. 23. Minnesota Statutes 2020, section 256R.09, subdivision 5, is amended to read:

199.17 Subd. 5. **Method of accounting.** The accrual method of accounting in accordance with  
199.18 generally accepted accounting principles is the only method acceptable for purposes of  
199.19 satisfying the reporting requirements of this chapter. If a governmentally owned nursing  
199.20 facility demonstrates that the accrual method of accounting is not applicable to its accounts  
199.21 and that a cash or modified accrual method of accounting more accurately reports the nursing  
199.22 facility's financial operations, the commissioner shall permit the governmentally owned  
199.23 nursing facility to use a cash or modified accrual method of accounting. For reimbursement  
199.24 purposes, the accrued expense must be paid by the providers within 180 days following the  
199.25 end of the reporting period. An expense disallowed by the commissioner under this section  
199.26 in any cost report period must not be claimed by a provider on a subsequent cost report.  
199.27 Specific exemptions to the 180-day rule may be granted by the commissioner for documented  
199.28 contractual arrangements such as receivership, property tax installment payments, and  
199.29 pension contributions.

199.30 Sec. 24. Minnesota Statutes 2020, section 256R.13, subdivision 4, is amended to read:

199.31 Subd. 4. **Extended record retention requirements.** The commissioner shall extend the  
199.32 period for retention of records under section 256R.09, subdivision 3, for purposes of  
199.33 performing field audits as necessary to enforce sections 256R.04; 256R.05, subdivision 2;

200.1 256R.06, subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09,  
200.2 subdivisions 3 and 4, with written notice to the facility postmarked no later than 90 days  
200.3 prior to the expiration of the record retention requirement.

200.4 Sec. 25. Minnesota Statutes 2020, section 256R.16, subdivision 1, is amended to read:

200.5 Subdivision 1. **Calculation of a quality score.** (a) The commissioner shall determine  
200.6 a quality score for each nursing facility using quality measures established in section  
200.7 256B.439, according to methods determined by the commissioner in consultation with  
200.8 stakeholders and experts, and using the most recently available data as provided in the  
200.9 Minnesota Nursing Home Report Card. These methods ~~shall~~ must be exempt from the  
200.10 rulemaking requirements under chapter 14.

200.11 (b) For each quality measure, a score ~~shall~~ must be determined with the number of points  
200.12 assigned as determined by the commissioner using the methodology established according  
200.13 to this subdivision. The determination of the quality measures to be used and the methods  
200.14 of calculating scores may be revised annually by the commissioner.

200.15 (c) The quality score ~~shall~~ must include up to 50 points related to the Minnesota quality  
200.16 indicators score derived from the minimum data set, up to 40 points related to the resident  
200.17 quality of life score derived from the consumer survey conducted under section 256B.439,  
200.18 subdivision 3, and up to ten points related to the state inspection results score.

200.19 (d) The commissioner, in cooperation with the commissioner of health, may adjust the  
200.20 formula in paragraph (c), or the methodology for computing the total quality score, ~~effective~~  
200.21 ~~July 1 of any year~~, with five months advance public notice. In changing the formula, the  
200.22 commissioner shall consider quality measure priorities registered by report card users, advice  
200.23 of stakeholders, and available research.

200.24 Sec. 26. Minnesota Statutes 2020, section 256R.17, subdivision 3, is amended to read:

200.25 Subd. 3. **Resident assessment schedule.** (a) Nursing facilities ~~shall~~ must conduct and  
200.26 submit case mix classification assessments according to the schedule established by the  
200.27 commissioner of health under section 144.0724, subdivisions 4 and 5.

200.28 (b) The case mix classifications established under section 144.0724, subdivision 3a,  
200.29 ~~shall be~~ are effective the day of admission for new admission assessments. The effective  
200.30 date for significant change assessments ~~shall be~~ is the assessment reference date. The  
200.31 effective date for annual and quarterly assessments ~~shall be~~ and significant corrections  
200.32 assessments is the first day of the month following assessment reference date.



201.1 Sec. 27. Minnesota Statutes 2020, section 256R.26, subdivision 1, is amended to read:

201.2 Subdivision 1. **Determination of limited undepreciated replacement cost.** A facility's  
201.3 limited URC is the lesser of:

201.4 (1) the facility's recognized URC from the appraisal; or

201.5 (2) the product of (i) the number of the facility's licensed beds three months prior to the  
201.6 beginning of the rate year, (ii) the construction cost per square foot value, and (iii) 1,000  
201.7 square feet.

201.8 Sec. 28. Minnesota Statutes 2020, section 256R.261, subdivision 13, is amended to read:

201.9 Subd. 13. **Equipment allowance per bed value.** The equipment allowance per bed  
201.10 value is \$10,000 adjusted annually for rate years beginning on or after January 1, 2021, by  
201.11 the percentage change indicated by the urban consumer price index for Minneapolis-St.  
201.12 Paul, as published by the Bureau of Labor Statistics (series ~~1967=100~~ 1982-84=100) for  
201.13 the two previous Julys. The computation for this annual adjustment is based on the data that  
201.14 is publicly available on November 1 immediately preceding the start of the rate year.

201.15 Sec. 29. Minnesota Statutes 2020, section 256R.37, is amended to read:

201.16 **256R.37 SCHOLARSHIPS.**

201.17 ~~(a) For the 27-month period beginning October 1, 2015, through December 31, 2017,~~  
201.18 ~~the commissioner shall allow a scholarship per diem of up to 25 cents for each nursing~~  
201.19 ~~facility with no scholarship per diem that is requesting a scholarship per diem to be added~~  
201.20 ~~to the external fixed payment rate to be used:~~

201.21 ~~(1) for employee scholarships that satisfy the following requirements:~~

201.22 ~~(i) scholarships are available to all employees who work an average of at least ten hours~~  
201.23 ~~per week at the facility except the administrator, and to reimburse student loan expenses~~  
201.24 ~~for newly hired registered nurses and licensed practical nurses, and training expenses for~~  
201.25 ~~nursing assistants as specified in section 144A.611, subdivisions 2 and 4, who are newly~~  
201.26 ~~hired; and~~

201.27 ~~(ii) the course of study is expected to lead to career advancement with the facility or in~~  
201.28 ~~long-term care, including medical care interpreter services and social work; and~~

201.29 ~~(2) to provide job-related training in English as a second language.~~

201.30 ~~(b) All facilities may annually request a rate adjustment under this section by submitting~~  
201.31 ~~information to the commissioner on a schedule and in a form supplied by the commissioner.~~

202.1 ~~The commissioner shall allow a scholarship payment rate equal to the reported and allowable~~  
202.2 ~~costs divided by resident days.~~

202.3 ~~(c) In calculating the per diem under paragraph (b), the commissioner shall allow costs~~  
202.4 ~~related to tuition, direct educational expenses, and reasonable costs as defined by the~~  
202.5 ~~commissioner for child care costs and transportation expenses related to direct educational~~  
202.6 ~~expenses.~~

202.7 ~~(d) The rate increase under this section is an optional rate add-on that the facility must~~  
202.8 ~~request from the commissioner in a manner prescribed by the commissioner. The rate~~  
202.9 ~~increase must be used for scholarships as specified in this section.~~

202.10 ~~(e) For instances in which a rate adjustment will be 15 cents or greater, nursing facilities~~  
202.11 ~~that close beds during a rate year may request to have their scholarship adjustment under~~  
202.12 ~~paragraph (b) recalculated by the commissioner for the remainder of the rate year to reflect~~  
202.13 ~~the reduction in resident days compared to the cost report year.~~

202.14 (a) The commissioner shall provide a scholarship per diem rate calculated using the  
202.15 criteria in paragraphs (b) to (d). The per diem rate must be based on the allowable costs the  
202.16 facility paid for employee scholarships for any eligible employee, except the facility  
202.17 administrator, who works an average of at least ten hours per week in the licensed nursing  
202.18 facility building when the facility has paid expenses related to:

202.19 (1) an employee's course of study that is expected to lead to career advancement with  
202.20 the facility or in the field of long-term care;

202.21 (2) an employee's job-related training in English as a second language;

202.22 (3) the reimbursement of student loan expenses for newly hired registered nurses and  
202.23 licensed practical nurses; and

202.24 (4) the reimbursement of training, testing, and associated expenses for newly hired  
202.25 nursing assistants as specified in section 144A.611, subdivisions 2 and 4. The reimbursement  
202.26 of nursing assistant expenses under this clause is not subject to the ten-hour minimum work  
202.27 requirement under this paragraph.

202.28 (b) Allowable scholarship costs include: tuition, student loan reimbursement, other direct  
202.29 educational expenses, and reasonable costs for child care and transportation expenses directly  
202.30 related to education, as defined by the commissioner.

202.31 (c) The commissioner shall provide a scholarship per diem rate equal to the allowable  
202.32 scholarship costs divided by resident days. The commissioner shall compute the scholarship

203.1 per diem rate annually and include the scholarship per diem rate in the external fixed costs  
203.2 payment rate.

203.3 (d) When the resulting scholarship per diem rate is 15 cents or more, nursing facilities  
203.4 that close beds during a rate year may request to have the scholarship rate recalculated. This  
203.5 recalculation is effective from the date of the bed closure through the remainder of the rate  
203.6 year and reflects the estimated reduction in resident days compared to the previous cost  
203.7 report year.

203.8 (e) Facilities seeking to have the facility's scholarship expenses recognized for the  
203.9 payment rate computation in section 256R.25 may apply annually by submitting information  
203.10 to the commissioner on a schedule and in a form supplied by the commissioner.

203.11 Sec. 30. Minnesota Statutes 2020, section 256R.39, is amended to read:

203.12 **256R.39 QUALITY IMPROVEMENT INCENTIVE PROGRAM.**

203.13 The commissioner shall develop a quality improvement incentive program in consultation  
203.14 with stakeholders. The annual funding pool available for quality improvement incentive  
203.15 payments ~~shall~~ must be equal to 0.8 percent of all operating payments, not including any  
203.16 rate components resulting from equitable cost-sharing for publicly owned nursing facility  
203.17 program participation under section 256R.48, critical access nursing facility program  
203.18 participation under section 256R.47, or performance-based incentive payment program  
203.19 participation under section 256R.38. ~~For the period from October 1, 2015, to December 31,~~  
203.20 ~~2016, rate adjustments provided under this section shall be effective for 15 months. Beginning~~  
203.21 ~~January 1, 2017, An~~ annual rate adjustments adjustment provided under this section ~~shall~~  
203.22 must be effective for one rate year.

203.23 Sec. 31. **REPEALER.**

203.24 Minnesota Statutes 2020, sections 245A.03, subdivision 5; 256R.08, subdivision 2; and  
203.25 256R.49, and Minnesota Rules, part 9555.6255, are repealed.

203.26 **ARTICLE 5**

203.27 **CONTINUING CARE FOR OLDER ADULTS**

203.28 Section 1. Minnesota Statutes 2020, section 177.27, subdivision 4, is amended to read:

203.29 Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an  
203.30 employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032,  
203.31 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.214

204.1 to 181.217, 181.275, subdivision 2a, 181.722, 181.79, and 181.939 to 181.943, or with any  
204.2 rule promulgated under section 177.28 or 181.213. The commissioner shall issue an order  
204.3 requiring an employer to comply with sections 177.41 to 177.435 if the violation is repeated.  
204.4 For purposes of this subdivision only, a violation is repeated if at any time during the two  
204.5 years that preceded the date of violation, the commissioner issued an order to the employer  
204.6 for violation of sections 177.41 to 177.435 and the order is final or the commissioner and  
204.7 the employer have entered into a settlement agreement that required the employer to pay  
204.8 back wages that were required by sections 177.41 to 177.435. The department shall serve  
204.9 the order upon the employer or the employer's authorized representative in person or by  
204.10 certified mail at the employer's place of business. An employer who wishes to contest the  
204.11 order must file written notice of objection to the order with the commissioner within 15  
204.12 calendar days after being served with the order. A contested case proceeding must then be  
204.13 held in accordance with sections 14.57 to 14.69. If, within 15 calendar days after being  
204.14 served with the order, the employer fails to file a written notice of objection with the  
204.15 commissioner, the order becomes a final order of the commissioner.

204.16 Sec. 2. Minnesota Statutes 2020, section 177.27, subdivision 7, is amended to read:

204.17 Subd. 7. **Employer liability.** If an employer is found by the commissioner to have  
204.18 violated a section identified in subdivision 4, or any rule adopted under section 177.28 or  
204.19 181.213, and the commissioner issues an order to comply, the commissioner shall order the  
204.20 employer to cease and desist from engaging in the violative practice and to take such  
204.21 affirmative steps that in the judgment of the commissioner will effectuate the purposes of  
204.22 the section or rule violated. The commissioner shall order the employer to pay to the  
204.23 aggrieved parties back pay, gratuities, and compensatory damages, less any amount actually  
204.24 paid to the employee by the employer, and for an additional equal amount as liquidated  
204.25 damages. Any employer who is found by the commissioner to have repeatedly or willfully  
204.26 violated a section or sections identified in subdivision 4 shall be subject to a civil penalty  
204.27 of up to \$1,000 for each violation for each employee. In determining the amount of a civil  
204.28 penalty under this subdivision, the appropriateness of such penalty to the size of the  
204.29 employer's business and the gravity of the violation shall be considered. In addition, the  
204.30 commissioner may order the employer to reimburse the department and the attorney general  
204.31 for all appropriate litigation and hearing costs expended in preparation for and in conducting  
204.32 the contested case proceeding, unless payment of costs would impose extreme financial  
204.33 hardship on the employer. If the employer is able to establish extreme financial hardship,  
204.34 then the commissioner may order the employer to pay a percentage of the total costs that  
204.35 will not cause extreme financial hardship. Costs include but are not limited to the costs of

205.1 services rendered by the attorney general, private attorneys if engaged by the department,  
205.2 administrative law judges, court reporters, and expert witnesses as well as the cost of  
205.3 transcripts. Interest shall accrue on, and be added to, the unpaid balance of a commissioner's  
205.4 order from the date the order is signed by the commissioner until it is paid, at an annual rate  
205.5 provided in section 549.09, subdivision 1, paragraph (c). The commissioner may establish  
205.6 escrow accounts for purposes of distributing damages.

205.7 Sec. 3. 181.211 **DEFINITIONS.**

205.8 Subdivision 1. **Application.** The terms defined in this section apply to sections 181.211  
205.9 to 181.217.

205.10 Subd. 2. **Board.** "Board" means the Minnesota Nursing Home Workforce Standards  
205.11 Board established under section 181.212.

205.12 Subd. 3. **Certified worker organization.** "Certified worker organization" means a  
205.13 worker organization that is certified by the board to conduct nursing home worker trainings  
205.14 under section 181.214.

205.15 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of labor and industry.

205.16 Subd. 5. **Employer organization.** "Employer organization" means:

205.17 (1) an organization that is exempt from federal income taxation under section 501(c)(6)  
205.18 of the Internal Revenue Code and that represents nursing home employers; or

205.19 (2) an entity that employers, who together employ a majority of nursing home workers  
205.20 in Minnesota, have selected as a representative.

205.21 Subd. 6. **Nursing home.** "Nursing home" means a nursing home licensed under chapter  
205.22 144A, or a boarding care home licensed under sections 144.50 to 144.56.

205.23 Subd. 7. **Nursing home employer.** "Nursing home employer" means an employer of  
205.24 nursing home workers.

205.25 Subd. 8. **Nursing home worker.** "Nursing home worker" means any worker who provides  
205.26 services in a nursing home in Minnesota, including direct care staff, administrative staff,  
205.27 and contractors.

205.28 Subd. 9. **Retaliatory personnel action.** "Retaliatory personnel action" means any form  
205.29 of intimidation, threat, reprisal, harassment, discrimination, or adverse employment action,  
205.30 including discipline, discharge, suspension, transfer, or reassignment to a lesser position in  
205.31 terms of job classification, job security, or other condition of employment; reduction in pay  
205.32 or hours or denial of additional hours; informing another employer that a nursing home

206.1 worker has engaged in activities protected under sections 181.211 to 181.217; or reporting  
206.2 or threatening to report the actual or suspected citizenship or immigration status of a nursing  
206.3 home worker, former nursing home worker, or family member of a nursing home worker  
206.4 to a federal, state, or local agency.

206.5 Subd. 10. **Worker organization.** "Worker organization" means an organization that is  
206.6 exempt from federal income taxation under section 501(c)(3), 501(c)(4), or 501(c)(5) of  
206.7 the Internal Revenue Code, that is not dominated or controlled by any nursing home employer  
206.8 within the meaning of United States Code, title 29, section 158a(2), and that has at least  
206.9 five years of demonstrated experience engaging with and advocating for nursing home  
206.10 workers.

206.11 Sec. 4. **[181.212] MINNESOTA NURSING HOME WORKFORCE STANDARDS**  
206.12 **BOARD; ESTABLISHMENT.**

206.13 Subdivision 1. **Board established; membership.** The Minnesota Nursing Home  
206.14 Workforce Standards Board is created with the powers and duties established by law. The  
206.15 board is composed of the following members:

206.16 (1) the commissioner of human services or a designee;

206.17 (2) the commissioner of health or a designee;

206.18 (3) the commissioner of labor and industry or a designee;

206.19 (4) three members who represent nursing home employers or employer organizations,  
206.20 appointed by the governor; and

206.21 (5) three members who represent nursing home workers or worker organizations,  
206.22 appointed by the governor.

206.23 Subd. 2. **Terms; vacancies.** (a) Board members appointed under subdivision 1, clause  
206.24 (4) or (5), shall serve four-year terms following the initial staggered-lot determination. The  
206.25 initial terms of members appointed under subdivision 1, clauses (4) and (5), shall be  
206.26 determined by lot by the secretary of state and shall be as follows:

206.27 (1) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve  
206.28 a two-year term;

206.29 (2) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve  
206.30 a three-year term; and

206.31 (3) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve  
206.32 a four-year term.

207.1 (b) For members appointed under subdivision 1, clause (4) or (5), the governor shall fill  
207.2 vacancies occurring prior to the expiration of a member's term by appointment for the  
207.3 unexpired term. A member appointed under subdivision 1, clause (4) or (5), must not be  
207.4 appointed to more than two consecutive four-year terms.

207.5 Subd. 3. **Chairperson.** The board shall elect a member by majority vote to serve as its  
207.6 chairperson and shall determine the term to be served by the chairperson.

207.7 Subd. 4. **Staffing.** The board may employ an executive director and other personnel to  
207.8 carry out duties of the board under sections 181.211 to 181.217.

207.9 Subd. 5. **Compensation.** Compensation of board members is governed by section  
207.10 15.0575.

207.11 Subd. 6. **Application of other laws.** Meetings of the board are subject to chapter 13D.  
207.12 The board is subject to chapter 13.

207.13 Subd. 7. **Voting.** The affirmative vote of five board members is required for the board  
207.14 to take any action, including action to establish minimum nursing home employment  
207.15 standards under section 181.213.

207.16 Subd. 8. **Hearings and investigations.** To carry out its duties, the board shall hold public  
207.17 hearings on, and conduct investigations into, working conditions in the nursing home  
207.18 industry.

207.19 Sec. 5. **[181.213] DUTIES OF THE BOARD; MINIMUM NURSING HOME**  
207.20 **EMPLOYMENT STANDARDS.**

207.21 Subdivision 1. **Authority to establish minimum nursing home employment**  
207.22 **standards.** (a) The board must adopt rules establishing minimum nursing home employment  
207.23 standards that are reasonably necessary and appropriate to protect the health and welfare  
207.24 of nursing home workers, to ensure that nursing home workers are properly trained and  
207.25 fully informed of their rights under sections 181.211 to 181.217, and to otherwise satisfy  
207.26 the purposes of sections 181.211 to 181.217. Standards established by the board must  
207.27 include, as appropriate, standards on compensation, working hours, and other working  
207.28 conditions for nursing home workers. Any standards established by the board under this  
207.29 section must be at least as protective of or beneficial to nursing home workers as any other  
207.30 applicable statute or rule or any standard previously established by the board. In establishing  
207.31 standards under this section, the board may establish statewide standards, standards that  
207.32 apply to specific nursing home occupations, standards that apply to specific geographic  
207.33 areas within the state, or any combination thereof.

208.1 (b) The board must adopt rules establishing initial standards for wages and working  
208.2 hours for nursing home workers no later than August 1, 2023. The board may use the  
208.3 authority in section 14.389 to adopt rules under this paragraph.

208.4 (c) To the extent that any minimum standards that the board finds are reasonably  
208.5 necessary and appropriate to protect the health and welfare of nursing home workers fall  
208.6 within the jurisdiction of chapter 182, the board shall not adopt rules establishing the  
208.7 standards but shall instead recommend the standards to the commissioner of labor and  
208.8 industry. The commissioner of labor and industry shall adopt nursing home health and safety  
208.9 standards under section 182.655 as recommended by the board, unless the commissioner  
208.10 determines that the recommended standard is outside the statutory authority of the  
208.11 commissioner or is otherwise unlawful and issues a written explanation of this determination.

208.12 Subd. 2. **Investigation of market conditions.** The board must investigate market  
208.13 conditions and the existing wages, benefits, and working conditions of nursing home workers  
208.14 for specific geographic areas of the state and specific nursing home occupations. Based on  
208.15 this information, the board must seek to adopt minimum nursing home employment standards  
208.16 that meet or exceed existing industry conditions for a majority of nursing home workers in  
208.17 the relevant geographic area and nursing home occupation. The board must consider the  
208.18 following types of information in making wage rate determinations that are reasonably  
208.19 necessary to protect the health and welfare of nursing home workers:

208.20 (1) wage rate and benefit data collected by or submitted to the board for nursing home  
208.21 workers in the relevant geographic area and nursing home occupations;

208.22 (2) statements showing wage rates and benefits paid to nursing home workers in the  
208.23 relevant geographic area and nursing home occupations;

208.24 (3) signed collective bargaining agreements applicable to nursing home workers in the  
208.25 relevant geographic area and nursing home occupations;

208.26 (4) testimony and information from current and former nursing home workers, worker  
208.27 organizations, nursing home employers, and employer organizations;

208.28 (5) local minimum nursing home employment standards;

208.29 (6) information submitted by or obtained from state and local government entities; and

208.30 (7) any other information pertinent to establishing minimum nursing home employment  
208.31 standards.

208.32 Subd. 3. **Review of standards.** At least once every two years, the board shall:



209.1 (1) conduct a full review of the adequacy of the minimum nursing home employment  
209.2 standards previously established by the board; and

209.3 (2) following that review, adopt new rules, amend or repeal existing rules, or make  
209.4 recommendations to adopt new rules or amend or repeal existing rules, as appropriate to  
209.5 meet the purposes of sections 181.211 to 181.217.

209.6 Subd. 4. **Conflict.** In the event of a conflict between a standard established by the board  
209.7 in rule and a rule adopted by another state agency, the rule adopted by the board shall apply  
209.8 to nursing home workers and nursing home employers, except where the conflicting rule  
209.9 is issued after the board's standard, and the rule issued by the other state agency is more  
209.10 protective or more beneficial, then the subsequent more protective or more beneficial rule  
209.11 must apply to nursing home workers and nursing home employers.

209.12 Subd. 5. **Effect on other agreements.** Nothing in sections 181.211 to 181.217 shall be  
209.13 construed to:

209.14 (1) limit the rights of parties to a collective bargaining agreement to bargain and agree  
209.15 with respect to nursing home employment standards; or

209.16 (2) diminish the obligation of a nursing home employer to comply with any contract,  
209.17 collective bargaining agreement, or employment benefit program or plan that meets or  
209.18 exceeds, and does not conflict with, the minimum standards and requirements in sections  
209.19 181.211 to 181.217 or established by the board.

209.20 Sec. 6. **[181.214] DUTIES OF THE BOARD; TRAINING FOR NURSING HOME**  
209.21 **WORKERS.**

209.22 Subdivision 1. **Certification of worker organizations.** The board shall certify worker  
209.23 organizations that it finds are qualified to provide training to nursing home workers according  
209.24 to this section. The board shall by rule establish certification criteria that a worker  
209.25 organization must meet in order to be certified. In adopting rules to establish initial  
209.26 certification criteria under this subdivision, the board may use the authority in section 14.389.  
209.27 The criteria must ensure that a worker organization, if certified, is able to provide:

209.28 (1) effective, interactive training on the information required by this section; and

209.29 (2) follow-up written materials and responses to inquiries from nursing home workers  
209.30 in the languages in which nursing home workers are proficient.

210.1 Subd. 2. Curriculum. (a) The board shall establish requirements for the curriculum for  
210.2 the nursing home worker training required by this section. A curriculum must at least provide  
210.3 the following information to nursing home workers:

210.4 (1) the applicable compensation, working hours, and working conditions in the minimum  
210.5 standards or local minimum standards established by the board;

210.6 (2) the antiretaliation protections established in section 181.216;

210.7 (3) information on how to enforce sections 181.211 to 181.217 and on how to report  
210.8 violations of sections 181.211 to 181.217 or of standards established by the board, including  
210.9 contact information for the Department of Labor and Industry, the board, and any local  
210.10 enforcement agencies, and information on the remedies available for violations;

210.11 (4) the purposes and functions of the board and information on upcoming hearings,  
210.12 investigations, or other opportunities for nursing home workers to become involved in board  
210.13 proceedings;

210.14 (5) other rights, duties, and obligations under sections 181.211 to 181.217;

210.15 (6) any updates or changes to the information provided according to clauses (1) to (5)  
210.16 since the most recent training session;

210.17 (7) any other information the board deems appropriate to facilitate compliance with  
210.18 sections 181.211 to 181.217; and

210.19 (8) information on other applicable local, state, and federal laws, rules, and ordinances  
210.20 regarding nursing home working conditions or nursing home worker health and safety.

210.21 (b) Before establishing initial curriculum requirements, the board must hold at least one  
210.22 public hearing to solicit input on the requirements.

210.23 Subd. 3. Topics covered in training session. A certified worker organization is not  
210.24 required to cover all of the topics listed in subdivision 2 in a single training session. A  
210.25 curriculum used by a certified worker organization may provide instruction on each topic  
210.26 listed in subdivision 2 over the course of up to three training sessions.

210.27 Subd. 4. Annual review of curriculum requirements. The board must review the  
210.28 adequacy of its curriculum requirements at least annually and must revise the requirements  
210.29 as appropriate to meet the purposes of sections 181.211 to 181.217. As part of each annual  
210.30 review of the curriculum requirements, the board must hold at least one public hearing to  
210.31 solicit input on the requirements.

210.32 Subd. 5. Duties of certified worker organizations. A certified worker organization:

211.1 (1) must use a curriculum for its training sessions that meets requirements established  
211.2 by the board;

211.3 (2) must provide trainings that are interactive and conducted in the languages in which  
211.4 the attending nursing home workers are proficient;

211.5 (3) must, at the end of each training session, provide attending nursing home workers  
211.6 with follow-up written or electronic materials on the topics covered in the training session,  
211.7 in order to fully inform nursing home workers of their rights and opportunities under sections  
211.8 181.211 to 181.217 and other applicable laws, rules, and ordinances governing nursing  
211.9 home working conditions or worker health and safety;

211.10 (4) must make itself reasonably available to respond to inquiries from nursing home  
211.11 workers during and after training sessions; and

211.12 (5) may conduct surveys of nursing home workers who attend a training session to assess  
211.13 the effectiveness of the training session and industry compliance with sections 181.211 to  
211.14 181.217 and other applicable laws, rules, and ordinances governing nursing home working  
211.15 conditions or worker health and safety.

211.16 **Subd. 6. Nursing home employer duties regarding training.** (a) A nursing home  
211.17 employer must ensure, and must provide proof to the commissioner of labor and industry,  
211.18 that every six months each of its nursing home workers completes one hour of training that  
211.19 meets the requirements of this section and is provided by a certified worker organization.  
211.20 A nursing home employer may, but is not required to, host training sessions on the premises  
211.21 of the nursing home.

211.22 (b) If requested by a certified worker organization, a nursing home employer must, after  
211.23 a training session provided by the certified worker organization, provide the certified worker  
211.24 organization with the names and contact information of the nursing home workers who  
211.25 attended the training session, unless a nursing home worker opts out according to paragraph  
211.26 (c).

211.27 (c) A nursing home worker may opt out of having the worker's nursing home employer  
211.28 provide the worker's name and contact information to a certified worker organization that  
211.29 provided a training session attended by the worker by submitting a written statement to that  
211.30 effect to the nursing home employer.

211.31 **Subd. 7. Compensation.** A nursing home employer must compensate its nursing home  
211.32 workers at their regular hourly rate of wages and benefits for each hour of training completed  
211.33 as required by this section.

212.1 **Sec. 7. [181.215] REQUIRED NOTICES.**

212.2 **Subdivision 1. Provision of notice.** (a) Nursing home employers must provide notices  
212.3 informing nursing home workers of the rights and obligations provided under sections  
212.4 181.211 to 181.217 of applicable minimum nursing home employment standards or local  
212.5 minimum standards and that for assistance and information, nursing home workers should  
212.6 contact the Department of Labor and Industry. A nursing home employer must provide  
212.7 notice using the same means that the nursing home employer uses to provide other  
212.8 work-related notices to nursing home workers. Provision of notice must be at least as  
212.9 conspicuous as:

212.10 (1) posting a copy of the notice at each work site where nursing home workers work  
212.11 and where the notice may be readily observed and reviewed by all nursing home workers  
212.12 working at the site; or

212.13 (2) providing a paper or electronic copy of the notice to all nursing home workers and  
212.14 applicants for employment as a nursing home worker.

212.15 (b) The notice required by this subdivision must include text provided by the board that  
212.16 informs nursing home workers that they may request the notice to be provided in a particular  
212.17 language. The nursing home employer must provide the notice in the language requested  
212.18 by the nursing home worker. The board must assist nursing home employers in translating  
212.19 the notice in the languages requested by their nursing home workers.

212.20 **Subd. 2. Minimum content and posting requirements.** The board must adopt rules  
212.21 specifying the minimum content and posting requirements for the notices required in  
212.22 subdivision 1. The board must make available to nursing home employers a template or  
212.23 sample notice that satisfies the requirements of this section and rules adopted under this  
212.24 section.

212.25 **Sec. 8. [181.216] RETALIATION ON CERTAIN GROUNDS PROHIBITED.**

212.26 A nursing home employer must not retaliate against a nursing home worker, including  
212.27 taking retaliatory personnel action, for:

212.28 (1) exercising any right afforded to the nursing home worker under sections 181.211 to  
212.29 181.217;

212.30 (2) participating in any process or proceeding under sections 181.211 to 181.217,  
212.31 including but not limited to board hearings, investigations, or other proceedings; or

212.32 (3) attending or participating in the training required by section 181.214.

213.1 Sec. 9. **[181.217] ENFORCEMENT.**

213.2 **Subdivision 1. Minimum nursing home employment standards.** The minimum wages,  
213.3 maximum hours of work, and other working conditions established by the board in rule as  
213.4 minimum nursing home employment standards shall be the minimum wages, maximum  
213.5 hours of work, and standard conditions of labor for nursing home workers or a subgroup  
213.6 of nursing home workers as a matter of state law. It shall be unlawful for a nursing home  
213.7 employer to employ a nursing home worker for lower wages or for longer hours than those  
213.8 established as the minimum nursing home employment standards or under any other working  
213.9 conditions that violate the minimum nursing home employment standards.

213.10 **Subd. 2. Investigations.** The commissioner may investigate possible violations of sections  
213.11 181.214 to 181.217 or of the minimum nursing home employment standards established by  
213.12 the board whenever it has cause to believe that a violation has occurred, either on the basis  
213.13 of a report of a suspected violation or on the basis of any other credible information, including  
213.14 violations found during the course of an investigation.

213.15 **Subd. 3. Enforcement authority.** The Department of Labor and Industry shall enforce  
213.16 sections 181.214 to 181.217 and compliance with the minimum nursing home employment  
213.17 standards established by the board according to the authority in section 177.27, subdivisions  
213.18 4 and 7.

213.19 **Subd. 4. Civil action by nursing home worker.** (a) One or more nursing home workers  
213.20 may bring a civil action in district court seeking redress for violations of sections 181.211  
213.21 to 181.217 or of any applicable minimum nursing home employment standards or local  
213.22 minimum nursing home employment standards. Such an action may be filed in the district  
213.23 court of the county where a violation or violations are alleged to have been committed or  
213.24 where the nursing home employer resides, or in any other court of competent jurisdiction,  
213.25 and may represent a class of similarly situated nursing home workers.

213.26 (b) Upon a finding of one or more violations, a nursing home employer shall be liable  
213.27 to each nursing home worker for the full amount of the wages, benefits, and overtime  
213.28 compensation, less any amount the nursing home employer is able to establish was actually  
213.29 paid to each nursing home worker and for an additional equal amount as liquidated damages.  
213.30 In an action under this subdivision, nursing home workers may seek damages and other  
213.31 appropriate relief provided by section 177.27, subdivision 7, or otherwise provided by law,  
213.32 including reasonable costs, disbursements, witness fees, and attorney fees. A court may also  
213.33 issue an order requiring compliance with sections 181.211 to 181.217 or with the applicable  
213.34 minimum nursing home employment standards or local minimum nursing home employment

214.1 standards. A nursing home worker found to have experienced a retaliatory personnel action  
214.2 in violation of section 181.216 shall be entitled to reinstatement to the worker's previous  
214.3 position, wages, benefits, hours, and other conditions of employment.

214.4 (c) An agreement between a nursing home employer and nursing home worker or labor  
214.5 union that fails to meet the minimum standards and requirements in sections 181.211 to  
214.6 181.217 or established by the board is not a defense to an action brought under this  
214.7 subdivision.

214.8 Sec. 10. Minnesota Statutes 2020, section 256B.0913, subdivision 4, is amended to read:

214.9 Subd. 4. **Eligibility for funding for services for nonmedical assistance recipients.** (a)  
214.10 Funding for services under the alternative care program is available to persons who meet  
214.11 the following criteria:

214.12 (1) the person is a citizen of the United States or a United States national;

214.13 (2) the person has been determined by a community assessment under section 256B.0911  
214.14 to be a person who would require the level of care provided in a nursing facility, as  
214.15 determined under section 256B.0911, subdivision 4e, but for the provision of services under  
214.16 the alternative care program;

214.17 (3) the person is age 65 or older;

214.18 (4) the person would be eligible for medical assistance within 135 days of admission to  
214.19 a nursing facility;

214.20 (5) the person is not ineligible for the payment of long-term care services by the medical  
214.21 assistance program due to an asset transfer penalty under section 256B.0595 or equity  
214.22 interest in the home exceeding \$500,000 as stated in section 256B.056;

214.23 (6) the person needs long-term care services that are not funded through other state or  
214.24 federal funding, or other health insurance or other third-party insurance such as long-term  
214.25 care insurance;

214.26 (7) except for individuals described in clause (8), the monthly cost of the alternative  
214.27 care services funded by the program for this person does not exceed 75 percent of the  
214.28 monthly limit described under section 256S.18. This monthly limit does not prohibit the  
214.29 alternative care client from payment for additional services, but in no case may the cost of  
214.30 additional services purchased under this section exceed the difference between the client's  
214.31 monthly service limit defined under section 256S.04, and the alternative care program  
214.32 monthly service limit defined in this paragraph. If care-related supplies and equipment or

215.1 environmental modifications and adaptations are or will be purchased for an alternative  
215.2 care services recipient, the costs may be prorated on a monthly basis for up to 12 consecutive  
215.3 months beginning with the month of purchase. If the monthly cost of a recipient's other  
215.4 alternative care services exceeds the monthly limit established in this paragraph, the annual  
215.5 cost of the alternative care services ~~shall~~ must be determined. In this event, the annual cost  
215.6 of alternative care services ~~shall~~ must not exceed 12 times the monthly limit described in  
215.7 this paragraph;

215.8 (8) for individuals assigned a case mix classification A as described under section  
215.9 256S.18, with (i) no dependencies in activities of daily living, or (ii) up to two dependencies  
215.10 in bathing, dressing, grooming, walking, and eating when the dependency score in eating  
215.11 is three or greater as determined by an assessment performed under section 256B.0911, the  
215.12 monthly cost of alternative care services funded by the program cannot exceed \$593 per  
215.13 month for all new participants enrolled in the program on or after July 1, 2011. This monthly  
215.14 limit shall be applied to all other participants who meet this criteria at reassessment. This  
215.15 monthly limit ~~shall~~ must be increased annually as described in section 256S.18. This monthly  
215.16 limit does not prohibit the alternative care client from payment for additional services, but  
215.17 in no case may the cost of additional services purchased exceed the difference between the  
215.18 client's monthly service limit defined in this clause and the limit described in clause (7) for  
215.19 case mix classification A; ~~and~~

215.20 (9) the person is making timely payments of the assessed monthly fee; and

215.21 (10) for a person participating in consumer-directed community supports, the person's  
215.22 monthly service limit must be equal to the monthly service limits in clause (7), except that  
215.23 a person assigned a case mix classification L must receive the monthly service limit for  
215.24 case mix classification A.

215.25 A person is ineligible if payment of the fee is over 60 days past due, unless the person agrees  
215.26 to:

215.27 (i) the appointment of a representative payee;

215.28 (ii) automatic payment from a financial account;

215.29 (iii) the establishment of greater family involvement in the financial management of  
215.30 payments; or

215.31 (iv) another method acceptable to the lead agency to ensure prompt fee payments.

215.32 The lead agency may extend the client's eligibility as necessary while making  
215.33 arrangements to facilitate payment of past-due amounts and future premium payments.

216.1 Following disenrollment due to nonpayment of a monthly fee, eligibility ~~shall~~ must not be  
216.2 reinstated for a period of 30 days.

216.3 (b) Alternative care funding under this subdivision is not available for a person who is  
216.4 a medical assistance recipient or who would be eligible for medical assistance without a  
216.5 spenddown or waiver obligation. A person whose initial application for medical assistance  
216.6 and the elderly waiver program is being processed may be served under the alternative care  
216.7 program for a period up to 60 days. If the individual is found to be eligible for medical  
216.8 assistance, medical assistance must be billed for services payable under the federally  
216.9 approved elderly waiver plan and delivered from the date the individual was found eligible  
216.10 for the federally approved elderly waiver plan. Notwithstanding this provision, alternative  
216.11 care funds may not be used to pay for any service the cost of which: (i) is payable by medical  
216.12 assistance; (ii) is used by a recipient to meet a waiver obligation; or (iii) is used to pay a  
216.13 medical assistance income spenddown for a person who is eligible to participate in the  
216.14 federally approved elderly waiver program under the special income standard provision.

216.15 (c) Alternative care funding is not available for a person who resides in a licensed nursing  
216.16 home, certified boarding care home, hospital, or intermediate care facility, except for case  
216.17 management services which are provided in support of the discharge planning process for  
216.18 a nursing home resident or certified boarding care home resident to assist with a relocation  
216.19 process to a community-based setting.

216.20 (d) Alternative care funding is not available for a person whose income is greater than  
216.21 the maintenance needs allowance under section 256S.05, but equal to or less than 120 percent  
216.22 of the federal poverty guideline effective July 1 in the fiscal year for which alternative care  
216.23 eligibility is determined, who would be eligible for the elderly waiver with a waiver  
216.24 obligation.

216.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

216.26 Sec. 11. Minnesota Statutes 2020, section 256B.0913, subdivision 5, is amended to read:

216.27 Subd. 5. **Services covered under alternative care.** Alternative care funding may be  
216.28 used for payment of costs of:

216.29 (1) adult day services and adult day services bath;

216.30 (2) home care;

216.31 (3) homemaker services;

216.32 (4) personal care;



- 217.1 (5) case management and conversion case management;
- 217.2 (6) respite care;
- 217.3 (7) specialized supplies and equipment;
- 217.4 (8) home-delivered meals;
- 217.5 (9) nonmedical transportation;
- 217.6 (10) nursing services;
- 217.7 (11) chore services;
- 217.8 (12) companion services;
- 217.9 (13) nutrition services;
- 217.10 (14) family caregiver training and education;
- 217.11 (15) coaching and counseling;
- 217.12 (16) telehome care to provide services in their own homes in conjunction with in-home
- 217.13 visits;
- 217.14 (17) consumer-directed community supports ~~under the alternative care programs which~~
- 217.15 ~~are available statewide and limited to the average monthly expenditures representative of~~
- 217.16 ~~all alternative care program participants for the same case mix resident class assigned in~~
- 217.17 ~~the most recent fiscal year for which complete expenditure data is available;~~
- 217.18 (18) environmental accessibility and adaptations; and
- 217.19 (19) discretionary services, for which lead agencies may make payment from their
- 217.20 alternative care program allocation for services not otherwise defined in this section or
- 217.21 section 256B.0625, following approval by the commissioner.
- 217.22 Total annual payments for discretionary services for all clients served by a lead agency
- 217.23 must not exceed 25 percent of that lead agency's annual alternative care program base
- 217.24 allocation, except that when alternative care services receive federal financial participation
- 217.25 under the 1115 waiver demonstration, funding shall be allocated in accordance with
- 217.26 subdivision 17.
- 217.27 **EFFECTIVE DATE.** This section is effective January 1, 2023.

217.28 Sec. 12. Minnesota Statutes 2020, section 256S.15, subdivision 2, is amended to read:

217.29 Subd. 2. **Foster care limit.** The elderly waiver payment for the foster care service in

217.30 combination with the payment for all other elderly waiver services, including case

218.1 management, must not exceed the monthly case mix budget cap for the participant as  
218.2 specified in sections 256S.18, subdivision 3, and 256S.19, ~~subdivisions~~ subdivision 3 and  
218.3 4.

218.4 **EFFECTIVE DATE.** This section is effective January 1, 2023.

218.5 Sec. 13. Minnesota Statutes 2020, section 256S.18, is amended by adding a subdivision  
218.6 to read:

218.7 Subd. 3a. **Monthly case mix budget caps for consumer-directed community**  
218.8 **supports.** The monthly case mix budget caps for each case mix classification for  
218.9 consumer-directed community supports must be equal to the monthly case mix budget caps  
218.10 in subdivision 3.

218.11 **EFFECTIVE DATE.** This section is effective January 1, 2023.

218.12 Sec. 14. Minnesota Statutes 2020, section 256S.19, subdivision 3, is amended to read:

218.13 Subd. 3. ~~Calculation of monthly conversion budget cap without consumer-directed~~  
218.14 ~~community supports caps.~~ (a) The elderly waiver monthly conversion budget cap for the  
218.15 cost of elderly waiver services ~~without consumer-directed community supports~~ must be  
218.16 based on the nursing facility case mix adjusted total payment rate of the nursing facility  
218.17 where the elderly waiver applicant currently resides for the applicant's case mix classification  
218.18 as determined according to section 256R.17.

218.19 (b) The elderly waiver monthly conversion budget cap for the cost of elderly waiver  
218.20 services ~~without consumer-directed community supports shall~~ must be calculated by  
218.21 multiplying the applicable nursing facility case mix adjusted total payment rate by 365,  
218.22 dividing by 12, and subtracting the participant's maintenance needs allowance.

218.23 (c) A participant's initially approved monthly conversion budget cap for elderly waiver  
218.24 services ~~without consumer-directed community supports shall~~ must be adjusted at least  
218.25 annually as described in section 256S.18, subdivision 5.

218.26 (d) Conversion budget caps for individuals participating in consumer-directed community  
218.27 supports are also set as described in paragraphs (a) to (c).

218.28 **EFFECTIVE DATE.** This section is effective January 1, 2023.

219.1 Sec. 15. Minnesota Statutes 2021 Supplement, section 256S.21, is amended to read:

219.2 **256S.21 RATE SETTING; APPLICATION.**

219.3 The payment methodologies in sections 256S.2101 to 256S.215 apply to:

219.4 (1) elderly waiver, elderly waiver customized living, and elderly waiver foster care under  
219.5 this chapter;

219.6 (2) alternative care under section 256B.0913;

219.7 (3) essential community supports under section 256B.0922; ~~and~~

219.8 (4) homemaker services under the developmental disability waiver under section  
219.9 256B.092 and community alternative care, community access for disability inclusion, and  
219.10 brain injury waiver under section 256B.49; and

219.11 (5) community access for disability inclusion customized living and brain injury  
219.12 customized living under section 256B.49.

219.13 **EFFECTIVE DATE.** This section is effective January 1, 2023.

219.14 Sec. 16. Minnesota Statutes 2021 Supplement, section 256S.2101, subdivision 2, is  
219.15 amended to read:

219.16 Subd. 2. **Phase-in for elderly waiver rates.** Except for home-delivered meals as  
219.17 ~~described in section 256S.215, subdivision 15,~~ all rates and rate components for elderly  
219.18 waiver, elderly waiver customized living, and elderly waiver foster care under this chapter;  
219.19 alternative care under section 256B.0913; and essential community supports under section  
219.20 256B.0922 ~~shall~~ must be the sum of ~~18.8~~ 21.6 percent of the rates calculated under sections  
219.21 256S.211 to 256S.215, and ~~81.2~~ 78.4 percent of the rates calculated using the rate  
219.22 methodology in effect as of June 30, 2017. ~~The rate for home-delivered meals shall be the~~  
219.23 ~~sum of the service rate in effect as of January 1, 2019, and the increases described in section~~  
219.24 ~~256S.215, subdivision 15.~~

219.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

219.26 Sec. 17. Minnesota Statutes 2021 Supplement, section 256S.2101, is amended by adding  
219.27 a subdivision to read:

219.28 **Subd. 3. Phase-in for home-delivered meals rate.** The home-delivered meals rate for  
219.29 elderly waiver under this chapter; alternative care under section 256B.0913; and essential  
219.30 community supports under section 256B.0922 must be the sum of 65 percent of the rate in

220.1 section 256S.215, subdivision 15, and 35 percent of the rate calculated using the rate  
220.2 methodology in effect as of June 30, 2017.

220.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

220.4 Sec. 18. Minnesota Statutes 2020, section 256S.211, is amended by adding a subdivision  
220.5 to read:

220.6 **Subd. 3. Updating homemaker services rates.** On January 1, 2023, and every two  
220.7 years thereafter, the commissioner shall recalculate rates for homemaker services as directed  
220.8 by section 256S.215, subdivisions 9 to 11. Prior to recalculating the rates, the commissioner  
220.9 shall:

220.10 (1) update the base wage index for homemaker services in section 256S.212, subdivisions  
220.11 8 to 10, based on the most recently available Bureau of Labor Statistics Minneapolis-St.  
220.12 Paul-Bloomington, MN-WI MetroSA data;

220.13 (2) update the payroll taxes and benefits factor in section 256S.213, subdivision 1, and  
220.14 the general and administrative factor in section 256S.213, subdivision 2, based on the most  
220.15 recently available nursing facility cost report data;

220.16 (3) update the registered nurse management and supervision wage component in section  
220.17 256S.213, subdivision 4, based on the most recently available Bureau of Labor Statistics  
220.18 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA data; and

220.19 (4) update the adjusted base wage for homemaker services as directed in section 256S.214.

220.20 **EFFECTIVE DATE.** This section is effective January 1, 2023.

220.21 Sec. 19. Minnesota Statutes 2020, section 256S.211, is amended by adding a subdivision  
220.22 to read:

220.23 **Subd. 4. Updating the home-delivered meals rate.** On July 1 of each year, the  
220.24 commissioner shall update the home-delivered meals rate in section 256S.215, subdivision  
220.25 15, by the percent increase in the nursing facility dietary per diem using the two most recent  
220.26 and available nursing facility cost reports.

220.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

221.1 Sec. 20. Minnesota Statutes 2020, section 256S.212, is amended to read:

221.2 **256S.212 RATE SETTING; BASE WAGE INDEX.**

221.3 Subdivision 1. **Updating SOC codes.** If any of the SOC codes and positions used in  
221.4 this section are no longer available, the commissioner shall, in consultation with stakeholders,  
221.5 select a new SOC code and position that is the closest match to the previously used SOC  
221.6 position.

221.7 Subd. 2. **Home management and support services base wage.** For customized living,  
221.8 ~~and foster care, and residential care~~ component services, the home management and support  
221.9 services base wage equals 33.33 percent of the Minneapolis-St. Paul-Bloomington, MN-WI  
221.10 MetroSA average wage for home health and personal care aides (SOC code  
221.11 ~~39-9021~~ 31-1120); 33.33 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA  
221.12 average wage for food preparation workers (SOC code 35-2021); and 33.34 percent of the  
221.13 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and  
221.14 housekeeping cleaners (SOC code 37-2012).

221.15 Subd. 3. **Home care aide base wage.** For customized living, ~~and foster care, and~~  
221.16 ~~residential care~~ component services, the home care aide base wage equals ~~50~~ 75 percent of  
221.17 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health  
221.18 and personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~50~~ 25 percent of the  
221.19 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants  
221.20 (SOC code ~~31-1014~~ 31-1131).

221.21 Subd. 4. **Home health aide base wage.** For customized living, ~~and foster care, and~~  
221.22 ~~residential care~~ component services, the home health aide base wage equals ~~20~~ 33.33 percent  
221.23 of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for licensed  
221.24 practical and licensed vocational nurses (SOC code 29-2061); ~~and 80~~ 33.33 percent of the  
221.25 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants  
221.26 (SOC code ~~31-1014~~ 31-1131); and 33.34 percent of the Minneapolis-St. Paul-Bloomington,  
221.27 MN-WI MetroSA average wage for home health and personal care aides (SOC code  
221.28 31-1120).

221.29 Subd. 5. **Medication setups by licensed nurse base wage.** For customized living, ~~and~~  
221.30 ~~foster care, and residential care~~ component services, the medication setups by licensed nurse  
221.31 base wage equals ~~ten~~ 25 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA  
221.32 average wage for licensed practical and licensed vocational nurses (SOC code 29-2061);  
221.33 and ~~90~~ 75 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average  
221.34 wage for registered nurses (SOC code 29-1141).

222.1 Subd. 6. **Chore services base wage.** The chore services base wage equals ~~100~~ 50 percent  
 222.2 of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for landscaping  
 222.3 and groundskeeping workers (SOC code 37-3011); and 50 percent of the Minneapolis-St.  
 222.4 Paul-Bloomington, MN-WI MetroSA average wage for maids and housekeeping cleaners  
 222.5 (SOC code 37-2012).

222.6 Subd. 7. **Companion services base wage.** The companion services base wage equals  
 222.7 ~~50~~ 80 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage  
 222.8 for home health and personal and home care aides (SOC code ~~39-9021~~ 31-1120); and ~~50~~  
 222.9 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for  
 222.10 maids and housekeeping cleaners (SOC code 37-2012).

222.11 Subd. 8. **Homemaker services and assistance with personal care base wage.** The  
 222.12 homemaker services and assistance with personal care base wage equals ~~60~~ 50 percent of  
 222.13 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health  
 222.14 and personal and home care aide aides (SOC code ~~39-9021~~ 31-1120); ~~20~~ and 50 percent of  
 222.15 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants  
 222.16 (SOC code ~~31-1014~~ 31-1131); ~~and 20 percent of the Minneapolis-St. Paul-Bloomington,~~  
 222.17 ~~MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).~~

222.18 Subd. 9. **Homemaker services and cleaning base wage.** The homemaker services and  
 222.19 cleaning base wage equals ~~60~~ percent of the Minneapolis-St. Paul-Bloomington, MN-WI  
 222.20 ~~MetroSA average wage for personal and home care aide (SOC code 39-9021); 20 percent~~  
 222.21 ~~of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing~~  
 222.22 ~~assistants (SOC code 31-1014); and 20~~ 100 percent of the Minneapolis-St. Paul-Bloomington,  
 222.23 MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).

222.24 Subd. 10. **Homemaker services and home management base wage.** The homemaker  
 222.25 services and home management base wage equals ~~60~~ 50 percent of the Minneapolis-St.  
 222.26 Paul-Bloomington, MN-WI MetroSA average wage for home health and personal and home  
 222.27 care aide aides (SOC code ~~39-9021~~ 31-1120); ~~20~~ and 50 percent of the Minneapolis-St.  
 222.28 Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code  
 222.29 ~~31-1014~~ 31-1131); ~~and 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI~~  
 222.30 ~~MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).~~

222.31 Subd. 11. **In-home respite care services base wage.** The in-home respite care services  
 222.32 base wage equals ~~five~~ 15 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA  
 222.33 average wage for registered nurses (SOC code 29-1141); 75 percent of the Minneapolis-St.  
 222.34 Paul-Bloomington, MN-WI MetroSA average wage for ~~nursing assistants~~ home health and

223.1 personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~20~~ ten percent of the Minneapolis-St.  
 223.2 Paul-Bloomington, MN-WI MetroSA average wage for licensed practical and licensed  
 223.3 vocational nurses (SOC code 29-2061).

223.4 Subd. 12. **Out-of-home respite care services base wage.** The out-of-home respite care  
 223.5 services base wage equals ~~five~~ 15 percent of the Minneapolis-St. Paul-Bloomington, MN-WI  
 223.6 MetroSA average wage for registered nurses (SOC code 29-1141); 75 percent of the  
 223.7 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for ~~nursing assistants~~  
 223.8 home health and personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~20~~ ten percent of  
 223.9 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for licensed practical  
 223.10 and licensed vocational nurses (SOC code 29-2061).

223.11 Subd. 13. **Individual community living support base wage.** The individual community  
 223.12 living support base wage equals ~~20~~ 60 percent of the Minneapolis-St. Paul-Bloomington,  
 223.13 MN-WI MetroSA average wage for ~~licensed practical and licensed vocational nurses~~ social  
 223.14 and human services aides (SOC code ~~29-2061~~ 21-1093); and ~~80~~ 40 percent of the  
 223.15 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants  
 223.16 (SOC code ~~31-1014~~ 31-1131).

223.17 Subd. 14. **Registered nurse base wage.** The registered nurse base wage equals 100  
 223.18 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for  
 223.19 registered nurses (SOC code 29-1141).

223.20 Subd. 15. **~~Social worker~~ Unlicensed supervisor base wage.** The ~~social worker~~  
 223.21 unlicensed supervisor base wage equals 100 percent of the Minneapolis-St.  
 223.22 Paul-Bloomington, MN-WI MetroSA average wage for ~~medical and public health social~~  
 223.23 first-line supervisors of personal service workers (SOC code ~~21-1022~~ 39-1098).

223.24 Subd. 16. **Adult day services base wage.** The adult day services base wage equals 75  
 223.25 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home  
 223.26 health and personal care aides (SOC code 31-1120); and 25 percent of the Minneapolis-St.  
 223.27 Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code  
 223.28 31-1131).

223.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

224.1 Sec. 21. Minnesota Statutes 2020, section 256S.213, is amended to read:

224.2 **256S.213 RATE SETTING; FACTORS AND SUPERVISION WAGE**

224.3 **COMPONENTS.**

224.4 Subdivision 1. **Payroll taxes and benefits factor.** The payroll taxes and benefits factor  
224.5 is the sum of net payroll taxes and benefits, divided by the sum of all salaries for all nursing  
224.6 facilities on the most recent and available cost report.

224.7 Subd. 2. **General and administrative factor.** The general and administrative factor is  
224.8 ~~the difference of net general and administrative expenses and administrative salaries, divided~~  
224.9 ~~by total operating expenses for all nursing facilities on the most recent and available cost~~  
224.10 ~~report~~ 14.4 percent.

224.11 Subd. 3. **Program plan support factor.** (a) The program plan support factor is ~~12.8~~ ten  
224.12 percent for the following services to cover the cost of direct service staff needed to provide  
224.13 support for ~~home and community-based~~ the service when not engaged in direct contact with  
224.14 participants:

224.15 (1) adult day services;

224.16 (2) customized living; and

224.17 (3) foster care.

224.18 (b) The program plan support factor is 15.5 percent for the following services to cover  
224.19 the cost of direct service staff needed to provide support for the service when not engaged  
224.20 in direct contact with participants:

224.21 (1) chore services;

224.22 (2) companion services;

224.23 (3) homemaker services and assistance with personal care;

224.24 (4) homemaker services and cleaning;

224.25 (5) homemaker services and home management;

224.26 (6) in-home respite care;

224.27 (7) individual community living support; and

224.28 (8) out-of-home respite care.



225.1 Subd. 4. **Registered nurse management and supervision ~~factor~~ wage component.** The  
225.2 registered nurse management and supervision ~~factor~~ wage component equals 15 percent of  
225.3 the registered nurse adjusted base wage as defined in section 256S.214.

225.4 Subd. 5. **~~Social worker~~ Unlicensed supervisor supervision factor wage**  
225.5 **component.** The ~~social worker~~ unlicensed supervisor supervision factor wage component  
225.6 equals 15 percent of the ~~social worker~~ unlicensed supervisor adjusted base wage as defined  
225.7 in section 256S.214.

225.8 Subd. 6. **Facility and equipment factor.** The facility and equipment factor for adult  
225.9 day services is 16.2 percent.

225.10 Subd. 7. **Food, supplies, and transportation factor.** The food, supplies, and  
225.11 transportation factor for adult day services is 24 percent.

225.12 Subd. 8. **Supplies and transportation factor.** The supplies and transportation factor  
225.13 for the following services is 1.56 percent:

225.14 (1) chore services;

225.15 (2) companion services;

225.16 (3) homemaker services and assistance with personal care;

225.17 (4) homemaker services and cleaning;

225.18 (5) homemaker services and home management;

225.19 (6) in-home respite care;

225.20 (7) individual community living support; and

225.21 (8) out-of-home respite care.

225.22 Subd. 9. **Absence factor.** The absence factor for the following services is 4.5 percent:

225.23 (1) adult day services;

225.24 (2) chore services;

225.25 (3) companion services;

225.26 (4) homemaker services and assistance with personal care;

225.27 (5) homemaker services and cleaning;

225.28 (6) homemaker services and home management;

225.29 (7) in-home respite care;

226.1 (8) individual community living support; and

226.2 (9) out-of-home respite care.

226.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

226.4 Sec. 22. Minnesota Statutes 2020, section 256S.214, is amended to read:

226.5 **256S.214 RATE SETTING; ADJUSTED BASE WAGE.**

226.6 For the purposes of section 256S.215, the adjusted base wage for each position equals  
226.7 the position's base wage under section 256S.212 plus:

226.8 (1) the position's base wage multiplied by the payroll taxes and benefits factor under  
226.9 section 256S.213, subdivision 1;

226.10 ~~(2) the position's base wage multiplied by the general and administrative factor under~~  
226.11 ~~section 256S.213, subdivision 2; and~~

226.12 ~~(3) (2) the position's base wage multiplied by the applicable program plan support factor~~  
226.13 ~~under section 256S.213, subdivision 3; and~~

226.14 (3) the position's base wage multiplied by the absence factor under section 256S.213,  
226.15 subdivision 9, if applicable.

226.16 **EFFECTIVE DATE.** This section is effective January 1, 2023.

226.17 Sec. 23. Minnesota Statutes 2020, section 256S.215, is amended to read:

226.18 **256S.215 RATE SETTING; COMPONENT RATES.**

226.19 Subdivision 1. **Medication setups by licensed nurse component rate.** The component  
226.20 rate for medication setups by a licensed nurse equals the medication setups by licensed  
226.21 nurse adjusted base wage.

226.22 Subd. 2. **Home management and support services component rate.** The component  
226.23 rate for home management and support services is calculated as follows:

226.24 (1) sum the home management and support services adjusted base wage plus and the  
226.25 registered nurse management and supervision factor; wage component;

226.26 (2) multiply the result of clause (1) by one plus the general and administrative factor;  
226.27 and

226.28 (3) sum the results of clauses (1) and (2).

227.1 Subd. 3. **Home care aide services component rate.** The component rate for home care  
227.2 aide services is calculated as follows:

227.3 (1) sum the home health aide services adjusted base wage ~~plus~~ and the registered nurse  
227.4 management and supervision ~~factor~~ wage component;

227.5 (2) multiply clause (1) by one plus the general and administrative factor; and

227.6 (3) sum the results of clauses (1) and (2).

227.7 Subd. 4. **Home health aide services component rate.** The component rate for home  
227.8 health aide services is calculated as follows:

227.9 (1) sum the home health aide services adjusted base wage ~~plus~~ and the registered nurse  
227.10 management and supervision ~~factor~~ wage component;

227.11 (2) multiply the result of clause (1) by one plus the general and administrative factor;  
227.12 and

227.13 (3) sum the results of clauses (1) and (2).

227.14 Subd. 5. **Socialization component rate.** The component rate under elderly waiver  
227.15 customized living for one-to-one socialization equals the home management and support  
227.16 services component rate.

227.17 Subd. 6. **Transportation component rate.** The component rate under elderly waiver  
227.18 customized living for one-to-one transportation equals the home management and support  
227.19 services component rate.

227.20 Subd. 7. **Chore services rate.** The 15-minute unit rate for chore services is calculated  
227.21 as follows:

227.22 (1) sum the chore services adjusted base wage and the ~~social worker~~ unlicensed supervisor  
227.23 supervision ~~factor~~ wage component; and

227.24 (2) multiply the result of clause (1) by one plus the general and administrative factor;

227.25 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;  
227.26 and

227.27 (4) sum the results of clauses (1) to (3) and divide the result of ~~clause (1)~~ by four.

227.28 Subd. 8. **Companion services rate.** The 15-minute unit rate for companion services is  
227.29 calculated as follows:

227.30 (1) sum the companion services adjusted base wage and the ~~social worker~~ unlicensed  
227.31 supervisor supervision ~~factor~~ wage component; and

228.1 (2) multiply the result of clause (1) by one plus the general and administrative factor;

228.2 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

228.3 and

228.4 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

228.5 Subd. 9. **Homemaker services and assistance with personal care rate.** The 15-minute  
228.6 unit rate for homemaker services and assistance with personal care is calculated as follows:

228.7 (1) sum the homemaker services and assistance with personal care adjusted base wage  
228.8 and the ~~registered nurse management and~~ unlicensed supervisor supervision factor wage  
228.9 component; and

228.10 (2) multiply the result of clause (1) by one plus the general and administrative factor;

228.11 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

228.12 and

228.13 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

228.14 Subd. 10. **Homemaker services and cleaning rate.** The 15-minute unit rate for  
228.15 homemaker services and cleaning is calculated as follows:

228.16 (1) sum the homemaker services and cleaning adjusted base wage and the ~~registered~~  
228.17 ~~nurse management and~~ unlicensed supervisor supervision factor base wage; and

228.18 (2) multiply the result of clause (1) by one plus the general and administrative factor;

228.19 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

228.20 and

228.21 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

228.22 Subd. 11. **Homemaker services and home management rate.** The 15-minute unit rate  
228.23 for homemaker services and home management is calculated as follows:

228.24 (1) sum the homemaker services and home management adjusted base wage and the  
228.25 ~~registered nurse management and~~ unlicensed supervisor supervision factor wage component;

228.26 and

228.27 (2) multiply the result of clause (1) by one plus the general and administrative factor;

228.28 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

228.29 and

228.30 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

229.1 Subd. 12. **In-home respite care services rates.** (a) The 15-minute unit rate for in-home  
229.2 respite care services is calculated as follows:

229.3 (1) sum the in-home respite care services adjusted base wage and the registered nurse  
229.4 management and supervision ~~factor~~ wage component; ~~and~~

229.5 (2) multiply the result of clause (1) by one plus the general and administrative factor;

229.6 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;  
229.7 and

229.8 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

229.9 (b) The in-home respite care services daily rate equals the in-home respite care services  
229.10 15-minute unit rate multiplied by 18.

229.11 Subd. 13. **Out-of-home respite care services rates.** (a) The 15-minute unit rate for  
229.12 out-of-home respite care is calculated as follows:

229.13 (1) sum the out-of-home respite care services adjusted base wage and the registered  
229.14 nurse management and supervision ~~factor~~ wage component; ~~and~~

229.15 (2) multiply the result of clause (1) by one plus the general and administrative factor;

229.16 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;  
229.17 and

229.18 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

229.19 (b) The out-of-home respite care services daily rate equals the 15-minute unit rate for  
229.20 out-of-home respite care services multiplied by 18.

229.21 Subd. 14. **Individual community living support rate.** The individual community living  
229.22 support rate is calculated as follows:

229.23 (1) sum the ~~home care aide~~ individual community living support adjusted base wage  
229.24 and the ~~social worker~~ registered nurse management and supervision factor wage component;  
229.25 ~~and~~

229.26 (2) multiply the result of clause (1) by one plus the general and administrative factor;

229.27 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;  
229.28 and

229.29 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

230.1 Subd. 15. **Home-delivered meals rate.** The home-delivered meals rate equals \$9.30  
230.2 ~~§8.17. The commissioner shall increase the home delivered meals rate every July 1 by the~~  
230.3 ~~percent increase in the nursing facility dietary per diem using the two most recent and~~  
230.4 ~~available nursing facility cost reports.~~

230.5 Subd. 16. **Adult day services rate.** The 15-minute unit rate for adult day services, ~~with~~  
230.6 ~~an assumed staffing ratio of one staff person to four participants, is the sum of~~ is calculated  
230.7 as follows:

230.8 (1) ~~one-sixteenth of the home care aide~~ divide the adult day services adjusted base wage,  
230.9 ~~except that the general and administrative factor used to determine the home care aide~~  
230.10 ~~services adjusted base wage is 20 percent~~ by five to reflect an assumed staffing ratio of one  
230.11 to five;

230.12 (2) ~~one-fourth of the registered nurse management and supervision factor~~ sum the result  
230.13 of clause (1) and the registered nurse management and supervision wage component; and

230.14 (3) ~~\$0.63 to cover the cost of meals.~~ multiply the result of clause (2) by one plus the  
230.15 general and administrative factor;

230.16 (4) multiply the result of clause (2) by one plus the facility and equipment factor;

230.17 (5) multiply the result of clause (2) by one plus the food, supplies, and transportation  
230.18 factor; and

230.19 (6) sum the results of clauses (2) to (5) and divide the result by four.

230.20 Subd. 17. **Adult day services bath rate.** The 15-minute unit rate for adult day services  
230.21 bath is ~~the sum of~~ calculated as follows:

230.22 (1) ~~one-fourth of the home care aide~~ sum the adult day services adjusted base wage,  
230.23 ~~except that the general and administrative factor used to determine the home care aide~~  
230.24 ~~services adjusted base wage is 20 percent~~ and the nurse management and supervision wage  
230.25 component;

230.26 (2) ~~one-fourth of the registered nurse management and supervision factor~~ multiply the  
230.27 result of clause (1) by one plus the general and administrative factor; and

230.28 (3) ~~\$0.63 to cover the cost of meals.~~ multiply the result of clause (1) by one plus the  
230.29 facility and equipment factor;

230.30 (4) multiply the result of clause (1) by one plus the food, supplies, and transportation  
230.31 factor; and

230.32 (5) sum the results of clauses (1) to (4) and divide the result by four.

231.1 **EFFECTIVE DATE.** This section is effective January 1, 2023.

231.2 Sec. 24. **DIRECTION TO COMMISSIONER; INITIAL PACE IMPLEMENTATION**  
231.3 **FUNDING.**

231.4 The commissioner of human services must work with stakeholders to develop  
231.5 recommendations for financing mechanisms to complete the actuarial work and cover the  
231.6 administrative costs of a program of all-inclusive care for the elderly (PACE). The  
231.7 commissioner must recommend a financing mechanism that could begin July 1, 2024. By  
231.8 December 15, 2023, the commissioner shall inform the chairs and ranking minority members  
231.9 of the legislative committees with jurisdiction over health care funding on the commissioner's  
231.10 progress toward developing a recommended financing mechanism.

231.11 Sec. 25. **TITLE.**

231.12 Sections 181.212 to 181.217 shall be known as the "Minnesota Nursing Home Workforce  
231.13 Standards Board Act."

231.14 Sec. 26. **INITIAL APPOINTMENTS.**

231.15 The governor shall make initial appointments to the Minnesota Nursing Home Workforce  
231.16 Standards Board under Minnesota Statutes, section 181.212, no later than August 1, 2022.

231.17 Sec. 27. **REVISOR INSTRUCTION.**

231.18 (a) In Minnesota Statutes, chapter 256S, the revisor of statutes shall change the following  
231.19 terms:

231.20 (1) "homemaker services and assistance with personal care" to "homemaker assistance  
231.21 with personal care services";

231.22 (2) "homemaker services and cleaning" to "homemaker cleaning services"; and

231.23 (3) "homemaker services and home management" to "homemaker home management  
231.24 services" wherever the terms appear.

231.25 (b) The revisor shall also make necessary grammatical changes related to the changes  
231.26 in terms.

231.27 Sec. 28. **REPEALER.**

231.28 Minnesota Statutes 2020, section 256S.19, subdivision 4, is repealed.

231.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

232.1 **ARTICLE 6**232.2 **CHILD AND VULNERABLE ADULT PROTECTION POLICY**

232.3 Section 1. Minnesota Statutes 2020, section 260.012, is amended to read:

232.4 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**  
232.5 **REUNIFICATION; REASONABLE EFFORTS.**

232.6 (a) Once a child alleged to be in need of protection or services is under the court's  
232.7 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate  
232.8 services and practices, by the social services agency are made to prevent placement or to  
232.9 eliminate the need for removal and to reunite the child with the child's family at the earliest  
232.10 possible time, and the court must ensure that the responsible social services agency makes  
232.11 reasonable efforts to finalize an alternative permanent plan for the child as provided in  
232.12 paragraph (e). In determining reasonable efforts to be made with respect to a child and in  
232.13 making those reasonable efforts, the child's best interests, health, and safety must be of  
232.14 paramount concern. Reasonable efforts to prevent placement and for rehabilitation and  
232.15 reunification are always required except upon a determination by the court that a petition  
232.16 has been filed stating a prima facie case that:

232.17 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,  
232.18 subdivision 14;

232.19 (2) the parental rights of the parent to another child have been terminated involuntarily;

232.20 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph  
232.21 (a), clause (2);

232.22 (4) the parent's custodial rights to another child have been involuntarily transferred to a  
232.23 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),  
232.24 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

232.25 (5) the parent has committed sexual abuse as defined in section 260E.03, against the  
232.26 child or another child of the parent;

232.27 (6) the parent has committed an offense that requires registration as a predatory offender  
232.28 under section 243.166, subdivision 1b, paragraph (a) or (b); or

232.29 (7) the provision of services or further services for the purpose of reunification is futile  
232.30 and therefore unreasonable under the circumstances.

232.31 (b) When the court makes one of the prima facie determinations under paragraph (a),  
232.32 either permanency pleadings under section 260C.505, or a termination of parental rights



233.1 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under  
233.2 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

233.3 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,  
233.4 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court  
233.5 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,  
233.6 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In  
233.7 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section  
233.8 1901, the responsible social services agency must provide active efforts as required under  
233.9 United States Code, title 25, section 1911(d).

233.10 (d) "Reasonable efforts to prevent placement" means:

233.11 (1) the agency has made reasonable efforts to prevent the placement of the child in foster  
233.12 care by working with the family to develop and implement a safety plan that is individualized  
233.13 to the needs of the child and the child's family and may include support persons from the  
233.14 child's extended family, kin network, and community; or

233.15 (2) the agency has demonstrated to the court that, given the particular circumstances of  
233.16 the child and family at the time of the child's removal, there are no services or efforts  
233.17 available ~~which~~ that could allow the child to safely remain in the home.

233.18 (e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence  
233.19 by the responsible social services agency to:

233.20 (1) reunify the child with the parent or guardian from whom the child was removed;

233.21 (2) assess a noncustodial parent's ability to provide day-to-day care for the child and,  
233.22 where appropriate, provide services necessary to enable the noncustodial parent to safely  
233.23 provide the care, as required by section 260C.219;

233.24 (3) conduct a relative search to identify and provide notice to adult relatives, and engage  
233.25 relatives in case planning and permanency planning, as required under section 260C.221;

233.26 (4) consider placing the child with relatives in the order specified in section 260C.212,  
233.27 subdivision 2, paragraph (a);

233.28 ~~(4)~~ (5) place siblings removed from their home in the same home for foster care or  
233.29 adoption, or transfer permanent legal and physical custody to a relative. Visitation between  
233.30 siblings who are not in the same foster care, adoption, or custodial placement or facility  
233.31 shall be consistent with section 260C.212, subdivision 2; and

234.1 ~~(5)~~ (6) when the child cannot return to the parent or guardian from whom the child was  
234.2 removed, to plan for and finalize a safe and legally permanent alternative home for the child,  
234.3 and considers permanent alternative homes for the child inside or outside of the state,  
234.4 preferably with a relative in the order specified in section 260C.212, subdivision 2, paragraph  
234.5 (a), through adoption or transfer of permanent legal and physical custody of the child.

234.6 (f) Reasonable efforts are made upon the exercise of due diligence by the responsible  
234.7 social services agency to use culturally appropriate and available services to meet the  
234.8 individualized needs of the child and the child's family. Services may include those provided  
234.9 by the responsible social services agency and other culturally appropriate services available  
234.10 in the community. The responsible social services agency must select services for a child  
234.11 and the child's family by collaborating with the child's family and, if appropriate, the child.  
234.12 At each stage of the proceedings ~~where~~ when the court is required to review the  
234.13 appropriateness of the responsible social services agency's reasonable efforts as described  
234.14 in paragraphs (a), (d), and (e), the social services agency has the burden of demonstrating  
234.15 that:

234.16 (1) ~~the agency~~ has made reasonable efforts to prevent placement of the child in foster  
234.17 care, including that the agency considered or established a safety plan according to paragraph  
234.18 (d), clause (1);

234.19 (2) ~~the agency~~ has made reasonable efforts to eliminate the need for removal of the  
234.20 child from the child's home and to reunify the child with the child's family at the earliest  
234.21 possible time;

234.22 (3) the agency has made reasonable efforts to finalize a permanent plan for the child  
234.23 pursuant to paragraph (e);

234.24 ~~(3)~~ (4) the agency has made reasonable efforts to finalize an alternative permanent  
234.25 home for the child, and ~~considers~~ considered permanent alternative homes for the child  
234.26 ~~inside or outside~~ in or out of the state, preferably with a relative in the order specified in  
234.27 section 260C.212, subdivision 2, paragraph (a); or

234.28 ~~(4)~~ (5) reasonable efforts to prevent placement and to reunify the child with the parent  
234.29 or guardian are not required. The agency may meet this burden by stating facts in a sworn  
234.30 petition filed under section 260C.141, by filing an affidavit summarizing the agency's  
234.31 reasonable efforts or facts that the agency believes demonstrate that there is no need for  
234.32 reasonable efforts to reunify the parent and child, or through testimony or a certified report  
234.33 required under juvenile court rules.

235.1 (g) Once the court determines that reasonable efforts for reunification are not required  
 235.2 because the court has made one of the prima facie determinations under paragraph (a), the  
 235.3 court may only require the agency to make reasonable efforts for reunification after a hearing  
 235.4 according to section 260C.163, ~~where~~ if the court finds that there is not clear and convincing  
 235.5 evidence of the facts upon which the court based ~~its~~ the court's prima facie determination.  
 235.6 ~~In this case when~~ If there is clear and convincing evidence that the child is in need of  
 235.7 protection or services, the court may find the child in need of protection or services and  
 235.8 order any of the dispositions available under section 260C.201, subdivision 1. Reunification  
 235.9 of a child with a parent is not required if the parent has been convicted of:

235.10 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185  
 235.11 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

235.12 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

235.13 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States  
 235.14 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

235.15 (4) committing sexual abuse as defined in section 260E.03, against the child or another  
 235.16 child of the parent; or

235.17 (5) an offense that requires registration as a predatory offender under section 243.166,  
 235.18 subdivision 1b, paragraph (a) or (b).

235.19 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,  
 235.20 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and  
 235.21 conclusions as to the provision of reasonable efforts. When determining whether reasonable  
 235.22 efforts have been made by the agency, the court shall consider whether services to the child  
 235.23 and family were:

235.24 (1) selected in collaboration with the child's family and, if appropriate, the child;

235.25 (2) tailored to the individualized needs of the child and child's family;

235.26 ~~(1)~~ (3) relevant to the safety and, protection, and well-being of the child;

235.27 ~~(2)~~ (4) adequate to meet the individualized needs of the child and family;

235.28 ~~(3)~~ (5) culturally appropriate;

235.29 ~~(4)~~ (6) available and accessible;

235.30 ~~(5)~~ (7) consistent and timely; and

235.31 ~~(6)~~ (8) realistic under the circumstances.

236.1 In the alternative, the court may determine that the provision of services or further services  
236.2 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances  
236.3 or that reasonable efforts are not required as provided in paragraph (a).

236.4 (i) This section does not prevent out-of-home placement for the treatment of a child with  
236.5 a mental disability when it is determined to be medically necessary as a result of the child's  
236.6 diagnostic assessment or the child's individual treatment plan indicates that appropriate and  
236.7 necessary treatment cannot be effectively provided outside of a residential or inpatient  
236.8 treatment program and the level or intensity of supervision and treatment cannot be  
236.9 effectively and safely provided in the child's home or community and it is determined that  
236.10 a residential treatment setting is the least restrictive setting that is appropriate to the needs  
236.11 of the child.

236.12 (j) If continuation of reasonable efforts to prevent placement or reunify the child with  
236.13 the parent or guardian from whom the child was removed is determined by the court to be  
236.14 inconsistent with the permanent plan for the child or upon the court making one of the prima  
236.15 facie determinations under paragraph (a), reasonable efforts must be made to place the child  
236.16 in a timely manner in a safe and permanent home and to complete whatever steps are  
236.17 necessary to legally finalize the permanent placement of the child.

236.18 (k) Reasonable efforts to place a child for adoption or in another permanent placement  
236.19 may be made concurrently with reasonable efforts to prevent placement or to reunify the  
236.20 child with the parent or guardian from whom the child was removed. When the responsible  
236.21 social services agency decides to concurrently make reasonable efforts for both reunification  
236.22 and permanent placement away from the parent under paragraph (a), the agency shall disclose  
236.23 ~~its~~ the agency's decision and both plans for concurrent reasonable efforts to all parties and  
236.24 the court. When the agency discloses ~~its~~ the agency's decision to proceed ~~on~~ with both plans  
236.25 for reunification and permanent placement away from the parent, the court's review of the  
236.26 agency's reasonable efforts shall include the agency's efforts under both plans.

236.27 Sec. 2. Minnesota Statutes 2020, section 260C.001, subdivision 3, is amended to read:

236.28 Subd. 3. **Permanency, termination of parental rights, and adoption.** The purpose of  
236.29 the laws relating to permanency, termination of parental rights, and children who come  
236.30 under the guardianship of the commissioner of human services is to ensure that:

236.31 (1) when required and appropriate, reasonable efforts have been made by the social  
236.32 services agency to reunite the child with the child's parents in a home that is safe and  
236.33 permanent;

237.1 (2) if placement with the parents is not reasonably foreseeable, to secure for the child a  
237.2 safe and permanent placement according to the requirements of section 260C.212, subdivision  
237.3 2, preferably ~~with adoptive parents~~ with a relative through an adoption or a transfer of  
237.4 permanent legal and physical custody or, if that is not possible or in the best interests of the  
237.5 child, ~~a fit and willing relative through transfer of permanent legal and physical custody to~~  
237.6 ~~that relative~~ with a nonrelative caregiver through adoption; and

237.7 (3) when a child is under the guardianship of the commissioner of human services,  
237.8 reasonable efforts are made to finalize an adoptive home for the child in a timely manner.

237.9 Nothing in this section requires reasonable efforts to prevent placement or to reunify  
237.10 the child with the parent or guardian to be made in circumstances where the court has  
237.11 determined that the child has been subjected to egregious harm, when the child is an  
237.12 abandoned infant, the parent has involuntarily lost custody of another child through a  
237.13 proceeding under section 260C.515, subdivision 4, or similar law of another state, the  
237.14 parental rights of the parent to a sibling have been involuntarily terminated, or the court has  
237.15 determined that reasonable efforts or further reasonable efforts to reunify the child with the  
237.16 parent or guardian would be futile.

237.17 The paramount consideration in all proceedings for permanent placement of the child  
237.18 under sections 260C.503 to 260C.521, or the termination of parental rights is the best interests  
237.19 of the child. In proceedings involving an American Indian child, as defined in section  
237.20 260.755, subdivision 8, the best interests of the child must be determined consistent with  
237.21 the Indian Child Welfare Act of 1978, United States Code, title 25, section 1901, et seq.

237.22 Sec. 3. Minnesota Statutes 2020, section 260C.007, subdivision 27, is amended to read:

237.23 Subd. 27. **Relative.** "Relative" means a person related to the child by blood, marriage,  
237.24 or adoption; the legal parent, guardian, or custodian of the child's siblings; or an individual  
237.25 who is an important friend of the child or of the child's parent or custodian, including an  
237.26 individual with whom the child has resided or had significant contact or who has a significant  
237.27 relationship to the child or the child's parent or custodian.

237.28 Sec. 4. Minnesota Statutes 2020, section 260C.151, subdivision 6, is amended to read:

237.29 Subd. 6. **Immediate custody.** If the court makes individualized, explicit findings, based  
237.30 on the notarized petition or sworn affidavit, that there are reasonable grounds to believe  
237.31 that the child is in surroundings or conditions which that endanger the child's health, safety,  
237.32 or welfare that require that responsibility for the child's care and custody be immediately  
237.33 assumed by the responsible social services agency and that continuation of the child in the

238.1 custody of the parent or guardian is contrary to the child's welfare, the court may order that  
238.2 the officer serving the summons take the child into immediate custody for placement of the  
238.3 child in foster care, preferably with a relative. In ordering that responsibility for the care,  
238.4 custody, and control of the child be assumed by the responsible social services agency, the  
238.5 court is ordering emergency protective care as that term is defined in the juvenile court  
238.6 rules.

238.7 Sec. 5. Minnesota Statutes 2020, section 260C.152, subdivision 5, is amended to read:

238.8 Subd. 5. **Notice to foster parents and preadoptive parents and relatives.** The foster  
238.9 parents, if any, of a child and any preadoptive parent or relative providing care for the child  
238.10 must be provided notice of and a right to be heard in any review or hearing to be held with  
238.11 respect to the child. Any other relative may also request, and must be granted, a notice and  
238.12 ~~the opportunity~~ right to be heard under this section. This subdivision does not require that  
238.13 a foster parent, preadoptive parent, or any relative providing care for the child be made a  
238.14 party to a review or hearing solely on the basis of the notice and right to be heard.

238.15 Sec. 6. Minnesota Statutes 2020, section 260C.175, subdivision 2, is amended to read:

238.16 Subd. 2. **Notice to parent or custodian and child; emergency placement with**  
238.17 **relative.** ~~Whenever~~ (a) At the time that a peace officer takes a child into custody for relative  
238.18 placement or shelter care or relative placement pursuant to subdivision 1, section 260C.151,  
238.19 subdivision 5, or section 260C.154, the officer shall notify the child's parent or custodian  
238.20 and the child, if the child is ten years of age or older, that under section 260C.181, subdivision  
238.21 2, the parent or custodian or the child may request that to place the child be placed with a  
238.22 relative or a designated caregiver under as defined in section 260C.007, subdivision 27,  
238.23 ~~chapter 257A~~ instead of in a shelter care facility. When a child who is not alleged to be  
238.24 delinquent is taken into custody pursuant to subdivision 1, clause (1) or (2), item (ii), and  
238.25 placement with an identified relative is requested, the peace officer shall coordinate with  
238.26 the responsible social services agency to ensure the child's safety and well-being, and comply  
238.27 with section 260C.181, subdivision 2.

238.28 (c) The officer also shall give the parent or custodian of the child a list of names,  
238.29 addresses, and telephone numbers of social services agencies that offer child welfare services.  
238.30 If the parent or custodian was not present when the child was removed from the residence,  
238.31 the list shall be left with an adult on the premises or left in a conspicuous place on the  
238.32 premises if no adult is present. If the officer has reason to believe the parent or custodian  
238.33 is not able to read and understand English, the officer must provide a list that is written in

239.1 the language of the parent or custodian. The list shall be prepared by the commissioner of  
239.2 human services. The commissioner shall prepare lists for each county and provide each  
239.3 county with copies of the list without charge. The list shall be reviewed annually by the  
239.4 commissioner and updated if it is no longer accurate. Neither the commissioner nor any  
239.5 peace officer or the officer's employer shall be liable to any person for mistakes or omissions  
239.6 in the list. The list does not constitute a promise that any agency listed will ~~in fact~~ assist the  
239.7 parent or custodian.

239.8 Sec. 7. Minnesota Statutes 2020, section 260C.176, subdivision 2, is amended to read:

239.9 Subd. 2. **Reasons for detention.** (a) If the child is not released as provided in subdivision  
239.10 1, the person taking the child into custody shall notify the court as soon as possible of the  
239.11 detention of the child and the reasons for detention.

239.12 (b) No child taken into custody and placed in a relative's home or shelter care facility  
239.13 ~~or relative's home~~ by a peace officer pursuant to section 260C.175, subdivision 1, clause  
239.14 (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays,  
239.15 Sundays and holidays, unless a petition has been filed and the judge or referee determines  
239.16 pursuant to section 260C.178 that the child shall remain in custody or unless the court has  
239.17 made a finding of domestic abuse perpetrated by a minor after a hearing under Laws 1997,  
239.18 chapter 239, article 10, sections 2 to 26, in which case the court may extend the period of  
239.19 detention for an additional seven days, within which time the social services agency shall  
239.20 conduct an assessment and shall provide recommendations to the court regarding voluntary  
239.21 services or file a child in need of protection or services petition.

239.22 Sec. 8. Minnesota Statutes 2020, section 260C.178, subdivision 1, is amended to read:

239.23 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody  
239.24 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a  
239.25 hearing within 72 hours of the time that the child was taken into custody, excluding  
239.26 Saturdays, Sundays, and holidays, to determine whether the child should continue to be in  
239.27 custody.

239.28 (b) Unless there is reason to believe that the child would endanger self or others or not  
239.29 return for a court hearing, or that the child's health or welfare would be immediately  
239.30 endangered, the child shall be released to the custody of a parent, guardian, custodian, or  
239.31 other suitable person, subject to reasonable conditions of release including, but not limited  
239.32 to, a requirement that the child undergo a chemical use assessment as provided in section  
239.33 260C.157, subdivision 1.

240.1 (c) If the court determines that there is reason to believe that the child would endanger  
240.2 self or others or not return for a court hearing, or that the child's health or welfare would be  
240.3 immediately endangered if returned to the care of the parent or guardian who has custody  
240.4 and from whom the child was removed, the court shall order the child:

240.5 (1) into the care of the child's noncustodial parent and order the noncustodial parent to  
240.6 comply with any conditions that the court determines appropriate to ensure the safety and  
240.7 care of the child, including requiring the noncustodial parent to cooperate with paternity  
240.8 establishment proceedings if the noncustodial parent has not been adjudicated the child's  
240.9 father; or

240.10 (2) into foster care as defined in section 260C.007, subdivision 18, under the legal  
240.11 responsibility of the responsible social services agency or responsible probation or corrections  
240.12 agency for the purposes of protective care as that term is used in the juvenile court rules ~~or~~  
240.13 ~~into the home of a noncustodial parent and order the noncustodial parent to comply with~~  
240.14 ~~any conditions the court determines to be appropriate to the safety and care of the child,~~  
240.15 ~~including cooperating with paternity establishment proceedings in the case of a man who~~  
240.16 ~~has not been adjudicated the child's father.~~ The court shall not give the responsible social  
240.17 services legal custody and order a trial home visit at any time prior to adjudication and  
240.18 disposition under section 260C.201, subdivision 1, paragraph (a), clause (3), but may order  
240.19 the child returned to the care of the parent or guardian who has custody and from whom the  
240.20 child was removed and order the parent or guardian to comply with any conditions the court  
240.21 determines to be appropriate to meet the safety, health, and welfare of the child.

240.22 (d) In determining whether the child's health or welfare would be immediately  
240.23 endangered, the court shall consider whether the child would reside with a perpetrator of  
240.24 domestic child abuse.

240.25 (e) The court, before determining whether a child should be placed in or continue in  
240.26 foster care under the protective care of the responsible agency, shall also make a  
240.27 determination, consistent with section 260.012 as to whether reasonable efforts were made  
240.28 to prevent placement or whether reasonable efforts to prevent placement are not required.  
240.29 In the case of an Indian child, the court shall determine whether active efforts, according  
240.30 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,  
240.31 section 1912(d), were made to prevent placement. The court shall enter a finding that the  
240.32 responsible social services agency has made reasonable efforts to prevent placement when  
240.33 the agency establishes either:



241.1 (1) that ~~it~~ the agency has actually provided services or made efforts in an attempt to  
241.2 prevent the child's removal but that such services or efforts have not proven sufficient to  
241.3 permit the child to safely remain in the home; or

241.4 (2) that there are no services or other efforts that could be made at the time of the hearing  
241.5 that could safely permit the child to remain home or to return home. The court shall not  
241.6 make a reasonable efforts determination under this clause unless the court is satisfied that  
241.7 the agency has sufficiently demonstrated to the court that there were no services or other  
241.8 efforts that the agency was able to provide at the time of the hearing enabling the child to  
241.9 safely remain home or to safely return home. When reasonable efforts to prevent placement  
241.10 are required and there are services or other efforts that could be ordered ~~which~~ that would  
241.11 permit the child to safely return home, the court shall order the child returned to the care of  
241.12 the parent or guardian and the services or efforts put in place to ensure the child's safety.  
241.13 When the court makes a prima facie determination that one of the circumstances under  
241.14 paragraph (g) exists, the court shall determine that reasonable efforts to prevent placement  
241.15 and to return the child to the care of the parent or guardian are not required.

241.16 (f) If the court finds the social services agency's preventive or reunification efforts have  
241.17 not been reasonable but further preventive or reunification efforts could not permit the child  
241.18 to safely remain at home, the court may nevertheless authorize or continue the removal of  
241.19 the child.

241.20 ~~(f)~~ (g) The court may not order or continue the foster care placement of the child unless  
241.21 the court makes explicit, individualized findings that continued custody of the child by the  
241.22 parent or guardian would be contrary to the welfare of the child and that placement is in the  
241.23 best interest of the child.

241.24 ~~(g)~~ (h) At the emergency removal hearing, or at any time during the course of the  
241.25 proceeding, and upon notice and request of the county attorney, the court shall determine  
241.26 whether a petition has been filed stating a prima facie case that:

241.27 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,  
241.28 subdivision 14;

241.29 (2) the parental rights of the parent to another child have been involuntarily terminated;

241.30 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph  
241.31 (a), clause (2);

242.1 (4) the parents' custodial rights to another child have been involuntarily transferred to a  
242.2 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),  
242.3 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

242.4 (5) the parent has committed sexual abuse as defined in section 260E.03, against the  
242.5 child or another child of the parent;

242.6 (6) the parent has committed an offense that requires registration as a predatory offender  
242.7 under section 243.166, subdivision 1b, paragraph (a) or (b); or

242.8 (7) the provision of services or further services for the purpose of reunification is futile  
242.9 and therefore unreasonable.

242.10 ~~(h)~~ (i) When a petition to terminate parental rights is required under section 260C.301,  
242.11 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to  
242.12 proceed with a termination of parental rights petition, and has instead filed a petition to  
242.13 transfer permanent legal and physical custody to a relative under section 260C.507, the  
242.14 court shall schedule a permanency hearing within 30 days of the filing of the petition.

242.15 ~~(i)~~ (j) If the county attorney has filed a petition under section 260C.307, the court shall  
242.16 schedule a trial under section 260C.163 within 90 days of the filing of the petition except  
242.17 when the county attorney determines that the criminal case shall proceed to trial first under  
242.18 section 260C.503, subdivision 2, paragraph (c).

242.19 ~~(j)~~ (k) If the court determines the child should be ordered into foster care and the child's  
242.20 parent refuses to give information to the responsible social services agency regarding the  
242.21 child's father or relatives of the child, the court may order the parent to disclose the names,  
242.22 addresses, telephone numbers, and other identifying information to the responsible social  
242.23 services agency for the purpose of complying with sections 260C.150, 260C.151, 260C.212,  
242.24 260C.215, 260C.219, and 260C.221.

242.25 ~~(k)~~ (l) If a child ordered into foster care has siblings, whether full, half, or step, who are  
242.26 also ordered into foster care, the court shall inquire of the responsible social services agency  
242.27 of the efforts to place the children together as required by section 260C.212, subdivision 2,  
242.28 paragraph (d), if placement together is in each child's best interests, unless a child is in  
242.29 placement for treatment or a child is placed with a previously noncustodial parent who is  
242.30 not a parent to all siblings. If the children are not placed together at the time of the hearing,  
242.31 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place  
242.32 the siblings together, as required under section 260.012. If any sibling is not placed with  
242.33 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing

243.1 contact among the siblings as required under section 260C.212, subdivision 1, unless it is  
243.2 contrary to the safety or well-being of any of the siblings to do so.

243.3 ~~(H)~~ (m) When the court has ordered the child into the care of a noncustodial parent or in  
243.4 foster care ~~or into the home of a noncustodial parent~~, the court may order a chemical  
243.5 dependency evaluation, mental health evaluation, medical examination, and parenting  
243.6 assessment for the parent as necessary to support the development of a plan for reunification  
243.7 required under subdivision 7 and section 260C.212, subdivision 1, or the child protective  
243.8 services plan under section 260E.26, and Minnesota Rules, part 9560.0228.

243.9 Sec. 9. Minnesota Statutes 2020, section 260C.181, subdivision 2, is amended to read:

243.10 Subd. 2. **Least restrictive setting.** Notwithstanding the provisions of subdivision 1, if  
243.11 the child had been taken into custody pursuant to section 260C.175, subdivision 1, clause  
243.12 (1) or (2), item (ii), and is not alleged to be delinquent, the child shall be detained in the  
243.13 least restrictive setting consistent with the child's health and welfare and in closest proximity  
243.14 to the child's family as possible. Placement may be with a child's relative, ~~a designated~~  
243.15 ~~caregiver under chapter 257A~~, or, if no placement is available with a relative, in a shelter  
243.16 care facility. The placing officer shall comply with this section and shall document why a  
243.17 less restrictive setting will or will not be in the best interests of the child for placement  
243.18 purposes.

243.19 Sec. 10. Minnesota Statutes 2020, section 260C.193, subdivision 3, is amended to read:

243.20 Subd. 3. **Best interests of the child.** (a) The policy of the state is to ensure that the best  
243.21 interests of children in foster care, who experience a transfer of permanent legal and physical  
243.22 custody to a relative under section 260C.515, subdivision 4, or adoption under this chapter,  
243.23 are met by:

243.24 (1) considering placement of a child with relatives in the order specified in section  
243.25 260C.212, subdivision 2, paragraph (a); and

243.26 (2) requiring individualized determinations under section 260C.212, subdivision 2,  
243.27 paragraph (b), of the needs of the child and of how the selected home will serve the needs  
243.28 of the child.

243.29 (b) No later than three months after a child is ordered to be removed from the care of a  
243.30 parent in the hearing required under section 260C.202, the court shall review and enter  
243.31 findings regarding whether the responsible social services agency ~~made~~:

244.1 (1) ~~diligent efforts~~ exercised due diligence to identify ~~and~~, search for, notify, and engage  
244.2 relatives as required under section 260C.221; and

244.3 (2) made a placement consistent with section 260C.212, subdivision 2, that is based on  
244.4 an individualized determination as required under section 260C.212, subdivision 2, of the  
244.5 child's needs to select a home that meets the needs of the child.

244.6 (c) If the court finds that the agency has not ~~made efforts~~ exercised due diligence as  
244.7 required under section 260C.221, ~~and~~ the court shall order the agency to make reasonable  
244.8 efforts. If there is a relative who qualifies to be licensed to provide family foster care under  
244.9 chapter 245A, the court may order the child to be placed with the relative consistent with  
244.10 the child's best interests.

244.11 (d) If the agency's efforts under section 260C.221 are found by the court to be sufficient,  
244.12 the court shall order the agency to continue to appropriately engage relatives who responded  
244.13 to the notice under section 260C.221 in placement and case planning decisions and to  
244.14 appropriately engage relatives who subsequently come to the agency's attention. A court's  
244.15 finding that the agency has made reasonable efforts under this paragraph does not relieve  
244.16 the agency of the duty to continue notifying relatives who come to the agency's attention  
244.17 and engaging and considering relatives who respond to the notice under section 260C.221  
244.18 in child placement and case planning decisions.

244.19 (e) If the child's birth parent ~~or parents~~ explicitly ~~request~~ requests that a specific relative  
244.20 ~~or important friend~~ not be considered for placement of the child, the court shall honor that  
244.21 request if it is consistent with the best interests of the child and consistent with the  
244.22 requirements of section 260C.221. The court shall not waive relative search, notice, and  
244.23 consideration requirements, unless section 260C.139 applies. If the child's birth parent ~~or~~  
244.24 ~~parents express~~ expresses a preference for placing the child in a foster or adoptive home of  
244.25 the same or a similar religious background ~~to~~ as that of the birth parent or parents, the court  
244.26 shall order placement of the child with an individual who meets the birth parent's religious  
244.27 preference.

244.28 (f) Placement of a child ~~cannot~~ must not be delayed or denied based on race, color, or  
244.29 national origin of the foster parent or the child.

244.30 (g) Whenever possible, siblings requiring foster care placement ~~should~~ shall be placed  
244.31 together unless it is determined not to be in the best interests of one or more of the siblings  
244.32 after weighing the benefits of separate placement against the benefits of sibling connections  
244.33 for each sibling. The agency shall consider section 260C.008 when making this determination.  
244.34 If siblings were not placed together according to section 260C.212, subdivision 2, paragraph

245.1 (d), the responsible social services agency shall report to the court the efforts made to place  
245.2 the siblings together and why the efforts were not successful. If the court is not satisfied  
245.3 that the agency has made reasonable efforts to place siblings together, the court must order  
245.4 the agency to make further reasonable efforts. If siblings are not placed together, the court  
245.5 shall order the responsible social services agency to implement the plan for visitation among  
245.6 siblings required as part of the out-of-home placement plan under section 260C.212.

245.7 (h) This subdivision does not affect the Indian Child Welfare Act, United States Code,  
245.8 title 25, sections 1901 to 1923, and the Minnesota Indian Family Preservation Act, sections  
245.9 260.751 to 260.835.

245.10 Sec. 11. Minnesota Statutes 2020, section 260C.201, subdivision 1, is amended to read:

245.11 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection  
245.12 or services or neglected and in foster care, ~~the court~~ shall enter an order making any of  
245.13 the following dispositions of the case:

245.14 (1) place the child under the protective supervision of the responsible social services  
245.15 agency or child-placing agency in the home of a parent of the child under conditions  
245.16 prescribed by the court directed to the correction of the child's need for protection or services:

245.17 (i) the court may order the child into the home of a parent who does not otherwise have  
245.18 legal custody of the child, however, an order under this section does not confer legal custody  
245.19 on that parent;

245.20 (ii) if the court orders the child into the home of a father who is not adjudicated, the  
245.21 father must cooperate with paternity establishment proceedings regarding the child in the  
245.22 appropriate jurisdiction as one of the conditions prescribed by the court for the child to  
245.23 continue in the father's home; and

245.24 (iii) the court may order the child into the home of a noncustodial parent with conditions  
245.25 and may also order both the noncustodial and the custodial parent to comply with the  
245.26 requirements of a case plan under subdivision 2; or

245.27 (2) transfer legal custody to one of the following:

245.28 (i) a child-placing agency; or

245.29 (ii) the responsible social services agency. In making a foster care placement ~~for~~ of a  
245.30 child whose custody has been transferred under this subdivision, the agency shall make an  
245.31 individualized determination of how the placement is in the child's best interests using the  
245.32 placement consideration order for relatives, and the best interest factors in section 260C.212,

246.1 subdivision 2, ~~paragraph (b)~~, and may include a child colocated with a parent in a licensed  
246.2 residential family-based substance use disorder treatment program under section 260C.190;  
246.3 or

246.4 (3) order a trial home visit without modifying the transfer of legal custody to the  
246.5 responsible social services agency under clause (2). Trial home visit means the child is  
246.6 returned to the care of the parent or guardian from whom the child was removed for a period  
246.7 not to exceed six months. During the period of the trial home visit, the responsible social  
246.8 services agency:

246.9 (i) shall continue to have legal custody of the child, which means that the agency may  
246.10 see the child in the parent's home, at school, in a child care facility, or other setting as the  
246.11 agency deems necessary and appropriate;

246.12 (ii) shall continue to have the ability to access information under section 260C.208;

246.13 (iii) shall continue to provide appropriate services to both the parent and the child during  
246.14 the period of the trial home visit;

246.15 (iv) without previous court order or authorization, may terminate the trial home visit in  
246.16 order to protect the child's health, safety, or welfare and may remove the child to foster care;

246.17 (v) shall advise the court and parties within three days of the termination of the trial  
246.18 home visit when a visit is terminated by the responsible social services agency without a  
246.19 court order; and

246.20 (vi) shall prepare a report for the court when the trial home visit is terminated whether  
246.21 by the agency or court order ~~which~~ that describes the child's circumstances during the trial  
246.22 home visit and recommends appropriate orders, if any, for the court to enter to provide for  
246.23 the child's safety and stability. In the event a trial home visit is terminated by the agency  
246.24 by removing the child to foster care without prior court order or authorization, the court  
246.25 shall conduct a hearing within ten days of receiving notice of the termination of the trial  
246.26 home visit by the agency and shall order disposition under this subdivision or commence  
246.27 permanency proceedings under sections 260C.503 to 260C.515. The time period for the  
246.28 hearing may be extended by the court for good cause shown and if it is in the best interests  
246.29 of the child as long as the total time the child spends in foster care without a permanency  
246.30 hearing does not exceed 12 months;

246.31 (4) if the child has been adjudicated as a child in need of protection or services because  
246.32 the child is in need of special services or care to treat or ameliorate a physical or mental  
246.33 disability or emotional disturbance as defined in section 245.4871, subdivision 15, the court

247.1 may order the child's parent, guardian, or custodian to provide it. The court may order the  
247.2 child's health plan company to provide mental health services to the child. Section 62Q.535  
247.3 applies to an order for mental health services directed to the child's health plan company.  
247.4 If the health plan, parent, guardian, or custodian fails or is unable to provide this treatment  
247.5 or care, the court may order it provided. Absent specific written findings by the court that  
247.6 the child's disability is the result of abuse or neglect by the child's parent or guardian, the  
247.7 court shall not transfer legal custody of the child for the purpose of obtaining special  
247.8 treatment or care solely because the parent is unable to provide the treatment or care. If the  
247.9 court's order for mental health treatment is based on a diagnosis made by a treatment  
247.10 professional, the court may order that the diagnosing professional not provide the treatment  
247.11 to the child if it finds that such an order is in the child's best interests; or

247.12 (5) if the court believes that the child has sufficient maturity and judgment and that it is  
247.13 in the best interests of the child, the court may order a child 16 years old or older to be  
247.14 allowed to live independently, either alone or with others as approved by the court under  
247.15 supervision the court considers appropriate, if the county board, after consultation with the  
247.16 court, has specifically authorized this dispositional alternative for a child.

247.17 (b) If the child was adjudicated in need of protection or services because the child is a  
247.18 runaway or habitual truant, the court may order any of the following dispositions in addition  
247.19 to or as alternatives to the dispositions authorized under paragraph (a):

247.20 (1) counsel the child or the child's parents, guardian, or custodian;

247.21 (2) place the child under the supervision of a probation officer or other suitable person  
247.22 in the child's own home under conditions prescribed by the court, including reasonable rules  
247.23 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for  
247.24 the physical, mental, and moral well-being and behavior of the child;

247.25 (3) subject to the court's supervision, transfer legal custody of the child to one of the  
247.26 following:

247.27 (i) a reputable person of good moral character. No person may receive custody of two  
247.28 or more unrelated children unless licensed to operate a residential program under sections  
247.29 245A.01 to 245A.16; or

247.30 (ii) a county probation officer for placement in a group foster home established under  
247.31 the direction of the juvenile court and licensed pursuant to section 241.021;

247.32 (4) require the child to pay a fine of up to \$100. The court shall order payment of the  
247.33 fine in a manner that will not impose undue financial hardship upon the child;

248.1 (5) require the child to participate in a community service project;

248.2 (6) order the child to undergo a chemical dependency evaluation and, if warranted by  
248.3 the evaluation, order participation by the child in a drug awareness program or an inpatient  
248.4 or outpatient chemical dependency treatment program;

248.5 (7) if the court believes that it is in the best interests of the child or of public safety that  
248.6 the child's driver's license or instruction permit be canceled, the court may order the  
248.7 commissioner of public safety to cancel the child's license or permit for any period up to  
248.8 the child's 18th birthday. If the child does not have a driver's license or permit, the court  
248.9 may order a denial of driving privileges for any period up to the child's 18th birthday. The  
248.10 court shall forward an order issued under this clause to the commissioner, who shall cancel  
248.11 the license or permit or deny driving privileges without a hearing for the period specified  
248.12 by the court. At any time before the expiration of the period of cancellation or denial, the  
248.13 court may, for good cause, order the commissioner of public safety to allow the child to  
248.14 apply for a license or permit, and the commissioner shall so authorize;

248.15 (8) order that the child's parent or legal guardian deliver the child to school at the  
248.16 beginning of each school day for a period of time specified by the court; or

248.17 (9) require the child to perform any other activities or participate in any other treatment  
248.18 programs deemed appropriate by the court.

248.19 To the extent practicable, the court shall enter a disposition order the same day it makes  
248.20 a finding that a child is in need of protection or services or neglected and in foster care, but  
248.21 in no event more than 15 days after the finding unless the court finds that the best interests  
248.22 of the child will be served by granting a delay. If the child was under eight years of age at  
248.23 the time the petition was filed, the disposition order must be entered within ten days of the  
248.24 finding and the court may not grant a delay unless good cause is shown and the court finds  
248.25 the best interests of the child will be served by the delay.

248.26 (c) If a child who is 14 years of age or older is adjudicated in need of protection or  
248.27 services because the child is a habitual truant and truancy procedures involving the child  
248.28 were previously dealt with by a school attendance review board or county attorney mediation  
248.29 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial  
248.30 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th  
248.31 birthday.

248.32 (d) In the case of a child adjudicated in need of protection or services because the child  
248.33 has committed domestic abuse and been ordered excluded from the child's parent's home,  
248.34 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing



249.1 to provide an alternative safe living arrangement for the child, as defined in Laws 1997,  
249.2 chapter 239, article 10, section 2.

249.3 (e) When a parent has complied with a case plan ordered under subdivision 6 and the  
249.4 child is in the care of the parent, the court may order the responsible social services agency  
249.5 to monitor the parent's continued ability to maintain the child safely in the home under such  
249.6 terms and conditions as the court determines appropriate under the circumstances.

249.7 Sec. 12. Minnesota Statutes 2020, section 260C.201, subdivision 2, is amended to read:

249.8 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section  
249.9 shall contain written findings of fact to support the disposition and case plan ordered and  
249.10 shall also set forth in writing the following information:

249.11 (1) why the best interests and safety of the child are served by the disposition and case  
249.12 plan ordered;

249.13 (2) what alternative dispositions or services under the case plan were considered by the  
249.14 court and why such dispositions or services were not appropriate in the instant case;

249.15 (3) when legal custody of the child is transferred, the appropriateness of the particular  
249.16 placement made or to be made by the placing agency using the relative and sibling placement  
249.17 considerations and best interest factors in section 260C.212, subdivision 2, ~~paragraph (b)~~,  
249.18 or the appropriateness of a child colocated with a parent in a licensed residential family-based  
249.19 substance use disorder treatment program under section 260C.190;

249.20 (4) whether reasonable efforts to finalize the permanent plan for the child consistent  
249.21 with section 260.012 were made including reasonable efforts:

249.22 (i) to prevent the child's placement and to reunify the child with the parent or guardian  
249.23 from whom the child was removed at the earliest time consistent with the child's safety.  
249.24 The court's findings must include a brief description of what preventive and reunification  
249.25 efforts were made and why further efforts could not have prevented or eliminated the  
249.26 necessity of removal or that reasonable efforts were not required under section 260.012 or  
249.27 260C.178, subdivision 1;

249.28 (ii) to identify and locate any noncustodial or nonresident parent of the child and to  
249.29 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,  
249.30 provide services necessary to enable the noncustodial or nonresident parent to safely provide  
249.31 day-to-day care of the child as required under section 260C.219, unless such services are  
249.32 not required under section 260.012 or 260C.178, subdivision 1; The court's findings must  
249.33 include a description of the agency's efforts to:

- 250.1 (A) identify and locate the child's noncustodial or nonresident parent;
- 250.2 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of
- 250.3 the child; and
- 250.4 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident
- 250.5 parent to safely provide the child's day-to-day care, including efforts to engage the
- 250.6 noncustodial or nonresident parent in assuming care and responsibility of the child;
- 250.7 (iii) to make the diligent search for relatives and provide the notices required under
- 250.8 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the
- 250.9 agency has made diligent efforts to conduct a relative search and has appropriately engaged
- 250.10 relatives who responded to the notice under section 260C.221 and other relatives, who came
- 250.11 to the attention of the agency after notice under section 260C.221 was sent, in placement
- 250.12 and case planning decisions fulfills the requirement of this item;
- 250.13 (iv) to identify and make a foster care placement of the child, considering the order in
- 250.14 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,
- 250.15 according to the requirements of section 245A.035, a licensed relative, or other licensed
- 250.16 foster care provider, who will commit to being the permanent legal parent or custodian for
- 250.17 the child in the event reunification cannot occur, but who will actively support the
- 250.18 reunification plan for the child. If the court finds that the agency has not appropriately
- 250.19 considered relatives for placement of the child, the court shall order the agency to comply
- 250.20 with section 260C.212, subdivision 2, paragraph (a). The court may order the agency to
- 250.21 continue considering relatives for placement of the child regardless of the child's current
- 250.22 placement setting; and
- 250.23 (v) to place siblings together in the same home or to ensure visitation is occurring when
- 250.24 siblings are separated in foster care placement and visitation is in the siblings' best interests
- 250.25 under section 260C.212, subdivision 2, paragraph (d); and
- 250.26 (5) if the child has been adjudicated as a child in need of protection or services because
- 250.27 the child is in need of special services or care to treat or ameliorate a mental disability or
- 250.28 emotional disturbance as defined in section 245.4871, subdivision 15, the written findings
- 250.29 shall also set forth:
- 250.30 (i) whether the child has mental health needs that must be addressed by the case plan;
- 250.31 (ii) what consideration was given to the diagnostic and functional assessments performed
- 250.32 by the child's mental health professional and to health and mental health care professionals'
- 250.33 treatment recommendations;

251.1 (iii) what consideration was given to the requests or preferences of the child's parent or  
251.2 guardian with regard to the child's interventions, services, or treatment; and

251.3 (iv) what consideration was given to the cultural appropriateness of the child's treatment  
251.4 or services.

251.5 (b) If the court finds that the social services agency's preventive or reunification efforts  
251.6 have not been reasonable but that further preventive or reunification efforts could not permit  
251.7 the child to safely remain at home, the court may nevertheless authorize or continue the  
251.8 removal of the child.

251.9 (c) If the child has been identified by the responsible social services agency as the subject  
251.10 of concurrent permanency planning, the court shall review the reasonable efforts of the  
251.11 agency to develop a permanency plan for the child that includes a primary plan ~~which~~ that  
251.12 is for reunification with the child's parent or guardian and a secondary plan ~~which~~ that is  
251.13 for an alternative, legally permanent home for the child in the event reunification cannot  
251.14 be achieved in a timely manner.

251.15 Sec. 13. Minnesota Statutes 2020, section 260C.202, is amended to read:

251.16 **260C.202 COURT REVIEW OF FOSTER CARE.**

251.17 (a) If the court orders a child placed in foster care, the court shall review the out-of-home  
251.18 placement plan and the child's placement at least every 90 days as required in juvenile court  
251.19 rules to determine whether continued out-of-home placement is necessary and appropriate  
251.20 or whether the child should be returned home. This review is not required if the court has  
251.21 returned the child home, ordered the child permanently placed away from the parent under  
251.22 sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review  
251.23 for a child permanently placed away from a parent, including where the child is under  
251.24 guardianship of the commissioner, shall be governed by section 260C.607. When a child  
251.25 is placed in a qualified residential treatment program setting as defined in section 260C.007,  
251.26 subdivision 26d, the responsible social services agency must submit evidence to the court  
251.27 as specified in section 260C.712.

251.28 (b) No later than three months after the child's placement in foster care, the court shall  
251.29 review agency efforts to search for and notify relatives pursuant to section 260C.221, and  
251.30 order that the agency's efforts begin immediately, or continue, if the agency has failed to  
251.31 perform, or has not adequately performed, the duties under that section. The court must  
251.32 order the agency to continue to appropriately engage relatives who responded to the notice  
251.33 under section 260C.221 in placement and case planning decisions and to consider relatives

252.1 for foster care placement consistent with section 260C.221. Notwithstanding a court's finding  
252.2 that the agency has made reasonable efforts to search for and notify relatives under section  
252.3 260C.221, the court may order the agency to continue making reasonable efforts to search  
252.4 for, notify, engage ~~other~~, and consider relatives who came to the agency's attention after  
252.5 sending the initial notice under section 260C.221 ~~was sent~~.

252.6 (c) The court shall review the out-of-home placement plan and may modify the plan as  
252.7 provided under section 260C.201, subdivisions 6 and 7.

252.8 (d) When the court ~~orders transfer of~~ transfers the custody of a child to a responsible  
252.9 social services agency resulting in foster care or protective supervision with a noncustodial  
252.10 parent under subdivision 1, the court shall notify the parents of the provisions of sections  
252.11 260C.204 and 260C.503 to 260C.521, as required under juvenile court rules.

252.12 (e) When a child remains in or returns to foster care pursuant to section 260C.451 and  
252.13 the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the  
252.14 court shall at least annually conduct the review required under section 260C.203.

252.15 Sec. 14. Minnesota Statutes 2020, section 260C.203, is amended to read:

252.16 **260C.203 ADMINISTRATIVE OR COURT REVIEW OF PLACEMENTS.**

252.17 (a) Unless the court is conducting the reviews required under section 260C.202, there  
252.18 shall be an administrative review of the out-of-home placement plan of each child placed  
252.19 in foster care no later than 180 days after the initial placement of the child in foster care  
252.20 and at least every six months thereafter if the child is not returned to the home of the parent  
252.21 or parents within that time. The out-of-home placement plan must be monitored and updated  
252.22 by the responsible social services agency at each administrative review. The administrative  
252.23 review shall be conducted by the responsible social services agency using a panel of  
252.24 appropriate persons at least one of whom is not responsible for the case management of, or  
252.25 the delivery of services to, either the child or the parents who are the subject of the review.  
252.26 The administrative review shall be open to participation by the parent or guardian of the  
252.27 child and the child, as appropriate.

252.28 (b) As an alternative to the administrative review required in paragraph (a), the court  
252.29 may, as part of any hearing required under the Minnesota Rules of Juvenile Protection  
252.30 Procedure, conduct a hearing to monitor and update the out-of-home placement plan pursuant  
252.31 to the procedure and standard in section 260C.201, subdivision 6, paragraph (d). The party  
252.32 requesting review of the out-of-home placement plan shall give parties to the proceeding  
252.33 notice of the request to review and update the out-of-home placement plan. A court review

253.1 conducted pursuant to section 260C.141, subdivision 2; 260C.193; 260C.201, subdivision  
253.2 1; 260C.202; 260C.204; 260C.317; or 260D.06 shall satisfy the requirement for the review  
253.3 so long as the other requirements of this section are met.

253.4 (c) As appropriate to the stage of the proceedings and relevant court orders, the  
253.5 responsible social services agency or the court shall review:

253.6 (1) the safety, permanency needs, and well-being of the child;

253.7 (2) the continuing necessity for and appropriateness of the placement, including whether  
253.8 the placement is consistent with the child's best interests and other placement considerations,  
253.9 including relative and sibling placement considerations under section 260C.212, subdivision  
253.10 2;

253.11 (3) the extent of compliance with the out-of-home placement plan required under section  
253.12 260C.212, subdivisions 1 and 1a, including services and resources that the agency has  
253.13 provided to the child and child's parents, services and resources that other agencies and  
253.14 individuals have provided to the child and child's parents, and whether the out-of-home  
253.15 placement plan is individualized to the needs of the child and child's parents;

253.16 (4) the extent of progress that has been made toward alleviating or mitigating the causes  
253.17 necessitating placement in foster care;

253.18 (5) the projected date by which the child may be returned to and safely maintained in  
253.19 the home or placed permanently away from the care of the parent or parents or guardian;  
253.20 and

253.21 (6) the appropriateness of the services provided to the child.

253.22 (d) When a child is age 14 or older:

253.23 (1) in addition to any administrative review conducted by the responsible social services  
253.24 agency, at the in-court review required under section 260C.317, subdivision 3, clause (3),  
253.25 or 260C.515, subdivision 5 or 6, the court shall review the independent living plan required  
253.26 under section 260C.212, subdivision 1, paragraph (c), clause (12), and the provision of  
253.27 services to the child related to the well-being of the child as the child prepares to leave foster  
253.28 care. The review shall include the actual plans related to each item in the plan necessary to  
253.29 the child's future safety and well-being when the child is no longer in foster care; and

253.30 (2) consistent with the requirements of the independent living plan, the court shall review  
253.31 progress toward or accomplishment of the following goals:

253.32 (i) the child has obtained a high school diploma or its equivalent;

- 254.1 (ii) the child has completed a driver's education course or has demonstrated the ability  
254.2 to use public transportation in the child's community;
- 254.3 (iii) the child is employed or enrolled in postsecondary education;
- 254.4 (iv) the child has applied for and obtained postsecondary education financial aid for  
254.5 which the child is eligible;
- 254.6 (v) the child has health care coverage and health care providers to meet the child's  
254.7 physical and mental health needs;
- 254.8 (vi) the child has applied for and obtained disability income assistance for which the  
254.9 child is eligible;
- 254.10 (vii) the child has obtained affordable housing with necessary supports, which does not  
254.11 include a homeless shelter;
- 254.12 (viii) the child has saved sufficient funds to pay for the first month's rent and a damage  
254.13 deposit;
- 254.14 (ix) the child has an alternative affordable housing plan, which does not include a  
254.15 homeless shelter, if the original housing plan is unworkable;
- 254.16 (x) the child, if male, has registered for the Selective Service; and
- 254.17 (xi) the child has a permanent connection to a caring adult.

254.18 Sec. 15. Minnesota Statutes 2020, section 260C.204, is amended to read:

254.19 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**  
254.20 **CARE FOR SIX MONTHS.**

254.21 (a) When a child continues in placement out of the home of the parent or guardian from  
254.22 whom the child was removed, no later than six months after the child's placement the court  
254.23 shall conduct a permanency progress hearing to review:

254.24 (1) the progress of the case, the parent's progress on the case plan or out-of-home  
254.25 placement plan, whichever is applicable;

254.26 (2) the agency's reasonable, or in the case of an Indian child, active efforts for  
254.27 reunification and its provision of services;

254.28 (3) the agency's reasonable efforts to finalize the permanent plan for the child under  
254.29 section 260.012, paragraph (e), and to make a placement as required under section 260C.212,  
254.30 subdivision 2, in a home that will commit to being the legally permanent family for the

255.1 child in the event the child cannot return home according to the timelines in this section;  
255.2 and

255.3 (4) in the case of an Indian child, active efforts to prevent the breakup of the Indian  
255.4 family and to make a placement according to the placement preferences under United States  
255.5 Code, title 25, chapter 21, section 1915.

255.6 (b) When a child is placed in a qualified residential treatment program setting as defined  
255.7 in section 260C.007, subdivision 26d, the responsible social services agency must submit  
255.8 evidence to the court as specified in section 260C.712.

255.9 (c) The court shall ensure that notice of the hearing is sent to any relative who:

255.10 (1) responded to the agency's notice provided under section 260C.221, indicating an  
255.11 interest in participating in planning for the child or being a permanency resource for the  
255.12 child and who has kept the court apprised of the relative's address; or

255.13 (2) asked to be notified of court proceedings regarding the child as is permitted in section  
255.14 260C.152, subdivision 5.

255.15 (d)(1) If the parent or guardian has maintained contact with the child and is complying  
255.16 with the court-ordered out-of-home placement plan, and if the child would benefit from  
255.17 reunification with the parent, the court may either:

255.18 (i) return the child home, if the conditions ~~which~~ that led to the out-of-home placement  
255.19 have been sufficiently mitigated that it is safe and in the child's best interests to return home;  
255.20 or

255.21 (ii) continue the matter up to a total of six additional months. If the child has not returned  
255.22 home by the end of the additional six months, the court must conduct a hearing according  
255.23 to sections 260C.503 to 260C.521.

255.24 (2) If the court determines that the parent or guardian is not complying, is not making  
255.25 progress with or engaging with services in the out-of-home placement plan, or is not  
255.26 maintaining regular contact with the child as outlined in the visitation plan required as part  
255.27 of the out-of-home placement plan under section 260C.212, the court may order the  
255.28 responsible social services agency:

255.29 (i) to develop a plan for legally permanent placement of the child away from the parent;

255.30 (ii) to consider, identify, recruit, and support one or more permanency resources from  
255.31 the child's relatives and foster parent, consistent with section 260C.212, subdivision 2,  
255.32 paragraph (a), to be the legally permanent home in the event the child cannot be returned

256.1 to the parent. Any relative or the child's foster parent may ask the court to order the agency  
256.2 to consider them for permanent placement of the child in the event the child cannot be  
256.3 returned to the parent. A relative or foster parent who wants to be considered under this  
256.4 item shall cooperate with the background study required under section 245C.08, if the  
256.5 individual has not already done so, and with the home study process required under chapter  
256.6 245A for providing child foster care and for adoption under section 259.41. The home study  
256.7 referred to in this item shall be a single-home study in the form required by the commissioner  
256.8 of human services or similar study required by the individual's state of residence when the  
256.9 subject of the study is not a resident of Minnesota. The court may order the responsible  
256.10 social services agency to make a referral under the Interstate Compact on the Placement of  
256.11 Children when necessary to obtain a home study for an individual who wants to be considered  
256.12 for transfer of permanent legal and physical custody or adoption of the child; and

256.13 (iii) to file a petition to support an order for the legally permanent placement plan.

256.14 (e) Following the review under this section:

256.15 (1) if the court has either returned the child home or continued the matter up to a total  
256.16 of six additional months, the agency shall continue to provide services to support the child's  
256.17 return home or to make reasonable efforts to achieve reunification of the child and the parent  
256.18 as ordered by the court under an approved case plan;

256.19 (2) if the court orders the agency to develop a plan for the transfer of permanent legal  
256.20 and physical custody of the child to a relative, a petition supporting the plan shall be filed  
256.21 in juvenile court within 30 days of the hearing required under this section and a trial on the  
256.22 petition held within 60 days of the filing of the pleadings; or

256.23 (3) if the court orders the agency to file a termination of parental rights, unless the county  
256.24 attorney can show cause why a termination of parental rights petition should not be filed,  
256.25 a petition for termination of parental rights shall be filed in juvenile court within 30 days  
256.26 of the hearing required under this section and a trial on the petition held within 60 days of  
256.27 the filing of the petition.

256.28 Sec. 16. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 1, is amended  
256.29 to read:

256.30 Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall  
256.31 be prepared within 30 days after any child is placed in foster care by court order or a  
256.32 voluntary placement agreement between the responsible social services agency and the  
256.33 child's parent pursuant to section 260C.227 or chapter 260D.



257.1 (b) An out-of-home placement plan means a written document ~~which~~ individualized to  
257.2 the needs of the child and the child's parents or guardians that is prepared by the responsible  
257.3 social services agency jointly with ~~the parent or parents or guardian of the child~~ the child's  
257.4 parents or guardians and in consultation with the child's guardian ad litem;<sup>2</sup> the child's tribe,  
257.5 if the child is an Indian child;<sup>2</sup> the child's foster parent or representative of the foster care  
257.6 facility;<sup>2</sup> and, ~~where~~ when appropriate, the child. When a child is age 14 or older, the child  
257.7 may include two other individuals on the team preparing the child's out-of-home placement  
257.8 plan. The child may select one member of the case planning team to be designated as the  
257.9 child's advisor and to advocate with respect to the application of the reasonable and prudent  
257.10 parenting standards. The responsible social services agency may reject an individual selected  
257.11 by the child if the agency has good cause to believe that the individual would not act in the  
257.12 best interest of the child. For a child in voluntary foster care for treatment under chapter  
257.13 260D, preparation of the out-of-home placement plan shall additionally include the child's  
257.14 mental health treatment provider. For a child 18 years of age or older, the responsible social  
257.15 services agency shall involve the child and the child's parents as appropriate. As appropriate,  
257.16 the plan shall be:

257.17 (1) submitted to the court for approval under section 260C.178, subdivision 7;

257.18 (2) ordered by the court, either as presented or modified after hearing, under section  
257.19 260C.178, subdivision 7, or 260C.201, subdivision 6; and

257.20 (3) signed by the parent or parents or guardian of the child, the child's guardian ad litem,  
257.21 a representative of the child's tribe, the responsible social services agency, and, if possible,  
257.22 the child.

257.23 (c) The out-of-home placement plan shall be explained by the responsible social services  
257.24 agency to all persons involved in its the plan's implementation, including the child who has  
257.25 signed the plan, and shall set forth:

257.26 (1) a description of the foster care home or facility selected, including how the  
257.27 out-of-home placement plan is designed to achieve a safe placement for the child in the  
257.28 least restrictive, most family-like, setting available ~~which~~ that is in close proximity to the  
257.29 home of the ~~parent or~~ child's parents or ~~guardian of the child~~ guardians when the case plan  
257.30 goal is reunification;<sup>2</sup> and how the placement is consistent with the best interests and special  
257.31 needs of the child according to the factors under subdivision 2, paragraph (b);

257.32 (2) the specific reasons for the placement of the child in foster care, and when  
257.33 reunification is the plan, a description of the problems or conditions in the home of the

258.1 parent or parents ~~which~~ that necessitated removal of the child from home and the changes  
258.2 the parent or parents must make for the child to safely return home;

258.3 (3) a description of the services offered and provided to prevent removal of the child  
258.4 from the home and to reunify the family including:

258.5 (i) the specific actions to be taken by the parent or parents of the child to eliminate or  
258.6 correct the problems or conditions identified in clause (2), and the time period during which  
258.7 the actions are to be taken; and

258.8 (ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to  
258.9 achieve a safe and stable home for the child including social and other supportive services  
258.10 to be provided or offered to the parent or parents or guardian of the child, the child, and the  
258.11 residential facility during the period the child is in the residential facility;

258.12 (4) a description of any services or resources that were requested by the child or the  
258.13 child's parent, guardian, foster parent, or custodian since the date of the child's placement  
258.14 in the residential facility, and whether those services or resources were provided and if not,  
258.15 the basis for the denial of the services or resources;

258.16 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in  
258.17 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not  
258.18 placed together in foster care, and whether visitation is consistent with the best interest of  
258.19 the child, during the period the child is in foster care;

258.20 (6) when a child cannot return to or be in the care of either parent, documentation of  
258.21 steps to finalize adoption as the permanency plan for the child through reasonable efforts  
258.22 to place the child for adoption pursuant to section 260C.605. At a minimum, the  
258.23 documentation must include consideration of whether adoption is in the best interests of  
258.24 the child; and child-specific recruitment efforts such as a relative search, consideration of  
258.25 relatives for adoptive placement, and the use of state, regional, and national adoption  
258.26 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of  
258.27 this documentation shall be provided to the court in the review required under section  
258.28 260C.317, subdivision 3, paragraph (b);

258.29 (7) when a child cannot return to or be in the care of either parent, documentation of  
258.30 steps to finalize the transfer of permanent legal and physical custody to a relative as the  
258.31 permanency plan for the child. This documentation must support the requirements of the  
258.32 kinship placement agreement under section 256N.22 and must include the reasonable efforts  
258.33 used to determine that it is not appropriate for the child to return home or be adopted, and  
258.34 reasons why permanent placement with a relative through a Northstar kinship assistance

259.1 arrangement is in the child's best interest; how the child meets the eligibility requirements  
259.2 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's  
259.3 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,  
259.4 if applicable; and agency efforts to discuss with the child's parent or parents the permanent  
259.5 transfer of permanent legal and physical custody or the reasons why these efforts were not  
259.6 made;

259.7 (8) efforts to ensure the child's educational stability while in foster care for a child who  
259.8 attained the minimum age for compulsory school attendance under state law and is enrolled  
259.9 full time in elementary or secondary school, or instructed in elementary or secondary  
259.10 education at home, or instructed in an independent study elementary or secondary program,  
259.11 or incapable of attending school on a full-time basis due to a medical condition that is  
259.12 documented and supported by regularly updated information in the child's case plan.

259.13 Educational stability efforts include:

259.14 (i) efforts to ensure that the child remains in the same school in which the child was  
259.15 enrolled prior to placement or upon the child's move from one placement to another, including  
259.16 efforts to work with the local education authorities to ensure the child's educational stability  
259.17 and attendance; or

259.18 (ii) if it is not in the child's best interest to remain in the same school that the child was  
259.19 enrolled in prior to placement or move from one placement to another, efforts to ensure  
259.20 immediate and appropriate enrollment for the child in a new school;

259.21 (9) the educational records of the child including the most recent information available  
259.22 regarding:

259.23 (i) the names and addresses of the child's educational providers;

259.24 (ii) the child's grade level performance;

259.25 (iii) the child's school record;

259.26 (iv) a statement about how the child's placement in foster care takes into account  
259.27 proximity to the school in which the child is enrolled at the time of placement; and

259.28 (v) any other relevant educational information;

259.29 (10) the efforts by the responsible social services agency to ensure the oversight and  
259.30 continuity of health care services for the foster child, including:

259.31 (i) the plan to schedule the child's initial health screens;

- 260.1 (ii) how the child's known medical problems and identified needs from the screens,  
260.2 including any known communicable diseases, as defined in section 144.4172, subdivision  
260.3 2, shall be monitored and treated while the child is in foster care;
- 260.4 (iii) how the child's medical information shall be updated and shared, including the  
260.5 child's immunizations;
- 260.6 (iv) who is responsible to coordinate and respond to the child's health care needs,  
260.7 including the role of the parent, the agency, and the foster parent;
- 260.8 (v) who is responsible for oversight of the child's prescription medications;
- 260.9 (vi) how physicians or other appropriate medical and nonmedical professionals shall be  
260.10 consulted and involved in assessing the health and well-being of the child and determine  
260.11 the appropriate medical treatment for the child; and
- 260.12 (vii) the responsibility to ensure that the child has access to medical care through either  
260.13 medical insurance or medical assistance;
- 260.14 (11) the health records of the child including information available regarding:
- 260.15 (i) the names and addresses of the child's health care and dental care providers;
- 260.16 (ii) a record of the child's immunizations;
- 260.17 (iii) the child's known medical problems, including any known communicable diseases  
260.18 as defined in section 144.4172, subdivision 2;
- 260.19 (iv) the child's medications; and
- 260.20 (v) any other relevant health care information such as the child's eligibility for medical  
260.21 insurance or medical assistance;
- 260.22 (12) an independent living plan for a child 14 years of age or older, developed in  
260.23 consultation with the child. The child may select one member of the case planning team to  
260.24 be designated as the child's advisor and to advocate with respect to the application of the  
260.25 reasonable and prudent parenting standards in subdivision 14. The plan should include, but  
260.26 not be limited to, the following objectives:
- 260.27 (i) educational, vocational, or employment planning;
- 260.28 (ii) health care planning and medical coverage;
- 260.29 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's  
260.30 license;

261.1 (iv) money management, including the responsibility of the responsible social services  
261.2 agency to ensure that the child annually receives, at no cost to the child, a consumer report  
261.3 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies  
261.4 in the report;

261.5 (v) planning for housing;

261.6 (vi) social and recreational skills;

261.7 (vii) establishing and maintaining connections with the child's family and community;  
261.8 and

261.9 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate  
261.10 activities typical for the child's age group, taking into consideration the capacities of the  
261.11 individual child;

261.12 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic  
261.13 and assessment information, specific services relating to meeting the mental health care  
261.14 needs of the child, and treatment outcomes;

261.15 (14) for a child 14 years of age or older, a signed acknowledgment that describes the  
261.16 child's rights regarding education, health care, visitation, safety and protection from  
261.17 exploitation, and court participation; receipt of the documents identified in section 260C.452;  
261.18 and receipt of an annual credit report. The acknowledgment shall state that the rights were  
261.19 explained in an age-appropriate manner to the child; and

261.20 (15) for a child placed in a qualified residential treatment program, the plan must include  
261.21 the requirements in section 260C.708.

261.22 (d) The parent or parents or guardian and the child each shall have the right to legal  
261.23 counsel in the preparation of the case plan and shall be informed of the right at the time of  
261.24 placement of the child. The child shall also have the right to a guardian ad litem. If unable  
261.25 to employ counsel from their own resources, the court shall appoint counsel upon the request  
261.26 of the parent or parents or the child or the child's legal guardian. The parent or parents may  
261.27 also receive assistance from any person or social services agency in preparation of the case  
261.28 plan.

261.29 (e) After the plan has been agreed upon by the parties involved or approved or ordered  
261.30 by the court, the foster parents shall be fully informed of the provisions of the case plan and  
261.31 shall be provided a copy of the plan.

261.32 (f) Upon the child's discharge from foster care, the responsible social services agency  
261.33 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,

262.1 and the child, if the child is 14 years of age or older, with a current copy of the child's health  
262.2 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the  
262.3 agency must also provide the child with the child's social and medical history. The responsible  
262.4 social services agency may give a copy of the child's health and education record and social  
262.5 and medical history to a child who is younger than 14 years of age, if it is appropriate and  
262.6 if subdivision 15, paragraph (b), applies.

262.7 Sec. 17. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 2, is amended  
262.8 to read:

262.9 Subd. 2. **Placement decisions based on best interests of the child.** (a) The policy of  
262.10 the state of Minnesota is to ensure that the child's best interests are met by requiring an  
262.11 individualized determination of the needs of the child in consideration of paragraphs (a) to  
262.12 (f), and of how the selected placement will serve the current and future needs of the child  
262.13 being placed. The authorized child-placing agency shall place a child, released by court  
262.14 order or by voluntary release by the parent or parents, in a family foster home selected by  
262.15 considering placement with relatives ~~and important friends~~ in the following order:

262.16 (1) with an individual who is related to the child by blood, marriage, or adoption,  
262.17 including the legal parent, guardian, or custodian of the child's ~~siblings~~ sibling; or

262.18 (2) with an individual who is an important friend of the child or of the child's parent or  
262.19 custodian, including an individual with whom the child has resided or had significant contact  
262.20 or who has a significant relationship to the child or the child's parent or custodian.

262.21 ~~(2) with an individual who is an important friend with whom the child has resided or~~  
262.22 ~~had significant contact.~~

262.23 For an Indian child, the agency shall follow the order of placement preferences in the Indian  
262.24 Child Welfare Act of 1978, United States Code, title 25, section 1915.

262.25 (b) Among the factors the agency shall consider in determining the current and future  
262.26 needs of the child are the following:

262.27 (1) the child's current functioning and behaviors;

262.28 (2) the medical needs of the child;

262.29 (3) the educational needs of the child;

262.30 (4) the developmental needs of the child;

262.31 (5) the child's history and past experience;

- 263.1 (6) the child's religious and cultural needs;
- 263.2 (7) the child's connection with a community, school, and faith community;
- 263.3 (8) the child's interests and talents;
- 263.4 (9) the child's ~~relationship to current caretakers,~~ current and long-term needs regarding
- 263.5 relationships with parents, siblings, and relatives, and other caretakers;
- 263.6 (10) the reasonable preference of the child, if the court, or the child-placing agency in
- 263.7 the case of a voluntary placement, deems the child to be of sufficient age to express
- 263.8 preferences; and
- 263.9 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
- 263.10 subdivision 2a.
- 263.11 When placing a child in foster care or in a permanent placement based on an individualized
- 263.12 determination of the child's needs, the agency must not use one factor in this paragraph to
- 263.13 the exclusion of all others, and the agency shall consider that the factors in paragraph (b)
- 263.14 may be interrelated.
- 263.15 (c) Placement of a child cannot be delayed or denied based on race, color, or national
- 263.16 origin of the foster parent or the child.
- 263.17 (d) Siblings should be placed together for foster care and adoption at the earliest possible
- 263.18 time unless it is documented that a joint placement would be contrary to the safety or
- 263.19 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
- 263.20 responsible social services agency. In cases where siblings cannot be placed together, the
- 263.21 agency is required to provide frequent visitation or other ongoing interaction between
- 263.22 siblings unless the agency documents that the interaction would be contrary to the safety
- 263.23 or well-being of any of the siblings.
- 263.24 (e) Except for emergency placement as provided for in section 245A.035, the following
- 263.25 requirements must be satisfied before the approval of a foster or adoptive placement in a
- 263.26 related or unrelated home: (1) a completed background study under section 245C.08; and
- 263.27 (2) a completed review of the written home study required under section 260C.215,
- 263.28 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
- 263.29 adoptive parent to ensure the placement will meet the needs of the individual child.
- 263.30 (f) The agency must determine whether colocation with a parent who is receiving services
- 263.31 in a licensed residential family-based substance use disorder treatment program is in the
- 263.32 child's best interests according to paragraph (b) and include that determination in the child's
- 263.33 case plan under subdivision 1. The agency may consider additional factors not identified

264.1 in paragraph (b). The agency's determination must be documented in the child's case plan  
264.2 before the child is colocated with a parent.

264.3 (g) The agency must establish a juvenile treatment screening team under section 260C.157  
264.4 to determine whether it is necessary and appropriate to recommend placing a child in a  
264.5 qualified residential treatment program, as defined in section 260C.007, subdivision 26d.

264.6 Sec. 18. Minnesota Statutes 2020, section 260C.221, is amended to read:

264.7 **260C.221 RELATIVE SEARCH AND ENGAGEMENT; PLACEMENT**  
264.8 **CONSIDERATION.**

264.9 Subdivision 1. Relative search requirements. (a) The responsible social services agency  
264.10 shall exercise due diligence to identify and notify adult relatives and current caregivers of  
264.11 a child's sibling, prior to placement or within 30 days after the child's removal from the  
264.12 parent, regardless of whether a child is placed in a relative's home, as required under  
264.13 subdivision 2. ~~The county agency shall consider placement with a relative under this section~~  
264.14 ~~without delay and whenever the child must move from or be returned to foster care.~~ The  
264.15 relative search required by this section shall be comprehensive in scope. ~~After a finding~~  
264.16 ~~that the agency has made reasonable efforts to conduct the relative search under this~~  
264.17 ~~paragraph, the agency has the continuing responsibility to appropriately involve relatives,~~  
264.18 ~~who have responded to the notice required under this paragraph, in planning for the child~~  
264.19 ~~and to continue to consider relatives according to the requirements of section 260C.212,~~  
264.20 ~~subdivision 2.~~ ~~At any time during the course of juvenile protection proceedings, the court~~  
264.21 ~~may order the agency to reopen its search for relatives when it is in the child's best interest~~  
264.22 ~~to do so.~~

264.23 (b) The relative search required by this section shall include both maternal and paternal  
264.24 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians  
264.25 of the child's siblings; and any other adult relatives suggested by the child's parents, subject  
264.26 to the exceptions due to family violence in subdivision 5, paragraph (e)(b). The search shall  
264.27 also include getting information from the child in an age-appropriate manner about who the  
264.28 child considers to be family members and important friends with whom the child has resided  
264.29 or had significant contact. The relative search required under this section must fulfill the  
264.30 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the  
264.31 breakup of the Indian family under United States Code, title 25, section 1912(d), and to  
264.32 meet placement preferences under United States Code, title 25, section 1915.

264.33 (c) The responsible social services agency has a continuing responsibility to search for  
264.34 and identify relatives of a child and send the notice to relatives that is required under



265.1 subdivision 2, unless the court has relieved the agency of this duty under subdivision 5,  
265.2 paragraph (e).

265.3 Subd. 2. Relative notice requirements. (a) The agency may provide oral or written  
265.4 notice to a child's relatives. In the child's case record, the agency must document providing  
265.5 the required notice to each of the child's relatives. The responsible social services agency  
265.6 must notify relatives ~~must be notified:~~

265.7 (1) of the need for a foster home for the child, the option to become a placement resource  
265.8 for the child, the order of placement that the agency will consider under section 260C.212,  
265.9 subdivision 2, paragraph (a), and the possibility of the need for a permanent placement for  
265.10 the child;

265.11 (2) of their responsibility to keep the responsible social services agency and the court  
265.12 informed of their current address in order to receive notice in the event that a permanent  
265.13 placement is sought for the child and to receive notice of the permanency progress review  
265.14 hearing under section 260C.204. A relative who fails to provide a current address to the  
265.15 responsible social services agency and the court forfeits the right to receive notice of the  
265.16 possibility of permanent placement and of the permanency progress review hearing under  
265.17 section 260C.204, until the relative provides a current address to the responsible social  
265.18 services agency and the court. A decision by a relative not to be identified as a potential  
265.19 permanent placement resource or participate in planning for the child ~~at the beginning of~~  
265.20 ~~the case~~ shall not affect whether the relative is considered for placement of, or as a  
265.21 permanency resource for, the child with that relative later at any time in the case, and shall  
265.22 not be the sole basis for the court to rule out the relative as the child's placement or  
265.23 permanency resource;

265.24 (3) that the relative may participate in the care and planning for the child, as specified  
265.25 in subdivision 3, including that the opportunity for such participation may be lost by failing  
265.26 to respond to the notice sent under this subdivision. ~~"Participate in the care and planning"~~  
265.27 ~~includes, but is not limited to, participation in case planning for the parent and child,~~  
265.28 ~~identifying the strengths and needs of the parent and child, supervising visits, providing~~  
265.29 ~~respite and vacation visits for the child, providing transportation to appointments, suggesting~~  
265.30 ~~other relatives who might be able to help support the case plan, and to the extent possible,~~  
265.31 ~~helping to maintain the child's familiar and regular activities and contact with friends and~~  
265.32 ~~relatives;~~

265.33 (4) of the family foster care licensing and adoption home study requirements, including  
265.34 how to complete an application and how to request a variance from licensing standards that

266.1 do not present a safety or health risk to the child in the home under section 245A.04 and  
266.2 supports that are available for relatives and children who reside in a family foster home;  
266.3 ~~and~~

266.4 (5) of the relatives' right to ask to be notified of any court proceedings regarding the  
266.5 child, to attend the hearings, and of a relative's right ~~or opportunity~~ to be heard by the court  
266.6 as required under section 260C.152, subdivision 5;

266.7 (6) that regardless of the relative's response to the notice sent under this subdivision, the  
266.8 agency is required to establish permanency for a child, including planning for alternative  
266.9 permanency options if the agency's reunification efforts fail or are not required; and

266.10 (7) that by responding to the notice, a relative may receive information about participating  
266.11 in a child's family and permanency team if the child is placed in a qualified residential  
266.12 treatment program as defined in section 260C.007, subdivision 26d.

266.13 (b) The responsible social services agency shall send the notice required under paragraph  
266.14 (a) to relatives who become known to the responsible social services agency, except for  
266.15 relatives that the agency does not contact due to safety reasons under subdivision 5, paragraph  
266.16 (b). The responsible social services agency shall continue to send notice to relatives  
266.17 notwithstanding a court's finding that the agency has made reasonable efforts to conduct a  
266.18 relative search.

266.19 (c) The responsible social services agency is not required to send the notice under  
266.20 paragraph (a) to a relative who becomes known to the agency after an adoption placement  
266.21 agreement has been fully executed under section 260C.613, subdivision 1. If the relative  
266.22 wishes to be considered for adoptive placement of the child, the agency shall inform the  
266.23 relative of the relative's ability to file a motion for an order for adoptive placement under  
266.24 section 260C.607, subdivision 6.

266.25 Subd. 3. **Relative engagement requirements.** (a) A relative who responds to the notice  
266.26 under subdivision 2 has the opportunity to participate in care and planning for a child, which  
266.27 must not be limited based solely on the relative's prior inconsistent participation or  
266.28 nonparticipation in care and planning for the child. Care and planning for a child may include  
266.29 but is not limited to:

266.30 (1) participating in case planning for the child and child's parent, including identifying  
266.31 services and resources that meet the individualized needs of the child and child's parent. A  
266.32 relative's participation in case planning may be in person, via phone call, or by electronic  
266.33 means;

- 267.1 (2) identifying the strengths and needs of the child and child's parent;
- 267.2 (3) asking the responsible social services agency to consider the relative for placement  
267.3 of the child according to subdivision 4;
- 267.4 (4) acting as a support person for the child, the child's parents, and the child's current  
267.5 caregiver;
- 267.6 (5) supervising visits;
- 267.7 (6) providing respite care for the child and having vacation visits with the child;
- 267.8 (7) providing transportation;
- 267.9 (8) suggesting other relatives who may be able to participate in the case plan or that the  
267.10 agency may consider for placement of the child. The agency shall send a notice to each  
267.11 relative identified by other relatives according to subdivision 2, paragraph (b), unless a  
267.12 relative received this notice earlier in the case;
- 267.13 (9) helping to maintain the child's familiar and regular activities and contact with the  
267.14 child's friends and relatives, including providing supervision of the child at family gatherings  
267.15 and events; and
- 267.16 (10) participating in the child's family and permanency team if the child is placed in a  
267.17 qualified residential treatment program as defined in section 260C.007, subdivision 26d.
- 267.18 (b) The responsible social services agency shall make reasonable efforts to contact and  
267.19 engage relatives who respond to the notice required under this section. Upon a request by  
267.20 a relative or party to the proceeding, the court may conduct a review of the agency's  
267.21 reasonable efforts to contact and engage relatives who respond to the notice. If the court  
267.22 finds that the agency did not make reasonable efforts to contact and engage relatives who  
267.23 respond to the notice, the court may order the agency to make reasonable efforts to contact  
267.24 and engage relatives who respond to the notice in care and planning for the child.
- 267.25 Subd. 4. **Placement considerations.** (a) The responsible social services agency shall  
267.26 consider placing a child with a relative under this section without delay and when the child:
- 267.27 (1) enters foster care;
- 267.28 (2) must be moved from the child's current foster setting;
- 267.29 (3) must be permanently placed away from the child's parent; or
- 267.30 (4) returns to foster care after permanency has been achieved for the child.
- 267.31 (b) The agency shall consider placing a child with relatives:

268.1 (1) in the order specified in section 260C.212, subdivision 2, paragraph (a); and  
268.2 (2) based on the child's best interests using the factors in section 260C.212, subdivision  
268.3 2.

268.4 (c) The agency shall document how the agency considered relatives in the child's case  
268.5 record.

268.6 (d) Any relative who requests to be a placement option for a child in foster care has the  
268.7 right to be considered for placement of the child according to section 260C.212, subdivision  
268.8 2, paragraph (a), unless the court finds that placing the child with a specific relative would  
268.9 endanger the child, sibling, parent, guardian, or any other family member under subdivision  
268.10 5, paragraph (b).

268.11 (e) When adoption is the responsible social services agency's permanency goal for the  
268.12 child, the agency shall consider adoptive placement of the child with a relative in the order  
268.13 specified under section 260C.212, subdivision 2, paragraph (a).

268.14 **Subd. 5. Data disclosure; court review.** ~~(e)~~ (a) A responsible social services agency  
268.15 may disclose private data, as defined in section 13.02 and chapter 260E, to relatives of the  
268.16 child for the purpose of locating and assessing a suitable placement and may use any  
268.17 reasonable means of identifying and locating relatives including the Internet or other  
268.18 electronic means of conducting a search. The agency shall disclose data that is necessary  
268.19 to facilitate possible placement with relatives and to ensure that the relative is informed of  
268.20 the needs of the child so the relative can participate in planning for the child and be supportive  
268.21 of services to the child and family.

268.22 (b) If the child's parent refuses to give the responsible social services agency information  
268.23 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask  
268.24 the juvenile court to order the parent to provide the necessary information and shall use  
268.25 other resources to identify the child's maternal and paternal relatives. If a parent makes an  
268.26 explicit request that a specific relative not be contacted or considered for placement due to  
268.27 safety reasons, including past family or domestic violence, the agency shall bring the parent's  
268.28 request to the attention of the court to determine whether the parent's request is consistent  
268.29 with the best interests of the child ~~and~~. The agency shall not contact the specific relative  
268.30 when the juvenile court finds that contacting or placing the child with the specific relative  
268.31 would endanger the parent, guardian, child, sibling, or any family member. Unless section  
268.32 260C.139 applies to the child's case, a court shall not waive or relieve the responsible social  
268.33 services agency of reasonable efforts to:

268.34 (1) conduct a relative search;

269.1 (2) notify relatives;

269.2 (3) contact and engage relatives in case planning; and

269.3 (4) consider relatives for placement of the child.

269.4 (c) Notwithstanding chapter 13, the agency shall disclose data to the court about particular  
269.5 relatives that the agency has identified, contacted, or considered for the child's placement  
269.6 for the court to review the agency's due diligence.

269.7 (d) At a regularly scheduled hearing not later than three months after the child's placement  
269.8 in foster care and as required in ~~section~~ sections 260C.193 and 260C.202, the agency shall  
269.9 report to the court:

269.10 (1) ~~its~~ the agency's efforts to identify maternal and paternal relatives of the child and to  
269.11 engage the relatives in providing support for the child and family, and document that the  
269.12 relatives have been provided the notice required under ~~paragraph (a)~~ subdivision 2; and

269.13 (2) ~~its~~ the agency's decision regarding placing the child with a relative as required under  
269.14 section 260C.212, subdivision 2, ~~and to ask~~. If the responsible social services agency decides  
269.15 that relative placement is not in the child's best interests at the time of the hearing, the agency  
269.16 shall inform the court of the agency's decision, including:

269.17 (i) why the agency decided against relative placement of the child; and

269.18 (ii) the agency's efforts to engage relatives to visit or maintain contact with the child in  
269.19 ~~order~~ as required under subdivision 3 to support family connections for the child, ~~when~~  
269.20 ~~placement with a relative is not possible or appropriate.~~

269.21 ~~(e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives~~  
269.22 ~~identified, searched for, and contacted for the purposes of the court's review of the agency's~~  
269.23 ~~due diligence.~~

269.24 ~~(f)~~ (e) When the court is satisfied that the agency has exercised due diligence to identify  
269.25 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may find  
269.26 that the agency made reasonable efforts ~~have been made~~ to conduct a relative search to  
269.27 identify and provide notice to adult relatives as required under section 260.012, paragraph  
269.28 (e), clause (3). A finding under this paragraph does not relieve the responsible social services  
269.29 agency of the ongoing duty to contact, engage, and consider relatives under this section nor  
269.30 is it a basis for the court to rule out any relative from being a foster care or permanent  
269.31 placement option for the child. The agency has the continuing responsibility to:

269.32 (1) involve relatives who respond to the notice in planning for the child; and

270.1 (2) continue considering relatives for the child's placement while taking the child's short-  
270.2 and long-term permanency goals into consideration, according to the requirements of section  
270.3 260C.212, subdivision 2.

270.4 (f) At any time during the course of juvenile protection proceedings, the court may order  
270.5 the agency to reopen the search for relatives when it is in the child's best interests.

270.6 (g) If the court is not satisfied that the agency has exercised due diligence to identify  
270.7 relatives and provide the notice required in paragraph (a) subdivision 2, the court may order  
270.8 the agency to continue its search and notice efforts and to report back to the court.

270.9 ~~(g) When the placing agency determines that permanent placement proceedings are~~  
270.10 ~~necessary because there is a likelihood that the child will not return to a parent's care, the~~  
270.11 ~~agency must send the notice provided in paragraph (h), may ask the court to modify the~~  
270.12 ~~duty of the agency to send the notice required in paragraph (h), or may ask the court to~~  
270.13 ~~completely relieve the agency of the requirements of paragraph (h). The relative notification~~  
270.14 ~~requirements of paragraph (h) do not apply when the child is placed with an appropriate~~  
270.15 ~~relative or a foster home that has committed to adopting the child or taking permanent legal~~  
270.16 ~~and physical custody of the child and the agency approves of that foster home for permanent~~  
270.17 ~~placement of the child. The actions ordered by the court under this section must be consistent~~  
270.18 ~~with the best interests, safety, permanency, and welfare of the child.~~

270.19 ~~(h) Unless required under the Indian Child Welfare Act or relieved of this duty by the~~  
270.20 ~~court under paragraph (f),~~ When the agency determines that it is necessary to prepare for  
270.21 permanent placement determination proceedings, or in anticipation of filing a termination  
270.22 of parental rights petition, the agency shall send notice to the relatives who responded to a  
270.23 notice under this section sent at any time during the case, any adult with whom the child is  
270.24 currently residing, any adult with whom the child has resided for one year or longer in the  
270.25 past, and any adults who have maintained a relationship or exercised visitation with the  
270.26 child as identified in the agency case plan. The notice must state that a permanent home is  
270.27 sought for the child and that the individuals receiving the notice may indicate to the agency  
270.28 their interest in providing a permanent home. The notice must state that within 30 days of  
270.29 receipt of the notice an individual receiving the notice must indicate to the agency the  
270.30 individual's interest in providing a permanent home for the child or that the individual may  
270.31 lose the opportunity to be considered for a permanent placement. A relative's failure to  
270.32 respond or timely respond to the notice is not a basis for ruling out the relative from being  
270.33 a permanent placement option for the child, should the relative request to be considered for  
270.34 permanent placement at a later date.

271.1 Sec. 19. Minnesota Statutes 2020, section 260C.513, is amended to read:

271.2 **260C.513 PERMANENCY DISPOSITIONS WHEN CHILD CANNOT RETURN**  
271.3 **HOME.**

271.4 (a) ~~Termination of parental rights and adoption, or guardianship to the commissioner of~~  
271.5 ~~human services through a consent to adopt, are preferred permanency options for a child~~  
271.6 ~~who cannot return home. If the court finds that termination of parental rights and guardianship~~  
271.7 ~~to the commissioner is not in the child's best interests, the court may transfer permanent~~  
271.8 ~~legal and physical custody of the child to a relative when that order is in the child's best~~  
271.9 ~~interests. In determining a permanency disposition under section 260C.515 for a child who~~  
271.10 ~~cannot return home, the court shall give preference to a permanency disposition that will~~  
271.11 ~~result in the child being placed in the permanent care of a relative through a termination of~~  
271.12 ~~parental rights and adoption, guardianship to the commissioner of human services through~~  
271.13 ~~a consent to adopt, or a transfer of permanent legal and physical custody, consistent with~~  
271.14 ~~the best interests of the child and section 260C.212, subdivision 2, paragraph (a). If a relative~~  
271.15 ~~is not available to accept placement or the court finds that a permanent placement with a~~  
271.16 ~~relative is not in the child's best interests, the court may consider a permanency disposition~~  
271.17 ~~that may result in the child being permanently placed in the care of a nonrelative caregiver,~~  
271.18 ~~including adoption.~~

271.19 (b) When the court has determined that permanent placement of the child away from  
271.20 the parent is necessary, the court shall consider permanent alternative homes that are available  
271.21 both inside and outside the state.

271.22 Sec. 20. Minnesota Statutes 2021 Supplement, section 260C.605, subdivision 1, is amended  
271.23 to read:

271.24 Subdivision 1. **Requirements.** (a) Reasonable efforts to finalize the adoption of a child  
271.25 under the guardianship of the commissioner shall be made by the responsible social services  
271.26 agency responsible for permanency planning for the child.

271.27 (b) Reasonable efforts to make a placement in a home according to the placement  
271.28 considerations under section 260C.212, subdivision 2, with a relative or foster parent who  
271.29 will commit to being the permanent resource for the child in the event the child cannot be  
271.30 reunified with a parent are required under section 260.012 and may be made concurrently  
271.31 with reasonable, or if the child is an Indian child, active efforts to reunify the child with the  
271.32 parent.

272.1 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the  
272.2 child is in foster care under this chapter, but not later than the hearing required under section  
272.3 260C.204.

272.4 (d) Reasonable efforts to finalize the adoption of the child include:

272.5 (1) considering the child's preference for an adoptive family;

272.6 ~~(1)~~ (2) using age-appropriate engagement strategies to plan for adoption with the child;

272.7 ~~(2)~~ (3) identifying an appropriate prospective adoptive parent for the child by updating  
272.8 the child's identified needs using the factors in section 260C.212, subdivision 2;

272.9 ~~(3)~~ (4) making an adoptive placement that meets the child's needs by:

272.10 (i) completing or updating the relative search required under section 260C.221 and giving  
272.11 notice of the need for an adoptive home for the child to:

272.12 (A) relatives who have kept the agency or the court apprised of their whereabouts ~~and~~  
272.13 ~~who have indicated an interest in adopting the child;~~ or

272.14 (B) relatives of the child who are located in an updated search;

272.15 (ii) an updated search is required whenever:

272.16 (A) there is no identified prospective adoptive placement for the child notwithstanding  
272.17 a finding by the court that the agency made diligent efforts under section 260C.221, in a  
272.18 hearing required under section 260C.202;

272.19 (B) the child is removed from the home of an adopting parent; or

272.20 (C) the court determines that a relative search by the agency is in the best interests of  
272.21 the child;

272.22 (iii) engaging the child's relatives or current or former foster parent and the child's  
272.23 ~~relatives identified as an adoptive resource during the search conducted under section~~

272.24 ~~260C.221, parents~~ to commit to being the prospective adoptive parent of the child, and

272.25 considering the child's relatives for adoptive placement of the child in the order specified  
272.26 under section 260C.212, subdivision 2, paragraph (a); or

272.27 (iv) when there is no identified prospective adoptive parent:

272.28 (A) registering the child on the state adoption exchange as required in section 259.75  
272.29 unless the agency documents to the court an exception to placing the child on the state  
272.30 adoption exchange reported to the commissioner;



273.1 (B) reviewing all families with approved adoption home studies associated with the  
273.2 responsible social services agency;

273.3 (C) presenting the child to adoption agencies and adoption personnel who may assist  
273.4 with finding an adoptive home for the child;

273.5 (D) using newspapers and other media to promote the particular child;

273.6 (E) using a private agency under grant contract with the commissioner to provide adoption  
273.7 services for intensive child-specific recruitment efforts; and

273.8 (F) making any other efforts or using any other resources reasonably calculated to identify  
273.9 a prospective adoption parent for the child;

273.10 ~~(4)~~ (5) updating and completing the social and medical history required under sections  
273.11 260C.212, subdivision 15, and 260C.609;

273.12 ~~(5)~~ (6) making, and keeping updated, appropriate referrals required by section 260.851,  
273.13 the Interstate Compact on the Placement of Children;

273.14 ~~(6)~~ (7) giving notice regarding the responsibilities of an adoptive parent to any prospective  
273.15 adoptive parent as required under section 259.35;

273.16 ~~(7)~~ (8) offering the adopting parent the opportunity to apply for or decline adoption  
273.17 assistance under chapter 256N;

273.18 ~~(8)~~ (9) certifying the child for adoption assistance, assessing the amount of adoption  
273.19 assistance, and ascertaining the status of the commissioner's decision on the level of payment  
273.20 if the adopting parent has applied for adoption assistance;

273.21 ~~(9)~~ (10) placing the child with siblings. If the child is not placed with siblings, the agency  
273.22 must document reasonable efforts to place the siblings together, as well as the reason for  
273.23 separation. The agency may not cease reasonable efforts to place siblings together for final  
273.24 adoption until the court finds further reasonable efforts would be futile or that placement  
273.25 together for purposes of adoption is not in the best interests of one of the siblings; and

273.26 ~~(10)~~ (11) working with the adopting parent to file a petition to adopt the child and with  
273.27 the court administrator to obtain a timely hearing to finalize the adoption.

273.28 Sec. 21. Minnesota Statutes 2020, section 260C.607, subdivision 2, is amended to read:

273.29 Subd. 2. **Notice.** Notice of review hearings shall be given by the court to:

273.30 (1) the responsible social services agency;

273.31 (2) the child, if the child is age ten and older;

274.1 (3) the child's guardian ad litem;

274.2 (4) counsel appointed for the child pursuant to section 260C.163, subdivision 3;

274.3 (5) relatives of the child who have kept the court informed of their whereabouts as  
274.4 required in section 260C.221 and who have responded to the agency's notice under section  
274.5 260C.221, ~~indicating a willingness to provide an adoptive home for the child~~ unless the  
274.6 relative has been previously ruled out by the court as a suitable foster parent or permanency  
274.7 resource for the child;

274.8 (6) the current foster or adopting parent of the child;

274.9 (7) any foster or adopting parents of siblings of the child; and

274.10 (8) the Indian child's tribe.

274.11 Sec. 22. Minnesota Statutes 2020, section 260C.607, subdivision 5, is amended to read:

274.12 Subd. 5. **Required placement by responsible social services agency.** (a) No petition  
274.13 for adoption shall be filed for a child under the guardianship of the commissioner unless  
274.14 the child sought to be adopted has been placed for adoption with the adopting parent by the  
274.15 responsible social services agency as required under section 260C.613, subdivision 1. The  
274.16 court may order the agency to make an adoptive placement using standards and procedures  
274.17 under subdivision 6.

274.18 (b) Any relative or the child's foster parent who believes the responsible agency has not  
274.19 reasonably considered the relative's or foster parent's request to be considered for adoptive  
274.20 placement as required under section 260C.212, subdivision 2, and who wants to be considered  
274.21 for adoptive placement of the child shall bring a request for consideration to the attention  
274.22 of the court during a review required under this section. The child's guardian ad litem and  
274.23 the child may also bring a request for a relative or the child's foster parent to be considered  
274.24 for adoptive placement. After hearing from the agency, the court may order the agency to  
274.25 take appropriate action regarding the relative's or foster parent's request for consideration  
274.26 under section 260C.212, subdivision 2, paragraph (b).

274.27 Sec. 23. Minnesota Statutes 2021 Supplement, section 260C.607, subdivision 6, is amended  
274.28 to read:

274.29 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the  
274.30 district court orders the child under the guardianship of the commissioner of human services,  
274.31 but not later than 30 days after receiving notice required under section 260C.613, subdivision  
274.32 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's

275.1 foster parent may file a motion for an order for adoptive placement of a child who is under  
275.2 the guardianship of the commissioner if the relative or the child's foster parent:

275.3 (1) has an adoption home study under section 259.41 approving the relative or foster  
275.4 parent for adoption ~~and has~~. If the relative or foster parent does not have an adoption home  
275.5 study, an affidavit attesting to efforts to complete an adoption home study may be filed with  
275.6 the motion instead. The affidavit must be signed by the relative or foster parent and the  
275.7 responsible social services agency or licensed child-placing agency completing the adoption  
275.8 home study. The relative or foster parent must also have been a resident of Minnesota for  
275.9 at least six months before filing the motion; the court may waive the residency requirement  
275.10 for the moving party if there is a reasonable basis to do so; or

275.11 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency  
275.12 licensed or approved to complete an adoption home study in the state of the individual's  
275.13 residence and the study is filed with the motion for adoptive placement. If the relative or  
275.14 foster parent does not have an adoption home study in the relative's or foster parent's state  
275.15 of residence, an affidavit attesting to efforts to complete an adoption home study may be  
275.16 filed with the motion instead. The affidavit must be signed by the relative or foster parent  
275.17 and the agency completing the adoption home study.

275.18 (b) The motion shall be filed with the court conducting reviews of the child's progress  
275.19 toward adoption under this section. The motion and supporting documents must make a  
275.20 prima facie showing that the agency has been unreasonable in failing to make the requested  
275.21 adoptive placement. The motion must be served according to the requirements for motions  
275.22 under the Minnesota Rules of Juvenile Protection Procedure and shall be made on all  
275.23 individuals and entities listed in subdivision 2.

275.24 (c) If the motion and supporting documents do not make a prima facie showing for the  
275.25 court to determine whether the agency has been unreasonable in failing to make the requested  
275.26 adoptive placement, the court shall dismiss the motion. If the court determines a prima facie  
275.27 basis is made, the court shall set the matter for evidentiary hearing.

275.28 (d) At the evidentiary hearing, the responsible social services agency shall proceed first  
275.29 with evidence about the reason for not making the adoptive placement proposed by the  
275.30 moving party. When the agency presents evidence regarding the child's current relationship  
275.31 with the identified adoptive placement resource, the court must consider the agency's efforts  
275.32 to support the child's relationship with the moving party consistent with section 260C.221.  
275.33 The moving party then has the burden of proving by a preponderance of the evidence that  
275.34 the agency has been unreasonable in failing to make the adoptive placement.

276.1 (e) The court shall review and enter findings regarding whether, in making an adoptive  
276.2 placement decision for the child, the agency:

276.3 (1) considered relatives for adoptive placement in the order specified under section  
276.4 260C.212, subdivision 2, paragraph (a); and

276.5 (2) assessed how the identified adoptive placement resource and the moving party are  
276.6 each able to meet the child's current and future needs based on an individualized  
276.7 determination of the child's needs, as required under sections 260C.612, subdivision 2, and  
276.8 260C.613, subdivision 1, paragraph (b).

276.9 ~~(e)~~ (f) At the conclusion of the evidentiary hearing, if the court finds that the agency has  
276.10 been unreasonable in failing to make the adoptive placement and that the ~~relative or the~~  
276.11 ~~child's foster parent~~ moving party is the most suitable adoptive home to meet the child's  
276.12 needs using the factors in section 260C.212, subdivision 2, paragraph (b), the court may:

276.13 (1) order the responsible social services agency to make an adoptive placement in the  
276.14 home of the ~~relative or the child's foster parent.~~ moving party if the moving party has an  
276.15 approved adoption home study; or

276.16 (2) order the responsible social services agency to place the child in the home of the  
276.17 moving party upon approval of an adoption home study. The agency must promote and  
276.18 support the child's ongoing visitation and contact with the moving party until the child is  
276.19 placed in the moving party's home. The agency must provide an update to the court after  
276.20 90 days, including progress and any barriers encountered. If the moving party does not have  
276.21 an approved adoption home study within 180 days, the moving party and the agency must  
276.22 inform the court of any barriers to obtaining the approved adoption home study during a  
276.23 review hearing under this section. If the court finds that the moving party is unable to obtain  
276.24 an approved adoption home study, the court must dismiss the order for adoptive placement  
276.25 under this subdivision and order the agency to continue making reasonable efforts to finalize  
276.26 the adoption of the child as required under section 260C.605.

276.27 ~~(f)~~ (g) If, in order to ensure that a timely adoption may occur, the court orders the  
276.28 responsible social services agency to make an adoptive placement under this subdivision,  
276.29 the agency shall:

276.30 (1) make reasonable efforts to obtain a fully executed adoption placement agreement,  
276.31 including assisting the moving party with the adoption home study process;

276.32 (2) work with the moving party regarding eligibility for adoption assistance as required  
276.33 under chapter 256N; and

277.1 (3) if the moving party is not a resident of Minnesota, timely refer the matter for approval  
277.2 of the adoptive placement through the Interstate Compact on the Placement of Children.

277.3 ~~(g)~~ (h) Denial or granting of a motion for an order for adoptive placement after an  
277.4 evidentiary hearing is an order which may be appealed by the responsible social services  
277.5 agency, the moving party, the child, when age ten or over, the child's guardian ad litem,  
277.6 and any individual who had a fully executed adoption placement agreement regarding the  
277.7 child at the time the motion was filed if the court's order has the effect of terminating the  
277.8 adoption placement agreement. An appeal shall be conducted according to the requirements  
277.9 of the Rules of Juvenile Protection Procedure.

277.10 Sec. 24. Minnesota Statutes 2020, section 260C.613, subdivision 1, is amended to read:

277.11 Subdivision 1. **Adoptive placement decisions.** (a) The responsible social services agency  
277.12 has exclusive authority to make an adoptive placement of a child under the guardianship of  
277.13 the commissioner. The child shall be considered placed for adoption when the adopting  
277.14 parent, the agency, and the commissioner have fully executed an adoption placement  
277.15 agreement on the form prescribed by the commissioner.

277.16 (b) The responsible social services agency shall use an individualized determination of  
277.17 the child's current and future needs, pursuant to section 260C.212, subdivision 2, paragraph  
277.18 (b), to determine the most suitable adopting parent for the child in the child's best interests.  
277.19 The responsible social services agency must consider adoptive placement of the child with  
277.20 relatives in the order specified in section 260C.212, subdivision 2, paragraph (a).

277.21 (c) The responsible social services agency shall notify the court and parties entitled to  
277.22 notice under section 260C.607, subdivision 2, when there is a fully executed adoption  
277.23 placement agreement for the child.

277.24 (d) In the event an adoption placement agreement terminates, the responsible social  
277.25 services agency shall notify the court, the parties entitled to notice under section 260C.607,  
277.26 subdivision 2, and the commissioner that the agreement and the adoptive placement have  
277.27 terminated.

277.28 Sec. 25. Minnesota Statutes 2020, section 260C.613, subdivision 5, is amended to read:

277.29 Subd. 5. **Required record keeping.** The responsible social services agency shall  
277.30 document, in the records required to be kept under section 259.79, the reasons for the  
277.31 adoptive placement decision regarding the child, including the individualized determination  
277.32 of the child's needs based on the factors in section 260C.212, subdivision 2, paragraph (b);<sub>2</sub>

278.1 the agency's consideration of relatives in the order specified in section 260C.212, subdivision  
278.2 2, paragraph (a); and the assessment of how the selected adoptive placement meets the  
278.3 identified needs of the child. The responsible social services agency shall retain in the  
278.4 records required to be kept under section 259.79, copies of all out-of-home placement plans  
278.5 made since the child was ordered under guardianship of the commissioner and all court  
278.6 orders from reviews conducted pursuant to section 260C.607.

278.7 Sec. 26. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended  
278.8 to read:

278.9 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare  
278.10 agency shall conduct a face-to-face contact with the child reported to be maltreated and  
278.11 with the child's primary caregiver sufficient to complete a safety assessment and ensure the  
278.12 immediate safety of the child. If the report alleges substantial child endangerment or sexual  
278.13 abuse, the local welfare agency or agency responsible for assessing or investigating the  
278.14 report is not required to provide notice before conducting the initial face-to-face contact  
278.15 with the child and the child's primary caregiver.

278.16 (b) The face-to-face contact with the child and primary caregiver shall occur immediately  
278.17 if sexual abuse or substantial child endangerment is alleged and within five calendar days  
278.18 for all other reports. If the alleged offender was not already interviewed as the primary  
278.19 caregiver, the local welfare agency shall also conduct a face-to-face interview with the  
278.20 alleged offender in the early stages of the assessment or investigation. Face-to-face contact  
278.21 with the child and primary caregiver in response to a report alleging sexual abuse or  
278.22 substantial child endangerment may be postponed for no more than five calendar days if  
278.23 the child is residing in a location that is confirmed to restrict contact with the alleged offender  
278.24 as established in guidelines issued by the commissioner, or if the local welfare agency is  
278.25 pursuing a court order for the child's caregiver to produce the child for questioning under  
278.26 section 260E.22, subdivision 5.

278.27 (c) At the initial contact with the alleged offender, the local welfare agency or the agency  
278.28 responsible for assessing or investigating the report must inform the alleged offender of the  
278.29 complaints or allegations made against the individual in a manner consistent with laws  
278.30 protecting the rights of the person who made the report. The interview with the alleged  
278.31 offender may be postponed if it would jeopardize an active law enforcement investigation.

278.32 (d) The local welfare agency or the agency responsible for assessing or investigating  
278.33 the report must provide the alleged offender with an opportunity to make a statement. The

279.1 alleged offender may submit supporting documentation relevant to the assessment or  
279.2 investigation.

279.3 Sec. 27. Minnesota Statutes 2020, section 260E.22, subdivision 2, is amended to read:

279.4 Subd. 2. **Child interview procedure.** (a) The interview may take place at school or at  
279.5 any facility or other place where the alleged victim or other children might be found or the  
279.6 child may be transported to, and the interview may be conducted at a place appropriate for  
279.7 the interview of a child designated by the local welfare agency or law enforcement agency.

279.8 (b) When appropriate, the interview ~~may~~ must take place outside the presence of the  
279.9 alleged offender or parent, legal custodian, guardian, or school official- and may take place  
279.10 prior to any interviews of the alleged offender or parent, legal custodian, guardian, foster  
279.11 parent, or school official.

279.12 ~~(c) For a family assessment, it is the preferred practice to request a parent or guardian's~~  
279.13 ~~permission to interview the child before conducting the child interview, unless doing so~~  
279.14 ~~would compromise the safety assessment.~~

279.15 Sec. 28. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

279.16 Subd. 2. **Determination after family assessment.** After conducting a family assessment,  
279.17 the local welfare agency shall determine whether child protective services are needed to  
279.18 address the safety of the child and other family members and the risk of subsequent  
279.19 maltreatment. The local welfare agency must document the information collected under  
279.20 section 260E.20, subdivision 3, related to the completed family assessment in the child's or  
279.21 family's case notes.

279.22 Sec. 29. Minnesota Statutes 2020, section 260E.34, is amended to read:

279.23 **260E.34 IMMUNITY.**

279.24 (a) The following persons, including persons under the age of 18, are immune from any  
279.25 civil or criminal liability that otherwise might result from the person's actions if the person  
279.26 is acting in good faith:

279.27 (1) a person making a voluntary or mandated report under this chapter or assisting in an  
279.28 assessment under this chapter;

279.29 (2) a person with responsibility for performing duties under this section or supervisor  
279.30 employed by a local welfare agency, the commissioner of an agency responsible for operating  
279.31 or supervising a licensed or unlicensed day care facility, residential facility, agency, hospital,

280.1 sanitarium, or other facility or institution required to be licensed or certified under sections  
280.2 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 245B or 245H; or a school as  
280.3 defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or a nonlicensed  
280.4 personal care provider organization as defined in section 256B.0625, subdivision 19a,  
280.5 complying with sections 260E.23, subdivisions 2 and 3, and 260E.30; and

280.6 (3) a public or private school, facility as defined in section 260E.03, or the employee of  
280.7 any public or private school or facility who permits access by a local welfare agency, the  
280.8 Department of Education, or a local law enforcement agency and assists in an investigation  
280.9 or assessment pursuant to this chapter.

280.10 (b) A person who is a supervisor or person with responsibility for performing duties  
280.11 under this chapter employed by a local welfare agency, the commissioner of human services,  
280.12 or the commissioner of education complying with this chapter or any related rule or provision  
280.13 of law is immune from any civil or criminal liability that might otherwise result from the  
280.14 person's actions if the person is (1) acting in good faith and exercising due care, or (2) acting  
280.15 in good faith and following the information collection procedures established under section  
280.16 260E.20, subdivision 3.

280.17 (c) Any physician or other medical personnel administering a toxicology test under  
280.18 section 260E.32 to determine the presence of a controlled substance in a pregnant woman,  
280.19 in a woman within eight hours after delivery, or in a child at birth or during the first month  
280.20 of life is immune from civil or criminal liability arising from administration of the test if  
280.21 the physician ordering the test believes in good faith that the test is required under this  
280.22 section and the test is administered in accordance with an established protocol and reasonable  
280.23 medical practice.

280.24 (d) This section does not provide immunity to any person for failure to make a required  
280.25 report or for committing maltreatment.

280.26 (e) If a person who makes a voluntary or mandatory report under section 260E.06 prevails  
280.27 in a civil action from which the person has been granted immunity under this section, the  
280.28 court may award the person attorney fees and costs.

280.29 Sec. 30. Minnesota Statutes 2020, section 626.557, subdivision 4, is amended to read:

280.30 Subd. 4. **Reporting.** (a) Except as provided in paragraph (b), a mandated reporter shall  
280.31 immediately make ~~an oral~~ a report to the common entry point. ~~The common entry point~~  
280.32 ~~may accept electronic reports submitted through a web-based reporting system established~~  
280.33 ~~by the commissioner. Use of a telecommunications device for the deaf or other similar~~



281.1 ~~device shall be considered an oral report. The common entry point may not require written~~  
281.2 ~~reports.~~ To the extent possible, the report must be of sufficient content to identify the  
281.3 vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any  
281.4 evidence of previous maltreatment, the name and address of the reporter, the time, date,  
281.5 and location of the incident, and any other information that the reporter believes might be  
281.6 helpful in investigating the suspected maltreatment. A mandated reporter may disclose not  
281.7 public data, as defined in section 13.02, and medical records under sections 144.291 to  
281.8 144.298, to the extent necessary to comply with this subdivision.

281.9 (b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified  
281.10 under Title 19 of the Social Security Act, a nursing home that is licensed under section  
281.11 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital  
281.12 that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code  
281.13 of Federal Regulations, title 42, section 482.66, may submit a report electronically to the  
281.14 common entry point instead of submitting an oral report. The report may be a duplicate of  
281.15 the initial report the facility submits electronically to the commissioner of health to comply  
281.16 with the reporting requirements under Code of Federal Regulations, title 42, section 483.12.  
281.17 The commissioner of health may modify these reporting requirements to include items  
281.18 required under paragraph (a) that are not currently included in the electronic reporting form.

281.19 Sec. 31. Minnesota Statutes 2020, section 626.557, subdivision 9, is amended to read:

281.20 Subd. 9. **Common entry point designation.** ~~(a) Each county board shall designate a~~  
281.21 ~~common entry point for reports of suspected maltreatment, for use until the commissioner~~  
281.22 ~~of human services establishes a common entry point. Two or more county boards may~~  
281.23 ~~jointly designate a single common entry point.~~ The commissioner of human services shall  
281.24 establish a common entry point ~~effective July 1, 2015.~~ The common entry point is the unit  
281.25 responsible for receiving the report of suspected maltreatment under this section.

281.26 (b) The common entry point must be available 24 hours per day to take calls from  
281.27 reporters of suspected maltreatment. The common entry point shall use a standard intake  
281.28 form that includes:

281.29 (1) the time and date of the report;

281.30 (2) the name, relationship, and identifying and contact information for the person believed  
281.31 to be a vulnerable adult and the individual or facility alleged responsible for maltreatment;

281.32 (3) the name, address, and telephone number of the person reporting; relationship, and  
281.33 contact information for the:

- 282.1 (i) reporter;
- 282.2 (ii) initial reporter, witnesses, and persons who may have knowledge about the
- 282.3 maltreatment; and
- 282.4 (iii) legal surrogate and persons who may provide support to the vulnerable adult;
- 282.5 (4) the basis of vulnerability for the vulnerable adult;
- 282.6 ~~(3)~~ (5) the time, date, and location of the incident;
- 282.7 ~~(4) the names of the persons involved, including but not limited to, perpetrators, alleged~~
- 282.8 ~~victims, and witnesses;~~
- 282.9 ~~(5) whether there was a risk of imminent danger to the alleged victim;~~
- 282.10 (6) the immediate safety risk to the vulnerable adult;
- 282.11 ~~(6)~~ (7) a description of the suspected maltreatment;
- 282.12 ~~(7) the disability, if any, of the alleged victim;~~
- 282.13 ~~(8) the relationship of the alleged perpetrator to the alleged victim;~~
- 282.14 (8) the impact of the suspected maltreatment on the vulnerable adult;
- 282.15 (9) whether a facility was involved and, if so, which agency licenses the facility;
- 282.16 ~~(10) any action taken by the common entry point;~~
- 282.17 ~~(11) whether law enforcement has been notified;~~
- 282.18 (10) the actions taken to protect the vulnerable adult;
- 282.19 (11) the required notifications and referrals made by the common entry point; and
- 282.20 (12) whether the reporter wishes to receive notification of the ~~initial and final reports;~~
- 282.21 ~~and~~ disposition.
- 282.22 ~~(13) if the report is from a facility with an internal reporting procedure, the name, mailing~~
- 282.23 ~~address, and telephone number of the person who initiated the report internally.~~
- 282.24 (c) The common entry point is not required to complete each item on the form prior to
- 282.25 dispatching the report to the appropriate lead investigative agency.
- 282.26 (d) The common entry point shall immediately report to a law enforcement agency any
- 282.27 incident in which there is reason to believe a crime has been committed.

283.1 (e) If a report is initially made to a law enforcement agency or a lead investigative agency,  
283.2 those agencies shall take the report on the appropriate common entry point intake forms  
283.3 and immediately forward a copy to the common entry point.

283.4 (f) The common entry point staff must receive training on how to screen and dispatch  
283.5 reports efficiently and in accordance with this section.

283.6 (g) The commissioner of human services shall maintain a centralized database for the  
283.7 collection of common entry point data, lead investigative agency data including maltreatment  
283.8 report disposition, and appeals data. The common entry point shall have access to the  
283.9 centralized database and must log the reports into the database ~~and immediately identify~~  
283.10 ~~and locate prior reports of abuse, neglect, or exploitation.~~

283.11 (h) When appropriate, the common entry point staff must refer calls that do not allege  
283.12 the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might  
283.13 resolve the reporter's concerns.

283.14 (i) A common entry point must be operated in a manner that enables the commissioner  
283.15 of human services to:

283.16 (1) track critical steps in the reporting, evaluation, referral, response, disposition, and  
283.17 investigative process to ensure compliance with all requirements for all reports;

283.18 (2) maintain data to facilitate the production of aggregate statistical reports for monitoring  
283.19 patterns of abuse, neglect, or exploitation;

283.20 (3) serve as a resource for the evaluation, management, and planning of preventative  
283.21 and remedial services for vulnerable adults who have been subject to abuse, neglect, or  
283.22 exploitation;

283.23 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness  
283.24 of the common entry point; and

283.25 (5) track and manage consumer complaints related to the common entry point.

283.26 (j) The commissioners of human services and health shall collaborate on the creation of  
283.27 a system for referring reports to the lead investigative agencies. This system shall enable  
283.28 the commissioner of human services to track critical steps in the reporting, evaluation,  
283.29 referral, response, disposition, investigation, notification, determination, and appeal processes.

283.30 Sec. 32. Minnesota Statutes 2020, section 626.557, subdivision 9b, is amended to read:

283.31 Subd. 9b. **Response to reports.** Law enforcement is the primary agency to conduct  
283.32 investigations of any incident in which there is reason to believe a crime has been committed.

284.1 Law enforcement shall initiate a response immediately. If the common entry point notified  
284.2 a county agency for emergency adult protective services, law enforcement shall cooperate  
284.3 with that county agency when both agencies are involved and shall exchange data to the  
284.4 extent authorized in subdivision 12b, paragraph (g). County adult protection shall initiate  
284.5 a response immediately. Each lead investigative agency shall complete the investigative  
284.6 process for reports within its jurisdiction. A lead investigative agency, county, adult protective  
284.7 agency, licensed facility, or law enforcement agency shall cooperate with other agencies in  
284.8 the provision of protective services, coordinating its investigations, and assisting another  
284.9 agency within the limits of its resources and expertise and shall exchange data to the extent  
284.10 authorized in subdivision 12b, paragraph (g). The lead investigative agency shall obtain the  
284.11 results of any investigation conducted by law enforcement officials. The lead investigative  
284.12 agency has the right to enter facilities and inspect and copy records as part of investigations.  
284.13 The lead investigative agency has access to not public data, as defined in section 13.02, and  
284.14 medical records under sections 144.291 to 144.298, that are maintained by facilities to the  
284.15 extent necessary to conduct its investigation. Each lead investigative agency shall develop  
284.16 guidelines for prioritizing reports for investigation. When a county acts as a lead investigative  
284.17 agency, the county shall make guidelines available to the public regarding which reports  
284.18 the county prioritizes for investigation and adult protective services.

284.19 Sec. 33. Minnesota Statutes 2020, section 626.557, subdivision 9c, is amended to read:

284.20 Subd. 9c. **Lead investigative agency; notifications, dispositions, determinations.** (a)  
284.21 Upon request of the reporter, the lead investigative agency shall notify the reporter that it  
284.22 has received the report, and provide information on the initial disposition of the report within  
284.23 five business days of receipt of the report, provided that the notification will not endanger  
284.24 the vulnerable adult or hamper the investigation.

284.25 (b) In making the initial disposition of a report alleging maltreatment of a vulnerable  
284.26 adult, the lead investigative agency may consider previous reports of suspected maltreatment  
284.27 and may request and consider public information, records maintained by a lead investigative  
284.28 agency or licensed providers, and information from any person who may have knowledge  
284.29 regarding the alleged maltreatment and the basis for the adult's vulnerability.

284.30 (c) Unless the lead investigative agency believes that: (1) the information would endanger  
284.31 the well-being of the vulnerable adult; or (2) it would not be in the best interests of the  
284.32 vulnerable adult, the lead investigative agency shall inform the vulnerable adult, or vulnerable  
284.33 adult's guardian or health care agent, if known and when applicable to the authority of the  
284.34 vulnerable adult's guardian or health care agent, of all reports accepted by the agency for

285.1 investigation, including the maltreatment allegation, investigation guidelines, time frame,  
285.2 and evidence standards that the agency uses for determinations. If the allegation is applicable  
285.3 to the guardian or health care agent, the lead investigative agency must also inform the  
285.4 vulnerable adult's guardian or health care agent of all reports accepted for investigation by  
285.5 the agency, including the maltreatment allegation, investigation guidelines, time frame, and  
285.6 evidence standards that the agency uses for determinations.

285.7 (d) When the county social service agency does not accept a report for adult protective  
285.8 services or investigation, the agency may offer assistance to the reporter or the person who  
285.9 was the subject of the report.

285.10 (e) When the county is the lead investigative agency or the agency responsible for adult  
285.11 protective services, the agency may coordinate and share data with the Native American  
285.12 Tribes and case management agencies as allowed under chapter 13 to support a vulnerable  
285.13 adult's health, safety, or comfort or to prevent, stop, or remediate maltreatment. The identity  
285.14 of the reporter shall not be disclosed, except as provided in subdivision 12b.

285.15 (f) While investigating reports and providing adult protective services, the lead  
285.16 investigative agency may coordinate with entities identified under subdivision 12b, paragraph  
285.17 (g), and may coordinate with support persons to safeguard the welfare of the vulnerable  
285.18 adult and prevent further maltreatment of the vulnerable adult.

285.19 ~~(b)~~ (g) Upon conclusion of every investigation it conducts, the lead investigative agency  
285.20 shall make a final disposition as defined in section 626.5572, subdivision 8.

285.21 ~~(e)~~ (h) When determining whether the facility or individual is the responsible party for  
285.22 substantiated maltreatment or whether both the facility and the individual are responsible  
285.23 for substantiated maltreatment, the lead investigative agency shall consider at least the  
285.24 following mitigating factors:

285.25 (1) whether the actions of the facility or the individual caregivers were in accordance  
285.26 with, and followed the terms of, an erroneous physician order, prescription, resident care  
285.27 plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible  
285.28 for the issuance of the erroneous order, prescription, plan, or directive or knows or should  
285.29 have known of the errors and took no reasonable measures to correct the defect before  
285.30 administering care;

285.31 (2) the comparative responsibility between the facility, other caregivers, and requirements  
285.32 placed upon the employee, including but not limited to, the facility's compliance with related  
285.33 regulatory standards and factors such as the adequacy of facility policies and procedures,  
285.34 the adequacy of facility training, the adequacy of an individual's participation in the training,

286.1 the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a  
286.2 consideration of the scope of the individual employee's authority; and

286.3 (3) whether the facility or individual followed professional standards in exercising  
286.4 professional judgment.

286.5 ~~(d)~~ (i) When substantiated maltreatment is determined to have been committed by an  
286.6 individual who is also the facility license holder, both the individual and the facility must  
286.7 be determined responsible for the maltreatment, and both the background study  
286.8 disqualification standards under section 245C.15, subdivision 4, and the licensing actions  
286.9 under section 245A.06 or 245A.07 apply.

286.10 ~~(e)~~ (j) The lead investigative agency shall complete its final disposition within 60 calendar  
286.11 days. If the lead investigative agency is unable to complete its final disposition within 60  
286.12 calendar days, the lead investigative agency shall notify the following persons provided  
286.13 that the notification will not endanger the vulnerable adult or hamper the investigation: (1)  
286.14 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known,  
286.15 if the lead investigative agency knows them to be aware of the investigation; and (2) the  
286.16 facility, where applicable. The notice shall contain the reason for the delay and the projected  
286.17 completion date. If the lead investigative agency is unable to complete its final disposition  
286.18 by a subsequent projected completion date, the lead investigative agency shall again notify  
286.19 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known if  
286.20 the lead investigative agency knows them to be aware of the investigation, and the facility,  
286.21 where applicable, of the reason for the delay and the revised projected completion date  
286.22 provided that the notification will not endanger the vulnerable adult or hamper the  
286.23 investigation. The lead investigative agency must notify the health care agent of the  
286.24 vulnerable adult only if the health care agent's authority to make health care decisions for  
286.25 the vulnerable adult is currently effective under section 145C.06 and not suspended under  
286.26 section 524.5-310 and the investigation relates to a duty assigned to the health care agent  
286.27 by the principal. A lead investigative agency's inability to complete the final disposition  
286.28 within 60 calendar days or by any projected completion date does not invalidate the final  
286.29 disposition.

286.30 ~~(f) Within ten calendar days of completing the final disposition~~ (k) When the lead  
286.31 investigative agency is the Department of Health or the Department of Human Services,  
286.32 the lead investigative agency shall provide a copy of the public investigation memorandum  
286.33 under subdivision 12b, paragraph (b), clause (1), ~~when required to be completed under this~~  
286.34 ~~section,~~ within ten calendar days of completing the final disposition to the following persons:

287.1 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,  
287.2 unless the lead investigative agency knows that the notification would endanger the  
287.3 well-being of the vulnerable adult;

287.4 (2) the reporter, if the reporter requested notification when making the report, provided  
287.5 this notification would not endanger the well-being of the vulnerable adult;

287.6 (3) the ~~alleged perpetrator~~ person or facility alleged responsible for maltreatment, if  
287.7 known;

287.8 (4) the facility; and

287.9 (5) the ombudsman for long-term care, or the ombudsman for mental health and  
287.10 developmental disabilities, as appropriate.

287.11 (1) When the lead investigative agency is a county agency, within ten calendar days of  
287.12 completing the final disposition, the lead investigative agency shall provide notification of  
287.13 the final disposition to the following persons:

287.14 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,  
287.15 when the allegation is applicable to the authority of the vulnerable adult's guardian or health  
287.16 care agent, unless the agency knows that the notification would endanger the well-being of  
287.17 the vulnerable adult;

287.18 (2) the individual determined responsible for maltreatment, if known; and

287.19 (3) when the alleged incident involves a personal care assistant or provider agency, the  
287.20 personal care provider organization under section 256B.0659. Upon implementation of  
287.21 Community First Services and Supports (CFSS), this notification requirement applies to  
287.22 the CFSS support worker or CFSS agency under section 256B.85.

287.23 ~~(g)~~ (m) If, as a result of a reconsideration, review, or hearing, the lead investigative  
287.24 agency changes the final disposition, or if a final disposition is changed on appeal, the lead  
287.25 investigative agency shall notify the parties specified in paragraph ~~(f)~~ (k).

287.26 ~~(h)~~ (n) The lead investigative agency shall notify the vulnerable adult who is the subject  
287.27 of the report or the vulnerable adult's guardian or health care agent, if known, and any person  
287.28 or facility determined to have maltreated a vulnerable adult, of their appeal or review rights  
287.29 under this section or section 256.021.

287.30 ~~(i)~~ (o) The lead investigative agency shall routinely provide investigation memoranda  
287.31 for substantiated reports to the appropriate licensing boards. These reports must include the  
287.32 names of substantiated perpetrators. The lead investigative agency may not provide

288.1 investigative memoranda for inconclusive or false reports to the appropriate licensing boards  
288.2 unless the lead investigative agency's investigation gives reason to believe that there may  
288.3 have been a violation of the applicable professional practice laws. If the investigation  
288.4 memorandum is provided to a licensing board, the subject of the investigation memorandum  
288.5 shall be notified and receive a summary of the investigative findings.

288.6 ~~(j)~~ (p) In order to avoid duplication, licensing boards shall consider the findings of the  
288.7 lead investigative agency in their investigations if they choose to investigate. This does not  
288.8 preclude licensing boards from considering other information.

288.9 ~~(k)~~ (q) The lead investigative agency must provide to the commissioner of human services  
288.10 its final dispositions, including the names of all substantiated perpetrators. The commissioner  
288.11 of human services shall establish records to retain the names of substantiated perpetrators.

288.12 Sec. 34. Minnesota Statutes 2020, section 626.557, subdivision 9d, is amended to read:

288.13 Subd. 9d. **Administrative reconsideration; review panel.** (a) Except as provided under  
288.14 paragraph (e), any individual or facility which a lead investigative agency determines has  
288.15 maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf  
288.16 of the vulnerable adult, regardless of the lead investigative agency's determination, who  
288.17 contests the lead investigative agency's final disposition of an allegation of maltreatment,  
288.18 may request the lead investigative agency to reconsider its final disposition. The request  
288.19 for reconsideration must be submitted in writing to the lead investigative agency within 15  
288.20 calendar days after receipt of notice of final disposition or, if the request is made by an  
288.21 interested person who is not entitled to notice, within 15 days after receipt of the notice by  
288.22 the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the  
288.23 request for reconsideration must be postmarked and sent to the lead investigative agency  
288.24 within 15 calendar days of the individual's or facility's receipt of the final disposition. If the  
288.25 request for reconsideration is made by personal service, it must be received by the lead  
288.26 investigative agency within 15 calendar days of the individual's or facility's receipt of the  
288.27 final disposition. An individual who was determined to have maltreated a vulnerable adult  
288.28 under this section and who was disqualified on the basis of serious or recurring maltreatment  
288.29 under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment  
288.30 determination and the disqualification. The request for reconsideration of the maltreatment  
288.31 determination and the disqualification must be submitted in writing within 30 calendar days  
288.32 of the individual's receipt of the notice of disqualification under sections 245C.16 and  
288.33 245C.17. If mailed, the request for reconsideration of the maltreatment determination and  
288.34 the disqualification must be postmarked and sent to the lead investigative agency within 30



289.1 calendar days of the individual's receipt of the notice of disqualification. If the request for  
289.2 reconsideration is made by personal service, it must be received by the lead investigative  
289.3 agency within 30 calendar days after the individual's receipt of the notice of disqualification.

289.4 (b) Except as provided under paragraphs (e) and (f), if the lead investigative agency  
289.5 denies the request or fails to act upon the request within 15 working days after receiving  
289.6 the request for reconsideration, the person or facility entitled to a fair hearing under section  
289.7 256.045, may submit to the commissioner of human services a written request for a hearing  
289.8 under that statute. The vulnerable adult, or an interested person acting on behalf of the  
289.9 vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel  
289.10 under section 256.021 if the lead investigative agency denies the request or fails to act upon  
289.11 the request, or if the vulnerable adult or interested person contests a reconsidered disposition.  
289.12 The Vulnerable Adult Maltreatment Review Panel shall not conduct a review if the interested  
289.13 person making the request on behalf of the vulnerable adult is also the individual or facility  
289.14 alleged responsible for the maltreatment of the vulnerable adult. The lead investigative  
289.15 agency shall notify persons who request reconsideration of their rights under this paragraph.  
289.16 The request must be submitted in writing to the review panel and a copy sent to the lead  
289.17 investigative agency within 30 calendar days of receipt of notice of a denial of a request for  
289.18 reconsideration or of a reconsidered disposition. The request must specifically identify the  
289.19 aspects of the lead investigative agency determination with which the person is dissatisfied.

289.20 (c) If, as a result of a reconsideration or review, the lead investigative agency changes  
289.21 the final disposition, it shall notify the parties specified in subdivision 9c, paragraph ~~(f)~~ (i).

289.22 (d) For purposes of this subdivision, "interested person acting on behalf of the vulnerable  
289.23 adult" means a person designated in writing by the vulnerable adult to act on behalf of the  
289.24 vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy  
289.25 or health care agent appointed under chapter 145B or 145C, or an individual who is related  
289.26 to the vulnerable adult, as defined in section 245A.02, subdivision 13.

289.27 (e) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis  
289.28 of a determination of maltreatment, which was serious or recurring, and the individual has  
289.29 requested reconsideration of the maltreatment determination under paragraph (a) and  
289.30 reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration  
289.31 of the maltreatment determination and requested reconsideration of the disqualification  
289.32 shall be consolidated into a single reconsideration. If reconsideration of the maltreatment  
289.33 determination is denied and the individual remains disqualified following a reconsideration  
289.34 decision, the individual may request a fair hearing under section 256.045. If an individual

290.1 requests a fair hearing on the maltreatment determination and the disqualification, the scope  
290.2 of the fair hearing shall include both the maltreatment determination and the disqualification.

290.3 (f) If a maltreatment determination or a disqualification based on serious or recurring  
290.4 maltreatment is the basis for a denial of a license under section 245A.05 or a licensing  
290.5 sanction under section 245A.07, the license holder has the right to a contested case hearing  
290.6 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for  
290.7 under section 245A.08, the scope of the contested case hearing must include the maltreatment  
290.8 determination, disqualification, and licensing sanction or denial of a license. In such cases,  
290.9 a fair hearing must not be conducted under section 256.045. Except for family child care  
290.10 and child foster care, reconsideration of a maltreatment determination under this subdivision,  
290.11 and reconsideration of a disqualification under section 245C.22, must not be conducted  
290.12 when:

290.13 (1) a denial of a license under section 245A.05, or a licensing sanction under section  
290.14 245A.07, is based on a determination that the license holder is responsible for maltreatment  
290.15 or the disqualification of a license holder based on serious or recurring maltreatment;

290.16 (2) the denial of a license or licensing sanction is issued at the same time as the  
290.17 maltreatment determination or disqualification; and

290.18 (3) the license holder appeals the maltreatment determination or disqualification, and  
290.19 denial of a license or licensing sanction.

290.20 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment  
290.21 determination or disqualification, but does not appeal the denial of a license or a licensing  
290.22 sanction, reconsideration of the maltreatment determination shall be conducted under sections  
290.23 260E.33 and 626.557, subdivision 9d, and reconsideration of the disqualification shall be  
290.24 conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as  
290.25 provided under sections 245C.27, 260E.33, and 626.557, subdivision 9d.

290.26 If the disqualified subject is an individual other than the license holder and upon whom  
290.27 a background study must be conducted under chapter 245C, the hearings of all parties may  
290.28 be consolidated into a single contested case hearing upon consent of all parties and the  
290.29 administrative law judge.

290.30 (g) Until August 1, 2002, an individual or facility that was determined by the  
290.31 commissioner of human services or the commissioner of health to be responsible for neglect  
290.32 under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001,  
290.33 that believes that the finding of neglect does not meet an amended definition of neglect may  
290.34 request a reconsideration of the determination of neglect. The commissioner of human

291.1 services or the commissioner of health shall mail a notice to the last known address of  
291.2 individuals who are eligible to seek this reconsideration. The request for reconsideration  
291.3 must state how the established findings no longer meet the elements of the definition of  
291.4 neglect. The commissioner shall review the request for reconsideration and make a  
291.5 determination within 15 calendar days. The commissioner's decision on this reconsideration  
291.6 is the final agency action.

291.7 (1) For purposes of compliance with the data destruction schedule under subdivision  
291.8 12b, paragraph (d), when a finding of substantiated maltreatment has been changed as a  
291.9 result of a reconsideration under this paragraph, the date of the original finding of a  
291.10 substantiated maltreatment must be used to calculate the destruction date.

291.11 (2) For purposes of any background studies under chapter 245C, when a determination  
291.12 of substantiated maltreatment has been changed as a result of a reconsideration under this  
291.13 paragraph, any prior disqualification of the individual under chapter 245C that was based  
291.14 on this determination of maltreatment shall be rescinded, and for future background studies  
291.15 under chapter 245C the commissioner must not use the previous determination of  
291.16 substantiated maltreatment as a basis for disqualification or as a basis for referring the  
291.17 individual's maltreatment history to a health-related licensing board under section 245C.31.

291.18 Sec. 35. Minnesota Statutes 2020, section 626.557, subdivision 10, is amended to read:

291.19 Subd. 10. **Duties of county social service agency.** (a) When the common entry point  
291.20 refers a report to the county social service agency as the lead investigative agency or makes  
291.21 a referral to the county social service agency for emergency adult protective services, or  
291.22 when another lead investigative agency requests assistance from the county social service  
291.23 agency for adult protective services, the county social service agency shall immediately  
291.24 assess and offer emergency and continuing protective social services for purposes of  
291.25 preventing further maltreatment and for safeguarding the welfare of the maltreated vulnerable  
291.26 adult. The county shall use a standardized ~~tool~~ tools and the data system made available by  
291.27 the commissioner. The information entered by the county into the standardized tool must  
291.28 be accessible to the Department of Human Services. In cases of suspected sexual abuse, the  
291.29 county social service agency shall immediately arrange for and make available to the  
291.30 vulnerable adult appropriate medical examination and treatment. When necessary in order  
291.31 to protect the vulnerable adult from further harm, the county social service agency shall  
291.32 seek authority to remove the vulnerable adult from the situation in which the maltreatment  
291.33 occurred. The county social service agency may also investigate to determine whether the  
291.34 conditions which resulted in the reported maltreatment place other vulnerable adults in

292.1 jeopardy of being maltreated and offer protective social services that are called for by its  
292.2 determination.

292.3 (b) Within five business days of receipt of a report screened in by the county social  
292.4 service agency for investigation, the county social service agency shall determine whether,  
292.5 in addition to an assessment and services for the vulnerable adult, to also conduct an  
292.6 investigation for final disposition of the individual or facility alleged to have maltreated the  
292.7 vulnerable adult.

292.8 (c) The county social service agency must investigate for a final disposition the individual  
292.9 or facility alleged to have maltreated a vulnerable adult for each report accepted as lead  
292.10 investigative agency involving an allegation of abuse, caregiver neglect that resulted in  
292.11 harm to the vulnerable adult, financial exploitation that may be criminal, or an allegation  
292.12 against a caregiver under chapter 256B.

292.13 (d) An investigating county social service agency must make a final disposition for any  
292.14 allegation when the county social service agency determines that a final disposition may  
292.15 safeguard a vulnerable adult or may prevent further maltreatment.

292.16 (e) If the county social service agency learns of an allegation listed in paragraph (c) after  
292.17 the determination in paragraph (a), the county social service agency must change the initial  
292.18 determination and conduct an investigation for final disposition of the individual or facility  
292.19 alleged to have maltreated the vulnerable adult.

292.20 ~~(b)~~ (f) County social service agencies may enter facilities and inspect and copy records  
292.21 as part of an investigation. The county social service agency has access to not public data,  
292.22 as defined in section 13.02, and medical records under sections 144.291 to 144.298, that  
292.23 are maintained by facilities to the extent necessary to conduct its investigation. The inquiry  
292.24 is not limited to the written records of the facility, but may include every other available  
292.25 source of information.

292.26 ~~(e)~~ (g) When necessary in order to protect a vulnerable adult from serious harm, the  
292.27 county social service agency shall immediately intervene on behalf of that adult to help the  
292.28 family, vulnerable adult, or other interested person by seeking any of the following:

292.29 (1) a restraining order or a court order for removal of the perpetrator from the residence  
292.30 of the vulnerable adult pursuant to section 518B.01;

292.31 (2) the appointment of a guardian or conservator pursuant to sections 524.5-101 to  
292.32 524.5-502, or guardianship or conservatorship pursuant to chapter 252A;

293.1 (3) replacement of a guardian or conservator suspected of maltreatment and appointment  
 293.2 of a suitable person as guardian or conservator, pursuant to sections 524.5-101 to 524.5-502;  
 293.3 or

293.4 (4) a referral to the prosecuting attorney for possible criminal prosecution of the  
 293.5 perpetrator under chapter 609.

293.6 The expenses of legal intervention must be paid by the county in the case of indigent  
 293.7 persons, under section 524.5-502 and chapter 563.

293.8 In proceedings under sections 524.5-101 to 524.5-502, if a suitable relative or other  
 293.9 person is not available to petition for guardianship or conservatorship, a county employee  
 293.10 shall present the petition with representation by the county attorney. The county shall contract  
 293.11 with or arrange for a suitable person or organization to provide ongoing guardianship  
 293.12 services. If the county presents evidence to the court exercising probate jurisdiction that it  
 293.13 has made a diligent effort and no other suitable person can be found, a county employee  
 293.14 may serve as guardian or conservator. The county shall not retaliate against the employee  
 293.15 for any action taken on behalf of the ~~ward or protected~~ person subject to guardianship or  
 293.16 conservatorship, even if the action is adverse to the county's interest. Any person retaliated  
 293.17 against in violation of this subdivision shall have a cause of action against the county and  
 293.18 shall be entitled to reasonable attorney fees and costs of the action if the action is upheld  
 293.19 by the court.

293.20 Sec. 36. Minnesota Statutes 2020, section 626.557, subdivision 10b, is amended to read:

293.21 Subd. 10b. **Investigations; guidelines.** (a) Each lead investigative agency shall develop  
 293.22 guidelines for prioritizing reports for investigation.

293.23 (b) When investigating a report, the lead investigative agency shall conduct the following  
 293.24 activities, as appropriate:

293.25 (1) interview of the ~~alleged victim~~ vulnerable adult;

293.26 (2) interview of the reporter and others who may have relevant information;

293.27 (3) interview of the ~~alleged perpetrator~~ individual or facility alleged responsible for  
 293.28 maltreatment; and

293.29 ~~(4) examination of the environment surrounding the alleged incident;~~

293.30 ~~(5) (4) review of records and pertinent documentation of the alleged incident; and~~

293.31 ~~(6) consultation with professionals.~~

294.1 (c) The lead investigative agency shall conduct the following activities as appropriate  
294.2 to further the investigation, to prevent further maltreatment, or to safeguard the vulnerable  
294.3 adult:

294.4 (1) examining the environment surrounding the alleged incident;

294.5 (2) consulting with professionals; and

294.6 (3) communicating with state, federal, tribal, and other agencies including:

294.7 (i) service providers;

294.8 (ii) case managers;

294.9 (iii) ombudsmen; and

294.10 (iv) support persons for the vulnerable adult.

294.11 (d) The lead investigative agency may decide not to conduct an interview of a vulnerable  
294.12 adult, reporter, or witness under paragraph (b) if:

294.13 (1) the vulnerable adult, reporter, or witness declines to have an interview with the  
294.14 agency or is unable to be contacted despite the agency's diligent attempts;

294.15 (2) an interview of the vulnerable adult or reporter was conducted by law enforcement  
294.16 or a professional trained in forensic interview and an additional interview will not further  
294.17 the investigation;

294.18 (3) an interview of the witness will not further the investigation; or

294.19 (4) the agency has a reason to believe that the interview will endanger the vulnerable  
294.20 adult.

294.21 Sec. 37. Minnesota Statutes 2020, section 626.557, subdivision 12b, is amended to read:

294.22 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a  
294.23 lead investigative agency, the county social service agency shall maintain appropriate  
294.24 records. Data collected by the county social service agency under this section while providing  
294.25 adult protective services are welfare data under section 13.46. Investigative data collected  
294.26 under this section are confidential data on individuals or protected nonpublic data as defined  
294.27 under section 13.02. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under  
294.28 this paragraph that are inactive investigative data on an individual who is a vendor of services  
294.29 are private data on individuals, as defined in section 13.02. The identity of the reporter may  
294.30 only be disclosed as provided in paragraph (c).

295.1 Data maintained by the common entry point are confidential data on individuals or  
295.2 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the  
295.3 common entry point shall maintain data for three calendar years after date of receipt and  
295.4 then destroy the data unless otherwise directed by federal requirements.

295.5 (b) The commissioners of health and human services shall prepare an investigation  
295.6 memorandum for each report alleging maltreatment investigated under this section. County  
295.7 social service agencies must maintain private data on individuals but are not required to  
295.8 prepare an investigation memorandum. During an investigation by the commissioner of  
295.9 health or the commissioner of human services, data collected under this section are  
295.10 confidential data on individuals or protected nonpublic data as defined in section 13.02.  
295.11 Upon completion of the investigation, the data are classified as provided in clauses (1) to  
295.12 (3) and paragraph (c).

295.13 (1) The investigation memorandum must contain the following data, which are public:

295.14 (i) the name of the facility investigated;

295.15 (ii) a statement of the nature of the alleged maltreatment;

295.16 (iii) pertinent information obtained from medical or other records reviewed;

295.17 (iv) the identity of the investigator;

295.18 (v) a summary of the investigation's findings;

295.19 (vi) statement of whether the report was found to be substantiated, inconclusive, false,  
295.20 or that no determination will be made;

295.21 (vii) a statement of any action taken by the facility;

295.22 (viii) a statement of any action taken by the lead investigative agency; and

295.23 (ix) when a lead investigative agency's determination has substantiated maltreatment, a  
295.24 statement of whether an individual, individuals, or a facility were responsible for the  
295.25 substantiated maltreatment, if known.

295.26 The investigation memorandum must be written in a manner which protects the identity  
295.27 of the reporter and of the vulnerable adult and may not contain the names or, to the extent  
295.28 possible, data on individuals or private data listed in clause (2).

295.29 (2) Data on individuals collected and maintained in the investigation memorandum are  
295.30 private data, including:

295.31 (i) the name of the vulnerable adult;

296.1 (ii) the identity of the individual alleged to be the perpetrator;

296.2 (iii) the identity of the individual substantiated as the perpetrator; and

296.3 (iv) the identity of all individuals interviewed as part of the investigation.

296.4 (3) Other data on individuals maintained as part of an investigation under this section  
296.5 are private data on individuals upon completion of the investigation.

296.6 (c) ~~After the assessment or investigation is completed,~~ The name of the reporter must  
296.7 be confidential. The subject of the report may compel disclosure of the name of the reporter  
296.8 only with the consent of the reporter or upon a written finding by a court that the report was  
296.9 false and there is evidence that the report was made in bad faith. This subdivision does not  
296.10 alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except  
296.11 that where the identity of the reporter is relevant to a criminal prosecution, the district court  
296.12 shall do an in-camera review prior to determining whether to order disclosure of the identity  
296.13 of the reporter.

296.14 (d) Notwithstanding section 138.163, data maintained under this section by the  
296.15 commissioners of health and human services must be maintained under the following  
296.16 schedule and then destroyed unless otherwise directed by federal requirements:

296.17 (1) data from reports determined to be false, maintained for three years after the finding  
296.18 was made;

296.19 (2) data from reports determined to be inconclusive, maintained for four years after the  
296.20 finding was made;

296.21 (3) data from reports determined to be substantiated, maintained for seven years after  
296.22 the finding was made; and

296.23 (4) data from reports which were not investigated by a lead investigative agency and for  
296.24 which there is no final disposition, maintained for three years from the date of the report.

296.25 (e) The commissioners of health and human services shall annually publish on their  
296.26 websites the number and type of reports of alleged maltreatment involving licensed facilities  
296.27 reported under this section, the number of those requiring investigation under this section,  
296.28 and the resolution of those investigations. On a biennial basis, the commissioners of health  
296.29 and human services shall jointly report the following information to the legislature and the  
296.30 governor:



297.1 (1) the number and type of reports of alleged maltreatment involving licensed facilities  
297.2 reported under this section, the number of those requiring investigations under this section,  
297.3 the resolution of those investigations, and which of the two lead agencies was responsible;

297.4 (2) trends about types of substantiated maltreatment found in the reporting period;

297.5 (3) if there are upward trends for types of maltreatment substantiated, recommendations  
297.6 for addressing and responding to them;

297.7 (4) efforts undertaken or recommended to improve the protection of vulnerable adults;

297.8 (5) whether and where backlogs of cases result in a failure to conform with statutory  
297.9 time frames and recommendations for reducing backlogs if applicable;

297.10 (6) recommended changes to statutes affecting the protection of vulnerable adults; and

297.11 (7) any other information that is relevant to the report trends and findings.

297.12 (f) Each lead investigative agency must have a record retention policy.

297.13 (g) Lead investigative agencies, county agencies responsible for adult protective services,  
297.14 prosecuting authorities, and law enforcement agencies may exchange not public data, as  
297.15 defined in section 13.02, with a tribal agency, facility, service provider, vulnerable adult,  
297.16 primary support person for a vulnerable adult, state licensing board, federal or state agency,  
297.17 the ombudsman for long-term care, or the ombudsman for mental health and developmental  
297.18 disabilities, if the agency or authority requesting providing the data determines that the data  
297.19 are pertinent and necessary to the requesting agency in initiating, furthering, or completing  
297.20 to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable adult, or for  
297.21 an investigation under this section. Data collected under this section must be made available  
297.22 to prosecuting authorities and law enforcement officials, local county agencies, and licensing  
297.23 agencies investigating the alleged maltreatment under this section. The lead investigative  
297.24 agency shall exchange not public data with the vulnerable adult maltreatment review panel  
297.25 established in section 256.021 if the data are pertinent and necessary for a review requested  
297.26 under that section. Notwithstanding section 138.17, upon completion of the review, not  
297.27 public data received by the review panel must be destroyed.

297.28 (h) Each lead investigative agency shall keep records of the length of time it takes to  
297.29 complete its investigations.

297.30 (i) A lead investigative agency may notify other affected parties and their authorized  
297.31 representative if the lead investigative agency has reason to believe maltreatment has occurred  
297.32 and determines the information will safeguard the well-being of the affected parties or dispel  
297.33 widespread rumor or unrest in the affected facility.

298.1 (j) Under any notification provision of this section, where federal law specifically  
298.2 prohibits the disclosure of patient identifying information, a lead investigative agency may  
298.3 not provide any notice unless the vulnerable adult has consented to disclosure in a manner  
298.4 which conforms to federal requirements.

298.5 Sec. 38. Minnesota Statutes 2020, section 626.5571, subdivision 1, is amended to read:

298.6 Subdivision 1. **Establishment of team.** A county may establish a multidisciplinary adult  
298.7 protection team comprised of the director of the local welfare agency or designees, the  
298.8 county attorney or designees, the county sheriff or designees, and representatives of health  
298.9 care. In addition, representatives of mental health or other appropriate human service  
298.10 agencies, representatives from local tribal governments, ~~and~~ adult advocate groups, and any  
298.11 other organization with relevant expertise may be added to the adult protection team.

298.12 Sec. 39. Minnesota Statutes 2020, section 626.5571, subdivision 2, is amended to read:

298.13 Subd. 2. **Duties of team.** A multidisciplinary adult protection team may provide public  
298.14 and professional education, develop resources for prevention, intervention, and treatment,  
298.15 and provide case consultation to the local welfare agency to better enable the agency to  
298.16 carry out its ~~adult protection~~ functions under section 626.557 and to meet the community's  
298.17 needs ~~for adult protection services~~. Case consultation may be performed by a committee of  
298.18 the team composed of the team members representing social services, law enforcement, the  
298.19 county attorney, health care, and persons directly involved in an individual case as determined  
298.20 by the case consultation committee. Case consultation ~~is~~ includes a case review process that  
298.21 results in recommendations about services to be provided to the identified adult and family.

298.22 Sec. 40. Minnesota Statutes 2020, section 626.5572, subdivision 2, is amended to read:

298.23 Subd. 2. **Abuse.** "Abuse" means:

298.24 (a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate,  
298.25 or aiding and abetting a violation of:

298.26 (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

298.27 (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

298.28 (3) the solicitation, inducement, and promotion of prostitution as defined in section  
298.29 609.322; and

298.30 (4) criminal sexual conduct in the first through fifth degrees as defined in sections  
298.31 609.342 to 609.3451.

299.1 A violation includes any action that meets the elements of the crime, regardless of  
299.2 whether there is a criminal proceeding or conviction.

299.3 (b) Conduct which is not an accident or therapeutic conduct as defined in this section,  
299.4 which produces or could reasonably be expected to produce physical pain or injury or  
299.5 emotional distress including, but not limited to, the following:

299.6 (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable  
299.7 adult;

299.8 (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable  
299.9 adult or the treatment of a vulnerable adult which would be considered by a reasonable  
299.10 person to be disparaging, derogatory, humiliating, harassing, or threatening; or

299.11 (3) use of any aversive or deprivation procedure, unreasonable confinement, or  
299.12 involuntary seclusion, including the forced separation of the vulnerable adult from other  
299.13 persons against the will of the vulnerable adult or the legal representative of the vulnerable  
299.14 adult; ~~and unless authorized under applicable licensing requirements or Minnesota Rules,~~  
299.15 chapter 9544.

299.16 ~~(4) use of any aversive or deprivation procedures for persons with developmental~~  
299.17 ~~disabilities or related conditions not authorized under section 245.825.~~

299.18 (c) Any sexual contact or penetration as defined in section 609.341, between a facility  
299.19 staff person or a person providing services in the facility and a resident, patient, or client  
299.20 of that facility.

299.21 (d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the  
299.22 vulnerable adult's will to perform services for the advantage of another.

299.23 (e) For purposes of this section, a vulnerable adult is not abused for the sole reason that  
299.24 the vulnerable adult or a person with authority to make health care decisions for the  
299.25 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section  
299.26 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority  
299.27 and within the boundary of reasonable medical practice, to any therapeutic conduct, including  
299.28 any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition  
299.29 of the vulnerable adult or, where permitted under law, to provide nutrition and hydration  
299.30 parenterally or through intubation. This paragraph does not enlarge or diminish rights  
299.31 otherwise held under law by:

299.32 (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an  
299.33 involved family member, to consent to or refuse consent for therapeutic conduct; or

300.1 (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

300.2 (f) For purposes of this section, a vulnerable adult is not abused for the sole reason that  
 300.3 the vulnerable adult, a person with authority to make health care decisions for the vulnerable  
 300.4 adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for  
 300.5 treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care,  
 300.6 provided that this is consistent with the prior practice or belief of the vulnerable adult or  
 300.7 with the expressed intentions of the vulnerable adult.

300.8 (g) For purposes of this section, a vulnerable adult is not abused for the sole reason that  
 300.9 the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional  
 300.10 dysfunction or undue influence, engages in consensual sexual contact with:

300.11 (1) a person, including a facility staff person, when a consensual sexual personal  
 300.12 relationship existed prior to the caregiving relationship; or

300.13 (2) a personal care attendant, regardless of whether the consensual sexual personal  
 300.14 relationship existed prior to the caregiving relationship.

300.15 Sec. 41. Minnesota Statutes 2020, section 626.5572, subdivision 4, is amended to read:

300.16 Subd. 4. **Caregiver.** "Caregiver" means an individual or facility who has responsibility  
 300.17 for all or a portion of the care of a vulnerable adult as a result of a family relationship, or  
 300.18 ~~who has assumed responsibility for all or a portion of the care of a vulnerable adult~~  
 300.19 voluntarily, by contract, or by agreement.

300.20 Sec. 42. Minnesota Statutes 2020, section 626.5572, subdivision 17, is amended to read:

300.21 Subd. 17. **Neglect.** ~~"Neglect" means:~~ Neglect means neglect by a caregiver or self-neglect.

300.22 (a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable  
 300.23 adult with care or services, including but not limited to, food, clothing, shelter, health care,  
 300.24 or supervision which is:

300.25 (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or  
 300.26 mental health or safety, considering the physical and mental capacity or dysfunction of the  
 300.27 vulnerable adult; and

300.28 (2) which is not the result of an accident or therapeutic conduct.

300.29 (b) ~~The absence or likelihood of absence of care or services, including but not limited~~  
 300.30 ~~to, food, clothing, shelter, health care, or supervision necessary to maintain the physical~~  
 300.31 ~~and mental health of the vulnerable adult~~ "Self-neglect" means neglect by a vulnerable adult

301.1 of the vulnerable adult's own food, clothing, shelter, health care, or other services that are  
301.2 not the responsibility of a caregiver which a reasonable person would deem essential to  
301.3 obtain or maintain the vulnerable adult's health, safety, or comfort ~~considering the physical~~  
301.4 ~~or mental capacity or dysfunction of the vulnerable adult.~~

301.5 (c) For purposes of this section, a vulnerable adult is not neglected for the sole reason  
301.6 that:

301.7 (1) the vulnerable adult or a person with authority to make health care decisions for the  
301.8 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections  
301.9 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with  
301.10 that authority and within the boundary of reasonable medical practice, to any therapeutic  
301.11 conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical  
301.12 or mental condition of the vulnerable adult, or, where permitted under law, to provide  
301.13 nutrition and hydration parenterally or through intubation; this paragraph does not enlarge  
301.14 or diminish rights otherwise held under law by:

301.15 (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an  
301.16 involved family member, to consent to or refuse consent for therapeutic conduct; or

301.17 (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or

301.18 (2) the vulnerable adult, a person with authority to make health care decisions for the  
301.19 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or  
301.20 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of  
301.21 medical care, provided that this is consistent with the prior practice or belief of the vulnerable  
301.22 adult or with the expressed intentions of the vulnerable adult;

301.23 (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or  
301.24 emotional dysfunction or undue influence, engages in consensual sexual contact with:

301.25 (i) a person including a facility staff person when a consensual sexual personal  
301.26 relationship existed prior to the caregiving relationship; or

301.27 (ii) a personal care attendant, regardless of whether the consensual sexual personal  
301.28 relationship existed prior to the caregiving relationship; or

301.29 (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable  
301.30 adult which does not result in injury or harm which reasonably requires medical or mental  
301.31 health care; or

301.32 (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable  
301.33 adult that results in injury or harm, which reasonably requires the care of a physician, and:

302.1 (i) the necessary care is provided in a timely fashion as dictated by the condition of the  
302.2 vulnerable adult;

302.3 (ii) if after receiving care, the health status of the vulnerable adult can be reasonably  
302.4 expected, as determined by the attending physician, to be restored to the vulnerable adult's  
302.5 preexisting condition;

302.6 (iii) the error is not part of a pattern of errors by the individual;

302.7 (iv) if in a facility, the error is immediately reported as required under section 626.557,  
302.8 and recorded internally in the facility;

302.9 (v) if in a facility, the facility identifies and takes corrective action and implements  
302.10 measures designed to reduce the risk of further occurrence of this error and similar errors;  
302.11 and

302.12 (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently  
302.13 documented for review and evaluation by the facility and any applicable licensing,  
302.14 certification, and ombudsman agency.

302.15 (d) Nothing in this definition requires a caregiver, if regulated, to provide services in  
302.16 excess of those required by the caregiver's license, certification, registration, or other  
302.17 regulation.

302.18 (e) If the findings of an investigation by a lead investigative agency result in a  
302.19 determination of substantiated maltreatment for the sole reason that the actions required of  
302.20 a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the  
302.21 facility is subject to a correction order. An individual will not be found to have neglected  
302.22 or maltreated the vulnerable adult based solely on the facility's not having taken the actions  
302.23 required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead  
302.24 investigative agency's determination of mitigating factors under section 626.557, subdivision  
302.25 9c, paragraph ~~(e)~~ (f).

302.26

## ARTICLE 7

302.27

### CHILD PROTECTION

302.28 Section 1. Minnesota Statutes 2020, section 242.19, subdivision 2, is amended to read:

302.29 Subd. 2. **Dispositions.** When a child has been committed to the commissioner of  
302.30 corrections by a juvenile court, upon a finding of delinquency, the commissioner may for  
302.31 the purposes of treatment and rehabilitation:

303.1 (1) order the child's confinement to the Minnesota Correctional Facility-Red Wing,  
303.2 which shall accept the child, or to a group foster home under the control of the commissioner  
303.3 of corrections, or to private facilities or facilities established by law or incorporated under  
303.4 the laws of this state that may care for delinquent children;

303.5 (2) order the child's release on parole under such supervisions and conditions as the  
303.6 commissioner believes conducive to law-abiding conduct, treatment and rehabilitation;

303.7 (3) order reconfinement or renewed parole as often as the commissioner believes to be  
303.8 desirable;

303.9 (4) revoke or modify any order, except an order of discharge, as often as the commissioner  
303.10 believes to be desirable;

303.11 (5) discharge the child when the commissioner is satisfied that the child has been  
303.12 rehabilitated and that such discharge is consistent with the protection of the public;

303.13 (6) if the commissioner finds that the child is eligible for probation or parole and it  
303.14 appears from the commissioner's investigation that conditions in the child's or the guardian's  
303.15 home are not conducive to the child's treatment, rehabilitation, or law-abiding conduct, refer  
303.16 the child, together with the commissioner's findings, to a local social services agency or a  
303.17 licensed child-placing agency for placement in a foster care or, when appropriate, for  
303.18 initiation of child in need of protection or services proceedings as provided in sections  
303.19 260C.001 to 260C.421. The commissioner of corrections shall reimburse local social services  
303.20 agencies for foster care costs they incur for the child while on probation or parole to the  
303.21 extent that funds for this purpose are made available to the commissioner by the legislature.  
303.22 ~~The juvenile court shall order the parents of a child on probation or parole to pay the costs~~  
303.23 ~~of foster care under section 260B.331, subdivision 1, according to their ability to pay, and~~  
303.24 ~~to the extent that the commissioner of corrections has not reimbursed the local social services~~  
303.25 ~~agency.~~

303.26 Sec. 2. Minnesota Statutes 2021 Supplement, section 256N.26, subdivision 11, is amended  
303.27 to read:

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

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

304.4 (c) Supplemental Security Income (SSI), retirement survivor's disability insurance  
304.5 (RSDI), veteran's benefits, railroad retirement benefits, and black lung benefits are considered  
304.6 income and resources attributable to the child.

304.7 Sec. 3. Minnesota Statutes 2020, section 256N.26, subdivision 14, is amended to read:

304.8 Subd. 14. **Treatment of child support and Minnesota family investment program.** (a)

304.9 If a child placed in foster care who receives federal Title IV-E foster care maintenance  
304.10 payments also receives child support, the child support payment may be redirected to the  
304.11 financially responsible agency for the duration of the child's placement in foster care. In  
304.12 cases where the child qualifies for Northstar Care for Children by meeting the adoption  
304.13 assistance eligibility criteria or the Northstar kinship assistance eligibility criteria, any  
304.14 court-ordered child support must not be considered income attributable to the child and  
304.15 must have no impact on the monthly payment.

304.16 (b) Consistent with section 256J.24, a child eligible for Northstar Care for Children  
304.17 whose caregiver receives a payment on the child's behalf is excluded from a Minnesota  
304.18 family investment program assistance unit.

304.19 Sec. 4. Minnesota Statutes 2020, section 260.761, subdivision 2, is amended to read:

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

304.29 (b) When a local social services agency has information that a child receiving services  
304.30 may be an Indian child, the local social services agency shall notify the tribe by telephone  
304.31 and by e-mail or facsimile of the child's full name and date of birth, the full names and dates  
304.32 of birth of the child's biological parents, and, if known, the full names and dates of birth of  
304.33 the child's grandparents and of the child's Indian custodian. This notification must be provided



305.1 ~~so~~ for the tribe can to determine if the child is enrolled in the tribe or eligible for tribal  
305.2 membership, and ~~must be provided~~ the agency must provide this notification to the tribe

305.3 within seven days of receiving information that the child may be an Indian child. If  
305.4 information regarding the child's grandparents or Indian custodian is not available within  
305.5 the seven-day period, the local social services agency shall continue to request this  
305.6 information and shall notify the tribe when it is received. Notice shall be provided to all  
305.7 tribes to which the child may have any tribal lineage. If the identity or location of the child's  
305.8 parent or Indian custodian and tribe cannot be determined, the local social services agency  
305.9 shall provide the notice required in this paragraph to the United States secretary of the  
305.10 interior.

305.11 (c) In accordance with sections 260C.151 and 260C.152, when a court has reason to  
305.12 believe that a child placed in emergency protective care is an Indian child, the court  
305.13 administrator or a designee shall, as soon as possible and before a hearing takes place, notify  
305.14 the tribal social services agency by telephone and by e-mail or facsimile of the date, time,  
305.15 and location of the emergency protective case hearing. The court shall make efforts to allow  
305.16 appearances by telephone for tribal representatives, parents, and Indian custodians.

305.17 (d) A local social services agency must provide the notices required under this subdivision  
305.18 at the earliest possible time to facilitate involvement of the Indian child's tribe. Nothing in  
305.19 this subdivision is intended to hinder the ability of the local social services agency and the  
305.20 court to respond to an emergency situation. Lack of participation by a tribe shall not prevent  
305.21 the tribe from intervening in services and proceedings at a later date. A tribe may participate  
305.22 in a case at any time. At any stage of the local social services agency's involvement with  
305.23 an Indian child, the agency shall provide full cooperation to the tribal social services agency,  
305.24 including disclosure of all data concerning the Indian child. Nothing in this subdivision  
305.25 relieves the local social services agency of satisfying the notice requirements in the Indian  
305.26 Child Welfare Act.

305.27 Sec. 5. Minnesota Statutes 2020, section 260B.331, subdivision 1, is amended to read:

305.28 Subdivision 1. **Care, examination, or treatment.** (a)(1) Whenever legal custody of a  
305.29 child is transferred by the court to a local social services agency, or

305.30 (2) whenever legal custody is transferred to a person other than the local social services  
305.31 agency, but under the supervision of the local social services agency, and

305.32 (3) whenever a child is given physical or mental examinations or treatment under order  
305.33 of the court, and no provision is otherwise made by law for payment for the care,

306.1 examination, or treatment of the child, these costs are a charge upon the welfare funds of  
306.2 the county in which proceedings are held upon certification of the judge of juvenile court.

306.3 ~~(b) The court shall order, and the local social services agency shall require, the parents~~  
306.4 ~~or custodian of a child, while the child is under the age of 18, to use the total income and~~  
306.5 ~~resources attributable to the child for the period of care, examination, or treatment, except~~  
306.6 ~~for clothing and personal needs allowance as provided in section 256B.35, to reimburse the~~  
306.7 ~~county for the cost of care, examination, or treatment. Income and resources attributable to~~  
306.8 ~~the child include, but are not limited to, Social Security benefits, Supplemental Security~~  
306.9 ~~Income (SSI), veterans benefits, railroad retirement benefits and child support. When the~~  
306.10 ~~child is over the age of 18, and continues to receive care, examination, or treatment, the~~  
306.11 ~~court shall order, and the local social services agency shall require, reimbursement from~~  
306.12 ~~the child for the cost of care, examination, or treatment from the income and resources~~  
306.13 ~~attributable to the child less the clothing and personal needs allowance.~~

306.14 ~~(e) If the income and resources attributable to the child are not enough to reimburse the~~  
306.15 ~~county for the full cost of the care, examination, or treatment, the court shall inquire into~~  
306.16 ~~the ability of the parents to support the child and, after giving the parents a reasonable~~  
306.17 ~~opportunity to be heard, the court shall order, and the local social services agency shall~~  
306.18 ~~require, the parents to contribute to the cost of care, examination, or treatment of the child.~~  
306.19 ~~Except in delinquency cases where the victim is a member of the child's immediate family,~~  
306.20 ~~when determining the amount to be contributed by the parents, the court shall use a fee~~  
306.21 ~~schedule based upon ability to pay that is established by the local social services agency~~  
306.22 ~~and approved by the commissioner of human services. In delinquency cases where the~~  
306.23 ~~victim is a member of the child's immediate family, the court shall use the fee schedule but~~  
306.24 ~~may also take into account the seriousness of the offense and any expenses which the parents~~  
306.25 ~~have incurred as a result of the offense. The income of a stepparent who has not adopted a~~  
306.26 ~~child shall be excluded in calculating the parental contribution under this section.~~

306.27 ~~(d) The court shall order the amount of reimbursement attributable to the parents or~~  
306.28 ~~custodian, or attributable to the child, or attributable to both sources, withheld under chapter~~  
306.29 ~~518A from the income of the parents or the custodian of the child. A parent or custodian~~  
306.30 ~~who fails to pay without good reason may be proceeded against for contempt, or the court~~  
306.31 ~~may inform the county attorney, who shall proceed to collect the unpaid sums, or both~~  
306.32 ~~procedures may be used.~~

306.33 ~~(e)~~ (b) If the court orders a physical or mental examination for a child, the examination  
306.34 is a medically necessary service for purposes of determining whether the service is covered  
306.35 by a health insurance policy, health maintenance contract, or other health coverage plan.

307.1 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical  
307.2 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of  
307.3 coverage, co-payments or deductibles, provider restrictions, or other requirements in the  
307.4 policy, contract, or plan that relate to coverage of other medically necessary services.

307.5 Sec. 6. Minnesota Statutes 2021 Supplement, section 260C.007, subdivision 14, is amended  
307.6 to read:

307.7 Subd. 14. **Egregious harm.** "Egregious harm" means the infliction of bodily harm to a  
307.8 child or neglect of a child which demonstrates a grossly inadequate ability to provide  
307.9 minimally adequate parental care. ~~The egregious harm need not have occurred in the state~~  
307.10 ~~or in the county where a termination of parental rights action is otherwise properly venued.~~  
307.11 A district court may still have proper venue over an action to terminate parental rights when  
307.12 the egregious harm did not occur in the state or county where the district court is located.

307.13 Egregious harm includes, but is not limited to:

307.14 (1) conduct ~~towards~~ toward a child that constitutes a violation of sections 609.185 to  
307.15 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;

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

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

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

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

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

307.26 (7) conduct ~~towards~~ toward a child that constitutes sex trafficking, solicitation,  
307.27 inducement, ~~or~~ promotion of, or receiving profit derived from prostitution under section  
307.28 609.322;

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

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

308.4 (10) conduct toward a child that constitutes criminal sexual conduct under sections  
308.5 609.342 to 609.345 or sexual extortion under section 609.3458.

308.6 Sec. 7. Minnesota Statutes 2020, section 260C.331, subdivision 1, is amended to read:

308.7 Subdivision 1. **Care, examination, or treatment.** (a) Except where parental rights are  
308.8 terminated,

308.9 (1) whenever legal custody of a child is transferred by the court to a responsible social  
308.10 services agency,

308.11 (2) whenever legal custody is transferred to a person other than the responsible social  
308.12 services agency, but under the supervision of the responsible social services agency, or

308.13 (3) whenever a child is given physical or mental examinations or treatment under order  
308.14 of the court, and no provision is otherwise made by law for payment for the care,  
308.15 examination, or treatment of the child, these costs are a charge upon the welfare funds of  
308.16 the county in which proceedings are held upon certification of the judge of juvenile court.

308.17 ~~(b) The court shall order, and the responsible social services agency shall require, the~~  
308.18 ~~parents or custodian of a child, while the child is under the age of 18, to use the total income~~  
308.19 ~~and resources attributable to the child for the period of care, examination, or treatment,~~  
308.20 ~~except for clothing and personal needs allowance as provided in section 256B.35, to~~  
308.21 ~~reimburse the county for the cost of care, examination, or treatment. Income and resources~~  
308.22 ~~attributable to the child include, but are not limited to, Social Security benefits, Supplemental~~  
308.23 ~~Security Income (SSI), veterans benefits, railroad retirement benefits and child support.~~  
308.24 ~~When the child is over the age of 18, and continues to receive care, examination, or treatment,~~  
308.25 ~~the court shall order, and the responsible social services agency shall require, reimbursement~~  
308.26 ~~from the child for the cost of care, examination, or treatment from the income and resources~~  
308.27 ~~attributable to the child less the clothing and personal needs allowance. Income does not~~  
308.28 ~~include earnings from a child over the age of 18 who is working as part of a plan under~~  
308.29 ~~section 260C.212, subdivision 1, paragraph (c), clause (12), to transition from foster care,~~  
308.30 ~~or the income and resources from sources other than Supplemental Security Income and~~  
308.31 ~~child support that are needed to complete the requirements listed in section 260C.203.~~

308.32 ~~(c) If the income and resources attributable to the child are not enough to reimburse the~~  
308.33 ~~county for the full cost of the care, examination, or treatment, the court shall inquire into~~

309.1 ~~the ability of the parents to support the child and, after giving the parents a reasonable~~  
309.2 ~~opportunity to be heard, the court shall order, and the responsible social services agency~~  
309.3 ~~shall require, the parents to contribute to the cost of care, examination, or treatment of the~~  
309.4 ~~child. When determining the amount to be contributed by the parents, the court shall use a~~  
309.5 ~~fee schedule based upon ability to pay that is established by the responsible social services~~  
309.6 ~~agency and approved by the commissioner of human services. The income of a stepparent~~  
309.7 ~~who has not adopted a child shall be excluded in calculating the parental contribution under~~  
309.8 ~~this section.~~

309.9 ~~(d) The court shall order the amount of reimbursement attributable to the parents or~~  
309.10 ~~custodian, or attributable to the child, or attributable to both sources, withheld under chapter~~  
309.11 ~~518A from the income of the parents or the custodian of the child. A parent or custodian~~  
309.12 ~~who fails to pay without good reason may be proceeded against for contempt, or the court~~  
309.13 ~~may inform the county attorney, who shall proceed to collect the unpaid sums, or both~~  
309.14 ~~procedures may be used.~~

309.15 ~~(e)~~ (b) If the court orders a physical or mental examination for a child, the examination  
309.16 is a medically necessary service for purposes of determining whether the service is covered  
309.17 by a health insurance policy, health maintenance contract, or other health coverage plan.  
309.18 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical  
309.19 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of  
309.20 coverage, co-payments or deductibles, provider restrictions, or other requirements in the  
309.21 policy, contract, or plan that relate to coverage of other medically necessary services.

309.22 ~~(f) Notwithstanding paragraph (b), (c), or (d),~~ (c) A parent, custodian, or guardian of the  
309.23 child is not required to use income and resources attributable to the child to reimburse the  
309.24 county for costs of care and is not required to contribute to the cost of care of the child  
309.25 during any period of time when the child is returned to the home of that parent, custodian,  
309.26 or guardian pursuant to a trial home visit under section 260C.201, subdivision 1, paragraph  
309.27 (a).

309.28 Sec. 8. Minnesota Statutes 2020, section 260C.451, subdivision 8, is amended to read:

309.29 Subd. 8. **Notice of termination of foster care.** When a child in foster care between the  
309.30 ages of 18 and 21 ceases to meet one of the eligibility criteria of subdivision 3a, the  
309.31 responsible social services agency shall give the child written notice that foster care will  
309.32 terminate 30 days from the date the notice is sent. The child or the child's guardian ad litem  
309.33 may file a motion asking the court to review the agency's determination within 15 days of  
309.34 receiving the notice. The child ~~shall~~ must not be discharged from foster care until the motion

310.1 is heard. The agency shall work with the child to prepare for the child's transition out of  
310.2 foster care as. The agency must provide the court with the child's personalized transition  
310.3 plan required to be developed under section 260C.203, paragraph (d), clause (2) 260C.452,  
310.4 subdivision 4, if the motion is filed. The written notice of termination of benefits shall be  
310.5 on a form prescribed by the commissioner and shall also give notice of the right to have the  
310.6 agency's determination reviewed by the court in the proceeding where the court conducts  
310.7 the reviews required under section 260C.203, 260C.317, or 260C.515, subdivision 5 or 6.  
310.8 A copy of the termination notice shall be sent to the child and the child's attorney, if any,  
310.9 the foster care provider, the child's guardian ad litem, and the court. The agency is not  
310.10 responsible for paying foster care benefits for any period of time after the child actually  
310.11 leaves foster care.

310.12 Sec. 9. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision  
310.13 to read:

310.14 Subd. 8a. **Transition planning.** For a youth who will be discharged from foster care at  
310.15 18 years of age or older, the responsible social services agency must develop a personalized  
310.16 transition plan as directed by the youth during the 180-day period immediately prior to the  
310.17 expected date of discharge according to section 260C.452, subdivision 4. A youth's  
310.18 personalized transition plan must include the support beyond 21 program under subdivision  
310.19 8b for eligible youth. With a youth's consent, the responsible social services agency may  
310.20 share the youth's personalized transition plan with a contracted agency providing case  
310.21 management services under section 260C.452.

310.22 Sec. 10. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision  
310.23 to read:

310.24 Subd. 8b. **Support beyond 21 program.** For a youth who was eligible for extended  
310.25 foster care under subdivision 3 and is discharged at age 21, the responsible social services  
310.26 agency must ensure that the youth is referred to the support beyond 21 program. The support  
310.27 beyond 21 program must provide a youth with one additional year of financial support for  
310.28 housing and basic needs to assist the youth aging out of extended foster care at age 21. A  
310.29 youth receiving benefits under the support beyond 21 program is also eligible for the  
310.30 successful transition to adulthood program for additional support under section 260C.452.  
310.31 A youth who transitions to residential services under sections 256B.092 and 256B.49 is not  
310.32 eligible for the support beyond 21 program.

311.1 Sec. 11. Minnesota Statutes 2020, section 260E.01, is amended to read:

311.2 **260E.01 POLICY.**

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

311.11 (1) protect children and promote child safety;

311.12 (2) strengthen the family;

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

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

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

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

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

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

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

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

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

311.29 Sec. 12. Minnesota Statutes 2020, section 260E.02, subdivision 1, is amended to read:

311.30 Subdivision 1. **Establishment of team.** A county shall establish a multidisciplinary  
311.31 child protection team that may include, but is not ~~be~~ limited to, the director of the local

312.1 welfare agency or designees, the county attorney or designees, the county sheriff or designees,  
312.2 representatives of health and education, representatives of mental health, representatives of  
312.3 agencies providing specialized services or responding to youth who experience or are at  
312.4 risk of experiencing sex trafficking or sexual exploitation, or other appropriate human  
312.5 services or community-based agencies, and parent groups. As used in this section, a  
312.6 "community-based agency" may include, but is not limited to, schools, social services  
312.7 agencies, family service and mental health collaboratives, children's advocacy centers, early  
312.8 childhood and family education programs, Head Start, or other agencies serving children  
312.9 and families. A member of the team must be designated as the lead person of the team  
312.10 responsible for the planning process to develop standards for the team's activities with  
312.11 battered women's and domestic abuse programs and services.

312.12 Sec. 13. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision  
312.13 to read:

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

312.19 Sec. 14. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision  
312.20 to read:

312.21 Subd. 15b. **Noncaregiver sex trafficking assessment.** "Noncaregiver sex trafficking  
312.22 assessment" is a comprehensive assessment of child safety, the risk of subsequent child  
312.23 maltreatment, and strengths and needs of the child and family. The local welfare agency  
312.24 shall only perform a noncaregiver sex trafficking assessment when a maltreatment report  
312.25 alleges sex trafficking of a child by someone other than the child's caregiver. A noncaregiver  
312.26 sex trafficking assessment does not include a determination of whether child maltreatment  
312.27 occurred. A noncaregiver sex trafficking assessment includes a determination of a family's  
312.28 need for services to address the safety of a child or children, the safety of family members,  
312.29 and the risk of subsequent child maltreatment.

312.30 Sec. 15. Minnesota Statutes 2021 Supplement, section 260E.03, subdivision 22, is amended  
312.31 to read:

312.32 Subd. 22. **Substantial child endangerment.** "Substantial child endangerment" means  
312.33 that a person responsible for a child's care, by act or omission, commits or attempts to



313.1 commit an act against a child ~~under their~~ in the person's care that constitutes any of the  
313.2 following:

313.3 (1) egregious harm under subdivision 5;

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

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

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

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

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

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

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

313.14 (9) sexual extortion under section 609.3458;

313.15 (10) solicitation of children to engage in sexual conduct under section 609.352;

313.16 (11) malicious punishment or neglect or endangerment of a child under section 609.377  
313.17 or 609.378;

313.18 (12) use of a minor in sexual performance under section 617.246; or

313.19 (13) parental behavior, status, or condition ~~that mandates that~~ requiring the county  
313.20 attorney to file a termination of parental rights petition under section 260C.503, subdivision  
313.21 2.

313.22 Sec. 16. Minnesota Statutes 2020, section 260E.14, subdivision 2, is amended to read:

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

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

314.1 Sec. 17. Minnesota Statutes 2020, section 260E.14, subdivision 5, is amended to read:

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

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

314.11 Sec. 18. Minnesota Statutes 2020, section 260E.17, subdivision 1, is amended to read:

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

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

314.18 (c) The local welfare agency shall begin an immediate investigation ~~if~~, at any time when  
314.19 the local welfare agency is ~~using~~ responding with a family assessment ~~response~~, and the  
314.20 local welfare agency determines that there is reason to believe that sexual abuse ~~or~~, substantial  
314.21 child endangerment, or a serious threat to the child's safety exists.

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

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

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

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

315.5 Sec. 19. Minnesota Statutes 2020, section 260E.18, is amended to read:

315.6 **260E.18 NOTICE TO CHILD'S TRIBE.**

315.7 The local welfare agency shall provide immediate notice, according to section 260.761,  
315.8 subdivision 2, to an Indian child's tribe when the agency has reason to believe that the family  
315.9 assessment or investigation, or noncaregiver sex trafficking assessment may involve an  
315.10 Indian child. For purposes of this section, "immediate notice" means notice provided within  
315.11 24 hours.

315.12 Sec. 20. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended  
315.13 to read:

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

315.18 (b) Except in a noncaregiver sex trafficking assessment, the local welfare agency shall  
315.19 have face-to-face contact with the child and primary caregiver ~~shall occur~~ immediately after  
315.20 the agency screens in a report if sexual abuse or substantial child endangerment is alleged  
315.21 and within five calendar days of a screened in report for all other reports. If the alleged  
315.22 offender was not already interviewed as the primary caregiver, the local welfare agency  
315.23 shall also conduct a face-to-face interview with the alleged offender in the early stages of  
315.24 the assessment or investigation, except in a noncaregiver sex trafficking assessment.  
315.25 Face-to-face contact with the child and primary caregiver in response to a report alleging  
315.26 sexual abuse or substantial child endangerment may be postponed for no more than five  
315.27 calendar days if the child is residing in a location that is confirmed to restrict contact with  
315.28 the alleged offender as established in guidelines issued by the commissioner, or if the local  
315.29 welfare agency is pursuing a court order for the child's caregiver to produce the child for  
315.30 questioning under section 260E.22, subdivision 5.

315.31 (c) At the initial contact with the alleged offender, the local welfare agency or the agency  
315.32 responsible for assessing or investigating the report must inform the alleged offender of the  
315.33 complaints or allegations made against the individual in a manner consistent with laws

316.1 protecting the rights of the person who made the report. The interview with the alleged  
316.2 offender may be postponed if it would jeopardize an active law enforcement investigation.  
316.3 When conducting a noncaregiver sex trafficking assessment, the local child welfare agency  
316.4 is not required to inform or interview the alleged offender.

316.5 (d) The local welfare agency or the agency responsible for assessing or investigating  
316.6 the report must provide the alleged offender with an opportunity to make a statement, except  
316.7 when conducting a noncaregiver sex trafficking assessment. The alleged offender may  
316.8 submit supporting documentation relevant to the assessment or investigation.

316.9 Sec. 21. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

316.10 Subd. 2. **Determination after family assessment or a noncaregiver sex trafficking**  
316.11 **assessment.** After conducting a family assessment or a noncaregiver sex trafficking  
316.12 assessment, the local welfare agency shall determine whether child protective services are  
316.13 needed to address the safety of the child and other family members and the risk of subsequent  
316.14 maltreatment.

316.15 Sec. 22. Minnesota Statutes 2020, section 260E.24, subdivision 7, is amended to read:

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

316.22 Sec. 23. Minnesota Statutes 2020, section 260E.33, subdivision 1, is amended to read:

316.23 Subdivision 1. **Following a family assessment or a noncaregiver sex trafficking**  
316.24 **assessment.** Administrative reconsideration is not applicable to a family assessment or a  
316.25 noncaregiver sex trafficking assessment since no determination concerning maltreatment  
316.26 is made.

316.27 Sec. 24. Minnesota Statutes 2020, section 260E.35, subdivision 6, is amended to read:

316.28 Subd. 6. **Data retention.** (a) Notwithstanding sections 138.163 and 138.17, a record  
316.29 maintained or a record derived from a report of maltreatment by a local welfare agency,  
316.30 agency responsible for assessing or investigating the report, court services agency, or school

317.1 under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible  
317.2 authority.

317.3 (b) For a report alleging maltreatment that was not accepted for an assessment or an  
317.4 investigation, a family assessment case, a noncaregiver sex trafficking assessment case, and  
317.5 a case where an investigation results in no determination of maltreatment or the need for  
317.6 child protective services, the record must be maintained for a period of five years after the  
317.7 date that the report was not accepted for assessment or investigation or the date of the final  
317.8 entry in the case record. A record of a report that was not accepted must contain sufficient  
317.9 information to identify the subjects of the report, the nature of the alleged maltreatment,  
317.10 and the reasons ~~as to~~ why the report was not accepted. Records under this paragraph may  
317.11 not be used for employment, background checks, or purposes other than to assist in future  
317.12 screening decisions and risk and safety assessments.

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

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

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

317.26 **Sec. 25. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FOSTER**  
317.27 **CARE FEDERAL CASH ASSISTANCE BENEFITS PRESERVATION.**

317.28 (a) The commissioner of human services shall develop a plan to implement procedures  
317.29 and policies necessary to cease allowing a financially responsible agency to use the federal  
317.30 cash assistance benefits of a child in foster care to pay for out-of-home placement costs for  
317.31 the child. The plan must ensure that federal cash assistance benefits are preserved and made  
317.32 available to meet the best interests of the child and must include recommendations on the  
317.33 following, in compliance with all applicable federal laws and Minnesota Statutes, chapter  
317.34 256N:

318.1 (1) policies for youth and caregiver access to preserved federal cash assistance benefit  
318.2 payments;

318.3 (2) representative payees for children in voluntary foster care for treatment pursuant to  
318.4 Minnesota Statutes, chapter 260D; and

318.5 (3) family preservation and reunification.

318.6 (b) For purposes of this section, "federal cash assistance benefits" means all benefits  
318.7 from programs administered by the Social Security Administration, including from the  
318.8 Supplemental Security Income and the Retirement, Survivors, Disability Insurance programs.

318.9 (c) When developing the plan under this section, the commissioner shall consult or  
318.10 engage with:

318.11 (1) individuals or entities with experience managing trusts and investment;

318.12 (2) individuals or entities with expertise in providing tax advice;

318.13 (3) individuals or entities with expertise in preserving assets to avoid negative impacts  
318.14 on public assistance eligibility;

318.15 (4) other relevant state agencies;

318.16 (5) Tribal nations that have joined or are in the formal planning process to join the  
318.17 American Indian Child Welfare Initiative;

318.18 (6) counties;

318.19 (7) the Children's Justice Initiative;

318.20 (8) organizations that serve and advocate for children and families in the child protection  
318.21 system;

318.22 (9) foster families and kinship caregivers, to the extent possible;

318.23 (10) youth who have been or are currently in out-of-home placement; and

318.24 (11) other relevant stakeholders.

318.25 (d) By December 15, 2022, each county shall provide the following data for fiscal years  
318.26 2019 and 2020 to the commissioner in a form prescribed by the commissioner:

318.27 (1) the nonduplicated number of children in foster care in the county who received  
318.28 federal cash assistance benefits;

318.29 (2) the number of children for whom the county was the representative payee for federal  
318.30 cash assistance benefits; and

319.1 (3) the amount of money that the county collected in federal cash assistance benefits as  
319.2 the representative payee for children in the county.

319.3 (e) By January 15, 2024, the commissioner shall submit a report to the chairs and ranking  
319.4 minority members of the legislative committees with jurisdiction over human services and  
319.5 child welfare outlining the plan developed under this section. The report must include a  
319.6 projected timeline for implementation of the plan, estimated implementation costs, and any  
319.7 legislative recommendations that may be required to implement the plan.

## 319.8 ARTICLE 8

### 319.9 ECONOMIC ASSISTANCE POLICY

319.10 Section 1. Minnesota Statutes 2020, section 256P.04, subdivision 11, is amended to read:

319.11 Subd. 11. **Participant's completion of household report form.** (a) When a participant  
319.12 is required to complete a household report form, the following paragraphs apply.

319.13 (b) If the agency receives an incomplete household report form, the agency must  
319.14 immediately ~~return the incomplete form and clearly state what the participant must do for~~  
319.15 ~~the form to be complete~~ contact the participant by phone or in writing to acquire the necessary  
319.16 information to complete the form.

319.17 (c) The automated eligibility system must send a notice of proposed termination of  
319.18 assistance to the participant if a complete household report form is not received by the  
319.19 agency. The automated notice must be mailed to the participant by approximately the 16th  
319.20 of the month. When a participant submits an incomplete form on or after the date a notice  
319.21 of proposed termination has been sent, the termination is valid unless the participant submits  
319.22 a complete form before the end of the month.

319.23 (d) The submission of a household report form is considered to have continued the  
319.24 participant's application for assistance if a complete household report form is received within  
319.25 a calendar month after the month in which the form was due. Assistance shall be paid for  
319.26 the period beginning with the first day of that calendar month.

319.27 (e) An agency must allow good cause exemptions for a participant required to complete  
319.28 a household report form when any of the following factors cause a participant to fail to  
319.29 submit a completed household report form before the end of the month in which the form  
319.30 is due:

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

320.1 (2) the agency does not help a participant complete the household report form when the  
320.2 participant asks for help;

320.3 (3) a participant does not receive a household report form due to a mistake on the part  
320.4 of the department or the agency or a reported change in address;

320.5 (4) a participant is ill or physically or mentally incapacitated; or

320.6 (5) some other circumstance occurs that a participant could not avoid with reasonable  
320.7 care which prevents the participant from providing a completed household report form  
320.8 before the end of the month in which the form is due.

320.9 Sec. 2. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended  
320.10 to read:

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

320.13 (1) earned income; and

320.14 (2) unearned income, which includes:

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

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

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

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

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

320.21 (vi) cash prizes and winnings;

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

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

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

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

320.27 (ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)  
320.28 from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or  
320.29 refund of personal or real property or costs or losses incurred when these payments are  
320.30 made by: a public agency; a court; solicitations through public appeal; a federal, state, or



- 321.1 local unit of government; or a disaster assistance organization; (C) provided as an in-kind  
321.2 benefit; or (D) earmarked and used for the purpose for which it was intended, subject to  
321.3 verification requirements under section 256P.04;
- 321.4 (x) retirement benefits;
- 321.5 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,  
321.6 and 256J;
- 321.7 (xii) Tribal per capita payments unless excluded by federal and state law;
- 321.8 ~~(xiii) income and payments from service and rehabilitation programs that meet or exceed~~  
321.9 ~~the state's minimum wage rate;~~
- 321.10 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded  
321.11 from income taxes according to federal or state law;
- 321.12 ~~(xv)~~ (xiv) all child support payments for programs under chapters 119B, 256D, and 256I;
- 321.13 ~~(xvi)~~ (xv) the amount of child support received that exceeds \$100 for assistance units  
321.14 with one child and \$200 for assistance units with two or more children for programs under  
321.15 chapter 256J;
- 321.16 ~~(xvii)~~ (xvi) spousal support; and
- 321.17 ~~(xviii)~~ (xvii) workers' compensation.

321.18 Sec. 3. Minnesota Statutes 2020, section 268.19, subdivision 1, is amended to read:

321.19 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from  
321.20 any person under the administration of the Minnesota Unemployment Insurance Law are  
321.21 private data on individuals or nonpublic data not on individuals as defined in section 13.02,  
321.22 subdivisions 9 and 12, and may not be disclosed except according to a district court order  
321.23 or section 13.05. A subpoena is not considered a district court order. These data may be  
321.24 disseminated to and used by the following agencies without the consent of the subject of  
321.25 the data:

321.26 (1) state and federal agencies specifically authorized access to the data by state or federal  
321.27 law;

321.28 (2) any agency of any other state or any federal agency charged with the administration  
321.29 of an unemployment insurance program;

321.30 (3) any agency responsible for the maintenance of a system of public employment offices  
321.31 for the purpose of assisting individuals in obtaining employment;

- 322.1 (4) the public authority responsible for child support in Minnesota or any other state in  
322.2 accordance with section 256.978;
- 322.3 (5) human rights agencies within Minnesota that have enforcement powers;
- 322.4 (6) the Department of Revenue to the extent necessary for its duties under Minnesota  
322.5 laws;
- 322.6 (7) public and private agencies responsible for administering publicly financed assistance  
322.7 programs for the purpose of monitoring the eligibility of the program's recipients;
- 322.8 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the  
322.9 Department of Commerce for uses consistent with the administration of their duties under  
322.10 Minnesota law;
- 322.11 (9) the Department of Human Services and the Office of Inspector General and its agents  
322.12 within the Department of Human Services, including county fraud investigators, for  
322.13 investigations related to recipient or provider fraud and employees of providers when the  
322.14 provider is suspected of committing public assistance fraud;
- 322.15 (10) local and state welfare agencies for monitoring the eligibility of the data subject  
322.16 for assistance programs, or for any employment or training program administered by those  
322.17 agencies, whether alone, in combination with another welfare agency, or in conjunction  
322.18 with the department or to monitor and evaluate the statewide Minnesota family investment  
322.19 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,  
322.20 and the Supplemental Nutrition Assistance Program Employment and Training program by  
322.21 providing data on recipients and former recipients of Supplemental Nutrition Assistance  
322.22 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child  
322.23 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or  
322.24 formerly codified under chapter 256D;
- 322.25 (11) local and state welfare agencies for the purpose of identifying employment, wages,  
322.26 and other information to assist in the collection of an overpayment debt in an assistance  
322.27 program;
- 322.28 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining  
322.29 the last known address and employment location of an individual who is the subject of a  
322.30 criminal investigation;
- 322.31 (13) the United States Immigration and Customs Enforcement has access to data on  
322.32 specific individuals and specific employers provided the specific individual or specific  
322.33 employer is the subject of an investigation by that agency;

323.1 (14) the Department of Health for the purposes of epidemiologic investigations;

323.2 (15) the Department of Corrections for the purposes of case planning and internal research  
 323.3 for preprobation, probation, and postprobation employment tracking of offenders sentenced  
 323.4 to probation and preconfinement and postconfinement employment tracking of committed  
 323.5 offenders;

323.6 (16) the state auditor to the extent necessary to conduct audits of job opportunity building  
 323.7 zones as required under section 469.3201; and

323.8 (17) the Office of Higher Education for purposes of supporting program improvement,  
 323.9 system evaluation, and research initiatives including the Statewide Longitudinal Education  
 323.10 Data System.

323.11 (b) Data on individuals and employers that are collected, maintained, or used by the  
 323.12 department in an investigation under section 268.182 are confidential as to data on individuals  
 323.13 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3  
 323.14 and 13, and must not be disclosed except under statute or district court order or to a party  
 323.15 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

323.16 (c) Data gathered by the department in the administration of the Minnesota unemployment  
 323.17 insurance program must not be made the subject or the basis for any suit in any civil  
 323.18 proceedings, administrative or judicial, unless the action is initiated by the department.

323.19 Sec. 4. **REVISOR INSTRUCTION.**

323.20 The revisor of statutes shall renumber each section of Minnesota Statutes listed in column  
 323.21 A with the number listed in column B. The revisor shall also make necessary grammatical  
 323.22 and cross-reference changes consistent with the renumbering.

<u>Column A</u>	<u>Column B</u>
323.24 <u>256D.051, subdivision 20</u>	<u>256D.60, subdivision 1</u>
323.25 <u>256D.051, subdivision 21</u>	<u>256D.60, subdivision 2</u>
323.26 <u>256D.051, subdivision 22</u>	<u>256D.60, subdivision 3</u>
323.27 <u>256D.051, subdivision 23</u>	<u>256D.60, subdivision 4</u>
323.28 <u>256D.051, subdivision 24</u>	<u>256D.60, subdivision 5</u>
323.29 <u>256D.0512</u>	<u>256D.61</u>
323.30 <u>256D.0515</u>	<u>256D.62</u>
323.31 <u>256D.0516</u>	<u>256D.63</u>
323.32 <u>256D.053</u>	<u>256D.64</u>

324.1 Sec. 5. **REPEALER.**

324.2 Minnesota Statutes 2020, section 256D.055, is repealed.

324.3 **ARTICLE 9**

324.4 **ECONOMIC ASSISTANCE**

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

324.6 Subd. 15. **Income.** (a) "Income" means earned income as defined under section 256P.01,  
324.7 subdivision 3, unearned income as defined under section 256P.01, subdivision 8, and public  
324.8 assistance cash benefits, including the Minnesota family investment program, diversionary  
324.9 work program, work benefit, Minnesota supplemental aid, general assistance, refugee cash  
324.10 assistance, at-home infant child care subsidy payments, ~~and~~ child support and maintenance  
324.11 distributed to ~~the~~ a family under section 256.741, subdivision 2a-, and nonrecurring income  
324.12 over \$60 per quarter unless the nonrecurring income is:

324.13 (1) from tax refunds, tax rebates, or tax credits;

324.14 (2) from a reimbursement, rebate, award, grant, or refund of personal or real property  
324.15 or costs or losses incurred when these payments are made by a public agency, a court, a  
324.16 solicitation through public appeal, the federal government, a state or local unit of government,  
324.17 or a disaster assistance organization;

324.18 (3) provided as an in-kind benefit; or

324.19 (4) earmarked and used for the purpose for which it was intended.

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

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

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

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

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

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

325.3 (e) During a family's 12-month eligibility period, if the family's income increases and  
325.4 remains at or below 85 percent of the state median income, adjusted for family size, there  
325.5 is no change to the family's eligibility. The county shall not request verification of the  
325.6 change. The co-payment fee shall not increase during the remaining portion of the family's  
325.7 12-month eligibility period.

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

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

325.17 **EFFECTIVE DATE.** This section is effective March 1, 2024.

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

325.20 **Subd. 2b. Budgeting and reporting.** Every county agency shall determine eligibility  
325.21 and calculate benefit amounts for general assistance according to chapter 256P.

325.22 **EFFECTIVE DATE.** This section is effective March 1, 2024.

325.23 Sec. 4. Minnesota Statutes 2020, section 256D.0515, is amended to read:

325.24 **256D.0515 ASSET LIMITATIONS FOR SUPPLEMENTAL NUTRITION**  
325.25 **ASSISTANCE PROGRAM HOUSEHOLDS.**

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

326.1 Sec. 5. Minnesota Statutes 2020, section 256D.0516, subdivision 2, is amended to read:

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

326.8 **EFFECTIVE DATE.** This section is effective March 1, 2024.

326.9 Sec. 6. Minnesota Statutes 2020, section 256D.06, subdivision 1, is amended to read:

326.10 Subdivision 1. **Eligibility; amount of assistance.** General assistance shall be granted  
326.11 to an individual or married couple in an amount that when added to the countable income  
326.12 as determined to be actually equal to the difference between the countable income available  
326.13 to the assistance unit under section 256P.06, the total amount equals the applicable standard  
326.14 of assistance for general assistance and the standard for the individual or married couple  
326.15 using the MFIP transitional standard cash portion described in section 256J.24, subdivision  
326.16 5, paragraph (a). In determining eligibility for and the amount of assistance for an individual  
326.17 or married couple, the agency shall apply the earned income disregard as determined in  
326.18 section 256P.03.

326.19 **EFFECTIVE DATE.** This section is effective October 1, 2023.

326.20 Sec. 7. Minnesota Statutes 2020, section 256D.06, subdivision 2, is amended to read:

326.21 Subd. 2. **Emergency need.** (a) Notwithstanding the provisions of subdivision 1, a grant  
326.22 of emergency general assistance shall, to the extent funds are available, be made to an  
326.23 eligible single adult, married couple, or family for an emergency need where the recipient  
326.24 requests temporary assistance not exceeding 30 days if an emergency situation appears to  
326.25 exist under written criteria adopted by the county agency. If an applicant or recipient relates  
326.26 facts to the county agency which may be sufficient to constitute an emergency situation,  
326.27 the county agency shall, to the extent funds are available, advise the person of the procedure  
326.28 for applying for assistance according to this subdivision.

326.29 (b) The applicant must be ineligible for assistance under chapter 256J, must have annual  
326.30 net income no greater than 200 percent of the federal poverty guidelines for the previous  
326.31 calendar year, and may only receive an emergency assistance grant ~~not more than~~ once in  
326.32 any 12-month period.

327.1 (c) Funding for an emergency general assistance program is limited to the appropriation.  
327.2 Each fiscal year, the commissioner shall allocate to counties the money appropriated for  
327.3 emergency general assistance grants based on each county agency's average share of state's  
327.4 emergency general expenditures for the immediate past three fiscal years as determined by  
327.5 the commissioner, and may reallocate any unspent amounts to other counties. The  
327.6 commissioner may disregard periods of pandemic or other disaster, including fiscal years  
327.7 2021 and 2022, when determining the amount allocated to counties. No county shall be  
327.8 allocated less than \$1,000 for a fiscal year.

327.9 (d) Any emergency general assistance expenditures by a county above the amount of  
327.10 the commissioner's allocation to the county must be made from county funds.

327.11 Sec. 8. Minnesota Statutes 2020, section 256D.06, subdivision 5, is amended to read:

327.12 **Subd. 5. Eligibility; requirements.** (a) Any applicant, otherwise eligible for general  
327.13 assistance and possibly eligible for maintenance benefits from any other source shall (1)  
327.14 make application for those benefits within ~~30~~ 90 days of the general assistance application,  
327.15 unless an applicant had good cause to not apply within that period; and (2) execute an interim  
327.16 assistance agreement on a form as directed by the commissioner.

327.17 (b) The commissioner shall review a denial of an application for other maintenance  
327.18 benefits and may require a recipient of general assistance to file an appeal of the denial if  
327.19 appropriate. If found eligible for benefits from other sources, and a payment received from  
327.20 another source relates to the period during which general assistance was also being received,  
327.21 the recipient shall be required to reimburse the county agency for the interim assistance  
327.22 paid. Reimbursement shall not exceed the amount of general assistance paid during the time  
327.23 period to which the other maintenance benefits apply and shall not exceed the state standard  
327.24 applicable to that time period.

327.25 (c) The commissioner may contract with the county agencies, qualified agencies,  
327.26 organizations, or persons to provide advocacy and support services to process claims for  
327.27 federal disability benefits for applicants or recipients of services or benefits supervised by  
327.28 the commissioner using money retained under this section.

327.29 (d) The commissioner may provide methods by which county agencies shall identify,  
327.30 refer, and assist recipients who may be eligible for benefits under federal programs for  
327.31 people with a disability.

328.1 (e) The total amount of interim assistance recoveries retained under this section for  
328.2 advocacy, support, and claim processing services shall not exceed 35 percent of the interim  
328.3 assistance recoveries in the prior fiscal year.

328.4 Sec. 9. Minnesota Statutes 2020, section 256E.36, subdivision 1, is amended to read:

328.5 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

328.6 (b) "Commissioner" means the commissioner of human services.

328.7 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal  
328.8 Nation, or nonprofit organization providing or seeking to provide emergency services for  
328.9 homeless persons.

328.10 (d) "Emergency services" means:

328.11 (1) providing emergency shelter for homeless persons; and

328.12 (2) assisting homeless persons in obtaining essential services, including:

328.13 (i) access to permanent housing;

328.14 (ii) medical and psychological help;

328.15 (iii) employment counseling and job placement;

328.16 (iv) substance abuse treatment;

328.17 (v) financial assistance available from other programs;

328.18 (vi) emergency child care;

328.19 (vii) transportation; and

328.20 (viii) other services needed to stabilize housing.

328.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

328.22 Sec. 10. **[256E.361] EMERGENCY SHELTER FACILITIES GRANTS.**

328.23 Subdivision 1. Definitions. (a) For the purposes of this section, the terms defined in this  
328.24 subdivision have the meanings given.

328.25 (b) "Commissioner" means the commissioner of human services.

328.26 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal  
328.27 Nation, or nonprofit organization seeking to acquire, construct, renovate, furnish, or equip



329.1 facilities for emergency homeless shelters for individuals and families experiencing  
329.2 homelessness.

329.3 (d) "Emergency services" has the meaning given in section 256E.36, subdivision 1,  
329.4 paragraph (d).

329.5 (e) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,  
329.6 accessible, and suitable emergency shelter for individuals and families experiencing  
329.7 homelessness, regardless of whether the facility provides emergency shelter for emergency  
329.8 services during the day, overnight, or both.

329.9 Subd. 2. **Program established; purpose.** An emergency shelter facilities grant program  
329.10 is established to help eligible organizations acquire, construct, renovate, furnish, or equip  
329.11 emergency shelter facilities for individuals and families experiencing homelessness. The  
329.12 program shall be administered by the commissioner.

329.13 Subd. 3. **Distribution of grants.** The commissioner must make grants with the purpose  
329.14 of ensuring that emergency shelter facilities are available to meet the needs of individuals  
329.15 and families experiencing homelessness statewide.

329.16 Subd. 4. **Applications.** An eligible organization may apply to the commissioner for a  
329.17 grant to acquire, construct, renovate, furnish, or equip an emergency shelter facility providing  
329.18 or seeking to provide emergency services for individuals and families experiencing  
329.19 homelessness. The commissioner shall use a competitive request for proposal process to  
329.20 identify potential projects and eligible organizations on a statewide basis.

329.21 Subd. 5. **Criteria for grant awards.** The commissioner shall award grants based on the  
329.22 following criteria:

329.23 (1) whether the application is for a grant to acquire, construct, renovate, furnish, or equip  
329.24 an emergency shelter facility for individuals and families experiencing homelessness;

329.25 (2) evidence of the applicant's need for state assistance and the need for the particular  
329.26 facility to be funded; and

329.27 (3) the applicant's long-range plans for future funding if the need continues to exist for  
329.28 the emergency services provided at the facility.

329.29 Subd. 6. **Availability of appropriations.** Appropriations under this section are available  
329.30 for a four-year period that begins on July 1 of the fiscal year in which the appropriation  
329.31 occurs. Unspent funds at the end of the four-year period shall be returned back to the general  
329.32 fund.

330.1 Sec. 11. Minnesota Statutes 2020, section 256I.03, subdivision 13, is amended to read:

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

330.5 **EFFECTIVE DATE.** This section is effective March 1, 2024.

330.6 Sec. 12. Minnesota Statutes 2020, section 256I.06, subdivision 6, is amended to read:

330.7 Subd. 6. **Reports.** Recipients must report changes in circumstances according to section  
330.8 ~~256P.07 that affect eligibility or housing support payment amounts, other than changes in~~  
330.9 ~~earned income, within ten days of the change.~~ Recipients with countable earned income  
330.10 must complete a household report form at least once every six months according to section  
330.11 256P.10. ~~If the report form is not received before the end of the month in which it is due,~~  
330.12 ~~the county agency must terminate eligibility for housing support payments. The termination~~  
330.13 ~~shall be effective on the first day of the month following the month in which the report was~~  
330.14 ~~due. If a complete report is received within the month eligibility was terminated, the~~  
330.15 ~~individual is considered to have continued an application for housing support payment~~  
330.16 ~~effective the first day of the month the eligibility was terminated.~~

330.17 **EFFECTIVE DATE.** This section is effective March 1, 2024.

330.18 Sec. 13. Minnesota Statutes 2021 Supplement, section 256I.06, subdivision 8, is amended  
330.19 to read:

330.20 Subd. 8. **Amount of housing support payment.** (a) The amount of a room and board  
330.21 payment to be made on behalf of an eligible individual is determined by subtracting the  
330.22 individual's countable income under section 256I.04, subdivision 1, for a whole calendar  
330.23 month from the room and board rate for that same month. The housing support payment is  
330.24 determined by multiplying the housing support rate times the period of time the individual  
330.25 was a resident or temporarily absent under section 256I.05, subdivision 2a.

330.26 (b) For an individual with earned income under paragraph (a), prospective budgeting  
330.27 under section 256P.09 ~~must be used to determine the amount of the individual's payment~~  
330.28 ~~for the following six-month period. An increase in income shall not affect an individual's~~  
330.29 ~~eligibility or payment amount until the month following the reporting month. A decrease~~  
330.30 ~~in income shall be effective the first day of the month after the month in which the decrease~~  
330.31 ~~is reported.~~

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

331.4 **EFFECTIVE DATE.** This section is effective March 1, 2024.

331.5 Sec. 14. Minnesota Statutes 2020, section 256I.09, is amended to read:

331.6 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

331.7 The commissioner shall award grants to agencies through an annual competitive process.  
331.8 Grants awarded under this section may be used for: (1) outreach to locate and engage people  
331.9 who are homeless or residing in segregated settings to screen for basic needs and assist with  
331.10 referral to community living resources; (2) building capacity to provide technical assistance  
331.11 and consultation on housing and related support service resources for persons with both  
331.12 disabilities and low income; ~~or~~ (3) streamlining the administration and monitoring activities  
331.13 related to housing support funds; or (4) direct assistance to individuals to access or maintain  
331.14 housing in community settings. Agencies may collaborate and submit a joint application  
331.15 for funding under this section.

331.16 Sec. 15. Minnesota Statutes 2020, section 256J.08, subdivision 71, is amended to read:

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

331.20 **EFFECTIVE DATE.** This section is effective March 1, 2024.

331.21 Sec. 16. Minnesota Statutes 2020, section 256J.08, subdivision 79, is amended to read:

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

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

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

331.27 **EFFECTIVE DATE.** This section is effective March 1, 2024.

332.1 Sec. 17. Minnesota Statutes 2021 Supplement, section 256J.21, subdivision 3, is amended  
332.2 to read:

332.3 Subd. 3. **Initial income test.** (a) The agency shall determine initial eligibility by  
332.4 considering all earned and unearned income as defined in section 256P.06. To be eligible  
332.5 for MFIP, the assistance unit's countable income minus the earned income disregards in  
332.6 paragraph (a) and section 256P.03 must be below the family wage level according to section  
332.7 256J.24, subdivision 7, for that size assistance unit.

332.8 ~~(a)~~ (b) The initial eligibility determination must disregard the following items:

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

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

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

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

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

332.22 **EFFECTIVE DATE.** This section is effective March 1, 2024.

332.23 Sec. 18. Minnesota Statutes 2020, section 256J.21, subdivision 4, is amended to read:

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

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

333.1 is equal to the difference. The earned income disregard in this paragraph must be deducted  
333.2 every month there is earned income.

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

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

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

333.11 (e) When income is both earned and unearned, the amount of the assistance payment  
333.12 must be determined by first treating gross earned income as specified in paragraph (a). After  
333.13 determining the amount of the assistance payment under paragraph (a), unearned income  
333.14 must be subtracted from that amount dollar for dollar to determine the assistance payment  
333.15 amount.

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

333.19 **EFFECTIVE DATE.** This section is effective March 1, 2024.

333.20 Sec. 19. Minnesota Statutes 2021 Supplement, section 256J.33, subdivision 1, is amended  
333.21 to read:

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

333.26 (b) ~~Except as described in section 256J.34, subdivision 1, when prospective eligibility~~  
333.27 ~~exists,~~ A county agency must calculate the amount of the assistance payment using  
333.28 ~~retrospective~~ prospective budgeting. To determine MFIP eligibility and the assistance  
333.29 payment amount, a county agency must apply countable income, described in sections  
333.30 256P.06 and 256J.37, subdivisions 3 to ~~4~~ 9, received by members of an assistance unit or  
333.31 by other persons whose income is counted for the assistance unit, described under sections  
333.32 256J.37, subdivisions 1 to 2, and 256P.06, subdivision 1.

334.1 (c) This income must be applied to the MFIP standard of need or family wage level  
334.2 subject to this section and sections 256J.34 to 256J.36. Countable income as described in  
334.3 section 256P.06, subdivision 3, received ~~in a calendar month~~ must be applied to the needs  
334.4 of an assistance unit.

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

334.7 **EFFECTIVE DATE.** This section is effective March 1, 2024, except that the amendment  
334.8 to paragraph (b) striking "10" and inserting "9" is effective July 1, 2023.

334.9 Sec. 20. Minnesota Statutes 2020, section 256J.33, subdivision 2, is amended to read:

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

334.15 **EFFECTIVE DATE.** This section is effective March 1, 2024.

334.16 Sec. 21. Minnesota Statutes 2020, section 256J.37, subdivision 3, is amended to read:

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

334.22 **EFFECTIVE DATE.** This section is effective March 1, 2024.

334.23 Sec. 22. Minnesota Statutes 2020, section 256J.37, subdivision 3a, is amended to read:

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

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

335.1 (1) age 60 or older;

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

335.6 (3) a caregiver whose presence in the home is required due to the illness or incapacity  
335.7 of another member in the assistance unit, a relative in the household, or a foster child in the  
335.8 household when the illness or incapacity and the need for the participant's presence in the  
335.9 home has been certified by a qualified professional and is expected to continue for more  
335.10 than 30 days.

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

335.13 **EFFECTIVE DATE.** This section is effective March 1, 2024.

335.14 Sec. 23. Minnesota Statutes 2020, section 256J.95, subdivision 19, is amended to read:

335.15 Subd. 19. **DWP overpayments and underpayments.** DWP benefits are subject to  
335.16 overpayments and underpayments. Anytime an overpayment or an underpayment is  
335.17 determined for DWP, the correction shall be calculated using prospective budgeting.  
335.18 Corrections shall be determined based on the policy in section ~~256J.34, subdivision 1,~~  
335.19 ~~paragraphs (a), (b), and (c)~~ 256P.09, subdivisions 1 to 4. ATM errors must be recovered as  
335.20 specified in section 256P.08, subdivision 7. Cross program recoupment of overpayments  
335.21 cannot be assigned to or from DWP.

335.22 **EFFECTIVE DATE.** This section is effective March 1, 2024.

335.23 Sec. 24. Minnesota Statutes 2020, section 256K.45, subdivision 3, is amended to read:

335.24 Subd. 3. **Street and community outreach and drop-in program.** Youth drop-in centers  
335.25 must provide walk-in access to crisis intervention and ongoing supportive services including  
335.26 one-to-one case management services on a self-referral basis. Street and community outreach  
335.27 programs must locate, contact, and provide information, referrals, and services to homeless  
335.28 youth, youth at risk of homelessness, and runaways. Information, referrals, and services  
335.29 provided may include, but are not limited to:

335.30 (1) family reunification services;

335.31 (2) conflict resolution or mediation counseling;

- 336.1 (3) assistance in obtaining temporary emergency shelter;
- 336.2 (4) assistance in obtaining food, clothing, medical care, or mental health counseling;
- 336.3 (5) counseling regarding violence, sexual exploitation, substance abuse, sexually
- 336.4 transmitted diseases, and pregnancy;
- 336.5 (6) referrals to other agencies that provide support services to homeless youth, youth at
- 336.6 risk of homelessness, and runaways;
- 336.7 (7) assistance with education, employment, and independent living skills;
- 336.8 (8) aftercare services;
- 336.9 (9) specialized services for highly vulnerable runaways and homeless youth, including
- 336.10 ~~teen~~ but not limited to youth at risk of discrimination based on sexual orientation or gender
- 336.11 identity, young parents, emotionally disturbed and mentally ill youth, and sexually exploited
- 336.12 youth; and
- 336.13 (10) homelessness prevention.

336.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

336.15 Sec. 25. Minnesota Statutes 2020, section 256P.01, is amended by adding a subdivision

336.16 to read:

336.17 **Subd. 9. Prospective budgeting.** "Prospective budgeting" means estimating the amount

336.18 of monthly income that an assistance unit will have in the payment month.

336.19 **EFFECTIVE DATE.** This section is effective March 1, 2024.

336.20 Sec. 26. Minnesota Statutes 2021 Supplement, section 256P.04, subdivision 4, is amended

336.21 to read:

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

- 336.23 (1) identity of adults;
- 336.24 (2) age, if necessary to determine eligibility;
- 336.25 (3) immigration status;
- 336.26 (4) income;
- 336.27 (5) spousal support and child support payments made to persons outside the household;
- 336.28 (6) vehicles;



337.1 (7) checking and savings accounts, including but not limited to any business accounts  
 337.2 used to pay expenses not related to the business;

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

337.4 (9) residence; and

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

337.6 ~~(11) use of nonrecurring income under section 256P.06, subdivision 3, clause (2), item~~  
 337.7 ~~(ix), for the intended purpose for which it was given and received.~~

337.8 (b) Applicants who are qualified noncitizens and victims of domestic violence as defined  
 337.9 under section 256J.08, subdivision 73, clauses (8) and (9), are not required to verify the  
 337.10 information in paragraph (a), clause (10). When a Social Security number is not provided  
 337.11 to the agency for verification, this requirement is satisfied when each member of the  
 337.12 assistance unit cooperates with the procedures for verification of Social Security numbers,  
 337.13 issuance of duplicate cards, and issuance of new numbers which have been established  
 337.14 jointly between the Social Security Administration and the commissioner.

337.15 **EFFECTIVE DATE.** This section is effective July 1, 2023.

337.16 Sec. 27. Minnesota Statutes 2021 Supplement, section 256P.04, subdivision 8, is amended  
 337.17 to read:

337.18 Subd. 8. **Recertification.** The agency shall recertify eligibility annually. During  
 337.19 recertification and reporting under section 256P.10, the agency shall verify the following:

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

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

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

337.23 **EFFECTIVE DATE.** This section is effective March 1, 2024.

337.24 Sec. 28. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended  
 337.25 to read:

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

337.28 (1) earned income; and

337.29 (2) unearned income, which includes:

- 338.1 (i) interest and dividends from investments and savings;
- 338.2 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;
- 338.3 (iii) proceeds from rent and contract for deed payments in excess of the principal and  
338.4 interest portion owed on property;
- 338.5 (iv) income from trusts, excluding special needs and supplemental needs trusts;
- 338.6 (v) interest income from loans made by the participant or household;
- 338.7 (vi) cash prizes and winnings;
- 338.8 (vii) unemployment insurance income that is received by an adult member of the  
338.9 assistance unit unless the individual receiving unemployment insurance income is:
- 338.10 (A) 18 years of age and enrolled in a secondary school; or
- 338.11 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;
- 338.12 (viii) for the purposes of programs under chapters 256D and 256I, retirement, survivors,  
338.13 and disability insurance payments;
- 338.14 ~~(ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)~~  
338.15 ~~from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or~~  
338.16 ~~refund of personal or real property or costs or losses incurred when these payments are~~  
338.17 ~~made by: a public agency; a court; solicitations through public appeal; a federal, state, or~~  
338.18 ~~local unit of government; or a disaster assistance organization; (C) provided as an in-kind~~  
338.19 ~~benefit; or (D) earmarked and used for the purpose for which it was intended, subject to~~  
338.20 ~~verification requirements under section 256P.04;~~
- 338.21 ~~(x)~~ (ix) retirement benefits;
- 338.22 ~~(xi)~~ (x) cash assistance benefits, as defined by each program in chapters 119B, 256D,  
338.23 256I, and 256J;
- 338.24 ~~(xii)~~ (xi) Tribal per capita payments unless excluded by federal and state law;
- 338.25 ~~(xiii)~~ (xii) income and payments from service and rehabilitation programs that meet or  
338.26 exceed the state's minimum wage rate;
- 338.27 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded  
338.28 from income taxes according to federal or state law;
- 338.29 ~~(xv)~~ (xiv) for the purposes of programs under chapters 119B, 256D, and 256I, all child  
338.30 support payments ~~for programs under chapters 119B, 256D, and 256I;~~

339.1 ~~(xvi)~~ (xv) for the purposes of programs under chapter 256J, the amount of child support  
339.2 received that exceeds \$100 for assistance units with one child and \$200 for assistance units  
339.3 with two or more children ~~for programs under chapter 256J;~~

339.4 ~~(xvii)~~ (xvi) spousal support; ~~and~~

339.5 ~~(xviii)~~ (xvii) workers' compensation; ~~and~~

339.6 (xviii) for the purposes of programs under chapters 119B and 256J, the amount of  
339.7 retirement, survivors, and disability insurance payments that exceeds the applicable monthly  
339.8 federal maximum Supplemental Security Income payments.

339.9 **EFFECTIVE DATE.** This section is effective July 1, 2022, except the amendment  
339.10 removing nonrecurring income over \$60 per quarter is effective July 1, 2023.

339.11 Sec. 29. Minnesota Statutes 2020, section 256P.07, subdivision 1, is amended to read:

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

339.16 **EFFECTIVE DATE.** This section is effective March 1, 2024.

339.17 Sec. 30. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision  
339.18 to read:

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

339.22 **EFFECTIVE DATE.** This section is effective March 1, 2024.

339.23 Sec. 31. Minnesota Statutes 2020, section 256P.07, subdivision 2, is amended to read:

339.24 Subd. 2. **Reporting requirements.** An applicant or participant must provide information  
339.25 on an application and any subsequent reporting forms about the assistance unit's  
339.26 circumstances that affect eligibility or benefits. An applicant or assistance unit must report  
339.27 changes that affect eligibility or benefits as identified in subdivision subdivisions 3, 4, 5,  
339.28 7, 8, and 9, during the application period or by the tenth of the month following the month  
339.29 the assistance unit's circumstances changed. When information is not accurately reported,  
339.30 both an overpayment and a referral for a fraud investigation may result. When information

340.1 or documentation is not provided, the receipt of any benefit may be delayed or denied,  
340.2 depending on the type of information required and its effect on eligibility.

340.3 **EFFECTIVE DATE.** This section is effective March 1, 2024.

340.4 Sec. 32. Minnesota Statutes 2020, section 256P.07, subdivision 3, is amended to read:

340.5 Subd. 3. **Changes that must be reported.** ~~An assistance unit must report the changes~~  
340.6 ~~or anticipated changes specified in clauses (1) to (12) within ten days of the date they occur,~~  
340.7 ~~at the time of recertification of eligibility under section 256P.04, subdivisions 8 and 9, or~~  
340.8 ~~within eight calendar days of a reporting period, whichever occurs first. An assistance unit~~  
340.9 ~~must report other changes at the time of recertification of eligibility under section 256P.04,~~  
340.10 ~~subdivisions 8 and 9, or at the end of a reporting period, as applicable. When an agency~~  
340.11 ~~could have reduced or terminated assistance for one or more payment months if a delay in~~  
340.12 ~~reporting a change specified under clauses (1) to (12) had not occurred, the agency must~~  
340.13 ~~determine whether a timely notice could have been issued on the day that the change~~  
340.14 ~~occurred. When a timely notice could have been issued, each month's overpayment~~  
340.15 ~~subsequent to that notice must be considered a client error overpayment under section~~  
340.16 ~~119B.11, subdivision 2a, or 256P.08. Changes in circumstances that must be reported within~~  
340.17 ~~ten days must also be reported for the reporting period in which those changes occurred.~~  
340.18 ~~Within ten days, an assistance unit must report:~~

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

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

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

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

340.26 ~~(5) a change in household composition with the exception of programs under chapter~~  
340.27 ~~256I;~~

340.28 ~~(6) a receipt of a lump-sum payment with the exception of a program under chapter~~  
340.29 ~~119B;~~

340.30 ~~(7) an increase in assets if over \$9,000 with the exception of programs under chapter~~  
340.31 ~~119B;~~

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

- 341.1 ~~(9) a change in family status with the exception of programs under chapter 256I;~~
- 341.2 ~~(10) a change in disability status of a unit member, with the exception of programs under~~
- 341.3 ~~chapter 119B;~~
- 341.4 ~~(11) a new rent subsidy or a change in rent subsidy with the exception of a program~~
- 341.5 ~~under chapter 119B; and~~
- 341.6 ~~(12) a sale, purchase, or transfer of real property with the exception of a program under~~
- 341.7 ~~chapter 119B.~~
- 341.8 (a) An assistance unit must report changes or anticipated changes as described in this
- 341.9 subdivision.
- 341.10 (b) An assistance unit must report:
- 341.11 (1) a change in eligibility for Supplemental Security Income, Retirement Survivors
- 341.12 Disability Insurance, or another federal income support;
- 341.13 (2) a change in address or residence;
- 341.14 (3) a change in household composition with the exception of programs under chapter
- 341.15 256I;
- 341.16 (4) cash prizes and winnings according to guidance provided for the Supplemental
- 341.17 Nutrition Assistance Program;
- 341.18 (5) a change in citizenship or immigration status;
- 341.19 (6) a change in family status with the exception of programs under chapter 256I; and
- 341.20 (7) a change that makes the value of the unit's assets at or above the asset limit.
- 341.21 (c) When an agency could have reduced or terminated assistance for one or more payment
- 341.22 months if a delay in reporting a change specified under paragraph (b) had not occurred, the
- 341.23 agency must determine the first month that the agency could have reduced or terminated
- 341.24 assistance following a timely notice given on the date of the change in income. Each month's
- 341.25 overpayment starting with that month must be considered a client error overpayment under
- 341.26 section 256P.08.
- 341.27 **EFFECTIVE DATE.** This section is effective March 1, 2024, except that the amendment
- 341.28 striking clause (6) is effective July 1, 2023.

342.1 Sec. 33. Minnesota Statutes 2020, section 256P.07, subdivision 4, is amended to read:

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

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

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

342.7 (3) an individual in the household who is 18 or 19 years of age attending high school  
342.8 who graduates or drops out of school.

342.9 **EFFECTIVE DATE.** This section is effective March 1, 2024.

342.10 Sec. 34. Minnesota Statutes 2020, section 256P.07, subdivision 6, is amended to read:

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

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

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

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

342.19 (4) a change in address or residence;

342.20 (5) a change in household composition;

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

342.22 (7) a change in family status.

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

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

342.27 **EFFECTIVE DATE.** This section is effective March 1, 2024.

343.1 Sec. 35. Minnesota Statutes 2020, section 256P.07, subdivision 7, is amended to read:

343.2 Subd. 7. **Minnesota supplemental aid-specific reporting.** (a) In addition to subdivision  
343.3 3, an assistance unit participating in the Minnesota supplemental aid program under section  
343.4 256D.44, subdivision 5, paragraph (g), within ten days of the change, chapter 256D and not  
343.5 receiving Supplemental Security Income must report shelter expenses.:

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

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

343.8 (b) An assistance unit receiving housing assistance under section 256D.44, subdivision  
343.9 5, paragraph (g), including assistance units that also receive Supplemental Security Income,  
343.10 must report:

343.11 (1) a change in shelter expenses; and

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

343.13 **EFFECTIVE DATE.** This section is effective March 1, 2024.

343.14 Sec. 36. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision  
343.15 to read:

343.16 Subd. 8. **Housing support-specific reporting.** (a) In addition to subdivision 3, an  
343.17 assistance unit participating in the housing support program under chapter 256I and not  
343.18 receiving Supplemental Security Income must report:

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

343.20 (2) a change in earned income of \$100 per month or greater, unless the assistance unit  
343.21 is already subject to six-month reporting requirements in section 256P.10.

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

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

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

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

343.29 **EFFECTIVE DATE.** This section is effective March 1, 2024.

344.1 Sec. 37. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision  
344.2 to read:

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

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

344.7 (2) a change in earned income of \$100 per month or greater, unless the assistance unit  
344.8 is already subject to six-month reporting requirements in section 256P.10; and

344.9 (3) changes in any condition that would result in the loss of basis for eligibility in section  
344.10 256D.05, subdivision 1, paragraph (a).

344.11 **EFFECTIVE DATE.** This section is effective March 1, 2024.

344.12 Sec. 38. **[256P.09] PROSPECTIVE BUDGETING OF BENEFITS.**

344.13 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care  
344.14 assistance programs under chapter 119B, assistance units that receive housing support under  
344.15 chapter 256I and are not subject to reporting under section 256P.10, and assistance units  
344.16 that qualify for Minnesota supplemental aid under chapter 256D are exempt from this  
344.17 section.

344.18 Subd. 2. **Prospective budgeting of benefits.** An agency subject to this chapter must use  
344.19 prospective budgeting to calculate the assistance payment amount.

344.20 Subd. 3. **Initial income.** For the purpose of determining an assistance unit's level of  
344.21 benefits, an agency must take into account the income already received by the assistance  
344.22 unit during or anticipated to be received during the application period. Income anticipated  
344.23 to be received only in the initial month of eligibility should only be counted in the initial  
344.24 month.

344.25 Subd. 4. **Income determination.** An agency must use prospective budgeting to determine  
344.26 the amount of the assistance unit's benefit for the eligibility period based on the best  
344.27 information available at the time of approval. An agency shall only count anticipated income  
344.28 when the participant and the agency are reasonably certain of the amount of the payment  
344.29 and the month in which the payment will be received. If the exact amount of the income is  
344.30 not known, the agency shall consider only the amounts that can be anticipated as income.

344.31 Subd. 5. **Income changes.** An increase in income shall not affect an assistance unit's  
344.32 eligibility or benefit amount until the next review unless otherwise required to be reported



345.1 in section 256P.07. A decrease in income shall be effective on the date that the change  
345.2 occurs if the change is reported by the tenth of the month following the month when the  
345.3 change occurred. If the assistant unit does not report the change in income by the tenth of  
345.4 the month following the month when the change occurred, the change in income shall be  
345.5 effective on the date the change was reported.

345.6 **EFFECTIVE DATE.** This section is effective March 1, 2024.

345.7 Sec. 39. **[256P.10] SIX-MONTH REPORTING.**

345.8 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care  
345.9 assistance programs under chapter 119B, assistance units that qualify for Minnesota  
345.10 supplemental aid under chapter 256D, and assistance units that qualify for housing support  
345.11 under chapter 256I and also receive Supplemental Security Income are exempt from this  
345.12 section.

345.13 Subd. 2. **Reporting.** (a) Every six months, an assistance unit that qualifies for the  
345.14 Minnesota family investment program under chapter 256J, an assistance unit that qualifies  
345.15 for general assistance under chapter 256D with an earned income of \$100 per month or  
345.16 greater, or an assistance unit that qualifies for housing support under chapter 256I with an  
345.17 earned income of \$100 per month or greater is subject to six-month reviews. The initial  
345.18 reporting period may be shorter than six months in order to align with other programs'  
345.19 reporting periods.

345.20 (b) An assistance unit that qualifies for the Minnesota family investment program or an  
345.21 assistance unit that qualifies for general assistance with an earned income of \$100 per month  
345.22 or greater must complete household report forms as required by the commissioner for  
345.23 redetermination of benefits.

345.24 (c) An assistance unit that qualifies for housing support with an earned income of \$100  
345.25 per month or greater must complete household report forms as prescribed by the  
345.26 commissioner to provide information about earned income.

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

345.30 (e) An assistance unit covered by this section must submit a household report form in  
345.31 compliance with the provisions in section 256P.04, subdivision 11.

345.32 (f) An assistance unit covered by this section may choose to report changes under this  
345.33 section at any time.

346.1 Subd. 3. **When to terminate assistance.** (a) An agency must terminate benefits when  
346.2 the assistance unit fails to submit the household report form before the end of the six-month  
346.3 review period as described in subdivision 2, paragraph (a). If the assistance unit submits  
346.4 the household report form within 30 days of the termination of benefits and remains eligible,  
346.5 benefits must be reinstated and made available retroactively for the full benefit month.

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

346.8 Sec. 40. **PILOT PROGRAM FOR CHOSEN FAMILY HOSTING TO PREVENT**  
346.9 **YOUTH HOMELESSNESS.**

346.10 Subdivision 1. **Establishment.** The commissioner of human services must establish a  
346.11 pilot program for providers seeking to establish or expand services for homeless youth that  
346.12 formalize situations where a caring adult who a youth considers chosen family allows a  
346.13 youth to stay at the adult's residence to avoid being homeless.

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

346.16 (b) "Chosen family" means any individual, related by blood or affinity, whose close  
346.17 association fulfills the need of a familial relationship.

346.18 (c) "Set of participants" means a youth aged 18 to 24 and (1) an adult host who is the  
346.19 youth's chosen family and with whom the youth is living in an intergenerational hosting  
346.20 arrangement to avoid being homeless, or (2) a relative with whom the youth is living to  
346.21 avoid being homeless.

346.22 Subd. 3. **Administration.** (a) The commissioner of human services, as authorized by  
346.23 Minnesota Statutes, section 256.01, subdivision 2, paragraph (a), clause (6), shall contract  
346.24 with a technical assistance provider to:

346.25 (1) provide technical assistance to funding recipients;

346.26 (2) facilitate a monthly learning cohort for funding recipients;

346.27 (3) evaluate the efficacy and cost-effectiveness of the pilot program; and

346.28 (4) submit annual updates and a final report to the commissioner.

346.29 (b) When developing the criteria for awarding funds, the commissioner must include a  
346.30 requirement that all funding recipients:

347.1 (1) partner with sets of participants, with a case manager caseload consistent with existing  
347.2 norms for homeless youth;

347.3 (2) mediate agreements within each set of participants about shared expectations regarding  
347.4 the living arrangement;

347.5 (3) provide monthly stipends to sets of participants to offset the costs created by the  
347.6 living arrangement;

347.7 (4) connect sets of participants to community resources;

347.8 (5) if the adult host is a renter, help facilitate ongoing communication between the  
347.9 property owner and adult host;

347.10 (6) offer strategies to address barriers faced by adult hosts who are renters;

347.11 (7) assist the youth in identifying and strengthening their circle of support, giving focused  
347.12 attention to adults who can serve as permanent connections and provide ongoing support  
347.13 throughout the youth's life; and

347.14 (8) actively participate in monthly cohort meetings.

347.15 Subd. 4. **Technical assistance provider.** The commissioner must select a technical  
347.16 assistance provider to provide assistance to funding recipients. In order to be selected, the  
347.17 technical assistance provider must:

347.18 (1) have in-depth experience with research on and evaluation of youth homelessness  
347.19 from a holistic perspective that addresses the four core outcomes developed by the United  
347.20 States Interagency Council on Homelessness to prevent and end youth homelessness;

347.21 (2) offer education and have previous experience providing technical assistance on  
347.22 supporting chosen family hosting arrangements to organizations that serve homeless youth;

347.23 (3) have expertise on how to address barriers faced by chosen family hosts who are  
347.24 renters; and

347.25 (4) be located in Minnesota.

347.26 Subd. 5. **Eligible applicants.** To be eligible for funding under this section, an applicant  
347.27 must be a provider serving homeless youth in Minnesota. The money must be awarded to  
347.28 funding recipients beginning no later than March 31, 2023.

347.29 Subd. 6. **Applications.** Providers seeking funding under this section shall apply to the  
347.30 commissioner. The applicant must include a description of the project that the applicant is

348.1 proposing, the amount of money that the applicant is seeking, and a proposed budget  
348.2 describing how the applicant will spend the money.

348.3 Subd. 7. **Reporting.** The technical assistance provider must submit annual updates and  
348.4 a final report to the commissioner in a manner specified by the commissioner on the technical  
348.5 assistance provider's findings regarding the efficacy and cost-effectiveness of the pilot  
348.6 program.

348.7 Sec. 41. **DIRECTION TO COMMISSIONER; INCOME AND ASSET EXCLUSION**  
348.8 **FOR LOCAL GUARANTEED INCOME DEMONSTRATION PROJECTS.**

348.9 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in this  
348.10 subdivision have the meanings given.

348.11 (b) "Commissioner" means the commissioner of human services unless specified  
348.12 otherwise.

348.13 (c) "Guaranteed income demonstration project" means a local demonstration project to  
348.14 evaluate how unconditional cash payments have a causal effect on income volatility, financial  
348.15 well-being, and early childhood development in infants and toddlers.

348.16 Subd. 2. **Commissioner; income and asset exclusion.** (a) During the duration of the  
348.17 guaranteed income demonstration project, the commissioner shall not count payments made  
348.18 to families by the guaranteed income demonstration project as income or assets for purposes  
348.19 of determining or redetermining eligibility for the following programs:

348.20 (1) child care assistance programs under Minnesota Statutes, chapter 119B; and

348.21 (2) the Minnesota family investment program, work benefit program, or diversionary  
348.22 work program under Minnesota Statutes, chapter 256J.

348.23 (b) During the duration of the guaranteed income demonstration project, the commissioner  
348.24 shall not count payments made to families by the guaranteed income demonstration project  
348.25 as income or assets for purposes of determining or redetermining eligibility for the following  
348.26 programs:

348.27 (1) medical assistance under Minnesota Statutes, chapter 256B; and

348.28 (2) MinnesotaCare under Minnesota Statutes, chapter 256L.

348.29 **EFFECTIVE DATE.** This section is effective July 1, 2022, except for subdivision 2,  
348.30 paragraph (b), which is effective July 1, 2022, or upon federal approval, whichever is later.

349.1 Sec. 42. **REPEALER.**

349.2 (a) Minnesota Statutes 2020, sections 256J.08, subdivisions 10, 61, 62, 81, and 83;  
349.3 256J.30, subdivisions 5 and 7; 256J.33, subdivisions 3 and 5; 256J.34, subdivisions 1, 2, 3,  
349.4 and 4; and 256J.37, subdivision 10, are repealed.

349.5 (b) Minnesota Statutes 2021 Supplement, sections 256J.08, subdivision 53; 256J.30,  
349.6 subdivision 8; and 256J.33, subdivision 4, are repealed.

349.7 **EFFECTIVE DATE.** This section is effective March 1, 2024, except the repeal of  
349.8 Minnesota Statutes 2020, sections 256J.08, subdivision 62, and 256J.37, subdivision 10,  
349.9 and Minnesota Statutes 2021 Supplement, section 256J.08, subdivision 53, is effective July  
349.10 1, 2023.

## 349.11 **ARTICLE 10**

### 349.12 **DIRECT CARE AND TREATMENT POLICY**

349.13 Section 1. Minnesota Statutes 2020, section 253B.18, subdivision 6, is amended to read:

349.14 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is  
349.15 dangerous to the public shall not be transferred out of a secure treatment facility unless it  
349.16 appears to the satisfaction of the commissioner, after a hearing and favorable recommendation  
349.17 by a majority of the special review board, that the transfer is appropriate. Transfer may be  
349.18 to another state-operated treatment program. In those instances where a commitment also  
349.19 exists to the Department of Corrections, transfer may be to a facility designated by the  
349.20 commissioner of corrections.

349.21 (b) The following factors must be considered in determining whether a transfer is  
349.22 appropriate:

349.23 (1) the person's clinical progress and present treatment needs;

349.24 (2) the need for security to accomplish continuing treatment;

349.25 (3) the need for continued institutionalization;

349.26 (4) which facility can best meet the person's needs; and

349.27 (5) whether transfer can be accomplished with a reasonable degree of safety for the  
349.28 public.

349.29 (c) If a committed person has been transferred out of a secure treatment facility pursuant  
349.30 to this subdivision, that committed person may voluntarily return to a secure treatment  
349.31 facility for a period of up to 60 days with the consent of the head of the treatment facility.

350.1 (d) If the committed person is not returned to the original, nonsecure transfer facility  
350.2 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and  
350.3 the committed person shall remain in a secure treatment facility. The committed person  
350.4 shall immediately be notified in writing of the revocation.

350.5 (e) Within 15 days of receiving notice of the revocation, the committed person may  
350.6 petition the special review board for a review of the revocation. The special review board  
350.7 shall review the circumstances of the revocation and shall recommend to the commissioner  
350.8 whether or not the revocation shall be upheld. The special review board may also recommend  
350.9 a new transfer at the time of the revocation hearing.

350.10 (f) No action by the special review board is required if the transfer has not been revoked  
350.11 and the committed person is returned to the original, nonsecure transfer facility with no  
350.12 substantive change to the conditions of the transfer ordered under this subdivision.

350.13 (g) The head of the treatment facility may revoke a transfer made under this subdivision  
350.14 and require a committed person to return to a secure treatment facility if:

350.15 (1) remaining in a nonsecure setting does not provide a reasonable degree of safety to  
350.16 the committed person or others; or

350.17 (2) the committed person has regressed clinically and the facility to which the committed  
350.18 person was transferred does not meet the committed person's needs.

350.19 (h) Upon the revocation of the transfer, the committed person shall be immediately  
350.20 returned to a secure treatment facility. A report documenting the reasons for revocation  
350.21 shall be issued by the head of the treatment facility within seven days after the committed  
350.22 person is returned to the secure treatment facility. Advance notice to the committed person  
350.23 of the revocation is not required.

350.24 (i) The committed person must be provided a copy of the revocation report and informed,  
350.25 orally and in writing, of the rights of a committed person under this section. The revocation  
350.26 report shall be served upon the committed person, the committed person's counsel, and the  
350.27 designated agency. The report shall outline the specific reasons for the revocation, including  
350.28 but not limited to the specific facts upon which the revocation is based.

350.29 (j) If a committed person's transfer is revoked, the committed person may re-petition for  
350.30 transfer according to subdivision 5.

350.31 (k) A committed person aggrieved by a transfer revocation decision may petition the  
350.32 special review board within seven business days after receipt of the revocation report for a  
350.33 review of the revocation. The matter shall be scheduled within 30 days. The special review

351.1 board shall review the circumstances leading to the revocation and, after considering the  
351.2 factors in paragraph (b), shall recommend to the commissioner whether or not the revocation  
351.3 shall be upheld. The special review board may also recommend a new transfer out of a  
351.4 secure facility at the time of the revocation hearing.

351.5 Sec. 2. Minnesota Statutes 2021 Supplement, section 256.01, subdivision 42, is amended  
351.6 to read:

351.7 Subd. 42. **Expiration of report mandates.** (a) If the submission of a report by the  
351.8 commissioner of human services to the legislature is mandated by statute and the enabling  
351.9 legislation does not include a date for the submission of a final report or an expiration date,  
351.10 the mandate to submit the report shall expire in accordance with this section.

351.11 (b) If the mandate requires the submission of an annual or more frequent report and the  
351.12 mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2023.  
351.13 If the mandate requires the submission of a biennial or less frequent report and the mandate  
351.14 was enacted before January 1, 2021, the mandate shall expire on January 1, 2024.

351.15 (c) Any reporting mandate enacted on or after January 1, 2021, shall expire three years  
351.16 after the date of enactment if the mandate requires the submission of an annual or more  
351.17 frequent report and shall expire five years after the date of enactment if the mandate requires  
351.18 the submission of a biennial or less frequent report unless the enacting legislation provides  
351.19 for a different expiration date.

351.20 (d) By January 15 of each year, the commissioner shall submit a list ~~to the chairs and~~  
351.21 ~~ranking minority members of the legislative committees with jurisdiction over human~~  
351.22 ~~services by February 15 of each year, beginning February 15, 2022,~~ of all reports set to  
351.23 expire during the following calendar year ~~in accordance with this section~~ to the chairs and  
351.24 ranking minority members of the legislative committees with jurisdiction over human  
351.25 services. Notwithstanding paragraph (c), this paragraph does not expire.

351.26 Sec. 3. Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws  
351.27 2009, chapter 173, article 2, section 1, is amended to read:

351.28 Subd. 10. **State-Operated Services**

351.29 The amounts that may be spent from the  
351.30 appropriation for each purpose are as follows:

351.31 **Transfer Authority Related to**

351.32 **State-Operated Services.** Money

352.1 appropriated to finance state-operated services  
 352.2 may be transferred between the fiscal years of  
 352.3 the biennium with the approval of the  
 352.4 commissioner of finance.

352.5 **County Past Due Receivables.** The  
 352.6 commissioner is authorized to withhold county  
 352.7 federal administrative reimbursement when  
 352.8 the county of financial responsibility for  
 352.9 cost-of-care payments due the state under  
 352.10 Minnesota Statutes, section 246.54 or  
 352.11 253B.045, is 90 days past due. The  
 352.12 commissioner shall deposit the withheld  
 352.13 federal administrative earnings for the county  
 352.14 into the general fund to settle the claims with  
 352.15 the county of financial responsibility. The  
 352.16 process for withholding funds is governed by  
 352.17 Minnesota Statutes, section 256.017.

352.18 **Forecast and Census Data.** The  
 352.19 commissioner shall include census data and  
 352.20 fiscal projections for state-operated services  
 352.21 and Minnesota sex offender services with the  
 352.22 ~~November and February budget forecasts.~~  
 352.23 ~~Notwithstanding any contrary provision in this~~  
 352.24 ~~article, this paragraph shall not expire forecast.~~

352.25 <b>(a) Adult Mental Health Services</b>	106,702,000	107,201,000
--	-------------	-------------

352.26 **Appropriation Limitation.** No part of the  
 352.27 appropriation in this article to the  
 352.28 commissioner for mental health treatment  
 352.29 services provided by state-operated services  
 352.30 shall be used for the Minnesota sex offender  
 352.31 program.

352.32 **Community Behavioral Health Hospitals.**  
 352.33 Under Minnesota Statutes, section 246.51,  
 352.34 subdivision 1, a determination order for the



353.1 clients served in a community behavioral  
 353.2 health hospital operated by the commissioner  
 353.3 of human services is only required when a  
 353.4 client's third-party coverage has been  
 353.5 exhausted.

353.6 **Base Adjustment.** The general fund base is  
 353.7 decreased by \$500,000 for fiscal year 2012  
 353.8 and by \$500,000 for fiscal year 2013.

353.9 **(b) Minnesota Sex Offender Services**

353.10	Appropriations by Fund		
353.11	General	38,348,000	67,503,000
353.12	Federal Fund	26,495,000	0

353.13 **Use of Federal Stabilization Funds.** Of this  
 353.14 appropriation, \$26,495,000 in fiscal year 2010  
 353.15 is from the fiscal stabilization account in the  
 353.16 federal fund to the commissioner. This  
 353.17 appropriation must not be used for any activity  
 353.18 or service for which federal reimbursement is  
 353.19 claimed. This is a onetime appropriation.

353.20 **(c) Minnesota Security Hospital and METO**  
 353.21 **Services**

353.22	Appropriations by Fund		
353.23	General	230,000	83,735,000
353.24	Federal Fund	83,505,000	0

353.25 **Minnesota Security Hospital.** For the  
 353.26 purposes of enhancing the safety of the public,  
 353.27 improving supervision, and enhancing  
 353.28 community-based mental health treatment,  
 353.29 state-operated services may establish  
 353.30 additional community capacity for providing  
 353.31 treatment and supervision of clients who have  
 353.32 been ordered into a less restrictive alternative  
 353.33 of care from the state-operated services

354.1 transitional services program consistent with  
354.2 Minnesota Statutes, section 246.014.

354.3 **Use of Federal Stabilization Funds.**

354.4 \$83,505,000 in fiscal year 2010 is appropriated  
354.5 from the fiscal stabilization account in the  
354.6 federal fund to the commissioner. This  
354.7 appropriation must not be used for any activity  
354.8 or service for which federal reimbursement is  
354.9 claimed. This is a onetime appropriation.

354.10 Sec. 4. **REPEALER.**

354.11 Minnesota Statutes 2020, sections 246.0136; 252.025, subdivision 7; and 252.035, are  
354.12 repealed.

354.13

**ARTICLE 11**

354.14

**PREVENTING HOMELESSNESS**

354.15 Section 1. Minnesota Statutes 2020, section 145.4716, is amended by adding a subdivision  
354.16 to read:

354.17 Subd. 4. **Funding.** The commissioner must prioritize providing trauma-informed,  
354.18 culturally inclusive services for sexually exploited youth or youth at risk of sexual  
354.19 exploitation under this section.

354.20 Sec. 2. Minnesota Statutes 2020, section 256E.33, subdivision 1, is amended to read:

354.21 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

354.22 (b) "Transitional housing" means housing designed for independent living and provided  
354.23 to a homeless person or family at a rental rate of at least 25 percent of the family income  
354.24 for a period of up to ~~24~~ 36 months. If a transitional housing program is associated with a  
354.25 licensed facility or shelter, it must be located in a separate facility or a specified section of  
354.26 the main facility where residents can be responsible for their own meals and other daily  
354.27 needs.

354.28 (c) "Support services" means an assessment service that identifies the needs of individuals  
354.29 for independent living and arranges or provides for the appropriate educational, social, legal,  
354.30 advocacy, child care, employment, financial, health care, or information and referral services  
354.31 to meet these needs.

355.1 Sec. 3. Minnesota Statutes 2020, section 256E.33, subdivision 2, is amended to read:

355.2 Subd. 2. **Establishment and administration.** A transitional housing program is  
355.3 established to be administered by the commissioner. The commissioner may make grants  
355.4 to eligible recipients or enter into agreements with community action agencies or other  
355.5 public or private nonprofit agencies to make grants to eligible recipients to initiate, maintain,  
355.6 or expand programs to provide transitional housing and support services for persons in need  
355.7 of transitional housing, which may include up to six months of follow-up support services  
355.8 for persons who complete transitional housing as they stabilize in permanent housing. The  
355.9 commissioner must ensure that money appropriated to implement this section is distributed  
355.10 as soon as practicable. The commissioner may make grants directly to eligible recipients.  
355.11 The commissioner may extend use ~~up to ten percent of the appropriation available for~~ of  
355.12 this program for persons needing assistance longer than ~~24~~ 36 months.

355.13 Sec. 4. Minnesota Statutes 2020, section 256I.03, subdivision 7, is amended to read:

355.14 Subd. 7. **Countable income.** "Countable income" means all income received by an  
355.15 applicant or recipient as described under section 256P.06, less any applicable exclusions or  
355.16 disregards. For a recipient of any cash benefit from the SSI program who does not live in  
355.17 a setting as described in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable  
355.18 income means the SSI benefit limit in effect at the time the person is a recipient of housing  
355.19 support, less the medical assistance personal needs allowance under section 256B.35. ~~If the~~  
355.20 ~~SSI limit or benefit is reduced for a person due to events other than receipt of additional~~  
355.21 ~~income, countable income means actual income less any applicable exclusions and disregards.~~  
355.22 If there is a reduction in a housing support recipient's benefit due to circumstances other  
355.23 than receipt of additional income, applicable exclusions and disregards apply when  
355.24 determining countable income. For a recipient of any cash benefit from the RSDI program,  
355.25 SSI program, or veterans' programs who lives in a setting as described in section 256I.04,  
355.26 subdivision 2a, paragraph (b), clause (2), countable income means 30 percent of the  
355.27 recipient's total benefit amount from these programs, after applicable exclusions or disregards,  
355.28 at the time the person is a recipient of housing support. For these recipients, the medical  
355.29 assistance personal needs allowance, as described in section 256I.04, subdivision 1, paragraph  
355.30 (a), clause (2), does not apply.

356.1 Sec. 5. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision to  
356.2 read:

356.3 Subd. 7. **Awarding of grants.** (a) Grants shall be awarded under this section only after  
356.4 a review of the grant recipient's application materials, including past performance and  
356.5 utilization of grant money. The commissioner shall not reduce an existing grant award  
356.6 amount unless the commissioner first determines that the grant recipient has failed to meet  
356.7 performance measures or has used grant money improperly.

356.8 (b) For grants awarded pursuant to a two-year grant contract, the commissioner shall  
356.9 permit grant recipients to carry over any unexpended amount from the first contract year  
356.10 to the second contract year.

356.11 Sec. 6. Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7, is  
356.12 amended to read:

356.13 Subd. 7. **Report.** (a) No later than February 1, 2022, the task force shall submit an initial  
356.14 report to the chairs and ranking minority members of the house of representatives and senate  
356.15 committees and divisions with jurisdiction over housing and preventing homelessness on  
356.16 its findings and recommendations.

356.17 (b) No later than ~~August 31, 2022~~ December 15, 2022, the task force shall submit a final  
356.18 report to the chairs and ranking minority members of the house of representatives and senate  
356.19 committees and divisions with jurisdiction over housing and preventing homelessness on  
356.20 its findings and recommendations.

356.21 Sec. 7. **PREGNANT AND PARENTING HOMELESS YOUTH STUDY.**

356.22 (a) The commissioner of human services must conduct a study of the prevalence of  
356.23 pregnancy and parenting among homeless youth and youth who are at risk of homelessness.

356.24 (b) The commissioner shall submit a final report by December 31, 2023, to the chairs  
356.25 and ranking minority members of the legislative committees with jurisdiction over human  
356.26 services finance and policy.

356.27 Sec. 8. **SEXUAL EXPLOITATION AND TRAFFICKING STUDY.**

356.28 (a) The commissioner of health must conduct a prevalence study on youth and adult  
356.29 victim survivors of sexual exploitation and trafficking.

357.1 (b) The commissioner shall submit a final report by June 30, 2024, to the chairs and  
357.2 ranking minority members of the legislative committees with jurisdiction over human  
357.3 services finance and policy.

357.4 Sec. 9. **EMERGENCY SHELTER FACILITIES.**

357.5 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have  
357.6 the meanings given.

357.7 (b) "Commissioner" means the commissioner of human services.

357.8 (c) "Eligible applicant" means a statutory or home rule charter city, county, Tribal  
357.9 government, not-for-profit corporation under section 501(c)(3) of the Internal Revenue  
357.10 Code, or housing and redevelopment authority established under Minnesota Statutes, section  
357.11 469.003.

357.12 (d) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,  
357.13 accessible, and suitable emergency shelter for individuals and families experiencing  
357.14 homelessness, regardless of whether the facility provides emergency shelter during the day,  
357.15 overnight, or both.

357.16 Subd. 2. **Project criteria.** (a) The commissioner shall prioritize grants under this section  
357.17 for projects that improve or expand emergency shelter facility options by:

357.18 (1) adding additional emergency shelter facilities by renovating existing facilities not  
357.19 currently operating as emergency shelter facilities;

357.20 (2) adding additional emergency shelter facility beds by renovating existing emergency  
357.21 shelter facilities, including major projects that address an accumulation of deferred  
357.22 maintenance or repair or replacement of mechanical, electrical, and safety systems and  
357.23 components in danger of failure;

357.24 (3) adding additional emergency shelter facility beds through acquisition and construction  
357.25 of new emergency shelter facilities; and

357.26 (4) improving the safety, sanitation, accessibility, and habitability of existing emergency  
357.27 shelter facilities, including major projects that address an accumulation of deferred  
357.28 maintenance or repair or replacement of mechanical, electrical, and safety systems and  
357.29 components in danger of failure.

357.30 (b) A grant under this section may be used to pay for 100 percent of total project capital  
357.31 expenditures, or a specified project phase, up to \$10,000,000 per project.

358.1 (c) All projects funded with a grant under this section must meet all applicable state and  
358.2 local building codes at the time of project completion.

358.3 (d) The commissioner must use a competitive request for proposal process to identify  
358.4 potential projects and eligible applicants on a statewide basis.

358.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

## 358.6 **ARTICLE 12**

### 358.7 **DHS LICENSING AND OPERATIONS POLICY**

358.8 Section 1. Minnesota Statutes 2020, section 245A.07, subdivision 2a, is amended to read:

358.9 Subd. 2a. **Immediate suspension expedited hearing.** (a) Within five working days of  
358.10 receipt of the license holder's timely appeal, the commissioner shall request assignment of  
358.11 an administrative law judge. The request must include a proposed date, time, and place of  
358.12 a hearing. A hearing must be conducted by an administrative law judge within 30 calendar  
358.13 days of the request for assignment, unless an extension is requested by either party and  
358.14 granted by the administrative law judge for good cause. The commissioner shall issue a  
358.15 notice of hearing by certified mail or personal service at least ten working days before the  
358.16 hearing. The scope of the hearing shall be limited solely to the issue of whether the temporary  
358.17 immediate suspension should remain in effect pending the commissioner's final order under  
358.18 section 245A.08, regarding a licensing sanction issued under subdivision 3 following the  
358.19 immediate suspension. For suspensions under subdivision 2, paragraph (a), clause (1), the  
358.20 burden of proof in expedited hearings under this subdivision shall be limited to the  
358.21 commissioner's demonstration that reasonable cause exists to believe that the license holder's  
358.22 actions or failure to comply with applicable law or rule poses, or the actions of other  
358.23 individuals or conditions in the program poses an imminent risk of harm to the health, safety,  
358.24 or rights of persons served by the program. "Reasonable cause" means there exist specific  
358.25 articulable facts or circumstances which provide the commissioner with a reasonable  
358.26 suspicion that there is an imminent risk of harm to the health, safety, or rights of persons  
358.27 served by the program. When the commissioner has determined there is reasonable cause  
358.28 to order the temporary immediate suspension of a license based on a violation of safe sleep  
358.29 requirements, as defined in section 245A.1435, the commissioner is not required to  
358.30 demonstrate that an infant died or was injured as a result of the safe sleep violations. For  
358.31 suspensions under subdivision 2, paragraph (a), clause (2), the burden of proof in expedited  
358.32 hearings under this subdivision shall be limited to the commissioner's demonstration by a  
358.33 preponderance of the evidence that, since the license was revoked, the license holder

359.1 committed additional violations of law or rule which may adversely affect the health or  
359.2 safety of persons served by the program.

359.3 (b) The administrative law judge shall issue findings of fact, conclusions, and a  
359.4 recommendation within ten working days from the date of hearing. The parties shall have  
359.5 ten calendar days to submit exceptions to the administrative law judge's report. The record  
359.6 shall close at the end of the ten-day period for submission of exceptions. The commissioner's  
359.7 final order shall be issued within ten working days from the close of the record. When an  
359.8 appeal of a temporary immediate suspension is withdrawn or dismissed, the commissioner  
359.9 shall issue a final order affirming the temporary immediate suspension within ten calendar  
359.10 days of the commissioner's receipt of the withdrawal or dismissal. Within 90 calendar days  
359.11 after an immediate suspension has been issued and the license holder has not submitted a  
359.12 timely appeal under subdivision 2, paragraph (b), or within 90 calendar days after a final  
359.13 order affirming an immediate suspension, the commissioner shall ~~make a determination~~  
359.14 regarding determine:

359.15 (1) whether a final licensing sanction shall be issued under subdivision 3, paragraph (a),  
359.16 clauses (1) to (5). The license holder shall continue to be prohibited from operation of the  
359.17 program during this 90-day period; or

359.18 (2) whether the outcome of related, ongoing investigations or judicial proceedings are  
359.19 necessary to determine if a final licensing sanction under subdivision 3, paragraph (a),  
359.20 clauses (1) to (5), will be issued, and persons served by the program remain at an imminent  
359.21 risk of harm during the investigation period or proceedings. If so, the commissioner shall  
359.22 issue a suspension in accordance with subdivision 3.

359.23 (c) When the final order under paragraph (b) affirms an immediate suspension or the  
359.24 license holder does not submit a timely appeal of the immediate suspension, and a final  
359.25 licensing sanction is issued under subdivision 3 and the license holder appeals that sanction,  
359.26 the license holder continues to be prohibited from operation of the program pending a final  
359.27 commissioner's order under section 245A.08, subdivision 5, regarding the final licensing  
359.28 sanction.

359.29 (d) The license holder shall continue to be prohibited from operation of the program  
359.30 while a suspension order issued under paragraph (b), clause (2), remains in effect.

359.31 ~~(d)~~ (e) For suspensions under subdivision 2, paragraph (a), clause (3), the burden of  
359.32 proof in expedited hearings under this subdivision shall be limited to the commissioner's  
359.33 demonstration by a preponderance of the evidence that a criminal complaint and warrant  
359.34 or summons was issued for the license holder that was not dismissed, and that the criminal

360.1 charge is an offense that involves fraud or theft against a program administered by the  
360.2 commissioner.

360.3 Sec. 2. Minnesota Statutes 2020, section 245A.07, subdivision 3, is amended to read:

360.4 Subd. 3. **License suspension, revocation, or fine.** (a) The commissioner may suspend  
360.5 or revoke a license, or impose a fine if:

360.6 (1) a license holder fails to comply fully with applicable laws or rules including but not  
360.7 limited to the requirements of this chapter and chapter 245C;

360.8 (2) a license holder, a controlling individual, or an individual living in the household  
360.9 where the licensed services are provided or is otherwise subject to a background study has  
360.10 been disqualified and the disqualification was not set aside and no variance has been granted;

360.11 (3) a license holder knowingly withholds relevant information from or gives false or  
360.12 misleading information to the commissioner in connection with an application for a license,  
360.13 in connection with the background study status of an individual, during an investigation,  
360.14 or regarding compliance with applicable laws or rules;

360.15 (4) a license holder is excluded from any program administered by the commissioner  
360.16 under section 245.095; ~~or~~

360.17 (5) revocation is required under section 245A.04, subdivision 7, paragraph (d); or

360.18 (6) suspension is necessary under subdivision 2a, paragraph (b), clause (2).

360.19 A license holder who has had a license issued under this chapter suspended, revoked,  
360.20 or has been ordered to pay a fine must be given notice of the action by certified mail or  
360.21 personal service. If mailed, the notice must be mailed to the address shown on the application  
360.22 or the last known address of the license holder. The notice must state in plain language the  
360.23 reasons the license was suspended or revoked, or a fine was ordered.

360.24 (b) If the license was suspended or revoked, the notice must inform the license holder  
360.25 of the right to a contested case hearing under chapter 14 and Minnesota Rules, parts  
360.26 1400.8505 to 1400.8612. The license holder may appeal an order suspending or revoking  
360.27 a license. The appeal of an order suspending or revoking a license must be made in writing  
360.28 by certified mail or personal service. If mailed, the appeal must be postmarked and sent to  
360.29 the commissioner within ten calendar days after the license holder receives notice that the  
360.30 license has been suspended or revoked. If a request is made by personal service, it must be  
360.31 received by the commissioner within ten calendar days after the license holder received the  
360.32 order. Except as provided in subdivision 2a, paragraph (c), if a license holder submits a



361.1 timely appeal of an order suspending or revoking a license, the license holder may continue  
361.2 to operate the program as provided in section 245A.04, subdivision 7, paragraphs (f) and  
361.3 (g), until the commissioner issues a final order on the suspension or revocation.

361.4 (c)(1) If the license holder was ordered to pay a fine, the notice must inform the license  
361.5 holder of the responsibility for payment of fines and the right to a contested case hearing  
361.6 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The appeal of an  
361.7 order to pay a fine must be made in writing by certified mail or personal service. If mailed,  
361.8 the appeal must be postmarked and sent to the commissioner within ten calendar days after  
361.9 the license holder receives notice that the fine has been ordered. If a request is made by  
361.10 personal service, it must be received by the commissioner within ten calendar days after  
361.11 the license holder received the order.

361.12 (2) The license holder shall pay the fines assessed on or before the payment date specified.  
361.13 If the license holder fails to fully comply with the order, the commissioner may issue a  
361.14 second fine or suspend the license until the license holder complies. If the license holder  
361.15 receives state funds, the state, county, or municipal agencies or departments responsible for  
361.16 administering the funds shall withhold payments and recover any payments made while the  
361.17 license is suspended for failure to pay a fine. A timely appeal shall stay payment of the fine  
361.18 until the commissioner issues a final order.

361.19 (3) A license holder shall promptly notify the commissioner of human services, in writing,  
361.20 when a violation specified in the order to forfeit a fine is corrected. If upon reinspection the  
361.21 commissioner determines that a violation has not been corrected as indicated by the order  
361.22 to forfeit a fine, the commissioner may issue a second fine. The commissioner shall notify  
361.23 the license holder by certified mail or personal service that a second fine has been assessed.  
361.24 The license holder may appeal the second fine as provided under this subdivision.

361.25 (4) Fines shall be assessed as follows:

361.26 (i) the license holder shall forfeit \$1,000 for each determination of maltreatment of a  
361.27 child under chapter 260E or the maltreatment of a vulnerable adult under section 626.557  
361.28 for which the license holder is determined responsible for the maltreatment under section  
361.29 260E.30, subdivision 4, paragraphs (a) and (b), or 626.557, subdivision 9c, paragraph (c);

361.30 (ii) if the commissioner determines that a determination of maltreatment for which the  
361.31 license holder is responsible is the result of maltreatment that meets the definition of serious  
361.32 maltreatment as defined in section 245C.02, subdivision 18, the license holder shall forfeit  
361.33 \$5,000;

362.1 (iii) for a program that operates out of the license holder's home and a program licensed  
362.2 under Minnesota Rules, parts 9502.0300 to 9502.0445, the fine assessed against the license  
362.3 holder shall not exceed \$1,000 for each determination of maltreatment;

362.4 (iv) the license holder shall forfeit \$200 for each occurrence of a violation of law or rule  
362.5 governing matters of health, safety, or supervision, including but not limited to the provision  
362.6 of adequate staff-to-child or adult ratios, and failure to comply with background study  
362.7 requirements under chapter 245C; and

362.8 (v) the license holder shall forfeit \$100 for each occurrence of a violation of law or rule  
362.9 other than those subject to a \$5,000, \$1,000, or \$200 fine in items (i) to (iv).

362.10 For purposes of this section, "occurrence" means each violation identified in the  
362.11 commissioner's fine order. Fines assessed against a license holder that holds a license to  
362.12 provide home and community-based services, as identified in section 245D.03, subdivision  
362.13 1, and a community residential setting or day services facility license under chapter 245D  
362.14 where the services are provided, may be assessed against both licenses for the same  
362.15 occurrence, but the combined amount of the fines shall not exceed the amount specified in  
362.16 this clause for that occurrence.

362.17 (5) When a fine has been assessed, the license holder may not avoid payment by closing,  
362.18 selling, or otherwise transferring the licensed program to a third party. In such an event, the  
362.19 license holder will be personally liable for payment. In the case of a corporation, each  
362.20 controlling individual is personally and jointly liable for payment.

362.21 (d) Except for background study violations involving the failure to comply with an order  
362.22 to immediately remove an individual or an order to provide continuous, direct supervision,  
362.23 the commissioner shall not issue a fine under paragraph (c) relating to a background study  
362.24 violation to a license holder who self-corrects a background study violation before the  
362.25 commissioner discovers the violation. A license holder who has previously exercised the  
362.26 provisions of this paragraph to avoid a fine for a background study violation may not avoid  
362.27 a fine for a subsequent background study violation unless at least 365 days have passed  
362.28 since the license holder self-corrected the earlier background study violation.

362.29 Sec. 3. Minnesota Statutes 2020, section 245F.15, subdivision 1, is amended to read:

362.30 Subdivision 1. **Qualifications for all staff who have direct patient contact.** ~~(a)~~ All  
362.31 staff who have direct patient contact must be at least 18 years of age ~~and must, at the time~~  
362.32 ~~of hiring, document that they meet the requirements in paragraph (b), (c), or (d).~~

363.1 ~~(b) Program directors, supervisors, nurses, and alcohol and drug counselors must be free~~  
363.2 ~~of substance use problems for at least two years immediately preceding their hiring and~~  
363.3 ~~must sign a statement attesting to that fact.~~

363.4 ~~(c) Recovery peers must be free of substance use problems for at least one year~~  
363.5 ~~immediately preceding their hiring and must sign a statement attesting to that fact.~~

363.6 ~~(d) Technicians and other support staff must be free of substance use problems for at~~  
363.7 ~~least six months immediately preceding their hiring and must sign a statement attesting to~~  
363.8 ~~that fact.~~

363.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

363.10 Sec. 4. Minnesota Statutes 2020, section 245F.16, subdivision 1, is amended to read:

363.11 Subdivision 1. **Policy requirements.** A license holder must have written personnel  
363.12 policies and must make them available to staff members at all times. The personnel policies  
363.13 must:

363.14 (1) ensure that a staff member's retention, promotion, job assignment, or pay are not  
363.15 affected by a good-faith communication between the staff member and the Department of  
363.16 Human Services, Department of Health, Ombudsman for Mental Health and Developmental  
363.17 Disabilities, law enforcement, or local agencies that investigate complaints regarding patient  
363.18 rights, health, or safety;

363.19 (2) include a job description for each position that specifies job responsibilities, degree  
363.20 of authority to execute job responsibilities, standards of job performance related to specified  
363.21 job responsibilities, and qualifications;

363.22 (3) provide for written job performance evaluations for staff members of the license  
363.23 holder at least annually;

363.24 (4) describe ~~behavior that constitutes grounds~~ the process for disciplinary action,  
363.25 suspension, or dismissal, ~~including policies that address substance use problems and meet~~  
363.26 ~~the requirements of section 245F.15, subdivisions 1 and 2. The policies and procedures~~  
363.27 ~~must list behaviors or incidents that are considered substance use problems. The list must~~  
363.28 ~~include:~~ of a staff person for violating the drug and alcohol policy described in section  
363.29 245A.04, subdivision 1, paragraph (c);

363.30 ~~(i) receiving treatment for substance use disorder within the period specified for the~~  
363.31 ~~position in the staff qualification requirements;~~

363.32 ~~(ii) substance use that has a negative impact on the staff member's job performance;~~

364.1 ~~(iii) substance use that affects the credibility of treatment services with patients, referral~~  
364.2 ~~sources, or other members of the community; and~~

364.3 ~~(iv) symptoms of intoxication or withdrawal on the job;~~

364.4 (5) include policies prohibiting personal involvement with patients and policies  
364.5 prohibiting patient maltreatment as specified under sections 245A.65, 626.557, and 626.5572  
364.6 and chapters 260E and 604;

364.7 (6) include a chart or description of organizational structure indicating the lines of  
364.8 authority and responsibilities;

364.9 (7) include a written plan for new staff member orientation that, at a minimum, includes  
364.10 training related to the specific job functions for which the staff member was hired, program  
364.11 policies and procedures, patient needs, and the areas identified in subdivision 2, paragraphs  
364.12 (b) to (e); and

364.13 (8) include a policy on the confidentiality of patient information.

364.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

364.15 Sec. 5. Minnesota Statutes 2020, section 245G.01, subdivision 4, is amended to read:

364.16 Subd. 4. **Alcohol and drug counselor.** "Alcohol and drug counselor" ~~has the meaning~~  
364.17 ~~given in section 148F.01, subdivision 5~~ means a person who is qualified according to section  
364.18 245G.11, subdivision 5.

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

364.20 Sec. 6. Minnesota Statutes 2020, section 245G.01, subdivision 17, is amended to read:

364.21 Subd. 17. **Licensed professional in private practice.** (a) "Licensed professional in  
364.22 private practice" means an individual who:

364.23 (1) is licensed under chapter 148F, or is exempt from licensure under that chapter but  
364.24 is otherwise licensed to provide alcohol and drug counseling services;

364.25 (2) practices solely within the permissible scope of the individual's license as defined  
364.26 in the law authorizing licensure; and

364.27 (3) does not affiliate with other licensed or unlicensed professionals to provide alcohol  
364.28 and drug counseling services. ~~Affiliation does not include conferring with another~~  
364.29 ~~professional or making a client referral.~~

364.30 (b) For purposes of this subdivision, affiliate includes but is not limited to:

- 365.1 (1) using the same electronic record system as another professional, except when the  
365.2 system prohibits each professional from accessing the records of another professional;
- 365.3 (2) advertising the services of more than one professional together;
- 365.4 (3) accepting client referrals made to a group of professionals;
- 365.5 (4) providing services to another professional's clients when that professional is absent;
- 365.6 or
- 365.7 (5) appearing in any way to be a group practice or program.
- 365.8 (c) For purposes of this subdivision, affiliate does not include:
- 365.9 (1) conferring with another professional;
- 365.10 (2) making a client referral to another professional;
- 365.11 (3) contracting with the same agency as another professional for billing services;
- 365.12 (4) using the same waiting area for clients in an office as another professional; or
- 365.13 (5) using the same receptionist as another professional if the receptionist supports each  
365.14 professional independently.

365.15 **EFFECTIVE DATE.** This section is effective the day following final enactment.

365.16 Sec. 7. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision to  
365.17 read:

365.18 Subd. 2a. **Documentation of treatment services.** The license holder must ensure that  
365.19 the staff member who provides the treatment service documents in the client record the  
365.20 date, type, and amount of each treatment service provided to a client and the client's response  
365.21 to each treatment service within seven days of providing the treatment service.

365.22 **EFFECTIVE DATE.** This section is effective August 1, 2022.

365.23 Sec. 8. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision to  
365.24 read:

365.25 Subd. 2b. **Client record documentation requirements.** (a) The license holder must  
365.26 document in the client record any significant event that occurs at the program on the day  
365.27 the event occurs. A significant event is an event that impacts the client's relationship with  
365.28 other clients, staff, or the client's family, or the client's treatment plan.

366.1 (b) A residential treatment program must document in the client record the following  
 366.2 items on the day that each occurs:

366.3 (1) medical and other appointments the client attended;

366.4 (2) concerns related to medications that are not documented in the medication  
 366.5 administration record; and

366.6 (3) concerns related to attendance for treatment services, including the reason for any  
 366.7 client absence from a treatment service.

366.8 (c) Each entry in a client's record must be accurate, legible, signed, dated, and include  
 366.9 the job title or position of the staff person that made the entry. A late entry must be clearly  
 366.10 labeled "late entry." A correction to an entry must be made in a way in which the original  
 366.11 entry can still be read.

366.12 **EFFECTIVE DATE.** This section is effective August 1, 2022.

366.13 Sec. 9. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

366.14 Subd. 3. ~~Documentation of treatment services; Treatment plan review.~~ (a) ~~A review~~  
 366.15 ~~of all treatment services must be documented weekly and include a review of:~~

366.16 ~~(1) care coordination activities;~~

366.17 ~~(2) medical and other appointments the client attended;~~

366.18 ~~(3) issues related to medications that are not documented in the medication administration~~  
 366.19 ~~record; and~~

366.20 ~~(4) issues related to attendance for treatment services, including the reason for any client~~  
 366.21 ~~absence from a treatment service.~~

366.22 ~~(b) A note must be entered immediately following any significant event. A significant~~  
 366.23 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~  
 366.24 ~~family, or the client's treatment plan.~~

366.25 ~~(e) A treatment plan review must be entered in a client's file weekly or after each treatment~~  
 366.26 ~~service, whichever is less frequent, by the staff member providing the service~~ alcohol and  
 366.27 drug counselor responsible for the client's treatment plan. The review must indicate the span  
 366.28 of time covered by the review and each of the six dimensions listed in section 245G.05,  
 366.29 subdivision 2, paragraph (c). The review must:

366.30 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~  
 366.31 ~~response to each service;~~

367.1 ~~(2)~~ (1) address each goal in the treatment plan and whether the methods to address the  
367.2 goals are effective;

367.3 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

367.4 ~~(4)~~ (3) document the participation of others;

367.5 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the  
367.6 treatment plan and whether the client agrees with the change; and

367.7 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according  
367.8 to section 245A.65.

367.9 ~~(d) Each entry in a client's record must be accurate, legible, signed, and dated. A late  
367.10 entry must be clearly labeled "late entry." A correction to an entry must be made in a way  
367.11 in which the original entry can still be read.~~

367.12 **EFFECTIVE DATE.** This section is effective August 1, 2022.

367.13 Sec. 10. Minnesota Statutes 2020, section 245G.08, subdivision 5, is amended to read:

367.14 Subd. 5. **Administration of medication and assistance with self-medication.** (a) A  
367.15 license holder must meet the requirements in this subdivision if a service provided includes  
367.16 the administration of medication.

367.17 (b) A staff member, other than a licensed practitioner or nurse, who is delegated by a  
367.18 licensed practitioner or a registered nurse the task of administration of medication or assisting  
367.19 with self-medication, must:

367.20 (1) successfully complete a medication administration training program for unlicensed  
367.21 personnel through an accredited Minnesota postsecondary educational institution. A staff  
367.22 member's completion of the course must be documented in writing and placed in the staff  
367.23 member's personnel file;

367.24 (2) be trained according to a formalized training program that is taught by a registered  
367.25 nurse and offered by the license holder. The training must include the process for  
367.26 administration of naloxone, if naloxone is kept on site. A staff member's completion of the  
367.27 training must be documented in writing and placed in the staff member's personnel records;  
367.28 or

367.29 (3) demonstrate to a registered nurse competency to perform the delegated activity. A  
367.30 registered nurse must be employed or contracted to develop the policies and procedures for  
367.31 administration of medication or assisting with self-administration of medication, or both.

368.1 (c) A registered nurse must provide supervision as defined in section 148.171, subdivision  
368.2 23. The registered nurse's supervision must include, at a minimum, monthly on-site  
368.3 supervision or more often if warranted by a client's health needs. The policies and procedures  
368.4 must include:

368.5 (1) a provision that a delegation of administration of medication is limited to a method  
368.6 a staff member has been trained to administer and limited to the administration of:

368.7 (i) a medication that is administered orally, topically, or as a suppository, an eye drop,  
368.8 an ear drop, ~~or~~ an inhalant, or an intranasal; and

368.9 (ii) an intramuscular injection of naloxone or epinephrine;

368.10 (2) a provision that each client's file must include documentation indicating whether  
368.11 staff must conduct the administration of medication or the client must self-administer  
368.12 medication, or both;

368.13 (3) a provision that a client may carry emergency medication such as nitroglycerin as  
368.14 instructed by the client's physician or advanced practice registered nurse;

368.15 (4) a provision for the client to self-administer medication when a client is scheduled to  
368.16 be away from the facility;

368.17 (5) a provision that if a client self-administers medication when the client is present in  
368.18 the facility, the client must self-administer medication under the observation of a trained  
368.19 staff member;

368.20 (6) a provision that when a license holder serves a client who is a parent with a child,  
368.21 the parent may only administer medication to the child under a staff member's supervision;

368.22 (7) requirements for recording the client's use of medication, including staff signatures  
368.23 with date and time;

368.24 (8) guidelines for when to inform a nurse of problems with self-administration of  
368.25 medication, including a client's failure to administer, refusal of a medication, adverse  
368.26 reaction, or error; and

368.27 (9) procedures for acceptance, documentation, and implementation of a prescription,  
368.28 whether written, verbal, telephonic, or electronic.

368.29 **EFFECTIVE DATE.** This section is effective the day following final enactment.

368.30 Sec. 11. Minnesota Statutes 2020, section 245G.09, subdivision 3, is amended to read:

368.31 Subd. 3. **Contents.** Client records must contain the following:



369.1 (1) documentation that the client was given information on client rights and  
369.2 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided  
369.3 an orientation to the program abuse prevention plan required under section 245A.65,  
369.4 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record  
369.5 must contain documentation that the client was provided educational information according  
369.6 to section 245G.05, subdivision 1, paragraph (b);

369.7 (2) an initial services plan completed according to section 245G.04;

369.8 (3) a comprehensive assessment completed according to section 245G.05;

369.9 (4) an assessment summary completed according to section 245G.05, subdivision 2;

369.10 (5) an individual abuse prevention plan according to sections 245A.65, subdivision 2,  
369.11 and 626.557, subdivision 14, when applicable;

369.12 (6) an individual treatment plan according to section 245G.06, subdivisions 1 and 2;

369.13 (7) documentation of treatment services, significant events, appointments, concerns, and  
369.14 treatment plan review reviews according to section 245G.06, ~~subdivision~~ subdivisions 2a,  
369.15 2b, and 3; and

369.16 (8) a summary at the time of service termination according to section 245G.06,  
369.17 subdivision 4.

369.18 **EFFECTIVE DATE.** This section is effective August 1, 2022.

369.19 Sec. 12. Minnesota Statutes 2020, section 245G.11, subdivision 1, is amended to read:

369.20 Subdivision 1. **General qualifications.** (a) All staff members who have direct contact  
369.21 must be 18 years of age or older. ~~At the time of employment, each staff member must meet~~  
369.22 ~~the qualifications in this subdivision. For purposes of this subdivision, "problematic substance~~  
369.23 ~~use" means a behavior or incident listed by the license holder in the personnel policies and~~  
369.24 ~~procedures according to section 245G.13, subdivision 1, clause (5).~~

369.25 ~~(b) A treatment director, supervisor, nurse, counselor, student intern, or other professional~~  
369.26 ~~must be free of problematic substance use for at least the two years immediately preceding~~  
369.27 ~~employment and must sign a statement attesting to that fact.~~

369.28 ~~(c) A paraprofessional, recovery peer, or any other staff member with direct contact~~  
369.29 ~~must be free of problematic substance use for at least one year immediately preceding~~  
369.30 ~~employment and must sign a statement attesting to that fact.~~

369.31 **EFFECTIVE DATE.** This section is effective January 1, 2023.

370.1 Sec. 13. Minnesota Statutes 2020, section 245G.11, subdivision 10, is amended to read:

370.2 Subd. 10. **Student interns.** A qualified staff member must supervise and be responsible  
370.3 for a treatment service performed by a student intern and must review and sign each  
370.4 assessment, ~~progress note, and individual treatment plan, and treatment plan review~~ prepared  
370.5 by a student intern. A student intern must receive the orientation and training required in  
370.6 section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment  
370.7 staff may be students or licensing candidates with time documented to be directly related  
370.8 to the provision of treatment services for which the staff are authorized.

370.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

370.10 Sec. 14. Minnesota Statutes 2020, section 245G.13, subdivision 1, is amended to read:

370.11 Subdivision 1. **Personnel policy requirements.** A license holder must have written  
370.12 personnel policies that are available to each staff member. The personnel policies must:

370.13 (1) ensure that staff member retention, promotion, job assignment, or pay are not affected  
370.14 by a good faith communication between a staff member and the department, the Department  
370.15 of Health, the ombudsman for mental health and developmental disabilities, law enforcement,  
370.16 or a local agency for the investigation of a complaint regarding a client's rights, health, or  
370.17 safety;

370.18 (2) contain a job description for each staff member position specifying responsibilities,  
370.19 degree of authority to execute job responsibilities, and qualification requirements;

370.20 (3) provide for a job performance evaluation based on standards of job performance  
370.21 conducted on a regular and continuing basis, including a written annual review;

370.22 (4) describe behavior that constitutes grounds for disciplinary action, suspension, or  
370.23 dismissal, including ~~policies that address staff member problematic substance use and the~~  
370.24 ~~requirements of section 245G.11, subdivision 1, policies prohibiting personal involvement~~  
370.25 with a client in violation of chapter 604, and policies prohibiting client abuse described in  
370.26 sections 245A.65, 626.557, and 626.5572, and chapter 260E;

370.27 ~~(5) identify how the program will identify whether behaviors or incidents are problematic~~  
370.28 ~~substance use, including a description of how the facility must address:~~

370.29 ~~(i) receiving treatment for substance use within the period specified for the position in~~  
370.30 ~~the staff qualification requirements, including medication-assisted treatment;~~

370.31 ~~(ii) substance use that negatively impacts the staff member's job performance;~~

371.1 ~~(iii) substance use that affects the credibility of treatment services with a client, referral~~  
371.2 ~~source, or other member of the community;~~

371.3 ~~(iv) symptoms of intoxication or withdrawal on the job; and~~

371.4 ~~(v) the circumstances under which an individual who participates in monitoring by the~~  
371.5 ~~health professional services program for a substance use or mental health disorder is able~~  
371.6 ~~to provide services to the program's clients;~~

371.7 (5) describe the process for disciplinary action, suspension, or dismissal of a staff person  
371.8 for violating the drug and alcohol policy described in section 245A.04, subdivision 1,  
371.9 paragraph (c);

371.10 (6) include a chart or description of the organizational structure indicating lines of  
371.11 authority and responsibilities;

371.12 (7) include orientation within 24 working hours of starting for each new staff member  
371.13 based on a written plan that, at a minimum, must provide training related to the staff member's  
371.14 specific job responsibilities, policies and procedures, client confidentiality, HIV minimum  
371.15 standards, and client needs; and

371.16 (8) include policies outlining the license holder's response to a staff member with a  
371.17 behavior problem that interferes with the provision of treatment service.

371.18 **EFFECTIVE DATE.** This section is effective January 1, 2023.

371.19 Sec. 15. Minnesota Statutes 2020, section 245G.20, is amended to read:

371.20 **245G.20 LICENSE HOLDERS SERVING PERSONS WITH CO-OCCURRING**  
371.21 **DISORDERS.**

371.22 A license holder specializing in the treatment of a person with co-occurring disorders  
371.23 must:

371.24 (1) demonstrate that staff levels are appropriate for treating a client with a co-occurring  
371.25 disorder, and that there are adequate staff members with mental health training;

371.26 (2) have continuing access to a medical provider with appropriate expertise in prescribing  
371.27 psychotropic medication;

371.28 (3) have a mental health professional available for staff member supervision and  
371.29 consultation;

371.30 (4) determine group size, structure, and content considering the special needs of a client  
371.31 with a co-occurring disorder;

372.1 (5) have documentation of active interventions to stabilize mental health symptoms  
372.2 present in the individual treatment plans and ~~progress notes~~ treatment plan reviews;

372.3 (6) have continuing documentation of collaboration with continuing care mental health  
372.4 providers, and involvement of the providers in treatment planning meetings;

372.5 (7) have available program materials adapted to a client with a mental health problem;

372.6 (8) have policies that provide flexibility for a client who may lapse in treatment or may  
372.7 have difficulty adhering to established treatment rules as a result of a mental illness, with  
372.8 the goal of helping a client successfully complete treatment; and

372.9 (9) have individual psychotherapy and case management available during treatment  
372.10 service.

372.11 **EFFECTIVE DATE.** This section is effective January 1, 2023.

372.12 Sec. 16. Minnesota Statutes 2020, section 245G.22, subdivision 7, is amended to read:

372.13 Subd. 7. **Restrictions for unsupervised use of methadone hydrochloride.** (a) If a  
372.14 medical director or prescribing practitioner assesses and determines that a client meets the  
372.15 criteria in subdivision 6 and may be dispensed a medication used for the treatment of opioid  
372.16 addiction, the restrictions in this subdivision must be followed when the medication to be  
372.17 dispensed is methadone hydrochloride. The results of the assessment must be contained in  
372.18 the client file. The number of unsupervised use medication doses per week in paragraphs  
372.19 (b) to (d) is in addition to the number of unsupervised use medication doses a client may  
372.20 receive for days the clinic is closed for business as allowed by subdivision 6, paragraph (a).

372.21 (b) During the first 90 days of treatment, the unsupervised use medication supply must  
372.22 be limited to a maximum of a single dose each week and the client shall ingest all other  
372.23 doses under direct supervision.

372.24 (c) In the second 90 days of treatment, the unsupervised use medication supply must be  
372.25 limited to two doses per week.

372.26 (d) In the third 90 days of treatment, the unsupervised use medication supply must not  
372.27 exceed three doses per week.

372.28 (e) In the remaining months of the first year, a client may be given a maximum six-day  
372.29 unsupervised use medication supply.

372.30 (f) After one year of continuous treatment, a client may be given a maximum two-week  
372.31 unsupervised use medication supply.

373.1 (g) After two years of continuous treatment, a client may be given a maximum one-month  
373.2 unsupervised use medication supply, but must make monthly visits to the program.

373.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

373.4 Sec. 17. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; AMENDING**  
373.5 **CHILDREN'S RESIDENTIAL FACILITY AND DETOXIFICATION PROGRAM**  
373.6 **RULES.**

373.7 (a) The commissioner of human services must amend Minnesota Rules, part 2960.0460,  
373.8 to remove all references to repealed Minnesota Rules, part 2960.0460, subpart 2.

373.9 (b) The commissioner must amend Minnesota Rules, part 2960.0470, to require license  
373.10 holders to have written personnel policies that describe the process for disciplinary action,  
373.11 suspension, or dismissal of a staff person for violating the drug and alcohol policy described  
373.12 in Minnesota Statutes, section 245A.04, subdivision 1, paragraph (c), and Minnesota Rules,  
373.13 part 2960.0030, subpart 9.

373.14 (c) The commissioner must amend Minnesota Rules, part 9530.6565, subpart 1, to  
373.15 remove items A and B and the documentation requirement that references these items.

373.16 (d) The commissioner must amend Minnesota Rules, part 9530.6570, subpart 1, item  
373.17 D, to remove the existing language and insert language to require license holders to have  
373.18 written personnel policies that describe the process for disciplinary action, suspension, or  
373.19 dismissal of a staff person for violating the drug and alcohol policy described in Minnesota  
373.20 Statutes, section 245A.04, subdivision 1, paragraph (c).

373.21 (e) For purposes of this section, the commissioner may use the good cause exempt  
373.22 process under Minnesota Statutes, section 14.388, subdivision 1, clause (3), and Minnesota  
373.23 Statutes, section 14.386, does not apply.

373.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

373.25 Sec. 18. **REPEALER.**

373.26 (a) Minnesota Statutes 2020, sections 245F.15, subdivision 2; and 245G.11, subdivision  
373.27 2, are repealed.

373.28 (b) Minnesota Rules, parts 2960.0460, subpart 2; and 9530.6565, subpart 2, are repealed.

373.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

## ARTICLE 13

## OPIOID SETTLEMENT

Section 1. [3.757] RELEASE OF OPIOID-RELATED CLAIMS.

Subdivision 1. Definitions. (a) For purposes of this section, the following terms have the meanings given.

(b) "Municipality" has the meaning provided in section 466.01, subdivision 1.

(c) "Opioid litigation" means any civil litigation, demand, or settlement in lieu of litigation alleging unlawful conduct related to the marketing, sale, or distribution of opioids in this state or other alleged illegal actions that contributed to the excessive use of opioids.

(d) "Released claim" means any cause of action or other claim that has been released in a statewide opioid settlement agreement, including matters identified as a released claim as that term or a comparable term is defined in a statewide opioid settlement agreement.

(e) "Settling defendant" means Johnson & Johnson, AmerisourceBergen Corporation, Cardinal Health, Inc., and McKesson Corporation, as well as related subsidiaries, affiliates, officers, directors, and other related entities specifically named as a released entity in a statewide opioid settlement agreement.

(f) "Statewide opioid settlement agreement" means an agreement, including consent judgments, assurances of discontinuance, and related agreements or documents, between the attorney general, on behalf of the state, and a settling defendant, to provide or allocate remuneration for conduct related to the marketing, sale, or distribution of opioids in this state or other alleged illegal actions that contributed to the excessive use of opioids.

Subd. 2. Release of claims. (a) No municipality shall have the authority to assert, file, or enforce a released claim against a settling defendant.

(b) Any claim in pending opioid litigation filed by a municipality against a settling defendant that is within the scope of a released claim is extinguished by operation of law.

(c) The attorney general shall have authority to appear or intervene in opioid litigation where a municipality has asserted, filed, or enforced a released claim against a settling defendant and release with prejudice any released claims.

(d) This section does not limit any causes of action, claims, or remedies, nor the authority to assert, file, or enforce such causes of action, claims, or remedies, by a party other than a municipality.

375.1 (e) This section does not limit any causes of action, claims, or remedies, nor the authority  
375.2 to assert, file, or enforce such causes of action, claims, or remedies by a municipality against  
375.3 entities and individuals other than a released claim against a settling defendant.

375.4 **EFFECTIVE DATE.** This section is effective the day following final enactment.

375.5 Sec. 2. Minnesota Statutes 2021 Supplement, section 16A.151, subdivision 2, is amended  
375.6 to read:

375.7 Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific  
375.8 injured persons or entities, this section does not prohibit distribution of money to the specific  
375.9 injured persons or entities on whose behalf the litigation or settlement efforts were initiated.  
375.10 If money recovered on behalf of injured persons or entities cannot reasonably be distributed  
375.11 to those persons or entities because they cannot readily be located or identified or because  
375.12 the cost of distributing the money would outweigh the benefit to the persons or entities, the  
375.13 money must be paid into the general fund.

375.14 (b) Money recovered on behalf of a fund in the state treasury other than the general fund  
375.15 may be deposited in that fund.

375.16 (c) This section does not prohibit a state official from distributing money to a person or  
375.17 entity other than the state in litigation or potential litigation in which the state is a defendant  
375.18 or potential defendant.

375.19 (d) State agencies may accept funds as directed by a federal court for any restitution or  
375.20 monetary penalty under United States Code, title 18, section 3663(a)(3), or United States  
375.21 Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue  
375.22 account and are appropriated to the commissioner of the agency for the purpose as directed  
375.23 by the federal court.

375.24 (e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph  
375.25 (t), may be deposited as provided in section 16A.98, subdivision 12.

375.26 (f) Any money received by the state resulting from a settlement agreement or an assurance  
375.27 of discontinuance entered into by the attorney general of the state, or a court order in litigation  
375.28 brought by the attorney general of the state, on behalf of the state or a state agency, related  
375.29 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids  
375.30 in this state or other alleged illegal actions that contributed to the excessive use of opioids,  
375.31 ~~must be deposited in a separate account in the state treasury and the commissioner shall~~  
375.32 ~~notify the chairs and ranking minority members of the Finance Committee in the senate and~~  
375.33 ~~the Ways and Means Committee in the house of representatives that an account has been~~

376.1 ~~created. Notwithstanding section 11A.20, all investment income and all investment losses~~  
376.2 ~~attributable to the investment of this account shall be credited to the account~~ the settlement  
376.3 account established in the opiate epidemic response fund under section 256.043, subdivision  
376.4 1. This paragraph does not apply to attorney fees and costs awarded to the state or the  
376.5 Attorney General's Office, to contract attorneys hired by the state or Attorney General's  
376.6 Office, or to other state agency attorneys. If the licensing fees under section 151.065,  
376.7 subdivision 1, clause (16), and subdivision 3, clause (14), are reduced and the registration  
376.8 fee under section 151.066, subdivision 3, is repealed in accordance with section 256.043,  
376.9 subdivision 4, then the commissioner shall transfer from the separate account created in  
376.10 this paragraph to the opiate epidemic response fund under section 256.043 an amount that  
376.11 ensures that \$20,940,000 each fiscal year is available for distribution in accordance with  
376.12 section 256.043, subdivision 3.

376.13 (g) Notwithstanding paragraph (f), if money is received from a settlement agreement or  
376.14 an assurance of discontinuance entered into by the attorney general of the state or a court  
376.15 order in litigation brought by the attorney general of the state on behalf of the state or a state  
376.16 agency against a consulting firm working for an opioid manufacturer or opioid wholesale  
376.17 drug distributor and deposited into the separate account created under paragraph (f), the  
376.18 commissioner shall annually transfer from the separate account to the opiate epidemic  
376.19 response fund under section 256.043 an amount equal to the estimated amount submitted  
376.20 to the commissioner by the Board of Pharmacy in accordance with section 151.066,  
376.21 subdivision 3, paragraph (b). The amount transferred shall be included in the amount available  
376.22 for distribution in accordance with section 256.043, subdivision 3. This transfer shall occur  
376.23 each year until the registration fee under section 151.066, subdivision 3, is repealed in  
376.24 accordance with section 256.043, subdivision 4, or the money deposited in the account in  
376.25 accordance with this paragraph has been transferred, whichever occurs first deposit any  
376.26 money received into the settlement account established within the opiate epidemic response  
376.27 fund under section 256.042, subdivision 1. Notwithstanding section 256.043, subdivision  
376.28 3a, paragraph (a), any amount deposited into the settlement account in accordance with this  
376.29 paragraph shall be appropriated to the commissioner of human services to award as grants  
376.30 as specified by the opiate epidemic response advisory council in accordance with section  
376.31 256.043, subdivision 3a, paragraph (d).

376.32 **EFFECTIVE DATE.** This section is effective the day following final enactment.



377.1 Sec. 3. Minnesota Statutes 2021 Supplement, section 151.066, subdivision 3, is amended  
377.2 to read:

377.3 Subd. 3. **Determination of an opiate product registration fee.** (a) The board shall  
377.4 annually assess an opiate product registration fee on any manufacturer of an opiate that  
377.5 annually sells, delivers, or distributes an opiate within or into the state 2,000,000 or more  
377.6 units as reported to the board under subdivision 2.

377.7 (b) For purposes of assessing the annual registration fee under this section and  
377.8 determining the number of opiate units a manufacturer sold, delivered, or distributed within  
377.9 or into the state, the board shall not consider any opiate that is used for medication-assisted  
377.10 therapy for substance use disorders. ~~If there is money deposited into the separate account~~  
377.11 ~~as described in section 16A.151, subdivision 2, paragraph (g), The board shall submit to~~  
377.12 ~~the commissioner of management and budget an estimate of the difference in the annual~~  
377.13 ~~fee revenue collected under this section due to this exception.~~

377.14 (c) The annual registration fee for each manufacturer meeting the requirement under  
377.15 paragraph (a) is \$250,000.

377.16 (d) In conjunction with the data reported under this section, and notwithstanding section  
377.17 152.126, subdivision 6, the board may use the data reported under section 152.126,  
377.18 subdivision 4, to determine which manufacturers meet the requirement under paragraph (a)  
377.19 and are required to pay the registration fees under this subdivision.

377.20 (e) By April 1 of each year, beginning April 1, 2020, the board shall notify a manufacturer  
377.21 that the manufacturer meets the requirement in paragraph (a) and is required to pay the  
377.22 annual registration fee in accordance with section 151.252, subdivision 1, paragraph (b).

377.23 (f) A manufacturer may dispute the board's determination that the manufacturer must  
377.24 pay the registration fee no later than 30 days after the date of notification. However, the  
377.25 manufacturer must still remit the fee as required by section 151.252, subdivision 1, paragraph  
377.26 (b). The dispute must be filed with the board in the manner and using the forms specified  
377.27 by the board. A manufacturer must submit, with the required forms, data satisfactory to the  
377.28 board that demonstrates that the assessment of the registration fee was incorrect. The board  
377.29 must make a decision concerning a dispute no later than 60 days after receiving the required  
377.30 dispute forms. If the board determines that the manufacturer has satisfactorily demonstrated  
377.31 that the fee was incorrectly assessed, the board must refund the amount paid in error.

377.32 (g) For purposes of this subdivision, a unit means the individual dosage form of the  
377.33 particular drug product that is prescribed to the patient. One unit equals one tablet, capsule,  
377.34 patch, syringe, milliliter, or gram.

378.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

378.2 Sec. 4. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended  
378.3 to read:

378.4 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the  
378.5 grants proposed by the advisory council to be awarded for the upcoming calendar year to  
378.6 the chairs and ranking minority members of the legislative committees with jurisdiction  
378.7 over health and human services policy and finance, by December 1 of each year, beginning  
378.8 March 1, 2020.

378.9 (b) The grants shall be awarded to proposals selected by the advisory council that address  
378.10 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated  
378.11 by the legislature. The advisory council shall determine grant awards and funding amounts  
378.12 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,  
378.13 paragraph ~~(e)~~ (h), and subdivision 3a, paragraph (d). The commissioner shall award the  
378.14 grants from the opiate epidemic response fund and administer the grants in compliance with  
378.15 section 16B.97. No more than ten percent of the grant amount may be used by a grantee for  
378.16 administration.

378.17 **EFFECTIVE DATE.** This section is effective the day following final enactment.

378.18 Sec. 5. Minnesota Statutes 2020, section 256.043, subdivision 1, is amended to read:

378.19 Subdivision 1. **Establishment.** (a) The opiate epidemic response fund is established in  
378.20 the state treasury. ~~The registration fees assessed by the Board of Pharmacy under section~~  
378.21 ~~151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)~~  
378.22 ~~and (c), shall be deposited into the fund. The commissioner of management and budget~~  
378.23 shall establish within the opiate epidemic response fund two accounts: (1) a registration and  
378.24 license fee account; and (2) a settlement account. Beginning in fiscal year 2021, for each  
378.25 fiscal year, the fund shall be administered according to this section.

378.26 (b) The commissioner of management and budget shall deposit into the registration and  
378.27 license fee account the registration fee assessed by the Board of Pharmacy under section  
378.28 151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)  
378.29 and (c).

378.30 (c) The commissioner of management and budget shall deposit into the settlement account  
378.31 any money received by the state resulting from a settlement agreement or an assurance of  
378.32 discontinuance entered into by the attorney general of the state, or a court order in litigation

379.1 brought by the attorney general of the state, on behalf of the state or a state agency, related  
379.2 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids  
379.3 in this state or other alleged illegal actions that contributed to the excessive use of opioids,  
379.4 pursuant to section 16A.151, subdivision 2, paragraph (f).

379.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.

379.6 Sec. 6. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 3, is amended  
379.7 to read:

379.8 Subd. 3. **Appropriations from ~~fund~~ registration and license fee account.** (a) The  
379.9 appropriations in paragraphs (b) to (h) shall be made from the registration and license fee  
379.10 account on a fiscal year basis in the order specified.

379.11 ~~After (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1,~~  
379.12 ~~paragraph (e), are made, \$249,000 is appropriated to the commissioner of human services~~  
379.13 ~~for the provision of administrative services to the Opiate Epidemic Response Advisory~~  
379.14 ~~Council and for the administration of the grants awarded under paragraph (e). paragraphs~~  
379.15 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be  
379.16 made accordingly.

379.17 (c) \$300,000 is appropriated to the commissioner of management and budget for  
379.18 evaluation activities under section 256.042, subdivision 1, paragraph (c).

379.19 (d) \$249,000 is appropriated to the commissioner of human services for the provision  
379.20 of administrative services to the Opiate Epidemic Response Advisory Council and for the  
379.21 administration of the grants awarded under paragraph (h).

379.22 ~~(b)~~ (e) \$126,000 is appropriated to the Board of Pharmacy for the collection of the  
379.23 registration fees under section 151.066.

379.24 ~~(e)~~ (f) \$672,000 is appropriated to the commissioner of public safety for the Bureau of  
379.25 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies  
379.26 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

379.27 ~~(d)~~ (g) After the appropriations in paragraphs ~~(a)~~ (b) to ~~(e)~~ (f) are made, 50 percent of  
379.28 the remaining amount is appropriated to the commissioner of human services for distribution  
379.29 to county social service and ~~tribal social service agencies~~ and Tribal social service agency  
379.30 initiative projects authorized under section 256.01, subdivision 14b, to provide child  
379.31 protection services to children and families who are affected by addiction. The commissioner  
379.32 shall distribute this money proportionally to ~~counties and tribal~~ county social service agencies  
379.33 and Tribal social service agency initiative projects based on out-of-home placement episodes

380.1 where parental drug abuse is the primary reason for the out-of-home placement using data  
380.2 from the previous calendar year. County ~~and tribal~~ social service agencies and Tribal social  
380.3 service agency initiative projects receiving funds from the opiate epidemic response fund  
380.4 must annually report to the commissioner on how the funds were used to provide child  
380.5 protection services, including measurable outcomes, as determined by the commissioner.  
380.6 County social service agencies and Tribal social service ~~agencies~~ agency initiative projects  
380.7 must not use funds received under this paragraph to supplant current state or local funding  
380.8 received for child protection services for children and families who are affected by addiction.

380.9 ~~(e)~~ (h) After ~~making~~ the appropriations in paragraphs ~~(a)~~ (b) to ~~(d)~~ (g) are made, the  
380.10 remaining amount in the ~~fund~~ account is appropriated to the commissioner of human services  
380.11 to award grants as specified by the Opiate Epidemic Response Advisory Council in  
380.12 accordance with section 256.042, unless otherwise appropriated by the legislature.

380.13 ~~(f)~~ (i) Beginning in fiscal year 2022 and each year thereafter, funds for county social  
380.14 service ~~and tribal social service~~ agencies and Tribal social service agency initiative projects  
380.15 under paragraph ~~(d)~~ (g) and grant funds specified by the Opiate Epidemic Response Advisory  
380.16 Council under paragraph ~~(e)~~ shall (h) may be distributed on a calendar year basis.

380.17 **EFFECTIVE DATE.** This section is effective the day following final enactment.

380.18 Sec. 7. Minnesota Statutes 2020, section 256.043, is amended by adding a subdivision to  
380.19 read:

380.20 **Subd. 3a. Appropriations from settlement account.** (a) The appropriations in paragraphs  
380.21 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order  
380.22 specified.

380.23 (b) If the balance in the registration and license fee account is not sufficient to fully fund  
380.24 the appropriations specified in subdivision 3, paragraphs (b) to (f), an amount necessary to  
380.25 meet any insufficiency shall be transferred from the settlement account to the registration  
380.26 and license fee account to fully fund the required appropriations.

380.27 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal  
380.28 years are appropriated to the commissioner of human services for the administration of  
380.29 grants awarded under paragraph (e).

380.30 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount  
380.31 equal to the calendar year allocation to Tribal social service agency initiative projects under  
380.32 subdivision 3, paragraph (g), is appropriated from the settlement account to the commissioner  
380.33 of human services for distribution to Tribal social service agency initiative projects to

381.1 provide child protection services to children and families who are affected by addiction.  
381.2 The requirements related to proportional distribution, annual reporting, and maintenance  
381.3 of effort specified in subdivision 3, paragraph (g), also apply to the appropriations made  
381.4 under this paragraph.

381.5 (e) After making the appropriations in paragraphs (b) to (d), the remaining amount in  
381.6 the account is appropriated to the commissioner of human services to award grants as  
381.7 specified by the Opiate Epidemic Response Advisory Council in accordance with section  
381.8 256.042.

381.9 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and  
381.10 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph  
381.11 (e) may be distributed on a calendar year basis.

381.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.

381.13 Sec. 8. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 4, is amended  
381.14 to read:

381.15 Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of \$250,000,000 either  
381.16 as a result of a settlement agreement or an assurance of discontinuance entered into by the  
381.17 attorney general of the state, or resulting from a court order in litigation brought by the  
381.18 attorney general of the state on behalf of the state or a state agency related to alleged  
381.19 violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this  
381.20 state, or other alleged illegal actions that contributed to the excessive use of opioids, or from  
381.21 the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are  
381.22 deposited into the opiate epidemic response fund established in this section, or from a  
381.23 combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and  
381.24 3, clause (14), shall be reduced to \$5,260, and the opiate registration fee in section 151.066,  
381.25 subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a  
381.26 result of a settlement agreement specified in this paragraph and directly allocated or  
381.27 distributed and received by either the state or a municipality as defined in section 466.01,  
381.28 subdivision 1, shall be counted toward determining when the \$250,000,000 is reached.

381.29 (b) The commissioner of management and budget shall inform the Board of Pharmacy,  
381.30 the governor, and the legislature when the amount specified in paragraph (a) has been  
381.31 reached. The board shall apply the reduced license fee for the next licensure period.

382.1 (c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065,  
382.2 subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur  
382.3 before July 1, ~~2024~~ 2031.

382.4 **EFFECTIVE DATE.** This section is effective the day following final enactment.

382.5 Sec. 9. Laws 2019, chapter 63, article 3, section 1, as amended by Laws 2020, chapter  
382.6 115, article 3, section 35, is amended to read:

382.7 Section 1. **APPROPRIATIONS.**

382.8 (a) **Board of Pharmacy; administration.** \$244,000 in fiscal year 2020 is appropriated  
382.9 from the general fund to the Board of Pharmacy for onetime information technology and  
382.10 operating costs for administration of licensing activities under Minnesota Statutes, section  
382.11 151.066. This is a onetime appropriation.

382.12 (b) **Commissioner of human services; administration.** \$309,000 in fiscal year 2020  
382.13 is appropriated from the general fund and \$60,000 in fiscal year 2021 is appropriated from  
382.14 the opiate epidemic response fund to the commissioner of human services for the provision  
382.15 of administrative services to the Opiate Epidemic Response Advisory Council and for the  
382.16 administration of the grants awarded under paragraphs (f), (g), and (h). The opiate epidemic  
382.17 response fund base for this appropriation is \$60,000 in fiscal year 2022, \$60,000 in fiscal  
382.18 year 2023, \$60,000 in fiscal year 2024, and \$0 in fiscal year 2025.

382.19 (c) **Board of Pharmacy; administration.** \$126,000 in fiscal year 2020 is appropriated  
382.20 from the general fund to the Board of Pharmacy for the collection of the registration fees  
382.21 under section 151.066.

382.22 (d) **Commissioner of public safety; enforcement activities.** \$672,000 in fiscal year  
382.23 2020 is appropriated from the general fund to the commissioner of public safety for the  
382.24 Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab  
382.25 supplies and \$288,000 is for special agent positions focused on drug interdiction and drug  
382.26 trafficking.

382.27 (e) **Commissioner of management and budget; evaluation activities.** \$300,000 in  
382.28 fiscal year 2020 is appropriated from the general fund and \$300,000 in fiscal year 2021 is  
382.29 appropriated from the opiate epidemic response fund to the commissioner of management  
382.30 and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision  
382.31 1, paragraph (c). ~~The opiate epidemic response fund base for this appropriation is \$300,000~~

383.1 ~~in fiscal year 2022, \$300,000 in fiscal year 2023, \$300,000 in fiscal year 2024, and \$0 in~~  
383.2 ~~fiscal year 2025.~~

383.3 (f) **Commissioner of human services; grants for Project ECHO.** \$400,000 in fiscal  
383.4 year 2020 is appropriated from the general fund and \$400,000 in fiscal year 2021 is  
383.5 appropriated from the opiate epidemic response fund to the commissioner of human services  
383.6 for grants of \$200,000 to CHI St. Gabriel's Health Family Medical Center for the  
383.7 opioid-focused Project ECHO program and \$200,000 to Hennepin Health Care for the  
383.8 opioid-focused Project ECHO program. The opiate epidemic response fund base for this  
383.9 appropriation is \$400,000 in fiscal year 2022, \$400,000 in fiscal year 2023, \$400,000 in  
383.10 fiscal year 2024, and \$0 in fiscal year 2025.

383.11 (g) **Commissioner of human services; opioid overdose prevention grant.** \$100,000  
383.12 in fiscal year 2020 is appropriated from the general fund and \$100,000 in fiscal year 2021  
383.13 is appropriated from the opiate epidemic response fund to the commissioner of human  
383.14 services for a grant to a nonprofit organization that has provided overdose prevention  
383.15 programs to the public in at least 60 counties within the state, for at least three years, has  
383.16 received federal funding before January 1, 2019, and is dedicated to addressing the opioid  
383.17 epidemic. The grant must be used for opioid overdose prevention, community asset mapping,  
383.18 education, and overdose antagonist distribution. The opiate epidemic response fund base  
383.19 for this appropriation is \$100,000 in fiscal year 2022, \$100,000 in fiscal year 2023, \$100,000  
383.20 in fiscal year 2024, and \$0 in fiscal year 2025.

383.21 (h) **Commissioner of human services; traditional healing.** \$2,000,000 in fiscal year  
383.22 2020 is appropriated from the general fund and \$2,000,000 in fiscal year 2021 is appropriated  
383.23 from the opiate epidemic response fund to the commissioner of human services to award  
383.24 grants to Tribal nations and five urban Indian communities for traditional healing practices  
383.25 to American Indians and to increase the capacity of culturally specific providers in the  
383.26 behavioral health workforce. The opiate epidemic response fund base for this appropriation  
383.27 is \$2,000,000 in fiscal year 2022, \$2,000,000 in fiscal year 2023, \$2,000,000 in fiscal year  
383.28 2024, and \$0 in fiscal year 2025.

383.29 (i) **Board of Dentistry; continuing education.** \$11,000 in fiscal year 2020 is  
383.30 appropriated from the state government special revenue fund to the Board of Dentistry to  
383.31 implement the continuing education requirements under Minnesota Statutes, section 214.12,  
383.32 subdivision 6.

383.33 (j) **Board of Medical Practice; continuing education.** \$17,000 in fiscal year 2020 is  
383.34 appropriated from the state government special revenue fund to the Board of Medical Practice

384.1 to implement the continuing education requirements under Minnesota Statutes, section  
384.2 214.12, subdivision 6.

384.3 (k) **Board of Nursing; continuing education.** \$17,000 in fiscal year 2020 is appropriated  
384.4 from the state government special revenue fund to the Board of Nursing to implement the  
384.5 continuing education requirements under Minnesota Statutes, section 214.12, subdivision  
384.6 6.

384.7 (l) **Board of Optometry; continuing education.** \$5,000 in fiscal year 2020 is  
384.8 appropriated from the state government special revenue fund to the Board of Optometry to  
384.9 implement the continuing education requirements under Minnesota Statutes, section 214.12,  
384.10 subdivision 6.

384.11 (m) **Board of Podiatric Medicine; continuing education.** \$5,000 in fiscal year 2020  
384.12 is appropriated from the state government special revenue fund to the Board of Podiatric  
384.13 Medicine to implement the continuing education requirements under Minnesota Statutes,  
384.14 section 214.12, subdivision 6.

384.15 (n) **Commissioner of health; nonnarcotic pain management and wellness.** \$1,250,000  
384.16 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to  
384.17 provide funding for:

384.18 (1) statewide mapping and assessment of community-based nonnarcotic pain management  
384.19 and wellness resources; and

384.20 (2) up to five demonstration projects in different geographic areas of the state to provide  
384.21 community-based nonnarcotic pain management and wellness resources to patients and  
384.22 consumers.

384.23 The demonstration projects must include an evaluation component and scalability analysis.  
384.24 The commissioner shall award the grant for the statewide mapping and assessment, and the  
384.25 demonstration project grants, through a competitive request for proposal process. Grants  
384.26 for statewide mapping and assessment and demonstration projects may be awarded  
384.27 simultaneously. In awarding demonstration project grants, the commissioner shall give  
384.28 preference to proposals that incorporate innovative community partnerships, are informed  
384.29 and led by people in the community where the project is taking place, and are culturally  
384.30 relevant and delivered by culturally competent providers. This is a onetime appropriation.

384.31 (o) **Commissioner of health; administration.** \$38,000 in fiscal year 2020 is appropriated  
384.32 from the general fund to the commissioner of health for the administration of the grants  
384.33 awarded in paragraph (n).



385.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

385.2 Sec. 10. Laws 2021, First Special Session chapter 7, article 16, section 12, is amended to  
 385.3 read:

385.4 **Sec. 12. COMMISSIONER OF**  
 385.5 **MANAGEMENT AND BUDGET** \$ 300,000 \$ 300,000 0

385.6 (a) This appropriation is from the opiate  
 385.7 epidemic response fund.

385.8 (b) **Evaluation.** \$300,000 in fiscal year 2022  
 385.9 ~~and \$300,000 in fiscal year 2023~~ is for  
 385.10 evaluation activities under Minnesota Statutes,  
 385.11 section 256.042, subdivision 1, paragraph (c).

385.12 ~~(c) **Base Level Adjustment.** The opiate~~  
 385.13 ~~epidemic response fund base is \$300,000 in~~  
 385.14 ~~fiscal year 2024 and \$300,000 in fiscal year~~  
 385.15 ~~2025.~~

385.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.

385.17 Sec. 11. **TRANSFER; ELIMINATION OF ACCOUNT.**

385.18 (a) The commissioner of management and budget shall transfer any money in the separate  
 385.19 account established in the state treasury under Minnesota Statutes, section 16A.151,  
 385.20 subdivision 2, paragraph (f), to the settlement account in the opiate epidemic response fund  
 385.21 established under Minnesota Statutes, section 256.043, subdivision 1. Notwithstanding  
 385.22 section 256.043, subdivision 3a, paragraph (a), money transferred into the account under  
 385.23 this paragraph shall be appropriated to the commissioner of human services to award as  
 385.24 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with  
 385.25 Minnesota Statutes, section 256.043, subdivision 3a, paragraph (d).

385.26 (b) Once the money is transferred as required in paragraph (a), the commissioner of  
 385.27 management and budget shall eliminate the separate account established under Minnesota  
 385.28 Statutes, section 16A.151, subdivision 2, paragraph (f).

385.29 **EFFECTIVE DATE.** This section is effective the day following final enactment.



387.1	<b><u>(g) MinnesotaCare</u></b>		<u>(86,146,000)</u>	<u>(11,799,000)</u>
387.2	<u>These appropriations are from the health care</u>			
387.3	<u>access fund.</u>			
387.4	<b><u>(h) Medical Assistance</u></b>			
387.5	<u>Appropriations by Fund</u>			
387.6	<u>General Fund</u>	<u>(348,364,000)</u>	<u>292,880,000</u>	
387.7	<u>Health Care Access</u>			
387.8	<u>Fund</u>	<u>-0-</u>	<u>-0-</u>	
387.9	<b><u>(i) Alternative Care Program</u></b>		<u>-0-</u>	<u>-0-</u>
387.10	<b><u>(j) Behavioral Health Fund</u></b>		<u>(11,560,000)</u>	<u>(23,867,000)</u>
387.11	<b><u>Subd. 3. Technical Activities</u></b>		<u>-0-</u>	<u>-0-</u>
387.12	<u>These appropriations are from the federal</u>			
387.13	<u>TANF fund.</u>			
387.14	<b><u>EFFECTIVE DATE.</u> This section is effective the day following final enactment.</b>			

**ARTICLE 15**

**APPROPRIATIONS**

387.17 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

387.18 The sums shown in the columns marked "Appropriations" are added to or, if shown in  
 387.19 parentheses, subtracted from the appropriations in Laws 2021, First Special Session chapter  
 387.20 7, article 16, to the agencies and for the purposes specified in this article. The appropriations  
 387.21 are from the general fund or other named fund and are available for the fiscal years indicated  
 387.22 for each purpose. The figures "2022" and "2023" used in this article mean that the addition  
 387.23 to or subtraction from the appropriation listed under them is available for the fiscal year  
 387.24 ending June 30, 2022, or June 30, 2023, respectively. Base adjustments mean the addition  
 387.25 to or subtraction from the base level adjustment set in Laws 2021, First Special Session  
 387.26 chapter 7, article 16. Supplemental appropriations and reductions to appropriations for the  
 387.27 fiscal year ending June 30, 2022, are effective the day following final enactment unless a  
 387.28 different effective date is explicit.

**APPROPRIATIONS**

**Available for the Year**

388.1			<b><u>Ending June 30</u></b>
388.2			<b><u>2022</u></b> <b><u>2023</u></b>
388.3	<b><u>Sec. 2. COMMISSIONER OF HUMAN</u></b>		
388.4	<b><u>SERVICES</u></b>		
388.5	<b><u>Subdivision 1. Total Appropriation</u></b>	<b>\$</b>	<b><u>32,461,000</u></b> <b>\$</b> <b><u>315,995,000</u></b>
388.6	<b><u>Appropriations by Fund</u></b>		
388.7		<b><u>2022</u></b>	<b><u>2023</u></b>
388.8	<b><u>General</u></b>	<b><u>34,397,000</u></b>	<b><u>403,270,000</u></b>
388.9	<b><u>Health Care Access</u></b>	<b><u>(1,936,000)</u></b>	<b><u>(88,042,000)</u></b>
388.10	<b><u>Federal TANF</u></b>	<b><u>-0-</u></b>	<b><u>7,000</u></b>
388.11	<b><u>Opiate Epidemic</u></b>		
388.12	<b><u>Response</u></b>	<b><u>-0-</u></b>	<b><u>760,000</u></b>
388.13	<b><u>Subd. 2. Central Office; Operations</u></b>		
388.14	<b><u>Appropriations by Fund</u></b>		
388.15	<b><u>General</u></b>	<b><u>397,000</u></b>	<b><u>96,320,000</u></b>
388.16	<b><u>Health Care Access</u></b>	<b><u>-0-</u></b>	<b><u>13,729,000</u></b>
388.17	<b><u>(a) Background Studies. (1) \$1,779,000 in</u></b>		
388.18	<b><u>fiscal year 2023 is to provide a credit to</u></b>		
388.19	<b><u>providers who paid for emergency background</u></b>		
388.20	<b><u>studies in NETStudy 2.0. This is a onetime</u></b>		
388.21	<b><u>appropriation.</u></b>		
388.22	<b><u>(2) \$1,851,000 in fiscal year 2023 is to fund</u></b>		
388.23	<b><u>the costs of reprocessing emergency studies</u></b>		
388.24	<b><u>conducted under interagency agreements. This</u></b>		
388.25	<b><u>is a onetime appropriation.</u></b>		
388.26	<b><u>(b) Supporting Drug Pricing Litigation</u></b>		
388.27	<b><u>Costs. \$228,000 in fiscal year 2022 is for costs</u></b>		
388.28	<b><u>to comply with litigation requirements related</u></b>		
388.29	<b><u>to pharmaceutical drug price litigation. This</u></b>		
388.30	<b><u>is a onetime appropriation.</u></b>		
388.31	<b><u>(c) Base Level Adjustment. The general fund</u></b>		
388.32	<b><u>base is increased \$11,868,000 in fiscal year</u></b>		
388.33	<b><u>2024 and \$9,369,000 in fiscal year 2025. The</u></b>		
388.34	<b><u>health care access fund base is increased</u></b>		

389.1 \$1,551,000 in fiscal year 2024 and \$1,455,000  
 389.2 in fiscal year 2025.

389.3 **Subd. 3. Central Office; Children and Families** -0- 21,992,000

389.4 **(a) Foster Care Federal Cash Assistance**  
 389.5 **Benefits Plan.** \$373,000 in fiscal year 2023  
 389.6 is for the commissioner to develop the foster  
 389.7 care federal cash assistance benefits plan. The  
 389.8 base for this appropriation is \$342,000 in fiscal  
 389.9 year 2024 and \$127,000 in fiscal year 2025.

389.10 **(b) Commissioner of Education.** \$53,000 in  
 389.11 fiscal year 2023 is for transfer to the  
 389.12 commissioner of education for staffing for the  
 389.13 family and community resources hubs. The  
 389.14 base for this appropriation is \$61,000 in fiscal  
 389.15 year 2024 and \$61,000 in fiscal year 2025.

389.16 **(c) Commissioner of Health.** \$53,000 in  
 389.17 fiscal year 2023 is for transfer to the  
 389.18 commissioner of health for staffing for the  
 389.19 family and community resources hubs. The  
 389.20 base for this appropriation is \$61,000 in fiscal  
 389.21 year 2024 and \$61,000 in fiscal year 2025.

389.22 **(d) Children's Cabinet.** The base shall  
 389.23 include \$61,000 in fiscal year 2024 and  
 389.24 \$61,000 in fiscal year 2025 for staffing at the  
 389.25 Children's Cabinet at the Department of  
 389.26 Management and Budget for the family and  
 389.27 community resources hubs.

389.28 **(e) Base Level Adjustment.** The general fund  
 389.29 base is increased \$7,823,000 in fiscal year  
 389.30 2024 and \$7,578,000 in fiscal year 2025.

389.31 **Subd. 4. Central Office; Health Care**

389.32	<u>Appropriations by Fund</u>		
389.33	<u>General</u>	-0-	<u>4,500,000</u>
389.34	<u>Health Care Access</u>	-0-	<u>2,475,000</u>

390.1 **(a) Interactive Voice Response and**  
390.2 **Improving Access for Applications and**  
390.3 **Forms.** \$1,350,000 in fiscal year 2023 is for  
390.4 the improvement of accessibility to Minnesota  
390.5 health care programs applications, forms, and  
390.6 other consumer support resources and services  
390.7 to enrollees with limited English proficiency.  
390.8 This is a onetime appropriation and is  
390.9 available until June 30, 2025.

390.10 **(b) Community-Driven Improvements.**  
390.11 \$680,000 in fiscal year 2023 is for Minnesota  
390.12 health care program enrollee engagement  
390.13 activities.

390.14 **(c) Responding to COVID-19 in Minnesota**  
390.15 **Health Care Programs.** \$1,000,000 in fiscal  
390.16 year 2023 is for contract assistance relating to  
390.17 the resumption of eligibility and  
390.18 redetermination processes in Minnesota health  
390.19 care programs after the expiration of the  
390.20 federal public health emergency. Contracts  
390.21 entered into under this section are for  
390.22 emergency acquisition and are not subject to  
390.23 solicitation requirements under Minnesota  
390.24 Statutes, section 16C.10, subdivision 2. This  
390.25 is a onetime appropriation and is available  
390.26 until June 30, 2025.

390.27 **(d) Initial PACE Implementation Funding.**  
390.28 \$270,000 in fiscal year 2023 is from the  
390.29 general fund to complete the initial actuarial  
390.30 and administrative work necessary to  
390.31 recommend a financing mechanism for the  
390.32 operation of PACE under Minnesota Statutes,  
390.33 section 256B.69, subdivision 23, paragraph  
390.34 (e).

391.1 (e) Base Level Adjustment. The general fund  
 391.2 base is increased \$3,607,000 in fiscal year  
 391.3 2024 and \$5,123,000 in fiscal year 2025. The  
 391.4 health care access fund base is increased  
 391.5 \$4,357,000 in fiscal year 2024 and \$7,550,000  
 391.6 in fiscal year 2025.

391.7 Subd. 5. Central Office; Continuing Care -0- 177,000

391.8 (a) Lifesharing Services. \$57,000 in fiscal  
 391.9 year 2023 is for engaging stakeholders and  
 391.10 developing recommendations regarding  
 391.11 establishing a lifesharing service under the  
 391.12 state's medical assistance disability waivers  
 391.13 and elderly waiver. The base for this  
 391.14 appropriation is \$43,000 in fiscal year 2024.

391.15 (b) Initial PACE Implementation Funding.  
 391.16 \$120,000 in fiscal year 2023 is to complete  
 391.17 the initial actuarial and administrative work  
 391.18 necessary to recommend a financing  
 391.19 mechanism for the operation of PACE under  
 391.20 Minnesota Statutes, section 256B.69,  
 391.21 subdivision 23, paragraph (e).

391.22 (c) Base Level Adjustment. The general fund  
 391.23 base is increased \$43,000 in fiscal year 2024.

391.24 Subd. 6. Central Office; Community Supports

391.25	<u>Appropriations by Fund</u>		
391.26	<u>General</u>	-0-	<u>8,531,000</u>
391.27	<u>Opioid Epidemic</u>		
391.28	<u>Response</u>	-0-	<u>760,000</u>

391.29 (a) SEIU Health Care Arbitration Award.  
 391.30 \$5,444 in fiscal year 2023 is for arbitration  
 391.31 awards resulting from a SEIU grievance. This  
 391.32 is a onetime appropriation.

391.33 (b) Lifesharing Services. \$57,000 in fiscal  
 391.34 year 2023 is from the general fund for

392.1 engaging stakeholders and developing  
392.2 recommendations regarding establishing a  
392.3 lifesharing service under the state's medical  
392.4 assistance disability waivers and elderly  
392.5 waiver. The general fund base for this  
392.6 appropriation is \$43,000 in fiscal year 2024.

392.7 **(c) Intermediate Care Facilities for Persons**  
392.8 **with Developmental Disabilities; Rate**  
392.9 **Study.** \$250,000 in fiscal year 2023 is from  
392.10 the general fund for a study of medical  
392.11 assistance rates for intermediate care facilities  
392.12 for persons with developmental disabilities  
392.13 under Minnesota Statutes, sections 256B.5011  
392.14 to 256B.5015. This is a onetime appropriation.

392.15 **(d) Online tool accessibility and capacity**  
392.16 **expansion.** \$395,000 in fiscal year 2023 is to  
392.17 expand the accessibility and capacity of online  
392.18 tools for people receiving services and direct  
392.19 support workers. The base for this  
392.20 appropriation is \$664,000 in fiscal year 2024  
392.21 and \$681,000 in fiscal year 2025.

392.22 **(e) Systemic critical incident review team.**  
392.23 \$459,000 in fiscal year 2023 is to implement  
392.24 the systemic critical incident review process  
392.25 in Minnesota Statutes, section 256.01,  
392.26 subdivision 12b. The base for this  
392.27 appropriation is \$498,000 in fiscal year 2024  
392.28 and \$498,000 in fiscal year 2025.

392.29 **(f) Base Level Adjustment.** The general fund  
392.30 base is increased \$9,908,000 in fiscal year  
392.31 2024 and \$8,210,000 in fiscal year 2025. The  
392.32 opiate epidemic response base is increased  
392.33 \$790,000 in fiscal year 2024 and \$790,000 in  
392.34 fiscal year 2025.



393.1	<b><u>Subd. 7. Forecasted Programs; MFIP/DWP</u></b>		
393.2	<u>Appropriations by Fund</u>		
393.3	<u>General</u>	<u>-0-</u>	<u>4,000</u>
393.4	<u>Federal TANF</u>	<u>-0-</u>	<u>7,000</u>
393.5	<b><u>Subd. 8. Forecasted Programs; MFIP Child Care</u></b>		
393.6	<b><u>Assistance</u></b>	<u>-0-</u>	<u>1,000</u>
393.7	<b><u>Subd. 9. Forecasted Programs; Minnesota</u></b>		
393.8	<b><u>Supplemental Aid</u></b>	<u>-0-</u>	<u>1,000</u>
393.9	<b><u>Subd. 10. Forecasted Programs; Housing</u></b>		
393.10	<b><u>Supports</u></b>	<u>-0-</u>	<u>4,304,000</u>
393.11	<b><u>Subd. 11. Forecasted Programs; MinnesotaCare</u></b>		
393.12	<u>Appropriations by Fund</u>		
393.13	<u>General</u>	<u>-0-</u>	<u>(17,943,000)</u>
393.14	<u>Health Care Access</u>	<u>-0-</u>	<u>28,724,000</u>
393.15	<u>This appropriation is from the health care</u>		
393.16	<u>access fund.</u>		
393.17	<b><u>Subd. 12. Forecasted Programs; Medical</u></b>		
393.18	<b><u>Assistance</u></b>		
393.19	<u>Appropriations by Fund</u>		
393.20	<u>General</u>	<u>-0-</u>	<u>(54,031,000)</u>
393.21	<u>Health Care Access</u>	<u>-0-</u>	<u>(136,906,000)</u>
393.22	<b><u>Subd. 13. Forecasted Programs; Alternative</u></b>		
393.23	<b><u>Care</u></b>	<u>-0-</u>	<u>530,000</u>
393.24	<b><u>Subd. 14. Grant Programs; BSF Child Care</u></b>		
393.25	<b><u>Grants</u></b>	<u>-0-</u>	<u>6,000</u>
393.26	<b><u>Base Level Adjustment.</u></b> The general fund		
393.27	<u>base is increased \$29,000 in fiscal year 2024</u>		
393.28	<u>and \$248,000 in fiscal year 2025.</u>		
393.29	<b><u>Subd. 15. Grant Programs; Child Care</u></b>		
393.30	<b><u>Development Grants</u></b>	<u>-0-</u>	<u>-0-</u>
393.31	<b><u>Subd. 16. Grant Programs; Children's Services</u></b>		
393.32	<b><u>Grants</u></b>	<u>-0-</u>	<u>8,984,000</u>
393.33	<b><u>(a) American Indian Child Welfare</u></b>		
393.34	<b><u>Initiative; Mille Lacs Band of Ojibwe</u></b>		
393.35	<b><u>Planning.</u></b> \$1,263,000 in fiscal year 2023 is		

394.1 to support activities necessary for the Mille  
394.2 Lacs Band of Ojibwe to join the American  
394.3 Indian child welfare initiative.

394.4 **(b) Expand Parent Support Outreach**  
394.5 **Program.** The base shall include \$7,000,000  
394.6 in fiscal year 2024 and \$7,000,000 in fiscal  
394.7 year 2025 to expand the parent support  
394.8 outreach program to community-based  
394.9 agencies, public health agencies, and schools  
394.10 to prevent reporting of and entry into the child  
394.11 welfare system.

394.12 **(c) Thriving Families Safer Children.** The  
394.13 base shall include \$30,000 in fiscal year 2024  
394.14 to plan for an education attendance support  
394.15 diversionary program to prevent entry into the  
394.16 child welfare system. The commissioner shall  
394.17 report back to the chairs and ranking minority  
394.18 members of the legislative committees that  
394.19 oversee child welfare by January 1, 2025, on  
394.20 the plan for this program. This is a onetime  
394.21 appropriation.

394.22 **(d) Family Group Decision Making.** The  
394.23 base shall include \$5,000,000 in fiscal year  
394.24 2024 and \$5,000,000 in fiscal year 2025 to  
394.25 expand the use of family group decision  
394.26 making to provide opportunity for family  
394.27 voices concerning critical decisions in child  
394.28 safety and prevent entry into the child welfare  
394.29 system.

394.30 **(e) Child Welfare Promising Practices.** The  
394.31 base shall include \$5,000,000 in fiscal year  
394.32 2024 and \$5,000,000 in fiscal year 2025 to  
394.33 develop promising practices for prevention of  
394.34 out-of-home placement of children and youth.

395.1 (f) **Family Assessment Response.** The base  
395.2 shall include \$23,550,000 in fiscal year 2024  
395.3 and \$23,550,000 in fiscal year 2025 to support  
395.4 counties and Tribes that are members of the  
395.5 American Indian child welfare initiative in  
395.6 providing case management services and  
395.7 support for families being served under family  
395.8 assessment response and to prevent entry into  
395.9 the child welfare system.

395.10 (g) **Extend Support for Youth Leaving**  
395.11 **Foster Care.** \$600,000 in fiscal year 2023 is  
395.12 to extend financial supports for young adults  
395.13 aging out of foster care to age 22.

395.14 (h) **Grants to Counties for Child Protection**  
395.15 **Staff.** \$1,000,000 in fiscal year 2023 is to  
395.16 provide grants to counties and American  
395.17 Indian child welfare initiative Tribes to be  
395.18 used to reduce extended foster care caseload  
395.19 sizes to ten cases per worker.

395.20 (i) **Statewide Pool of Qualified Individuals.**  
395.21 \$1,177,400 in fiscal year 2023 is for grants to  
395.22 one or more grantees to establish and manage  
395.23 a pool of state-funded qualified individuals to  
395.24 assess potential out-of-home placement of a  
395.25 child in a qualified residential treatment  
395.26 program. Up to \$200,000 of the grants each  
395.27 fiscal year is available for grantee contracts to  
395.28 manage the state-funded pool of qualified  
395.29 individuals. This amount shall also pay for  
395.30 qualified individual training, certification, and  
395.31 background studies. Remaining grant money  
395.32 shall be available until expended to provide  
395.33 qualified individual services to counties and  
395.34 Tribes that have joined the American Indian  
395.35 child welfare initiative pursuant to Minnesota

396.1 Statutes, section 256.01, subdivision 14b, to  
396.2 provide qualified residential treatment  
396.3 program assessments at no cost to the county  
396.4 or Tribal agency.

396.5 **(j) Quality Parenting Initiative Grant.**  
396.6 \$100,000 in fiscal year 2023 is for a grant to  
396.7 the Quality Parenting Initiative Minnesota, to  
396.8 implement Quality Parenting Initiative  
396.9 principles and practices and support children  
396.10 and families experiencing foster care  
396.11 placements. The grantee shall use grant funds  
396.12 to provide training and technical assistance to  
396.13 county and Tribal agencies, community-based  
396.14 agencies, and other stakeholders on conducting  
396.15 initial foster care phone calls under Minnesota  
396.16 Statutes, section 260C.219, subdivision 6;  
396.17 supporting practices that create partnerships  
396.18 between birth and foster families; and  
396.19 informing child welfare practices by  
396.20 supporting youth leadership and the  
396.21 participation of individuals with experience  
396.22 in the foster care system. Upon request, the  
396.23 commissioner shall make information  
396.24 regarding the use of this grant funding  
396.25 available to the chairs and ranking minority  
396.26 members of the legislative committees with  
396.27 jurisdiction over human services. This is a  
396.28 onetime appropriation.

396.29 **(k) Costs of Foster Care or Care,**  
396.30 **Examination, or Treatment. \$5,000,000 in**  
396.31 **fiscal year 2023 is for grants to counties and**  
396.32 **Tribes, to reimburse counties and Tribes for**  
396.33 **the costs of foster care or care, examination,**  
396.34 **or treatment that would previously have been**  
396.35 **paid by the parents or custodians of a child in**

397.1 foster care using parental income and  
 397.2 resources, child support payments, or income  
 397.3 and resources attributable to a child under  
 397.4 Minnesota Statutes, sections 242.19, 256N.26,  
 397.5 260B.331, and 260C.331. Counties and Tribes  
 397.6 must apply for grant funds in a form  
 397.7 prescribed by the commissioner, and must  
 397.8 provide the information and data necessary to  
 397.9 calculate grant fund allocations accurately and  
 397.10 equitably, as determined by the commissioner.

397.11 **(l) Grants to Counties; Foster Care Federal**  
 397.12 **Cash Assistance Benefits Plan. \$50,000 in**  
 397.13 **fiscal year 2023 is for the commissioner to**  
 397.14 **provide grants to counties to assist counties**  
 397.15 **with gathering and reporting the county data**  
 397.16 **required for the commissioner to develop the**  
 397.17 **foster care federal cash assistance benefits**  
 397.18 **plan.**

397.19 **(m) Base Level Adjustment. The general fund**  
 397.20 **base is increased \$52,386,000 in fiscal year**  
 397.21 **2024 and \$49,715,000 in fiscal year 2025.**

397.22 <b><u>Subd. 17. Grant Programs; Children and</u></b>		
397.23 <b><u>Community Service Grants</u></b>	<u>-0-</u>	<u>-0-</u>

397.24 **Base Level Adjustment. The opiate epidemic**  
 397.25 **response base is increased \$100,000 in fiscal**  
 397.26 **year 2025.**

397.27 <b><u>Subd. 18. Grant Programs; Children and</u></b>		
397.28 <b><u>Economic Support Grants</u></b>	<u>14,000,000</u>	<u>145,931,000</u>

397.29 **(a) Family and Community Resource Hubs.**  
 397.30 **\$2,550,000 in fiscal year 2023 is to implement**  
 397.31 **a sustainable family and community resource**  
 397.32 **hub model through the community action**  
 397.33 **agencies under Minnesota Statutes, section**  
 397.34 **256E.31, and federally recognized Tribes. The**  
 397.35 **community resource hubs must offer**

398.1 navigation to several supports and services,  
398.2 including but not limited to basic needs and  
398.3 economic assistance, disability services,  
398.4 healthy development and screening,  
398.5 developmental and behavioral concerns,  
398.6 family well-being and mental health, early  
398.7 learning and child care, dental care, legal  
398.8 services, and culturally specific services for  
398.9 American Indian families.

398.10 **(b) Tribal Food Sovereignty Infrastructure**  
398.11 **Grants.** \$4,000,000 in fiscal year 2023 is for  
398.12 capital and infrastructure development to  
398.13 support food system changes and provide  
398.14 equitable access to existing and new methods  
398.15 of food support for American Indian  
398.16 communities, including federally recognized  
398.17 Tribes and American Indian nonprofit  
398.18 organizations. This is a onetime appropriation  
398.19 and is available until June 30, 2025.

398.20 **(c) Tribal Food Security.** \$2,836,000 in fiscal  
398.21 year 2023 is to promote food security for  
398.22 American Indian communities, including  
398.23 federally recognized Tribes and American  
398.24 Indian nonprofit organizations. This includes  
398.25 hiring staff, providing culturally relevant  
398.26 training for building food access, purchasing  
398.27 technical assistance materials and supplies,  
398.28 and planning for sustainable food systems.

398.29 **(d) Capital for Emergency Food**  
398.30 **Distribution Facilities.** \$14,931,000 in fiscal  
398.31 year 2023 is for improving and expanding the  
398.32 infrastructure of food shelf facilities across  
398.33 the state, including adding freezer or cooler  
398.34 space and dry storage space, improving the  
398.35 safety and sanitation of existing food shelves,

399.1 and addressing deferred maintenance or other  
399.2 facility needs of existing food shelves. Grant  
399.3 money shall be made available to nonprofit  
399.4 organizations, federally recognized Tribes,  
399.5 and local units of government. This is a  
399.6 onetime appropriation and is available until  
399.7 June 30, 2025.

399.8 **(e) Food Support Grants. \$5,000,000 in**  
399.9 **fiscal year 2023 is to provide additional**  
399.10 **resources to a diverse food support network**  
399.11 **that includes food shelves, food banks, and**  
399.12 **meal and food outreach programs. Grant**  
399.13 **money shall be made available to nonprofit**  
399.14 **organizations, federally recognized Tribes,**  
399.15 **and local units of government.**

399.16 **(f) Transitional Housing. \$2,500,000 in fiscal**  
399.17 **year 2023 is for transitional housing programs**  
399.18 **under Minnesota Statutes, section 256E.33.**

399.19 **(g) Shelter-Linked Youth Mental Health**  
399.20 **Grants. \$1,650,000 in fiscal year 2023 is for**  
399.21 **shelter-linked youth mental health grants under**  
399.22 **Minnesota Statutes, section 256K.46.**

399.23 **(h) Emergency Services Grants. \$35,000,000**  
399.24 **in fiscal year 2023 is for emergency services**  
399.25 **under Minnesota Statutes, section 256E.36.**  
399.26 **The base for this appropriation is \$25,000,000**  
399.27 **in fiscal year 2024 and \$25,000,000 in fiscal**  
399.28 **year 2025. Grant allocation balances in the**  
399.29 **first year do not cancel but are available in the**  
399.30 **second year.**

399.31 **(i) Homeless Youth Act. \$10,000,000 in fiscal**  
399.32 **year 2023 is for homeless youth act grants**  
399.33 **under Minnesota Statutes, section 256K.45,**  
399.34 **subdivision 1. Grant allocation balances in the**

400.1 first year do not cancel but are available in the  
400.2 second year.

400.3 **(j) Pregnant and Parenting Homeless Youth**  
400.4 **Study.** \$300,000 in fiscal year 2023 is to fund  
400.5 a study of the prevalence of pregnancy and  
400.6 parenting among homeless youths and youths  
400.7 who are at risk of homelessness. This is a  
400.8 onetime appropriation and is available until  
400.9 June 30, 2024.

400.10 **(k) Safe Harbor Grants.** \$5,500,000 in fiscal  
400.11 year 2023 is for safe harbor grants to fund  
400.12 street outreach, emergency shelter, and  
400.13 transitional and long-term housing beds for  
400.14 sexually exploited youth and youth at risk of  
400.15 exploitation.

400.16 **(l) Emergency Shelter Facilities.** \$75,000,000  
400.17 in fiscal year 2023 is for grants to eligible  
400.18 applicants for the acquisition of property; site  
400.19 preparation, including demolition; predesign;  
400.20 design; construction; renovation; furnishing;  
400.21 and equipping of emergency shelter facilities  
400.22 in accordance with emergency shelter facilities  
400.23 project criteria in this act. This is a onetime  
400.24 appropriation and is available until June 30,  
400.25 2025.

400.26 **(m) Heading Home Ramsey Continuum of**  
400.27 **Care.** (1) \$8,000,000 in fiscal year 2022 is for  
400.28 a grant to fund and support Heading Home  
400.29 Ramsey Continuum of Care. This is a onetime  
400.30 appropriation. The grant shall be used for:

400.31 (i) maintaining funding for a 100-bed family  
400.32 shelter that had been funded by CARES Act  
400.33 money;



401.1 (ii) maintaining funding for an existing  
401.2 100-bed single room occupancy shelter and  
401.3 developing a replacement single-room  
401.4 occupancy shelter for housing up to 100 single  
401.5 adults; and

401.6 (iii) maintaining current day shelter  
401.7 programming that had been funded with  
401.8 CARES Act money and developing a  
401.9 replacement for current day shelter facilities.

401.10 (2) Ramsey County may use up to ten percent  
401.11 of this appropriation for administrative  
401.12 expenses. This appropriation is available until  
401.13 June 30, 2025.

401.14 **(n) Hennepin County Funding for Serving**  
401.15 **Homeless Persons. (1) \$6,000,000 in fiscal**  
401.16 **year 2022 is for a grant to fund and support**  
401.17 **Hennepin County shelters and services for**  
401.18 **persons experiencing homelessness. This is a**  
401.19 **onetime appropriation. Of this appropriation:**

401.20 **(i) up to \$4,000,000 in matching grant funding**  
401.21 **is to design, construct, equip, and furnish the**  
401.22 **Simpson Housing Services shelter facility in**  
401.23 **the city of Minneapolis; and**

401.24 **(ii) up to \$2,000,000 is to maintain current**  
401.25 **shelter and homeless response programming**  
401.26 **that had been funded with federal funding**  
401.27 **from the CARES Act of the American Rescue**  
401.28 **Plan Act, including:**

401.29 **(A) shelter operations and services to maintain**  
401.30 **services at Avivo Village, including a shelter**  
401.31 **comprised of 100 private dwellings and the**  
401.32 **American Indian Community Development**  
401.33 **Corporation Homeward Bound 50-bed shelter;**

402.1 (B) shelter operations and services to maintain  
402.2 shelter services 24 hours per day, seven days  
402.3 per week;  
402.4 (C) housing-focused case management; and  
402.5 (D) shelter diversion services.

402.6 (2) Hennepin County may contract with  
402.7 eligible nonprofit organizations and local and  
402.8 Tribal governmental units to provide services  
402.9 under the grant program. This appropriation  
402.10 is available until June 30, 2025.

402.11 **(o) Chosen Family Hosting to Prevent**  
402.12 **Youth Homelessness Pilot Program.**  
402.13 \$1,000,000 in fiscal year 2023 is for the  
402.14 chosen family hosting to prevent youth  
402.15 homelessness pilot program to provide funds  
402.16 to providers serving homeless youth. Of this  
402.17 amount, \$218,000 is for a contract with a  
402.18 technical assistance provider to: (1) provide  
402.19 technical assistance to funding recipients; (2)  
402.20 facilitate a monthly learning cohort for funding  
402.21 recipients; (3) evaluate the efficacy and  
402.22 cost-effectiveness of the pilot program; and  
402.23 (4) submit annual updates and a final report  
402.24 to the commissioner. This is a onetime  
402.25 appropriation and is available until June 30,  
402.26 2027.

402.27 **(p) Minnesota Association for Volunteer**  
402.28 **Administration.** \$1,000,000 in fiscal year  
402.29 2023 is for a grant to the Minnesota  
402.30 Association for Volunteer Administration to  
402.31 administer needs-based volunteerism subgrants  
402.32 targeting underresourced nonprofit  
402.33 organizations in greater Minnesota to support  
402.34 selected organizations' ongoing efforts to

403.1 address and minimize disparities in access to  
 403.2 human services through increased  
 403.3 volunteerism. Successful subgrant applicants  
 403.4 must demonstrate that the populations to be  
 403.5 served by the subgrantee are considered  
 403.6 underserved or suffer from or are at risk of  
 403.7 homelessness, hunger, poverty, lack of access  
 403.8 to health care, or deficits in education. The  
 403.9 Minnesota Association for Volunteer  
 403.10 Administration must give priority to  
 403.11 organizations that are serving the needs of  
 403.12 vulnerable populations. By December 15,  
 403.13 2023, the Minnesota Association for Volunteer  
 403.14 Administration must report data on outcomes  
 403.15 from the subgrants and recommendations for  
 403.16 improving and sustaining volunteer efforts  
 403.17 statewide to the chairs and ranking minority  
 403.18 members of the legislative committees and  
 403.19 divisions with jurisdiction over human  
 403.20 services. This is a onetime appropriation and  
 403.21 is available until June 30, 2024.

403.22 (q) **Base Level Adjustment.** The general fund  
 403.23 base is increased \$63,104,000 in fiscal year  
 403.24 2024 and \$66,754,000 in fiscal year 2025.

403.25 **Subd. 19. Grant Programs; Health Care Grants**

403.26	<u>Appropriations by Fund</u>	
403.27	<u>2022</u>	<u>2023</u>
403.28	<u>General Fund</u>	<u>2,500,000</u>
403.29	<u>Health Care Access</u>	<u>3,936,000</u>

403.30 **(a) Grant Funding to Support Urban**  
 403.31 **American Indians in Minnesota Health**  
 403.32 **Care Programs.** \$2,500,000 in fiscal year  
 403.33 2023 is from the general fund for funding to  
 403.34 the Indian Health Board of Minneapolis to  
 403.35 support continued access to health care

404.1 coverage through Minnesota health care  
 404.2 programs, improve access to quality care, and  
 404.3 increase vaccination rates among urban  
 404.4 American Indians.

404.5 **(b) Grants for Navigator Organizations. (1)**

404.6 \$1,936,000 in fiscal year 2023 is from the  
 404.7 health care access fund for grants to  
 404.8 organizations with a MNsure grant services  
 404.9 navigator assister contract in good standing  
 404.10 as of July 1, 2022. The grants to each  
 404.11 organization must be in proportion to the  
 404.12 number of medical assistance and  
 404.13 MinnesotaCare enrollees each organization  
 404.14 assisted that resulted in a successful  
 404.15 enrollment in the second quarter of fiscal year  
 404.16 2022, as determined by MNsure's navigator  
 404.17 payment process. This is a onetime  
 404.18 appropriation and is available until June 30,  
 404.19 2025. (2) \$2,000,000 in fiscal year 2023 is  
 404.20 from the health care access fund for incentive  
 404.21 payments as defined in Minnesota Statutes,  
 404.22 section 256.962, subdivision 5. This  
 404.23 appropriation is available until June 30, 2025.  
 404.24 The health care access fund base for this  
 404.25 appropriation is \$1,000,000 in fiscal year 2024  
 404.26 and \$0 in fiscal year 2025.

404.27 **(c) Base Level Adjustment.** The general fund

404.28 base is increased \$3,750,000 in fiscal year  
 404.29 2024 and \$1,250,000 in fiscal year 2025. The  
 404.30 health care access fund base is increased  
 404.31 \$1,000,000 in fiscal year 2024, and \$0 in fiscal  
 404.32 year 2025.

404.33 **Subd. 20. Grant Programs; Other Long-Term**  
 404.34 **Care Grants**

-0-

119,336,000

405.1 **(a) Workforce Incentive Fund Grant**  
405.2 **Program.** \$118,000,000 in fiscal year 2023  
405.3 is to assist disability, housing, substance use,  
405.4 and older adult service providers of public  
405.5 programs to pay for incentive benefits to  
405.6 current and new workers. This is a onetime  
405.7 appropriation and is available until June 30,  
405.8 2025. Three percent of the total amount of the  
405.9 appropriation may be used to administer the  
405.10 program, which may include contracting with  
405.11 a third-party administrator.

405.12 **(b) Supported Decision Making.** \$600,000  
405.13 in fiscal year 2023 is for a grant to Volunteers  
405.14 for America for the Centers for Excellence in  
405.15 Supported Decision Making to assist older  
405.16 adults and people with disabilities in avoiding  
405.17 unnecessary guardianships through using less  
405.18 restrictive alternatives, such as supported  
405.19 decision making. The base for this  
405.20 appropriation is \$600,000 in fiscal year 2024,  
405.21 \$600,000 in fiscal year 2025, and \$0 in fiscal  
405.22 year 2026.

405.23 **(c) Support Coordination Training.**  
405.24 \$736,000 in fiscal year 2023 is to develop and  
405.25 implement a curriculum and training plan for  
405.26 case managers to ensure all case managers  
405.27 have the knowledge and skills necessary to  
405.28 fulfill support planning and coordination  
405.29 responsibilities for people who use home and  
405.30 community-based disability services waivers  
405.31 authorized under Minnesota Statutes, sections  
405.32 256B.0913, 256B.092, and 256B.49, and  
405.33 chapter 256S, and live in own-home settings.  
405.34 Case manager support planning and  
405.35 coordination responsibilities to be addressed

406.1 in the training include developing a plan with  
 406.2 the participant and their family to address  
 406.3 urgent staffing changes or unavailability and  
 406.4 other support coordination issues that may  
 406.5 arise for a participant. The commissioner shall  
 406.6 work with lead agencies, advocacy  
 406.7 organizations, and other stakeholders to  
 406.8 develop the training. An initial support  
 406.9 coordination training and competency  
 406.10 evaluation must be completed by all staff  
 406.11 responsible for case management, and the  
 406.12 support coordination training and competency  
 406.13 evaluation must be available to all staff  
 406.14 responsible for case management following  
 406.15 the initial training. The base for this  
 406.16 appropriation is \$377,000 in fiscal year 2024,  
 406.17 \$377,000 in fiscal year 2025, and \$0 in fiscal  
 406.18 year 2026.

406.19 (d) **Base Level Adjustment.** The general fund  
 406.20 base is increased \$977,000 in fiscal year 2024  
 406.21 and \$977,000 in fiscal year 2025.

406.22 Subd. 21. **Grant Programs; Disabilities Grants** -0- 8,950,000

406.23 (a) **Electronic Visit Verification (EVV)**  
 406.24 **Stipends.** \$6,440,000 in fiscal year 2023 is  
 406.25 for onetime stipends of \$200 to bargaining  
 406.26 members to offset the potential costs related  
 406.27 to people using individual devices to access  
 406.28 EVV. \$5,600,000 of the appropriation is for  
 406.29 stipends and the remaining 15 percent is for  
 406.30 administration of these stipends. This is a  
 406.31 onetime appropriation.

406.32 (b) **Self-Directed Collective Bargaining**  
 406.33 **Agreement; Temporary Rate Increase**  
 406.34 **Memorandum of Understanding.** \$1,610,000  
 406.35 in fiscal year 2023 is for onetime stipends for

407.1 individual providers covered by the SEIU  
407.2 collective bargaining agreement based on the  
407.3 memorandum of understanding related to the  
407.4 temporary rate increase in effect between  
407.5 December 1, 2020, and February 7, 2021.  
407.6 \$1,400,000 of the appropriation is for stipends  
407.7 and the remaining 15 percent is for  
407.8 administration of the stipends. This is a  
407.9 onetime appropriation.

407.10 **(c) Service Employees International Union**  
407.11 **Memorandums.** The memorandums of  
407.12 understanding submitted by the commissioner  
407.13 of management and budget to the Legislative  
407.14 Coordinating Commission Subcommittee on  
407.15 Employee Relations on March 17, 2022, are  
407.16 ratified.

407.17 **(d) Direct Care Service Corps Pilot Project.**  
407.18 \$500,000 in fiscal year 2023 is for a grant to  
407.19 HealthForce Minnesota at Winona State  
407.20 University for purposes of the direct care  
407.21 service corps pilot project in this act. Up to  
407.22 \$25,000 may be used by HealthForce  
407.23 Minnesota for administrative costs. This is a  
407.24 onetime appropriation.

407.25 **(e) Task Force on Disability Services**  
407.26 **Accessibility.** \$250,000 in fiscal year 2023 is  
407.27 for the Task Force on Disability Services  
407.28 Accessibility. Of this amount, \$..... must be  
407.29 used to provide pilot project grants. This is a  
407.30 onetime appropriation and is available until  
407.31 March 31, 2026.

407.32 **(f) Base Level Adjustment.** The general fund  
407.33 base is increased \$805,000 in fiscal year 2024  
407.34 and \$2,420,000 in fiscal year 2025.

<p>408.1 <b><u>Subd. 22. Grant Programs; Adult Mental Health</u></b></p> <p>408.2 <b><u>Grants</u></b></p> <p>408.3 <b><u>(a) Inpatient Psychiatric and Psychiatric</u></b></p> <p>408.4 <b><u>Residential Treatment Facilities.</u></b></p> <p>408.5 <u>\$10,000,000 in fiscal year 2023 is for</u></p> <p>408.6 <u>competitive grants to hospitals or mental</u></p> <p>408.7 <u>health providers to retain, build, or expand</u></p> <p>408.8 <u>children's inpatient psychiatric beds for</u></p> <p>408.9 <u>children in need of acute high-level psychiatric</u></p> <p>408.10 <u>care or psychiatric residential treatment facility</u></p> <p>408.11 <u>beds as described in Minnesota Statutes,</u></p> <p>408.12 <u>section 256B.0941. In order to be eligible for</u></p> <p>408.13 <u>a grant, a hospital or mental health provider</u></p> <p>408.14 <u>must serve individuals covered by medical</u></p> <p>408.15 <u>assistance under Minnesota Statutes, section</u></p> <p>408.16 <u>256B.0625.</u></p> <p>408.17 <b><u>(b) Expanding Support for Psychiatric</u></b></p> <p>408.18 <b><u>Residential Treatment Facilities. \$800,000</u></b></p> <p>408.19 <u>in fiscal year 2023 is for start-up grants to</u></p> <p>408.20 <u>psychiatric residential treatment facilities as</u></p> <p>408.21 <u>described in Minnesota Statutes, section</u></p> <p>408.22 <u>256B.0941. Grantees may use grant money</u></p> <p>408.23 <u>for emergency workforce shortage uses.</u></p> <p>408.24 <u>Allowable grant uses related to emergency</u></p> <p>408.25 <u>workforce shortages may include but are not</u></p> <p>408.26 <u>limited to hiring and retention bonuses,</u></p> <p>408.27 <u>recruitment of a culturally responsive</u></p> <p>408.28 <u>workforce, and allowing providers to increase</u></p> <p>408.29 <u>the hourly rate in order to be competitive in</u></p> <p>408.30 <u>the market.</u></p> <p>408.31 <b><u>(c) Workforce Incentive Fund Grant</u></b></p> <p>408.32 <b><u>Program. \$20,000,000 in fiscal year 2022 is</u></b></p> <p>408.33 <u>to provide mental health public program</u></p> <p>408.34 <u>providers the ability to pay for incentive</u></p> <p>408.35 <u>benefits to current and new workers. This is</u></p>	<p><u>20,000,000</u></p>	<p><u>31,076,000</u></p>
---	--------------------------	--------------------------



409.1 a onetime appropriation and is available until  
409.2 June 30, 2025. Three percent of the total  
409.3 amount of the appropriation may be used to  
409.4 administer the program, which may include  
409.5 contracting with a third-party administrator.

409.6 **(d) Cultural and Ethnic Infrastructure**  
409.7 **Grant Funding. \$10,000,000 in fiscal year**  
409.8 **2023 is for increasing cultural and ethnic**  
409.9 **infrastructure grant funding under Minnesota**  
409.10 **Statutes, section 245.4903. The base for this**  
409.11 **appropriation is \$5,000,000 in fiscal year 2024**  
409.12 **and \$5,000,000 in fiscal year 2025.**

409.13 **(e) Culturally Specific Grants. \$2,000,000**  
409.14 **in fiscal year 2023 is for grants for small to**  
409.15 **midsize nonprofit organizations who represent**  
409.16 **and support American Indian, Indigenous, and**  
409.17 **other communities disproportionately affected**  
409.18 **by the opiate crisis. These grants utilize**  
409.19 **traditional healing practices and other**  
409.20 **culturally congruent and relevant supports to**  
409.21 **prevent and curb opiate use disorders through**  
409.22 **housing, treatment, education, aftercare, and**  
409.23 **other activities as determined by the**  
409.24 **commissioner. The base for this appropriation**  
409.25 **is \$2,000,000 in fiscal year 2024 and \$0 in**  
409.26 **fiscal year 2025.**

409.27 **(f) African American Community Mental**  
409.28 **Health Center Grant. \$1,000,000 in fiscal**  
409.29 **year 2023 is for a grant to an African**  
409.30 **American mental health service provider that**  
409.31 **is a licensed community mental health center**  
409.32 **specializing in services for African American**  
409.33 **children and families. The center must offer**  
409.34 **culturally specific, comprehensive,**  
409.35 **trauma-informed, practice- and**

410.1 evidence-based, person- and family-centered  
 410.2 mental health and substance use disorder  
 410.3 services; supervision and training; and care  
 410.4 coordination to all ages, regardless of ability  
 410.5 to pay or place of residence. Upon request, the  
 410.6 commissioner shall make information  
 410.7 regarding the use of this grant funding  
 410.8 available to the chairs and ranking minority  
 410.9 members of the legislative committees with  
 410.10 jurisdiction over human services. This is a  
 410.11 onetime appropriation.

410.12 **(g) Behavioral Health Peer Training.**  
 410.13 \$1,000,000 in fiscal year 2023 is for training  
 410.14 and development for mental health certified  
 410.15 peer specialists, mental health certified family  
 410.16 peer specialists, and recovery peer specialists.  
 410.17 Training and development may include but is  
 410.18 not limited to initial training and certification.

410.19 **(h) Intensive Residential Treatment Services**  
 410.20 **Locked Facilities.** \$2,796,000 in fiscal year  
 410.21 2023 is for start-up funds to intensive  
 410.22 residential treatment service providers to  
 410.23 provide treatment in locked facilities for  
 410.24 patients who have been transferred from a jail  
 410.25 or who have been deemed incompetent to  
 410.26 stand trial and a judge has determined that the  
 410.27 patient needs to be in a secure facility. This is  
 410.28 a onetime appropriation.

410.29 **(i) Base Level Adjustment.** The general fund  
 410.30 base is increased \$27,092,000 in fiscal year  
 410.31 2024 and \$34,216,000 in fiscal year 2025. The  
 410.32 opiate epidemic response base is increased  
 410.33 \$2,000,000 in fiscal year 2025.

410.34 **Subd. 23. Grant Programs; Child Mental Health**  
 410.35 **Grants**

-0-                      13,660,000

411.1 **(a) First Episode of Psychosis Grants.**

411.2 \$300,000 in fiscal year 2023 is for first  
 411.3 episode of psychosis grants under Minnesota  
 411.4 Statutes, section 245.4905.

411.5 **(b) Children's Residential Treatment**

411.6 **Services Emergency Funding. \$2,500,000**  
 411.7 in fiscal year 2023 is from the general fund to  
 411.8 provide licensed children's residential  
 411.9 treatment facilities with emergency funding  
 411.10 for staff overtime, one-to-one staffing as  
 411.11 needed, staff recruitment and retention, and  
 411.12 training and related costs to maintain quality  
 411.13 staff. Up to \$500,000 of this appropriation  
 411.14 may be allocated to support group home  
 411.15 organizations supporting children transitioning  
 411.16 to lower levels of care. This is a onetime  
 411.17 appropriation.

411.18 **(c) Children's Residential Facility Crisis**

411.19 **Stabilization. \$3,000,000 in fiscal year 2023**  
 411.20 is for implementing children's residential  
 411.21 facility crisis stabilization services licensing  
 411.22 requirements and reimbursing county costs  
 411.23 for children's residential crisis stabilization  
 411.24 services as required under Minnesota Statutes,  
 411.25 section 245.4882, subdivision 6.

411.26 **(d) Base Level Adjustment.** The general fund

411.27 base is increased \$16,100,000 in fiscal year  
 411.28 2024 and \$1,100,000 in fiscal year 2025.

411.29 **Subd. 24. Grant Programs; Chemical**

411.30 **Dependency Treatment Support Grants**

-0-

2,000,000411.31 **(a) Emerging Mood Disorder Grant**

411.32 **Program. \$1,000,000 in fiscal year 2023 is**  
 411.33 for emerging mood disorder grants under  
 411.34 Minnesota Statutes, section 245.4904.  
 411.35 Grantees must use grant money as required in

412.1 Minnesota Statutes, section 245.4904,  
 412.2 subdivision 2.

412.3 **(b) Substance Use Disorder Treatment and**  
 412.4 **Prevention Grants.** The base shall include  
 412.5 \$4,000,000 in fiscal year 2024 and \$4,000,000  
 412.6 in fiscal year 2025 for substance use disorder  
 412.7 treatment and prevention grants recommended  
 412.8 by the substance use disorder advisory council.

412.9 **(c) Traditional Healing Grants.** The base  
 412.10 shall include \$2,000,000 in fiscal year 2025  
 412.11 to extend the traditional healing grant funding  
 412.12 appropriated in Laws 2019, chapter 63, article  
 412.13 3, section 1, paragraph (h), from the opiate  
 412.14 epidemic response account to the  
 412.15 commissioner of human services. This funding  
 412.16 is awarded to all Tribal nations and to five  
 412.17 urban Indian communities for traditional  
 412.18 healing practices to American Indians and to  
 412.19 increase the capacity of culturally specific  
 412.20 providers in the behavioral health workforce.

412.21 **(d) Base Level Adjustment.** The general fund  
 412.22 base is increased \$2,000,000 in fiscal year  
 412.23 2024 and \$2,000,000 in fiscal year 2025.

412.24 <b><u>Subd. 25. Direct Care and Treatment -</u></b>			
412.25 <b><u>Operations</u></b>		<u>-0-</u>	<u>6,501,000</u>

412.26 **Base Level Adjustment.** The general fund  
 412.27 base is increased \$5,267,000 in fiscal year  
 412.28 2024 and \$0 in fiscal year 2025.

412.29 <b><u>Subd. 26. Technical Activities</u></b>		<u>-0-</u>	<u>-0-</u>
---	--	------------	------------

412.30 **(a) Transfers; Child Care and Development**  
 412.31 **Fund.** For fiscal years 2024 and 2025, the base  
 412.32 shall include a transfer of \$23,500,000 in fiscal  
 412.33 year 2024 and \$23,500,000 in fiscal year 2025  
 412.34 from the TANF fund to the child care and



414.1 growth in health care spending while ensuring  
414.2 stability in rural health care programs. The  
414.3 general fund base for this appropriation is  
414.4 \$3,057,000 in fiscal year 2024 and \$3,057,000  
414.5 in fiscal year 2025.

414.6 **(c) Community Health Workers. \$1,462,000**  
414.7 in fiscal year 2023 is from the general fund  
414.8 for a public health approach to developing  
414.9 community health workers across Minnesota  
414.10 under Minnesota Statutes, section 145.9282.  
414.11 Of this appropriation, \$462,000 is for  
414.12 administration and \$1,000,000 is for grants.  
414.13 The general fund base for this appropriation  
414.14 is \$1,097,000 in fiscal year 2024, of which  
414.15 \$337,000 is for administration and \$760,000  
414.16 is for grants, and \$1,098,000 in fiscal year  
414.17 2025, of which \$338,000 is for administration  
414.18 and \$760,000 is for grants.

414.19 **(d) Community Solutions for Healthy Child**  
414.20 **Development. \$10,000,000 in fiscal year 2023**  
414.21 is from the general fund for the community  
414.22 solutions for the healthy child development  
414.23 grant program under Minnesota Statutes,  
414.24 section 145.9271. Of this appropriation,  
414.25 \$1,250,000 is for administration and  
414.26 \$8,750,000 is for grants. The general fund base  
414.27 appropriation is \$10,000,000 in fiscal year  
414.28 2024 and \$10,000,000 in fiscal year 2025, of  
414.29 which \$1,250,000 is for administration and  
414.30 \$8,750,000 is for grants in each fiscal year.

414.31 **(e) Disability as a Health Equity Issue.**  
414.32 \$1,575,000 in fiscal year 2023 is from the  
414.33 general fund to reduce disability-related health  
414.34 disparities through collaboration and  
414.35 coordination between state and community

415.1 partners under Minnesota Statutes, section  
415.2 145.9283. Of this appropriation, \$1,130,000  
415.3 is for administration and \$445,000 is for  
415.4 grants. The general fund base for this  
415.5 appropriation is \$1,585,000 in fiscal year 2024  
415.6 and \$1,585,000 in fiscal year 2025, of which  
415.7 \$1,140,000 is for administration and \$445,000  
415.8 is for grants.

415.9 **(f) Drug Overdose and Substance Abuse**  
415.10 **Prevention. \$5,042,000 in fiscal year 2023 is**  
415.11 **from the general fund for a public health**  
415.12 **prevention approach to drug overdose and**  
415.13 **substance use disorder in Minnesota Statutes,**  
415.14 **section 144.8611. Of this appropriation,**  
415.15 **\$921,000 is for administration and \$4,121,000**  
415.16 **is for grants.**

415.17 **(g) Healthy Beginnings, Healthy Families.**  
415.18 **\$11,700,000 in fiscal year 2023 is from the**  
415.19 **general fund for Healthy Beginnings, Healthy**  
415.20 **Families services under Minnesota Statutes,**  
415.21 **section 145.987. The general fund base for**  
415.22 **this appropriation is \$11,818,000 in fiscal year**  
415.23 **2024 and \$11,763,000 in fiscal year 2025. Of**  
415.24 **this appropriation:**

415.25 **(1) \$7,510,000 in fiscal year 2023 is for the**  
415.26 **Minnesota Collaborative to Prevent Infant**  
415.27 **Mortality under Minnesota Statutes, section**  
415.28 **145.987, subdivisions 2, 3, and 4, of which**  
415.29 **\$1,535,000 is for administration and**  
415.30 **\$5,975,000 is for grants. The general fund base**  
415.31 **for this appropriation is \$7,501,000 in fiscal**  
415.32 **year 2024, of which \$1,526,000 is for**  
415.33 **administration and \$5,975,000 is for grants,**  
415.34 **and \$7,501,000 in fiscal year 2025, of which**

- 416.1 \$1,526,000 is for administration and  
416.2 \$5,975,000 is for grants.
- 416.3 (2) \$340,000 in fiscal year 2023 is for Help  
416.4 Me Connect under Minnesota Statutes, section  
416.5 145.987, subdivisions 5 and 6. The general  
416.6 fund base for this appropriation is \$663,000  
416.7 in fiscal year 2024 and \$663,000 in fiscal year  
416.8 2025.
- 416.9 (3) \$1,940,000 in fiscal year 2023 is for  
416.10 voluntary developmental and social-emotional  
416.11 screening and follow-up under Minnesota  
416.12 Statutes, section 145.987, subdivisions 7 and  
416.13 8, of which \$1,190,000 is for administration  
416.14 and \$750,000 is for grants. The general fund  
416.15 base for this appropriation is \$1,764,000 in  
416.16 fiscal year 2024, of which \$1,014,000 is for  
416.17 administration and \$750,000 is for grants, and  
416.18 \$1,764,000 in fiscal year 2025, of which  
416.19 \$1,014,000 is for administration and \$750,000  
416.20 is for grants.
- 416.21 (4) \$1,910,000 in fiscal year 2023 is for model  
416.22 jail practices for incarcerated parents under  
416.23 Minnesota Statutes, section 145.987,  
416.24 subdivisions 9, 10, and 11, of which \$485,000  
416.25 is for administration and \$1,425,000 is for  
416.26 grants. The general fund base for this  
416.27 appropriation is \$1,890,000 in fiscal year  
416.28 2024, of which \$465,000 is for administration  
416.29 and \$1,425,000 is for grants, and \$1,835,000  
416.30 in fiscal year 2025, of which \$410,000 is for  
416.31 administration and \$1,425,000 is for grants.
- 416.32 (h) **Home Visiting.** \$62,386,000 in fiscal year  
416.33 2023 is from the general fund for universal,  
416.34 voluntary home visiting services under  
416.35 Minnesota Statutes, section 145.871. Of this



417.1 appropriation, ten percent is for administration  
417.2 and 90 percent is for implementation grants  
417.3 of home visiting services to families. The  
417.4 general fund base for this appropriation is  
417.5 \$63,386,000 in fiscal year 2024 and  
417.6 \$63,386,000 in fiscal year 2025.

417.7 (i) **Long COVID.** \$2,669,000 in fiscal year  
417.8 2023 is from the general fund for a public  
417.9 health approach to supporting long COVID  
417.10 survivors under Minnesota Statutes, section  
417.11 145.361. Of this appropriation, \$2,119,000 is  
417.12 for administration and \$550,000 is for grants.  
417.13 The base for this appropriation is \$3,706,000  
417.14 in fiscal year 2024 and \$3,706,000 in fiscal  
417.15 year 2025, of which \$3,156,000 is for  
417.16 administration and \$550,000 is for grants in  
417.17 each fiscal year.

417.18 (j) **Medical Education Research Cost**  
417.19 (MERC). Of the amount previously  
417.20 appropriated in the general fund by Laws  
417.21 2015, chapter 71, article 3, section 2, for the  
417.22 MERC program, \$150,000 in fiscal year 2023  
417.23 and each year thereafter is for the  
417.24 administration of grants under Minnesota  
417.25 Statutes, section 62J.692.

417.26 (k) **No Surprises Act Enforcement.** \$964,000  
417.27 in fiscal year 2023 is from the general fund  
417.28 for implementation of the federal No Surprises  
417.29 Act portion of the Consolidated  
417.30 Appropriations Act, 2021, under Minnesota  
417.31 Statutes, section 62Q.021, subdivision 3. The  
417.32 general fund base for this appropriation is  
417.33 \$763,000 in fiscal year 2024 and \$757,000 in  
417.34 fiscal year 2025.

- 418.1 **(l) Public Health System Transformation.**  
418.2 \$23,531,000 in fiscal year 2023 is from the  
418.3 general fund for public health system  
418.4 transformation. Of this appropriation:  
418.5 (1) \$20,000,000 is for grants to community  
418.6 health boards under Minnesota Statutes,  
418.7 section 145A.131, subdivision 1, paragraph  
418.8 (f).  
418.9 (2) \$1,000,000 is for grants to Tribal  
418.10 governments under Minnesota Statutes, section  
418.11 145A.14, subdivision 2b.  
418.12 (3) \$1,000,000 is for a public health  
418.13 AmeriCorps program grant under Minnesota  
418.14 Statutes, section 145.9292.  
418.15 (4) \$1,531,000 is for the commissioner to  
418.16 oversee and administer activities under this  
418.17 paragraph.  
418.18 **(m) Revitalize Health Care Workforce.**  
418.19 \$21,575,000 in fiscal year 2023 is from the  
418.20 health care access fund to address challenges  
418.21 of Minnesota's health care workforce. Of this  
418.22 appropriation:  
418.23 (1) \$2,073,000 in fiscal year 2023 is for the  
418.24 health professionals clinical training expansion  
418.25 and rural and underserved clinical rotations  
418.26 grant programs under Minnesota Statutes,  
418.27 section 144.1505, of which \$423,000 is for  
418.28 administration and \$1,650,000 is for grants.  
418.29 Grant appropriations are available until  
418.30 expended under Minnesota Statutes, section  
418.31 144.1505, subdivision 2.  
418.32 (2) \$4,507,000 in fiscal year 2023 is for the  
418.33 primary care rural residency training grant  
418.34 program under Minnesota Statutes, section

419.1 144.1507, of which \$207,000 is for  
419.2 administration and \$4,300,000 is for grants.  
419.3 Grant appropriations are available until  
419.4 expended under Minnesota Statutes, section  
419.5 144.1507, subdivision 2.

419.6 (3) \$430,000 in fiscal year 2023 is for the  
419.7 international medical graduates assistance  
419.8 program under Minnesota Statutes, section  
419.9 144.1911, for international immigrant medical  
419.10 graduates to fill a gap in their preparedness  
419.11 for medical residencies or transition to a new  
419.12 career making use of their medical degrees.  
419.13 Of this appropriation, \$55,000 is for  
419.14 administration and \$375,000 is for grants.

419.15 (4) \$12,565,000 in fiscal year 2023 is for a  
419.16 grant program to health care systems,  
419.17 hospitals, clinics, and other providers to ensure  
419.18 the availability of clinical training for students,  
419.19 residents, and graduate students to meet health  
419.20 professions educational requirements under  
419.21 Minnesota Statutes, section 144.1511, of  
419.22 which \$565,000 is for administration and  
419.23 \$12,000,000 is for grants.

419.24 (5) \$2,000,000 in fiscal year 2023 is for the  
419.25 mental health cultural community continuing  
419.26 education grant program, of which \$460,000  
419.27 is for administration and \$1,540,000 is for  
419.28 grants.

419.29 (n) **School Health.** \$837,000 in fiscal year  
419.30 2023 is from the general fund for the School  
419.31 Health Initiative under Minnesota Statutes,  
419.32 section 145.988. The general fund base for  
419.33 this appropriation is \$3,462,000 in fiscal year  
419.34 2024, of which \$1,212,000 is for  
419.35 administration and \$2,250,000 is for grants

420.1 and \$3,287,000 in fiscal year 2025, of which  
420.2 \$1,037,000 is for administration and  
420.3 \$2,250,000 is for grants.

420.4 (o) **Trauma System.** \$61,000 in fiscal year  
420.5 2023 is from the general fund to administer  
420.6 the trauma care system throughout the state  
420.7 under Minnesota Statutes, sections 144.602,  
420.8 144.603, 144.604, 144.606, and 144.608.  
420.9 \$430,000 in fiscal year 2023 is from the state  
420.10 government special revenue fund for trauma  
420.11 designations according to Minnesota Statutes,  
420.12 sections 144.122, paragraph (g), 144.605, and  
420.13 144.6071.

420.14 (p) **Mental Health Providers; Loan**  
420.15 **Forgiveness, Grants, Information**  
420.16 **Clearinghouse.** \$4,275,000 in fiscal year 2023  
420.17 is from the general fund for activities to  
420.18 increase the number of mental health  
420.19 professionals in the state. Of this  
420.20 appropriation:

420.21 (1) \$1,000,000 is for loan forgiveness under  
420.22 the health professional education loan  
420.23 forgiveness program under Minnesota Statutes,  
420.24 section 144.1501, notwithstanding the  
420.25 priorities and distribution requirements in that  
420.26 section, for eligible mental health  
420.27 professionals who provide clinical supervision  
420.28 in their designated field;

420.29 (2) \$3,000,000 is for the mental health  
420.30 provider supervision grant program under  
420.31 Minnesota Statutes, section 144.1508;

420.32 (3) \$250,000 is for the mental health  
420.33 professional scholarship grant program under  
420.34 Minnesota Statutes, section 144.1509; and

421.1 (4) \$25,000 is for the commissioner to  
421.2 establish and maintain a website to serve as  
421.3 an information clearinghouse for mental health  
421.4 professionals and individuals seeking to  
421.5 qualify as a mental health professional. The  
421.6 website must contain information on the  
421.7 various master's level programs to become a  
421.8 mental health professional, requirements for  
421.9 supervision, where to find supervision, how  
421.10 to access tools to study for the applicable  
421.11 licensing examination, links to loan  
421.12 forgiveness programs and tuition  
421.13 reimbursement programs, and other topics of  
421.14 use to individuals seeking to become a mental  
421.15 health professional. This is a onetime  
421.16 appropriation.

421.17 **(q) Palliative Care Advisory Council.**  
421.18 **\$44,000 in fiscal year 2023 is from the general**  
421.19 **fund for the Palliative Care Advisory Council**  
421.20 **under Minnesota Statutes, section 144.059.**

421.21 **(r) Emmett Louis Till Victims Recovery**  
421.22 **Program. \$500,000 in fiscal year 2023 is from**  
421.23 **the general fund for the Emmett Louis Till**  
421.24 **Victims Recovery Program. This is a onetime**  
421.25 **appropriation and is available until June 30,**  
421.26 **2024.**

421.27 **(s) Changes to Birth Certificates. \$75,000**  
421.28 **in fiscal year 2023 is from the state**  
421.29 **government special revenue fund for**  
421.30 **implementation of Minnesota Statutes, section**  
421.31 **144.2182. The state government special**  
421.32 **revenue fund base for this appropriation is**  
421.33 **\$7,000 in fiscal year 2024 and \$7,000 in fiscal**  
421.34 **year 2025.**

422.1 (t) **Study; POLST Forms.** \$292,000 in fiscal  
422.2 year 2023 is from the general fund for the  
422.3 commissioner to study the creation of a  
422.4 statewide registry of provider orders for  
422.5 life-sustaining treatment and issue a report and  
422.6 recommendations.

422.7 (u) **Benefit and Cost Analysis of Universal**  
422.8 **Health Reform Proposal.** \$461,000 in fiscal  
422.9 year 2023 is from the general fund for an  
422.10 analysis of the benefits and costs of a universal  
422.11 health care financing system and a similar  
422.12 analysis of the current health care financing  
422.13 system. Of this appropriation, \$250,000 is for  
422.14 a contract with the University of Minnesota  
422.15 School of Public Health and the Carlson  
422.16 School of Management. The general fund base  
422.17 for this appropriation is \$288,000 in fiscal year  
422.18 2024, of which \$250,000 is for a contract with  
422.19 the University of Minnesota School of Public  
422.20 Health and the Carlson School of  
422.21 Management, and \$0 in fiscal year 2025.

422.22 (v) **Technical Assistance; Health Care**  
422.23 **Trends and Costs.** \$5,000,000 in fiscal year  
422.24 2023 is from the general fund for technical  
422.25 assistance to the Health Care Affordability  
422.26 Board in analyzing health care trends and costs  
422.27 and setting health care spending growth  
422.28 targets.

422.29 (w) **Sexual Exploitation and Trafficking**  
422.30 **Study.** \$300,000 in fiscal year 2023 is to fund  
422.31 a prevalence study on youth and adult victim  
422.32 survivors of sexual exploitation and  
422.33 trafficking. This is a onetime appropriation  
422.34 and is available until June 30, 2024.

- 423.1 **(x) Local and Tribal Public Health**
- 423.2 **Emergency Preparedness and Response.**
- 423.3 \$9,000,000 in fiscal year 2023 is from the
- 423.4 general fund for distribution to local and Tribal
- 423.5 public health organizations for emergency
- 423.6 preparedness and response capabilities. At
- 423.7 least 90 percent of this appropriation must be
- 423.8 distributed to local and Tribal public health
- 423.9 organizations, and up to ten percent of this
- 423.10 appropriation may be used by the
- 423.11 commissioner for administrative costs. Use of
- 423.12 this appropriation must align with the Centers
- 423.13 for Disease Control and Prevention's issued
- 423.14 report: Public Health Emergency Preparedness
- 423.15 and Response Capabilities: National Standards
- 423.16 for State, Local, Tribal, and Territorial Public
- 423.17 Health.
- 423.18 **(y) Grants to Local Public Health**
- 423.19 **Departments.** \$16,172,000 in fiscal year 2023
- 423.20 is from the general fund for grants to local
- 423.21 public health departments for public health
- 423.22 response related to defining elevated blood
- 423.23 lead level as 3.5 micrograms of lead or greater
- 423.24 per deciliter of whole blood. Of this amount,
- 423.25 \$172,000 is available to the commissioner for
- 423.26 administrative costs. This appropriation is
- 423.27 available until June 30, 2025. The general fund
- 423.28 base for this appropriation is \$5,000,000 in
- 423.29 fiscal year 2024 and \$5,000,000 in fiscal year
- 423.30 2025.
- 423.31 **(z) Loan Forgiveness for Nursing**
- 423.32 **Instructors.** Notwithstanding the priorities
- 423.33 and distribution requirements in Minnesota
- 423.34 Statutes, section 144.1501, \$50,000 in fiscal
- 423.35 year 2023 is from the general fund for loan

- 424.1 forgiveness under the health professional  
424.2 education loan forgiveness program under  
424.3 Minnesota Statutes, section 144.1501, for  
424.4 eligible nurses who agree to teach.
- 424.5 **(aa) Mental Health of Health Care Workers.**  
424.6 \$1,000,000 in fiscal year 2023 is from the  
424.7 general fund for competitive grants to  
424.8 hospitals, community health centers, rural  
424.9 health clinics, and medical professional  
424.10 associations to establish or enhance  
424.11 evidence-based or evidence-informed  
424.12 programs dedicated to improving the mental  
424.13 health of health care professionals.
- 424.14 **(bb) Prevention of Violence in Health Care.**  
424.15 \$50,000 in fiscal year 2023 is from the general  
424.16 fund to continue the prevention of violence in  
424.17 health care programs and to create violence  
424.18 prevention resources for hospitals and other  
424.19 health care providers to use to train their staff  
424.20 on violence prevention.
- 424.21 **(cc) Hospital Nursing Loan Forgiveness.**  
424.22 \$5,000,000 in fiscal year 2023 is from the  
424.23 general fund for the hospital nursing loan  
424.24 forgiveness program under Minnesota Statutes,  
424.25 section 144.1501.
- 424.26 **(dd) Program to Distribute COVID-19**  
424.27 **Tests, Masks, and Respirators.** \$15,000,000  
424.28 in fiscal year 2023 is from the general fund  
424.29 for a program to distribute COVID-19 tests,  
424.30 masks, and respirators to individuals in the  
424.31 state. This is a onetime appropriation.
- 424.32 **(ee) Safe Harbor Grants.** \$1,000,000 in fiscal  
424.33 year 2023 is for grants to fund supportive  
424.34 services, including but not limited to legal



425.1 services, mental health therapy, substance use  
 425.2 disorder counseling, and case management for  
 425.3 sexually exploited youth or youth at risk of  
 425.4 sexual exploitation under Minnesota Statutes,  
 425.5 section 145.4716.

425.6 **(ff) Safe Harbor Regional Navigators.**  
 425.7 \$700,000 in fiscal year 2023 is for safe harbor  
 425.8 regional navigators under Minnesota Statutes,  
 425.9 section 145.4717.

425.10 **(gg) Base Level Adjustments.** The general  
 425.11 fund base is increased \$195,645,000 in fiscal  
 425.12 year 2024 and \$195,063,000 in fiscal year  
 425.13 2025. The health care access fund base is  
 425.14 increased \$21,575,000 in fiscal year 2024 and  
 425.15 \$21,575,000 in fiscal year 2025. The state  
 425.16 government special revenue fund base is  
 425.17 increased \$437,000 in fiscal year 2024 and  
 425.18 \$437,000 in fiscal year 2025.

425.19 **Subd. 3. Health Protection**

425.20	<u>Appropriations by Fund</u>		
425.21	<u>General</u>	<u>-0-</u>	<u>36,131,000</u>
425.22	<u>State Government</u>		
425.23	<u>Special Revenue</u>	<u>-0-</u>	<u>5,535,000</u>

425.24 **(a) Climate Resiliency.** \$1,977,000 in fiscal  
 425.25 year 2023 is from the general fund for climate  
 425.26 resiliency actions under Minnesota Statutes,  
 425.27 section 144.9981. Of this appropriation,  
 425.28 \$977,000 is for administration and \$1,000,000  
 425.29 is for grants. The general fund base for this  
 425.30 appropriation is \$988,000 in fiscal year 2024,  
 425.31 of which \$888,000 is for administration and  
 425.32 \$100,000 is for grants, and \$989,000 in fiscal  
 425.33 year 2025, of which \$889,000 is for  
 425.34 administration and \$100,000 is for grants.

- 426.1 **(b) Lead Remediation in Schools and Child**  
426.2 **Care Settings.** \$2,054,000 in fiscal year 2023  
426.3 is from the general fund for a lead in drinking  
426.4 water remediation in schools and child care  
426.5 settings grant program under Minnesota  
426.6 Statutes, section 145.9272. Of this  
426.7 appropriation, \$454,000 is for administration  
426.8 and \$1,600,000 is for grants. The general fund  
426.9 base for this appropriation is \$1,540,000 in  
426.10 fiscal year 2024, of which \$370,000 is for  
426.11 administration and \$1,170,000 is for grants,  
426.12 and \$1,541,000 in fiscal year 2025, of which  
426.13 \$371,000 is for administration and \$1,170,000  
426.14 is for grants.
- 426.15 **(c) Lead Service Line Inventory.** \$4,029,000  
426.16 in fiscal year 2023 is from the general fund  
426.17 for grants to public water suppliers to complete  
426.18 a lead service line inventory of their  
426.19 distribution systems under Minnesota Statutes,  
426.20 section 144.383, clause (6). Of this  
426.21 appropriation, \$279,000 is for administration  
426.22 and \$3,750,000 is for grants. The general fund  
426.23 base for this appropriation is \$4,029,000 in  
426.24 fiscal year 2024, of which \$279,000 is for  
426.25 administration and \$3,750,000 is for grants,  
426.26 and \$140,000 in fiscal year 2025, which is for  
426.27 administration.
- 426.28 **(d) Lead Service Line Replacement.**  
426.29 \$5,000,000 in fiscal year 2023 is from the  
426.30 general fund for administrative costs related  
426.31 to the replacement of lead service lines in the  
426.32 state.
- 426.33 **(e) Mercury in Skin-Lightening Products**  
426.34 **Grants.** \$100,000 in fiscal year 2023 is from  
426.35 the general fund for a skin-lightening products

427.1 public awareness and education grant program  
427.2 under Minnesota Statutes, section 145.9275.

427.3 **(f) HIV Prevention for People Experiencing**  
427.4 **Homelessness. \$1,129,000 in fiscal year 2023**  
427.5 is from the general fund for expanding access  
427.6 to harm reduction services and improving  
427.7 linkages to care to prevent HIV/AIDS,  
427.8 hepatitis, and other infectious diseases for  
427.9 those experiencing homelessness or housing  
427.10 instability under Minnesota Statutes, section  
427.11 145.924, paragraph (d). Of this appropriation,  
427.12 \$169,000 is for administration and \$960,000  
427.13 is for grants.

427.14 **(g) Safety Improvements for State-Licensed**  
427.15 **Long-Term Care Facilities. \$5,500,000 in**  
427.16 fiscal year 2023 is from the general fund for  
427.17 a temporary grant program for safety  
427.18 improvements for state-licensed long-term  
427.19 care facilities. Of this appropriation, \$500,000  
427.20 is for administration and \$5,000,000 is for  
427.21 grants. The general fund base for this  
427.22 appropriation is \$8,200,000 in fiscal year 2024  
427.23 and \$0 in fiscal year 2025. Of this  
427.24 appropriation in fiscal year 2024, \$700,000 is  
427.25 for administration and \$7,500,000 is for  
427.26 grants. This appropriation is available until  
427.27 June 30, 2025.

427.28 **(h) Mortuary Science. \$219,000 in fiscal year**  
427.29 2023 is from the state government special  
427.30 revenue fund for regulation of transfer care  
427.31 specialists under Minnesota Statutes, chapter  
427.32 149A, and for additional reporting  
427.33 requirements under Minnesota Statutes,  
427.34 section 149A.94. The state government special  
427.35 revenue fund base for this appropriation is

428.1 \$132,000 in fiscal year 2024 and \$61,000 in  
 428.2 fiscal year 2025.

428.3 **(i) Drinking Water Lead Testing and**  
 428.4 **Remediation; Day Care Facilities.**  
 428.5 \$1,000,000 in fiscal year 2023 is from the  
 428.6 general fund for statewide testing of day care  
 428.7 facilities for the presence of lead in drinking  
 428.8 water and for remediation of contamination  
 428.9 where found.

428.10 **(j) Public Health Response Contingency**  
 428.11 **Account.** \$20,000,000 in fiscal year 2023 is  
 428.12 from the general fund for transfer to the public  
 428.13 health response contingency account under  
 428.14 Minnesota Statutes, section 144.4199.

428.15 **(k) Base Level Adjustments.** The general  
 428.16 fund base is increased \$17,269,000 in fiscal  
 428.17 year 2024 and \$5,065,000 in fiscal year 2025.  
 428.18 The state government special revenue fund  
 428.19 base is increased \$5,242,000 in fiscal year  
 428.20 2024 and \$5,171,000 in fiscal year 2025.

428.21 **Sec. 4. HEALTH-RELATED BOARDS**

428.22	<b><u>Subdivision 1. Total Appropriation</u></b>	<b><u>\$</u></b>	<b><u>-0-</u></b>	<b><u>\$</u></b>	<b><u>203,000</u></b>
--------	--	------------------	-------------------	------------------	-----------------------

428.23	<b><u>Appropriations by Fund</u></b>
--------	--------------------------------------

428.24	<b><u>General Fund</u></b>	<b><u>-0-</u></b>	<b><u>175,000</u></b>
--------	----------------------------	-------------------	-----------------------

428.25	<b><u>State Government</u></b>
--------	--------------------------------

428.26	<b><u>Special Revenue</u></b>	<b><u>-0-</u></b>	<b><u>28,000</u></b>
--------	-------------------------------	-------------------	----------------------

428.27 This appropriation is from the state  
 428.28 government special revenue fund unless  
 428.29 specified otherwise. The amounts that may be  
 428.30 spent for each purpose are specified in the  
 428.31 following subdivisions.

428.32	<b><u>Subd. 2. Board of Dentistry</u></b>	<b><u>-0-</u></b>	<b><u>3,000</u></b>
--------	---	-------------------	---------------------

428.33	<b><u>Subd. 3. Board of Dietetics and Nutrition</u></b>		
428.34	<b><u>Practice</u></b>	<b><u>-0-</u></b>	<b><u>25,000</u></b>

429.1	<b><u>Subd. 4. Board of Pharmacy</u></b>		<u>-0-</u>	<u>175,000</u>
429.2	<u>This appropriation is from the general fund.</u>			
429.3	<b><u>Medication repository program. \$175,000</u></b>			
429.4	<u>in fiscal year 2023 is from the general fund</u>			
429.5	<u>for transfer by the Board of Pharmacy to the</u>			
429.6	<u>central repository to be used to administer the</u>			
429.7	<u>medication repository program according to</u>			
429.8	<u>the contract between the central repository and</u>			
429.9	<u>the Board of Pharmacy.</u>			
429.10	Sec. 5. <b><u>COUNCIL ON DISABILITY</u></b>	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>375,000</u>
429.11	Sec. 6. <b><u>EMERGENCY MEDICAL SERVICES</u></b>			
429.12	<b><u>REGULATORY BOARD</u></b>	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>200,000</u>
429.13	<u>This is a onetime appropriation.</u>			
429.14	Sec. 7. <b><u>BOARD OF DIRECTORS OF MNSURE</u></b>	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>7,775,000</u>
429.15	<u>This appropriation may be transferred to the</u>			
429.16	<u>MNsure account established in Minnesota</u>			
429.17	<u>Statutes, section 62V.07.</u>			
429.18	<b><u>Base Adjustment.</u></b> <u>The general fund base for</u>			
429.19	<u>this appropriation is \$10,982,000 in fiscal year</u>			
429.20	<u>2024, \$6,450,000 in fiscal year 2025, and \$0</u>			
429.21	<u>in fiscal year 2026.</u>			
429.22	Sec. 8. <b><u>HEALTH CARE AFFORDABILITY</u></b>			
429.23	<b><u>BOARD.</u></b>	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>1,070,000</u>
429.24	<b><u>(a) Health Care Affordability Board.</u></b>			
429.25	<u>\$1,070,000 in fiscal year 2023 is from the</u>			
429.26	<u>general fund for the Health Care Affordability</u>			
429.27	<u>Board to implement Minnesota Statutes,</u>			
429.28	<u>sections 62J.86 to 62J.72.</u>			
429.29	<b><u>(b) Base Level Adjustment.</u></b> <u>The general fund</u>			
429.30	<u>base is increased \$347,000 in fiscal year 2024</u>			
429.31	<u>and \$415,000 in fiscal year 2025.</u>			
429.32	Sec. 9. <b><u>COMMISSIONER OF COMMERCE</u></b>	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>251,000</u>

430.1 **(a) Prescription Drug Affordability Board.**  
 430.2 \$197,000 in fiscal year 2023 is from the  
 430.3 general fund for the commissioner of  
 430.4 commerce to establish the Prescription Drug  
 430.5 Affordability Board under Minnesota Statutes,  
 430.6 section 62J.87, and for the Prescription Drug  
 430.7 Affordability Board to implement the  
 430.8 Prescription Drug Affordability Act.  
 430.9 Following the first meeting of the board and  
 430.10 prior to June 30, 2023, the commissioner of  
 430.11 commerce shall transfer any funds remaining  
 430.12 from this appropriation to the board. The  
 430.13 general fund base for this appropriation is  
 430.14 \$357,000 in fiscal year 2024 and \$357,000 in  
 430.15 fiscal year 2025.

430.16 **(b) Ectodermal Dysplasias.** \$54,000 in fiscal  
 430.17 year 2023 is from the general fund for costs  
 430.18 related to insurance coverage of ectodermal  
 430.19 dysplasias. The general fund base for this  
 430.20 appropriation is \$58,000 in fiscal year 2024  
 430.21 and \$62,000 in fiscal year 2025.

430.22	<b><u>Sec. 10. COMMISSIONER OF LABOR AND</u></b>			
430.23	<b><u>INDUSTRY</u></b>	<b><u>\$</u></b>	<b><u>-0-</u></b>	<b><u>\$ 641,000</u></b>

430.24 **Nursing Home Workforce Standards**  
 430.25 **Board.** \$641,000 in fiscal year 2023 is for  
 430.26 establishment and operation of the Nursing  
 430.27 Home Workforce Standards Board in  
 430.28 Minnesota Statutes, sections 181.211 to  
 430.29 181.217. The general fund base for this  
 430.30 appropriation is \$322,000 in fiscal year 2024  
 430.31 and \$368,000 in fiscal year 2025.

430.32	<b><u>Sec. 11. ATTORNEY GENERAL</u></b>	<b><u>\$</u></b>	<b><u>-0-</u></b>	<b><u>\$ 456,000</u></b>
--------	---	------------------	-------------------	--------------------------

430.33 **(a) Expert Witnesses.** \$200,000 in fiscal year  
 430.34 2023 is for expert witnesses and investigations

431.1 under Minnesota Statutes, section 62J.844.

431.2 This is a onetime appropriation.

431.3 **(b) Prescription Drug Enforcement.**

431.4 \$256,000 in fiscal year 2023 is for prescription

431.5 drug enforcement. This is a onetime

431.6 appropriation.

431.7 Sec. 12. Laws 2021, First Special Session chapter 2, article 1, section 4, subdivision 2, is  
 431.8 amended to read:

431.9 Subd. 2. <b>Operations and Maintenance</b>	621,968,000	621,968,000
--	-------------	-------------

431.10 (a) \$15,000,000 in fiscal year 2022 and  
 431.11 \$15,000,000 in fiscal year 2023 are to: (1)  
 431.12 increase the medical school's research  
 431.13 capacity; (2) improve the medical school's  
 431.14 ranking in National Institutes of Health  
 431.15 funding; (3) ensure the medical school's  
 431.16 national prominence by attracting and  
 431.17 retaining world-class faculty, staff, and  
 431.18 students; (4) invest in physician training  
 431.19 programs in rural and underserved  
 431.20 communities; and (5) translate the medical  
 431.21 school's research discoveries into new  
 431.22 treatments and cures to improve the health of  
 431.23 Minnesotans.

431.24 (b) \$7,800,000 in fiscal year 2022 and  
 431.25 \$7,800,000 in fiscal year 2023 are for health  
 431.26 training restoration. This appropriation must  
 431.27 be used to support all of the following: (1)  
 431.28 faculty physicians who teach at eight residency  
 431.29 program sites, including medical resident and  
 431.30 student training programs in the Department  
 431.31 of Family Medicine; (2) the Mobile Dental  
 431.32 Clinic; and (3) expansion of geriatric  
 431.33 education and family programs.

432.1 (c) \$4,000,000 in fiscal year 2022 and  
 432.2 \$4,000,000 in fiscal year 2023 are for the  
 432.3 Minnesota Discovery, Research, and  
 432.4 InnoVation Economy funding program for  
 432.5 cancer care research.

432.6 (d) \$500,000 in fiscal year 2022 and \$500,000  
 432.7 in fiscal year 2023 are for the University of  
 432.8 Minnesota, Morris branch, to cover the costs  
 432.9 of tuition waivers under Minnesota Statutes,  
 432.10 section 137.16.

432.11 (e) \$150,000 in fiscal year 2022 and \$150,000  
 432.12 in fiscal year 2023 are for the Chloe Barnes  
 432.13 Advisory Council on Rare Diseases under  
 432.14 Minnesota Statutes, section 137.68. The fiscal  
 432.15 year 2023 appropriation shall be transferred  
 432.16 to the Council on Disability. The base for this  
 432.17 appropriation is \$0 in fiscal year 2024 and  
 432.18 later.

432.19 (f) The total operations and maintenance base  
 432.20 for fiscal year 2024 and later is \$620,818,000.

432.21 Sec. 13. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,  
 432.22 is amended to read:

432.23 Subd. 29. <b>Grant Programs; Disabilities Grants</b>	31,398,000	31,010,000
---	------------	------------

432.24 (a) **Training Stipends for Direct Support**  
 432.25 **Services Providers.** \$1,000,000 in fiscal year  
 432.26 2022 is from the general fund for stipends for  
 432.27 individual providers of direct support services  
 432.28 as defined in Minnesota Statutes, section  
 432.29 256B.0711, subdivision 1. These stipends are  
 432.30 available to individual providers who have  
 432.31 completed designated voluntary trainings  
 432.32 made available through the State-Provider  
 432.33 Cooperation Committee formed by the State  
 432.34 of Minnesota and the Service Employees



433.1 International Union Healthcare Minnesota.  
433.2 Any unspent appropriation in fiscal year 2022  
433.3 is available in fiscal year 2023. This is a  
433.4 onetime appropriation. This appropriation is  
433.5 available only if the labor agreement between  
433.6 the state of Minnesota and the Service  
433.7 Employees International Union Healthcare  
433.8 Minnesota under Minnesota Statutes, section  
433.9 179A.54, is approved under Minnesota  
433.10 Statutes, section 3.855.

433.11 **(b) Parent-to-Parent Peer Support.** \$125,000  
433.12 in fiscal year 2022 and \$125,000 in fiscal year  
433.13 2023 are from the general fund for a grant to  
433.14 an alliance member of Parent to Parent USA  
433.15 to support the alliance member's  
433.16 parent-to-parent peer support program for  
433.17 families of children with a disability or special  
433.18 health care need.

433.19 **(c) Self-Advocacy Grants.** (1) \$143,000 in  
433.20 fiscal year 2022 and \$143,000 in fiscal year  
433.21 2023 are from the general fund for a grant  
433.22 under Minnesota Statutes, section 256.477,  
433.23 subdivision 1.

433.24 (2) \$105,000 in fiscal year 2022 and \$105,000  
433.25 in fiscal year 2023 are from the general fund  
433.26 for subgrants under Minnesota Statutes,  
433.27 section 256.477, subdivision 2.

433.28 **(d) Minnesota Inclusion Initiative Grants.**  
433.29 \$150,000 in fiscal year 2022 and \$150,000 in  
433.30 fiscal year 2023 are from the general fund for  
433.31 grants under Minnesota Statutes, section  
433.32 256.4772.

433.33 **(e) Grants to Expand Access to Child Care**  
433.34 **for Children with Disabilities.** \$250,000 in

434.1 fiscal year 2022 and \$250,000 in fiscal year  
 434.2 2023 are from the general fund for grants to  
 434.3 expand access to child care for children with  
 434.4 disabilities. Any unspent amount in fiscal year  
 434.5 2022 is available through June 30, 2023. This  
 434.6 is a onetime appropriation.

434.7 **(f) Parenting with a Disability Pilot Project.**  
 434.8 The general fund base includes \$1,000,000 in  
 434.9 fiscal year 2024 and \$0 in fiscal year 2025 to  
 434.10 implement the parenting with a disability pilot  
 434.11 project.

434.12 **(g) Base Level Adjustment.** The general fund  
 434.13 base is \$29,260,000 in fiscal year 2024 and  
 434.14 \$22,260,000 in fiscal year 2025.

434.15 Sec. 14. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,  
 434.16 is amended to read:

434.17 Subd. 31. **Grant Programs; Adult Mental Health**  
 434.18 **Grants**

434.19	Appropriations by Fund		
434.20	General	98,772,000	98,703,000
434.21	Opiate Epidemic		
434.22	Response	2,000,000	2,000,000

434.23 **(a) Culturally and Linguistically**  
 434.24 **Appropriate Services Implementation**  
 434.25 **Grants.** \$2,275,000 in fiscal year 2022 and  
 434.26 \$2,206,000 in fiscal year 2023 are from the  
 434.27 general fund for grants to disability services,  
 434.28 mental health, and substance use disorder  
 434.29 treatment providers to implement culturally  
 434.30 and linguistically appropriate services  
 434.31 standards, according to the implementation  
 434.32 and transition plan developed by the  
 434.33 commissioner. Any unspent amount in fiscal  
 434.34 year 2022 is available through June 30, 2023.

435.1 The general fund base for this appropriation  
 435.2 is \$1,655,000 in fiscal year 2024 and \$0 in  
 435.3 fiscal year 2025.

435.4 **(b) Base Level Adjustment.** The general fund  
 435.5 base is \$93,295,000 in fiscal year 2024 and  
 435.6 \$83,324,000 in fiscal year 2025. The opiate  
 435.7 epidemic response fund base is \$2,000,000 in  
 435.8 fiscal year 2024 and \$0 in fiscal year 2025.

435.9 Sec. 15. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,  
 435.10 is amended to read:

435.11 **Subd. 33. Grant Programs; Chemical**  
 435.12 **Dependency Treatment Support Grants**

435.13	Appropriations by Fund		
435.14 General	4,273,000		4,274,000
435.15 Lottery Prize	1,733,000		1,733,000
435.16 Opiate Epidemic			
435.17 Response	500,000		500,000

435.18 **(a) Problem Gambling.** \$225,000 in fiscal  
 435.19 year 2022 and \$225,000 in fiscal year 2023  
 435.20 are from the lottery prize fund for a grant to  
 435.21 the state affiliate recognized by the National  
 435.22 Council on Problem Gambling. The affiliate  
 435.23 must provide services to increase public  
 435.24 awareness of problem gambling, education,  
 435.25 training for individuals and organizations  
 435.26 providing effective treatment services to  
 435.27 problem gamblers and their families, and  
 435.28 research related to problem gambling.

435.29 **(b) Recovery Community Organization**  
 435.30 **Grants.** \$2,000,000 in fiscal year 2022 and  
 435.31 \$2,000,000 in fiscal year 2023 are from the  
 435.32 general fund for grants to recovery community  
 435.33 organizations, as defined in Minnesota  
 435.34 Statutes, section 254B.01, subdivision 8, to  
 435.35 provide for costs and community-based peer

436.1 recovery support services that are not  
436.2 otherwise eligible for reimbursement under  
436.3 Minnesota Statutes, section 254B.05, as part  
436.4 of the continuum of care for substance use  
436.5 disorders. Any unspent amount in fiscal year  
436.6 2022 is available through June 30, 2023. The  
436.7 general fund base for this appropriation is  
436.8 \$2,000,000 in fiscal year 2024 and \$0 in fiscal  
436.9 year 2025

436.10 (c) **Base Level Adjustment.** The general fund  
436.11 base is \$4,636,000 in fiscal year 2024 and  
436.12 \$2,636,000 in fiscal year 2025. The opiate  
436.13 epidemic response fund base is \$500,000 in  
436.14 fiscal year 2024 and \$0 in fiscal year 2025.

436.15 Sec. 16. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to  
436.16 read:

436.17 Sec. 3. **GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

436.18 (a) This act includes \$500,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023  
436.19 for the commissioner of human services to issue competitive grants to home and  
436.20 community-based service providers. Grants must be used to provide technology assistance,  
436.21 including but not limited to Internet services, to older adults and people with disabilities  
436.22 who do not have access to technology resources necessary to use remote service delivery  
436.23 and telehealth. Any unspent amount in fiscal year 2022 is available through June 30, 2023.  
436.24 The general fund base included in this act for this purpose is \$1,500,000 in fiscal year 2024  
436.25 and \$0 in fiscal year 2025.

436.26 (b) All grant activities must be completed by March 31, 2024.

436.27 (c) This section expires June 30, 2024.

437.1 Sec. 17. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to  
437.2 read:

437.3 Sec. 6. **TRANSITION TO COMMUNITY INITIATIVE.**

437.4 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023  
437.5 for additional funding for grants awarded under the transition to community initiative  
437.6 described in Minnesota Statutes, section 256.478. Any unspent amount in fiscal year 2022  
437.7 is available through June 30, 2023. The general fund base in this act for this purpose is  
437.8 \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

437.9 (b) All grant activities must be completed by March 31, 2024.

437.10 (c) This section expires June 30, 2024.

437.11 Sec. 18. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to  
437.12 read:

437.13 Sec. 10. **PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**  
437.14 **COMMUNITIES.**

437.15 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023  
437.16 for the commissioner to establish a grant program for small provider organizations that  
437.17 provide services to rural or underserved communities with limited home and  
437.18 community-based services provider capacity. The grants are available to build organizational  
437.19 capacity to provide home and community-based services in Minnesota and to build new or  
437.20 expanded infrastructure to access medical assistance reimbursement. Any unspent amount  
437.21 in fiscal year 2022 is available through June 30, 2023. The general fund base in this act for  
437.22 this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

437.23 (b) The commissioner shall conduct community engagement, provide technical assistance,  
437.24 and establish a collaborative learning community related to the grants available under this  
437.25 section and work with the commissioner of management and budget and the commissioner  
437.26 of the Department of Administration to mitigate barriers in accessing grant funds. Funding  
437.27 awarded for the community engagement activities described in this paragraph is exempt  
437.28 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities  
437.29 that occur in fiscal year 2022.

437.30 (c) All grant activities must be completed by March 31, 2024.

437.31 (d) This section expires June 30, 2024.

438.1 Sec. 19. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to  
438.2 read:

438.3 Sec. 11. **EXPAND MOBILE CRISIS.**

438.4 (a) This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023  
438.5 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,  
438.6 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unspent amount in fiscal  
438.7 year 2022 is available through June 30, 2023. The general fund base in this act for this  
438.8 purpose is \$4,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

438.9 (b) Beginning April 1, 2024, counties may fund and continue conducting activities  
438.10 funded under this section.

438.11 (c) All grant activities must be completed by March 31, 2024.

438.12 (d) This section expires June 30, 2024.

438.13 Sec. 20. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to  
438.14 read:

438.15 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**  
438.16 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

438.17 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023  
438.18 for the commissioner of human services to create children's mental health transition and  
438.19 support teams to facilitate transition back to the community of children from psychiatric  
438.20 residential treatment facilities, and child and adolescent behavioral health hospitals. Any  
438.21 unspent amount in fiscal year 2022 is available through June 30, 2023. The general fund  
438.22 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal  
438.23 year 2025.

438.24 (b) Beginning April 1, 2024, counties may fund and continue conducting activities  
438.25 funded under this section.

438.26 (c) This section expires March 31, 2024.

438.27 Sec. 21. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,  
438.28 is amended to read:

438.29 Subd. 3. **Respite services for older adults grants.** (a) This act includes \$2,000,000 in  
438.30 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services

439.1 to establish a grant program for respite services for older adults. The commissioner must  
439.2 award grants on a competitive basis to respite service providers. Any unspent amount in  
439.3 fiscal year 2022 is available through June 30, 2023. The general fund base included in this  
439.4 act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

439.5 (b) All grant activities must be completed by March 31, 2024.

439.6 (c) This subdivision expires June 30, 2024.

439.7 Sec. 22. **APPROPRIATIONS FOR ADVISORY COUNCIL ON RARE DISEASES.**

439.8 In accordance with Minnesota Statutes, section 15.039, subdivision 6, the unexpended  
439.9 balance of money appropriated from the general fund to the Board of Regents of the  
439.10 University of Minnesota for purposes of the advisory council on rare diseases under  
439.11 Minnesota Statutes, section 137.68, shall be under control of the Minnesota Rare Disease  
439.12 Advisory Council and the Council on Disability.

439.13 Sec. 23. **APPROPRIATION ENACTED MORE THAN ONCE.**

439.14 If an appropriation is enacted more than once in the 2022 legislative session, the  
439.15 appropriation must be given effect only once.

439.16 Sec. 24. **SUNSET OF UNCODIFIED LANGUAGE.**

439.17 All uncodified language contained in this article expires on June 30, 2023, unless a  
439.18 different effective date is explicit.

439.19 Sec. 25. **EFFECTIVE DATE.**

439.20 This article is effective the day following final enactment.

**169A.70 ALCOHOL SAFETY PROGRAMS; CHEMICAL USE ASSESSMENTS.**

Subd. 6. **Method of assessment.** (a) As used in this subdivision, "collateral contact" means an oral or written communication initiated by an assessor for the purpose of gathering information from an individual or agency, other than the offender, to verify or supplement information provided by the offender during an assessment under this section. The term includes contacts with family members and criminal justice agencies.

(b) An assessment conducted under this section must include at least one personal interview with the offender designed to make a determination about the extent of the offender's past and present chemical and alcohol use or abuse. It must also include collateral contacts and a review of relevant records or reports regarding the offender including, but not limited to, police reports, arrest reports, driving records, chemical testing records, and test refusal records. If the offender has a probation officer, the officer must be the subject of a collateral contact under this subdivision. If an assessor is unable to make collateral contacts, the assessor shall specify why collateral contacts were not made.

**245A.03 WHO MUST BE LICENSED.**

Subd. 5. **Excluded housing with services programs; right to seek licensure.** Nothing in this section shall prohibit a housing with services program that is excluded from licensure under subdivision 2, paragraph (a), clause (25), from seeking a license under this chapter. The commissioner shall ensure that any application received from such an excluded provider is processed in the same manner as all other applications for licensed adult foster care.

**245F.15 STAFF QUALIFICATIONS.**

Subd. 2. **Continuing employment; no substance use problems.** License holders must require staff to be free from substance use problems as a condition of continuing employment. Staff are not required to sign statements attesting to their freedom from substance use problems after the initial statement required by subdivision 1. Staff with substance use problems must be immediately removed from any responsibilities that include direct patient contact.

**245G.11 STAFF QUALIFICATIONS.**

Subd. 2. **Employment; prohibition on problematic substance use.** A staff member with direct contact must be free from problematic substance use as a condition of employment, but is not required to sign additional statements. A staff member with direct contact who is not free from problematic substance use must be removed from any responsibilities that include direct contact for the time period specified in subdivision 1. The time period begins to run on the date of the last incident of problematic substance use as described in the facility's policies and procedures according to section 245G.13, subdivision 1, clause (5).

**245G.22 OPIOID TREATMENT PROGRAMS.**

Subd. 19. **Placing authorities.** A program must provide certain notification and client-specific updates to placing authorities for a client who is enrolled in Minnesota health care programs. At the request of the placing authority, the program must provide client-specific updates, including but not limited to informing the placing authority of positive drug testings and changes in medications used for the treatment of opioid use disorder ordered for the client.

**246.0136 ESTABLISHING ENTERPRISE ACTIVITIES IN STATE-OPERATED SERVICES.**

Subdivision 1. **Planning for enterprise activities.** The commissioner of human services is directed to study and make recommendations to the legislature on establishing enterprise activities within state-operated services. Before implementing an enterprise activity, the commissioner must obtain statutory authorization for its implementation, except that the commissioner has authority to implement enterprise activities for adult mental health, adolescent services, and to establish a public group practice without statutory authorization. Enterprise activities are defined as the range of services, which are delivered by state employees, needed by people with disabilities and are fully funded by public or private third-party health insurance or other revenue sources available to clients that provide reimbursement for the services provided. Enterprise activities within state-operated services shall specialize in caring for vulnerable people for whom no other providers are available or for whom state-operated services may be the provider selected by the payer. In subsequent biennia after an enterprise activity is established within a state-operated service, the base state appropriation for that state-operated service shall be reduced proportionate to the size of the enterprise activity.



Subd. 2. **Required components of any proposal; considerations.** In any proposal for an enterprise activity brought to the legislature by the commissioner, the commissioner must demonstrate that there is public or private third-party health insurance or other revenue available to the people served, that the anticipated revenues to be collected will fully fund the services, that there will be sufficient funds for cash flow purposes, and that access to services by vulnerable populations served by state-operated services will not be limited by implementation of an enterprise activity. In studying the feasibility of establishing an enterprise activity, the commissioner must consider:

- (1) creating public or private partnerships to facilitate client access to needed services;
- (2) administrative simplification and efficiencies throughout the state-operated services system;
- (3) converting or disposing of buildings not utilized and surplus lands; and
- (4) exploring the efficiencies and benefits of establishing state-operated services as an independent state agency.

#### **252.025 STATE HOSPITALS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.**

Subd. 7. **Minnesota extended treatment options.** The commissioner shall develop by July 1, 1997, the Minnesota extended treatment options to serve Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety. This program is statewide and must provide specialized residential services in Cambridge and an array of community-based services with sufficient levels of care and a sufficient number of specialists to ensure that individuals referred to the program receive the appropriate care. The individuals working in the community-based services under this section are state employees supervised by the commissioner of human services. No layoffs shall occur as a result of restructuring under this section.

#### **252.035 REGIONAL TREATMENT CENTER CATCHMENT AREAS.**

The commissioner may administratively designate catchment areas for regional treatment centers and state nursing homes. Catchment areas may vary by client group served. Catchment areas in effect on January 1, 1989, may not be modified until the commissioner has consulted with the regional planning committees of the affected regional treatment centers.

#### **254A.02 DEFINITIONS.**

Subd. 8a. **Placing authority.** "Placing authority" means a county, prepaid health plan, or tribal governing board governed by Minnesota Rules, parts 9530.6600 to 9530.6655.

#### **254A.04 CITIZENS ADVISORY COUNCIL.**

There is hereby created an Alcohol and Other Drug Abuse Advisory Council to advise the Department of Human Services concerning the problems of substance misuse and substance use disorder, composed of ten members. Five members shall be individuals whose interests or training are in the field of alcohol-specific substance use disorder and alcohol misuse; and five members whose interests or training are in the field of substance use disorder and misuse of substances other than alcohol. The terms, compensation and removal of members shall be as provided in section 15.059. The council expires June 30, 2018. The commissioner of human services shall appoint members whose terms end in even-numbered years. The commissioner of health shall appoint members whose terms end in odd-numbered years.

#### **254A.16 RESPONSIBILITIES OF THE COMMISSIONER.**

Subd. 6. **Monitoring.** The commissioner shall gather and placing authorities shall provide information to measure compliance with Minnesota Rules, parts 9530.6600 to 9530.6655. The commissioner shall specify the format for data collection to facilitate tracking, aggregating, and using the information.

#### **254A.19 CHEMICAL USE ASSESSMENTS.**

Subd. 1a. **Emergency room patients.** A county may enter into a contract with a hospital to provide chemical use assessments under Minnesota Rules, parts 9530.6600 to 9530.6655, for patients admitted to an emergency room or inpatient hospital when:

- (1) an assessor is not available; and
- (2) detoxification services in the county are at full capacity.

Subd. 2. **Probation officer as contact.** When a chemical use assessment is required under Minnesota Rules, parts 9530.6600 to 9530.6655, for a person who is on probation or under other correctional supervision, the assessor, either orally or in writing, shall contact the person's probation officer to verify or supplement the information provided by the person.

Subd. 5. **Assessment via telehealth.** Notwithstanding Minnesota Rules, part 9530.6615, subpart 3, item A, a chemical use assessment may be conducted via telehealth as defined in section 256B.0625, subdivision 3b.

#### **254B.04 ELIGIBILITY FOR BEHAVIORAL HEALTH FUND SERVICES.**

Subd. 2b. **Eligibility for placement in opioid treatment programs.** Prior to placement of an individual who is determined by the assessor to require treatment for opioid addiction, the assessor must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction. The commissioner shall develop educational materials supported by research and updated periodically that must be used by assessors to comply with this requirement.

Subd. 2c. **Eligibility to receive peer recovery support and treatment service coordination.** Notwithstanding Minnesota Rules, part 9530.6620, subpart 6, a placing authority may authorize peer recovery support and treatment service coordination for a person who scores a severity of one or more in dimension 4, 5, or 6, under Minnesota Rules, part 9530.6622. Authorization for peer recovery support and treatment service coordination under this subdivision does not need to be provided in conjunction with treatment services under Minnesota Rules, part 9530.6622, subpart 4, 5, or 6.

#### **254B.041 CHEMICAL DEPENDENCY RULES.**

Subd. 2. **Vendor collections; rule amendment.** The commissioner may amend Minnesota Rules, parts 9530.7000 to 9530.7025, to require a vendor of chemical dependency transitional and extended care rehabilitation services to collect the cost of care received under a program from an eligible person who has been determined to be partially responsible for treatment costs, and to remit the collections to the commissioner. The commissioner shall pay to a vendor, for the collections, an amount equal to five percent of the collections remitted to the commissioner by the vendor.

#### **254B.14 CONTINUUM OF CARE PILOT PROJECTS; CHEMICAL HEALTH CARE.**

Subdivision 1. **Authorization for continuum of care pilot projects.** The commissioner shall establish chemical dependency continuum of care pilot projects to begin implementing the measures developed with stakeholder input and identified in the report completed pursuant to Laws 2012, chapter 247, article 5, section 8. The pilot projects are intended to improve the effectiveness and efficiency of the service continuum for chemically dependent individuals in Minnesota while reducing duplication of efforts and promoting scientifically supported practices.

Subd. 2. **Program implementation.** (a) The commissioner, in coordination with representatives of the Minnesota Association of County Social Service Administrators and the Minnesota Inter-County Association, shall develop a process for identifying and selecting interested counties and providers for participation in the continuum of care pilot projects. There shall be three pilot projects: one representing the northern region, one for the metro region, and one for the southern region. The selection process of counties and providers must include consideration of population size, geographic distribution, cultural and racial demographics, and provider accessibility. The commissioner shall identify counties and providers that are selected for participation in the continuum of care pilot projects no later than September 30, 2013.

(b) The commissioner and entities participating in the continuum of care pilot projects shall enter into agreements governing the operation of the continuum of care pilot projects. The agreements shall identify pilot project outcomes and include timelines for implementation and beginning operation of the pilot projects.

(c) Entities that are currently participating in the navigator pilot project are eligible to participate in the continuum of care pilot project subsequent to or instead of participating in the navigator pilot project.

(d) The commissioner may waive administrative rule requirements that are incompatible with implementation of the continuum of care pilot projects.

(e) Notwithstanding section 254A.19, the commissioner may designate noncounty entities to complete chemical use assessments and placement authorizations required under section 254A.19

APPENDIX  
Repealed Minnesota Statutes: H4579-1

and Minnesota Rules, parts 9530.6600 to 9530.6655. Section 254A.19, subdivision 3, is applicable to the continuum of care pilot projects at the discretion of the commissioner.

Subd. 3. **Program design.** (a) The operation of the pilot projects shall include:

- (1) new services that are responsive to the chronic nature of substance use disorder;
- (2) telehealth services, when appropriate to address barriers to services;
- (3) services that assure integration with the mental health delivery system when appropriate;
- (4) services that address the needs of diverse populations; and

(5) an assessment and access process that permits clients to present directly to a service provider for a substance use disorder assessment and authorization of services.

(b) Prior to implementation of the continuum of care pilot projects, a utilization review process must be developed and agreed to by the commissioner, participating counties, and providers. The utilization review process shall be described in the agreements governing operation of the continuum of care pilot projects.

Subd. 4. **Notice of project discontinuation.** Each entity's participation in the continuum of care pilot project may be discontinued for any reason by the county or the commissioner after 30 days' written notice to the entity.

Subd. 5. **Duties of commissioner.** (a) Notwithstanding any other provisions in this chapter, the commissioner may authorize the behavioral health fund to pay for nontreatment services arranged by continuum of care pilot projects. Individuals who are currently accessing Rule 31 treatment services are eligible for concurrent participation in the continuum of care pilot projects.

(b) County expenditures for continuum of care pilot project services shall not be greater than their expected share of forecasted expenditures in the absence of the continuum of care pilot projects.

Subd. 6. **Managed care.** An individual who is eligible for the continuum of care pilot project is excluded from mandatory enrollment in managed care unless these services are included in the health plan's benefit set.

**256D.055 COUNTY DESIGN; WORK FOCUS PROGRAM.**

The commissioner of human services shall issue a request for proposals from counties to submit a plan for developing and implementing a county-designed program. The plan shall be for first-time applicants for the Minnesota family investment program and must emphasize the importance of becoming employed and oriented into the work force in order to become self-sufficient. The plan must target public assistance applicants who are most likely to become self-sufficient quickly with short-term assistance or services such as child care, child support enforcement, or employment and training services.

The plan may include vendor payments, mandatory job search, refocusing existing county or provider efforts, or other program features. The commissioner may approve a county plan which allows a county to use other program funding for the county work focus program in a more flexible manner. Nothing in this section shall allow payments made to the public assistance applicant to be less than the amount the applicant would have received if the program had not been implemented, or reduce or eliminate a category of eligible participants from the program without legislative approval.

If the plan is approved by the commissioner, the county may implement the plan.

**256J.08 DEFINITIONS.**

Subd. 10. **Budget month.** "Budget month" means the calendar month which the county agency uses to determine the income or circumstances of an assistance unit to calculate the amount of the assistance payment in the payment month.

Subd. 53. **Lump sum.** "Lump sum" means nonrecurring income as described in section 256P.06, subdivision 3, clause (2), item (ix).

Subd. 61. **Monthly income test.** "Monthly income test" means the test used to determine ongoing eligibility and the assistance payment amount according to section 256J.21.

Subd. 62. **Nonrecurring income.** "Nonrecurring income" means a form of income which is received:

(1) only one time or is not of a continuous nature; or

(2) in a prospective payment month but is no longer received in the corresponding retrospective payment month.

Subd. 81. **Retrospective budgeting.** "Retrospective budgeting" means a method of determining the amount of the assistance payment in which the payment month is the second month after the budget month.

Subd. 83. **Significant change.** "Significant change" means a decline in gross income of the amount of the disregard as defined in section 256P.03 or more from the income used to determine the grant for the current month.

### **256J.30 APPLICANT AND PARTICIPANT REQUIREMENTS AND RESPONSIBILITIES.**

Subd. 5. **Monthly MFIP household reports.** Each assistance unit with a member who has earned income or a recent work history, and each assistance unit that has income deemed to it from a financially responsible person must complete a monthly MFIP household report form. "Recent work history" means the individual received earned income in the report month or any of the previous three calendar months even if the earnings are excluded. To be complete, the MFIP household report form must be signed and dated by the caregivers no earlier than the last day of the reporting period. All questions required to determine assistance payment eligibility must be answered, and documentation of earned income must be included.

Subd. 7. **Due date of MFIP household report form.** An MFIP household report form must be received by the county agency by the eighth calendar day of the month following the reporting period covered by the form. When the eighth calendar day of the month falls on a weekend or holiday, the MFIP household report form must be received by the county agency the first working day that follows the eighth calendar day.

Subd. 8. **Late MFIP household report forms.** (a) Paragraphs (b) to (e) apply to the reporting requirements in subdivision 7.

(b) When the county agency receives an incomplete MFIP household report form, the county agency must immediately contact the caregiver by phone or in writing to acquire the necessary information to complete the form.

(c) The automated eligibility system must send a notice of proposed termination of assistance to the assistance unit if a complete MFIP household report form is not received by a county agency. The automated notice must be mailed to the caregiver by approximately the 16th of the month. When a caregiver submits an incomplete form on or after the date a notice of proposed termination has been sent, the termination is valid unless the caregiver submits a complete form before the end of the month.

(d) An assistance unit required to submit an MFIP household report form is considered to have continued its application for assistance if a complete MFIP household report form is received within a calendar month after the month in which the form was due and assistance shall be paid for the period beginning with the first day of that calendar month.

(e) A county agency must allow good cause exemptions from the reporting requirements under subdivision 5 when any of the following factors cause a caregiver to fail to provide the county agency with a completed MFIP household report form before the end of the month in which the form is due:

(1) an employer delays completion of employment verification;

(2) a county agency does not help a caregiver complete the MFIP household report form when the caregiver asks for help;

(3) a caregiver does not receive an MFIP household report form due to mistake on the part of the department or the county agency or due to a reported change in address;

(4) a caregiver is ill, or physically or mentally incapacitated; or

(5) some other circumstance occurs that a caregiver could not avoid with reasonable care which prevents the caregiver from providing a completed MFIP household report form before the end of the month in which the form is due.

**256J.33 PROSPECTIVE AND RETROSPECTIVE MFIP ELIGIBILITY.**

Subd. 3. **Retrospective eligibility.** After the first two months of MFIP eligibility, a county agency must continue to determine whether an assistance unit is prospectively eligible for the payment month by looking at all factors other than income and then determine whether the assistance unit is retrospectively income eligible by applying the monthly income test to the income from the budget month. When the monthly income test is not satisfied, the assistance payment must be suspended when ineligibility exists for one month or ended when ineligibility exists for more than one month.

Subd. 4. **Monthly income test.** A county agency must apply the monthly income test retrospectively for each month of MFIP eligibility. An assistance unit is not eligible when the countable income equals or exceeds the MFIP standard of need or the family wage level for the assistance unit. The income applied against the monthly income test must include:

(1) gross earned income from employment as described in chapter 256P, prior to mandatory payroll deductions, voluntary payroll deductions, wage authorizations, and after the disregards in section 256J.21, subdivision 4, and the allocations in section 256J.36;

(2) gross earned income from self-employment less deductions for self-employment expenses in section 256J.37, subdivision 5, but prior to any reductions for personal or business state and federal income taxes, personal FICA, personal health and life insurance, and after the disregards in section 256J.21, subdivision 4, and the allocations in section 256J.36;

(3) unearned income as described in section 256P.06, subdivision 3, after deductions for allowable expenses in section 256J.37, subdivision 9, and allocations in section 256J.36;

(4) gross earned income from employment as determined under clause (1) which is received by a member of an assistance unit who is a minor child or minor caregiver and less than a half-time student;

(5) child support received by an assistance unit, excluded under section 256P.06, subdivision 3, clause (2), item (xvi);

(6) spousal support received by an assistance unit;

(7) the income of a parent when that parent is not included in the assistance unit;

(8) the income of an eligible relative and spouse who seek to be included in the assistance unit; and

(9) the unearned income of a minor child included in the assistance unit.

Subd. 5. **When to terminate assistance.** When an assistance unit is ineligible for MFIP assistance for two consecutive months, the county agency must terminate MFIP assistance.

**256J.34 CALCULATING ASSISTANCE PAYMENTS.**

Subdivision 1. **Prospective budgeting.** A county agency must use prospective budgeting to calculate the assistance payment amount for the first two months for an applicant who has not received assistance in this state for at least one payment month preceding the first month of payment under a current application. Notwithstanding subdivision 3, paragraph (a), clause (2), a county agency must use prospective budgeting for the first two months for a person who applies to be added to an assistance unit. Prospective budgeting is not subject to overpayments or underpayments unless fraud is determined under section 256.98.

(a) The county agency must apply the income received or anticipated in the first month of MFIP eligibility against the need of the first month. The county agency must apply the income received or anticipated in the second month against the need of the second month.

(b) When the assistance payment for any part of the first two months is based on anticipated income, the county agency must base the initial assistance payment amount on the information available at the time the initial assistance payment is made.

(c) The county agency must determine the assistance payment amount for the first two months of MFIP eligibility by budgeting both recurring and nonrecurring income for those two months.

Subd. 2. **Retrospective budgeting.** The county agency must use retrospective budgeting to calculate the monthly assistance payment amount after the payment for the first two months has been made under subdivision 1.

APPENDIX  
Repealed Minnesota Statutes: H4579-1

Subd. 3. **Additional uses of retrospective budgeting.** Notwithstanding subdivision 1, the county agency must use retrospective budgeting to calculate the monthly assistance payment amount for the first two months under paragraphs (a) and (b).

(a) The county agency must use retrospective budgeting to determine the amount of the assistance payment in the first two months of MFIP eligibility:

(1) when an assistance unit applies for assistance for the same month for which assistance has been interrupted, the interruption in eligibility is less than one payment month, the assistance payment for the preceding month was issued in this state, and the assistance payment for the immediately preceding month was determined retrospectively; or

(2) when a person applies in order to be added to an assistance unit, that assistance unit has received assistance in this state for at least the two preceding months, and that person has been living with and has been financially responsible for one or more members of that assistance unit for at least the two preceding months.

(b) Except as provided in clauses (1) to (4), the county agency must use retrospective budgeting and apply income received in the budget month by an assistance unit and by a financially responsible household member who is not included in the assistance unit against the MFIP standard of need or family wage level to determine the assistance payment to be issued for the payment month.

(1) When a source of income ends prior to the third payment month, that income is not considered in calculating the assistance payment for that month. When a source of income ends prior to the fourth payment month, that income is not considered when determining the assistance payment for that month.

(2) When a member of an assistance unit or a financially responsible household member leaves the household of the assistance unit, the income of that departed household member is not budgeted retrospectively for any full payment month in which that household member does not live with that household and is not included in the assistance unit.

(3) When an individual is removed from an assistance unit because the individual is no longer a minor child, the income of that individual is not budgeted retrospectively for payment months in which that individual is not a member of the assistance unit, except that income of an ineligible child in the household must continue to be budgeted retrospectively against the child's needs when the parent or parents of that child request allocation of their income against any unmet needs of that ineligible child.

(4) When a person ceases to have financial responsibility for one or more members of an assistance unit, the income of that person is not budgeted retrospectively for the payment months which follow the month in which financial responsibility ends.

Subd. 4. **Significant change in gross income.** The county agency must recalculate the assistance payment when an assistance unit experiences a significant change, as defined in section 256J.08, resulting in a reduction in the gross income received in the payment month from the gross income received in the budget month. The county agency must issue a supplemental assistance payment based on the county agency's best estimate of the assistance unit's income and circumstances for the payment month. Supplemental assistance payments that result from significant changes are limited to two in a 12-month period regardless of the reason for the change. Notwithstanding any other statute or rule of law, supplementary assistance payments shall not be made when the significant change in income is the result of receipt of a lump sum, receipt of an extra paycheck, business fluctuation in self-employment income, or an assistance unit member's participation in a strike or other labor action.

**256J.37 TREATMENT OF INCOME AND LUMP SUMS.**

Subd. 10. **Treatment of lump sums.** (a) The agency must treat lump-sum payments as earned or unearned income. If the lump-sum payment is included in the category of income identified in subdivision 9, it must be treated as unearned income. A lump sum is counted as income in the month received and budgeted either prospectively or retrospectively depending on the budget cycle at the time of receipt. When an individual receives a lump-sum payment, that lump sum must be combined with all other earned and unearned income received in the same budget month, and it must be applied according to paragraphs (a) to (c). A lump sum may not be carried over into subsequent months. Any funds that remain in the third month after the month of receipt are counted in the asset limit.

APPENDIX  
Repealed Minnesota Statutes: H4579-1

(b) For a lump sum received by an applicant during the first two months, prospective budgeting is used to determine the payment and the lump sum must be combined with other earned or unearned income received and budgeted in that prospective month.

(c) For a lump sum received by a participant after the first two months of MFIP eligibility, the lump sum must be combined with other income received in that budget month, and the combined amount must be applied retrospectively against the applicable payment month.

(d) When a lump sum, combined with other income under paragraphs (b) and (c), is less than the MFIP transitional standard for the appropriate payment month, the assistance payment must be reduced according to the amount of the countable income. When the countable income is greater than the MFIP standard or family wage level, the assistance payment must be suspended for the payment month.

**256R.08 REPORTING OF FINANCIAL STATEMENTS.**

Subd. 2. **Extensions.** The commissioner may grant up to a 15-day extension of the reporting deadline to a nursing facility for good cause. To receive such an extension, a nursing facility shall submit a written request by January 1. The commissioner shall notify the nursing facility of the decision by January 15. Between January 1 and February 1, the nursing facility may request a reporting extension for good cause by telephone and followed by a written request.

**256R.49 RATE ADJUSTMENTS FOR COMPENSATION-RELATED COSTS FOR MINIMUM WAGE CHANGES.**

Subdivision 1. **Rate adjustments for compensation-related costs.** (a) Rate increases provided under this section before October 1, 2016, expire effective January 1, 2018, and rate increases provided on or after October 1, 2016, expire effective January 1, 2019.

(b) Nursing facilities that receive approval of the applications in subdivision 2 must receive rate adjustments according to subdivision 4. The rate adjustments must be used to pay compensation costs for nursing facility employees paid less than \$14 per hour.

Subd. 2. **Application process.** To receive a rate adjustment, nursing facilities must submit applications to the commissioner in a form and manner determined by the commissioner. The applications for the rate adjustments shall include specified data, and spending plans that describe how the funds from the rate adjustments will be allocated for compensation to employees paid less than \$14 per hour. The applications must be submitted within three months of the effective date of any operating payment rate adjustment under this section. The commissioner may request any additional information needed to determine the rate adjustment within three weeks of receiving a complete application. The nursing facility must provide any additional information requested by the commissioner within six months of the effective date of any operating payment rate adjustment under this section. The commissioner may waive the deadlines in this section under extraordinary circumstances.

Subd. 3. **Additional application requirements for facilities with employees represented by an exclusive bargaining representative.** For nursing facilities in which employees are represented by an exclusive bargaining representative, the commissioner shall approve the applications submitted under subdivision 2 only upon receipt of a letter or letters of acceptance of the spending plans in regard to members of the bargaining unit, signed by the exclusive bargaining agent and dated after May 31, 2014. Upon receipt of the letter or letters of acceptance, the commissioner shall deem all requirements of this section as having been met in regard to the members of the bargaining unit.

Subd. 4. **Determination of the rate adjustments for compensation-related costs.** Based on the application in subdivision 2, the commissioner shall calculate the allowable annualized compensation costs by adding the totals of clauses (1), (2), and (3). The result must be divided by the standardized or resident days from the most recently available cost report to determine per day amounts, which must be included in the operating portion of the total payment rate and allocated to direct care or other operating as determined by the commissioner:

(1) the sum of the difference between \$9.50 and any hourly wage rate less than \$9.50 for October 1, 2016; and between the indexed value of the minimum wage, as defined in section 177.24, subdivision 1, paragraph (f), and any hourly wage less than that indexed value for rate years beginning on and after October 1, 2017; multiplied by the number of compensated hours at that wage rate;

APPENDIX  
Repealed Minnesota Statutes: H4579-1

(2) using wages and hours in effect during the first three months of calendar year 2014, beginning with the first pay period beginning on or after January 1, 2014; 22.2 percent of the sum of items (i) to (viii) for October 1, 2016;

(i) for all compensated hours from \$8 to \$8.49 per hour, the number of compensated hours is multiplied by \$0.13;

(ii) for all compensated hours from \$8.50 to \$8.99 per hour, the number of compensated hours is multiplied by \$0.25;

(iii) for all compensated hours from \$9 to \$9.49 per hour, the number of compensated hours is multiplied by \$0.38;

(iv) for all compensated hours from \$9.50 to \$10.49 per hour, the number of compensated hours is multiplied by \$0.50;

(v) for all compensated hours from \$10.50 to \$10.99 per hour, the number of compensated hours is multiplied by \$0.40;

(vi) for all compensated hours from \$11 to \$11.49 per hour, the number of compensated hours is multiplied by \$0.30;

(vii) for all compensated hours from \$11.50 to \$11.99 per hour, the number of compensated hours is multiplied by \$0.20; and

(viii) for all compensated hours from \$12 to \$13 per hour, the number of compensated hours is multiplied by \$0.10; and

(3) the sum of the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation, pensions, and contributions to employee retirement accounts attributable to the amounts in clauses (1) and (2).

**256S.19 MONTHLY CASE MIX BUDGET CAPS; NURSING FACILITY RESIDENTS.**

Subd. 4. **Calculation of monthly conversion budget cap with consumer-directed community supports.** For the elderly waiver monthly conversion budget cap for the cost of elderly waiver services with consumer-directed community supports, the nursing facility case mix adjusted total payment rate used under subdivision 3 to calculate the monthly conversion budget cap for elderly waiver services without consumer-directed community supports must be reduced by a percentage equal to the percentage difference between the consumer-directed community supports budget limit that would be assigned according to the elderly waiver plan and the corresponding monthly case mix budget cap under this chapter, but not to exceed 50 percent.



**2960.0460 STAFF QUALIFICATIONS.**

Subp. 2. **Qualifications applying to employees with direct resident contact.** An employee working directly with residents must be at least 21 years of age and must, at the time of hiring, document meeting the qualifications in item A or B.

A. A program director, supervisor, counselor, or any other person who has direct resident contact must be free of chemical use problems for at least the two years immediately preceding hiring and freedom from chemical use problems must be maintained during employment.

B. Overnight staff must be free of chemical use problems for at least one year preceding their hiring and maintain freedom from chemical use problems during their employment.

**9530.6565 STAFF QUALIFICATIONS.**

Subp. 2. **Continuing employment requirement.** License holders must require freedom from chemical use problems as a condition of continuing employment. Staff must remain free of chemical use problems although they are not required to sign statements after the initial statement required by subpart 1, item A. Staff with chemical use problems must be immediately removed from any responsibilities that include direct client contact.

**9530.7000 DEFINITIONS.**

Subpart 1. **Scope.** For the purposes of parts 9530.7000 to 9530.7030, the following terms have the meanings given them.

Subp. 2. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, chapter 152.

Subp. 5. **Chemical dependency treatment services.** "Chemical dependency treatment services" means services provided by chemical dependency treatment programs licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0450 to 2960.0490.

Subp. 6. **Client.** "Client" means an individual who has requested chemical abuse or dependency services, or for whom chemical abuse or dependency services have been requested, from a local agency.

Subp. 7. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or the commissioner's designated representative.

Subp. 8. **Behavioral health fund.** "Behavioral health fund" means money appropriated for payment of chemical dependency treatment services under Minnesota Statutes, chapter 254B.

Subp. 9. **Copayment.** "Copayment" means the amount an insured person is obligated to pay before the person's third-party payment source is obligated to make a payment, or the amount an insured person is obligated to pay in addition to the amount the person's third-party payment source is obligated to pay.

Subp. 10. **Drug and Alcohol Abuse Normative Evaluation System or DAANES.** "Drug and Alcohol Abuse Normative Evaluation System" or "DAANES" means the client information system operated by the department's Chemical Dependency Program Division.

Subp. 11. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 13. **Income.** "Income" means the total amount of cash received by an individual from the following sources:

A. cash payments for wages or salaries;

B. cash receipts from nonfarm or farm self-employment, minus deductions allowed by the federal Internal Revenue Service for business or farm expenses;

C. regular cash payments from social security, railroad retirement, unemployment compensation, workers' union funds, veterans' benefits, the Minnesota family investment program, Supplemental Security Income, General Assistance, training stipends, alimony, child support, and military family allotments;

D. cash payments from private pensions, government employee pensions, and regular insurance or annuity payments;

E. cash payments for dividends, interest, rents, or royalties; and

F. periodic cash receipts from estates or trusts.

Income does not include capital gains; any cash assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; tax refunds, gifts, lump sum inheritances, one time insurance payments, or compensation for injury; court-ordered child support or health insurance premium payments made by the client or responsible relative; and noncash benefits such as health insurance, food or rent received in lieu of wages, and noncash benefits from programs such as Medicare, Medical Assistance, the Supplemental Nutrition Assistance Program, school lunches, and housing assistance. Annual income is the amount reported and verified by an individual as current income calculated prospectively to cover one year.

Subp. 14. **Local agency.** "Local agency" means the county or multicounty agency authorized under Minnesota Statutes, sections 254B.01, subdivision 5, and 254B.03, subdivision 1, to make placements under the behavioral health fund.

Subp. 15. **Minor child.** "Minor child" means an individual under the age of 18 years.

Subp. 17a. **Policyholder.** "Policyholder" means a person who has a third-party payment policy under which a third-party payment source has an obligation to pay all or part of a client's treatment costs.

Subp. 19. **Responsible relative.** "Responsible relative" means a person who is a member of the client's household and is a client's spouse or the parent of a minor child who is a client.

Subp. 20. **Third-party payment source.** "Third-party payment source" means a person, entity, or public or private agency other than medical assistance or general assistance medical care that has a probable obligation to pay all or part of the costs of a client's chemical dependency treatment.

Subp. 21. **Vendor.** "Vendor" means a licensed provider of chemical dependency treatment services that meets the criteria established in Minnesota Statutes, section 254B.05, and that has applied according to part 9505.0195 to participate as a provider in the medical assistance program.

#### **9530.7005 SCOPE AND APPLICABILITY.**

Parts 9530.7000 to 9530.7030 govern the administration of the behavioral health fund, establish the criteria to be applied by local agencies to determine a client's eligibility under the behavioral health fund, and establish a client's obligation to pay for chemical dependency treatment services.

These parts must be read in conjunction with Minnesota Statutes, chapter 254B, and parts 9530.6600 to 9530.6655.

#### **9530.7010 COUNTY RESPONSIBILITY TO PROVIDE SERVICES.**

The local agency shall provide chemical dependency treatment services to eligible clients who have been assessed and placed by the county according to parts 9530.6600 to 9530.6655 and Minnesota Statutes, chapter 256G.

### **9530.7012 VENDOR AGREEMENTS.**

When a local agency enters into an agreement with a vendor of chemical dependency treatment services, the agreement must distinguish client per unit room and board costs from per unit chemical dependency treatment services costs.

For purposes of this part, "chemical dependency treatment services costs" are costs, including related administrative costs, of services that meet the criteria in items A to C:

A. The services are provided within a program licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0430 to 2960.0490.

B. The services meet the definition of chemical dependency services in Minnesota Statutes, section 254B.01, subdivision 3.

C. The services meet the applicable service standards for licensed chemical dependency treatment programs in item A, but are not under the jurisdiction of the commissioner.

This part also applies to vendors of room and board services that are provided concurrently with chemical dependency treatment services according to Minnesota Statutes, sections 254B.03, subdivision 2, and 254B.05, subdivision 1.

This part does not apply when a county contracts for chemical dependency services in an acute care inpatient hospital licensed by the Department of Health under chapter 4640.

### **9530.7015 CLIENT ELIGIBILITY; BEHAVIORAL HEALTH FUND.**

Subpart 1. **Client eligibility to have treatment totally paid under the behavioral health fund.** A client who meets the criteria established in item A, B, C, or D shall be eligible to have chemical dependency treatment paid for totally with funds from the behavioral health fund.

A. The client is eligible for MFIP as determined under Minnesota Statutes, chapter 256J.

B. The client is eligible for medical assistance as determined under parts 9505.0010 to 9505.0140.

C. The client is eligible for general assistance, general assistance medical care, or work readiness as determined under parts 9500.1200 to 9500.1272.

D. The client's income is within current household size and income guidelines for entitled persons, as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

Subp. 2a. **Third-party payment source and client eligibility for the behavioral health fund.** Clients who meet the financial eligibility requirement in subpart 1 and who have a third-party payment source are eligible for the behavioral health fund if the third party payment source pays less than 100 percent of the treatment services determined according to parts 9530.6600 to 9530.6655.

Subp. 4. **Client ineligible to have treatment paid for from the behavioral health fund.** A client who meets the criteria in item A or B shall be ineligible to have chemical dependency treatment services paid for with behavioral health funds.

A. The client has an income that exceeds current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

B. The client has an available third-party payment source that will pay the total cost of the client's treatment.

Subp. 5. **Eligibility of clients disenrolled from prepaid health plans.** A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for

continued treatment service that is paid for by the behavioral health fund, until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client meets the criteria in item A or B. The client must:

A. continue to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or

B. be eligible according to subparts 1 and 2a and be determined eligible by a local agency under part 9530.7020.

Subp. 6. **County responsibility.** When a county commits a client under Minnesota Statutes, chapter 253B, to a regional treatment center for chemical dependency treatment services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to Minnesota Statutes, section 254B.05, subdivision 4.

### **9530.7020 LOCAL AGENCY TO DETERMINE CLIENT ELIGIBILITY.**

Subpart 1. **Local agency duty to determine client eligibility.** The local agency shall determine a client's eligibility for the behavioral health fund at the time the client is assessed under parts 9530.6600 to 9530.6655. Client eligibility must be determined using forms prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's chemical dependency treatment, as specified in items A to C.

A. The local agency must determine the client's income. A client who is a minor child shall not be deemed to have income available to pay for chemical dependency treatment, unless the minor child is responsible for payment under Minnesota Statutes, section 144.347, for chemical dependency treatment services sought under Minnesota Statutes, section 144.343, subdivision 1.

B. The local agency must determine the client's household size according to subitems (1), (2), and (3).

(1) If the client is a minor child, the household size includes the following persons living in the same dwelling unit:

- (a) the client;
- (b) the client's birth or adoptive parents; and
- (c) the client's siblings who are minors.

(2) If the client is an adult, the household size includes the following persons living in the same dwelling unit:

- (a) the client;
- (b) the client's spouse;
- (c) the client's minor children; and
- (d) the client's spouse's minor children.

(3) For purposes of this item, household size includes a person listed in subitems (1) and (2) who is in out-of-home placement if a person listed in subitem (1) or (2) is contributing to the cost of care of the person in out-of-home placement.

C. The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of copayment.

D. The local agency must provide the required eligibility information to the department in the manner specified by the department.

E. The local agency shall require the client and policyholder to conditionally assign to the department the client and policyholder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source.

Subp. 1a. **Redetermination of client eligibility.** The local agency shall redetermine a client's eligibility for CCDTF every six months after the initial eligibility determination, if the client has continued to receive uninterrupted chemical dependency treatment services for that six months. For purposes of this subpart, placement of a client into more than one chemical dependency treatment program in less than ten working days, or placement of a client into a residential chemical dependency treatment program followed by nonresidential chemical dependency treatment services shall be treated as a single placement.

Subp. 2. **Client, responsible relative, and policyholder obligation to cooperate.** A client, responsible relative, and policyholder shall provide income or wage verification, household size verification, and shall make an assignment of third-party payment rights under subpart 1, item C. If a client, responsible relative, or policyholder does not comply with the provisions of this subpart, the client shall be deemed to be ineligible to have the behavioral health fund pay for his or her chemical dependency treatment, and the client and responsible relative shall be obligated to pay for the full cost of chemical dependency treatment services provided to the client.

#### **9530.7021 PAYMENT AGREEMENTS.**

When the local agency, the client, and the vendor agree that the vendor will accept payment from a third-party payment source for an eligible client's treatment, the local agency, the client, and the vendor shall enter into a third-party payment agreement. The agreement must stipulate that the vendor will accept, as payment in full for services provided to the client, the amount the third-party payor is obligated to pay for services provided to the client. The agreement must be executed in a form prescribed by the commissioner and is not effective unless an authorized representative of each of the three parties has signed it. The local agency shall maintain a record of third-party payment agreements into which the local agency has entered.

The vendor shall notify the local agency as soon as possible and not less than one business day before discharging a client whose treatment is covered by a payment agreement under this part if the discharge is caused by disruption of the third-party payment.

#### **9530.7022 CLIENT FEES.**

Subpart 1. **Income and household size criteria.** A client whose household income is within current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, shall pay no fee.

#### **9530.7025 DENIAL OF PAYMENT.**

Subpart 1. **Denial of payment when required assessment not completed.** The department shall deny payments from the behavioral health fund to vendors for chemical dependency treatment services provided to clients who have not been assessed and placed by the county in accordance with parts 9530.6600 to 9530.6655.

Subp. 2. **Denial of state participation in behavioral health fund payments when client found not eligible.** The department shall pay vendors from the behavioral health fund for chemical dependency treatment services provided to clients and shall bill the county for 100 percent of the costs of chemical dependency treatment services as follows:

A. The department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not placed in accordance with parts 9530.6600 to 9530.6655.

B. When a county's allocation under Minnesota Statutes, section 254B.02, subdivisions 1 and 2, has been exhausted, and the county's maintenance of effort has been met as required under Minnesota Statutes, section 254B.02, subdivision 3, and the local agency has been notified by the department that the only clients who are eligible to have their treatment paid for from the behavioral health fund are clients who are eligible under part 9530.7015, subpart 1, the department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not eligible under part 9530.7015, subpart 1.

**9530.7030 VENDOR MUST PARTICIPATE IN DAANES SYSTEM.**

Subpart 1. **Participation a condition of eligibility.** To be eligible for payment under the behavioral health fund, a vendor must participate in the Drug and Alcohol Normative Evaluation System (DAANES) or submit to the commissioner the information required in DAANES in the format specified by the commissioner.

**9555.6255 RESIDENT'S RIGHTS.**

Subpart 1. **Information about rights.** The operator shall ensure that a resident and a resident's legal representative are given, at admission:

- A. an explanation and copy of the resident's rights specified in subparts 2 to 7;
  - B. a written summary of the Vulnerable Adults Act prepared by the department;
- and
- C. the name, address, and telephone number of the local agency to which a resident or a resident's legal representative may submit an oral or written complaint.

Subp. 2. **Right to use telephone.** A resident has the right to daily, private access to and use of a non-coin operated telephone for local calls and long distance calls made collect or paid for by the resident.

Subp. 3. **Right to receive and send mail.** A resident has the right to receive and send uncensored, unopened mail.

Subp. 4. **Right to privacy.** A resident has the right to personal privacy and privacy for visits from others, and the respect of individuality and cultural identity. Privacy must be respected by operators, caregivers, household members, and volunteers by knocking on the door of a resident's bedroom and seeking consent before entering, except in an emergency, and during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance as noted in the resident's individual record.

Subp. 5. **Right to use personal property.** A resident has the right to keep and use personal clothing and possessions as space permits, unless to do so would infringe on the health, safety, or rights of other residents or household members.

Subp. 6. **Right to associate.** A resident has the right to meet with or refuse to meet with visitors and participate in activities of commercial, religious, political, and community groups without interference if the activities do not infringe on the rights of other residents or household members.

Subp. 7. **Married residents.** Married residents have the right to privacy for visits by their spouses, and, if both spouses are residents of the adult foster home, they have the right to share a bedroom and bed.