

1.1 moves to amend H.F. No. 3104 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1
1.4 CHILDREN AND FAMILY SERVICES

1.5 Section 1. [120A.21] ENROLLMENT OF A STUDENT IN FOSTER CARE.

1.6 A student placed in foster care must remain enrolled in the student's prior school unless
1.7 it is determined that remaining enrolled in the prior school is not in the student's best interests.
1.8 If the student does not remain enrolled in the prior school, the student must be enrolled in
1.9 a new school within seven school days.

1.10 Sec. 2. Minnesota Statutes 2018, section 256.041, is amended to read:

1.11 **256.041 CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL.**

1.12 Subdivision 1. **Establishment; purpose.** (a) There is hereby established the Cultural
1.13 and Ethnic Communities Leadership Council for the Department of Human Services. The
1.14 purpose of the council is to advise the commissioner of human services on reducing inequities
1.15 and disparities that particularly affect racial and ethnic groups in Minnesota. The legislature
1.16 intends for the council to continue its work until racial and ethnic disparities no longer exist
1.17 in Minnesota.

1.18 (b) This council is comprised of racially and ethnically diverse community leaders and
1.19 American Indians who are residents of Minnesota and may present with compounded
1.20 challenges of systemic inequities. Members include people who are refugees, immigrants,
1.21 and LGBTQ+; people who may have a disability; and people who live in rural Minnesota.

1.22 Subd. 2. **Members.** (a) The council must consist of:

2.1 (1) the chairs and ranking minority members of the committees in the house of
 2.2 representatives and the senate with jurisdiction over human services, or their designees; and

2.3 (2) no fewer than 15 and no more than 25 members appointed by and serving at the
 2.4 pleasure of the commissioner of human services, in consultation with county, tribal, cultural,
 2.5 and ethnic communities; diverse program participants; and parent representatives from these
 2.6 communities, and Cultural and Ethnic Communities Leadership Council members.

2.7 (b) In making appointments under this section, the commissioner shall give priority
 2.8 consideration to public members of the legislative councils of color established under ~~chapter~~
 2.9 3 section 15.0145.

2.10 (c) Members must be appointed to allow for representation of the following groups:

2.11 (1) racial and ethnic minority groups;

2.12 (2) the American Indian community, which must be represented by two members;

2.13 (3) culturally and linguistically specific advocacy groups and service providers;

2.14 (4) human services program participants;

2.15 (5) public and private institutions;

2.16 (6) parents of human services program participants;

2.17 (7) members of the faith community;

2.18 (8) Department of Human Services employees; and

2.19 (9) any other group the commissioner deems appropriate to facilitate the goals and duties
 2.20 of the council.

2.21 Subd. 3. **Guidelines.** The commissioner shall direct the development of guidelines
 2.22 defining the membership of the council; setting out definitions; and developing duties of
 2.23 the commissioner, the council, and council members regarding racial and ethnic disparities
 2.24 reduction. The guidelines must be developed in consultation with:

2.25 (1) the chairs of relevant committees; and

2.26 (2) county, tribal, and cultural communities and program participants from these
 2.27 communities.

2.28 Subd. 4. **Chair.** The commissioner shall accept recommendations from the council to
 2.29 appoint a chair or chairs.

3.1 ~~Subd. 5. **Terms for first appointees.** The initial members appointed shall serve until~~
 3.2 ~~January 15, 2016.~~

3.3 Subd. 6. **Terms.** A term shall be for two years and appointees may be reappointed to
 3.4 serve two additional terms. The commissioner shall make appointments to replace members
 3.5 vacating their positions by January 15 of each year in a timely manner, no more than three
 3.6 months after the council reviews panel recommendations.

3.7 Subd. 7. **Duties of commissioner.** (a) The commissioner of human services or the
 3.8 commissioner's designee shall:

3.9 (1) maintain and actively engage with the council established in this section;

3.10 (2) supervise and coordinate policies for persons from racial, ethnic, cultural, linguistic,
 3.11 and tribal communities who experience disparities in access and outcomes;

3.12 (3) identify human services rules or statutes affecting persons from racial, ethnic, cultural,
 3.13 linguistic, and tribal communities that may need to be revised;

3.14 (4) investigate and implement ~~cost-effective~~ equitable and culturally responsive models
 3.15 of ~~service delivery such as~~ program implementation, including careful adaptation adoption
 3.16 of ~~clinically proven services that constitute one strategy for increasing the number of~~ and
 3.17 culturally relevant services available to currently underserved populations; and

3.18 (5) based on recommendations of the council, review identified department policies that
 3.19 maintain racial, ethnic, cultural, linguistic, and tribal disparities, ~~and~~ make adjustments to
 3.20 ensure those disparities are not perpetuated, and advise on progress and accountability
 3.21 measures for addressing inequities;

3.22 (6) in partnership with the council, renew and implement equity policy with action plans
 3.23 and resources necessary to implement the action plans;

3.24 (7) support interagency collaboration to advance equity;

3.25 (8) address the council at least twice annually on the state of equity within the department;
 3.26 and

3.27 (9) support member participation in the council, including participation in educational
 3.28 and community engagement events across Minnesota that address equity in human services.

3.29 (b) The commissioner of human services or the commissioner's designee shall consult
 3.30 with the council and receive recommendations from the council when meeting the
 3.31 requirements in this subdivision.

3.32 Subd. 8. **Duties of council.** The council shall:

4.1 (1) recommend to the commissioner for review ~~identified policies in the~~ Department of
4.2 Human Services policy, budgetary, and operational decisions and practices that maintain
4.3 impact racial, ethnic, cultural, linguistic, and tribal disparities;

4.4 (2) with community input, advance legislative proposals to improve racial and health
4.5 equity outcomes;

4.6 (3) identify issues regarding inequities and disparities by engaging diverse populations
4.7 in human services programs;

4.8 (3) (4) engage in mutual learning essential for achieving human services parity and
4.9 optimal wellness for service recipients;

4.10 (4) (5) raise awareness about human services disparities to the legislature and media;

4.11 (5) (6) provide technical assistance and consultation support to counties, private nonprofit
4.12 agencies, and other service providers to build their capacity to provide equitable human
4.13 services for persons from racial, ethnic, cultural, linguistic, and tribal communities who
4.14 experience disparities in access and outcomes;

4.15 (6) (7) provide technical assistance to promote statewide development of culturally and
4.16 linguistically appropriate, accessible, and cost-effective human services and related policies;

4.17 (7) ~~provide~~ (8) recommend and monitor training and outreach to facilitate access to
4.18 culturally and linguistically appropriate, accessible, and cost-effective human services to
4.19 prevent disparities;

4.20 (8) ~~facilitate culturally appropriate and culturally sensitive admissions, continued services,~~
4.21 ~~discharges, and utilization review for human services agencies and institutions;~~

4.22 (9) form work groups to help carry out the duties of the council that include, but are not
4.23 limited to, persons who provide and receive services and representatives of advocacy groups,
4.24 and provide the work groups with clear guidelines, standardized parameters, and tasks for
4.25 the work groups to accomplish;

4.26 (10) promote information sharing in the human services community and statewide; ~~and~~

4.27 (11) by February 15 ~~each year~~ in the second year of the biennium, prepare and submit
4.28 to the chairs and ranking minority members of the committees in the house of representatives
4.29 and the senate with jurisdiction over human services a report that summarizes the activities
4.30 of the council, identifies the major problems and issues confronting racial and ethnic groups
4.31 in accessing human services, makes recommendations to address issues, ~~and~~ lists the specific
4.32 objectives that the council seeks to attain during the next biennium, and provides

5.1 recommendations to strengthen equity, diversity, and inclusion within the department. The
 5.2 report must also include a list of programs, groups, and grants used to reduce disparities,
 5.3 and statistically valid reports of outcomes on the reduction of the disparities. shall identify
 5.4 racial and ethnic groups' difficulty in accessing human services and make recommendations
 5.5 to address the issues. The report must include any updated Department of Human Services
 5.6 equity policy, implementation plans, equity initiatives, and the council's progress.

5.7 Subd. 9. **Duties of council members.** The members of the council shall:

5.8 (1) with no more than three absences per year, attend and participate in scheduled
 5.9 meetings and be prepared by reviewing meeting notes;

5.10 (2) maintain open communication channels with respective constituencies;

5.11 (3) identify and communicate issues and risks that could impact the timely completion
 5.12 of tasks;

5.13 (4) collaborate on inequity and disparity reduction efforts;

5.14 (5) communicate updates of the council's work progress and status on the Department
 5.15 of Human Services website; ~~and~~

5.16 (6) participate in any activities the council or chair deems appropriate and necessary to
 5.17 facilitate the goals and duties of the council; and

5.18 (7) participate in work groups to carry out council duties.

5.19 ~~Subd. 10. **Expiration.** The council expires on June 30, 2020.~~

5.20 Sec. 3. Minnesota Statutes 2018, section 256E.35, is amended to read:

5.21 **256E.35 FAMILY ASSETS FOR INDEPENDENCE.**

5.22 Subdivision 1. **Establishment.** The Minnesota family assets for independence initiative
 5.23 is established to provide incentives for low-income families to accrue assets for education,
 5.24 housing, vehicles, and economic development purposes.

5.25 Subd. 2. **Definitions.** (a) The definitions in this subdivision apply to this section.

5.26 (b) "Eligible educational institution" means the following:

5.27 (1) an institution of higher education described in section 101 or 102 of the Higher
 5.28 Education Act of 1965; or

5.29 (2) an area vocational education school, as defined in subparagraph (C) or (D) of United
 5.30 States Code, title 20, chapter 44, section 2302 (3) (the Carl D. Perkins Vocational and

6.1 Applied Technology Education Act), which is located within any state, as defined in United
6.2 States Code, title 20, chapter 44, section 2302 (30). This clause is applicable only to the
6.3 extent section 2302 is in effect on August 1, 2008.

6.4 (c) "Family asset account" means a savings account opened by a household participating
6.5 in the Minnesota family assets for independence initiative.

6.6 (d) "Fiduciary organization" means:

6.7 (1) a community action agency that has obtained recognition under section 256E.31;

6.8 (2) a federal community development credit union serving the seven-county metropolitan
6.9 area; or

6.10 (3) a women-oriented economic development agency serving the seven-county
6.11 metropolitan area.

6.12 (e) "Financial coach" means a person who:

6.13 (1) has completed an intensive financial literacy training workshop that includes
6.14 curriculum on budgeting to increase savings, debt reduction and asset building, building a
6.15 good credit rating, and consumer protection;

6.16 (2) participates in ongoing statewide family assets for independence in Minnesota (FAIM)
6.17 network training meetings under FAIM program supervision; and

6.18 (3) provides financial coaching to program participants under subdivision 4a.

6.19 (f) "Financial institution" means a bank, bank and trust, savings bank, savings association,
6.20 or credit union, the deposits of which are insured by the Federal Deposit Insurance
6.21 Corporation or the National Credit Union Administration.

6.22 (g) "Household" means all individuals who share use of a dwelling unit as primary
6.23 quarters for living and eating separate from other individuals.

6.24 (h) "Permissible use" means:

6.25 (1) postsecondary educational expenses at an eligible educational institution as defined
6.26 in paragraph (b), including books, supplies, and equipment required for courses of instruction;

6.27 (2) acquisition costs of acquiring, constructing, or reconstructing a residence, including
6.28 any usual or reasonable settlement, financing, or other closing costs;

6.29 (3) business capitalization expenses for expenditures on capital, plant, equipment, working
6.30 capital, and inventory expenses of a legitimate business pursuant to a business plan approved
6.31 by the fiduciary organization; ~~and~~

7.1 (4) acquisition costs of a principal residence within the meaning of section 1034 of the
 7.2 Internal Revenue Code of 1986 which do not exceed 100 percent of the average area purchase
 7.3 price applicable to the residence determined according to section 143(e)(2) and (3) of the
 7.4 Internal Revenue Code of 1986; and

7.5 (5) acquisition costs of a personal vehicle only if approved by the fiduciary organization.

7.6 Subd. 3. **Grants awarded.** The commissioner shall allocate funds to participating
 7.7 fiduciary organizations to provide family asset services. Grant awards must be based on a
 7.8 plan submitted by a statewide organization representing fiduciary organizations. The
 7.9 statewide organization must ensure that any interested unrepresented fiduciary organization
 7.10 have input into the development of the plan. The plan must equitably distribute funds to
 7.11 achieve geographic balance and document the capacity of participating fiduciary
 7.12 organizations to manage the program ~~and to raise the private match.~~

7.13 Subd. 4. **Duties.** A participating fiduciary organization must:

7.14 (1) provide separate accounts for the immediate deposit of program funds;

7.15 (2) establish a process to select participants and describe any priorities for participation;

7.16 (3) enter into a family asset agreement with the household to establish the terms of
 7.17 participation;

7.18 (4) provide households with economic literacy education;

7.19 (5) provide households with information on early childhood family education;

7.20 (6) provide matching deposits for participating households;

7.21 (7) coordinate with other related public and private programs; and

7.22 (8) establish a process to appeal and mediate disputes.

7.23 Subd. 4a. **Financial coaching.** A financial coach shall provide the following to program
 7.24 participants:

7.25 (1) financial education relating to budgeting, debt reduction, asset-specific training, and
 7.26 financial stability activities;

7.27 (2) asset-specific training related to buying a home or vehicle, acquiring postsecondary
 7.28 education, or starting or expanding a small business; and

7.29 (3) financial stability education and training to improve and sustain financial security.

7.30 Subd. 5. **Household eligibility; participation.** (a) To be eligible for state or TANF
 7.31 matching funds in the family assets for independence initiative, a household must meet the

8.1 eligibility requirements of the federal Assets for Independence Act, Public Law 105-285,
8.2 in Title IV, section 408 of that act.

8.3 (b) Each participating household must sign a family asset agreement that includes the
8.4 amount of scheduled deposits into its savings account, the proposed use, and the proposed
8.5 savings goal. A participating household must agree to complete an economic literacy training
8.6 program.

8.7 (c) Participating households may only deposit money that is derived from household
8.8 earned income or from state and federal income tax credits.

8.9 Subd. 6. **Withdrawal; matching; permissible uses.** (a) To receive a match, a
8.10 participating household must transfer funds withdrawn from a family asset account to its
8.11 matching fund custodial account held by the fiscal agent, according to the family asset
8.12 agreement. The fiscal agent must determine if the match request is for a permissible use
8.13 consistent with the household's family asset agreement.

8.14 (b) The fiscal agent must ensure the household's custodial account contains the applicable
8.15 matching funds to match the balance in the household's account, including interest, on at
8.16 least a quarterly basis and at the time of an approved withdrawal. Matches must be ~~provided~~
8.17 ~~as follows:~~

8.18 ~~(1) from state grant and TANF funds, a matching contribution of \$1.50~~ \$3 from state
8.19 grant or TANF funds for every \$1 of funds withdrawn from the family asset account ~~equal~~
8.20 ~~to the lesser of \$720 per year or not to exceed a \$3,000~~ \$6,000 lifetime limit; ~~and.~~

8.21 ~~(2) from nonstate funds, a matching contribution of no less than \$1.50 for every \$1 of~~
8.22 ~~funds withdrawn from the family asset account equal to the lesser of \$720 per year or a~~
8.23 ~~\$3,000 lifetime limit.~~

8.24 (c) Notwithstanding paragraph (b), if funds are appropriated for the Federal Assets for
8.25 Independence Act of 1998, and a participating fiduciary organization is awarded a grant
8.26 under that act, participating households with that fiduciary organization must be provided
8.27 matches as follows:

8.28 (1) from state grant and TANF funds, a matching contribution of \$1.50 for every \$1 of
8.29 funds withdrawn from the family asset account not to exceed a \$3,000 lifetime limit; and

8.30 (2) from nonstate funds, a matching contribution of not less than \$1.50 for every \$1 of
8.31 funds withdrawn from the family asset account not to exceed a \$3,000 lifetime limit.

8.32 ~~(b)~~ (d) Upon receipt of transferred custodial account funds, the fiscal agent must make
8.33 a direct payment to the vendor of the goods or services for the permissible use.

9.1 Subd. 7. **Program reporting.** The fiscal agent on behalf of each fiduciary organization
 9.2 participating in a family assets for independence initiative must report quarterly to the
 9.3 commissioner of human services identifying the participants with accounts, the number of
 9.4 accounts, the amount of savings and matches for each participant's account, the uses of the
 9.5 account, and the number of businesses, homes, vehicles, and educational services paid for
 9.6 with money from the account, as well as other information that may be required for the
 9.7 commissioner to administer the program and meet federal TANF reporting requirements.

9.8 Sec. 4. Minnesota Statutes 2018, section 257.0725, is amended to read:

9.9 **257.0725 ANNUAL REPORT.**

9.10 The commissioner of human services shall publish an annual report on child maltreatment
 9.11 and on children in out-of-home placement. The commissioner shall confer with counties,
 9.12 child welfare organizations, child advocacy organizations, the courts, and other groups on
 9.13 how to improve the content and utility of the department's annual report. In regard to child
 9.14 maltreatment, the report shall include the number and kinds of maltreatment reports received
 9.15 and any other data that the commissioner determines is appropriate to include in a report
 9.16 on child maltreatment. In regard to children in out-of-home placement, the report shall
 9.17 include, by county and statewide, information on legal status, living arrangement, age, sex,
 9.18 race, accumulated length of time in placement, reason for most recent placement, race of
 9.19 family with whom placed, school enrollments within seven days of placement pursuant to
 9.20 section 120A.21, and other information deemed appropriate on all children in out-of-home
 9.21 placement. Out-of-home placement includes placement in any facility by an authorized
 9.22 child-placing agency.

9.23 Sec. 5. Minnesota Statutes 2018, section 260C.219, is amended to read:

9.24 **260C.219 AGENCY RESPONSIBILITIES FOR PARENTS AND CHILDREN IN**
 9.25 **PLACEMENT.**

9.26 Subdivision 1. Responsibilities for parents; noncustodial parents. (a) When a child
 9.27 is in foster care, the responsible social services agency shall make diligent efforts to identify,
 9.28 locate, and, where appropriate, offer services to both parents of the child.

9.29 ~~(b)~~ (b) The responsible social services agency shall assess whether a noncustodial or
 9.30 nonadjudicated parent is willing and capable of providing for the day-to-day care of the
 9.31 child temporarily or permanently. An assessment under this ~~clause~~ paragraph may include,
 9.32 but is not limited to, obtaining information under section 260C.209. If after assessment, the
 9.33 responsible social services agency determines that a noncustodial or nonadjudicated parent

10.1 is willing and capable of providing day-to-day care of the child, the responsible social
 10.2 services agency may seek authority from the custodial parent or the court to have that parent
 10.3 assume day-to-day care of the child. If a parent is not an adjudicated parent, the responsible
 10.4 social services agency shall require the nonadjudicated parent to cooperate with paternity
 10.5 establishment procedures as part of the case plan.

10.6 ~~(2)~~ (c) If, after assessment, the responsible social services agency determines that the
 10.7 child cannot be in the day-to-day care of either parent, the agency shall:

10.8 ~~(i)~~ (1) prepare an out-of-home placement plan addressing the conditions that each parent
 10.9 must meet before the child can be in that parent's day-to-day care; and

10.10 ~~(ii)~~ (2) provide a parent who is the subject of a background study under section 260C.209
 10.11 15 days' notice that it intends to use the study to recommend against putting the child with
 10.12 that parent, and the court shall afford the parent an opportunity to be heard concerning the
 10.13 study.

10.14 The results of a background study of a noncustodial parent shall not be used by the agency
 10.15 to determine that the parent is incapable of providing day-to-day care of the child unless
 10.16 the agency reasonably believes that placement of the child into the home of that parent
 10.17 would endanger the child's health, safety, or welfare.

10.18 ~~(3)~~ (d) If, after the provision of services following an out-of-home placement plan under
 10.19 this ~~section~~ subdivision, the child cannot return to the care of the parent from whom the
 10.20 child was removed or who had legal custody at the time the child was placed in foster care,
 10.21 the agency may petition on behalf of a noncustodial parent to establish legal custody with
 10.22 that parent under section 260C.515, subdivision 4. If paternity has not already been
 10.23 established, it may be established in the same proceeding in the manner provided for under
 10.24 chapter 257.

10.25 ~~(4)~~ (e) The responsible social services agency may be relieved of the requirement to
 10.26 locate and offer services to both parents by the juvenile court upon a finding of good cause
 10.27 after the filing of a petition under section 260C.141.

10.28 **Subd. 2. Notice to parent or guardian.** ~~(b)~~ The responsible social services agency shall
 10.29 give notice to the parent or guardian of each child in foster care, other than a child in
 10.30 voluntary foster care for treatment under chapter 260D, of the following information:

10.31 (1) that the child's placement in foster care may result in termination of parental rights
 10.32 or an order permanently placing the child out of the custody of the parent, but only after
 10.33 notice and a hearing as required under this chapter and the juvenile court rules;

11.1 (2) time limits on the length of placement and of reunification services, including the
11.2 date on which the child is expected to be returned to and safely maintained in the home of
11.3 the parent or parents or placed for adoption or otherwise permanently removed from the
11.4 care of the parent by court order;

11.5 (3) the nature of the services available to the parent;

11.6 (4) the consequences to the parent and the child if the parent fails or is unable to use
11.7 services to correct the circumstances that led to the child's placement;

11.8 (5) the first consideration for placement with relatives;

11.9 (6) the benefit to the child in getting the child out of foster care as soon as possible,
11.10 preferably by returning the child home, but if that is not possible, through a permanent legal
11.11 placement of the child away from the parent;

11.12 (7) when safe for the child, the benefits to the child and the parent of maintaining
11.13 visitation with the child as soon as possible in the course of the case and, in any event,
11.14 according to the visitation plan under this section; and

11.15 (8) the financial responsibilities and obligations, if any, of the parent or parents for the
11.16 support of the child during the period the child is in foster care.

11.17 **Subd. 3. Information for a parent considering voluntary placement.** ~~(e)~~ The
11.18 responsible social services agency shall inform a parent considering voluntary placement
11.19 of a child under section 260C.227 of the following information:

11.20 (1) the parent and the child each has a right to separate legal counsel before signing a
11.21 voluntary placement agreement, but not to counsel appointed at public expense;

11.22 (2) the parent is not required to agree to the voluntary placement, and a parent who enters
11.23 a voluntary placement agreement may at any time request that the agency return the child.
11.24 If the parent so requests, the child must be returned within 24 hours of the receipt of the
11.25 request;

11.26 (3) evidence gathered during the time the child is voluntarily placed may be used at a
11.27 later time as the basis for a petition alleging that the child is in need of protection or services
11.28 or as the basis for a petition seeking termination of parental rights or other permanent
11.29 placement of the child away from the parent;

11.30 (4) if the responsible social services agency files a petition alleging that the child is in
11.31 need of protection or services or a petition seeking the termination of parental rights or other
11.32 permanent placement of the child away from the parent, the parent would have the right to

12.1 appointment of separate legal counsel and the child would have a right to the appointment
 12.2 of counsel and a guardian ad litem as provided by law, and that counsel will be appointed
 12.3 at public expense if they are unable to afford counsel; and

12.4 (5) the timelines and procedures for review of voluntary placements under section
 12.5 260C.212, subdivision 3, and the effect the time spent in voluntary placement on the
 12.6 scheduling of a permanent placement determination hearing under sections 260C.503 to
 12.7 260C.521.

12.8 **Subd. 4. Medical examinations.** ~~(d)~~ When an agency accepts a child for placement, the
 12.9 agency shall determine whether the child has had a physical examination by or under the
 12.10 direction of a licensed physician within the 12 months immediately preceding the date when
 12.11 the child came into the agency's care. If there is documentation that the child has had an
 12.12 examination within the last 12 months, the agency is responsible for seeing that the child
 12.13 has another physical examination within one year of the documented examination and
 12.14 annually in subsequent years. If the agency determines that the child has not had a physical
 12.15 examination within the 12 months immediately preceding placement, the agency shall ensure
 12.16 that the child has an examination within 30 days of coming into the agency's care and once
 12.17 a year in subsequent years.

12.18 **Subd. 5. Children reaching age of majority; copies of records.** ~~(e)~~ Whether under
 12.19 state guardianship or not, if a child leaves foster care by reason of having attained the age
 12.20 of majority under state law, the child must be given at no cost a copy of the child's social
 12.21 and medical history, as defined in section 259.43, and education report.

12.22 **Subd. 6. Initial foster care phone call.** (a) When a child enters foster care or moves to
 12.23 a new foster care placement, the responsible social services agency shall coordinate a phone
 12.24 call between the foster parent or facility and the child's parent or legal guardian to establish
 12.25 a connection and encourage ongoing information sharing between the child's parent or legal
 12.26 guardian and the foster parent or facility; and to provide an opportunity to share any
 12.27 information regarding the child, the child's needs, or the child's care that would facilitate
 12.28 the child's adjustment to the foster home, promote stability, reduce the risk of trauma, or
 12.29 otherwise improve the quality of the child's care.

12.30 (b) The responsible social services agency shall coordinate the phone call in paragraph
 12.31 (a) as soon as practicable after the child arrives at the placement but no later than 48 hours
 12.32 after the child's placement. If the responsible social services agency determines that the
 12.33 phone call is not in the child's best interests, or if the agency is unable to identify, locate,
 12.34 or contact the child's parent or legal guardian despite reasonable efforts, or despite active

13.1 efforts if the child is an American Indian child, the agency may delay the phone call until
 13.2 up to 48 hours after the agency determines that the phone call is in the child's best interests,
 13.3 or up to 48 hours after the child's parent or legal guardian is located or becomes available
 13.4 for the phone call.

13.5 (c) The responsible social services agency shall document the date and time of the phone
 13.6 call in paragraph (a), its efforts to coordinate the phone call, its efforts to identify, locate,
 13.7 or find availability for the child's parent or legal guardian, any determination of whether
 13.8 the phone call is in the child's best interests, and any reasons that the phone call did not
 13.9 occur.

13.10 Subd. 7. Prenatal alcohol exposure screening. (a) The responsible social services
 13.11 agency shall coordinate a prenatal alcohol exposure screening for any child who enters
 13.12 foster care as soon as practicable but no later than 45 days after the removal of the child
 13.13 from the child's home, if the agency has determined that the child has not previously been
 13.14 screened or identified as prenatally exposed to alcohol.

13.15 (b) The responsible social services agency shall ensure that the screening is conducted
 13.16 in accordance with:

13.17 (1) existing prenatal alcohol exposure screening best practice guidelines; and

13.18 (2) the criteria developed and provided to the responsible social services agency by the
 13.19 statewide organization that focuses solely on prevention and intervention with fetal alcohol
 13.20 spectrum disorder and that receives funding under the appropriation for fetal alcohol spectrum
 13.21 disorder in Laws 2007, chapter 147, article 19, section 4, subdivision 2.

13.22 **EFFECTIVE DATE.** This section is effective for children who enter foster care on or
 13.23 after August 1, 2020, except subdivision 6 is effective for children entering out-of-home
 13.24 placement or moving between placements on or after November 1, 2020.

13.25 Sec. 6. **DIRECTION TO COMMISSIONER; INITIAL FOSTER CARE PHONE**
 13.26 **CALL TRAINING.**

13.27 By August 1, 2020, the commissioner of human services shall issue written guidance to
 13.28 county social services agencies, foster parents, and facilities to fully implement the initial
 13.29 foster care phone call procedures in Minnesota Statutes, section 260C.219, subdivision 6.

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

14.1

ARTICLE 2

14.2

COMMUNITY SUPPORTS ADMINISTRATION

14.3 Section 1. Minnesota Statutes 2018, section 245A.11, subdivision 2a, is amended to read:

14.4 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)

14.5 The commissioner shall issue adult foster care and community residential setting licenses
14.6 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,
14.7 except that the commissioner may issue a license with a capacity of five beds, including
14.8 roomers and boarders, according to paragraphs (b) to (g).

14.9 (b) The license holder may have a maximum license capacity of five if all persons in
14.10 care are age 55 or over and do not have a serious and persistent mental illness or a
14.11 developmental disability.

14.12 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
14.13 licensed capacity of up to five persons to admit an individual under the age of 55 if the
14.14 variance complies with section 245A.04, subdivision 9, and approval of the variance is
14.15 recommended by the county in which the licensed facility is located.

14.16 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
14.17 additional bed, up to five, for emergency crisis services for a person with serious and
14.18 persistent mental illness or a developmental disability, regardless of age, if the variance
14.19 complies with section 245A.04, subdivision 9, and approval of the variance is recommended
14.20 by the county in which the licensed facility is located.

14.21 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
14.22 additional bed, up to five, for respite services, as defined in section 245A.02, for persons
14.23 with disabilities, regardless of age, if the variance complies with sections 245A.03,
14.24 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
14.25 by the county in which the licensed facility is located. Respite care may be provided under
14.26 the following conditions:

14.27 (1) staffing ratios cannot be reduced below the approved level for the individuals being
14.28 served in the home on a permanent basis;

14.29 (2) no more than two different individuals can be accepted for respite services in any
14.30 calendar month and the total respite days may not exceed 120 days per program in any
14.31 calendar year;

15.1 (3) the person receiving respite services must have his or her own bedroom, which could
15.2 be used for alternative purposes when not used as a respite bedroom, and cannot be the
15.3 room of another person who lives in the facility; and

15.4 (4) individuals living in the facility must be notified when the variance is approved. The
15.5 provider must give 60 days' notice in writing to the residents and their legal representatives
15.6 prior to accepting the first respite placement. Notice must be given to residents at least two
15.7 days prior to service initiation, or as soon as the license holder is able if they receive notice
15.8 of the need for respite less than two days prior to initiation, each time a respite client will
15.9 be served, unless the requirement for this notice is waived by the resident or legal guardian.

15.10 (f) The commissioner may issue an adult foster care or community residential setting
15.11 license with a capacity of five adults if the fifth bed does not increase the overall statewide
15.12 capacity of licensed adult foster care or community residential setting beds in homes that
15.13 are not the primary residence of the license holder, as identified in a plan submitted to the
15.14 commissioner by the county, when the capacity is recommended by the county licensing
15.15 agency of the county in which the facility is located and if the recommendation verifies
15.16 that:

15.17 (1) the facility meets the physical environment requirements in the adult foster care
15.18 licensing rule;

15.19 (2) the five-bed living arrangement is specified for each resident in the resident's:

15.20 (i) individualized plan of care;

15.21 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

15.22 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
15.23 subpart 19, if required;

15.24 (3) the license holder obtains written and signed informed consent from each resident
15.25 or resident's legal representative documenting the resident's informed choice to remain
15.26 living in the home and that the resident's refusal to consent would not have resulted in
15.27 service termination; and

15.28 (4) the facility was licensed for adult foster care before March 1, ~~2011~~ 2016.

15.29 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)
15.30 after June 30, ~~2019~~ 2024. The commissioner shall allow a facility with an adult foster care
15.31 license issued under paragraph (f) before June 30, ~~2019~~ 2024, to continue with a capacity
15.32 of five adults if the license holder continues to comply with the requirements in paragraph
15.33 (f).

16.1 Sec. 2. Minnesota Statutes 2018, section 245D.02, is amended by adding a subdivision to
16.2 read:

16.3 Subd. 32a. **Sexual violence.** "Sexual violence" means the use of sexual actions or words
16.4 that are unwanted or harmful to another person.

16.5 Sec. 3. Minnesota Statutes 2018, section 245D.071, subdivision 3, is amended to read:

16.6 **Subd. 3. Assessment and initial service planning.** (a) Within 15 days of service initiation
16.7 the license holder must complete a preliminary coordinated service and support plan
16.8 addendum based on the coordinated service and support plan.

16.9 (b) Within the scope of services, the license holder must, at a minimum, complete
16.10 assessments in the following areas before the 45-day planning meeting:

16.11 (1) the person's ability to self-manage health and medical needs to maintain or improve
16.12 physical, mental, and emotional well-being, including, when applicable, allergies, seizures,
16.13 choking, special dietary needs, chronic medical conditions, self-administration of medication
16.14 or treatment orders, preventative screening, and medical and dental appointments;

16.15 (2) the person's ability to self-manage personal safety to avoid injury or accident in the
16.16 service setting, including, when applicable, risk of falling, mobility, regulating water
16.17 temperature, community survival skills, water safety skills, and sensory disabilities; and

16.18 (3) the person's ability to self-manage symptoms or behavior that may otherwise result
16.19 in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension
16.20 or termination of services by the license holder, or other symptoms or behaviors that may
16.21 jeopardize the health and welfare of the person or others.

16.22 Assessments must produce information about the person that describes the person's overall
16.23 strengths, functional skills and abilities, and behaviors or symptoms. Assessments must be
16.24 based on the person's status within the last 12 months at the time of service initiation.

16.25 Assessments based on older information must be documented and justified. Assessments
16.26 must be conducted annually at a minimum or within 30 days of a written request from the
16.27 person or the person's legal representative or case manager. The results must be reviewed
16.28 by the support team or expanded support team as part of a service plan review.

16.29 (c) ~~Within~~ Before providing 45 days of service initiation or within 60 calendar days of
16.30 service initiation, whichever is shorter, the license holder must meet with the person, the
16.31 person's legal representative, the case manager, ~~and~~ other members of the support team or
16.32 expanded support team, and other people as identified by the person or the person's legal
16.33 representative to determine the following based on information obtained from the assessments

17.1 identified in paragraph (b), the person's identified needs in the coordinated service and
 17.2 support plan, and the requirements in subdivision 4 and section 245D.07, subdivision 1a:

17.3 (1) the scope of the services to be provided to support the person's daily needs and
 17.4 activities;

17.5 (2) the person's desired outcomes and the supports necessary to accomplish the person's
 17.6 desired outcomes;

17.7 (3) the person's preferences for how services and supports are provided, including how
 17.8 the provider will support the person to have control of the person's schedule;

17.9 (4) whether the current service setting is the most integrated setting available and
 17.10 appropriate for the person; ~~and~~

17.11 (5) opportunities to develop and maintain essential and life-enriching skills, abilities,
 17.12 strengths, interests, and preferences;

17.13 (6) opportunities for community access, participation, and inclusion in preferred
 17.14 community activities;

17.15 (7) opportunities to develop and strengthen personal relationships with other persons of
 17.16 the person's choice in the community;

17.17 (8) opportunities to seek competitive employment and work at competitively paying
 17.18 jobs in the community; and

17.19 ~~(5)~~ (9) how services must be coordinated across other providers licensed under this
 17.20 chapter serving the person and members of the support team or expanded support team to
 17.21 ensure continuity of care and coordination of services for the person.

17.22 (d) A discussion of how technology might be used to meet the person's desired outcomes
 17.23 must be included in the 45-day planning meeting. The coordinated service and support plan
 17.24 or support plan addendum must include a summary of this discussion. The summary must
 17.25 include a statement regarding any decision that is made regarding the use of technology
 17.26 and a description of any further research that needs to be completed before a decision
 17.27 regarding the use of technology can be made. Nothing in this paragraph requires that the
 17.28 coordinated service and support plan include the use of technology for the provision of
 17.29 services.

17.30 Sec. 4. Minnesota Statutes 2018, section 245D.081, subdivision 2, is amended to read:

17.31 Subd. 2. **Coordination and evaluation of individual service delivery.** (a) Delivery
 17.32 and evaluation of services provided by the license holder must be coordinated by a designated

18.1 staff person. Except as provided in clause (3), the designated coordinator must provide
18.2 supervision, support, and evaluation of activities that include:

18.3 (1) oversight of the license holder's responsibilities assigned in the person's coordinated
18.4 service and support plan and the coordinated service and support plan addendum;

18.5 (2) taking the action necessary to facilitate the accomplishment of the outcomes according
18.6 to the requirements in section 245D.07;

18.7 (3) instruction and assistance to direct support staff implementing the coordinated service
18.8 and support plan and the service outcomes, including direct observation of service delivery
18.9 sufficient to assess staff competency. The designated coordinator may delegate the direct
18.10 observation and competency assessment of the service delivery activities of direct support
18.11 staff to an individual whom the designated coordinator has previously deemed competent
18.12 in those activities; and

18.13 (4) evaluation of the effectiveness of service delivery, methodologies, and progress on
18.14 the person's outcomes based on the measurable and observable criteria for identifying when
18.15 the desired outcome has been achieved according to the requirements in section 245D.07.

18.16 (b) The license holder must ensure that the designated coordinator is competent to
18.17 perform the required duties identified in paragraph (a) through education, training, and work
18.18 experience relevant to the primary disability of persons served by the license holder and
18.19 the individual persons for whom the designated coordinator is responsible. The designated
18.20 coordinator must have the skills and ability necessary to develop effective plans and to
18.21 design and use data systems to measure effectiveness of services and supports. The license
18.22 holder must verify and document competence according to the requirements in section
18.23 245D.09, subdivision 3. The designated coordinator must minimally have:

18.24 (1) a baccalaureate degree in a field related to human services, and one year of full-time
18.25 work experience providing direct care services to persons with disabilities or persons age
18.26 65 and older;

18.27 (2) an associate degree in a field related to human services, and two years of full-time
18.28 work experience providing direct care services to persons with disabilities or persons age
18.29 65 and older;

18.30 (3) a diploma in a field related to human services from an accredited postsecondary
18.31 institution and three years of full-time work experience providing direct care services to
18.32 persons with disabilities or persons age 65 and older; or

19.1 (4) a minimum of 50 hours of education and training related to human services and
19.2 disabilities; and

19.3 (5) four years of full-time work experience providing direct care services to persons
19.4 with disabilities or persons age 65 and older under the supervision of a staff person who
19.5 meets the qualifications identified in clauses (1) to (3).

19.6 Sec. 5. Minnesota Statutes 2018, section 245D.09, subdivision 4, is amended to read:

19.7 Subd. 4. **Orientation to program requirements.** Except for a license holder who does
19.8 not supervise any direct support staff, within 60 calendar days of hire, unless stated otherwise,
19.9 the license holder must provide and ensure completion of orientation sufficient to create
19.10 staff competency for direct support staff that combines supervised on-the-job training with
19.11 review of and instruction in the following areas:

19.12 (1) the job description and how to complete specific job functions, including:

19.13 (i) responding to and reporting incidents as required under section 245D.06, subdivision
19.14 1; and

19.15 (ii) following safety practices established by the license holder and as required in section
19.16 245D.06, subdivision 2;

19.17 (2) the license holder's current policies and procedures required under this chapter,
19.18 including their location and access, and staff responsibilities related to implementation of
19.19 those policies and procedures;

19.20 (3) data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal
19.21 Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff
19.22 responsibilities related to complying with data privacy practices;

19.23 (4) the service recipient rights and staff responsibilities related to ensuring the exercise
19.24 and protection of those rights according to the requirements in section 245D.04;

19.25 (5) sections 245A.65, 245A.66, 626.556, and 626.557, governing maltreatment reporting
19.26 and service planning for children and vulnerable adults, and staff responsibilities related to
19.27 protecting persons from maltreatment and reporting maltreatment. This orientation must be
19.28 provided within 72 hours of first providing direct contact services and annually thereafter
19.29 according to section 245A.65, subdivision 3;

19.30 (6) the principles of person-centered service planning and delivery as identified in section
19.31 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff
19.32 person;

20.1 (7) the safe and correct use of manual restraint on an emergency basis according to the
 20.2 requirements in section 245D.061 or successor provisions, and what constitutes the use of
 20.3 restraints, time out, and seclusion, including chemical restraint;

20.4 (8) staff responsibilities related to prohibited procedures under section 245D.06,
 20.5 subdivision 5, or successor provisions, why such procedures are not effective for reducing
 20.6 or eliminating symptoms or undesired behavior, and why such procedures are not safe;

20.7 (9) basic first aid; ~~and~~

20.8 (10) strategies to minimize the risk of sexual violence, including concepts of healthy
 20.9 relationships, consent, and bodily autonomy of people with disabilities; and

20.10 (11) other topics as determined necessary in the person's coordinated service and support
 20.11 plan by the case manager or other areas identified by the license holder.

20.12 Sec. 6. Minnesota Statutes 2018, section 245D.09, subdivision 4a, is amended to read:

20.13 Subd. 4a. **Orientation to individual service recipient needs.** (a) Before having
 20.14 unsupervised direct contact with a person served by the program, or for whom the staff
 20.15 person has not previously provided direct support, or any time the plans or procedures
 20.16 identified in paragraphs (b) to (f) are revised, the staff person must review and receive
 20.17 instruction on the requirements in paragraphs (b) to (f) as they relate to the staff person's
 20.18 job functions for that person.

20.19 (b) For community residential services, training and competency evaluations must include
 20.20 the following, if identified in the coordinated service and support plan:

20.21 (1) appropriate and safe techniques in personal hygiene and grooming, including hair
 20.22 care; bathing; care of teeth, gums, and oral prosthetic devices; and other activities of daily
 20.23 living (ADLs) as defined under section 256B.0659, subdivision 1;

20.24 (2) an understanding of what constitutes a healthy diet according to data from the Centers
 20.25 for Disease Control and Prevention and the skills necessary to prepare that diet; and

20.26 (3) skills necessary to provide appropriate support in instrumental activities of daily
 20.27 living (IADLs) as defined under section 256B.0659, subdivision 1.

20.28 (c) The staff person must review and receive instruction on the person's coordinated
 20.29 service and support plan or coordinated service and support plan addendum as it relates to
 20.30 the responsibilities assigned to the license holder, and when applicable, the person's individual
 20.31 abuse prevention plan, to achieve and demonstrate an understanding of the person as a
 20.32 unique individual, and how to implement those plans.

21.1 (d) The staff person must review and receive instruction on medication setup, assistance,
21.2 or administration procedures established for the person when assigned to the license holder
21.3 according to section 245D.05, subdivision 1, paragraph (b). Unlicensed staff may perform
21.4 medication setup or medication administration only after successful completion of a
21.5 medication setup or medication administration training, from a training curriculum developed
21.6 by a registered nurse or appropriate licensed health professional. The training curriculum
21.7 must incorporate an observed skill assessment conducted by the trainer to ensure unlicensed
21.8 staff demonstrate the ability to safely and correctly follow medication procedures.

21.9 Medication administration must be taught by a registered nurse, clinical nurse specialist,
21.10 certified nurse practitioner, physician assistant, or physician if, at the time of service initiation
21.11 or any time thereafter, the person has or develops a health care condition that affects the
21.12 service options available to the person because the condition requires:

21.13 (1) specialized or intensive medical or nursing supervision; and

21.14 (2) nonmedical service providers to adapt their services to accommodate the health and
21.15 safety needs of the person.

21.16 (e) The staff person must review and receive instruction on the safe and correct operation
21.17 of medical equipment used by the person to sustain life or to monitor a medical condition
21.18 that could become life-threatening without proper use of the medical equipment, including
21.19 but not limited to ventilators, feeding tubes, or endotracheal tubes. The training must be
21.20 provided by a licensed health care professional or a manufacturer's representative and
21.21 incorporate an observed skill assessment to ensure staff demonstrate the ability to safely
21.22 and correctly operate the equipment according to the treatment orders and the manufacturer's
21.23 instructions.

21.24 (f) The staff person must review and receive instruction on mental health crisis response,
21.25 de-escalation techniques, and suicide intervention when providing direct support to a person
21.26 with a serious mental illness.

21.27 (g) In the event of an emergency service initiation, the license holder must ensure the
21.28 training required in this subdivision occurs within 72 hours of the direct support staff person
21.29 first having unsupervised contact with the person receiving services. The license holder
21.30 must document the reason for the unplanned or emergency service initiation and maintain
21.31 the documentation in the person's service recipient record.

21.32 (h) License holders who provide direct support services themselves must complete the
21.33 orientation required in subdivision 4, clauses (3) to ~~(10)~~ (11).

22.1 Sec. 7. Minnesota Statutes 2019 Supplement, section 245D.09, subdivision 5, is amended
22.2 to read:

22.3 Subd. 5. **Annual training.** A license holder must provide annual training to direct support
22.4 staff on the topics identified in subdivision 4, clauses (3) to ~~(10)~~ (11). If the direct support
22.5 staff has a first aid certification, annual training under subdivision 4, clause (9), is not
22.6 required as long as the certification remains current.

22.7 Sec. 8. Minnesota Statutes 2019 Supplement, section 256B.056, subdivision 5c, is amended
22.8 to read:

22.9 Subd. 5c. **Excess income standard.** (a) The excess income standard for parents and
22.10 caretaker relatives, pregnant women, infants, and children ages two through 20 is the standard
22.11 specified in subdivision 4, paragraph (b).

22.12 (b) The excess income standard for a person whose eligibility is based on blindness,
22.13 disability, or age of 65 or more years shall equal:

22.14 (1) 81 percent of the federal poverty guidelines; and

22.15 (2) effective July 1, 2022, ~~100 percent of the federal poverty guidelines~~ the standard
22.16 specified in subdivision 4, paragraph (a).

22.17 Sec. 9. Minnesota Statutes 2019 Supplement, section 256B.0711, subdivision 1, is amended
22.18 to read:

22.19 Subdivision 1. **Definitions.** For purposes of this section:

22.20 (a) "Commissioner" means the commissioner of human services unless otherwise
22.21 indicated.

22.22 (b) "Covered program" means a program to provide direct support services funded in
22.23 whole or in part by the state of Minnesota, including the community first services and
22.24 supports program under section 256B.85, subdivision 2, paragraph (e); ~~consumer-directed~~
22.25 consumer-directed community supports ~~services~~ and extended state plan personal care
22.26 assistance services available under programs established pursuant to home and
22.27 community-based service waivers authorized under section 1915(c) of the Social Security
22.28 Act, and Minnesota Statutes, including, but not limited to, chapter 256S and sections
22.29 256B.092 and 256B.49, and under the alternative care program, ~~as offered pursuant to~~ under
22.30 section 256B.0913; the personal care assistance choice program, ~~as established pursuant to~~
22.31 under section 256B.0659, subdivisions 18 to 20; and any similar program that may provide
22.32 similar services in the future.

23.1 (c) "Direct support services" means personal care assistance services covered by medical
23.2 assistance under section 256B.0625, subdivisions 19a and 19c; assistance with activities of
23.3 daily living as defined in section 256B.0659, subdivision 1, paragraph (b), and instrumental
23.4 activities of daily living as defined in section 256B.0659, subdivision 1, paragraph (i); and
23.5 other similar, in-home, nonprofessional long-term services and supports provided to an
23.6 elderly person or person with a disability by the person's employee or the employee of the
23.7 person's representative to meet such person's daily living needs and ensure that such person
23.8 may adequately function in the person's home and have safe access to the community.

23.9 (d) "Individual provider" means an individual selected by and working under the direction
23.10 of a participant in a covered program, or a participant's representative, to provide direct
23.11 support services to the participant, but does not include an employee of a provider agency,
23.12 subject to the agency's direction and control commensurate with agency employee status.

23.13 (e) "Participant" means a person who receives direct support services through a covered
23.14 program.

23.15 (f) "Participant's representative" means a participant's legal guardian or an individual
23.16 having the authority and responsibility to act on behalf of a participant with respect to the
23.17 provision of direct support services through a covered program.

23.18 Sec. 10. Minnesota Statutes 2019 Supplement, section 256B.0911, subdivision 3a, is
23.19 amended to read:

23.20 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
23.21 planning, or other assistance intended to support community-based living, including persons
23.22 who need assessment in order to determine waiver or alternative care program eligibility,
23.23 must be visited by a long-term care consultation team within 20 calendar days after the date
23.24 on which an assessment was requested or recommended. Upon statewide implementation
23.25 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
23.26 requesting personal care assistance services. The commissioner shall provide at least a
23.27 90-day notice to lead agencies prior to the effective date of this requirement. Face-to-face
23.28 assessments must be conducted according to paragraphs (b) to (i).

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

23.32 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
23.33 be used to complete a comprehensive, conversation-based, person-centered assessment.

24.1 The assessment must include the health, psychological, functional, environmental, and
24.2 social needs of the individual necessary to develop a community support plan that meets
24.3 the individual's needs and preferences.

24.4 (d) The assessment must be conducted in a face-to-face conversational interview with
24.5 the person being assessed. The person's legal representative must provide input during the
24.6 assessment process and may do so remotely if requested. At the request of the person, other
24.7 individuals may participate in the assessment to provide information on the needs, strengths,
24.8 and preferences of the person necessary to develop a community support plan that ensures
24.9 the person's health and safety. Except for legal representatives or family members invited
24.10 by the person, persons participating in the assessment may not be a provider of service or
24.11 have any financial interest in the provision of services. For persons who are to be assessed
24.12 for elderly waiver customized living or adult day services under chapter 256S, with the
24.13 permission of the person being assessed or the person's designated or legal representative,
24.14 the client's current or proposed provider of services may submit a copy of the provider's
24.15 nursing assessment or written report outlining its recommendations regarding the client's
24.16 care needs. The person conducting the assessment must notify the provider of the date by
24.17 which this information is to be submitted. This information shall be provided to the person
24.18 conducting the assessment prior to the assessment. For a person who is to be assessed for
24.19 waiver services under section 256B.092 or 256B.49, with the permission of the person being
24.20 assessed or the person's designated legal representative, the person's current provider of
24.21 services may submit a written report outlining recommendations regarding the person's care
24.22 needs the person completed in consultation with someone who is known to the person and
24.23 has interaction with the person on a regular basis. The provider must submit the report at
24.24 least 60 days before the end of the person's current service agreement. The certified assessor
24.25 must consider the content of the submitted report prior to finalizing the person's assessment
24.26 or reassessment.

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

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

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

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

25.3 (2) the individual's options and choices to meet identified needs, including all available
25.4 options for case management services and providers, including service provided in a
25.5 non-disability-specific setting;

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

25.8 (4) referral information; and

25.9 (5) informal caregiver supports, if applicable.

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

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

25.18 (i) The person has the right to make the final decision between institutional placement
25.19 and community placement after the recommendations have been provided, except as provided
25.20 in section 256.975, subdivision 7a, paragraph (d).

25.21 (j) The lead agency must give the person receiving assessment or support planning, or
25.22 the person's legal representative, materials, and forms supplied by the commissioner
25.23 containing the following information:

25.24 (1) written recommendations for community-based services and consumer-directed
25.25 options;

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

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

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

26.11 (5) information about Minnesota health care programs;

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

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

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

26.19 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
26.20 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
26.21 (8), and (b), and incorporating the decision regarding the need for institutional level of care
26.22 or the lead agency's final decisions regarding public programs eligibility according to section
26.23 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
26.24 to the person and must visually point out where in the document the right to appeal is stated.

26.25 (k) Face-to-face assessment completed as part of eligibility determination for the
26.26 alternative care, elderly waiver, developmental disabilities, community access for disability
26.27 inclusion, community alternative care, and brain injury waiver programs under chapter 256S
26.28 and sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for
26.29 no more than 60 calendar days after the date of assessment.

26.30 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
26.31 to the date of assessment. If an assessment was completed more than 60 days before the
26.32 effective waiver or alternative care program eligibility start date, assessment and support
26.33 plan information must be updated and documented in the department's Medicaid Management

27.1 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
27.2 state plan services, the effective date of eligibility for programs included in paragraph (k)
27.3 cannot be prior to the date the most recent updated assessment is completed.

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

27.8 (n) At the time of reassessment, the certified assessor shall assess each person receiving
27.9 waiver services currently residing in a community residential setting, or licensed adult foster
27.10 care home that is not the primary residence of the license holder, or in which the license
27.11 holder is not the primary caregiver, to determine if that person would prefer to be served in
27.12 a community-living setting as defined in section 256B.49, subdivision 23. The certified
27.13 assessor shall offer the person, through a person-centered planning process, the option to
27.14 receive alternative housing and service options.

27.15 Sec. 11. Minnesota Statutes 2018, section 256B.0941, subdivision 1, is amended to read:

27.16 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment
27.17 services in a psychiatric residential treatment facility must meet all of the following criteria:

27.18 (1) before admission, services are determined to be medically necessary ~~by the state's~~
27.19 ~~medical review agent~~ according to Code of Federal Regulations, title 42, section 441.152;

27.20 (2) is younger than 21 years of age at the time of admission. Services may continue until
27.21 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs
27.22 first;

27.23 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic
27.24 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,
27.25 or a finding that the individual is a risk to self or others;

27.26 (4) has functional impairment and a history of difficulty in functioning safely and
27.27 successfully in the community, school, home, or job; an inability to adequately care for
27.28 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
27.29 the individual's needs;

27.30 (5) requires psychiatric residential treatment under the direction of a physician to improve
27.31 the individual's condition or prevent further regression so that services will no longer be
27.32 needed;

28.1 (6) utilized and exhausted other community-based mental health services, or clinical
 28.2 evidence indicates that such services cannot provide the level of care needed; and

28.3 (7) was referred for treatment in a psychiatric residential treatment facility by a qualified
 28.4 mental health professional licensed as defined in section 245.4871, subdivision 27, clauses
 28.5 (1) to (6).

28.6 ~~(b) A mental health professional making a referral shall submit documentation to the~~
 28.7 ~~state's medical review agent containing all information necessary to determine medical~~
 28.8 ~~necessity, including a standard diagnostic assessment completed within 180 days of the~~
 28.9 ~~individual's admission. Documentation shall include evidence of family participation in the~~
 28.10 ~~individual's treatment planning and signed consent for services.~~

28.11 (b) The commissioner shall provide oversight and conduct utilization reviews of referrals
 28.12 to and admitted clients in psychiatric residential treatment facilities to ensure that eligibility
 28.13 criteria, clinical services, and treatment planning are reflective of clinical, state, and federal
 28.14 standards for psychiatric residential treatment facility level of care. The commissioner shall
 28.15 coordinate a statewide list of children and youth who meet the medical necessity criteria
 28.16 for psychiatric residential treatment facility level of care and who are awaiting admission.
 28.17 The statewide list must not be used to direct admission of children and youth in specific
 28.18 facilities.

28.19 Sec. 12. Minnesota Statutes 2018, section 256B.0941, subdivision 3, is amended to read:

28.20 Subd. 3. **Per diem rate.** (a) The commissioner ~~shall~~ must establish a statewide one per
 28.21 diem rate per provider for psychiatric residential treatment facility services for individuals
 28.22 21 years of age or younger. The rate for a provider must not exceed the rate charged by that
 28.23 provider for the same service to other payers. Payment must not be made to more than one
 28.24 entity for each individual for services provided under this section on a given day. The
 28.25 commissioner ~~shall~~ must set rates prospectively for the annual rate period. The commissioner
 28.26 ~~shall~~ must require providers to submit annual cost reports on a uniform cost reporting form
 28.27 and ~~shall~~ must use submitted cost reports to inform the rate-setting process. The cost reporting
 28.28 ~~shall~~ must be done according to federal requirements for Medicare cost reports.

28.29 (b) The following are included in the rate:

28.30 (1) costs necessary for licensure and accreditation, meeting all staffing standards for
 28.31 participation, meeting all service standards for participation, meeting all requirements for
 28.32 active treatment, maintaining medical records, conducting utilization review, meeting
 28.33 inspection of care, and discharge planning. The direct services costs must be determined

29.1 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff
 29.2 and service-related transportation; and

29.3 (2) payment for room and board provided by facilities meeting all accreditation and
 29.4 licensing requirements for participation.

29.5 (c) A facility may submit a claim for payment outside of the per diem for professional
 29.6 services arranged by and provided at the facility by an appropriately licensed professional
 29.7 who is enrolled as a provider with Minnesota health care programs. Arranged services ~~must~~
 29.8 ~~be billed by the facility on a separate claim, and the facility shall be responsible for payment~~
 29.9 ~~to the provider~~ may be billed by either the facility or the licensed professional. These services
 29.10 must be included in the individual plan of care and are subject to prior authorization ~~by the~~
 29.11 ~~state's medical review agent.~~

29.12 (d) Medicaid ~~shall~~ must reimburse for concurrent services as approved by the
 29.13 commissioner to support continuity of care and successful discharge from the facility.
 29.14 "Concurrent services" means services provided by another entity or provider while the
 29.15 individual is admitted to a psychiatric residential treatment facility. Payment for concurrent
 29.16 services may be limited and these services are subject to prior authorization by the state's
 29.17 medical review agent. Concurrent services may include targeted case management, assertive
 29.18 community treatment, clinical care consultation, team consultation, and treatment planning.

29.19 (e) Payment rates under this subdivision ~~shall~~ must not include the costs of providing
 29.20 the following services:

29.21 (1) educational services;

29.22 (2) acute medical care or specialty services for other medical conditions;

29.23 (3) dental services; and

29.24 (4) pharmacy drug costs.

29.25 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,
 29.26 reasonable, and consistent with federal reimbursement requirements in Code of Federal
 29.27 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of
 29.28 Management and Budget Circular Number A-122, relating to nonprofit entities.

29.29 Sec. 13. Minnesota Statutes 2018, section 256B.49, subdivision 16, is amended to read:

29.30 Subd. 16. **Services and supports.** (a) Services and supports included in the home and
 29.31 community-based waivers for persons with disabilities ~~shall~~ must meet the requirements
 29.32 set out in United States Code, title 42, section 1396n. The services and supports, which are

30.1 offered as alternatives to institutional care, ~~shall~~ must promote consumer choice, community
30.2 inclusion, self-sufficiency, and self-determination.

30.3 (b) ~~Beginning January 1, 2003,~~ The commissioner ~~shall~~ must simplify and improve
30.4 access to home and community-based waived services, to the extent possible, through the
30.5 establishment of a common service menu that is available to eligible recipients regardless
30.6 of age, disability type, or waiver program.

30.7 (c) ~~Consumer directed community support services shall~~ Consumer-directed community
30.8 supports must be offered as an option to all persons eligible for services under subdivision
30.9 11, ~~by January 1, 2002.~~

30.10 (d) Services and supports ~~shall~~ must be arranged and provided consistent with
30.11 individualized written plans of care for eligible waiver recipients.

30.12 (e) A transitional supports allowance ~~shall~~ must be available to all persons under a home
30.13 and community-based waiver who are moving from a licensed setting to a community
30.14 setting. "Transitional supports allowance" means a onetime payment of up to \$3,000, to
30.15 cover the costs, not covered by other sources, associated with moving from a licensed setting
30.16 to a community setting. Covered costs include:

30.17 (1) lease or rent deposits;

30.18 (2) security deposits;

30.19 (3) utilities setup costs, including telephone;

30.20 (4) essential furnishings and supplies; and

30.21 (5) personal supports and transports needed to locate and transition to community settings.

30.22 (f) The state of Minnesota and county agencies that administer home and
30.23 community-based waived services for persons with disabilities, ~~shall~~ must not be liable
30.24 for damages, injuries, or liabilities sustained through the purchase of supports by the
30.25 individual, the individual's family, legal representative, or the authorized representative
30.26 with funds received through ~~the consumer-directed community support service supports~~
30.27 under this section. Liabilities include but are not limited to: workers' compensation liability,
30.28 the Federal Insurance Contributions Act (FICA), or the Federal Unemployment Tax Act
30.29 (FUTA).

30.30 Sec. 14. [256B.4911] CONSUMER-DIRECTED COMMUNITY SUPPORTS.

30.31 Subdivision 1. Federal authority. Consumer-directed community supports, as referenced
30.32 in sections 256B.0913, subdivision 5, clause (17); 256B.092, subdivision 1b, clause (4);

31.1 256B.49, subdivision 16, paragraph (c); and chapter 256S are governed, in whole, by the
31.2 federally-approved waiver plans for home and community-based services.

31.3 Subd. 2. **Costs associated with physical activities.** The expenses allowed for adults
31.4 under the consumer-directed community supports option must include the costs at the lowest
31.5 rate available considering daily, monthly, semiannual, annual, or membership rates, including
31.6 transportation, associated with physical exercise or other physical activities to maintain or
31.7 improve the person's health and functioning.

31.8 Subd. 3. **Expansion and increase of budget exceptions.** (a) The commissioner of human
31.9 services must provide up to 30 percent more funds for either:

31.10 (1) consumer-directed community supports participants under sections 256B.092 and
31.11 256B.49 who have a coordinated service and support plan which identifies the need for
31.12 more services or supports under consumer-directed community supports than the amount
31.13 the participants are currently receiving under the consumer-directed community supports
31.14 budget methodology to:

31.15 (i) increase the amount of time a person works or otherwise improves employment
31.16 opportunities;

31.17 (ii) plan a transition to, move to, or live in a setting described in section 256D.44,
31.18 subdivision 5, paragraph (g), clause (1), item (iii); or

31.19 (iii) develop and implement a positive behavior support plan; or

31.20 (2) home and community-based waiver participants under sections 256B.092 and 256B.49
31.21 who are currently using licensed providers for: (i) employment supports or services during
31.22 the day; or (ii) residential services, either of which cost more annually than the person would
31.23 spend under a consumer-directed community supports plan for any or all of the supports
31.24 needed to meet a goal identified in clause (1), item (i), (ii), or (iii).

31.25 (b) The exception under paragraph (a), clause (1), is limited to persons who can
31.26 demonstrate that they will have to discontinue using consumer-directed community supports
31.27 and accept other non-self-directed waiver services because their supports needed for a goal
31.28 described in paragraph (a), clause (1), item (i), (ii), or (iii), cannot be met within the
31.29 consumer-directed community supports budget limits.

31.30 (c) The exception under paragraph (a), clause (2), is limited to persons who can
31.31 demonstrate that, upon choosing to become a consumer-directed community supports
31.32 participant, the total cost of services, including the exception, will be less than the cost of
31.33 current waiver services.

32.1 Subd. 4. **Budget exception for persons leaving institutions and crisis residential**
 32.2 **settings.** (a) The commissioner must establish an institutional and crisis bed
 32.3 consumer-directed community supports budget exception process in the home and
 32.4 community-based services waivers under sections 256B.092 and 256B.49. This budget
 32.5 exception process must be available for any individual who:

32.6 (1) is not offered available and appropriate services within 60 days since approval for
 32.7 discharge from the individual's current institutional setting; and

32.8 (2) requires services that are more expensive than appropriate services provided in a
 32.9 noninstitutional setting using the consumer-directed community supports option.

32.10 (b) Institutional settings for purposes of this exception include intermediate care facilities
 32.11 for persons with developmental disabilities; nursing facilities; acute care hospitals; Anoka
 32.12 Metro Regional Treatment Center; Minnesota Security Hospital; and crisis beds.

32.13 (c) The budget exception must be limited to no more than the amount of appropriate
 32.14 services provided in a noninstitutional setting as determined by the lead agency managing
 32.15 the individual's home and community-based services waiver. The lead agency must notify
 32.16 the Department of Human Services of the budget exception.

32.17 Subd. 5. **Shared services.** (a) Medical assistance payments for shared services under
 32.18 consumer-directed community supports are limited to this subdivision.

32.19 (b) For purposes of this subdivision, "shared services" means services provided at the
 32.20 same time by the same direct care worker for individuals who have entered into an agreement
 32.21 to share consumer-directed community support services.

32.22 (c) Shared services may include services in the personal assistance category as outlined
 32.23 in the consumer-directed community supports community support plan and shared services
 32.24 agreement, except:

32.25 (1) services for more than three individuals provided by one worker at one time;

32.26 (2) use of more than one worker for the shared services; and

32.27 (3) a child care program licensed under chapter 245A or operated by a local school
 32.28 district or private school.

32.29 (d) The individuals, or as needed the individuals' representatives, must develop the plan
 32.30 for shared services when developing or amending the consumer-directed community supports
 32.31 plan, and must follow the consumer-directed community supports process for approval of
 32.32 the plan by the lead agency. The plan for shared services in an individual's consumer-directed

33.1 community supports plan must include the intention to utilize shared services based on
33.2 individuals' needs and preferences.

33.3 (e) Individuals sharing services must use the same financial management services
33.4 provider.

33.5 (f) Individuals whose consumer-directed community supports community support plans
33.6 include an intent to utilize shared services must jointly develop, with the support of the
33.7 individuals' representatives as needed, a shared services agreement. This agreement must
33.8 include:

33.9 (1) the names of the individuals receiving shared services;

33.10 (2) the individuals' representative, if identified in their consumer-directed community
33.11 supports plans, and their duties;

33.12 (3) the names of the case managers;

33.13 (4) the financial management services provider;

33.14 (5) the shared services that must be provided;

33.15 (6) the schedule for shared services;

33.16 (7) the location where shared services must be provided;

33.17 (8) the training specific to each individual served;

33.18 (9) the training specific to providing shared services to the individuals identified in the
33.19 agreement;

33.20 (10) instructions to follow all required documentation for time and services provided;

33.21 (11) a contingency plan for each individual that accounts for service provision and billing
33.22 in the absence of one of the individuals in a shared services setting due to illness or other
33.23 circumstances;

33.24 (12) signatures of all parties involved in the shared services; and

33.25 (13) agreement by each individual who is sharing services on the number of shared hours
33.26 for services provided.

33.27 (g) Any individual or any individual's representative may withdraw from participating
33.28 in a shared services agreement at any time.

34.1 (h) The lead agency for each individual must authorize the use of the shared services
 34.2 option based on the criteria that the shared service is appropriate to meet the needs, health,
 34.3 and safety of each individual for whom they provide case management or care coordination.

34.4 (i) This subdivision must not be construed to reduce the total authorized
 34.5 consumer-directed community supports budget for an individual.

34.6 (j) No later than September 30, 2019, the commissioner of human services must:

34.7 (1) submit an amendment to the Centers for Medicare and Medicaid Services for the
 34.8 home and community-based services waivers authorized under sections 256B.0913,
 34.9 256B.092, and 256B.49, and chapter 256S, to allow for a shared services option under
 34.10 consumer-directed community supports; and

34.11 (2) with stakeholder input, develop guidance for shared services in consumer-directed
 34.12 community supports within the community-based services manual. Guidance must include:

34.13 (i) recommendations for negotiating payment for one-to-two and one-to-three services;
 34.14 and

34.15 (ii) a template of the shared services agreement.

34.16 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
 34.17 for subdivision 5, paragraphs (a) to (i), which are effective the day following final enactment
 34.18 or upon federal approval, whichever occurs later. The commissioner of human services
 34.19 must notify the revisor of statutes when federal approval is obtained.

34.20 Sec. 15. Minnesota Statutes 2019 Supplement, section 256S.01, subdivision 6, is amended
 34.21 to read:

34.22 Subd. 6. **Immunity; consumer-directed community supports.** The state of Minnesota,
 34.23 or a county, managed care plan, county-based purchasing plan, or tribal government under
 34.24 contract to administer the elderly waiver, is not liable for damages, injuries, or liabilities
 34.25 sustained as a result of the participant, the participant's family, or the participant's authorized
 34.26 representatives purchasing direct supports or goods with funds received through
 34.27 consumer-directed community ~~support services~~ supports under the elderly waiver. Liabilities
 34.28 include, but are not limited to, workers' compensation liability, Federal Insurance
 34.29 Contributions Act under United States Code, title 26, subtitle c, chapter 21, or Federal
 34.30 Unemployment Tax Act under Internal Revenue Code, chapter 23.

35.1 Sec. 16. Minnesota Statutes 2019 Supplement, section 256S.19, subdivision 4, is amended
35.2 to read:

35.3 Subd. 4. **Calculation of monthly conversion budget cap with consumer-directed**
35.4 **community supports.** For the elderly waiver monthly conversion budget cap for the cost
35.5 of elderly waiver services with consumer-directed community ~~support services~~ supports,
35.6 the nursing facility case mix adjusted total payment rate used under subdivision 3 to calculate
35.7 the monthly conversion budget cap for elderly waiver services without consumer-directed
35.8 community supports must be reduced by a percentage equal to the percentage difference
35.9 between the consumer-directed ~~services~~ community supports budget limit that would be
35.10 assigned according to the elderly waiver plan and the corresponding monthly case mix
35.11 budget cap under this chapter, but not to exceed 50 percent.

35.12 Sec. 17. **TREATMENT OF PREVIOUSLY OBTAINED FEDERAL APPROVALS.**

35.13 This act must not be construed to require the commissioner to seek federal approval for
35.14 provisions for which the commissioner has already received federal approval. Federal
35.15 approvals the commissioner previously obtained for provisions repealed in section 18 survive
35.16 and apply to the corresponding subdivisions of Minnesota Statutes, section 256B.4911.

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

35.18 Sec. 18. **REPEALER.**

35.19 (a) Laws 2005, First Special Session chapter 4, article 7, section 50, is repealed.

35.20 (b) Laws 2005, First Special Session chapter 4, article 7, section 51, is repealed.

35.21 (c) Laws 2012, chapter 247, article 4, section 47, as amended by Laws 2014, chapter
35.22 312, article 27, section 72, Laws 2015, chapter 71, article 7, section 58, Laws 2016, chapter
35.23 144, section 1, Laws 2017, First Special Session chapter 6, article 1, section 43, Laws 2017,
35.24 First Special Session chapter 6, article 1, section 54, is repealed.

35.25 (d) Laws 2015, chapter 71, article 7, section 54, as amended by Laws 2017, First Special
35.26 Session chapter 6, article 1, section 54, is repealed.

35.27 (e) Laws 2017, First Special Session chapter 6, article 1, section 44, as amended by
35.28 Laws 2019, First Special Session chapter 9, article 5, section 80, is repealed.

35.29 (f) Laws 2017, First Special Session chapter 6, article 1, section 45, as amended by Laws
35.30 2019, First Special Session chapter 9, article 5, section 81, is repealed.

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

36.1 **ARTICLE 3**

36.2 **DEPARTMENT OF HUMAN SERVICES POLICY PROPOSALS**

36.3 Section 1. Minnesota Statutes 2018, section 245.4871, is amended by adding a subdivision
36.4 to read:

36.5 Subd. 32a. **Responsible social services agency.** "Responsible social services agency"
36.6 is defined in section 260C.007, subdivision 27a.

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

36.8 Sec. 2. Minnesota Statutes 2018, section 245.4885, subdivision 1, is amended to read:

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

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

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

37.1 in determining a child's placement, the child's level of care determination shall determine
37.2 whether the proposed treatment:

37.3 (1) is necessary;

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

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

37.6 (4) provides a length of stay as short as possible consistent with the individual child's
37.7 need.

37.8 (d) When a level of care determination is conducted, the responsible social services
37.9 agency or other entity may not determine that a screening under section 260C.157 or referral
37.10 or admission to a treatment foster care setting or residential treatment facility is not
37.11 appropriate solely because services were not first provided to the child in a less restrictive
37.12 setting and the child failed to make progress toward or meet treatment goals in the less
37.13 restrictive setting. The level of care determination must be based on a diagnostic assessment
37.14 that includes a functional assessment which evaluates family, school, and community living
37.15 situations; and an assessment of the child's need for care out of the home using a validated
37.16 tool which assesses a child's functional status and assigns an appropriate level of care. The
37.17 validated tool must be approved by the commissioner of human services. If a diagnostic
37.18 assessment including a functional assessment has been completed by a mental health
37.19 professional within the past 180 days, a new diagnostic assessment need not be completed
37.20 unless in the opinion of the current treating mental health professional the child's mental
37.21 health status has changed markedly since the assessment was completed. The child's parent
37.22 shall be notified if an assessment will not be completed and of the reasons. A copy of the
37.23 notice shall be placed in the child's file. Recommendations developed as part of the level
37.24 of care determination process shall include specific community services needed by the child
37.25 and, if appropriate, the child's family, and shall indicate whether or not these services are
37.26 available and accessible to the child and family.

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

37.31 ~~(f) The level of care determination shall comply with section 260C.212. The parent shall~~
37.32 ~~be consulted in the process, unless clinically detrimental to the child.~~ When the responsible
37.33 social services agency has authority, the agency must engage the child's parents in case
37.34 planning under sections 260C.212 and 260C.708 unless a court terminates the parent's rights

38.1 or court orders restrict the parent from participating in case planning, visitation, or parental
38.2 responsibilities.

38.3 (g) The level of care determination, and placement decision, and recommendations for
38.4 mental health services must be documented in the child's record, as required in chapters
38.5 260C.

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

38.7 Sec. 3. Minnesota Statutes 2019 Supplement, section 245.4889, subdivision 1, is amended
38.8 to read:

38.9 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
38.10 make grants from available appropriations to assist:

38.11 (1) counties;

38.12 (2) Indian tribes;

38.13 (3) children's collaboratives under section 124D.23 or 245.493; or

38.14 (4) mental health service providers.

38.15 (b) The following services are eligible for grants under this section:

38.16 (1) services to children with emotional disturbances as defined in section 245.4871,
38.17 subdivision 15, and their families;

38.18 (2) transition services under section 245.4875, subdivision 8, for young adults under
38.19 age 21 and their families;

38.20 (3) respite care services for children with emotional disturbances or severe emotional
38.21 disturbances who are at risk of out-of-home placement. A child is not required to have case
38.22 management services to receive respite care services;

38.23 (4) children's mental health crisis services;

38.24 (5) mental health services for people from cultural and ethnic minorities;

38.25 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

38.26 (7) services to promote and develop the capacity of providers to use evidence-based
38.27 practices in providing children's mental health services;

38.28 (8) school-linked mental health services under section 245.4901;

38.29 (9) building evidence-based mental health intervention capacity for children birth to age
38.30 five;

- 39.1 (10) suicide prevention and counseling services that use text messaging statewide;
- 39.2 (11) mental health first aid training;
- 39.3 (12) training for parents, collaborative partners, and mental health providers on the
39.4 impact of adverse childhood experiences and trauma and development of an interactive
39.5 website to share information and strategies to promote resilience and prevent trauma;
- 39.6 (13) transition age services to develop or expand mental health treatment and supports
39.7 for adolescents and young adults 26 years of age or younger;
- 39.8 (14) early childhood mental health consultation;
- 39.9 (15) evidence-based interventions for youth at risk of developing or experiencing a first
39.10 episode of psychosis, and a public awareness campaign on the signs and symptoms of
39.11 psychosis;
- 39.12 (16) psychiatric consultation for primary care practitioners; and
- 39.13 (17) providers to begin operations and meet program requirements when establishing a
39.14 new children's mental health program. These may be start-up grants.
- 39.15 (c) Services under paragraph (b) must be designed to help each child to function and
39.16 remain with the child's family in the community and delivered consistent with the child's
39.17 treatment plan. Transition services to eligible young adults under this paragraph must be
39.18 designed to foster independent living in the community.
- 39.19 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
39.20 reimbursement sources, if applicable.

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

39.22 Sec. 4. Minnesota Statutes 2018, section 245C.02, subdivision 5, is amended to read:

39.23 Subd. 5. **Background study.** "Background study" means the review of records conducted
39.24 by the commissioner to determine whether a subject is disqualified from direct contact with
39.25 persons served by a program and, where specifically provided in statutes, whether a subject
39.26 is disqualified from having access to persons served by a program and from working in a
39.27 children's residential facility or foster residence setting.

40.1 Sec. 5. Minnesota Statutes 2018, section 245C.02, is amended by adding a subdivision to
40.2 read:

40.3 Subd. 11a. **Foster family setting.** "Foster family setting" has the meaning given in
40.4 Minnesota Rules, chapter 2960.3010, subpart 23.

40.5 Sec. 6. Minnesota Statutes 2018, section 245C.02, is amended by adding a subdivision to
40.6 read:

40.7 Subd. 11b. **Foster residence setting.** "Foster residence setting" has the meaning given
40.8 in Minnesota Rules, chapter 2960.3010, subpart 26, and includes settings licensed by the
40.9 commissioner of corrections or the commissioner of human services.

40.10 Sec. 7. Minnesota Statutes 2018, section 245C.02, is amended by adding a subdivision to
40.11 read:

40.12 Subd. 21. **Title IV-E eligible.** "Title IV-E eligible" means a children's residential facility
40.13 or foster residence setting that is designated by the commissioner as eligible to receive Title
40.14 IV-E payments for a child placed at the children's residential facility or foster residence
40.15 setting.

40.16 Sec. 8. Minnesota Statutes 2019 Supplement, section 245C.03, subdivision 1, is amended
40.17 to read:

40.18 Subdivision 1. **Licensed programs.** (a) The commissioner shall conduct a background
40.19 study on:

40.20 (1) the person or persons applying for a license;

40.21 (2) an individual age 13 and over living in the household where the licensed program
40.22 will be provided who is not receiving licensed services from the program;

40.23 (3) current or prospective employees or contractors of the applicant who will have direct
40.24 contact with persons served by the facility, agency, or program;

40.25 (4) volunteers or student volunteers who will have direct contact with persons served
40.26 by the program to provide program services if the contact is not under the continuous, direct
40.27 supervision by an individual listed in clause (1) or (3);

40.28 (5) an individual age ten to 12 living in the household where the licensed services will
40.29 be provided when the commissioner has reasonable cause as defined in section 245C.02,
40.30 subdivision 15;

41.1 (6) an individual who, without providing direct contact services at a licensed program,
41.2 may have unsupervised access to children or vulnerable adults receiving services from a
41.3 program, when the commissioner has reasonable cause as defined in section 245C.02,
41.4 subdivision 15;

41.5 (7) all controlling individuals as defined in section 245A.02, subdivision 5a;

41.6 (8) notwithstanding the other requirements in this subdivision, child care background
41.7 study subjects as defined in section 245C.02, subdivision 6a; and

41.8 (9) notwithstanding clause (3), for children's residential facilities and foster residence
41.9 settings, any adult working in the facility, whether or not the individual will have direct
41.10 contact with persons served by the facility.

41.11 (b) For child foster care when the license holder resides in the home where foster care
41.12 services are provided, a short-term substitute caregiver providing direct contact services for
41.13 a child for less than 72 hours of continuous care is not required to receive a background
41.14 study under this chapter.

41.15 Sec. 9. Minnesota Statutes 2018, section 245C.04, subdivision 1, is amended to read:

41.16 Subdivision 1. **Licensed programs; other child care programs.** (a) The commissioner
41.17 shall conduct a background study of an individual required to be studied under section
41.18 245C.03, subdivision 1, at least upon application for initial license for all license types.

41.19 (b) The commissioner shall conduct a background study of an individual required to be
41.20 studied under section 245C.03, subdivision 1, including a child care background study
41.21 subject as defined in section 245C.02, subdivision 6a, in a family child care program, licensed
41.22 child care center, certified license-exempt child care center, or legal nonlicensed child care
41.23 provider, on a schedule determined by the commissioner. Except as provided in section
41.24 245C.05, subdivision 5a, a child care background study must include submission of
41.25 fingerprints for a national criminal history record check and a review of the information
41.26 under section 245C.08. A background study for a child care program must be repeated
41.27 within five years from the most recent study conducted under this paragraph.

41.28 (c) At reapplication for a family child care license:

41.29 (1) for a background study affiliated with a licensed family child care center or legal
41.30 nonlicensed child care provider, the individual shall provide information required under
41.31 section 245C.05, subdivision 1, paragraphs (a), (b), and (d), to the county agency, and be
41.32 fingerprinted and photographed under section 245C.05, subdivision 5;

42.1 (2) the county agency shall verify the information received under clause (1) and forward
42.2 the information to the commissioner to complete the background study; and

42.3 (3) the background study conducted by the commissioner under this paragraph must
42.4 include a review of the information required under section 245C.08.

42.5 (d) The commissioner is not required to conduct a study of an individual at the time of
42.6 reapplication for a license if the individual's background study was completed by the
42.7 commissioner of human services and the following conditions are met:

42.8 (1) a study of the individual was conducted either at the time of initial licensure or when
42.9 the individual became affiliated with the license holder;

42.10 (2) the individual has been continuously affiliated with the license holder since the last
42.11 study was conducted; and

42.12 (3) the last study of the individual was conducted on or after October 1, 1995.

42.13 (e) The commissioner of human services shall conduct a background study of an
42.14 individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6),
42.15 who is newly affiliated with a child foster care family setting license holder:

42.16 (1) the county or private agency shall collect and forward to the commissioner the
42.17 information required under section 245C.05, subdivisions 1 and 5, when the child foster
42.18 ~~care~~ family setting applicant or license holder resides in the home where child foster care
42.19 services are provided; and

42.20 ~~(2) the child foster care license holder or applicant shall collect and forward to the~~
42.21 ~~commissioner the information required under section 245C.05, subdivisions 1 and 5, when~~
42.22 ~~the applicant or license holder does not reside in the home where child foster care services~~
42.23 ~~are provided; and~~

42.24 ~~(3)~~ (2) the background study conducted by the commissioner of human services under
42.25 this paragraph must include a review of the information required under section 245C.08,
42.26 subdivisions 1, 3, and 4.

42.27 (f) The commissioner shall conduct a background study of an individual specified under
42.28 section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated
42.29 with an adult foster care or family adult day services and with a family child care license
42.30 holder or a legal nonlicensed child care provider authorized under chapter 119B and:

42.31 (1) except as provided in section 245C.05, subdivision 5a, the county shall collect and
42.32 forward to the commissioner the information required under section 245C.05, subdivision

43.1 1, paragraphs (a) and (b), and subdivision 5, paragraphs (a), (b), and (d), for background
43.2 studies conducted by the commissioner for all family adult day services, for adult foster
43.3 care when the adult foster care license holder resides in the adult foster care residence, and
43.4 for family child care and legal nonlicensed child care authorized under chapter 119B;

43.5 (2) the license holder shall collect and forward to the commissioner the information
43.6 required under section 245C.05, subdivisions 1, paragraphs (a) and (b); and 5, paragraphs
43.7 (a) and (b), for background studies conducted by the commissioner for adult foster care
43.8 when the license holder does not reside in the adult foster care residence; and

43.9 (3) the background study conducted by the commissioner under this paragraph must
43.10 include a review of the information required under section 245C.08, subdivision 1, paragraph
43.11 (a), and subdivisions 3 and 4.

43.12 (g) Applicants for licensure, license holders, and other entities as provided in this chapter
43.13 must submit completed background study requests to the commissioner using the electronic
43.14 system known as NETStudy before individuals specified in section 245C.03, subdivision
43.15 1, begin positions allowing direct contact in any licensed program.

43.16 (h) For an individual who is not on the entity's active roster, the entity must initiate a
43.17 new background study through NETStudy when:

43.18 (1) an individual returns to a position requiring a background study following an absence
43.19 of 120 or more consecutive days; or

43.20 (2) a program that discontinued providing licensed direct contact services for 120 or
43.21 more consecutive days begins to provide direct contact licensed services again.

43.22 The license holder shall maintain a copy of the notification provided to the commissioner
43.23 under this paragraph in the program's files. If the individual's disqualification was previously
43.24 set aside for the license holder's program and the new background study results in no new
43.25 information that indicates the individual may pose a risk of harm to persons receiving
43.26 services from the license holder, the previous set-aside shall remain in effect.

43.27 (i) For purposes of this section, a physician licensed under chapter 147 is considered to
43.28 be continuously affiliated upon the license holder's receipt from the commissioner of health
43.29 or human services of the physician's background study results.

43.30 (j) For purposes of family child care, a substitute caregiver must receive repeat
43.31 background studies at the time of each license renewal.

43.32 (k) A repeat background study at the time of license renewal is not required if the family
43.33 child care substitute caregiver's background study was completed by the commissioner on

44.1 or after October 1, 2017, and the substitute caregiver is on the license holder's active roster
44.2 in NETStudy 2.0.

44.3 (l) Before and after school programs authorized under chapter 119B, are exempt from
44.4 the background study requirements under section 123B.03, for an employee for whom a
44.5 background study under this chapter has been completed.

44.6 Sec. 10. Minnesota Statutes 2018, section 245C.04, is amended by adding a subdivision
44.7 to read:

44.8 Subd. 11. Children's residential facilities and foster residence settings. Applicants
44.9 and license holders for children's residential facilities and foster residence settings must
44.10 submit a background study request to the commissioner using the electronic system known
44.11 as NETStudy 2.0:

44.12 (1) before the commissioner issues a license to an applicant;

44.13 (2) before an individual age 13 or older, who is not currently receiving services from
44.14 the licensed facility or setting, may live in the licensed program or setting;

44.15 (3) before a volunteer has unsupervised direct contact with persons that the program
44.16 serves;

44.17 (4) before an individual becomes a controlling individual as defined in section 245A.02,
44.18 subdivision 5a;

44.19 (5) before an adult, regardless of whether or not the individual will have direct contact
44.20 with persons served by the facility, begins working in the facility or setting;

44.21 (6) when directed to by the commissioner for an individual who resides in the household
44.22 as described in section 245C.03, subdivision 1, paragraph (a), clause (5); and

44.23 (7) when directed to by the commissioner for an individual who may have unsupervised
44.24 access to children or vulnerable adults as described in section 245C.03, subdivision 1,
44.25 paragraph (a), clause (6).

44.26 Sec. 11. Minnesota Statutes 2019 Supplement, section 245C.05, subdivision 4, is amended
44.27 to read:

44.28 Subd. 4. **Electronic transmission.** (a) For background studies conducted by the
44.29 Department of Human Services, the commissioner shall implement a secure system for the
44.30 electronic transmission of:

44.31 (1) background study information to the commissioner;

45.1 (2) background study results to the license holder;

45.2 (3) background study results to ~~county and private agencies~~ counties for background
45.3 studies conducted by the commissioner for child foster care; and

45.4 (4) background study results to county agencies for background studies conducted by
45.5 the commissioner for adult foster care and family adult day services and, upon
45.6 implementation of NETStudy 2.0, family child care and legal nonlicensed child care
45.7 authorized under chapter 119B.

45.8 (b) Unless the commissioner has granted a hardship variance under paragraph (c), a
45.9 license holder or an applicant must use the electronic transmission system known as
45.10 NETStudy or NETStudy 2.0 to submit all requests for background studies to the
45.11 commissioner as required by this chapter.

45.12 (c) A license holder or applicant whose program is located in an area in which high-speed
45.13 Internet is inaccessible may request the commissioner to grant a variance to the electronic
45.14 transmission requirement.

45.15 (d) Section 245C.08, subdivision 3, paragraph (c), applies to results transmitted under
45.16 this subdivision.

45.17 Sec. 12. Minnesota Statutes 2019 Supplement, section 245C.08, subdivision 1, is amended
45.18 to read:

45.19 Subdivision 1. **Background studies conducted by Department of Human Services.** (a)
45.20 For a background study conducted by the Department of Human Services, the commissioner
45.21 shall review:

45.22 (1) information related to names of substantiated perpetrators of maltreatment of
45.23 vulnerable adults that has been received by the commissioner as required under section
45.24 626.557, subdivision 9c, paragraph (j);

45.25 (2) the commissioner's records relating to the maltreatment of minors in licensed
45.26 programs, and from findings of maltreatment of minors as indicated through the social
45.27 service information system;

45.28 (3) information from juvenile courts as required in subdivision 4 for individuals listed
45.29 in section 245C.03, subdivision 1, paragraph (a), when there is reasonable cause;

45.30 (4) information from the Bureau of Criminal Apprehension, including information
45.31 regarding a background study subject's registration in Minnesota as a predatory offender
45.32 under section 243.166;

46.1 (5) except as provided in clause (6), information received as a result of submission of
46.2 fingerprints for a national criminal history record check, as defined in section 245C.02,
46.3 subdivision 13c, when the commissioner has reasonable cause for a national criminal history
46.4 record check as defined under section 245C.02, subdivision 15a, or as required under section
46.5 144.057, subdivision 1, clause (2);

46.6 (6) for a background study related to a child foster ~~care~~ family setting application for
46.7 licensure, foster residence settings, children's residential facilities, a transfer of permanent
46.8 legal and physical custody of a child under sections 260C.503 to 260C.515, or adoptions,
46.9 and for a background study required for family child care, certified license-exempt child
46.10 care, child care centers, and legal nonlicensed child care authorized under chapter 119B,
46.11 the commissioner shall also review:

46.12 (i) information from the child abuse and neglect registry for any state in which the
46.13 background study subject has resided for the past five years;

46.14 (ii) when the background study subject is 18 years of age or older, or a minor under
46.15 section 245C.05, subdivision 5a, paragraph (c), information received following submission
46.16 of fingerprints for a national criminal history record check; and

46.17 (iii) when the background study subject is 18 years of age or older or a minor under
46.18 section 245C.05, subdivision 5a, paragraph (d), for licensed family child care, certified
46.19 license-exempt child care, licensed child care centers, and legal nonlicensed child care
46.20 authorized under chapter 119B, information obtained using non-fingerprint-based data
46.21 including information from the criminal and sex offender registries for any state in which
46.22 the background study subject resided for the past five years and information from the national
46.23 crime information database and the national sex offender registry; and

46.24 (7) for a background study required for family child care, certified license-exempt child
46.25 care centers, licensed child care centers, and legal nonlicensed child care authorized under
46.26 chapter 119B, the background study shall also include, to the extent practicable, a name
46.27 and date-of-birth search of the National Sex Offender Public website.

46.28 (b) Notwithstanding expungement by a court, the commissioner may consider information
46.29 obtained under paragraph (a), clauses (3) and (4), unless the commissioner received notice
46.30 of the petition for expungement and the court order for expungement is directed specifically
46.31 to the commissioner.

46.32 (c) The commissioner shall also review criminal case information received according
46.33 to section 245C.04, subdivision 4a, from the Minnesota court information system that relates

47.1 to individuals who have already been studied under this chapter and who remain affiliated
47.2 with the agency that initiated the background study.

47.3 (d) When the commissioner has reasonable cause to believe that the identity of a
47.4 background study subject is uncertain, the commissioner may require the subject to provide
47.5 a set of classifiable fingerprints for purposes of completing a fingerprint-based record check
47.6 with the Bureau of Criminal Apprehension. Fingerprints collected under this paragraph
47.7 shall not be saved by the commissioner after they have been used to verify the identity of
47.8 the background study subject against the particular criminal record in question.

47.9 (e) The commissioner may inform the entity that initiated a background study under
47.10 NETStudy 2.0 of the status of processing of the subject's fingerprints.

47.11 Sec. 13. Minnesota Statutes 2019 Supplement, section 245C.13, subdivision 2, is amended
47.12 to read:

47.13 Subd. 2. ~~Direct contact~~ **Activities pending completion of background study.** The
47.14 subject of a background study may not perform any activity requiring a background study
47.15 under paragraph (c) until the commissioner has issued one of the notices under paragraph
47.16 (a).

47.17 (a) Notices from the commissioner required prior to activity under paragraph ~~(b)~~ (c)
47.18 include:

47.19 (1) a notice of the study results under section 245C.17 stating that:

47.20 (i) the individual is not disqualified; or

47.21 (ii) more time is needed to complete the study but the individual is not required to be
47.22 removed from direct contact or access to people receiving services prior to completion of
47.23 the study as provided under section 245C.17, subdivision 1, paragraph (b) or (c). The notice
47.24 that more time is needed to complete the study must also indicate whether the individual is
47.25 required to be under continuous direct supervision prior to completion of the background
47.26 study. When more time is necessary to complete a background study of an individual
47.27 affiliated with a Title IV-E eligible children's residential facility or foster residence setting,
47.28 the individual may not work in the facility or setting regardless of whether or not the
47.29 individual is supervised;

47.30 (2) a notice that a disqualification has been set aside under section 245C.23; or

47.31 (3) a notice that a variance has been granted related to the individual under section
47.32 245C.30.

48.1 (b) For a background study affiliated with a licensed child care center or certified
 48.2 license-exempt child care center, the notice sent under paragraph (a), clause (1), item (ii),
 48.3 must require the individual to be under continuous direct supervision prior to completion
 48.4 of the background study except as permitted in subdivision 3.

48.5 (c) Activities prohibited prior to receipt of notice under paragraph (a) include:

48.6 (1) being issued a license;

48.7 (2) living in the household where the licensed program will be provided;

48.8 (3) providing direct contact services to persons served by a program unless the subject
 48.9 is under continuous direct supervision;

48.10 (4) having access to persons receiving services if the background study was completed
 48.11 under section 144.057, subdivision 1, or 245C.03, subdivision 1, paragraph (a), clause (2),
 48.12 (5), or (6), unless the subject is under continuous direct supervision; ~~or~~

48.13 (5) for licensed child care centers and certified license-exempt child care centers,
 48.14 providing direct contact services to persons served by the program; or

48.15 (6) for children's residential facilities or foster residence settings, working in the facility
 48.16 or setting.

48.17 Sec. 14. Minnesota Statutes 2018, section 245C.14, is amended by adding a subdivision
 48.18 to read:

48.19 Subd. 3. **Disqualification from working in children's residential facilities and foster**
 48.20 **residence settings.** (a) For a background study affiliated with a children's residential facility
 48.21 or foster residence setting, if an individual is disqualified from direct contact under
 48.22 subdivision 1, the commissioner must also disqualify the individual from working in the
 48.23 children's residential facility or foster residence setting and from having access to a person
 48.24 receiving services from the facility or setting.

48.25 (b) Notwithstanding any other requirement of this chapter, for a background study
 48.26 affiliated with a Title IV-E eligible children's residential facility or foster residence setting,
 48.27 if an individual is disqualified, the individual may not work in the facility or setting until
 48.28 the commissioner has issued a notice stating that:

48.29 (1) the individual is not disqualified;

48.30 (2) a disqualification has been set aside under section 245C.23; or

48.31 (3) a variance has been granted related to the individual under section 245C.30.

49.1 Sec. 15. Minnesota Statutes 2018, section 245C.16, subdivision 1, is amended to read:

49.2 Subdivision 1. **Determining immediate risk of harm.** (a) If the commissioner determines
49.3 that the individual studied has a disqualifying characteristic, the commissioner shall review
49.4 the information immediately available and make a determination as to the subject's immediate
49.5 risk of harm to persons served by the program where the individual studied will have direct
49.6 contact with, or access to, people receiving services.

49.7 (b) The commissioner shall consider all relevant information available, including the
49.8 following factors in determining the immediate risk of harm:

49.9 (1) the recency of the disqualifying characteristic;

49.10 (2) the recency of discharge from probation for the crimes;

49.11 (3) the number of disqualifying characteristics;

49.12 (4) the intrusiveness or violence of the disqualifying characteristic;

49.13 (5) the vulnerability of the victim involved in the disqualifying characteristic;

49.14 (6) the similarity of the victim to the persons served by the program where the individual
49.15 studied will have direct contact;

49.16 (7) whether the individual has a disqualification from a previous background study that
49.17 has not been set aside; and

49.18 (8) if the individual has a disqualification which may not be set aside because it is a
49.19 permanent bar under section 245C.24, subdivision 1, or the individual is a child care
49.20 background study subject who has a felony-level conviction for a drug-related offense in
49.21 the last five years, the commissioner may order the immediate removal of the individual
49.22 from any position allowing direct contact with, or access to, persons receiving services from
49.23 the program and from working in a children's residential facility or foster residence setting.

49.24 (c) This section does not apply when the subject of a background study is regulated by
49.25 a health-related licensing board as defined in chapter 214, and the subject is determined to
49.26 be responsible for substantiated maltreatment under section 626.556 or 626.557.

49.27 (d) This section does not apply to a background study related to an initial application
49.28 for a child foster care family setting license.

49.29 (e) Except for paragraph (f), this section does not apply to a background study that is
49.30 also subject to the requirements under section 256B.0659, subdivisions 11 and 13, for a
49.31 personal care assistant or a qualified professional as defined in section 256B.0659,
49.32 subdivision 1.

50.1 (f) If the commissioner has reason to believe, based on arrest information or an active
50.2 maltreatment investigation, that an individual poses an imminent risk of harm to persons
50.3 receiving services, the commissioner may order that the person be continuously supervised
50.4 or immediately removed pending the conclusion of the maltreatment investigation or criminal
50.5 proceedings.

50.6 Sec. 16. Minnesota Statutes 2018, section 245C.16, subdivision 2, is amended to read:

50.7 Subd. 2. **Findings.** (a) After evaluating the information immediately available under
50.8 subdivision 1, the commissioner may have reason to believe one of the following:

50.9 (1) the individual poses an imminent risk of harm to persons served by the program
50.10 where the individual studied will have direct contact or access to persons served by the
50.11 program or where the individual studied will work;

50.12 (2) the individual poses a risk of harm requiring continuous, direct supervision while
50.13 providing direct contact services during the period in which the subject may request a
50.14 reconsideration; or

50.15 (3) the individual does not pose an imminent risk of harm or a risk of harm requiring
50.16 continuous, direct supervision while providing direct contact services during the period in
50.17 which the subject may request a reconsideration.

50.18 (b) After determining an individual's risk of harm under this section, the commissioner
50.19 must notify the subject of the background study and the applicant or license holder as
50.20 required under section 245C.17.

50.21 (c) For Title IV-E eligible children's residential facilities and foster residence settings,
50.22 the commissioner is prohibited from making the findings in paragraph (a), clause (2) or (3).

50.23 Sec. 17. Minnesota Statutes 2018, section 245C.17, subdivision 1, is amended to read:

50.24 Subdivision 1. **Time frame for notice of study results and auditing system access.** (a)
50.25 Within three working days after the commissioner's receipt of a request for a background
50.26 study submitted through the commissioner's NETStudy or NETStudy 2.0 system, the
50.27 commissioner shall notify the background study subject and the license holder or other
50.28 entity as provided in this chapter in writing or by electronic transmission of the results of
50.29 the study or that more time is needed to complete the study. The notice to the individual
50.30 shall include the identity of the entity that initiated the background study.

50.31 (b) Before being provided access to NETStudy 2.0, the license holder or other entity
50.32 under section 245C.04 shall sign an acknowledgment of responsibilities form developed

51.1 by the commissioner that includes identifying the sensitive background study information
 51.2 person, who must be an employee of the license holder or entity. All queries to NETStudy
 51.3 2.0 are electronically recorded and subject to audit by the commissioner. The electronic
 51.4 record shall identify the specific user. A background study subject may request in writing
 51.5 to the commissioner a report listing the entities that initiated a background study on the
 51.6 individual.

51.7 (c) When the commissioner has completed a prior background study on an individual
 51.8 that resulted in an order for immediate removal and more time is necessary to complete a
 51.9 subsequent study, the notice that more time is needed that is issued under paragraph (a)
 51.10 shall include an order for immediate removal of the individual from any position allowing
 51.11 direct contact with or access to people receiving services and from working in a children's
 51.12 residential facility or foster residence setting pending completion of the background study.

51.13 Sec. 18. Minnesota Statutes 2018, section 245C.17, is amended by adding a subdivision
 51.14 to read:

51.15 Subd. 7. **Disqualification notice to children's residential facilities and foster residence**
 51.16 **settings.** (a) For children's residential facilities and foster residence settings, all notices
 51.17 under this section that order the license holder to immediately remove the individual studied
 51.18 from any position allowing direct contact with, or access to a person served by the program,
 51.19 must also order the license holder to immediately remove the individual studied from working
 51.20 in the program, facility, or setting.

51.21 (b) For Title IV-E eligible children's residential facilities and foster residence settings,
 51.22 notices under this section must not allow an individual to work in the program, facility, or
 51.23 setting under supervision.

51.24 Sec. 19. Minnesota Statutes 2018, section 245C.18, is amended to read:

51.25 **245C.18 OBLIGATION TO REMOVE DISQUALIFIED INDIVIDUAL FROM**
 51.26 **DIRECT CONTACT AND FROM WORKING IN A PROGRAM, FACILITY, OR**
 51.27 **SETTING.**

51.28 (a) Upon receipt of notice from the commissioner, the license holder must remove a
 51.29 disqualified individual from direct contact with persons served by the licensed program if:

51.30 (1) the individual does not request reconsideration under section 245C.21 within the
 51.31 prescribed time;

52.1 (2) the individual submits a timely request for reconsideration, the commissioner does
 52.2 not set aside the disqualification under section 245C.22, subdivision 4, and the individual
 52.3 does not submit a timely request for a hearing under sections 245C.27 and 256.045, or
 52.4 245C.28 and chapter 14; or

52.5 (3) the individual submits a timely request for a hearing under sections 245C.27 and
 52.6 256.045, or 245C.28 and chapter 14, and the commissioner does not set aside or rescind the
 52.7 disqualification under section 245A.08, subdivision 5, or 256.045.

52.8 (b) For children's residential facility and foster residence setting license holders, upon
 52.9 receipt of notice from the commissioner under paragraph (a), the license holder must also
 52.10 remove the disqualified individual from working in the program, facility, or setting and
 52.11 from access to persons served by the licensed program.

52.12 (c) For Title IV-E eligible children's residential facility and foster residence setting
 52.13 license holders, upon receipt of notice from the commissioner under paragraph (a), the
 52.14 license holder must also remove the disqualified individual from working in the program
 52.15 and from access to persons served by the program and must not allow the individual to work
 52.16 in the facility or setting until the commissioner has issued a notice stating that:

52.17 (1) the individual is not disqualified;

52.18 (2) a disqualification has been set aside under section 245C.23; or

52.19 (3) a variance has been granted related to the individual under section 245C.30.

52.20 Sec. 20. Minnesota Statutes 2018, section 245D.04, subdivision 3, is amended to read:

52.21 Subd. 3. **Protection-related rights.** (a) A person's protection-related rights include the
 52.22 right to:

52.23 (1) have personal, financial, service, health, and medical information kept private, and
 52.24 be advised of disclosure of this information by the license holder;

52.25 (2) access records and recorded information about the person in accordance with
 52.26 applicable state and federal law, regulation, or rule;

52.27 (3) be free from maltreatment;

52.28 (4) be free from restraint, time out, seclusion, restrictive intervention, or other prohibited
 52.29 procedure identified in section 245D.06, subdivision 5, or successor provisions, except for:

52.30 (i) emergency use of manual restraint to protect the person from imminent danger to self

52.31 or others according to the requirements in section 245D.061 or successor provisions; or (ii)

- 53.1 the use of safety interventions as part of a positive support transition plan under section
53.2 245D.06, subdivision 8, or successor provisions;
- 53.3 (5) receive services in a clean and safe environment when the license holder is the owner,
53.4 lessor, or tenant of the service site;
- 53.5 (6) be treated with courtesy and respect and receive respectful treatment of the person's
53.6 property;
- 53.7 (7) reasonable observance of cultural and ethnic practice and religion;
- 53.8 (8) be free from bias and harassment regarding race, gender, age, disability, spirituality,
53.9 and sexual orientation;
- 53.10 (9) be informed of and use the license holder's grievance policy and procedures, including
53.11 knowing how to contact persons responsible for addressing problems and to appeal under
53.12 section 256.045;
- 53.13 (10) know the name, telephone number, and the website, e-mail, and street addresses of
53.14 protection and advocacy services, including the appropriate state-appointed ombudsman,
53.15 and a brief description of how to file a complaint with these offices;
- 53.16 (11) assert these rights personally, or have them asserted by the person's family,
53.17 authorized representative, or legal representative, without retaliation;
- 53.18 (12) give or withhold written informed consent to participate in any research or
53.19 experimental treatment;
- 53.20 (13) associate with other persons of the person's choice, in the community;
- 53.21 (14) personal privacy, including the right to use the lock on the person's bedroom or unit
53.22 door;
- 53.23 (15) engage in chosen activities; and
- 53.24 (16) access to the person's personal possessions at any time, including financial resources.
- 53.25 (b) For a person residing in a residential site licensed according to chapter 245A, or
53.26 where the license holder is the owner, lessor, or tenant of the residential service site,
53.27 protection-related rights also include the right to:
- 53.28 (1) have daily, private access to and use of a non-coin-operated telephone for local calls
53.29 and long-distance calls made collect or paid for by the person;
- 53.30 (2) receive and send, without interference, uncensored, unopened mail or electronic
53.31 correspondence or communication;

54.1 (3) have use of and free access to common areas in the residence and the freedom to
54.2 come and go from the residence at will;

54.3 (4) choose the person's visitors and time of visits and have privacy for visits with the
54.4 person's spouse, next of kin, legal counsel, religious adviser, or others, in accordance with
54.5 section 363A.09 of the Human Rights Act, including privacy in the person's bedroom;

54.6 (5) have access to three nutritionally balanced meals and nutritious snacks between
54.7 meals each day;

54.8 (6) have freedom and support to access food and potable water at any time;

54.9 (7) have the freedom to furnish and decorate the person's bedroom or living unit;

54.10 (8) a setting that is clean and free from accumulation of dirt, grease, garbage, peeling
54.11 paint, mold, vermin, and insects;

54.12 (9) a setting that is free from hazards that threaten the person's health or safety; and

54.13 (10) a setting that meets the definition of a dwelling unit within a residential occupancy
54.14 as defined in the State Fire Code.

54.15 (c) Restriction of a person's rights under paragraph (a), clauses (13) to (16), or paragraph
54.16 (b) is allowed only if determined necessary to ensure the health, safety, and well-being of
54.17 the person. Any restriction of those rights must be documented in the person's coordinated
54.18 service and support plan or coordinated service and support plan addendum. The restriction
54.19 must be implemented in the least restrictive alternative manner necessary to protect the
54.20 person and provide support to reduce or eliminate the need for the restriction in the most
54.21 integrated setting and inclusive manner. The documentation must include the following
54.22 information:

54.23 (1) the justification for the restriction based on an assessment of the person's vulnerability
54.24 related to exercising the right without restriction;

54.25 (2) the objective measures set as conditions for ending the restriction;

54.26 (3) a schedule for reviewing the need for the restriction based on the conditions for
54.27 ending the restriction to occur semiannually from the date of initial approval, at a minimum,
54.28 or more frequently if requested by the person, the person's legal representative, if any, and
54.29 case manager; and

54.30 (4) signed and dated approval for the restriction from the person, or the person's legal
54.31 representative, if any. A restriction may be implemented only when the required approval

55.1 has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the
55.2 right must be immediately and fully restored.

55.3 Sec. 21. Minnesota Statutes 2018, section 245D.06, subdivision 2, is amended to read:

55.4 Subd. 2. **Environment and safety.** The license holder must:

55.5 (1) ensure the following when the license holder is the owner, lessor, or tenant of the
55.6 service site:

55.7 (i) the service site is a safe and hazard-free environment;

55.8 (ii) that toxic substances or dangerous items are inaccessible to persons served by the
55.9 program only to protect the safety of a person receiving services when a known safety threat
55.10 exists and not as a substitute for staff supervision or interactions with a person who is
55.11 receiving services. If toxic substances or dangerous items are made inaccessible, the license
55.12 holder must document an assessment of the physical plant, its environment, and its population
55.13 identifying the risk factors which require toxic substances or dangerous items to be
55.14 inaccessible and a statement of specific measures to be taken to minimize the safety risk to
55.15 persons receiving services and to restore accessibility to all persons receiving services at
55.16 the service site;

55.17 (iii) doors are locked from the inside to prevent a person from exiting only when necessary
55.18 to protect the safety of a person receiving services and not as a substitute for staff supervision
55.19 or interactions with the person. If doors are locked from the inside, the license holder must
55.20 document an assessment of the physical plant, the environment and the population served,
55.21 identifying the risk factors which require the use of locked doors, and a statement of specific
55.22 measures to be taken to minimize the safety risk to persons receiving services at the service
55.23 site; ~~and~~

55.24 (iv) a staff person is available at the service site who is trained in basic first aid and,
55.25 when required in a person's coordinated service and support plan or coordinated service
55.26 and support plan addendum, cardiopulmonary resuscitation (CPR) whenever persons are
55.27 present and staff are required to be at the site to provide direct support service. The CPR
55.28 training must include instruction, hands-on practice, and an observed skills assessment
55.29 under the direct supervision of a CPR instructor; and

55.30 (v) that sharpened or metal knives are presumed to be inaccessible to an individual
55.31 provisionally discharged from a commitment as mentally ill and dangerous who is residing
55.32 in a licensed state-operated community-based program and whose provisional discharge
55.33 plan restricts access to inherently dangerous instruments, including but not limited to knives,

56.1 firearms, and explosives or incendiary material or devices, unless unsupervised access is
 56.2 approved by the individual, county case manager, and the individual's support team. Approval
 56.3 must be reflected in the coordinated service and support plan, the coordinated service and
 56.4 support plan addendum, or the self-management assessment. This provision does not apply
 56.5 to an individual who has been fully discharged from a commitment;

56.6 (2) maintain equipment, vehicles, supplies, and materials owned or leased by the license
 56.7 holder in good condition when used to provide services;

56.8 (3) follow procedures to ensure safe transportation, handling, and transfers of the person
 56.9 and any equipment used by the person, when the license holder is responsible for
 56.10 transportation of a person or a person's equipment;

56.11 (4) be prepared for emergencies and follow emergency response procedures to ensure
 56.12 the person's safety in an emergency; and

56.13 (5) follow universal precautions and sanitary practices, including hand washing, for
 56.14 infection prevention and control, and to prevent communicable diseases.

56.15 Sec. 22. Minnesota Statutes 2018, section 245D.10, subdivision 3a, is amended to read:

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

56.21 (b) The license holder must permit each person to remain in the program and must not
 56.22 terminate services unless:

56.23 (1) the termination is necessary for the person's welfare and the facility cannot meet the
 56.24 person's needs ~~cannot be met in the facility;~~

56.25 (2) the safety of the person or others in the program is endangered and positive support
 56.26 strategies were attempted and have not achieved and effectively maintained safety for the
 56.27 person or others;

56.28 (3) the health of the person or others in the program would otherwise be endangered;

56.29 (4) the program has not been paid for services;

56.30 (5) the program ceases to operate; or

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

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

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

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

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

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

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

57.19 (ii) provide notice of intent to issue a termination of services to the lead agency when a
 57.20 finding has been made that a person no longer demonstrates complex behavioral needs that
 57.21 cannot be met by private community-based providers identified in section 252.50, subdivision
 57.22 5, paragraph (a), clause (1);

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

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

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

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

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

58.5 (2) the notice must include:

58.6 (i) the reason for the action;

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

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

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

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

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

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

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

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

58.28 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide
58.29 notice to the commissioner and state-operated services at least 30 days before the conclusion
58.30 of the 90-day termination period, if an appropriate alternative provider cannot be secured.
58.31 Upon receipt of this notice, the commissioner and state-operated services shall reassess
58.32 whether a private community-based service can meet the person's needs. If the commissioner

59.1 determines that a private provider can meet the person's needs, state-operated services shall,
 59.2 if necessary, extend notice of service termination until placement can be made. If the
 59.3 commissioner determines that a private provider cannot meet the person's needs,
 59.4 state-operated services shall rescind the notice of service termination and re-engage with
 59.5 the lead agency in service planning for the person.

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

59.10 Sec. 23. Minnesota Statutes 2018, section 245F.02, subdivision 7, is amended to read:

59.11 Subd. 7. **Clinically managed program.** "Clinically managed program" means a
 59.12 residential setting with staff comprised of a medical director and a licensed practical nurse.
 59.13 A licensed practical nurse must be on site 24 hours a day, seven days a week. A ~~qualified~~
 59.14 ~~medical professional~~ licensed practitioner must be available by telephone or in person for
 59.15 consultation 24 hours a day. Patients admitted to this level of service receive medical
 59.16 observation, evaluation, and stabilization services during the detoxification process; access
 59.17 to medications administered by trained, licensed staff to manage withdrawal; and a
 59.18 comprehensive assessment pursuant to section ~~245G.05~~ 245F.06.

59.19 Sec. 24. Minnesota Statutes 2018, section 245F.02, subdivision 14, is amended to read:

59.20 Subd. 14. **Medically monitored program.** "Medically monitored program" means a
 59.21 residential setting with staff that includes a registered nurse and a medical director. A
 59.22 registered nurse must be on site 24 hours a day. A ~~medical director~~ licensed practitioner
 59.23 ~~must be on site~~ available seven days a week, and patients must have the ability to be seen
 59.24 by a ~~medical director~~ licensed practitioner within 24 hours. Patients admitted to this level
 59.25 of service receive medical observation, evaluation, and stabilization services during the
 59.26 detoxification process; medications administered by trained, licensed staff to manage
 59.27 withdrawal; and a comprehensive assessment pursuant to ~~Minnesota Rules, part 9530.6422~~
 59.28 section 245F.06.

59.29 Sec. 25. Minnesota Statutes 2018, section 245F.06, subdivision 2, is amended to read:

59.30 Subd. 2. **Comprehensive assessment and assessment summary.** (a) Prior to a medically
 59.31 stable discharge, but not later than 72 hours following admission, a license holder must
 59.32 provide a comprehensive assessment and assessment summary according to sections

60.1 245.4863, paragraph (a), and 245G.05, for each patient who has a positive screening for a
60.2 substance use disorder. If a patient's medical condition prevents a comprehensive assessment
60.3 from being completed within 72 hours, the license holder must document why the assessment
60.4 was not completed. The comprehensive assessment must include documentation of the
60.5 appropriateness of an involuntary referral through the civil commitment process.

60.6 (b) If available to the program, a patient's previous comprehensive assessment may be
60.7 used in the patient record. If a previously completed comprehensive assessment is used, its
60.8 contents must be reviewed to ensure the assessment is accurate and current and complies
60.9 with the requirements of this chapter. The review must be completed by a staff person
60.10 qualified according to section 245G.11, subdivision 5. The license holder must document
60.11 that the review was completed and that the previously completed assessment is accurate
60.12 and current, or the license holder must complete an updated or new assessment.

60.13 Sec. 26. Minnesota Statutes 2018, section 245F.12, subdivision 2, is amended to read:

60.14 Subd. 2. **Services provided at clinically managed programs.** In addition to the services
60.15 listed in subdivision 1, clinically managed programs must:

60.16 (1) have a licensed practical nurse on site 24 hours a day and a medical director;

60.17 (2) provide an initial health assessment conducted by a nurse upon admission;

60.18 (3) provide daily on-site medical evaluation by a nurse;

60.19 (4) have a registered nurse available by telephone or in person for consultation 24 hours
60.20 a day;

60.21 (5) have a ~~qualified medical professional~~ licensed practitioner available by telephone
60.22 or in person for consultation 24 hours a day; and

60.23 (6) have appropriately licensed staff available to administer medications according to
60.24 prescriber-approved orders.

60.25 Sec. 27. Minnesota Statutes 2018, section 245F.12, subdivision 3, is amended to read:

60.26 Subd. 3. **Services provided at medically monitored programs.** In addition to the
60.27 services listed in subdivision 1, medically monitored programs must have a registered nurse
60.28 on site 24 hours a day and a medical director. Medically monitored programs must provide
60.29 intensive inpatient withdrawal management services which must include:

60.30 (1) an initial health assessment conducted by a registered nurse upon admission;

61.1 (2) the availability of a medical evaluation and consultation with a registered nurse 24
61.2 hours a day;

61.3 (3) the availability of a ~~qualified medical professional~~ licensed practitioner by telephone
61.4 or in person for consultation 24 hours a day;

61.5 (4) the ability to be seen within 24 hours or sooner by a ~~qualified medical professional~~
61.6 licensed practitioner if the initial health assessment indicates the need to be seen;

61.7 (5) the availability of on-site monitoring of patient care seven days a week by a ~~qualified~~
61.8 ~~medical professional~~ licensed practitioner; and

61.9 (6) appropriately licensed staff available to administer medications according to
61.10 prescriber-approved orders.

61.11 Sec. 28. Minnesota Statutes 2018, section 245G.02, subdivision 2, is amended to read:

61.12 Subd. 2. **Exemption from license requirement.** This chapter does not apply to a county
61.13 or recovery community organization that is providing a service for which the county or
61.14 recovery community organization is an eligible vendor under section 254B.05. This chapter
61.15 does not apply to an organization whose primary functions are information, referral,
61.16 diagnosis, case management, and assessment for the purposes of client placement, education,
61.17 support group services, or self-help programs. This chapter does not apply to the activities
61.18 of a licensed professional in private practice. A license holder when providing services to
61.19 an individual referred to a licensed nonresidential substance use disorder treatment program
61.20 after a positive screen for alcohol or substance misuse when providing the initial set of
61.21 substance use disorder services allowable under section 254A.03, subdivision 3, paragraph
61.22 (c), is exempt from sections 245G.05; 245G.06, subdivisions 1, 2, and 4; 245G.07,
61.23 subdivisions 1, paragraph (a), clauses (2) to (4), and 2, clauses (1) to (7); and 245G.17.

61.24 Sec. 29. Minnesota Statutes 2018, section 245G.09, subdivision 1, is amended to read:

61.25 Subdivision 1. **Client records required.** (a) A license holder must maintain a file of
61.26 current and accurate client records on the premises where the treatment service is provided
61.27 or coordinated. For services provided off site, client records must be available at the program
61.28 and adhere to the same clinical and administrative policies and procedures as services
61.29 provided on site. The content and format of client records must be uniform and entries in
61.30 each record must be signed and dated by the staff member making the entry. Client records
61.31 must be protected against loss, tampering, or unauthorized disclosure according to section

62.1 254A.09, chapter 13, and Code of Federal Regulations, title 42, chapter 1, part 2, subpart
62.2 B, sections 2.1 to 2.67, and title 45, parts 160 to 164.

62.3 (b) The program must have a policy and procedure that identifies how the program will
62.4 track and record client attendance at treatment activities, including the date, duration, and
62.5 nature of each treatment service provided to the client.

62.6 (c) The program must identify in the client record designation of an individual who is
62.7 receiving services under section 254A.03, subdivision 3, including the start date and end
62.8 date of services eligible under section 254A.03, subdivision 3.

62.9 Sec. 30. Minnesota Statutes 2019 Supplement, section 254A.03, subdivision 3, as amended
62.10 by Laws 2020, chapter 74, article 3, section 3, is amended to read:

62.11 Subd. 3. **Rules for substance use disorder care.** (a) The commissioner of human
62.12 services shall establish by rule criteria to be used in determining the appropriate level of
62.13 chemical dependency care for each recipient of public assistance seeking treatment for
62.14 substance misuse or substance use disorder. Upon federal approval of a comprehensive
62.15 assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding
62.16 the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, an eligible vendor of
62.17 comprehensive assessments under section 254B.05 may determine and approve the
62.18 appropriate level of substance use disorder treatment for a recipient of public assistance.
62.19 The process for determining an individual's financial eligibility for the consolidated chemical
62.20 dependency treatment fund or determining an individual's enrollment in or eligibility for a
62.21 publicly subsidized health plan is not affected by the individual's choice to access a
62.22 comprehensive assessment for placement.

62.23 (b) The commissioner shall develop and implement a utilization review process for
62.24 publicly funded treatment placements to monitor and review the clinical appropriateness
62.25 and timeliness of all publicly funded placements in treatment.

62.26 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
62.27 alcohol or substance use disorder that is provided to a recipient of public assistance within
62.28 a primary care clinic, hospital, or other medical setting or school setting establishes medical
62.29 necessity and approval for an initial set of substance use disorder services identified in
62.30 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
62.31 screen result is positive may include any combination of up to four hours of individual or
62.32 group substance use disorder treatment, two hours of substance use disorder treatment
62.33 coordination, or two hours of substance use disorder peer support services provided by a
62.34 qualified individual according to chapter 245G. A recipient must obtain an assessment

63.1 pursuant to paragraph (a) to be approved for additional treatment services. Minnesota Rules,
63.2 parts 9530.6600 to 9530.6655, and a comprehensive assessment pursuant to section 245G.05
63.3 are not applicable to the initial set of services allowed under this subdivision. A positive
63.4 screen result establishes eligibility for the initial set of services allowed under this
63.5 subdivision.

63.6 (d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may
63.7 choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals
63.8 obtaining a comprehensive assessment may access any enrolled provider that is licensed to
63.9 provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph
63.10 (d). If the individual is enrolled in a prepaid health plan, the individual must comply with
63.11 any provider network requirements or limitations. This paragraph expires July 1, 2022.

63.12 Sec. 31. Minnesota Statutes 2019 Supplement, section 254B.05, subdivision 1, is amended
63.13 to read:

63.14 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
63.15 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
63.16 notwithstanding the provisions of section 245A.03. American Indian programs that provide
63.17 substance use disorder treatment, extended care, transitional residence, or outpatient treatment
63.18 services, and are licensed by tribal government are eligible vendors.

63.19 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
63.20 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
63.21 vendor of a comprehensive assessment and assessment summary provided according to
63.22 section 245G.05, and treatment services provided according to sections 245G.06 and
63.23 245G.07, subdivision 1, paragraphs (a), clauses (1) to (4), and (b); and subdivision 2.

63.24 (c) A county is an eligible vendor for a comprehensive assessment and assessment
63.25 summary when provided by an individual who meets the staffing credentials of section
63.26 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
63.27 245G.05. A county is an eligible vendor of care coordination services when provided by an
63.28 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
63.29 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
63.30 clause (5).

63.31 (d) A recovery community organization that meets certification requirements identified
63.32 by the commissioner is an eligible vendor of peer support services.

64.1 (e) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
64.2 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
64.3 nonresidential substance use disorder treatment or withdrawal management program by the
64.4 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
64.5 and 1b are not eligible vendors.

64.6 Sec. 32. Minnesota Statutes 2018, section 256.0112, subdivision 10, is amended to read:

64.7 Subd. 10. **Contracts for child foster care services.** When local agencies negotiate lead
64.8 county contracts or purchase of service contracts for child foster care services, the foster
64.9 care maintenance payment made on behalf of the child shall follow the provisions of
64.10 Northstar Care for Children, chapter 256N. Foster care maintenance payments as defined
64.11 in section 256N.02, subdivision 15, represent costs for activities similar in nature to those
64.12 expected of parents and do not cover services rendered by the licensed or tribally approved
64.13 foster parent, ~~facility~~, or administrative costs or fees. Payments made to foster parents must
64.14 follow the requirements of section 256N.26, subdivision 15. The legally responsible agency
64.15 must provide foster parents with the assessment and notice as specified in section 256N.24.
64.16 The financially responsible agency is permitted to make additional payments for specific
64.17 services provided by the foster parents ~~or facility~~, as permitted in section 256N.21,
64.18 subdivision 5. These additional payments are not considered foster care maintenance.

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

64.20 Sec. 33. Minnesota Statutes 2018, section 256.82, subdivision 2, is amended to read:

64.21 Subd. 2. **Foster care maintenance payments.** (a) For the purpose of foster care
64.22 maintenance payments under title IV-E of the Social Security Act, United States Code, title
64.23 42, sections 670 to 676, the county or American Indian child welfare initiative tribes under
64.24 section 256.01, subdivision 14b, paying the maintenance costs must be reimbursed for the
64.25 costs from the federal money available for the purpose. Beginning July 1, 1997, for the
64.26 purposes of determining a child's eligibility under title IV-E of the Social Security Act, the
64.27 placing agency shall use AFDC requirements in effect on July 16, 1996.

64.28 (b) For the purpose of foster care maintenance payments under title IV-E of the Social
64.29 Security Act, United States Code, title 42, sections 670 to 676, the state is responsible for
64.30 approving of child care institutions for the county paying the facility's maintenance costs
64.31 to be reimbursed from the federal money available for the purpose. The facility must be
64.32 licensed by the state or approved or licensed by a tribe.

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

65.1 Sec. 34. Minnesota Statutes 2018, section 256.87, subdivision 8, is amended to read:

65.2 Subd. 8. **Disclosure prohibited.** ~~Notwithstanding statutory or other authorization for~~
 65.3 The public authority ~~to~~ shall not release private data on the location of a party to the action;
 65.4 ~~information on the location of one party may not be released to the other party by the public~~
 65.5 ~~authority or the joint child~~ if:

65.6 (1) the public authority has knowledge that one party is currently subject to a protective
 65.7 order with respect to the other party ~~has been entered~~ or the joint child, and the protected
 65.8 party or guardian of the joint child has not authorized disclosure; or

65.9 (2) the public authority has reason to believe that the release of the information may
 65.10 result in physical or emotional harm to ~~the other~~ a party or the joint child.

65.11 Sec. 35. Minnesota Statutes 2019 Supplement, section 256B.064, subdivision 2, is amended
 65.12 to read:

65.13 Subd. 2. **Imposition of monetary recovery and sanctions.** (a) The commissioner shall
 65.14 determine any monetary amounts to be recovered and sanctions to be imposed upon a vendor
 65.15 of medical care under this section. Except as provided in paragraphs (b) and (d), neither a
 65.16 monetary recovery nor a sanction will be imposed by the commissioner without prior notice
 65.17 and an opportunity for a hearing, according to chapter 14, on the commissioner's proposed
 65.18 action, provided that the commissioner may suspend or reduce payment to a vendor of
 65.19 medical care, except a nursing home or convalescent care facility, after notice and prior to
 65.20 the hearing if in the commissioner's opinion that action is necessary to protect the public
 65.21 welfare and the interests of the program.

65.22 (b) Except when the commissioner finds good cause not to suspend payments under
 65.23 Code of Federal Regulations, title 42, section 455.23 (e) or (f), the commissioner shall
 65.24 withhold or reduce payments to a vendor of medical care without providing advance notice
 65.25 of such withholding or reduction if either of the following occurs:

65.26 (1) the vendor is convicted of a crime involving the conduct described in subdivision
 65.27 1a; or

65.28 (2) the commissioner determines there is a credible allegation of fraud for which an
 65.29 investigation is pending under the program. A credible allegation of fraud is an allegation
 65.30 which has been verified by the state, from any source, including but not limited to:

65.31 (i) fraud hotline complaints;

65.32 (ii) claims data mining; and

66.1 (iii) patterns identified through provider audits, civil false claims cases, and law
66.2 enforcement investigations.

66.3 Allegations are considered to be credible when they have an indicia of reliability and
66.4 the state agency has reviewed all allegations, facts, and evidence carefully and acts
66.5 judiciously on a case-by-case basis.

66.6 (c) The commissioner must send notice of the withholding or reduction of payments
66.7 under paragraph (b) within five days of taking such action unless requested in writing by a
66.8 law enforcement agency to temporarily withhold the notice. The notice must:

66.9 (1) state that payments are being withheld according to paragraph (b);

66.10 (2) set forth the general allegations as to the nature of the withholding action, but need
66.11 not disclose any specific information concerning an ongoing investigation;

66.12 (3) except in the case of a conviction for conduct described in subdivision 1a, state that
66.13 the withholding is for a temporary period and cite the circumstances under which withholding
66.14 will be terminated;

66.15 (4) identify the types of claims to which the withholding applies; and

66.16 (5) inform the vendor of the right to submit written evidence for consideration by the
66.17 commissioner.

66.18 The withholding or reduction of payments will not continue after the commissioner
66.19 determines there is insufficient evidence of fraud by the vendor, or after legal proceedings
66.20 relating to the alleged fraud are completed, unless the commissioner has sent notice of
66.21 intention to impose monetary recovery or sanctions under paragraph (a). Upon conviction
66.22 for a crime related to the provision, management, or administration of a health service under
66.23 medical assistance, a payment held pursuant to this section by the commissioner or a managed
66.24 care organization that contracts with the commissioner under section 256B.035 is forfeited
66.25 to the commissioner or managed care organization, regardless of the amount charged in the
66.26 criminal complaint or the amount of criminal restitution ordered.

66.27 (d) The commissioner shall suspend or terminate a vendor's participation in the program
66.28 without providing advance notice and an opportunity for a hearing when the suspension or
66.29 termination is required because of the vendor's exclusion from participation in Medicare.
66.30 Within five days of taking such action, the commissioner must send notice of the suspension
66.31 or termination. The notice must:

66.32 (1) state that suspension or termination is the result of the vendor's exclusion from
66.33 Medicare;

67.1 (2) identify the effective date of the suspension or termination; and

67.2 (3) inform the vendor of the need to be reinstated to Medicare before reapplying for
67.3 participation in the program.

67.4 (e) Upon receipt of a notice under paragraph (a) that a monetary recovery or sanction is
67.5 to be imposed, a vendor may request a contested case, as defined in section 14.02, subdivision
67.6 3, by filing with the commissioner a written request of appeal. The appeal request must be
67.7 received by the commissioner no later than 30 days after the date the notification of monetary
67.8 recovery or sanction was mailed to the vendor. The appeal request must specify:

67.9 (1) each disputed item, the reason for the dispute, and an estimate of the dollar amount
67.10 involved for each disputed item;

67.11 (2) the computation that the vendor believes is correct;

67.12 (3) the authority in statute or rule upon which the vendor relies for each disputed item;

67.13 (4) the name and address of the person or entity with whom contacts may be made
67.14 regarding the appeal; and

67.15 (5) other information required by the commissioner.

67.16 (f) The commissioner may order a vendor to forfeit a fine for failure to fully document
67.17 services according to standards in this chapter and Minnesota Rules, chapter 9505. The
67.18 commissioner may assess fines if specific required components of documentation are
67.19 missing. The fine for incomplete documentation shall equal 20 percent of the amount paid
67.20 on the claims for reimbursement submitted by the vendor, or up to \$5,000, whichever is
67.21 less. If the commissioner determines that a vendor repeatedly violated this chapter, chapter
67.22 254B or 245G, or Minnesota Rules, chapter 9505, related to the provision of services to
67.23 program recipients and the submission of claims for payment, the commissioner may order
67.24 a vendor to forfeit a fine based on the nature, severity, and chronicity of the violations, in
67.25 an amount of up to \$5,000 or 20 percent of the value of the claims, whichever is greater.

67.26 (g) The vendor shall pay the fine assessed on or before the payment date specified. If
67.27 the vendor fails to pay the fine, the commissioner may withhold or reduce payments and
67.28 recover the amount of the fine. A timely appeal shall stay payment of the fine until the
67.29 commissioner issues a final order.

68.1 Sec. 36. Minnesota Statutes 2018, section 256B.0652, subdivision 10, is amended to read:

68.2 Subd. 10. **Authorization for foster care setting.** (a) Home care services provided in
68.3 an adult or child foster care setting must receive authorization by the commissioner according
68.4 to the limits established in subdivision 11.

68.5 (b) The commissioner may not authorize:

68.6 (1) home care services that are the responsibility of the foster care provider under the
68.7 terms of the foster care placement agreement, ~~difficulty of care rate as of January 1, 2010~~
68.8 assessment under sections 256N.24 and 260C.4411, and administrative rules;

68.9 (2) personal care assistance services when the foster care license holder is also the
68.10 personal care provider or personal care assistant, unless the foster home is the licensed
68.11 provider's primary residence as defined in section 256B.0625, subdivision 19a; or

68.12 (3) personal care assistant and home care nursing services when the licensed capacity
68.13 is greater than ~~four~~ six, unless all conditions for a variance under section 245A.04,
68.14 subdivision 9a, are satisfied for a sibling, as defined in section 260C.007, subdivision 32.

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

68.16 Sec. 37. Minnesota Statutes 2018, section 256B.0949, subdivision 2, is amended to read:

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

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

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

68.29 (1) is severe and chronic;

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

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

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

69.7 (i) behavioral challenges and self-regulation;

69.8 (ii) cognition;

69.9 (iii) learning and play;

69.10 ~~(ii)~~(iv) self-care; or

69.11 ~~(iii)~~ behavioral challenges;

69.12 ~~(iv)~~ expressive communication;

69.13 ~~(v)~~ receptive communication;

69.14 ~~(vi)~~ cognitive functioning; or

69.15 ~~(vii)~~(v) safety.

69.16 (d) "Person" means a person under 21 years of age.

69.17 (e) "Clinical supervision" means the overall responsibility for the control and direction
 69.18 of EIDBI service delivery, including individual treatment planning, staff supervision,
 69.19 individual treatment plan progress monitoring, and treatment review for each person. Clinical
 69.20 supervision is provided by a qualified supervising professional (QSP) who takes full
 69.21 professional responsibility for the service provided by each supervisee.

69.22 (f) "Commissioner" means the commissioner of human services, unless otherwise
 69.23 specified.

69.24 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
 69.25 evaluation of a person to determine medical necessity for EIDBI services based on the
 69.26 requirements in subdivision 5.

69.27 (h) "Department" means the Department of Human Services, unless otherwise specified.

69.28 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
 69.29 benefit" means a variety of individualized, intensive treatment modalities approved and
 69.30 published by the commissioner that are based in behavioral and developmental science
 69.31 consistent with best practices on effectiveness.

70.1 (j) "Generalizable goals" means results or gains that are observed during a variety of
70.2 activities over time with different people, such as providers, family members, other adults,
70.3 and people, and in different environments including, but not limited to, clinics, homes,
70.4 schools, and the community.

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

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

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

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

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

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

70.19 (n) "Mental health professional" has the meaning given in section 245.4871, subdivision
70.20 27, clauses (1) to (6).

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

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

70.27 Sec. 38. Minnesota Statutes 2018, section 256B.0949, subdivision 5, is amended to read:

70.28 Subd. 5. **Comprehensive multidisciplinary evaluation.** (a) A CMDE must be completed
70.29 to determine medical necessity of EIDBI services. For the commissioner to authorize EIDBI
70.30 services, the CMDE provider must submit the CMDE to the commissioner and the person
70.31 or the person's legal representative as determined by the commissioner. Information and

71.1 assessments must be performed, reviewed, and relied upon for the eligibility determination,
71.2 treatment and services recommendations, and treatment plan development for the person.

71.3 (b) The CMDE provider must review the diagnostic assessment to confirm the person
71.4 has an eligible diagnosis and the diagnostic assessment meets standards required under
71.5 subdivision 4. If the CMDE provider elects to complete the diagnostic assessment at the
71.6 same time as the CMDE, the CMDE provider must certify that the CMDE meets all standards
71.7 as required under subdivision 4.

71.8 ~~(b)~~(c) The CMDE must:

71.9 (1) include an assessment of the person's developmental skills, functional behavior,
71.10 needs, and capacities based on direct observation of the person which must be administered
71.11 by a CMDE provider, include medical or assessment information from the person's physician
71.12 or advanced practice registered nurse, and may also include input from family members,
71.13 school personnel, child care providers, or other caregivers, as well as any medical or
71.14 assessment information from other licensed professionals such as rehabilitation or habilitation
71.15 therapists, licensed school personnel, or mental health professionals;

71.16 (2) include and document the person's legal representative's or primary caregiver's
71.17 preferences for involvement in the person's treatment; and

71.18 (3) provide information about the range of current EIDBI treatment modalities recognized
71.19 by the commissioner.

71.20 Sec. 39. Minnesota Statutes 2018, section 256B.0949, subdivision 6, is amended to read:

71.21 **Subd. 6. Individual treatment plan.** (a) The QSP, level I treatment provider, or level
71.22 II treatment provider who integrates and coordinates person and family information from
71.23 the CMDE and ITP progress monitoring process to develop the ITP must develop and
71.24 monitor the ITP.

71.25 (b) Each person's ITP must be:

71.26 (1) culturally and linguistically appropriate, as required under subdivision 3a,
71.27 individualized, and person-centered; and

71.28 (2) based on the diagnosis and CMDE information specified in subdivisions 4 and 5.

71.29 (c) The ITP must specify:

71.30 (1) the medically necessary treatment and service;

71.31 (2) the treatment modality that shall be used to meet the goals and objectives, including:

- 72.1 (i) baseline measures and projected dates of accomplishment;
- 72.2 (ii) the frequency, intensity, location, and duration of each service provided;
- 72.3 (iii) the level of legal representative or primary caregiver training and counseling;
- 72.4 (iv) any change or modification to the physical and social environments necessary to
72.5 provide a service;
- 72.6 (v) significant changes in the person's condition or family circumstance;
- 72.7 ~~(vi) any specialized equipment or material required;~~
- 72.8 ~~(vii)~~ (vi) techniques that support and are consistent with the person's communication
72.9 mode and learning style;
- 72.10 ~~(viii)~~ (vii) the name of the QSP; and
- 72.11 ~~(ix)~~ (viii) progress monitoring results and goal mastery data; and
- 72.12 (3) the discharge criteria that ~~shall~~ must be used and a defined transition plan that meets
72.13 the requirement of paragraph (g).
- 72.14 (d) Implementation of the ITP must be supervised by a QSP.
- 72.15 (e) The ITP must be submitted to the commissioner and the person or the person's legal
72.16 representative for approval in a manner determined by the commissioner for this purpose.
- 72.17 (f) A service included in the ITP must meet all applicable requirements for medical
72.18 necessity and coverage.
- 72.19 (g) To terminate service, the provider must send notice of termination to the person or
72.20 the person's legal representative. The transition period begins when the person or the person's
72.21 legal representative receives notice of termination from the EIDBI service and ends when
72.22 the EIDBI service is terminated. Up to 30 days of continued service is allowed during the
72.23 transition period. Services during the transition period shall be consistent with the ITP. The
72.24 transition plan ~~shall~~ must include:
- 72.25 (1) protocols for changing service when medically necessary;
- 72.26 (2) how the transition will occur;
- 72.27 (3) the time allowed to make the transition; and
- 72.28 (4) a description of how the person or the person's legal representative will be informed
72.29 of and involved in the transition.

73.1 Sec. 40. Minnesota Statutes 2018, section 256B.0949, subdivision 9, is amended to read:

73.2 Subd. 9. **Revision of treatment options.** (a) The commissioner may revise covered
73.3 treatment ~~options~~ modalities as needed based on outcome data and other evidence. EIDBI
73.4 treatment modalities approved by the department must:

73.5 (1) cause no harm to the person or the person's family;

73.6 (2) be individualized and person-centered;

73.7 (3) be developmentally appropriate and highly structured, with well-defined goals and
73.8 objectives that provide a strategic direction for treatment;

73.9 (4) be based in recognized principles of developmental and behavioral science;

73.10 (5) utilize sound practices that are replicable across providers and maintain the fidelity
73.11 of the specific modality;

73.12 (6) demonstrate an evidentiary basis;

73.13 (7) have goals and objectives that are measurable, achievable, and regularly evaluated
73.14 and adjusted to ensure that adequate progress is being made;

73.15 (8) be provided intensively with a high staff-to-person ratio; and

73.16 (9) include participation by the person and the person's legal representative in decision
73.17 making, knowledge building and capacity building, and developing and implementing the
73.18 person's ITP.

73.19 (b) Before revisions in department recognized treatment modalities become effective,
73.20 the commissioner must provide public notice of the changes, the reasons for the change,
73.21 and a 30-day public comment period to those who request notice through an electronic list
73.22 accessible to the public on the department's website.

73.23 Sec. 41. Minnesota Statutes 2018, section 256B.0949, subdivision 13, is amended to read:

73.24 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to ~~(j)~~ (l) are
73.25 eligible for reimbursement by medical assistance under this section. Services must be
73.26 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
73.27 address the person's medically necessary treatment goals and must be targeted to develop,
73.28 enhance, or maintain the individual developmental skills of a person with ASD or a related
73.29 condition to improve functional communication, including nonverbal or social
73.30 communication, social or interpersonal interaction, restrictive or repetitive behaviors,

74.1 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
 74.2 cognition, learning and play, self-care, and safety.

74.3 ~~(b) EIDBI modalities include, but are not limited to:~~ treatment must be delivered
 74.4 consistent with the standards of an approved modality, as published by the commissioner.

74.5 EIDBI modalities include:

74.6 (1) applied behavior analysis (ABA);

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

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

74.9 (4) PLAY project; ~~or~~

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

74.11 (6) additional modalities not listed in clauses (1) to (5) upon approval by the

74.12 commissioner.

74.13 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
 74.14 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
 74.15 EIDBI modalities in combination as the primary modality of treatment, as approved by the
 74.16 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
 74.17 for a single specific treatment modality must document the required qualifications to meet
 74.18 fidelity to the specific model. ~~Additional EIDBI modalities not listed in paragraph (b) may~~
 74.19 ~~be covered upon approval by the commissioner.~~

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

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

74.27 ~~(e)~~ (f) EIDBI intervention observation and direction is the clinical direction and oversight
 74.28 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
 74.29 including developmental and behavioral techniques, progress measurement, data collection,
 74.30 function of behaviors, and generalization of acquired skills for the direct benefit of a person.
 74.31 EIDBI intervention observation and direction informs any modification of the ~~methods~~
 74.32 current treatment protocol to support the outcomes outlined in the ITP. EIDBI intervention

75.1 ~~observation and direction provides a real-time response to EIDBI interventions to maximize~~
 75.2 ~~the benefit to the person.~~

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

75.10 (1) Individual intervention is treatment by protocol administered by a single qualified
 75.11 EIDBI provider delivered face-to-face to one person.

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

75.14 ~~(f)~~ (h) ITP development and ITP progress monitoring is development of the initial,
 75.15 annual, and progress monitoring of an ITP. ITP development and ITP progress monitoring
 75.16 documents, ~~provides~~ provide oversight and ongoing evaluation of a person's treatment and
 75.17 progress on targeted goals and objectives; and ~~integrates~~ integrate and ~~coordinates~~ coordinate
 75.18 the person's and the person's legal representative's information from the CMDE and ITP
 75.19 progress monitoring. This service must be reviewed and completed by the QSP, and may
 75.20 include input from a level I ~~treatment~~ provider or a level II ~~treatment~~ provider.

75.21 ~~(g)~~ (i) Family caregiver training and counseling is specialized training and education
 75.22 for a family or primary caregiver to understand the person's developmental status and help
 75.23 with the person's needs and development. This service must be provided by the QSP, level
 75.24 I ~~treatment~~ provider, or level II ~~treatment~~ provider.

75.25 ~~(h)~~ (j) A coordinated care conference is a voluntary face-to-face meeting with the person
 75.26 and the person's family to review the CMDE or ITP progress monitoring and to integrate
 75.27 and coordinate services across providers and service-delivery systems to develop the ITP.
 75.28 This service must be provided by the QSP and may include the CMDE provider or a level
 75.29 I ~~treatment~~ provider or a level II ~~treatment~~ provider.

75.30 ~~(i)~~ (k) Travel time is allowable billing for traveling to and from the person's home,
 75.31 school, a community setting, or place of service outside of an EIDBI center, clinic, or office
 75.32 from a specified location to provide face-to-face EIDBI intervention, observation and
 75.33 direction, or family caregiver training and counseling. The person's ITP must specify the
 75.34 reasons the provider must travel to the person.

76.1 ~~(1)~~ (1) Medical assistance covers medically necessary EIDBI services and consultations
 76.2 delivered by a licensed health care provider via telemedicine, as defined under section
 76.3 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
 76.4 in person. ~~Medical assistance coverage is limited to three telemedicine services per person~~
 76.5 ~~per calendar week.~~

76.6 Sec. 42. Minnesota Statutes 2018, section 256B.0949, subdivision 14, is amended to read:

76.7 Subd. 14. **Person's rights.** A person or the person's legal representative has the right to:

76.8 (1) protection as defined under the health care bill of rights under section 144.651;

76.9 (2) designate an advocate to be present in all aspects of the person's and person's family's
 76.10 services at the request of the person or the person's legal representative;

76.11 (3) be informed of the agency policy on assigning staff to a person;

76.12 (4) be informed of the opportunity to observe the person while receiving services;

76.13 (5) be informed of services in a manner that respects and takes into consideration the
 76.14 person's and the person's legal representative's culture, values, and preferences in accordance
 76.15 with subdivision 3a;

76.16 (6) be free from seclusion and restraint, except for emergency use of manual restraint
 76.17 in emergencies as defined in section 245D.02, subdivision 8a;

76.18 (7) be under the supervision of a responsible adult at all times;

76.19 (8) be notified by the agency within 24 hours if an incident occurs or the person is injured
 76.20 while receiving services, including what occurred and how agency staff responded to the
 76.21 incident;

76.22 (9) request a voluntary coordinated care conference; ~~and~~

76.23 (10) request a CMDE provider of the person's or the person's legal representative's
 76.24 choice; and

76.25 (11) be free of all prohibitions as defined in Minnesota Rules, part 9544.0060.

76.26 Sec. 43. Minnesota Statutes 2018, section 256B.0949, subdivision 15, is amended to read:

76.27 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency
 76.28 and be:

76.29 (1) a licensed mental health professional who has at least 2,000 hours of supervised
 76.30 clinical experience or training in examining or treating people with ASD or a related condition

77.1 or equivalent documented coursework at the graduate level by an accredited university in
77.2 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child
77.3 development; or

77.4 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised
77.5 clinical experience or training in examining or treating people with ASD or a related condition
77.6 or equivalent documented coursework at the graduate level by an accredited university in
77.7 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and
77.8 typical child development.

77.9 (b) A level I treatment provider must be employed by an agency and:

77.10 (1) have at least 2,000 hours of supervised clinical experience or training in examining
77.11 or treating people with ASD or a related condition or equivalent documented coursework
77.12 at the graduate level by an accredited university in ASD diagnostics, ASD developmental
77.13 and behavioral treatment strategies, and typical child development or an equivalent
77.14 combination of documented coursework or hours of experience; and

77.15 (2) have or be at least one of the following:

77.16 (i) a master's degree in behavioral health or child development or related fields including,
77.17 but not limited to, mental health, special education, social work, psychology, speech
77.18 pathology, or occupational therapy from an accredited college or university;

77.19 (ii) a bachelor's degree in a behavioral health, child development, or related field
77.20 including, but not limited to, mental health, special education, social work, psychology,
77.21 speech pathology, or occupational therapy, from an accredited college or university, and
77.22 advanced certification in a treatment modality recognized by the department;

77.23 (iii) a board-certified behavior analyst; or

77.24 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical
77.25 experience that meets all registration, supervision, and continuing education requirements
77.26 of the certification.

77.27 (c) A level II treatment provider must be employed by an agency and must be:

77.28 (1) a person who has a bachelor's degree from an accredited college or university in a
77.29 behavioral or child development science or related field including, but not limited to, mental
77.30 health, special education, social work, psychology, speech pathology, or occupational
77.31 therapy; and ~~meet~~ meets at least one of the following:

78.1 (i) has at least 1,000 hours of supervised clinical experience or training in examining or
78.2 treating people with ASD or a related condition or equivalent documented coursework at
78.3 the graduate level by an accredited university in ASD diagnostics, ASD developmental and
78.4 behavioral treatment strategies, and typical child development or a combination of
78.5 coursework or hours of experience;

78.6 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
78.7 Analyst Certification Board;

78.8 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
78.9 Board; or

78.10 (iv) is certified in one of the other treatment modalities recognized by the department;
78.11 or

78.12 (2) a person who has:

78.13 (i) an associate's degree in a behavioral or child development science or related field
78.14 including, but not limited to, mental health, special education, social work, psychology,
78.15 speech pathology, or occupational therapy from an accredited college or university; and

78.16 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people
78.17 with ASD or a related condition. Hours worked as a mental health behavioral aide or level
78.18 III treatment provider may be included in the required hours of experience; or

78.19 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering
78.20 treatment to people with ASD or a related condition. Hours worked as a mental health
78.21 behavioral aide or level III treatment provider may be included in the required hours of
78.22 experience; or

78.23 (4) a person who is a graduate student in a behavioral science, child development science,
78.24 or related field and is receiving clinical supervision by a QSP affiliated with an agency to
78.25 meet the clinical training requirements for experience and training with people with ASD
78.26 or a related condition; or

78.27 (5) a person who is at least 18 years of age and who:

78.28 (i) is fluent in a non-English language;

78.29 (ii) completed the level III EIDBI training requirements; and

78.30 (iii) receives observation and direction from a QSP or level I treatment provider at least
78.31 once a week until the person meets 1,000 hours of supervised clinical experience.

79.1 (d) A level III treatment provider must be employed by an agency, have completed the
79.2 level III training requirement, be at least 18 years of age, and have at least one of the
79.3 following:

79.4 (1) a high school diploma or commissioner of education-selected high school equivalency
79.5 certification;

79.6 (2) fluency in a non-English language; ~~or~~

79.7 (3) one year of experience as a primary personal care assistant, community health worker,
79.8 waiver service provider, or special education assistant to a person with ASD or a related
79.9 condition within the previous five years; or

79.10 (4) completion of all required EIDBI training within six months of employment.

79.11 Sec. 44. Minnesota Statutes 2018, section 256B.0949, subdivision 16, is amended to read:

79.12 Subd. 16. **Agency duties.** (a) An agency delivering an EIDBI service under this section
79.13 must:

79.14 (1) enroll as a medical assistance Minnesota health care program provider according to
79.15 Minnesota Rules, part 9505.0195, and section 256B.04, subdivision 21, and meet all
79.16 applicable provider standards and requirements;

79.17 (2) demonstrate compliance with federal and state laws for EIDBI service;

79.18 (3) verify and maintain records of a service provided to the person or the person's legal
79.19 representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;

79.20 (4) demonstrate that while enrolled or seeking enrollment as a Minnesota health care
79.21 program provider the agency did not have a lead agency contract or provider agreement
79.22 discontinued because of a conviction of fraud; or did not have an owner, board member, or
79.23 manager fail a state or federal criminal background check or appear on the list of excluded
79.24 individuals or entities maintained by the federal Department of Human Services Office of
79.25 Inspector General;

79.26 (5) have established business practices including written policies and procedures, internal
79.27 controls, and a system that demonstrates the organization's ability to deliver quality EIDBI
79.28 services;

79.29 (6) have an office located in Minnesota or a border state;

79.30 (7) conduct a criminal background check on an individual who has direct contact with
79.31 the person or the person's legal representative;

80.1 (8) report maltreatment according to sections 626.556 and 626.557;

80.2 (9) comply with any data requests consistent with the Minnesota Government Data
80.3 Practices Act, sections 256B.064 and 256B.27;

80.4 (10) provide training for all agency staff on the requirements and responsibilities listed
80.5 in the Maltreatment of Minors Act, section 626.556, and the Vulnerable Adult Protection
80.6 Act, section 626.557, including mandated and voluntary reporting, nonretaliation, and the
80.7 agency's policy for all staff on how to report suspected abuse and neglect;

80.8 (11) have a written policy to resolve issues collaboratively with the person and the
80.9 person's legal representative when possible. The policy must include a timeline for when
80.10 the person and the person's legal representative will be notified about issues that arise in
80.11 the provision of services;

80.12 (12) provide the person's legal representative with prompt notification if the person is
80.13 injured while being served by the agency. An incident report must be completed by the
80.14 agency staff member in charge of the person. A copy of all incident and injury reports must
80.15 remain on file at the agency for at least five years from the report of the incident; and

80.16 (13) before starting a service, provide the person or the person's legal representative a
80.17 description of the treatment modality that the person shall receive, including the staffing
80.18 certification levels and training of the staff who shall provide a treatment.

80.19 (b) When delivering the ITP, and annually thereafter, an agency must provide the person
80.20 or the person's legal representative with:

80.21 (1) a written copy and a verbal explanation of the person's or person's legal
80.22 representative's rights and the agency's responsibilities;

80.23 (2) documentation in the person's file the date that the person or the person's legal
80.24 representative received a copy and explanation of the person's or person's legal
80.25 representative's rights and the agency's responsibilities; and

80.26 (3) reasonable accommodations to provide the information in another format or language
80.27 as needed to facilitate understanding of the person's or person's legal representative's rights
80.28 and the agency's responsibilities.

80.29 Sec. 45. Minnesota Statutes 2018, section 256D.02, subdivision 17, is amended to read:

80.30 Subd. 17. **Professional certification.** "Professional certification" means a statement
80.31 about a person's illness, injury, or incapacity that is signed by a "qualified professional" as
80.32 defined in section ~~256J.08, subdivision 73a~~ 256P.01, subdivision 6a.

81.1 Sec. 46. Minnesota Statutes 2018, section 256I.03, subdivision 3, is amended to read:

81.2 Subd. 3. **Housing support.** "Housing support" means ~~a group living situation~~ assistance
81.3 that provides at a minimum room and board to ~~unrelated~~ persons who meet the eligibility
81.4 requirements of section 256I.04. To receive payment for ~~a group residence rate~~ housing
81.5 support, the residence must meet the requirements under section 256I.04, subdivisions 2a
81.6 to 2f.

81.7 Sec. 47. Minnesota Statutes 2018, section 256I.03, subdivision 14, is amended to read:

81.8 Subd. 14. **Qualified professional.** "Qualified professional" means an individual as
81.9 defined in section ~~256J.08, subdivision 73a, or~~ 245G.11, subdivision 3, 4, or 5, or 256P.01,
81.10 subdivision 6a; or an individual approved by the director of human services or a designee
81.11 of the director.

81.12 Sec. 48. Minnesota Statutes 2019 Supplement, section 256I.04, subdivision 2b, is amended
81.13 to read:

81.14 Subd. 2b. **Housing support agreements.** (a) Agreements between agencies and providers
81.15 of housing support must be in writing on a form developed and approved by the commissioner
81.16 and must specify the name and address under which the establishment subject to the
81.17 agreement does business and under which the establishment, or service provider, if different
81.18 from the ~~group residential housing~~ establishment, is licensed by the Department of Health
81.19 or the Department of Human Services; the specific license or registration from the
81.20 Department of Health or the Department of Human Services held by the provider and the
81.21 number of beds subject to that license; the address of the location or locations at which
81.22 ~~group residential housing support~~ is provided under this agreement; the per diem and monthly
81.23 rates that are to be paid from housing support funds for each eligible resident at each location;
81.24 the number of beds at each location which are subject to the agreement; whether the license
81.25 holder is a not-for-profit corporation under section 501(c)(3) of the Internal Revenue Code;
81.26 and a statement that the agreement is subject to the provisions of sections 256I.01 to 256I.06
81.27 and subject to any changes to those sections.

81.28 (b) Providers are required to verify the following minimum requirements in the
81.29 agreement:

81.30 (1) current license or registration, including authorization if managing or monitoring
81.31 medications;

81.32 (2) all staff who have direct contact with recipients meet the staff qualifications;

- 82.1 (3) the provision of housing support;
- 82.2 (4) the provision of supplementary services, if applicable;
- 82.3 (5) reports of adverse events, including recipient death or serious injury;
- 82.4 (6) submission of residency requirements that could result in recipient eviction; and
- 82.5 (7) confirmation that the provider will not limit or restrict the number of hours an
- 82.6 applicant or recipient chooses to be employed, as specified in subdivision 5.

82.7 (c) Agreements may be terminated with or without cause by the commissioner, the

82.8 agency, or the provider with two calendar months prior notice. The commissioner may

82.9 immediately terminate an agreement under subdivision 2d.

82.10 Sec. 49. Minnesota Statutes 2018, section 256I.05, subdivision 1c, is amended to read:

82.11 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for housing

82.12 support above those in effect on June 30, 1993, except as provided in paragraphs (a) to (f).

82.13 (a) An agency may increase the rates for room and board to the MSA equivalent rate

82.14 for those settings whose current rate is below the MSA equivalent rate.

82.15 (b) An agency may increase the rates for residents in adult foster care whose difficulty

82.16 of care has increased. The total housing support rate for these residents must not exceed the

82.17 maximum rate specified in subdivisions 1 and 1a. Agencies must not include nor increase

82.18 difficulty of care rates for adults in foster care whose difficulty of care is eligible for funding

82.19 by home and community-based waiver programs under title XIX of the Social Security Act.

82.20 (c) The room and board rates will be increased each year when the MSA equivalent rate

82.21 is adjusted for SSI cost-of-living increases by the amount of the annual SSI increase, less

82.22 the amount of the increase in the medical assistance personal needs allowance under section

82.23 256B.35.

82.24 (d) When housing support pays for an individual's room and board, or other costs

82.25 necessary to provide room and board, the rate payable to the residence must continue for

82.26 up to 18 calendar days per incident that the person is temporarily absent from the residence,

82.27 not to exceed 60 days in a calendar year, if the absence or absences ~~have received the prior~~

82.28 ~~approval of~~ are reported in advance to the county agency's social service staff. Prior approval

82.29 Advance reporting is not required for emergency absences due to crisis, illness, or injury.

82.30 (e) For facilities meeting substantial change criteria within the prior year. Substantial

82.31 change criteria exists if the establishment experiences a 25 percent increase or decrease in

82.32 the total number of its beds, if the net cost of capital additions or improvements is in excess

83.1 of 15 percent of the current market value of the residence, or if the residence physically
 83.2 moves, or changes its licensure, and incurs a resulting increase in operation and property
 83.3 costs.

83.4 (f) Until June 30, 1994, an agency may increase by up to five percent the total rate paid
 83.5 for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54 who
 83.6 reside in residences that are licensed by the commissioner of health as a boarding care home,
 83.7 but are not certified for the purposes of the medical assistance program. However, an increase
 83.8 under this clause must not exceed an amount equivalent to 65 percent of the 1991 medical
 83.9 assistance reimbursement rate for nursing home resident class A, in the geographic grouping
 83.10 in which the facility is located, as established under Minnesota Rules, parts 9549.0051 to
 83.11 9549.0058.

83.12 Sec. 50. Minnesota Statutes 2018, section 256I.05, subdivision 1n, is amended to read:

83.13 Subd. 1n. **Supplemental rate; Mahnomen County.** Notwithstanding the provisions of
 83.14 this section, for the rate period July 1, 2010, to June 30, 2011, a county agency shall negotiate
 83.15 a supplemental service rate in addition to the rate specified in subdivision 1, not to exceed
 83.16 \$753 per month or the existing rate, including any legislative authorized inflationary
 83.17 adjustments, for a ~~group residential~~ housing support provider located in Mahnomen County
 83.18 that operates a 28-bed facility providing 24-hour care to individuals who are homeless,
 83.19 disabled, chemically dependent, mentally ill, or chronically homeless.

83.20 Sec. 51. Minnesota Statutes 2018, section 256I.05, subdivision 8, is amended to read:

83.21 Subd. 8. **State participation.** For a ~~resident of a group residence~~ person who is eligible
 83.22 under section 256I.04, subdivision 1, paragraph (b), state participation in the ~~group residential~~
 83.23 housing support payment is determined according to section 256D.03, subdivision 2. For
 83.24 a ~~resident of a group residence~~ person who is eligible under section 256I.04, subdivision 1,
 83.25 paragraph (a), state participation in the ~~group residential~~ housing support rate is determined
 83.26 according to section 256D.36.

83.27 Sec. 52. Minnesota Statutes 2018, section 256I.06, subdivision 2, is amended to read:

83.28 Subd. 2. **Time of payment.** A county agency may make payments in advance for an
 83.29 individual whose stay is expected to last beyond the calendar month for which the payment
 83.30 is made. Housing support payments made by a county agency on behalf of an individual
 83.31 who is not expected to remain in the ~~group residence~~ establishment beyond the month for

84.1 which payment is made must be made subsequent to the individual's departure from the
84.2 residence.

84.3 Sec. 53. Minnesota Statutes 2018, section 256I.06, is amended by adding a subdivision
84.4 to read:

84.5 Subd. 10. Correction of overpayments and underpayments. The agency shall make
84.6 an adjustment to housing support payments issued to individuals consistent with requirements
84.7 of federal law and regulation and state law and rule and shall issue or recover benefits as
84.8 appropriate. A recipient or former recipient is not responsible for overpayments due to
84.9 agency error, unless the amount of the overpayment is large enough that a reasonable person
84.10 would know it is an error.

84.11 Sec. 54. Minnesota Statutes 2018, section 256J.08, subdivision 73a, is amended to read:

84.12 Subd. 73a. **Qualified professional.** "Qualified professional" means an individual as
84.13 defined in section 256P.01, subdivision 6a. (a) For physical illness, injury, or incapacity, a
84.14 "qualified professional" means a licensed physician, a physician assistant, a nurse practitioner,
84.15 or a licensed chiropractor.

84.16 ~~(b) For developmental disability and intelligence testing, a "qualified professional"~~
84.17 ~~means an individual qualified by training and experience to administer the tests necessary~~
84.18 ~~to make determinations, such as tests of intellectual functioning, assessments of adaptive~~
84.19 ~~behavior, adaptive skills, and developmental functioning. These professionals include~~
84.20 ~~licensed psychologists, certified school psychologists, or certified psychometrists working~~
84.21 ~~under the supervision of a licensed psychologist.~~

84.22 ~~(c) For learning disabilities, a "qualified professional" means a licensed psychologist or~~
84.23 ~~school psychologist with experience determining learning disabilities.~~

84.24 ~~(d) For mental health, a "qualified professional" means a licensed physician or a qualified~~
84.25 ~~mental health professional. A "qualified mental health professional" means:~~

84.26 ~~(1) for children, in psychiatric nursing, a registered nurse who is licensed under sections~~
84.27 ~~148.171 to 148.285, and who is certified as a clinical specialist in child and adolescent~~
84.28 ~~psychiatric or mental health nursing by a national nurse certification organization or who~~
84.29 ~~has a master's degree in nursing or one of the behavioral sciences or related fields from an~~
84.30 ~~accredited college or university or its equivalent, with at least 4,000 hours of post-master's~~
84.31 ~~supervised experience in the delivery of clinical services in the treatment of mental illness;~~

85.1 ~~(2) for adults, in psychiatric nursing, a registered nurse who is licensed under sections~~
 85.2 ~~148.171 to 148.285, and who is certified as a clinical specialist in adult psychiatric and~~
 85.3 ~~mental health nursing by a national nurse certification organization or who has a master's~~
 85.4 ~~degree in nursing or one of the behavioral sciences or related fields from an accredited~~
 85.5 ~~college or university or its equivalent, with at least 4,000 hours of post-master's supervised~~
 85.6 ~~experience in the delivery of clinical services in the treatment of mental illness;~~

85.7 ~~(3) in clinical social work, a person licensed as an independent clinical social worker~~
 85.8 ~~under chapter 148D, or a person with a master's degree in social work from an accredited~~
 85.9 ~~college or university, with at least 4,000 hours of post-master's supervised experience in~~
 85.10 ~~the delivery of clinical services in the treatment of mental illness;~~

85.11 ~~(4) in psychology, an individual licensed by the Board of Psychology under sections~~
 85.12 ~~148.88 to 148.98, who has stated to the Board of Psychology competencies in the diagnosis~~
 85.13 ~~and treatment of mental illness;~~

85.14 ~~(5) in psychiatry, a physician licensed under chapter 147 and certified by the American~~
 85.15 ~~Board of Psychiatry and Neurology or eligible for board certification in psychiatry;~~

85.16 ~~(6) in marriage and family therapy, the mental health professional must be a marriage~~
 85.17 ~~and family therapist licensed under sections 148B.29 to 148B.39, with at least two years of~~
 85.18 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
 85.19 ~~mental illness; and~~

85.20 ~~(7) in licensed professional clinical counseling, the mental health professional shall be~~
 85.21 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
 85.22 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
 85.23 ~~of mental illness.~~

85.24 **Sec. 55. [256K.451] MINOR CONSENT TO HOMELESS AND SEXUALLY**
 85.25 **EXPLOITED YOUTH SERVICES.**

85.26 A minor living separately from the minor's parent or legal guardian may give consent
 85.27 to receive homeless youth services and services for sexually exploited youth. A minor's
 85.28 consent to receive services does not affect a parent or legal guardian's custody of the minor.

85.29 Sec. 56. Minnesota Statutes 2018, section 256N.02, subdivision 14a, is amended to read:

85.30 Subd. 14a. **Licensed child foster parent.** "Licensed child foster parent" means ~~a person~~
 85.31 an individual or family who is licensed for child foster care under Minnesota Rules, ~~parts~~
 85.32 2960.3000 to 2960.3340 ~~chapter 2960, excluding foster residence settings licensed under~~

86.1 Minnesota Rules, parts 2960.3200 to 2960.3230, or licensed or approved by a Minnesota
86.2 tribe in accordance with tribal standards with whom the foster child resides.

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

86.4 Sec. 57. Minnesota Statutes 2018, section 256N.21, subdivision 2, is amended to read:

86.5 Subd. 2. **Placement in foster care.** To be eligible for foster care benefits under this
86.6 section, the child must be in placement away from the child's legal parent, guardian, or
86.7 Indian custodian as defined in section 260.755, subdivision 10, and must meet one of the
86.8 criteria in clause (1) and either clause (2) or (3):

86.9 (1) the legally responsible agency must have placement authority to place the child with:
86.10 (i) a voluntary placement agreement or a court order, consistent with sections 260B.198,
86.11 260C.001, and 260D.01, or consistent with section 260C.451 for a child 18 years old or
86.12 older and under age 21 who maintains eligibility for foster care; or (ii) a voluntary placement
86.13 agreement or court order by a Minnesota tribe that is consistent with United States Code,
86.14 title 42, section 672(a)(2); and

86.15 (2) the child is placed with a licensed child foster parent who resides with the child; or

86.16 (3) the child is placed in one of the following unlicensed child foster care settings:

86.17 (i) an emergency relative placement under tribal licensing regulations or section
86.18 245A.035, with the legally responsible agency ensuring the relative completes the required
86.19 child foster care application process;

86.20 (ii) a licensed adult foster home with an approved age variance under section 245A.16
86.21 for no more than six months where the license holder resides with the child;

86.22 (iii) for a child 18 years old or older and under age 21 who is eligible for extended foster
86.23 care under section 260C.451, an unlicensed supervised independent living setting approved
86.24 by the agency responsible for the child's care; or

86.25 (iv) a preadoptive placement in a home specified in section 245A.03, subdivision 2,
86.26 paragraph (a), clause (9), with an approved adoption home study and signed adoption
86.27 placement agreement.

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

86.29 Sec. 58. Minnesota Statutes 2018, section 256N.21, subdivision 5, is amended to read:

86.30 Subd. 5. **Excluded activities.** The basic and supplemental difficulty of care payment
86.31 represents costs for activities similar in nature to those expected of parents, and does not

87.1 cover services rendered by the licensed or tribally approved foster parent, ~~facility~~, or
87.2 administrative costs or fees. The financially responsible agency may pay an additional fee
87.3 for specific services provided by the licensed foster parent ~~or facility~~. A foster parent ~~or~~
87.4 ~~residence setting~~ must distinguish such a service from the daily care of the child as assessed
87.5 through the process under section 256N.24.

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

87.7 Sec. 59. Minnesota Statutes 2018, section 256N.24, subdivision 4, is amended to read:

87.8 Subd. 4. **Extraordinary levels.** (a) The assessment tool established under subdivision
87.9 2 must provide a mechanism through which up to five levels can be added to the supplemental
87.10 difficulty of care for a particular child under section 256N.26, subdivision 4. In establishing
87.11 the assessment tool, the commissioner must design the tool so that the levels applicable to
87.12 the portions of the assessment other than the extraordinary levels can accommodate the
87.13 requirements of this subdivision.

87.14 (b) These extraordinary levels are available when all of the following circumstances
87.15 apply:

87.16 (1) the child has extraordinary needs as determined by the assessment tool provided for
87.17 under subdivision 2, and the child meets other requirements established by the commissioner,
87.18 such as a minimum score on the assessment tool;

87.19 (2) the child's extraordinary needs require extraordinary care and intense supervision
87.20 that is provided by the child's caregiver as part of the parental duties as described in the
87.21 supplemental difficulty of care rate, section 256N.02, subdivision 21. This extraordinary
87.22 care provided by the caregiver is required so that the child can be safely cared for in the
87.23 home and community, and prevents residential placement;

87.24 (3) the child is physically living in a foster family setting, as defined in Minnesota Rules,
87.25 part 2960.3010, subpart 23, ~~in a foster residence setting~~, or physically living in the home
87.26 with the adoptive parent or relative custodian; and

87.27 (4) the child is receiving the services for which the child is eligible through medical
87.28 assistance programs or other programs that provide necessary services for children with
87.29 disabilities or other medical and behavioral conditions to live with the child's family, but
87.30 the agency with caregiver's input has identified a specific support gap that cannot be met
87.31 through home and community support waivers or other programs that are designed to provide
87.32 support for children with special needs.

88.1 (c) The agency completing an assessment, under subdivision 2, that suggests an
88.2 extraordinary level must document as part of the assessment, the following:

88.3 (1) the assessment tool that determined that the child's needs or disabilities require
88.4 extraordinary care and intense supervision;

88.5 (2) a summary of the extraordinary care and intense supervision that is provided by the
88.6 caregiver as part of the parental duties as described in the supplemental difficulty of care
88.7 rate, section 256N.02, subdivision 21;

88.8 (3) confirmation that the child is currently physically residing ~~in the foster family setting~~
88.9 ~~or~~ in the home with the foster parent, adoptive parent, or relative custodian;

88.10 (4) the efforts of the agency, caregiver, parents, and others to request support services
88.11 in the home and community that would ease the degree of parental duties provided by the
88.12 caregiver for the care and supervision of the child. This would include documentation of
88.13 the services provided for the child's needs or disabilities, and the services that were denied
88.14 or not available from the local social service agency, community agency, the local school
88.15 district, local public health department, the parent, or child's medical insurance provider;

88.16 (5) the specific support gap identified that places the child's safety and well-being at risk
88.17 in the home or community and is necessary to prevent residential placement; and

88.18 (6) the extraordinary care and intense supervision provided by the foster, adoptive, or
88.19 guardianship caregivers to maintain the child safely in the child's home and prevent residential
88.20 placement that cannot be supported by medical assistance or other programs that provide
88.21 services, necessary care for children with disabilities, or other medical or behavioral
88.22 conditions in the home or community.

88.23 (d) An agency completing an assessment under subdivision 2 that suggests an
88.24 extraordinary level is appropriate must forward the assessment and required documentation
88.25 to the commissioner. If the commissioner approves, the extraordinary levels must be
88.26 retroactive to the date the assessment was forwarded.

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

88.28 Sec. 60. Minnesota Statutes 2018, section 256P.01, is amended by adding a subdivision
88.29 to read:

88.30 **Subd. 6a. Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
88.31 professional" means a licensed physician, physician assistant, nurse practitioner, physical
88.32 therapist, occupational therapist, or licensed chiropractor, according to their scope of practice.

89.1 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
 89.2 professional" means a licensed physician, physician assistant, nurse practitioner, licensed
 89.3 independent clinical social worker, licensed psychologist, certified school psychologist, or
 89.4 certified psychometrist working under the supervision of a licensed psychologist.

89.5 (c) For mental health, a "qualified professional" means a licensed physician, nurse
 89.6 practitioner, or qualified mental health professional under section 245.462, subdivision 18,
 89.7 clauses (1) to (6).

89.8 (d) For substance use disorder, a "qualified professional" means an individual as defined
 89.9 in section 245G.11, subdivision 3, 4, or 5.

89.10 Sec. 61. Minnesota Statutes 2018, section 257.70, is amended to read:

89.11 **257.70 HEARINGS AND RECORDS; CONFIDENTIALITY.**

89.12 (a) Notwithstanding any other law concerning public hearings and records, any hearing
 89.13 or trial held under sections 257.51 to 257.74 shall be held in closed court without admittance
 89.14 of any person other than those necessary to the action or proceeding. All papers and records,
 89.15 other than the final judgment, pertaining to the action or proceeding, whether part of the
 89.16 permanent record of the court or of a file in the state Department of Human Services or
 89.17 elsewhere, are subject to inspection only upon consent of the court and all interested persons,
 89.18 or in exceptional cases only upon an order of the court for good cause shown.

89.19 (b) In all actions under this chapter in which public assistance is assigned under section
 89.20 256.741 or the public authority provides services to a party or parties to the action,
 89.21 ~~notwithstanding statutory or other authorization for the public authority to~~ shall not release
 89.22 ~~private data on the location of a party to the action, information on the location of one a~~
 89.23 ~~party may not be released by the public authority to the other party~~ to the action or the joint
 89.24 child if:

89.25 (1) the public authority has knowledge that one party is currently subject to a protective
 89.26 order with respect to the other party ~~has been entered~~ or the joint child, and the protected
 89.27 party or guardian of the joint child has not authorized disclosure; or

89.28 (2) the public authority has reason to believe that the release of the information may
 89.29 result in physical or emotional harm to ~~the other~~ a party or the joint child.

90.1 Sec. 62. [260.7611] COUNTY AND TRIBAL AGREEMENTS; MALTREATMENT
 90.2 ASSESSMENTS AND INVESTIGATIONS OF INDIAN CHILDREN.

90.3 A tribe and a county may enter a written agreement transferring responsibility for the
 90.4 screening and initial response to a child maltreatment report regarding an Indian child
 90.5 residing in the county where the child's reservation is located, from the county to the tribe.
 90.6 An agreement under this subdivision shall include a provision clarifying whether the county
 90.7 or the tribe is responsible for ongoing case management stemming from a child maltreatment
 90.8 report.

90.9 Sec. 63. Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
 90.10 to read:

90.11 Subd. 16a. **Family and permanency team.** "Family and permanency team" means a
 90.12 team consisting of the child's parent or legal custodian, relatives, foster care providers, and
 90.13 professionals who are resources to the child's family such as teachers, medical or mental
 90.14 health providers who have treated the child, or clergy, as appropriate. In the case of an
 90.15 Indian child, the family and permanency team includes tribal representatives, delegates,
 90.16 and cultural resources as identified by the child's tribe. Consistent with section 260C.212,
 90.17 subdivision 1, paragraph (b), if the child is age 14 or older, the team must also include two
 90.18 team members that the child selects who are not the child's foster parent or caseworker. The
 90.19 responsible social services agency may reject an individual that the child selects if the agency
 90.20 has good cause to believe that the individual would not act in the best interests of the child.

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

90.22 Sec. 64. Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
 90.23 to read:

90.24 Subd. 16b. **Family foster home.** "Family foster home" means the home of an individual
 90.25 or family who is licensed for child foster care under Minnesota Statutes, chapter 245A,
 90.26 meeting the standards in Minnesota Rules, chapter 2960, excluding foster residence settings
 90.27 licensed under Minnesota Rules, parts 2960.3000 to 2960.3200, or licensed or approved by
 90.28 a tribe in accordance with tribal standards with whom the foster child resides. Family foster
 90.29 home includes an emergency unlicensed relative placement under section 245A.035.

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

91.1 Sec. 65. Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
91.2 to read:

91.3 Subd. 21a. **Legal authority to place the child.** "Legal authority to place the child"
91.4 means that the agency has legal responsibility for the care and control of the child while
91.5 the child is in foster care. The agency may have legal authority to place a child through a
91.6 court order under this chapter through a voluntary placement agreement between the agency
91.7 and the child's parent under section 260C.227 or, in the case of an Indian child, through
91.8 tribal court.

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

91.10 Sec. 66. Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
91.11 to read:

91.12 Subd. 25a. **Permanency plan.** "Permanency plan" means the established goal in the
91.13 out-of-home placement plan that will achieve a safe, permanent home for the child. There
91.14 are four permanency goals for children:

91.15 (1) reunification with the child's parent or legal guardian;

91.16 (2) placement with other relatives;

91.17 (3) adoption; or

91.18 (4) establishment of a new legal guardianship.

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

91.20 Sec. 67. Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
91.21 to read:

91.22 Subd. 26c. **Qualified individual.** "Qualified individual" means a trained culturally
91.23 competent professional or licensed clinician, including a mental health professional under
91.24 section 245.4871, subdivision 27, who is not an employee of the responsible social services
91.25 agency and who is not connected to or affiliated with any placement setting in which a
91.26 responsible social services agency has placed children.

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

92.1 Sec. 68. Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
92.2 to read:

92.3 Subd. 26d. **Qualified residential treatment program.** "Qualified residential treatment
92.4 program" means a children's residential treatment program licensed under chapter 245A or
92.5 licensed or approved by a tribe that is approved to receive foster care maintenance payments
92.6 under section 256.82 that:

92.7 (1) has a trauma-informed treatment model designed to address the needs of children
92.8 with serious emotional or behavioral disorders or disturbances;

92.9 (2) has registered or licensed nursing staff and other licensed clinical staff who:

92.10 (i) provide care within the scope of their practice; and

92.11 (ii) are available 24 hours per day and seven days per week;

92.12 (3) is accredited by any of the following independent, nonprofit organizations: the
92.13 Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission
92.14 on Accreditation of Healthcare Organizations (JCAHO), and the Council on Accreditation
92.15 (COA), or any other nonprofit accrediting organization approved by the United States
92.16 Department of Health and Human Services;

92.17 (4) if it is in the child's best interests, facilitates participation of the child's family members
92.18 in the child's treatment programming consistent with the child's out-of-home placement
92.19 plan under sections 260C.212, subdivision 1, and 260C.708;

92.20 (5) facilitates outreach to family members of the child, including siblings;

92.21 (6) documents how the facility facilitates outreach to the child's parents and relatives,
92.22 as well as documents the child's parents' and other relatives' contact information;

92.23 (7) documents how the facility includes family members in the child's treatment process,
92.24 including after the child's discharge, and how the facility maintains the child's sibling
92.25 connections; and

92.26 (8) provides the child and child's family with discharge planning and family-based
92.27 aftercare support for at least six months after the child's discharge.

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

93.1 Sec. 69. Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
93.2 to read:

93.3 Subd. 27b. Residential treatment facility. "Residential treatment facility" means a
93.4 24-hour-a-day program that provides treatment for children with emotional disturbance,
93.5 consistent with section 245.4871, subdivision 32, and includes a licensed residential program
93.6 specializing in caring 24 hours a day for children with a developmental delay or related
93.7 condition. A residential treatment facility does not include a psychiatric residential treatment
93.8 facility under section 256B.0941 or a family foster home as defined in section 260C.007,
93.9 subdivision 16b.

93.10 Sec. 70. Minnesota Statutes 2018, section 260C.157, subdivision 3, is amended to read:

93.11 Subd. 3. Juvenile treatment screening team. (a) The responsible social services agency
93.12 shall establish a juvenile treatment screening team to conduct screenings and prepare ease
93.13 plans under this chapter, chapter 260D, and section 245.487, subdivision 3-, for a child to
93.14 receive treatment for an emotional disturbance, a developmental disability, or related
93.15 condition in a residential treatment facility licensed by the commissioner of human services
93.16 under chapter 245A, or licensed or approved by a tribe. A screening team is not required
93.17 for a child to be in: (1) a residential facility specializing in prenatal, postpartum, or parenting
93.18 support; (2) a facility specializing in high-quality residential care and supportive services
93.19 to children and youth who are sex-trafficking victims or are at risk of becoming
93.20 sex-trafficking victims; (3) supervised settings for youth 18 years old or older living
93.21 independently; or (4) a licensed residential family-based treatment facility for substance
93.22 abuse consistent with section 260C.190. Screenings are also not required when a child must
93.23 be placed in a facility due to an emotional crisis or other mental health emergency.

93.24 (b) The responsible social services agency shall conduct screenings shall be conducted
93.25 within 15 days of a request for a screening, unless the screening is for the purpose of
93.26 placement in mental health residential treatment and the child is enrolled in a prepaid health
93.27 program under section 256B.69, in which case the agency shall conduct the screening shall
93.28 be conducted within ten working days of a request. The responsible social services agency
93.29 shall convene the team, which may be the team constituted under section 245.4885 or
93.30 256B.092 or Minnesota Rules, parts 9530.6600 to 9530.6655. The team shall consist of
93.31 social workers, juvenile justice professionals, persons with expertise in the treatment of
93.32 juveniles who are emotionally disabled, chemically dependent, or have a developmental
93.33 disability; and the child's parent, guardian, or permanent legal custodian under Minnesota
93.34 Statutes 2010, section 260C.201, subdivision 11, or section 260C.515, subdivision 4. The

94.1 ~~team may be the same team as defined in section 260B.157, subdivision 3.~~ The team may
 94.2 include the child's relatives as defined in section 260C.007, subdivisions 26b and 27, the
 94.3 child's foster care provider, and professionals who are a resource to the child's family such
 94.4 as teachers, medical or mental health providers, and clergy, as appropriate, consistent with
 94.5 the family and permanency team as defined in section 260C.007, subdivision 16a. Prior to
 94.6 forming the team, the responsible social services agency must consult with the child if the
 94.7 child is age 14 or older, the child's parents, and, if applicable, the child's tribe to ensure that
 94.8 the team is family-centered and will act in the child's best interest. If the child, child's parents,
 94.9 or legal guardians raise concerns about specific relatives or professionals, the team should
 94.10 not include those individuals. This provision does not apply to paragraph (c).

94.11 ~~(b) The social services agency shall determine whether a child brought to its attention~~
 94.12 ~~for the purposes described in this section is an Indian child, as defined in section 260C.007,~~
 94.13 ~~subdivision 21, and shall determine the identity of the Indian child's tribe, as defined in~~
 94.14 ~~section 260.755, subdivision 9. When a child to be evaluated (c) If the agency provides~~
 94.15 notice to tribes under section 260.761, and the child screened is an Indian child, the team
 94.16 provided in paragraph (a) shall include responsible social services agency must make a
 94.17 rigorous and concerted effort to include a designated representative of the Indian child's
 94.18 tribe on the juvenile treatment screening team, unless the child's tribal authority declines to
 94.19 appoint a representative. The Indian child's tribe may delegate its authority to represent the
 94.20 child to any other federally recognized Indian tribe, as defined in section 260.755, subdivision
 94.21 12. The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25,
 94.22 sections 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751
 94.23 to 260.835, apply to this section.

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

94.29 ~~(1) for the primary purpose of treatment for an emotional disturbance, a developmental~~
 94.30 ~~disability, or chemical dependency in a residential treatment facility out of state or in one~~
 94.31 ~~which is within the state and licensed by the commissioner of human services under chapter~~
 94.32 ~~245A; or~~

94.33 ~~(2) in any out-of-home setting potentially exceeding 30 days in duration, including a~~
 94.34 ~~postdispositional placement in a facility licensed by the commissioner of corrections or~~
 94.35 ~~human services; The court shall ascertain whether the child is an Indian child and shall~~

95.1 ~~notify the county welfare agency~~ responsible social services agency and, if the child is an
95.2 Indian child, shall notify the Indian child's tribe. ~~The county's juvenile treatment screening~~
95.3 ~~team must either: (i) screen and evaluate the child and file its recommendations with the~~
95.4 ~~court within 14 days of receipt of the notice; or (ii) elect not to screen a given case and~~
95.5 ~~notify the court of that decision within three working days~~ as paragraph (c) requires.

95.6 (d) ~~The child may not be placed for the primary purpose of treatment for an emotional~~
95.7 ~~disturbance, a developmental disability, or chemical dependency, in a residential treatment~~
95.8 ~~facility out of state nor in a residential treatment facility within the state that is licensed~~
95.9 ~~under chapter 245A, unless one of the following conditions applies:~~

95.10 (1) ~~a treatment professional certifies that an emergency requires the placement of the~~
95.11 ~~child in a facility within the state;~~

95.12 (2) ~~the screening team has evaluated the child and recommended that a residential~~
95.13 ~~placement is necessary to meet the child's treatment needs and the safety needs of the~~
95.14 ~~community, that it is a cost-effective means of meeting the treatment needs, and that it will~~
95.15 ~~be of therapeutic value to the child; or~~

95.16 (3) ~~the court, having reviewed a screening team recommendation against placement,~~
95.17 ~~determines to the contrary that a residential placement is necessary. The court shall state~~
95.18 ~~the reasons for its determination in writing, on the record, and shall respond specifically to~~
95.19 ~~the findings and recommendation of the screening team in explaining why the~~
95.20 ~~recommendation was rejected. The attorney representing the child and the prosecuting~~
95.21 ~~attorney shall be afforded an opportunity to be heard on the matter.~~

95.22 (e) ~~When the county's juvenile treatment screening team has elected to screen and evaluate~~
95.23 ~~a child determined to be an Indian child, the team shall provide notice to the tribe or tribes~~
95.24 ~~that accept jurisdiction for the Indian child or that recognize the child as a member of the~~
95.25 ~~tribe or as a person eligible for membership in the tribe, and permit the tribe's representative~~
95.26 ~~to participate in the screening team.~~

95.27 (e) When the responsible social services agency is responsible for placing and caring
95.28 for the child and the screening team recommends placing a child in a qualified residential
95.29 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
95.30 begin the assessment and processes required in section 260C.704 without delay; and (2)
95.31 conduct a relative search according to section 260C.221 to assemble the child's family and
95.32 permanency team under section 260C.706. Prior to notifying relatives regarding the family
95.33 and permanency team, the responsible social services agency must consult with the child
95.34 if the child is age 14 or older, the child's parents and, if applicable, the child's tribe to ensure

96.1 that the agency is providing notice to individuals who will act in the child's best interest.
 96.2 The child and the child's parents may identify a culturally competent qualified individual
 96.3 to complete the child's assessment. The agency shall make efforts to refer the assessment
 96.4 to the identified qualified individual. The assessment may not be delayed for the purpose
 96.5 of having the assessment completed by a specific qualified individual.

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

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

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

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

96.13 ~~(f)~~ (g) When the Indian child's tribe or tribal health care services provider or Indian
 96.14 Health Services provider proposes to place a child for the primary purpose of treatment for
 96.15 an emotional disturbance, a developmental disability, or co-occurring emotional disturbance
 96.16 and chemical dependency, the Indian child's tribe or the tribe delegated by the child's tribe
 96.17 shall submit necessary documentation to the county juvenile treatment screening team,
 96.18 which must invite the Indian child's tribe to designate a representative to the screening team.

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

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

96.22 Sec. 71. Minnesota Statutes 2018, section 260C.202, is amended to read:

96.23 **260C.202 COURT REVIEW OF FOSTER CARE.**

96.24 (a) If the court orders a child placed in foster care, the court shall review the out-of-home
 96.25 placement plan and the child's placement at least every 90 days as required in juvenile court
 96.26 rules to determine whether continued out-of-home placement is necessary and appropriate
 96.27 or whether the child should be returned home. This review is not required if the court has
 96.28 returned the child home, ordered the child permanently placed away from the parent under
 96.29 sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review
 96.30 for a child permanently placed away from a parent, including where the child is under
 96.31 guardianship of the commissioner, shall be governed by section 260C.607. When a child
 96.32 is placed in a qualified residential treatment program setting as defined in section 260C.007,

97.1 subdivision 26d, the responsible social services agency must submit evidence to the court
 97.2 as specified in section 260C.712.

97.3 (b) No later than three months after the child's placement in foster care, the court shall
 97.4 review agency efforts pursuant to section 260C.221, and order that the efforts continue if
 97.5 the agency has failed to perform the duties under that section. The court must order the
 97.6 agency to continue to appropriately engage relatives who responded to the notice under
 97.7 section 260C.221 in placement and case planning decisions and to engage other relatives
 97.8 who came to the agency's attention after notice under section 260C.221 was sent.

97.9 (c) The court shall review the out-of-home placement plan and may modify the plan as
 97.10 provided under section 260C.201, subdivisions 6 and 7.

97.11 (d) When the court orders transfer of custody to a responsible social services agency
 97.12 resulting in foster care or protective supervision with a noncustodial parent under subdivision
 97.13 1, the court shall notify the parents of the provisions of sections 260C.204 and 260C.503
 97.14 to 260C.521, as required under juvenile court rules.

97.15 (e) When a child remains in or returns to foster care pursuant to section 260C.451 and
 97.16 the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the
 97.17 court shall at least annually conduct the review required under section 260C.203.

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

97.19 Sec. 72. Minnesota Statutes 2018, section 260C.204, is amended to read:

97.20 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**
 97.21 **CARE FOR SIX MONTHS.**

97.22 (a) When a child continues in placement out of the home of the parent or guardian from
 97.23 whom the child was removed, no later than six months after the child's placement the court
 97.24 shall conduct a permanency progress hearing to review:

97.25 (1) the progress of the case, the parent's progress on the case plan or out-of-home
 97.26 placement plan, whichever is applicable;

97.27 (2) the agency's reasonable, or in the case of an Indian child, active efforts for
 97.28 reunification and its provision of services;

97.29 (3) the agency's reasonable efforts to finalize the permanent plan for the child under
 97.30 section 260.012, paragraph (e), and to make a placement as required under section 260C.212,
 97.31 subdivision 2, in a home that will commit to being the legally permanent family for the

98.1 child in the event the child cannot return home according to the timelines in this section;
98.2 and

98.3 (4) in the case of an Indian child, active efforts to prevent the breakup of the Indian
98.4 family and to make a placement according to the placement preferences under United States
98.5 Code, title 25, chapter 21, section 1915.

98.6 (b) When a child is placed in a qualified residential treatment program setting as defined
98.7 in section 260C.007, subdivision 26d, the responsible social services agency must submit
98.8 evidence to the court as specified in section 260C.712.

98.9 ~~(b)~~ (c) The court shall ensure that notice of the hearing is sent to any relative who:

98.10 (1) responded to the agency's notice provided under section 260C.221, indicating an
98.11 interest in participating in planning for the child or being a permanency resource for the
98.12 child and who has kept the court apprised of the relative's address; or

98.13 (2) asked to be notified of court proceedings regarding the child as is permitted in section
98.14 260C.152, subdivision 5.

98.15 ~~(e)(1)~~ (d)(1) If the parent or guardian has maintained contact with the child and is
98.16 complying with the court-ordered out-of-home placement plan, and if the child would benefit
98.17 from reunification with the parent, the court may either:

98.18 (i) return the child home, if the conditions which led to the out-of-home placement have
98.19 been sufficiently mitigated that it is safe and in the child's best interests to return home; or

98.20 (ii) continue the matter up to a total of six additional months. If the child has not returned
98.21 home by the end of the additional six months, the court must conduct a hearing according
98.22 to sections 260C.503 to 260C.521.

98.23 (2) If the court determines that the parent or guardian is not complying with the
98.24 out-of-home placement plan or is not maintaining regular contact with the child as outlined
98.25 in the visitation plan required as part of the out-of-home placement plan under section
98.26 260C.212, the court may order the responsible social services agency:

98.27 (i) to develop a plan for legally permanent placement of the child away from the parent;

98.28 (ii) to consider, identify, recruit, and support one or more permanency resources from
98.29 the child's relatives and foster parent to be the legally permanent home in the event the child
98.30 cannot be returned to the parent. Any relative or the child's foster parent may ask the court
98.31 to order the agency to consider them for permanent placement of the child in the event the
98.32 child cannot be returned to the parent. A relative or foster parent who wants to be considered

99.1 under this item shall cooperate with the background study required under section 245C.08,
99.2 if the individual has not already done so, and with the home study process required under
99.3 chapter 245A for providing child foster care and for adoption under section 259.41. The
99.4 home study referred to in this item shall be a single-home study in the form required by the
99.5 commissioner of human services or similar study required by the individual's state of
99.6 residence when the subject of the study is not a resident of Minnesota. The court may order
99.7 the responsible social services agency to make a referral under the Interstate Compact on
99.8 the Placement of Children when necessary to obtain a home study for an individual who
99.9 wants to be considered for transfer of permanent legal and physical custody or adoption of
99.10 the child; and

99.11 (iii) to file a petition to support an order for the legally permanent placement plan.

99.12 ~~(d)~~ (e) Following the review under this section:

99.13 (1) if the court has either returned the child home or continued the matter up to a total
99.14 of six additional months, the agency shall continue to provide services to support the child's
99.15 return home or to make reasonable efforts to achieve reunification of the child and the parent
99.16 as ordered by the court under an approved case plan;

99.17 (2) if the court orders the agency to develop a plan for the transfer of permanent legal
99.18 and physical custody of the child to a relative, a petition supporting the plan shall be filed
99.19 in juvenile court within 30 days of the hearing required under this section and a trial on the
99.20 petition held within 60 days of the filing of the pleadings; or

99.21 (3) if the court orders the agency to file a termination of parental rights, unless the county
99.22 attorney can show cause why a termination of parental rights petition should not be filed,
99.23 a petition for termination of parental rights shall be filed in juvenile court within 30 days
99.24 of the hearing required under this section and a trial on the petition held within 60 days of
99.25 the filing of the petition.

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

99.27 Sec. 73. Minnesota Statutes 2018, section 260C.212, subdivision 1, is amended to read:

99.28 Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall
99.29 be prepared within 30 days after any child is placed in foster care by court order or a
99.30 voluntary placement agreement between the responsible social services agency and the
99.31 child's parent pursuant to section 260C.227 or chapter 260D.

99.32 (b) An out-of-home placement plan means a written document which is prepared by the
99.33 responsible social services agency jointly with the parent or parents or guardian of the child

100.1 and in consultation with the child's guardian ad litem, the child's tribe, if the child is an
100.2 Indian child, the child's foster parent or representative of the foster care facility, and, where
100.3 appropriate, the child. When a child is age 14 or older, the child may include two other
100.4 individuals on the team preparing the child's out-of-home placement plan. The child may
100.5 select one member of the case planning team to be designated as the child's advisor and to
100.6 advocate with respect to the application of the reasonable and prudent parenting standards.
100.7 The responsible social services agency may reject an individual selected by the child if the
100.8 agency has good cause to believe that the individual would not act in the best interest of the
100.9 child. For a child in voluntary foster care for treatment under chapter 260D, preparation of
100.10 the out-of-home placement plan shall additionally include the child's mental health treatment
100.11 provider. For a child 18 years of age or older, the responsible social services agency shall
100.12 involve the child and the child's parents as appropriate. As appropriate, the plan shall be:

100.13 (1) submitted to the court for approval under section 260C.178, subdivision 7;

100.14 (2) ordered by the court, either as presented or modified after hearing, under section
100.15 260C.178, subdivision 7, or 260C.201, subdivision 6; and

100.16 (3) signed by the parent or parents or guardian of the child, the child's guardian ad litem,
100.17 a representative of the child's tribe, the responsible social services agency, and, if possible,
100.18 the child.

100.19 (c) The out-of-home placement plan shall be explained to all persons involved in its
100.20 implementation, including the child who has signed the plan, and shall set forth:

100.21 (1) a description of the foster care home or facility selected, including how the
100.22 out-of-home placement plan is designed to achieve a safe placement for the child in the
100.23 least restrictive, most family-like, setting available which is in close proximity to the home
100.24 of the parent or parents or guardian of the child when the case plan goal is reunification,
100.25 and how the placement is consistent with the best interests and special needs of the child
100.26 according to the factors under subdivision 2, paragraph (b);

100.27 (2) the specific reasons for the placement of the child in foster care, and when
100.28 reunification is the plan, a description of the problems or conditions in the home of the
100.29 parent or parents which necessitated removal of the child from home and the changes the
100.30 parent or parents must make for the child to safely return home;

100.31 (3) a description of the services offered and provided to prevent removal of the child
100.32 from the home and to reunify the family including:

101.1 (i) the specific actions to be taken by the parent or parents of the child to eliminate or
101.2 correct the problems or conditions identified in clause (2), and the time period during which
101.3 the actions are to be taken; and

101.4 (ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to
101.5 achieve a safe and stable home for the child including social and other supportive services
101.6 to be provided or offered to the parent or parents or guardian of the child, the child, and the
101.7 residential facility during the period the child is in the residential facility;

101.8 (4) a description of any services or resources that were requested by the child or the
101.9 child's parent, guardian, foster parent, or custodian since the date of the child's placement
101.10 in the residential facility, and whether those services or resources were provided and if not,
101.11 the basis for the denial of the services or resources;

101.12 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in
101.13 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not
101.14 placed together in foster care, and whether visitation is consistent with the best interest of
101.15 the child, during the period the child is in foster care;

101.16 (6) when a child cannot return to or be in the care of either parent, documentation of
101.17 steps to finalize adoption as the permanency plan for the child through reasonable efforts
101.18 to place the child for adoption. At a minimum, the documentation must include consideration
101.19 of whether adoption is in the best interests of the child, child-specific recruitment efforts
101.20 such as relative search and the use of state, regional, and national adoption exchanges to
101.21 facilitate orderly and timely placements in and outside of the state. A copy of this
101.22 documentation shall be provided to the court in the review required under section 260C.317,
101.23 subdivision 3, paragraph (b);

101.24 (7) when a child cannot return to or be in the care of either parent, documentation of
101.25 steps to finalize the transfer of permanent legal and physical custody to a relative as the
101.26 permanency plan for the child. This documentation must support the requirements of the
101.27 kinship placement agreement under section 256N.22 and must include the reasonable efforts
101.28 used to determine that it is not appropriate for the child to return home or be adopted, and
101.29 reasons why permanent placement with a relative through a Northstar kinship assistance
101.30 arrangement is in the child's best interest; how the child meets the eligibility requirements
101.31 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
101.32 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
101.33 if applicable; and agency efforts to discuss with the child's parent or parents the permanent

102.1 transfer of permanent legal and physical custody or the reasons why these efforts were not
102.2 made;

102.3 (8) efforts to ensure the child's educational stability while in foster care for a child who
102.4 attained the minimum age for compulsory school attendance under state law and is enrolled
102.5 full time in elementary or secondary school, or instructed in elementary or secondary
102.6 education at home, or instructed in an independent study elementary or secondary program,
102.7 or incapable of attending school on a full-time basis due to a medical condition that is
102.8 documented and supported by regularly updated information in the child's case plan.

102.9 Educational stability efforts include:

102.10 (i) efforts to ensure that the child remains in the same school in which the child was
102.11 enrolled prior to placement or upon the child's move from one placement to another, including
102.12 efforts to work with the local education authorities to ensure the child's educational stability
102.13 and attendance; or

102.14 (ii) if it is not in the child's best interest to remain in the same school that the child was
102.15 enrolled in prior to placement or move from one placement to another, efforts to ensure
102.16 immediate and appropriate enrollment for the child in a new school;

102.17 (9) the educational records of the child including the most recent information available
102.18 regarding:

102.19 (i) the names and addresses of the child's educational providers;

102.20 (ii) the child's grade level performance;

102.21 (iii) the child's school record;

102.22 (iv) a statement about how the child's placement in foster care takes into account
102.23 proximity to the school in which the child is enrolled at the time of placement; and

102.24 (v) any other relevant educational information;

102.25 (10) the efforts by the responsible social services agency to ensure the oversight and
102.26 continuity of health care services for the foster child, including:

102.27 (i) the plan to schedule the child's initial health screens;

102.28 (ii) how the child's known medical problems and identified needs from the screens,
102.29 including any known communicable diseases, as defined in section 144.4172, subdivision
102.30 2, shall be monitored and treated while the child is in foster care;

102.31 (iii) how the child's medical information shall be updated and shared, including the
102.32 child's immunizations;

- 103.1 (iv) who is responsible to coordinate and respond to the child's health care needs,
103.2 including the role of the parent, the agency, and the foster parent;
- 103.3 (v) who is responsible for oversight of the child's prescription medications;
- 103.4 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
103.5 consulted and involved in assessing the health and well-being of the child and determine
103.6 the appropriate medical treatment for the child; and
- 103.7 (vii) the responsibility to ensure that the child has access to medical care through either
103.8 medical insurance or medical assistance;
- 103.9 (11) the health records of the child including information available regarding:
- 103.10 (i) the names and addresses of the child's health care and dental care providers;
- 103.11 (ii) a record of the child's immunizations;
- 103.12 (iii) the child's known medical problems, including any known communicable diseases
103.13 as defined in section 144.4172, subdivision 2;
- 103.14 (iv) the child's medications; and
- 103.15 (v) any other relevant health care information such as the child's eligibility for medical
103.16 insurance or medical assistance;
- 103.17 (12) an independent living plan for a child 14 years of age or older, developed in
103.18 consultation with the child. The child may select one member of the case planning team to
103.19 be designated as the child's advisor and to advocate with respect to the application of the
103.20 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
103.21 not be limited to, the following objectives:
- 103.22 (i) educational, vocational, or employment planning;
- 103.23 (ii) health care planning and medical coverage;
- 103.24 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
103.25 license;
- 103.26 (iv) money management, including the responsibility of the responsible social services
103.27 agency to ensure that the child annually receives, at no cost to the child, a consumer report
103.28 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
103.29 in the report;
- 103.30 (v) planning for housing;
- 103.31 (vi) social and recreational skills;

104.1 (vii) establishing and maintaining connections with the child's family and community;
104.2 and

104.3 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
104.4 activities typical for the child's age group, taking into consideration the capacities of the
104.5 individual child;

104.6 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
104.7 and assessment information, specific services relating to meeting the mental health care
104.8 needs of the child, and treatment outcomes; ~~and~~

104.9 (14) for a child 14 years of age or older, a signed acknowledgment that describes the
104.10 child's rights regarding education, health care, visitation, safety and protection from
104.11 exploitation, and court participation; receipt of the documents identified in section 260C.452;
104.12 and receipt of an annual credit report. The acknowledgment shall state that the rights were
104.13 explained in an age-appropriate manner to the child-; and

104.14 (15) for a child placed in a qualified residential treatment program, the plan must include
104.15 the requirements in section 260C.708.

104.16 (d) The parent or parents or guardian and the child each shall have the right to legal
104.17 counsel in the preparation of the case plan and shall be informed of the right at the time of
104.18 placement of the child. The child shall also have the right to a guardian ad litem. If unable
104.19 to employ counsel from their own resources, the court shall appoint counsel upon the request
104.20 of the parent or parents or the child or the child's legal guardian. The parent or parents may
104.21 also receive assistance from any person or social services agency in preparation of the case
104.22 plan.

104.23 After the plan has been agreed upon by the parties involved or approved or ordered by
104.24 the court, the foster parents shall be fully informed of the provisions of the case plan and
104.25 shall be provided a copy of the plan.

104.26 Upon discharge from foster care, the parent, adoptive parent, or permanent legal and
104.27 physical custodian, as appropriate, and the child, if appropriate, must be provided with a
104.28 current copy of the child's health and education record.

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

105.1 Sec. 74. Minnesota Statutes 2018, section 260C.212, is amended by adding a subdivision
105.2 to read:

105.3 Subd. 1a. **Out-of-home placement plan update.** (a) Within 30 days of placing the child
105.4 in foster care, the agency must file the initial out-of-home placement plan with the court.
105.5 After filing the initial out-of-home placement plan, the agency shall update and file the
105.6 out-of-home placement plan with the court as follows:

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

105.11 (2) when the agency places a child in a qualified residential treatment program as defined
105.12 in section 260C.007, subdivision 26d, or moves a child from one qualified residential
105.13 treatment program to a different qualified residential treatment program, the agency must
105.14 update the out-of-home placement plan within 60 days. To meet the requirements of
105.15 260C.708, the agency must file the out-of-home placement plan with the court as part of
105.16 the 60-day hearing and must update the plan after the court hearing to document the court's
105.17 approval or disapproval of the child's placement in a qualified residential treatment program;

105.18 (3) when the agency places a child with the child's parent in a licensed residential
105.19 family-based substance use disorder treatment program under section 260C.190, the agency
105.20 must identify the treatment program in the child's out-of-home placement plan prior to the
105.21 child's placement. The agency must file the out-of-home placement plan with the court at
105.22 the next required review hearing; and

105.23 (4) under sections 260C.227 and 260C.521, the agency must update the out-of-home
105.24 placement plan and file the plan with the court.

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

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

105.29 Sec. 75. Minnesota Statutes 2019 Supplement, section 260C.212, subdivision 2, is amended
105.30 to read:

105.31 **Subd. 2. Placement decisions based on best interests of the child.** (a) The policy of
105.32 the state of Minnesota is to ensure that the child's best interests are met by requiring an
105.33 individualized determination of the needs of the child and of how the selected placement

106.1 will serve the needs of the child being placed. The authorized child-placing agency shall
106.2 place a child, released by court order or by voluntary release by the parent or parents, in a
106.3 family foster home selected by considering placement with relatives and important friends
106.4 in the following order:

106.5 (1) with an individual who is related to the child by blood, marriage, or adoption; or

106.6 (2) with an individual who is an important friend with whom the child has resided or
106.7 had significant contact.

106.8 For an Indian child, the agency shall follow the order of placement preferences in the Indian
106.9 Child Welfare Act of 1978, United States Code, title 25, section 1915.

106.10 (b) Among the factors the agency shall consider in determining the needs of the child
106.11 are the following:

106.12 (1) the child's current functioning and behaviors;

106.13 (2) the medical needs of the child;

106.14 (3) the educational needs of the child;

106.15 (4) the developmental needs of the child;

106.16 (5) the child's history and past experience;

106.17 (6) the child's religious and cultural needs;

106.18 (7) the child's connection with a community, school, and faith community;

106.19 (8) the child's interests and talents;

106.20 (9) the child's relationship to current caretakers, parents, siblings, and relatives;

106.21 (10) the reasonable preference of the child, if the court, or the child-placing agency in
106.22 the case of a voluntary placement, deems the child to be of sufficient age to express
106.23 preferences; and

106.24 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
106.25 subdivision 2a.

106.26 (c) Placement of a child cannot be delayed or denied based on race, color, or national
106.27 origin of the foster parent or the child.

106.28 (d) Siblings should be placed together for foster care and adoption at the earliest possible
106.29 time unless it is documented that a joint placement would be contrary to the safety or
106.30 well-being of any of the siblings or unless it is not possible after reasonable efforts by the

107.1 responsible social services agency. In cases where siblings cannot be placed together, the
 107.2 agency is required to provide frequent visitation or other ongoing interaction between
 107.3 siblings unless the agency documents that the interaction would be contrary to the safety
 107.4 or well-being of any of the siblings.

107.5 (e) Except for emergency placement as provided for in section 245A.035, the following
 107.6 requirements must be satisfied before the approval of a foster or adoptive placement in a
 107.7 related or unrelated home: (1) a completed background study under section 245C.08; and
 107.8 (2) a completed review of the written home study required under section 260C.215,
 107.9 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
 107.10 adoptive parent to ensure the placement will meet the needs of the individual child.

107.11 (f) The agency must determine whether colocation with a parent who is receiving services
 107.12 in a licensed residential family-based substance use disorder treatment program is in the
 107.13 child's best interests according to paragraph (b) and include that determination in the child's
 107.14 case plan under subdivision 1. The agency may consider additional factors not identified
 107.15 in paragraph (b). The agency's determination must be documented in the child's case plan
 107.16 before the child is colocated with a parent.

107.17 (g) The agency must establish a juvenile treatment screening team under section 260C.157
 107.18 to determine whether it is necessary and appropriate to recommend placing a child in a
 107.19 qualified residential treatment program, as defined in section 260C.007, subdivision 26d.

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

107.21 Sec. 76. Minnesota Statutes 2018, section 260C.212, subdivision 4a, is amended to read:

107.22 Subd. 4a. **Monthly caseworker visits.** (a) Every child in foster care or on a trial home
 107.23 visit shall be visited by the child's caseworker or another person who has responsibility for
 107.24 visitation of the child on a monthly basis, with the majority of visits occurring in the child's
 107.25 residence. The responsible social services agency may designate another person responsible
 107.26 for monthly case visits. For the purposes of this section, the following definitions apply:

107.27 (1) "visit" is defined as a face-to-face contact between a child and the child's caseworker;

107.28 (2) "visited on a monthly basis" is defined as at least one visit per calendar month;

107.29 (3) "the child's caseworker" is defined as the person who has responsibility for managing
 107.30 the child's foster care placement case as assigned by the responsible social ~~service~~ services
 107.31 agency; ~~and~~

108.1 (4) "another person" means the professional staff whom the responsible social services
108.2 agency has assigned in the out-of-home placement plan or case plan. Another person must
108.3 be professionally trained to assess the child's safety, permanency, well-being, and case
108.4 progress. The agency may not designate the guardian ad litem, the child foster care provider,
108.5 residential facility staff, or a qualified individual as defined in section 260C.007, subdivision
108.6 26b, as another person; and

108.7 ~~(4)~~ (5) "the child's residence" is defined as the home where the child is residing, and can
108.8 include the foster home, child care institution, or the home from which the child was removed
108.9 if the child is on a trial home visit.

108.10 (b) Caseworker visits shall be of sufficient substance and duration to address issues
108.11 pertinent to case planning and service delivery to ensure the safety, permanency, and
108.12 well-being of the child, including whether the child is enrolled and attending school as
108.13 required by law.

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

108.15 Sec. 77. Minnesota Statutes 2018, section 260C.227, is amended to read:

108.16 **260C.227 VOLUNTARY FOSTER CARE; REQUIRED COURT REVIEW.**

108.17 (a) When the responsible social services agency and the child's parent or guardian agree
108.18 that the child's safety, health, and best interests require that the child be in foster care, the
108.19 agency and the parent or guardian may enter into a voluntary agreement for the placement
108.20 of the child in foster care. The voluntary agreement must be in writing and in a form approved
108.21 by the commissioner.

108.22 (b) When the child has been placed in foster care pursuant to a voluntary foster care
108.23 agreement between the agency and the parent, under this section and the child is not returned
108.24 home within 90 days after initial placement in foster care, the agency responsible for the
108.25 child's placement in foster care shall:

108.26 (1) return the child to the home of the parent or parents; or

108.27 (2) file a petition according to section 260C.141, subdivision 1 or 2, which may:

108.28 (i) ask the court to review the child's placement in foster care and approve it as continued
108.29 voluntary foster care for up to an additional 90 days;

108.30 (ii) ask the court to order continued foster care according to sections 260C.178 and
108.31 260C.201; or

108.32 (iii) ask the court to terminate parental rights under section 260C.301.

109.1 (3) The out-of-home placement plan must be updated and filed along with the petition.

109.2 (c) If the court approves continuing the child in foster care for up to 90 more days on a
109.3 voluntary basis, at the end of the court-approved 90-day period, the child must be returned
109.4 to the parent's home. If the child is not returned home, the responsible social services agency
109.5 must proceed on the petition filed alleging the child in need of protection or services or the
109.6 petition for termination of parental rights or other permanent placement of the child away
109.7 from the parent. The court must find a statutory basis to order the placement of the child
109.8 under section 260C.178; 260C.201; 260C.503 to 260C.521; or 260C.317.

109.9 (d) If the child is placed in a qualified residential treatment program, the placement must
109.10 follow the requirements of sections 260C.70 to 260C.714.

109.11 Sec. 78. Minnesota Statutes 2018, section 260C.4412, is amended to read:

109.12 **260C.4412 PAYMENT FOR RESIDENTIAL PLACEMENTS.**

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

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

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

109.26 (i) qualified residential treatment programs as defined in section 260C.007, subdivision
109.27 26d;

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

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

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

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

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

110.6 Sec. 79. Minnesota Statutes 2018, section 260C.503, is amended by adding a subdivision
 110.7 to read:

110.8 **Subd. 4. Qualified residential treatment program; permanency hearing**
 110.9 **requirements.** When a child is placed in a qualified residential treatment program as defined
 110.10 in section 260C.007, subdivision 26d, the responsible social services agency must submit
 110.11 evidence to the court as specified in section 260C.712.

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

110.13 Sec. 80. **[260C.70] CITATION.**

110.14 Sections 260C.70 to 260C.714 may be cited as "Placements in Qualified Residential
 110.15 Treatment Programs." Sections 260C.70 to 260C.714 implement the requirements of the
 110.16 Family First Prevention Services Act of 2018, Public Law 115-123, and apply to children
 110.17 for whom the juvenile treatment screening team under section 260C.157, subdivision 3,
 110.18 recommends placement in a qualified residential treatment program.

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

110.20 Sec. 81. **[260C.702] REQUIREMENTS FOR PLACEMENTS IN QUALIFIED**
 110.21 **RESIDENTIAL TREATMENT PROGRAMS.**

110.22 For the responsible social services agency to place a child in a qualified residential
 110.23 treatment program, there must be:

110.24 (1) an assessment by a qualified individual of whether it is necessary and appropriate
 110.25 to place the child at a qualified residential treatment program under section 260C.704;

110.26 (2) a family and permanency team under section 260C.706;

110.27 (3) an out-of-home placement plan under section 260C.708;

110.28 (4) court approval of a child's placement in a qualified residential treatment program
 110.29 under section 260C.71;

110.30 (5) ongoing reviews and permanency hearings under section 260C.712; and

111.1 (6) a court review of any extended placement of the child in a qualified residential
111.2 treatment program under section 260C.714.

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

111.4 Sec. 82. **[260C.704] REQUIREMENTS FOR THE QUALIFIED INDIVIDUAL'S**
111.5 **ASSESSMENT OF THE CHILD FOR PLACEMENT IN A QUALIFIED**
111.6 **RESIDENTIAL TREATMENT PROGRAM.**

111.7 (a) A qualified individual must complete an assessment of the child prior to or within
111.8 30 days of the child's placement in a qualified residential treatment program in a format
111.9 approved by the commissioner of human services, and must:

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

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

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

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

111.20 (b) The child and the child's parents, when appropriate, may request that a specific
111.21 culturally competent qualified individual complete the child's assessment. The agency shall
111.22 make efforts to refer the child to the identified qualified individual to complete the
111.23 assessment. The assessment must not be delayed for a specific qualified individual to
111.24 complete the assessment.

111.25 (c) The qualified individual must provide the assessment, when complete, to the
111.26 responsible social services agency, the child's parents or legal guardians, the guardian ad
111.27 litem, and the court as required in section 260C.71. If court rules and chapter 13 permit
111.28 disclosure of the results of the child's assessment, the agency may share the results of the
111.29 child's assessment with the child's foster care provider, other members of the child's family,
111.30 and the family and permanency team. The agency must not share the child's private medical
111.31 data with the family and permanency team unless: (1) chapter 13 permits the agency to
111.32 disclose the child's private medical data to the family and permanency team; or (2) the child's

112.1 parent has authorized the agency to disclose the child's private medical data to the family
 112.2 and permanency team.

112.3 (d) For an Indian child, the assessment of the child must follow the order of placement
 112.4 preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section
 112.5 1915.

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

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

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

112.15 (3) if the qualified individual's placement recommendation is not the placement setting
 112.16 that the parent, family and permanency team, child, or tribe prefer, the qualified individual
 112.17 must identify the reasons why the qualified individual does not recommend the parent's,
 112.18 family and permanency team's, child's, or tribe's placement preferences. The out-of-home
 112.19 placement plan under section 260C.708 must also include reasons why the qualified
 112.20 individual did not recommend the preferences of the parents, family and permanency team,
 112.21 child, or tribe.

112.22 (f) If the qualified individual determines that the child's family or a family foster home
 112.23 or other less restrictive placement may meet the child's needs, the agency must move the
 112.24 child out of the qualified residential treatment program and transition the child to a less
 112.25 restrictive setting within 30 days of the determination.

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

112.27 Sec. 83. **[260C.706] FAMILY AND PERMANENCY TEAM REQUIREMENTS.**

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

112.31 (1) The team must include all appropriate biological family members, the child's parents,
 112.32 legal guardians or custodians, foster care providers, and relatives as defined in section

113.1 260C.007, subdivisions 26c and 27, and professionals, as appropriate, who are a resource
113.2 to the child's family, such as teachers, medical or mental health providers, or clergy.

113.3 (2) When a child is placed in foster care prior to the qualified residential treatment
113.4 program, the agency shall include relatives responding to the relative search notice as
113.5 required under section 260C.221 on this team, unless the juvenile court finds that contacting
113.6 a specific relative would endanger the parent, guardian, child, sibling, or any other family
113.7 member.

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

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

113.14 (5) The responsible agency must make a good faith effort to identify and assemble all
113.15 appropriate individuals to be part of the child's family and permanency team and request
113.16 input from the parents regarding relative search efforts consistent with section 260C.221.
113.17 The out-of-home placement plan in section 260C.708 must include all contact information
113.18 for the team members, as well as contact information for family members or relatives who
113.19 are not a part of the family and permanency team.

113.20 (6) If the child is age 14 or older, the team must include members of the family and
113.21 permanency team that the child selects in accordance with section 260C.212, subdivision
113.22 1, paragraph (b).

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

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

113.29 (b) The family and permanency team shall meet regarding the assessment required under
113.30 section 260C.704 to determine whether it is necessary and appropriate to place the child in
113.31 a qualified residential treatment program and to participate in case planning under section
113.32 260C.708.

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

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

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

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

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

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

114.19 (e) The agency shall invite the family and permanency team to participate in case planning
114.20 and the agency shall give the team notice of court reviews under sections 260C.152 and
114.21 260C.221 until: (1) the child is reunited with the child's parents; or (2) the child's foster care
114.22 placement ends and the child is in a permanent placement.

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

114.24 Sec. 84. **[260C.708] OUT-OF-HOME PLACEMENT PLAN FOR QUALIFIED**
114.25 **RESIDENTIAL TREATMENT PROGRAM PLACEMENTS.**

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

114.29 (1) the case plan requirements in section 260.212, subdivision 1;

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

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

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

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

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

115.14 (7) when the agency's permanency goal is to transfer permanent legal and physical
115.15 custody of the child to a proposed guardian or to finalize the child's adoption, the case plan
115.16 must document the agency's steps to transfer permanent legal and physical custody of the
115.17 child or finalize adoption, as required in section 260C.212, subdivision 1, paragraph (c),
115.18 clauses (6) and (7); and

115.19 (8) the qualified individual's recommendation regarding the child's placement in a
115.20 qualified residential treatment program and the court approval or disapproval of the placement
115.21 as required in section 260C.71.

115.22 (b) If the placement preferences of the family and permanency team, child, and tribe, if
115.23 applicable, are not consistent with the placement setting that the qualified individual
115.24 recommends, the case plan must include the reasons why the qualified individual did not
115.25 recommend following the preferences of the family and permanency team, child, and the
115.26 tribe.

115.27 (c) The agency must file the out-of-home placement plan with the court as part of the
115.28 60-day hearing under section 260C.71.

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

115.30 **Sec. 85. [260C.71] COURT APPROVAL REQUIREMENTS.**

115.31 (a) Within 60 days from the beginning of each placement in a qualified residential
115.32 treatment program, the court must:

116.1 (1) consider the qualified individual's assessment of whether it is necessary and
116.2 appropriate to place the child in a qualified residential treatment program under section
116.3 260C.704;

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

116.8 (3) approve or disapprove of the child's placement.

116.9 (b) In the out-of-home placement plan, the agency must document the court's approval
116.10 or disapproval of the placement, as specified in section 260C.708.

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

116.12 Sec. 86. **[260C.712] ONGOING REVIEWS AND PERMANENCY HEARING**
116.13 **REQUIREMENTS.**

116.14 As long as a child remains placed in a qualified residential treatment program, the
116.15 responsible social services agency shall submit evidence at each administrative review under
116.16 section 260C.203; each court review under sections 260C.202, 260C.203, and 260C.204;
116.17 and each permanency hearing under section 260C.515, 260C.519, or 260C.521, that:

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

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

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

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

116.28 (5) documents the length of time that the agency expects the child to need treatment or
116.29 services; and

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

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

117.2 Sec. 87. **[260C.714] REVIEW OF EXTENDED QUALIFIED RESIDENTIAL**
 117.3 **TREATMENT PROGRAM PLACEMENTS.**

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

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

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

117.18 Sec. 88. Minnesota Statutes 2018, section 518.005, subdivision 5, is amended to read:

117.19 Subd. 5. **Prohibited disclosure.** In all proceedings under this chapter and chapter 518A
 117.20 in which public assistance is assigned under section 256.741 or the public authority provides
 117.21 services to a party or parties to the proceedings, ~~notwithstanding statutory or other~~
 117.22 ~~authorization for the public authority to~~ shall not release private data on the location of a
 117.23 party to the action, ~~information on the location of one party may not be released by the~~
 117.24 ~~public authority to the other party~~ or the joint child if:

117.25 (1) the public authority has knowledge that one party is currently subject to a protective
 117.26 order with respect to the other party ~~has been entered~~ or the joint child, and the protected
 117.27 party or guardian of the joint child has not authorized disclosure; or

117.28 (2) the public authority has reason to believe that the release of the information may
 117.29 result in physical or emotional harm to ~~the other~~ a party or the joint child.

118.1 Sec. 89. Minnesota Statutes 2018, section 518A.53, subdivision 11, is amended to read:

118.2 Subd. 11. **Lump-sum payments.** Before transmittal to the obligor of a lump-sum payment
118.3 of \$500 or more including, but not limited to, severance pay, accumulated sick pay, vacation
118.4 pay, bonuses, commissions, or other pay or benefits, a payor of funds:

118.5 (1) who has been served with an order for or notice of income withholding under this
118.6 section shall:

118.7 (i) notify the public authority of the lump-sum payment that is to be paid to the obligor;

118.8 (ii) hold the lump-sum payment for 30 days after the date on which the lump-sum payment
118.9 would otherwise have been paid to the obligor, notwithstanding sections 176.221, 176.225,
118.10 176.521, 181.08, 181.101, 181.11, 181.13, and 181.145; and

118.11 (iii) upon order of the court, and after a showing of past willful nonpayment of support,
118.12 pay any specified amount of the lump-sum payment to the public authority for future support;
118.13 or

118.14 (2) shall pay the lessor of the amount of the lump-sum payment or the total amount of
118.15 the judgment and arrearages upon service by United States mail of a sworn affidavit from
118.16 the public authority or a court order that includes the following information:

118.17 (i) that a judgment entered pursuant to section 548.091, subdivision 1a, exists against
118.18 the obligor, or that other support arrearages exist;

118.19 (ii) the current balance of the judgment or arrearage; and

118.20 (iii) that a portion of the judgment or arrearage remains unpaid.

118.21 ~~The Consumer Credit Protection Act, title 15 of the United States Code, section 1673(b),~~
118.22 ~~does not apply to lump-sum payments.~~

118.23 Sec. 90. Minnesota Statutes 2018, section 518A.68, is amended to read:

118.24 **518A.68 RECREATIONAL LICENSE SUSPENSION.**

118.25 (a) Upon motion of an obligee or the public authority, ~~which has been properly served~~
118.26 ~~on the obligor by first class mail at the last known address or in person,~~ and if at a hearing,
118.27 the court finds that (1) the obligor is in arrears in court-ordered child support or maintenance
118.28 payments, or both, in an amount equal to or greater than six times the obligor's total monthly
118.29 support and maintenance payments and is not in compliance with a written payment
118.30 agreement pursuant to section 518A.69, or (2) has failed, after receiving notice, to comply
118.31 with a subpoena relating to a paternity or child support proceeding, the court may direct the

119.1 commissioner of natural resources to suspend or bar receipt of the obligor's recreational
 119.2 license or licenses. Prior to utilizing this section, the court must find that other substantial
 119.3 enforcement mechanisms have been attempted but have not resulted in compliance.

119.4 (b) For purposes of this section, a recreational license includes all licenses, permits, and
 119.5 stamps issued centrally by the commissioner of natural resources under sections 97B.301,
 119.6 97B.401, 97B.501, 97B.515, 97B.601, 97B.715, 97B.721, 97B.801, 97C.301, and 97C.305.

119.7 (c) ~~An obligor whose recreational license or licenses have been suspended or barred~~
 119.8 ~~may provide proof to the court that the obligor is in compliance with all written payment~~
 119.9 ~~agreements pursuant to section 518A.69.~~ A motion to reinstate a recreational license by the
 119.10 obligor, obligee, or public authority may be granted if the court finds:

119.11 (1) the reason for the suspension was accrual of arrears and the obligor is in compliance
 119.12 with all written payment agreements pursuant to section 518A.69 or has paid the arrears in
 119.13 full;

119.14 (2) the reason for the suspension was failure to comply with a subpoena and the obligor
 119.15 has complied with the subpoena; or

119.16 (3) the original motion to suspend was brought by the public authority and the public
 119.17 authority attests that the IV-D case is eligible for closure.

119.18 Within 15 days of ~~receipt of that proof~~ issuance of an order to reinstate the recreational
 119.19 license, the court shall notify the commissioner of natural resources that the obligor's
 119.20 recreational license or licenses should no longer be suspended nor should receipt be barred.

119.21 Sec. 91. Minnesota Statutes 2018, section 518A.685, is amended to read:

119.22 **518A.685 CONSUMER REPORTING AGENCY; REPORTING ARREARS.**

119.23 (a) If a public authority determines that an obligor has not paid the current monthly
 119.24 support obligation plus any required arrearage payment for three months, the public authority
 119.25 must report this information to a consumer reporting agency.

119.26 (b) Before reporting that an obligor is in arrears for court-ordered child support, the
 119.27 public authority must:

119.28 (1) provide written notice to the obligor that the public authority intends to report the
 119.29 arrears to a consumer reporting agency; and

119.30 (2) mail the written notice to the obligor's last known mailing address at least 30 days
 119.31 before the public authority reports the arrears to a consumer reporting agency.

120.1 (c) The obligor may, within 21 days of receipt of the notice, do the following to prevent
120.2 the public authority from reporting the arrears to a consumer reporting agency:

120.3 (1) pay the arrears in full; or

120.4 (2) request an administrative review. An administrative review is limited to issues of
120.5 mistaken identity, a pending legal action involving the arrears, or an incorrect arrears balance.

120.6 ~~(d) If the public authority has reported that an obligor is in arrears for court-ordered~~
120.7 ~~child support and subsequently determines that the obligor has paid the court-ordered child~~
120.8 ~~support arrears in full, or is paying the current monthly support obligation plus any required~~
120.9 ~~arrearage payment, the public authority must report to the consumer reporting agency that~~
120.10 ~~the obligor is currently paying child support as ordered by the court.~~

120.11 ~~(e)~~ (d) A public authority that reports arrearage information under this section must
120.12 make monthly reports to a consumer reporting agency. The monthly report must be consistent
120.13 with credit reporting industry standards for child support.

120.14 ~~(f)~~ (e) For purposes of this section, "consumer reporting agency" has the meaning given
120.15 in section 13C.001, subdivision 4, and United States Code, title 15, section 1681a(f).

120.16 Sec. 92. **518A.80 MOTION TO TRANSFER TO TRIBAL COURT.**

120.17 Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in this
120.18 subdivision have the meanings given them.

120.19 (b) "Case participant" means a party to the case that is a natural person.

120.20 (c) "District court" means a district court of the state of Minnesota.

120.21 (d) "Party" means a person or entity named or admitted as a party or seeking to be
120.22 admitted as a party in the district court action, including the county IV-D agency, whether
120.23 or not named in the caption.

120.24 (e) "Tribal court" means a tribal court of a federally recognized Indian tribe located in
120.25 Minnesota that is receiving funding from the federal government to operate a child support
120.26 program under United States Code, title 42, chapter 7, subchapter IV, part D, sections 654
120.27 to 669b.

120.28 (f) "Tribal IV-D agency" has the meaning given to "tribal IV-D agency" in Code of
120.29 Federal Regulations, title 45, part 309.05.

120.30 (g) "Title IV-D child support case" has the meaning given to "IV-D case" in section
120.31 518A.26, subdivision 10.

121.1 Subd. 2. **Actions eligible for transfer.** For purposes of this section, a postjudgment
121.2 child support, custody, or parenting time action is eligible for transfer to tribal court. A child
121.3 protection action or a dissolution action involving a child is not eligible for transfer to tribal
121.4 court pursuant to this section.

121.5 Subd. 3. **Motion to transfer.** (a) A party's or tribal IV-D agency's motion to transfer to
121.6 tribal court shall state and allege:

121.7 (1) the address of each case participant;

121.8 (2) the tribal affiliation of each case participant, if any;

121.9 (3) the name, tribal affiliation, if any, and date of birth of each living minor or dependent
121.10 child of a case participant who is subject to the action; and

121.11 (4) the legal and factual basis for the court to make a finding that there is concurrent
121.12 jurisdiction in the case.

121.13 (b) A party or tribal IV-D agency bringing a motion to transfer to tribal court must file
121.14 with the court and serve the required documents on each party and the tribal IV-D agency,
121.15 regardless of whether the tribal IV-D agency is a party.

121.16 (c) A party's or tribal IV-D agency's motion to transfer must be accompanied by an
121.17 affidavit setting forth facts in support of its motion.

121.18 (d) When the tribal IV-D agency has not filed a motion to transfer to tribal court, an
121.19 affidavit of the tribal IV-D agency stating whether the tribal IV-D agency provides services
121.20 to a party must be filed and served on each party within 15 days from the date of service of
121.21 the motion.

121.22 Subd. 4. **Order to transfer to tribal court.** (a) Unless a hearing is held under subdivision
121.23 6, upon motion of a party or a tribal IV-D agency, a district court must transfer a
121.24 postjudgment child support, custody, or parenting time action to a tribal court when the
121.25 district court finds that:

121.26 (1) the district court and tribal court have concurrent jurisdiction;

121.27 (2) a case participant is receiving services from the tribal IV-D agency; and

121.28 (3) no party or tribal IV-D agency files and serves a timely objection to the transfer.

121.29 (b) When the requirements of this subdivision are satisfied, the district court is not
121.30 required to hold a hearing. The district court's order transferring the action to tribal court
121.31 must contain written findings fulfilling each requirement of this subdivision.

122.1 Subd. 5. **Objection to motion to transfer.** (a) To object to a motion to transfer to a
122.2 tribal court, a party or tribal IV-D agency must file with the court and serve on each party
122.3 and the tribal IV-D agency a responsive motion objecting to the motion to transfer within
122.4 30 days of the date of service of the motion to transfer.

122.5 (b) If a party or tribal IV-D agency files with the court and properly serves a timely
122.6 objection to the motion to transfer to a tribal court, the district court must conduct a hearing.

122.7 Subd. 6. **Hearing.** If a hearing is held under this section, the district court must evaluate
122.8 and make written findings on all relevant factors, including:

122.9 (1) whether an issue requires interpretation of tribal law, including the tribal constitution,
122.10 statutes, bylaws, ordinances, resolutions, treaties, or case law;

122.11 (2) whether the action involves tribal traditional or cultural matters;

122.12 (3) whether the tribe is a party;

122.13 (4) whether tribal sovereignty, jurisdiction, or territory is an issue;

122.14 (5) the tribal membership status of each case participant;

122.15 (6) where the claim arises;

122.16 (7) the location of the residence of each case participant and the child;

122.17 (8) whether the parties have by contract chosen a forum or the law to be applied in the
122.18 event of a dispute;

122.19 (9) the timing of any motion to transfer to tribal court, considering each party's and the
122.20 court's expenditure of time and resources, and the district court's scheduling order;

122.21 (10) the court in which the action can be heard and decided most expeditiously;

122.22 (11) the burdens on each party, including cost, access to and admissibility of evidence,
122.23 and matters of procedure; and

122.24 (12) any other factor that the court determines relevant.

122.25 Subd. 7. **Future exercise of jurisdiction.** Nothing in this section shall be construed to
122.26 limit the district court's exercise of jurisdiction where the tribal court waives jurisdiction,
122.27 transfers the action back to district court, or otherwise declines to exercise jurisdiction over
122.28 the action.

122.29 Subd. 8. **Transfer to Red Lake Nation Tribal Court.** When a party or tribal IV-D
122.30 agency brings a motion to transfer to the Red Lake Nation Tribal Court, the court must

123.1 transfer the action if the case participants and child resided within the boundaries of the
123.2 Red Lake Reservation for the preceding six months.

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

123.4 Sec. 93. **INSTRUCTION TO COMMISSIONER.**

123.5 The commissioner must confer with the Association of Minnesota Counties, the
123.6 Minnesota Association of County Social Service Administrators, other state and county
123.7 agencies, Minnesota's Tribal communities, National Alliance on Mental Illness Minnesota,
123.8 AspireMN, and other relevant stakeholders to make recommendations to the legislature
123.9 regarding payment for the cost of treatment and care for residential treatment services,
123.10 including community-based group care, for children currently served under Minnesota
123.11 Statutes, chapter 260D. The recommendations must include the approximate cost of care
123.12 that will no longer be eligible for federal Title IV-E reimbursement paid to the counties for
123.13 children currently served through voluntary foster care placements. The recommendations
123.14 must also explore the impact on youth currently served under Minnesota Statutes, chapter
123.15 260D, including access to medical assistance and nonresidential services, as well as the
123.16 impact on equity for overrepresented populations in the child protection and child welfare
123.17 systems in Minnesota. The commissioner must report back to the legislature by January 15,
123.18 2021.

123.19 Sec. 94. **REPEALER.**

123.20 Minnesota Statutes 2018, section 245F.02, subdivision 20, is repealed.

123.21 **ARTICLE 4**

123.22 **CIVIL COMMITMENT**

123.23 Section 1. Minnesota Statutes 2018, section 253B.02, subdivision 4b, is amended to read:

123.24 Subd. 4b. **Community-based treatment program.** "Community-based treatment
123.25 program" means treatment and services provided at the community level, including but not
123.26 limited to community support services programs defined in section 245.462, subdivision 6;
123.27 day treatment services defined in section 245.462, subdivision 8; outpatient services defined
123.28 in section 245.462, subdivision 21; mental health crisis services under section 245.462,
123.29 subdivision 14c; outpatient services defined in section 245.462, subdivision 21; assertive
123.30 community treatment services under section 256B.0622; adult rehabilitation mental health
123.31 services under section 256B.0623; home and community-based waivers; supportive housing;
123.32 and residential treatment services as defined in section 245.462, subdivision 23.

124.1 Community-based treatment program excludes services provided by a state-operated
 124.2 treatment program.

124.3 Sec. 2. Minnesota Statutes 2018, section 253B.02, subdivision 7, is amended to read:

124.4 Subd. 7. **Examiner.** "Examiner" means a person who is knowledgeable, trained, and
 124.5 practicing in the diagnosis and assessment or in the treatment of the alleged impairment,
 124.6 and who is: a licensed physician; a mental health professional as defined in section 245.462,
 124.7 subdivision 18, clauses (1) to (6); a licensed physician assistant; or an advanced practice
 124.8 registered nurse (APRN) as defined in section 148.171, subdivision 3, who is practicing in
 124.9 the emergency room of a designated critical access hospital established under section
 124.10 144.1483, clause (9), so long as the critical access hospital has a process for credentialing
 124.11 and recredentialing any APRN acting as an examiner in an emergency room.

124.12 ~~(1) a licensed physician;~~

124.13 ~~(2) a licensed psychologist who has a doctoral degree in psychology or who became a~~
 124.14 ~~licensed consulting psychologist before July 2, 1975; or~~

124.15 ~~(3) an advanced practice registered nurse certified in mental health or a licensed physician~~
 124.16 ~~assistant, except that only a physician or psychologist meeting these requirements may be~~
 124.17 ~~appointed by the court as described by sections 253B.07, subdivision 3; 253B.092,~~
 124.18 ~~subdivision 8, paragraph (b); 253B.17, subdivision 3; 253B.18, subdivision 2; and 253B.19,~~
 124.19 ~~subdivisions 1 and 2, and only a physician or psychologist may conduct an assessment as~~
 124.20 ~~described by Minnesota Rules of Criminal Procedure, rule 20.~~

124.21 Sec. 3. Minnesota Statutes 2018, section 253B.02, is amended by adding a subdivision to
 124.22 read:

124.23 Subd. 7a. **Court examiner.** "Court examiner" means a person appointed to serve the
 124.24 court, and who is a physician or licensed psychologist who has a doctoral degree in
 124.25 psychology.

124.26 Sec. 4. Minnesota Statutes 2018, section 253B.02, subdivision 8, is amended to read:

124.27 Subd. 8. **Head of the ~~treatment facility~~ or program.** "Head of the ~~treatment facility~~
 124.28 or program" means the person who is charged with overall responsibility for the professional
 124.29 program of care and treatment of the ~~facility or the person's designee~~ treatment facility,
 124.30 state-operated treatment program, or community-based treatment program.

125.1 Sec. 5. Minnesota Statutes 2018, section 253B.02, subdivision 9, is amended to read:

125.2 Subd. 9. **Health officer.** "Health officer" means:

125.3 (1) a licensed physician;

125.4 (2) ~~a licensed psychologist~~ a mental health professional as defined in section 245.462,
125.5 subdivision 18, clauses (1) to (6);

125.6 (3) a licensed social worker;

125.7 (4) a registered nurse working in an emergency room of a hospital;

125.8 ~~(5) a psychiatric or public health nurse as defined in section 145A.02, subdivision 18;~~

125.9 ~~(6)~~ (5) an advanced practice registered nurse (APRN) as defined in section 148.171,
125.10 subdivision 3;

125.11 ~~(7)~~ (6) a mental health ~~professional~~ practitioner as defined in section 245.462, subdivision
125.12 17, providing mental health mobile crisis intervention services as described under section
125.13 256B.0624 with the consultation and approval by a mental health professional; or

125.14 ~~(8)~~ (7) a formally designated member of a prepetition screening unit established by
125.15 section 253B.07.

125.16 Sec. 6. Minnesota Statutes 2018, section 253B.02, subdivision 10, is amended to read:

125.17 Subd. 10. **Interested person.** "Interested person" means:

125.18 (1) an adult who has a specific interest in the patient or proposed patient, including but
125.19 not limited to; a public official, including a local welfare agency acting under section
125.20 626.5561, and; a health care or mental health provider or the provider's employee or agent;
125.21 the legal guardian, spouse, parent, legal counsel, adult child, or next of kin; or other person
125.22 designated by a patient or proposed patient; or

125.23 (2) a health plan company that is providing coverage for a proposed patient.

125.24 Sec. 7. Minnesota Statutes 2018, section 253B.02, subdivision 13, is amended to read:

125.25 Subd. 13. **Person who is mentally ill poses a risk of harm due to a mental illness.** (a)
125.26 A "person who is mentally ill poses a risk of harm due to a mental illness" means any person
125.27 who has an organic disorder of the brain or a substantial psychiatric disorder of thought,
125.28 mood, perception, orientation, or memory ~~which~~ that grossly impairs judgment, behavior,
125.29 capacity to recognize reality, or to reason or understand, ~~which~~ that is manifested by instances

126.1 of grossly disturbed behavior or faulty perceptions and who, due to this impairment, poses
 126.2 a substantial likelihood of physical harm to self or others as demonstrated by:

126.3 (1) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the
 126.4 impairment;

126.5 (2) an inability for reasons other than indigence to obtain necessary food, clothing,
 126.6 shelter, or medical care as a result of the impairment and it is more probable than not that
 126.7 the person will suffer substantial harm, significant psychiatric deterioration or debilitation,
 126.8 or serious illness, unless appropriate treatment and services are provided;

126.9 (3) a recent attempt or threat to physically harm self or others; or

126.10 (4) recent and volitional conduct involving significant damage to substantial property.

126.11 (b) A person ~~is not mentally ill~~ does not pose a risk of harm due to mental illness under
 126.12 this section if the person's impairment is solely due to:

126.13 (1) epilepsy;

126.14 (2) developmental disability;

126.15 (3) brief periods of intoxication caused by alcohol, drugs, or other mind-altering
 126.16 substances; or

126.17 (4) dependence upon or addiction to any alcohol, drugs, or other mind-altering substances.

126.18 Sec. 8. Minnesota Statutes 2018, section 253B.02, subdivision 16, is amended to read:

126.19 Subd. 16. **Peace officer.** "Peace officer" means a sheriff or deputy sheriff, or municipal
 126.20 or other local police officer, or a State Patrol officer when engaged in the authorized duties
 126.21 of office.

126.22 Sec. 9. Minnesota Statutes 2018, section 253B.02, subdivision 17, is amended to read:

126.23 Subd. 17. **Person who is mentally ill has a mental illness and is dangerous to the**
 126.24 **public.** ~~(a)~~ A "person who ~~is mentally ill~~ has a mental illness and is dangerous to the public"
 126.25 is a person:

126.26 (1) who ~~is mentally ill~~ has an organic disorder of the brain or a substantial psychiatric
 126.27 disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment,
 126.28 behavior, capacity to recognize reality, or to reason or understand, and is manifested by
 126.29 instances of grossly disturbed behavior or faulty perceptions; and

127.1 (2) who as a result of that ~~mental illness~~ impairment presents a clear danger to the safety
 127.2 of others as demonstrated by the facts that (i) the person has engaged in an overt act causing
 127.3 or attempting to cause serious physical harm to another and (ii) there is a substantial
 127.4 likelihood that the person will engage in acts capable of inflicting serious physical harm on
 127.5 another.

127.6 ~~(b) A person committed as a sexual psychopathic personality or sexually dangerous~~
 127.7 ~~person as defined in subdivisions 18a and 18b is subject to the provisions of this chapter~~
 127.8 ~~that apply to persons who are mentally ill and dangerous to the public.~~

127.9 Sec. 10. Minnesota Statutes 2018, section 253B.02, subdivision 18, is amended to read:

127.10 Subd. 18. **Regional State-operated treatment center program.** "Regional State-operated
 127.11 treatment center program" ~~means any state-operated facility for persons who are mentally~~
 127.12 ~~ill, developmentally disabled, or chemically dependent under the direct administrative~~
 127.13 ~~authority of the commissioner~~ means any state-operated program including community
 127.14 behavioral health hospitals, crisis centers, residential facilities, outpatient services, and other
 127.15 community-based services developed and operated by the state and under the commissioner's
 127.16 control for a person who has a mental illness, developmental disability, or chemical
 127.17 dependency.

127.18 Sec. 11. Minnesota Statutes 2018, section 253B.02, subdivision 19, is amended to read:

127.19 Subd. 19. **Treatment facility.** "Treatment facility" means a non-state-operated hospital,
 127.20 ~~community mental health center, or other treatment provider~~ residential treatment provider,
 127.21 crisis residential withdrawal management center, or corporate foster care home qualified
 127.22 to provide care and treatment for persons ~~who are mentally ill, developmentally disabled,~~
 127.23 ~~or chemically dependent~~ who have a mental illness, developmental disability, or chemical
 127.24 dependency.

127.25 Sec. 12. Minnesota Statutes 2018, section 253B.02, subdivision 21, is amended to read:

127.26 Subd. 21. **Pass.** "Pass" means any authorized temporary, unsupervised absence from a
 127.27 state-operated treatment facility program.

127.28 Sec. 13. Minnesota Statutes 2018, section 253B.02, subdivision 22, is amended to read:

127.29 Subd. 22. **Pass plan.** "Pass plan" means the part of a treatment plan for a person patient
 127.30 who has been committed as mentally ill and a person who has a mental illness and is

128.1 dangerous to the public that specifies the terms and conditions under which the patient may
128.2 be released on a pass.

128.3 Sec. 14. Minnesota Statutes 2018, section 253B.02, subdivision 23, is amended to read:

128.4 Subd. 23. **Pass-eligible status.** "Pass-eligible status" means the status under which a
128.5 ~~person~~ patient committed as ~~mentally ill and~~ a person who has a mental illness and is
128.6 dangerous to the public may be released on passes after approval of a pass plan by the head
128.7 of a state-operated treatment facility program.

128.8 Sec. 15. Minnesota Statutes 2018, section 253B.03, subdivision 1, is amended to read:

128.9 Subdivision 1. **Restraints.** (a) A patient has the right to be free from restraints. Restraints
128.10 shall not be applied to a patient in a treatment facility or state-operated treatment program
128.11 unless the head of the treatment facility, head of the state-operated treatment program, a
128.12 member of the medical staff, or a licensed peace officer who has custody of the patient
128.13 determines that ~~they~~ restraints are necessary for the safety of the patient or others.

128.14 (b) Restraints shall not be applied to patients with developmental disabilities except as
128.15 permitted under section 245.825 and rules of the commissioner of human services. Consent
128.16 must be obtained from the ~~person~~ patient or ~~person's~~ patient's guardian except for emergency
128.17 procedures as permitted under rules of the commissioner adopted under section 245.825.

128.18 (c) Each use of a restraint and reason for it shall be made part of the clinical record of
128.19 the patient under the signature of the head of the treatment facility.

128.20 Sec. 16. Minnesota Statutes 2018, section 253B.03, subdivision 2, is amended to read:

128.21 Subd. 2. **Correspondence.** A patient has the right to correspond freely without censorship.
128.22 The head of the treatment facility or head of the state-operated treatment program may
128.23 restrict correspondence if the patient's medical welfare requires this restriction. For ~~patients~~
128.24 a patient in regional a state-operated treatment centers program, that determination may be
128.25 reviewed by the commissioner. Any limitation imposed on the exercise of a patient's
128.26 correspondence rights and the reason for it shall be made a part of the clinical record of the
128.27 patient. Any communication which is not delivered to a patient shall be immediately returned
128.28 to the sender.

128.29 Sec. 17. Minnesota Statutes 2018, section 253B.03, subdivision 3, is amended to read:

128.30 Subd. 3. **Visitors and phone calls.** Subject to the general rules of the treatment facility
128.31 or state-operated treatment program, a patient has the right to receive visitors and make

129.1 phone calls. The head of the treatment facility or head of the state-operated treatment program
129.2 may restrict visits and phone calls on determining that the medical welfare of the patient
129.3 requires it. Any limitation imposed on the exercise of the patient's visitation and phone call
129.4 rights and the reason for it shall be made a part of the clinical record of the patient.

129.5 Sec. 18. Minnesota Statutes 2018, section 253B.03, subdivision 4a, is amended to read:

129.6 Subd. 4a. **Disclosure of patient's admission.** Upon admission to a treatment facility or
129.7 state-operated treatment program where federal law prohibits unauthorized disclosure of
129.8 patient or resident identifying information to callers and visitors, the patient or resident, or
129.9 the legal guardian of the patient or resident, shall be given the opportunity to authorize
129.10 disclosure of the patient's or resident's presence in the facility to callers and visitors who
129.11 may seek to communicate with the patient or resident. To the extent possible, the legal
129.12 guardian of a patient or resident shall consider the opinions of the patient or resident regarding
129.13 the disclosure of the patient's or resident's presence in the facility.

129.14 Sec. 19. Minnesota Statutes 2018, section 253B.03, subdivision 5, is amended to read:

129.15 Subd. 5. **Periodic assessment.** A patient has the right to periodic medical assessment,
129.16 including assessment of the medical necessity of continuing care and, if the treatment facility,
129.17 state-operated treatment program, or community-based treatment program declines to provide
129.18 continuing care, the right to receive specific written reasons why continuing care is declined
129.19 at the time of the assessment. The treatment facility, state-operated treatment program, or
129.20 community-based treatment program shall assess the physical and mental condition of every
129.21 patient as frequently as necessary, but not less often than annually. If the patient refuses to
129.22 be examined, the treatment facility, state-operated treatment program, or community-based
129.23 treatment program shall document in the patient's chart its attempts to examine the patient.
129.24 If a ~~person~~ patient is committed as developmentally disabled for an indeterminate period
129.25 of time, the three-year judicial review must include the annual reviews for each year ~~as~~
129.26 ~~outlined in Minnesota Rules, part 9525.0075, subpart 6~~ regarding the patient's need for
129.27 continued commitment.

129.28 Sec. 20. Minnesota Statutes 2018, section 253B.03, subdivision 6, is amended to read:

129.29 Subd. 6. **Consent for medical procedure.** (a) A patient has the right to give prior consent
129.30 to any medical or surgical treatment, other than treatment for chemical dependency or
129.31 nonintrusive treatment for mental illness.

130.1 (b) The following procedures shall be used to obtain consent for any treatment necessary
130.2 to preserve the life or health of any committed patient:

130.3 ~~(a)~~ (1) the written, informed consent of a competent adult patient for the treatment is
130.4 sufficient;

130.5 ~~(b)~~ (2) if the patient is subject to guardianship which includes the provision of medical
130.6 care, the written, informed consent of the guardian for the treatment is sufficient;

130.7 ~~(c)~~ (3) if the head of the treatment facility or state-operated treatment program determines
130.8 that the patient is not competent to consent to the treatment and the patient has not been
130.9 adjudicated incompetent, written, informed consent for the surgery or medical treatment
130.10 shall be obtained from the person appointed the health care power of attorney, the patient's
130.11 agent under the health care directive, or the nearest proper relative. For this purpose, the
130.12 following persons are proper relatives, in the order listed: the patient's spouse, parent, adult
130.13 child, or adult sibling. If the nearest proper relatives cannot be located, refuse to consent to
130.14 the procedure, or are unable to consent, the head of the treatment facility or state-operated
130.15 treatment program or an interested person may petition the committing court for approval
130.16 for the treatment or may petition a court of competent jurisdiction for the appointment of a
130.17 guardian. The determination that the patient is not competent, and the reasons for the
130.18 determination, shall be documented in the patient's clinical record;

130.19 ~~(d)~~ (4) consent to treatment of any minor patient shall be secured in accordance with
130.20 sections 144.341 to 144.346. A minor 16 years of age or older may consent to hospitalization,
130.21 routine diagnostic evaluation, and emergency or short-term acute care; and

130.22 ~~(e)~~ (5) in the case of an emergency when the persons ordinarily qualified to give consent
130.23 cannot be located in sufficient time to address the emergency need, the head of the treatment
130.24 facility or state-operated treatment program may give consent.

130.25 (c) No person who consents to treatment pursuant to the provisions of this subdivision
130.26 shall be civilly or criminally liable for the performance or the manner of performing the
130.27 treatment. No person shall be liable for performing treatment without consent if written,
130.28 informed consent was given pursuant to this subdivision. This provision shall not affect any
130.29 other liability which may result from the manner in which the treatment is performed.

130.30 Sec. 21. Minnesota Statutes 2018, section 253B.03, subdivision 6b, is amended to read:

130.31 Subd. 6b. **Consent for mental health treatment.** A competent ~~person~~ patient admitted
130.32 voluntarily to a treatment facility or state-operated treatment program may be subjected to
130.33 intrusive mental health treatment only with the ~~person's~~ patient's written informed consent.

131.1 For purposes of this section, "intrusive mental health treatment" means ~~electroshock~~
 131.2 electroconvulsive therapy and neuroleptic medication and does not include treatment for a
 131.3 developmental disability. An incompetent ~~person~~ patient who has prepared a directive under
 131.4 subdivision 6d regarding intrusive mental health treatment ~~with intrusive therapies~~ must be
 131.5 treated in accordance with this section, except in cases of emergencies.

131.6 Sec. 22. Minnesota Statutes 2018, section 253B.03, subdivision 6d, is amended to read:

131.7 Subd. 6d. **Adult mental health treatment.** (a) A competent adult patient may make a
 131.8 declaration of preferences or instructions regarding intrusive mental health treatment. These
 131.9 preferences or instructions may include, but are not limited to, consent to or refusal of these
 131.10 treatments. A declaration of preferences or instructions may include a health care directive
 131.11 under chapter 145C or a psychiatric directive.

131.12 (b) A declaration may designate a proxy to make decisions about intrusive mental health
 131.13 treatment. A proxy designated to make decisions about intrusive mental health treatments
 131.14 and who agrees to serve as proxy may make decisions on behalf of a declarant consistent
 131.15 with any desires the declarant expresses in the declaration.

131.16 (c) A declaration is effective only if it is signed by the declarant and two witnesses. The
 131.17 witnesses must include a statement that they believe the declarant understands the nature
 131.18 and significance of the declaration. A declaration becomes operative when it is delivered
 131.19 to the declarant's physician or other mental health treatment provider. The physician or
 131.20 provider must comply with ~~it~~ the declaration to the fullest extent possible, consistent with
 131.21 reasonable medical practice, the availability of treatments requested, and applicable law.
 131.22 The physician or provider shall continue to obtain the declarant's informed consent to all
 131.23 intrusive mental health treatment decisions if the declarant is capable of informed consent.
 131.24 A treatment provider ~~may~~ must not require a ~~person~~ patient to make a declaration under
 131.25 this subdivision as a condition of receiving services.

131.26 (d) The physician or other provider shall make the declaration a part of the declarant's
 131.27 medical record. If the physician or other provider is unwilling at any time to comply with
 131.28 the declaration, the physician or provider must promptly notify the declarant and document
 131.29 the notification in the declarant's medical record. ~~If the declarant has been committed as a~~
 131.30 ~~patient under this chapter, the physician or provider may subject a declarant to intrusive~~
 131.31 ~~treatment in a manner contrary to the declarant's expressed wishes, only upon order of the~~
 131.32 ~~committing court. If the declarant is not a committed patient under this chapter,~~ The physician
 131.33 or provider may subject the declarant to intrusive treatment in a manner contrary to the
 131.34 declarant's expressed wishes, only if the declarant is committed as ~~mentally ill~~ a person who

132.1 poses a risk of harm due to mental illness or mentally ill as a person who has a mental illness
 132.2 and is dangerous to the public and a court order authorizing the treatment has been issued
 132.3 or an emergency has been declared under section 253B.092, subdivision 3.

132.4 (e) A declaration under this subdivision may be revoked in whole or in part at any time
 132.5 and in any manner by the declarant if the declarant is competent at the time of revocation.
 132.6 A revocation is effective when a competent declarant communicates the revocation to the
 132.7 attending physician or other provider. The attending physician or other provider shall note
 132.8 the revocation as part of the declarant's medical record.

132.9 (f) A provider who administers intrusive mental health treatment according to and in
 132.10 good faith reliance upon the validity of a declaration under this subdivision is held harmless
 132.11 from any liability resulting from a subsequent finding of invalidity.

132.12 (g) In addition to making a declaration under this subdivision, a competent adult may
 132.13 delegate parental powers under section 524.5-211 or may nominate a guardian under sections
 132.14 524.5-101 to 524.5-502.

132.15 Sec. 23. Minnesota Statutes 2018, section 253B.03, subdivision 7, is amended to read:

132.16 Subd. 7. **Program Treatment plan.** A person patient receiving services under this
 132.17 chapter has the right to receive proper care and treatment, best adapted, according to
 132.18 contemporary professional standards, to rendering further supervision unnecessary. The
 132.19 treatment facility, state-operated treatment program, or community-based treatment program
 132.20 shall devise a written program treatment plan for each person patient which describes in
 132.21 behavioral terms the case problems, the precise goals, including the expected period of time
 132.22 for treatment, and the specific measures to be employed. Each plan shall be reviewed at
 132.23 least quarterly to determine progress toward the goals, and to modify the program plan as
 132.24 necessary. The development and review of treatment plans must be conducted as required
 132.25 under the license or certification of the treatment facility, state-operated treatment program,
 132.26 or community-based treatment program. If there are no review requirements under the
 132.27 license or certification, the treatment plan must be reviewed quarterly. The program treatment
 132.28 plan shall be devised and reviewed with the designated agency and with the patient. The
 132.29 clinical record shall reflect the program treatment plan review. If the designated agency or
 132.30 the patient does not participate in the planning and review, the clinical record shall include
 132.31 reasons for nonparticipation and the plans for future involvement. The commissioner shall
 132.32 monitor the program treatment plan and review process for regional centers state-operated
 132.33 treatment programs to insure ensure compliance with the provisions of this subdivision.

133.1 Sec. 24. Minnesota Statutes 2018, section 253B.03, subdivision 10, is amended to read:

133.2 Subd. 10. **Notification.** (a) All ~~persons~~ patients admitted or committed to a treatment
 133.3 facility or state-operated treatment program, or temporarily confined under section 253B.045,
 133.4 shall be notified in writing of their rights regarding hospitalization and other treatment ~~at~~
 133.5 ~~the time of admission.~~

133.6 (b) This notification must include:

133.7 (1) patient rights specified in this section and section 144.651, including nursing home
 133.8 discharge rights;

133.9 (2) the right to obtain treatment and services voluntarily under this chapter;

133.10 (3) the right to voluntary admission and release under section 253B.04;

133.11 (4) rights in case of an emergency admission under section ~~253B.05~~ 253B.051, including
 133.12 the right to documentation in support of an emergency hold and the right to a summary
 133.13 hearing before a judge if the patient believes an emergency hold is improper;

133.14 (5) the right to request expedited review under section 62M.05 if additional days of
 133.15 inpatient stay are denied;

133.16 (6) the right to continuing benefits pending appeal and to an expedited administrative
 133.17 hearing under section 256.045 if the patient is a recipient of medical assistance or
 133.18 MinnesotaCare; and

133.19 (7) the right to an external appeal process under section 62Q.73, including the right to
 133.20 a second opinion.

133.21 Sec. 25. Minnesota Statutes 2018, section 253B.04, subdivision 1, is amended to read:

133.22 Subdivision 1. **Voluntary admission and treatment.** (a) Voluntary admission is preferred
 133.23 over involuntary commitment and treatment. Any person 16 years of age or older may
 133.24 request to be admitted to a treatment facility or state-operated treatment program as a
 133.25 voluntary patient for observation, evaluation, diagnosis, care and treatment without making
 133.26 formal written application. Any person under the age of 16 years may be admitted as a
 133.27 patient with the consent of a parent or legal guardian if it is determined by independent
 133.28 examination that there is reasonable evidence that (1) the proposed patient has a mental
 133.29 illness, ~~or is developmentally disabled~~ developmental disability, or ~~chemically dependent~~
 133.30 chemical dependency; and (2) the proposed patient is suitable for treatment. The head of
 133.31 the treatment facility or head of the state-operated treatment program shall not arbitrarily
 133.32 refuse any person seeking admission as a voluntary patient. In making decisions regarding

134.1 admissions, the treatment facility or state-operated treatment program shall use clinical
134.2 admission criteria consistent with the current applicable inpatient admission standards
134.3 established by professional organizations including the American Psychiatric Association
134.4 ~~or~~, the American Academy of Child and Adolescent Psychiatry, the Joint Commission, and
134.5 the American Society of Addiction Medicine. These criteria must be no more restrictive
134.6 than, and must be consistent with, the requirements of section 62Q.53. The treatment facility
134.7 or head of the state-operated treatment program may not refuse to admit a person voluntarily
134.8 solely because the person does not meet the criteria for involuntary holds under section
134.9 ~~253B.05~~ 253B.051 or the definition of a person who poses a risk of harm due to mental
134.10 illness under section 253B.02, subdivision 13.

134.11 (b) In addition to the consent provisions of paragraph (a), a person who is 16 or 17 years
134.12 of age who refuses to consent personally to admission may be admitted as a patient for
134.13 mental illness or chemical dependency treatment with the consent of a parent or legal
134.14 guardian if it is determined by an independent examination that there is reasonable evidence
134.15 that the proposed patient is chemically dependent or has a mental illness and is suitable for
134.16 treatment. The person conducting the examination shall notify the proposed patient and the
134.17 parent or legal guardian of this determination.

134.18 (c) A person who is voluntarily participating in treatment for a mental illness is not
134.19 subject to civil commitment under this chapter if the person:

134.20 (1) has given informed consent or, if lacking capacity, is a person for whom legally valid
134.21 substitute consent has been given; and

134.22 (2) is participating in a medically appropriate course of treatment, including clinically
134.23 appropriate and lawful use of neuroleptic medication and electroconvulsive therapy. The
134.24 limitation on commitment in this paragraph does not apply if, based on clinical assessment,
134.25 the court finds that it is unlikely that the ~~person~~ patient will remain in and cooperate with
134.26 a medically appropriate course of treatment absent commitment and the standards for
134.27 commitment are otherwise met. This paragraph does not apply to a person for whom
134.28 commitment proceedings are initiated pursuant to rule 20.01 or 20.02 of the Rules of Criminal
134.29 Procedure, or a person found by the court to meet the requirements under section 253B.02,
134.30 subdivision 17.

134.31 (d) Legally valid substitute consent may be provided by a proxy under a health care
134.32 directive, a guardian or conservator with authority to consent to mental health treatment,
134.33 or consent to admission under subdivision 1a or 1b.

135.1 Sec. 26. Minnesota Statutes 2018, section 253B.04, subdivision 1a, is amended to read:

135.2 Subd. 1a. **Voluntary treatment or admission for persons with a mental illness.** (a)

135.3 A person with a mental illness may seek or voluntarily agree to accept treatment or admission
135.4 to a state-operated treatment program or treatment facility. If the mental health provider
135.5 determines that the person lacks the capacity to give informed consent for the treatment or
135.6 admission, and in the absence of a health care ~~power of attorney~~ directive or health care
135.7 power of attorney that authorizes consent, the designated agency or its designee may give
135.8 informed consent for mental health treatment or admission to a treatment facility or
135.9 state-operated treatment program on behalf of the person.

135.10 (b) The designated agency shall apply the following criteria in determining the person's
135.11 ability to give informed consent:

135.12 (1) whether the person demonstrates an awareness of the person's illness, and the reasons
135.13 for treatment, its risks, benefits and alternatives, and the possible consequences of refusing
135.14 treatment; and

135.15 (2) whether the person communicates verbally or nonverbally a clear choice concerning
135.16 treatment that is a reasoned one, not based on delusion, even though it may not be in the
135.17 person's best interests.

135.18 (c) The basis for the designated agency's decision that the person lacks the capacity to
135.19 give informed consent for treatment or admission, and that the patient has voluntarily
135.20 accepted treatment or admission, must be documented in writing.

135.21 (d) A ~~mental health provider~~ treatment facility or state-operated treatment program that
135.22 provides treatment in reliance on the written consent given by the designated agency under
135.23 this subdivision or by a substitute decision maker appointed by the court is not civilly or
135.24 criminally liable for performing treatment without consent. This paragraph does not affect
135.25 any other liability that may result from the manner in which the treatment is performed.

135.26 (e) A ~~person~~ patient who receives treatment or is admitted to a treatment facility or
135.27 state-operated treatment program under this subdivision or subdivision 1b has the right to
135.28 refuse treatment at any time or to be released from a treatment facility or state-operated
135.29 treatment program as provided under subdivision 2. The ~~person~~ patient or any interested
135.30 person acting on the ~~person's~~ patient's behalf may seek court review within five days for a
135.31 determination of whether the ~~person's~~ patient's agreement to accept treatment or admission
135.32 is voluntary. At the time a ~~person~~ patient agrees to treatment or admission to a treatment
135.33 facility or state-operated treatment program under this subdivision, the designated agency

136.1 or its designee shall inform the ~~person~~ patient in writing of the ~~person's~~ patient's rights under
 136.2 this paragraph.

136.3 ~~(f) This subdivision does not authorize the administration of neuroleptic medications.~~
 136.4 ~~Neuroleptic medications may be administered only as provided in section 253B.092.~~

136.5 Sec. 27. Minnesota Statutes 2018, section 253B.04, subdivision 2, is amended to read:

136.6 Subd. 2. **Release.** Every patient admitted for mental illness or developmental disability
 136.7 under this section shall be informed in writing at the time of admission that the patient has
 136.8 a right to leave the treatment facility or state-operated treatment program within 12 hours
 136.9 of making a request, unless held under another provision of this chapter. Every patient
 136.10 admitted for chemical dependency under this section shall be informed in writing at the
 136.11 time of admission that the patient has a right to leave the treatment facility or state-operated
 136.12 treatment program within 72 hours, exclusive of Saturdays, Sundays, and legal holidays,
 136.13 of making a request, unless held under another provision of this chapter. The request shall
 136.14 be submitted in writing to the head of the treatment facility or state-operated treatment
 136.15 program or the person's designee.

136.16 Sec. 28. **[253B.041] SERVICES FOR ENGAGEMENT IN TREATMENT.**

136.17 Subdivision 1. **Eligibility.** (a) The purpose of engagement services is to avoid the need
 136.18 for commitment and to enable the proposed patient to voluntarily engage in needed treatment.
 136.19 An interested person may apply to the county where a proposed patient resides to request
 136.20 engagement services.

136.21 (b) To be eligible for engagement services, the proposed patient must be at least 18 years
 136.22 of age, have a mental illness, and either:

136.23 (1) be exhibiting symptoms of serious mental illness including hallucinations, mania,
 136.24 delusional thoughts, or be unable to obtain necessary food, clothing, shelter, medical care,
 136.25 or provide necessary hygiene due to the patient's mental illness; or

136.26 (2) have a history of failing to adhere to treatment for mental illness, in that:

136.27 (i) the proposed patient's mental illness has been a substantial factor in necessitating
 136.28 hospitalization, or incarceration in a state or local correctional facility, not including any
 136.29 period during which the person was hospitalized or incarcerated immediately preceding
 136.30 filing the application for engagement; or

136.31 (ii) the proposed patient is exhibiting symptoms or behavior that may lead to
 136.32 hospitalization, incarceration, or court-ordered treatment.

137.1 Subd. 2. Administration. (a) Upon receipt of a request for engagement services, the
137.2 county's prepetition screening team shall conduct an investigation to determine whether the
137.3 proposed patient is eligible. In making this determination, the screening team shall seek any
137.4 relevant information from an interested person.

137.5 (b) If the screening team determines that the proposed patient is eligible, engagement
137.6 services must begin and include, but are not limited to:

137.7 (1) assertive attempts to engage the patient in voluntary treatment for mental illness for
137.8 at least 90 days. Engagement services must be person-centered and continue even if the
137.9 patient is an inmate in a non-state-operated correctional facility;

137.10 (2) efforts to engage the patient's existing systems of support, including interested persons,
137.11 unless the engagement provider determines that involvement is not helpful to the patient.
137.12 This includes education on restricting means of harm, suicide prevention, and engagement;
137.13 and

137.14 (3) collaboration with the patient to meet immediate needs including access to housing,
137.15 food, income, disability verification, medications, and treatment for medical conditions.

137.16 (c) Engagement services regarding potential treatment options must take into account
137.17 the patient's preferences for services and supports. The county may offer engagement services
137.18 through the designated agency or another agency under contract. Engagement services staff
137.19 must have training in person-centered care. Engagement services staff may include but are
137.20 not limited to mobile crisis teams under section 245.462, certified peer specialists under
137.21 section 256B.0615, community-based treatment programs, and homeless outreach workers.

137.22 (d) If the patient voluntarily consents to receive mental health treatment, the engagement
137.23 services staff must facilitate the referral to an appropriate mental health treatment provider
137.24 including support obtaining health insurance if the proposed patient is currently or may
137.25 become uninsured. If the proposed patient initially consents to treatment, but fails to initiate
137.26 or continue treatment, the engagement services team must continue outreach efforts to the
137.27 patient.

137.28 Subd. 3. Commitment. Engagement services for a patient to seek treatment may be
137.29 stopped if the proposed patient is in need of commitment and satisfies the commitment
137.30 criteria under section 253B.09, subdivision 1. In such a case, the engagement services team
137.31 must immediately notify the designated agency, initiate the prepetition screening process
137.32 under section 253B.07, or seek an emergency hold if necessary to ensure the safety of the
137.33 patient or others.

138.1 Subd. 4. **Evaluation.** Counties may, but are not required to, provide engagement services.
 138.2 The commissioner may conduct a pilot project evaluating the impact of engagement services
 138.3 in decreasing commitments, increasing engagement in treatment, and other measures.

138.4 Sec. 29. Minnesota Statutes 2018, section 253B.045, subdivision 2, is amended to read:

138.5 Subd. 2. **Facilities.** (a) Each county or a group of counties shall maintain or provide by
 138.6 contract a facility for confinement of persons held temporarily for observation, evaluation,
 138.7 diagnosis, treatment, and care. When the temporary confinement is provided at a ~~regional~~
 138.8 state-operated treatment center program, the commissioner shall charge the county of
 138.9 financial responsibility for the costs of confinement of ~~persons~~ patients hospitalized under
 138.10 ~~section 253B.05, subdivisions 1 and 2, sections 253B.051 and section 253B.07, subdivision~~
 138.11 ~~2b~~, except that the commissioner shall bill the responsible health plan first. Any charges
 138.12 not covered, including co-pays and deductibles shall be the responsibility of the county. If
 138.13 the ~~person~~ patient has health plan coverage, but the hospitalization does not meet the criteria
 138.14 in subdivision 6 or section 62M.07, 62Q.53, or 62Q.535, the county is responsible. ~~When~~
 138.15 ~~a person is temporarily confined in a Department of Corrections facility solely under~~
 138.16 ~~subdivision 1a, and not based on any separate correctional authority:~~

138.17 ~~(1) the commissioner of corrections may charge the county of financial responsibility~~
 138.18 ~~for the costs of confinement; and~~

138.19 ~~(2) the Department of Human Services shall use existing appropriations to fund all~~
 138.20 ~~remaining nonconfinement costs. The funds received by the commissioner for the~~
 138.21 ~~confinement and nonconfinement costs are appropriated to the department for these purposes.~~

138.22 (b) For the purposes of this subdivision, "county of financial responsibility" has the
 138.23 meaning specified in section 253B.02, subdivision 4c, or, if the ~~person~~ patient has no
 138.24 residence in this state, the county which initiated the confinement. The charge for
 138.25 confinement in a facility operated by the commissioner ~~of human services~~ shall be based
 138.26 on the commissioner's determination of the cost of care pursuant to section 246.50,
 138.27 subdivision 5. When there is a dispute as to which county is the county of financial
 138.28 responsibility, the county charged for the costs of confinement shall pay for them pending
 138.29 final determination of the dispute over financial responsibility.

138.30 Sec. 30. Minnesota Statutes 2018, section 253B.045, subdivision 3, is amended to read:

138.31 Subd. 3. **Cost of care.** Notwithstanding subdivision 2, a county shall be responsible for
 138.32 the cost of care as specified under section 246.54 for ~~persons~~ a patient hospitalized at a
 138.33 ~~regional~~ state-operated treatment center program in accordance with section 253B.09 and

139.1 the ~~person's~~ patient's legal status has been changed to a court hold under section 253B.07,
 139.2 subdivision 2b, pending a judicial determination regarding continued commitment pursuant
 139.3 to sections 253B.12 and 253B.13.

139.4 Sec. 31. Minnesota Statutes 2018, section 253B.045, subdivision 5, is amended to read:

139.5 Subd. 5. **Health plan company; definition.** For purposes of this section, "health plan
 139.6 company" has the meaning given it in section 62Q.01, subdivision 4, and also includes a
 139.7 demonstration provider as defined in section 256B.69, subdivision 2, paragraph (b); and a
 139.8 county or group of counties participating in county-based purchasing according to section
 139.9 256B.692, ~~and a children's mental health collaborative under contract to provide medical~~
 139.10 ~~assistance for individuals enrolled in the prepaid medical assistance and MinnesotaCare~~
 139.11 ~~programs according to sections 245.493 to 245.495.~~

139.12 Sec. 32. Minnesota Statutes 2018, section 253B.045, subdivision 6, is amended to read:

139.13 Subd. 6. **Coverage.** (a) For purposes of this section, "mental health services" means all
 139.14 covered services that are intended to treat or ameliorate an emotional, behavioral, or
 139.15 psychiatric condition and that are covered by the policy, contract, or certificate of coverage
 139.16 of the enrollee's health plan company or by law.

139.17 (b) All health plan companies that provide coverage for mental health services must
 139.18 cover or provide mental health services ordered by a court of competent jurisdiction ~~under~~
 139.19 ~~a court order that is issued on the basis of a behavioral care evaluation performed by a~~
 139.20 ~~licensed psychiatrist or a doctoral level licensed psychologist, which includes a diagnosis~~
 139.21 ~~and an individual treatment plan for care in the most appropriate, least restrictive~~
 139.22 ~~environment. The health plan company must be given a copy of the court order and the~~
 139.23 ~~behavioral care evaluation. The health plan company shall be financially liable for the~~
 139.24 ~~evaluation if performed by a participating provider of the health plan company and shall be~~
 139.25 ~~financially liable for the care included in the court-ordered individual treatment plan if the~~
 139.26 ~~care is covered by the health plan company and ordered to be provided by a participating~~
 139.27 ~~provider or another provider as required by rule or law. This court-ordered coverage must~~
 139.28 not be subject to a separate medical necessity determination by a health plan company under
 139.29 its utilization procedures.

139.30 Sec. 33. **[253B.051] EMERGENCY ADMISSION.**

139.31 Subdivision 1. Peace officer or health officer authority. (a) If a peace officer or health
 139.32 officer has reason to believe, either through direct observation of the person's behavior or

140.1 upon reliable information of the person's recent behavior and, if available, knowledge or
140.2 reliable information concerning the person's past behavior or treatment that the person:

140.3 (1) has a mental illness or developmental disability and is in danger of harming self or
140.4 others if the officer does not immediately detain the patient, the peace officer or health
140.5 officer may take the person into custody and transport the person to an examiner or a
140.6 treatment facility, state-operated treatment program, or community-based treatment program;

140.7 (2) is chemically dependent or intoxicated in public and in danger of harming self or
140.8 others if the officer does not immediately detain the patient, the peace officer or health
140.9 officer may take the person into custody and transport the person to a treatment facility,
140.10 state-operated treatment program, or community-based treatment program; or

140.11 (3) is chemically dependent or intoxicated in public and not in danger of harming self,
140.12 others, or property, the peace officer or health officer may take the person into custody and
140.13 transport the person to the person's home.

140.14 (b) An examiner's written statement or a health officer's written statement in compliance
140.15 with the requirements of subdivision 2 is sufficient authority for a peace officer or health
140.16 officer to take the person into custody and transport the person to a treatment facility,
140.17 state-operated treatment program, or community-based treatment program.

140.18 (c) A peace officer or health officer who takes a person into custody and transports the
140.19 person to a treatment facility, state-operated treatment program, or community-based
140.20 treatment program under this subdivision shall make written application for admission of
140.21 the person containing:

140.22 (1) the officer's statement specifying the reasons and circumstances under which the
140.23 person was taken into custody;

140.24 (2) identifying information on specific individuals to the extent practicable, if danger to
140.25 those individuals is a basis for the emergency hold; and

140.26 (3) the officer's name, the agency that employs the officer, and the telephone number or
140.27 other contact information for purposes of receiving notice under subdivision 3.

140.28 (d) A copy of the examiner's written statement and officer's application shall be made
140.29 available to the person taken into custody.

140.30 (e) The officer may provide the transportation personally or may arrange to have the
140.31 person transported by a suitable medical or mental health transportation provider. As far as
140.32 practicable, a peace officer who provides transportation for a person placed in a treatment
140.33 facility, state-operated treatment program, or community-based treatment program under

141.1 this subdivision must not be in uniform and must not use a vehicle visibly marked as a law
141.2 enforcement vehicle.

141.3 Subd. 2. **Emergency hold.** (a) A treatment facility, state-operated treatment program,
141.4 or community-based treatment program, other than a facility operated by the Minnesota sex
141.5 offender program, may admit or hold a patient, including a patient transported under
141.6 subdivision 1, for emergency care and treatment if the head of the facility or program
141.7 consents to holding the patient and an examiner provides a written statement in support of
141.8 holding the patient.

141.9 (b) The written statement must indicate that:

141.10 (1) the examiner examined the patient not more than 15 days prior to admission;

141.11 (2) the examiner interviewed the patient, or if not, the specific reasons why the examiner
141.12 did not interview the patient;

141.13 (3) the examiner has the opinion that the patient has a mental illness or developmental
141.14 disability, or is chemically dependent and is in danger of causing harm to self or others if
141.15 a facility or program does not immediately detain the patient. The statement must include
141.16 observations of the patient's behavior and avoid conclusory language. The statement must
141.17 be specific enough to provide an adequate record for review. If danger to specific individuals
141.18 is a basis for the emergency hold, the statement must identify those individuals to the extent
141.19 practicable; and

141.20 (4) the facility or program cannot obtain a court order in time to prevent the anticipated
141.21 injury.

141.22 (c) Prior to an examiner writing a statement, if another person brought the patient to the
141.23 treatment facility, state-operated treatment program, or community-based treatment program,
141.24 the examiner shall make a good-faith effort to obtain information from that person, which
141.25 the examiner must consider in deciding whether to place the patient on an emergency hold.
141.26 To the extent available, the statement must include direct observations of the patient's
141.27 behaviors, reliable knowledge of the patient's recent and past behavior, and information
141.28 regarding the patient's psychiatric history, past treatment, and current mental health providers.
141.29 The examiner shall also inquire about health care directives under chapter 145C and advance
141.30 psychiatric directives under section 253B.03, subdivision 6d.

141.31 (d) The facility or program must give a copy of the examiner's written statement to the
141.32 patient immediately upon initiating the emergency hold. The treatment facility, state-operated
141.33 treatment program, or community-based treatment program shall maintain a copy of the

142.1 examiner's written statement. The program or facility must inform the patient in writing of
142.2 the right to (1) leave after 72 hours, (2) have a medical examination within 48 hours, and
142.3 (3) request a change to voluntary status. The facility or program shall assist the patient in
142.4 exercising the rights granted in this subdivision.

142.5 (e) The facility or program must not allow the patient nor require the patient's consent
142.6 to participate in a clinical drug trial during an emergency admission or hold under this
142.7 subdivision. If a patient gives consent to participate in a drug trial during a period of an
142.8 emergency admission or hold, it is void and unenforceable. This paragraph does not prohibit
142.9 a patient from continuing participation in a clinical drug trial if the patient was participating
142.10 in the clinical drug trial at the time of the emergency admission or hold.

142.11 Subd. 3. **Duration of hold, release procedures, and change of status.** (a) If a peace
142.12 officer or health officer transports a person to a treatment facility, state-operated treatment
142.13 program, or community-based treatment program under subdivision 1, an examiner at the
142.14 facility or program must examine the patient and make a determination about the need for
142.15 an emergency hold as soon as possible and within 12 hours of the person's arrival. The peace
142.16 officer or health officer hold ends upon whichever occurs first: (1) initiation of an emergency
142.17 hold on the person under subdivision 2; (2) the person's voluntary admission; (3) the
142.18 examiner's decision not to admit the person; or (4) 12 hours after the person's arrival.

142.19 (b) Under this section, the facility or program may hold a patient up to 72 hours, exclusive
142.20 of Saturdays, Sundays, and legal holidays, after the examiner signs the written statement
142.21 for an emergency hold of the patient. The facility or program must release a patient when
142.22 the emergency hold expires unless the facility or program obtains a court order to hold the
142.23 patient. The facility or program may not place the patient on a consecutive emergency hold
142.24 under this section.

142.25 (c) If the interested person files a petition to civilly commit the patient, the court may
142.26 issue a judicial hold order pursuant to section 253B.07, subdivision 2b.

142.27 (d) During the 72-hour hold, a court must not release a patient under this section unless
142.28 the court received a written petition for the patient's release and the court has held a summary
142.29 hearing regarding the patient's release.

142.30 (e) The written petition for the patient's release must include the patient's name, the basis
142.31 for the hold, the location of the hold, and a statement explaining why the hold is improper.
142.32 The petition must also include copies of any written documentation under subdivision 1 or
142.33 2 that support the hold, unless the facility or program holding the patient refuses to supply
142.34 the documentation. Upon receipt of a petition, the court must comply with the following:

143.1 (1) the court must hold the hearing as soon as practicable and the court may conduct the
143.2 hearing by telephone conference call, interactive video conference, or similar method by
143.3 which the participants are able to simultaneously hear each other;

143.4 (2) before deciding to release the patient, the court shall make every reasonable effort
143.5 to provide notice of the proposed release and reasonable opportunity to be heard to:

143.6 (i) any specific individuals identified in a statement under subdivision 1 or 2 or individuals
143.7 identified in the record who might be endangered if the person is not held;

143.8 (ii) the examiner whose written statement was the basis for the hold under subdivision
143.9 2; and

143.10 (iii) the peace officer or health officer who applied for a hold under subdivision 1; and

143.11 (3) if the court decides to release the patient, the court shall direct the patient's release
143.12 and shall issue written findings supporting the decision. The facility or program must not
143.13 delay the patient's release pending the written order.

143.14 (f) Notwithstanding section 144.293, subdivisions 2 and 4, if a treatment facility,
143.15 state-operated treatment program, or community-based treatment program releases or
143.16 discharges a patient during the 72-hour hold; the examiner refuses to admit the patient; or
143.17 the patient leaves without the consent of the treating health care provider, the head of the
143.18 treatment facility, state-operated treatment program, or community-based treatment program
143.19 shall immediately notify the agency that employs the peace officer or health officer who
143.20 initiated the transport hold. This paragraph does not apply to the extent that the notice would
143.21 violate federal law governing the confidentiality of alcohol and drug abuse patient records
143.22 under Code of Federal Regulations, title 42, part 2.

143.23 (g) If a patient is intoxicated in public and a facility or program holds the patient under
143.24 this section for detoxification, a treatment facility, state-operated treatment program, or
143.25 community-based treatment program may release the patient without providing notice under
143.26 paragraph (f) as soon as the treatment facility, state-operated treatment program, or
143.27 community-based treatment program determines that the person is no longer in danger of
143.28 causing harm to self or others. The facility or program must provide notice to the peace
143.29 officer or health officer who transported the person, or to the appropriate law enforcement
143.30 agency, if the officer or agency requests notification.

143.31 (h) A treatment facility or state-operated treatment program must change a patient's
143.32 status to voluntary status as provided in section 253B.04 upon the patient's request in writing
143.33 if the head of the facility or program consents to the change.

144.1 Sec. 34. Minnesota Statutes 2018, section 253B.06, subdivision 1, is amended to read:

144.2 Subdivision 1. **Persons who are mentally ill or developmentally disabled with mental**
 144.3 **illness or developmental disability.** A physician must examine every patient hospitalized
 144.4 as mentally ill or developmentally disabled due to mental illness or developmental disability
 144.5 pursuant to section 253B.04 or 253B.05 must be examined by a physician 253B.051 as soon
 144.6 as possible but no more than 48 hours following the patient's admission. The physician ~~shall~~
 144.7 must be knowledgeable and trained in ~~the diagnosis of~~ diagnosing the ~~alleged disability~~
 144.8 related to the need for patient's mental illness or developmental disability, forming the basis
 144.9 of the patient's admission as a person who is mentally ill or developmentally disabled.

144.10 Sec. 35. Minnesota Statutes 2018, section 253B.06, subdivision 2, is amended to read:

144.11 Subd. 2. **Chemically dependent persons.** ~~Patients hospitalized~~ A treatment facility,
 144.12 state-operated treatment program, or community-based treatment program must examine a
 144.13 patient hospitalized as chemically dependent pursuant to section 253B.04 or 253B.05 shall
 144.14 also be examined 253B.051 within 48 hours of admission. At a minimum, ~~the examination~~
 144.15 ~~shall consist of a physical evaluation by facility staff~~ the facility or program must physically
 144.16 examine the patient according to procedures established by a physician, ~~and an evaluation~~
 144.17 ~~by staff~~ examining the patient must be knowledgeable and trained in the diagnosis of the
 144.18 ~~alleged disability related to the need for~~ forming the basis of the patient's admission as a
 144.19 ~~chemically dependent person.~~

144.20 Sec. 36. Minnesota Statutes 2018, section 253B.06, subdivision 3, is amended to read:

144.21 Subd. 3. **Discharge.** At the end of a 48-hour period, ~~any~~ the facility or program shall
 144.22 discharge a patient admitted pursuant to section 253B.05 shall be discharged 253B.051 if
 144.23 an examination has not been held or if the examiner or evaluation staff person fails to notify
 144.24 the head of the treatment facility or program in writing that in the examiner's or staff person's
 144.25 opinion the patient is apparently in need of care, treatment, and evaluation as a mentally ill,
 144.26 ~~developmentally disabled, or chemically dependent person~~ who has a mental illness,
 144.27 developmental disability, or chemical dependency.

144.28 Sec. 37. Minnesota Statutes 2018, section 253B.07, subdivision 1, is amended to read:

144.29 Subdivision 1. **Prepetition screening.** (a) Prior to filing a petition for commitment of
 144.30 ~~or early intervention for~~ a proposed patient, an interested person shall apply to the designated
 144.31 agency in the county of financial responsibility or the county where the proposed patient is
 144.32 present for conduct of a preliminary investigation as provided in section 253B.23, subdivision

145.1 1b, except when the proposed patient has been acquitted of a crime under section 611.026
145.2 and the county attorney is required to file a petition for commitment. The designated agency
145.3 shall appoint a screening team to conduct an investigation. The petitioner may not be a
145.4 member of the screening team. The investigation must include:

145.5 (1) ~~a personal~~ an interview with the proposed patient and other individuals who appear
145.6 to have knowledge of the condition of the proposed patient, if practicable. In-person
145.7 interviews with the proposed patient are preferred. If the proposed patient is not interviewed,
145.8 specific reasons must be documented;

145.9 (2) identification and investigation of specific alleged conduct which is the basis for
145.10 application;

145.11 (3) identification, exploration, and listing of the specific reasons for rejecting or
145.12 recommending alternatives to involuntary placement;

145.13 (4) in the case of a commitment based on mental illness, ~~the following~~ information, ~~if~~
145.14 ~~it is known or available~~, that may be relevant to the administration of neuroleptic medications,
145.15 including the existence of a declaration under section 253B.03, subdivision 6d, or a health
145.16 care directive under chapter 145C or a guardian, conservator, proxy, or agent with authority
145.17 to make health care decisions for the proposed patient; information regarding the capacity
145.18 of the proposed patient to make decisions regarding administration of neuroleptic medication;
145.19 and whether the proposed patient is likely to consent or refuse consent to administration of
145.20 the medication;

145.21 (5) seeking input from the proposed patient's health plan company to provide the court
145.22 with information about ~~services the enrollee needs and the least restrictive alternatives~~ the
145.23 patient's relevant treatment history and current treatment providers; and

145.24 (6) in the case of a commitment based on mental illness, information listed in clause (4)
145.25 for other purposes relevant to treatment.

145.26 (b) In conducting the investigation required by this subdivision, the screening team shall
145.27 have access to all relevant medical records of proposed patients currently in treatment
145.28 facilities, state-operated treatment programs, or community-based treatment programs. The
145.29 interviewer shall inform the proposed patient that any information provided by the proposed
145.30 patient may be included in the prepetition screening report and may be considered in the
145.31 commitment proceedings. Data collected pursuant to this clause shall be considered private
145.32 data on individuals. The prepetition screening report is not admissible as evidence except
145.33 by agreement of counsel or as permitted by this chapter or the rules of court and is not
145.34 admissible in any court proceedings unrelated to the commitment proceedings.

146.1 (c) The prepetition screening team shall provide a notice, written in easily understood
146.2 language, to the proposed patient, the petitioner, persons named in a declaration under
146.3 chapter 145C or section 253B.03, subdivision 6d, and, with the proposed patient's consent,
146.4 other interested parties. The team shall ask the patient if the patient wants the notice read
146.5 and shall read the notice to the patient upon request. The notice must contain information
146.6 regarding the process, purpose, and legal effects of civil commitment ~~and early intervention~~.
146.7 The notice must inform the proposed patient that:

146.8 (1) if a petition is filed, the patient has certain rights, including the right to a
146.9 court-appointed attorney, the right to request a second court examiner, the right to attend
146.10 hearings, and the right to oppose the proceeding and to present and contest evidence; and

146.11 (2) if the proposed patient is committed to a ~~state regional treatment center or group~~
146.12 ~~home~~ state-operated treatment program, the patient may be billed for the cost of care and
146.13 the state has the right to make a claim against the patient's estate for this cost.

146.14 The ombudsman for mental health and developmental disabilities shall develop a form
146.15 for the notice which includes the requirements of this paragraph.

146.16 (d) When the prepetition screening team recommends commitment, a written report
146.17 shall be sent to the county attorney for the county in which the petition is to be filed. The
146.18 statement of facts contained in the written report must meet the requirements of subdivision
146.19 2, paragraph (b).

146.20 (e) The prepetition screening team shall refuse to support a petition if the investigation
146.21 does not disclose evidence sufficient to support commitment. Notice of the prepetition
146.22 screening team's decision shall be provided to the prospective petitioner, any specific
146.23 individuals identified in the examiner's statement, and to the proposed patient.

146.24 (f) If the interested person wishes to proceed with a petition contrary to the
146.25 recommendation of the prepetition screening team, application may be made directly to the
146.26 county attorney, who shall determine whether or not to proceed with the petition. Notice of
146.27 the county attorney's determination shall be provided to the interested party.

146.28 (g) If the proposed patient has been acquitted of a crime under section 611.026, the
146.29 county attorney shall apply to the designated county agency in the county in which the
146.30 acquittal took place for a preliminary investigation unless substantially the same information
146.31 relevant to the proposed patient's current mental condition, as could be obtained by a
146.32 preliminary investigation, is part of the court record in the criminal proceeding or is contained
146.33 in the report of a mental examination conducted in connection with the criminal proceeding.
146.34 If a court petitions for commitment pursuant to the Rules of Criminal or Juvenile Procedure

147.1 or a county attorney petitions pursuant to acquittal of a criminal charge under section 611.026,
147.2 the prepetition investigation, if required by this section, shall be completed within seven
147.3 days after the filing of the petition.

147.4 Sec. 38. Minnesota Statutes 2018, section 253B.07, subdivision 2, is amended to read:

147.5 Subd. 2. **The petition.** (a) Any interested person, except a member of the prepetition
147.6 screening team, may file a petition for commitment in the district court of the county of
147.7 financial responsibility or the county where the proposed patient is present. If the head of
147.8 the treatment facility, state-operated treatment program, or community-based treatment
147.9 program believes that commitment is required and no petition has been filed, ~~the head of~~
147.10 ~~the treatment facility~~ that person shall petition for the commitment of the person proposed
147.11 patient.

147.12 (b) The petition shall set forth the name and address of the proposed patient, the name
147.13 and address of the patient's nearest relatives, and the reasons for the petition. The petition
147.14 must contain factual descriptions of the proposed patient's recent behavior, including a
147.15 description of the behavior, where it occurred, and the time period over which it occurred.
147.16 Each factual allegation must be supported by observations of witnesses named in the petition.
147.17 Petitions shall be stated in behavioral terms and shall not contain judgmental or conclusory
147.18 statements.

147.19 (c) The petition shall be accompanied by a written statement by an examiner stating that
147.20 the examiner has examined the proposed patient within the 15 days preceding the filing of
147.21 the petition and is of the opinion that the proposed patient ~~is suffering~~ has a designated
147.22 disability and should be committed to a treatment facility, state-operated treatment program,
147.23 or community-based treatment program. The statement shall include the reasons for the
147.24 opinion. In the case of a commitment based on mental illness, the petition and the examiner's
147.25 statement shall include, ~~to the extent this information is available,~~ a statement and opinion
147.26 regarding the proposed patient's need for treatment with neuroleptic medication and the
147.27 patient's capacity to make decisions regarding the administration of neuroleptic medications,
147.28 and the reasons for the opinion. If use of neuroleptic medications is recommended by the
147.29 treating ~~physician~~ medical practitioner or other qualified medical provider, the petition for
147.30 commitment must, if applicable, include or be accompanied by a request for proceedings
147.31 under section 253B.092. Failure to include the required information regarding neuroleptic
147.32 medications in the examiner's statement, or to include a request for an order regarding
147.33 neuroleptic medications with the commitment petition, is not a basis for dismissing the
147.34 commitment petition. If a petitioner has been unable to secure a statement from an examiner,

148.1 the petition shall include documentation that a reasonable effort has been made to secure
148.2 the supporting statement.

148.3 Sec. 39. Minnesota Statutes 2018, section 253B.07, subdivision 2a, is amended to read:

148.4 Subd. 2a. **Petition originating from criminal proceedings.** (a) If criminal charges are
148.5 pending against a defendant, the court shall order simultaneous competency and civil
148.6 commitment examinations in accordance with Minnesota Rules of Criminal Procedure, rule
148.7 20.04, when the following conditions are met:

148.8 (1) the prosecutor or defense counsel doubts the defendant's competency and a motion
148.9 is made challenging competency, or the court on its initiative raises the issue under rule
148.10 20.01; and

148.11 (2) the prosecutor and defense counsel agree simultaneous examinations are appropriate.

148.12 No additional examination under subdivision 3 is required in a subsequent civil commitment
148.13 proceeding unless a second examination is requested by defense counsel appointed following
148.14 the filing of any petition for commitment.

148.15 (b) Only a court examiner may conduct an assessment as described in Minnesota Rules
148.16 of Criminal Procedure, rules 20.01, subdivision 4, and 20.02, subdivision 2.

148.17 (c) Where a county is ordered to consider civil commitment following a determination
148.18 of incompetency under Minnesota Rules of Criminal Procedure, rule 20.01, the county in
148.19 which the criminal matter is pending is responsible to conduct prepetition screening and, if
148.20 statutory conditions for commitment are satisfied, to file the commitment petition in that
148.21 county. By agreement between county attorneys, prepetition screening and filing the petition
148.22 may be handled in the county of financial responsibility or the county where the proposed
148.23 patient is present.

148.24 ~~(b)~~ (d) Following an acquittal of a person of a criminal charge under section 611.026,
148.25 the petition shall be filed by the county attorney of the county in which the acquittal took
148.26 place and the petition shall be filed with the court in which the acquittal took place, and that
148.27 court shall be the committing court for purposes of this chapter. When a petition is filed
148.28 pursuant to subdivision 2 with the court in which acquittal of a criminal charge took place,
148.29 the court shall assign the judge before whom the acquittal took place to hear the commitment
148.30 proceedings unless that judge is unavailable.

149.1 Sec. 40. Minnesota Statutes 2018, section 253B.07, subdivision 2b, is amended to read:

149.2 Subd. 2b. **Apprehend and hold orders.** (a) The court may order the treatment facility
149.3 or state-operated treatment program to hold the ~~person in a treatment facility~~ proposed
149.4 patient or direct a health officer, peace officer, or other person to take the proposed patient
149.5 into custody and transport the proposed patient to a treatment facility or state-operated
149.6 treatment program for observation, evaluation, diagnosis, care, treatment, and, if necessary,
149.7 confinement, when:

149.8 (1) there has been a particularized showing by the petitioner that serious physical harm
149.9 to the proposed patient or others is likely unless the proposed patient is immediately
149.10 apprehended;

149.11 (2) the proposed patient has not voluntarily appeared for the examination or the
149.12 commitment hearing pursuant to the summons; or

149.13 (3) a person is held pursuant to section ~~253B.05~~ 253B.051 and a request for a petition
149.14 for commitment has been filed.

149.15 (b) The order of the court may be executed on any day and at any time by the use of all
149.16 necessary means including the imposition of necessary restraint upon the proposed patient.
149.17 Where possible, a peace officer taking the proposed patient into custody pursuant to this
149.18 subdivision shall not be in uniform and shall not use a ~~motor~~ vehicle visibly marked as a
149.19 ~~police~~ law enforcement vehicle. Except as provided in section 253D.10, subdivision 2, in
149.20 the case of an individual on a judicial hold due to a petition for civil commitment under
149.21 chapter 253D, assignment of custody during the hold is to the commissioner ~~of human~~
149.22 ~~services~~. The commissioner is responsible for determining the appropriate placement within
149.23 a secure treatment facility under the authority of the commissioner.

149.24 (c) A proposed patient must not be allowed or required to consent to nor participate in
149.25 a clinical drug trial while an order is in effect under this subdivision. A consent given while
149.26 an order is in effect is void and unenforceable. This paragraph does not prohibit a patient
149.27 from continuing participation in a clinical drug trial if the patient was participating in the
149.28 clinical drug trial at the time the order was issued under this subdivision.

149.29 Sec. 41. Minnesota Statutes 2018, section 253B.07, subdivision 2d, is amended to read:

149.30 Subd. 2d. **Change of venue.** Either party may move to have the venue of the petition
149.31 changed to the district court of the Minnesota county where the person currently lives,
149.32 whether independently or pursuant to a placement. The county attorney of the proposed
149.33 county of venue must be notified of the motion and provided the opportunity to respond

150.1 before the court rules on the motion. The court shall grant the motion if it determines that
150.2 the transfer is appropriate and is in the interests of justice. If the petition has been filed
150.3 pursuant to the Rules of Criminal or Juvenile Procedure, venue may not be changed without
150.4 the agreement of the county attorney of the proposed county of venue and the approval of
150.5 the court in which the juvenile or criminal proceedings are pending.

150.6 Sec. 42. Minnesota Statutes 2018, section 253B.07, subdivision 3, is amended to read:

150.7 Subd. 3. **Court-appointed examiners.** After a petition has been filed, the court shall
150.8 appoint ~~an~~ a court examiner. Prior to the hearing, the court shall inform the proposed patient
150.9 of the right to an independent second examination. At the proposed patient's request, the
150.10 court shall appoint a second court examiner of the patient's choosing to be paid for by the
150.11 county at a rate of compensation fixed by the court.

150.12 Sec. 43. Minnesota Statutes 2018, section 253B.07, subdivision 5, is amended to read:

150.13 Subd. 5. **Prehearing examination; report.** The examination shall be held at a treatment
150.14 facility or other suitable place the court determines is not likely to harm the health of the
150.15 proposed patient. The county attorney and the patient's attorney may be present during the
150.16 examination. Either party may waive this right. Unless otherwise agreed by the parties, a
150.17 ~~court-appointed~~ court examiner shall file the report with the court not less than 48 hours
150.18 prior to the commitment hearing. The court shall ensure that copies of the court examiner's
150.19 report are provided to the county attorney, the proposed patient, and the patient's counsel.

150.20 Sec. 44. Minnesota Statutes 2018, section 253B.07, subdivision 7, is amended to read:

150.21 Subd. 7. **Preliminary hearing.** (a) No proposed patient may be held in a treatment
150.22 facility or state-operated treatment program under a judicial hold pursuant to subdivision
150.23 2b longer than 72 hours, exclusive of Saturdays, Sundays, and legal holidays, unless the
150.24 court holds a preliminary hearing and determines that the standard is met to hold the ~~person~~
150.25 proposed patient.

150.26 (b) The proposed patient, patient's counsel, the petitioner, the county attorney, and any
150.27 other persons as the court directs shall be given at least 24 hours written notice of the
150.28 preliminary hearing. The notice shall include the alleged grounds for confinement. The
150.29 proposed patient shall be represented at the preliminary hearing by counsel. The court may
150.30 admit reliable hearsay evidence, including written reports, for the purpose of the preliminary
150.31 hearing.

151.1 (c) The court, on its motion or on the motion of any party, may exclude or excuse a
151.2 proposed patient who is seriously disruptive or who is incapable of comprehending and
151.3 participating in the proceedings. In such instances, the court shall, with specificity on the
151.4 record, state the behavior of the proposed patient or other circumstances which justify
151.5 proceeding in the absence of the proposed patient.

151.6 (d) The court may continue the judicial hold of the proposed patient if it finds, by a
151.7 preponderance of the evidence, that serious physical harm to the proposed patient or others
151.8 is likely if the proposed patient is not immediately confined. If a proposed patient was
151.9 acquitted of a crime against the person under section 611.026 immediately preceding the
151.10 filing of the petition, the court may presume that serious physical harm to the patient or
151.11 others is likely if the proposed patient is not immediately confined.

151.12 (e) Upon a showing that a ~~person~~ proposed patient subject to a petition for commitment
151.13 may need treatment with neuroleptic medications and that the ~~person~~ proposed patient may
151.14 lack capacity to make decisions regarding that treatment, the court may appoint a substitute
151.15 decision-maker as provided in section 253B.092, subdivision 6. The substitute decision-maker
151.16 shall meet with the proposed patient and provider and make a report to the court at the
151.17 hearing under section 253B.08 regarding whether the administration of neuroleptic
151.18 medications is appropriate under the criteria of section 253B.092, subdivision 7. If the
151.19 substitute decision-maker consents to treatment with neuroleptic medications and the
151.20 proposed patient does not refuse the medication, neuroleptic medication may be administered
151.21 to the proposed patient. If the substitute decision-maker does not consent or the proposed
151.22 patient refuses, neuroleptic medication may not be administered without a court order, or
151.23 in an emergency as set forth in section 253B.092, subdivision 3.

151.24 Sec. 45. Minnesota Statutes 2018, section 253B.08, subdivision 1, is amended to read:

151.25 Subdivision 1. **Time for commitment hearing.** (a) The hearing on the commitment
151.26 petition shall be held within 14 days from the date of the filing of the petition, except that
151.27 the hearing on a commitment petition pursuant to section 253D.07 shall be held within 90
151.28 days from the date of the filing of the petition. For good cause shown, the court may extend
151.29 the time of hearing up to an additional 30 days. The proceeding shall be dismissed if the
151.30 proposed patient has not had a hearing on a commitment petition within the allowed time.

151.31 (b) The proposed patient, or the head of the treatment facility or state-operated treatment
151.32 program in which the ~~person~~ patient is held, may demand in writing at any time that the
151.33 hearing be held immediately. Unless the hearing is held within five days of the date of the
151.34 demand, exclusive of Saturdays, Sundays, and legal holidays, the petition shall be

152.1 automatically dismissed if the patient is being held in a treatment facility or state-operated
152.2 treatment program pursuant to court order. For good cause shown, the court may extend
152.3 the time of hearing on the demand for an additional ten days. This paragraph does not apply
152.4 to a commitment petition brought under section 253B.18 or chapter 253D.

152.5 Sec. 46. Minnesota Statutes 2018, section 253B.08, subdivision 2a, is amended to read:

152.6 Subd. 2a. **Place of hearing.** The hearing shall be conducted in a manner consistent with
152.7 orderly procedure. The hearing shall be held at a courtroom meeting standards prescribed
152.8 by local court rule which may be at a treatment facility or state-operated treatment program.
152.9 The hearing may be conducted by interactive video conference under General Rules of
152.10 Practice, rule 131, and Minnesota Rules of Civil Commitment, rule 14.

152.11 Sec. 47. Minnesota Statutes 2018, section 253B.08, subdivision 5, is amended to read:

152.12 Subd. 5. **Absence permitted.** (a) The court may permit the proposed patient to waive
152.13 the right to attend the hearing if it determines that the waiver is freely given. At the time of
152.14 the hearing, the proposed patient shall not be so under the influence of drugs, medication,
152.15 or other treatment so as to be hampered in participating in the proceedings. When the ~~licensed~~
152.16 ~~physician or licensed psychologist attending the patient~~ professional responsible for the
152.17 proposed patient's treatment is of the opinion that the discontinuance of ~~drugs~~, medication,
152.18 or other treatment is not in the best interest of the proposed patient, the court, at the time of
152.19 the hearing, shall be presented a record of all ~~drugs~~, medication or other treatment which
152.20 the proposed patient has received during the 48 hours immediately prior to the hearing.

152.21 (b) The court, on its own motion or on the motion of any party, may exclude or excuse
152.22 a proposed patient who is seriously disruptive or who is incapable of comprehending and
152.23 participating in the proceedings. In such instances, the court shall, with specificity on the
152.24 record, state the behavior of the proposed patient or other circumstances justifying proceeding
152.25 in the absence of the proposed patient.

152.26 Sec. 48. Minnesota Statutes 2018, section 253B.08, subdivision 5a, is amended to read:

152.27 Subd. 5a. **Witnesses.** The proposed patient or the patient's counsel and the county attorney
152.28 may present and cross-examine witnesses, including court examiners, at the hearing. The
152.29 court may in its discretion receive the testimony of any other person. Opinions of
152.30 ~~court-appointed~~ court examiners may not be admitted into evidence unless the court examiner
152.31 is present to testify, except by agreement of the parties.

153.1 Sec. 49. Minnesota Statutes 2018, section 253B.09, subdivision 1, is amended to read:

153.2 Subdivision 1. **Standard of proof.** (a) If the court finds by clear and convincing evidence
 153.3 that the proposed patient is a person ~~who is mentally ill, developmentally disabled, or~~
 153.4 ~~chemically dependent~~ who poses a risk of harm due to mental illness, or is a person who
 153.5 has a developmental disability or chemical dependency, and after careful consideration of
 153.6 reasonable alternative dispositions; including but not limited to; dismissal of petition; ;
 153.7 voluntary outpatient care; ; voluntary admission to a treatment facility, state-operated
 153.8 treatment program, or community-based treatment program; appointment of a guardian or
 153.9 conservator; ; or release before commitment as provided for in subdivision 4, it finds that
 153.10 there is no suitable alternative to judicial commitment, the court shall commit the patient
 153.11 to the least restrictive treatment program or alternative programs which can meet the patient's
 153.12 treatment needs consistent with section 253B.03, subdivision 7.

153.13 (b) In deciding on the least restrictive program, the court shall consider a range of
 153.14 treatment alternatives including; but not limited to; community-based nonresidential
 153.15 treatment, community residential treatment, partial hospitalization, acute care hospital,
 153.16 assertive community treatment teams, and regional state-operated treatment center services
 153.17 programs. The court shall also consider the proposed patient's treatment preferences and
 153.18 willingness to participate voluntarily in the treatment ordered. The court may not commit
 153.19 a patient to a facility or program that is not capable of meeting the patient's needs.

153.20 (c) If, after careful consideration of reasonable alternative dispositions, the court finds
 153.21 no suitable alternative to judicial commitment and the court finds that the least restrictive
 153.22 alternative as determined in paragraph (a) is a treatment facility or community-based
 153.23 treatment program that is less restrictive or more community based than a state-operated
 153.24 treatment program, and there is a treatment facility or a community-based treatment program
 153.25 willing to accept the civilly committed patient, the court may commit the patient to both
 153.26 the treatment facility or community-based treatment program and to the commissioner, in
 153.27 the event that treatment in a state-operated treatment program becomes the least restrictive
 153.28 alternative. If there is a change in the patient's level of care, then:

153.29 (1) if the patient needs a higher level of care requiring admission to a state-operated
 153.30 treatment program, custody of the patient and authority and responsibility for the commitment
 153.31 may be transferred to the commissioner for as long as the patient needs a higher level of
 153.32 care; and

153.33 (2) when the patient no longer needs treatment in a state-operated treatment program,
 153.34 the program may provisionally discharge the patient to an appropriate placement or release

154.1 the patient to the treatment facility or community-based treatment program if the program
 154.2 continues to be willing and able to readmit the patient, in which case the commitment, its
 154.3 authority, and responsibilities revert to the non-state-operated treatment program. Both
 154.4 agencies accepting commitment shall coordinate admission and discharge planning to
 154.5 facilitate timely access to the other's services to meet the patient's needs and shall coordinate
 154.6 treatment planning consistent with section 253B.03, subdivision 7.

154.7 ~~(e)~~ (d) ~~If the commitment as mentally ill, chemically dependent, or developmentally~~
 154.8 ~~disabled is to a service facility provided by the commissioner of human services~~ a person
 154.9 is committed to a state-operated treatment program as a person who poses a risk of harm
 154.10 due to mental illness or as a person who has a developmental disability or chemical
 154.11 dependency, the court shall order the commitment to the commissioner. The commissioner
 154.12 shall designate the placement of the person to the court.

154.13 ~~(d)~~ (e) ~~If the court finds a proposed patient to be a person who is mentally ill~~ poses a
 154.14 risk of harm due to mental illness under section 253B.02, subdivision 13, ~~paragraph (a),~~
 154.15 ~~clause (2) or (4),~~ the court shall commit the patient to a treatment facility or community-based
 154.16 treatment program that meets the proposed patient's needs. For purposes of this paragraph,
 154.17 ~~a community-based program may include inpatient mental health services at a community~~
 154.18 ~~hospital.~~

154.19 Sec. 50. Minnesota Statutes 2018, section 253B.09, subdivision 2, is amended to read:

154.20 Subd. 2. **Findings.** (a) The court shall find the facts specifically, and separately state its
 154.21 conclusions of law. Where commitment is ordered, the findings of fact and conclusions of
 154.22 law shall specifically state the proposed patient's conduct which is a basis for determining
 154.23 that each of the requisites for commitment is met.

154.24 (b) If commitment is ordered, the findings shall also identify less restrictive alternatives
 154.25 considered and rejected by the court and the reasons for rejecting each alternative.

154.26 (c) If the proceedings are dismissed, the court may direct that the person be transported
 154.27 back to a suitable location including to the person's home.

154.28 Sec. 51. Minnesota Statutes 2018, section 253B.09, subdivision 3a, is amended to read:

154.29 Subd. 3a. **Reporting judicial commitments; private treatment program or**
 154.30 **facility.** Notwithstanding section 253B.23, subdivision 9, when a court commits a patient
 154.31 to a non-state-operated treatment facility or program or facility other than a state-operated
 154.32 program or facility, the court shall report the commitment to the commissioner through the

155.1 supreme court information system for purposes of providing commitment information for
 155.2 firearm background checks under section 245.041. If the patient is committed to a
 155.3 state-operated treatment program, the court shall send a copy of the commitment order to
 155.4 the commissioner.

155.5 Sec. 52. Minnesota Statutes 2018, section 253B.09, subdivision 5, is amended to read:

155.6 Subd. 5. **Initial commitment period.** The initial commitment begins on the date that
 155.7 the court issues its order or warrant under section 253B.10, subdivision 1. For ~~persons~~ a
 155.8 person committed as ~~mentally ill, developmentally disabled,~~ a person who poses a risk of
 155.9 harm due to mental illness, a developmental disability, or chemically dependent chemical
 155.10 dependency, the initial commitment shall not exceed six months.

155.11 Sec. 53. Minnesota Statutes 2018, section 253B.092, is amended to read:

155.12 **253B.092 ADMINISTRATION OF NEUROLEPTIC MEDICATION.**

155.13 Subdivision 1. **General.** Neuroleptic medications may be administered, only as provided
 155.14 in this section, to patients subject to ~~early intervention or~~ civil commitment as ~~mentally ill,~~
 155.15 ~~mentally ill and dangerous, a sexually dangerous person, or a person with a sexual~~
 155.16 ~~psychopathic personality~~ under this chapter or chapter 253D. For purposes of this section,
 155.17 "patient" includes a proposed patient who is the subject of a petition for ~~early intervention~~
 155.18 ~~or~~ commitment and a committed person as defined in section 253D.02, subdivision 4.

155.19 Subd. 2. **Administration without judicial review.** (a) Neuroleptic medications may be
 155.20 administered without judicial review in the following circumstances:

155.21 (1) the patient has the capacity to make an informed decision under subdivision 4;

155.22 (2) the patient does not have the present capacity to consent to the administration of
 155.23 neuroleptic medication, but prepared a health care power of attorney, a health care directive
 155.24 under chapter 145C, or a declaration under section 253B.03, subdivision 6d, requesting
 155.25 treatment or authorizing an agent or proxy to request treatment, and the agent or proxy has
 155.26 requested the treatment;

155.27 (3) the patient has been prescribed neuroleptic medication prior to admission to a
 155.28 treatment facility, but lacks the present capacity to consent to the administration of that
 155.29 neuroleptic medication; continued administration of the medication is in the patient's best
 155.30 interest; and the patient does not refuse administration of the medication. In this situation,
 155.31 the previously prescribed neuroleptic medication may be continued for up to 14 days while
 155.32 the treating ~~physician~~ medical practitioner:

156.1 (i) is obtaining a substitute decision-maker appointed by the court under subdivision 6;

156.2 or

156.3 (ii) is requesting a court order authorizing administering neuroleptic medication or an

156.4 amendment to a current court order authorizing administration of neuroleptic medication;

156.5 (4) a substitute decision-maker appointed by the court consents to the administration of

156.6 the neuroleptic medication and the patient does not refuse administration of the medication;

156.7 or

156.8 (5) the substitute decision-maker does not consent or the patient is refusing medication,

156.9 and the patient is in an emergency situation.

156.10 (b) For the purposes of paragraph (a), clause (3), if a person requests a substitute

156.11 decision-maker or requests a court order administering neuroleptic medication within 14

156.12 days, the treating medical practitioner may continue administering the medication to the

156.13 patient through the hearing date or until the court otherwise issues an order.

156.14 Subd. 3. **Emergency administration.** A treating ~~physician~~ medical practitioner may

156.15 administer neuroleptic medication to a patient who does not have capacity to make a decision

156.16 regarding administration of the medication if the patient is in an emergency situation.

156.17 Medication may be administered for so long as the emergency continues to exist, up to 14

156.18 days, if the treating ~~physician~~ medical practitioner determines that the medication is necessary

156.19 to prevent serious, immediate physical harm to the patient or to others. If a request for

156.20 authorization to administer medication is made to the court within the 14 days, the treating

156.21 ~~physician~~ medical practitioner may continue the medication through the date of the first

156.22 court hearing, if the emergency continues to exist. If the request for authorization to

156.23 administer medication is made to the court in conjunction with a petition for commitment

156.24 ~~or early intervention~~ and the court makes a determination at the preliminary hearing under

156.25 section 253B.07, subdivision 7, that there is sufficient cause to continue the ~~physician's~~

156.26 medical practitioner's order until the hearing under section 253B.08, the treating ~~physician~~

156.27 medical practitioner may continue the medication until that hearing, if the emergency

156.28 continues to exist. The treatment facility, state-operated treatment program, or

156.29 community-based treatment program shall document the emergency in the patient's medical

156.30 record in specific behavioral terms.

156.31 Subd. 4. **Patients with capacity to make informed decision.** A patient who has the

156.32 capacity to make an informed decision regarding the administration of neuroleptic medication

156.33 may consent or refuse consent to administration of the medication. The informed consent

156.34 of a patient must be in writing.

157.1 Subd. 5. **Determination of capacity.** (a) There is a rebuttable presumption that a patient
 157.2 ~~is presumed to have~~ has the capacity to make decisions regarding administration of
 157.3 neuroleptic medication.

157.4 (b) ~~In determining A person's~~ patient has the capacity to make decisions regarding the
 157.5 administration of neuroleptic medication, ~~the court shall consider~~ if the patient:

157.6 (1) ~~whether the person demonstrates~~ has an awareness of the nature of the ~~person's~~
 157.7 patient's situation, including the reasons for hospitalization, and the possible consequences
 157.8 of refusing treatment with neuroleptic medications;

157.9 (2) ~~whether the person demonstrates~~ has an understanding of treatment with neuroleptic
 157.10 medications and the risks, benefits, and alternatives; and

157.11 (3) ~~whether the person~~ communicates verbally or nonverbally a clear choice regarding
 157.12 treatment with neuroleptic medications that is a reasoned one not based on ~~delusion~~ a
 157.13 symptom of the patient's mental illness, even though it may not be in the ~~person's~~ patient's
 157.14 best interests.

157.15 (c) Disagreement with the physician's medical practitioner's recommendation alone is
 157.16 not evidence of an unreasonable decision.

157.17 Subd. 6. **Patients without capacity to make informed decision; substitute**
 157.18 **decision-maker.** (a) Upon request of any person, and upon a showing that administration
 157.19 of neuroleptic medications may be recommended and that the ~~person~~ patient may lack
 157.20 capacity to make decisions regarding the administration of neuroleptic medication, the court
 157.21 shall appoint a substitute decision-maker with authority to consent to the administration of
 157.22 neuroleptic medication as provided in this section. A hearing is not required for an
 157.23 appointment under this paragraph. The substitute decision-maker must be an individual or
 157.24 a community or institutional multidisciplinary panel designated by the local mental health
 157.25 authority. In appointing a substitute decision-maker, the court shall give preference to a
 157.26 guardian ~~or conservator~~, proxy, or health care agent with authority to make health care
 157.27 decisions for the patient. The court may provide for the payment of a reasonable fee to the
 157.28 substitute decision-maker for services under this section or may appoint a volunteer.

157.29 (b) If the ~~person's treating physician~~ patient's treating medical practitioner recommends
 157.30 treatment with neuroleptic medication, the substitute decision-maker may give or withhold
 157.31 consent to the administration of the medication, based on the standards under subdivision
 157.32 7. If the substitute decision-maker gives informed consent to the treatment and the ~~person~~
 157.33 patient does not refuse, the substitute decision-maker shall provide written consent to the
 157.34 treating ~~physician~~ medical practitioner and the medication may be administered. The

158.1 substitute decision-maker shall also notify the court that consent has been given. If the
158.2 substitute decision-maker refuses or withdraws consent or the ~~person~~ patient refuses the
158.3 medication, neuroleptic medication ~~may~~ must not be administered to the ~~person~~ without
158.4 patient except with a court order or in an emergency.

158.5 (c) A substitute decision-maker appointed under this section has access to the relevant
158.6 sections of the patient's health records on the past or present administration of medication.
158.7 The designated agency or a person involved in the patient's physical or mental health care
158.8 may disclose information to the substitute decision-maker for the sole purpose of performing
158.9 the responsibilities under this section. The substitute decision-maker may not disclose health
158.10 records obtained under this paragraph except to the extent necessary to carry out the duties
158.11 under this section.

158.12 (d) At a hearing under section 253B.08, the petitioner has the burden of proving incapacity
158.13 by a preponderance of the evidence. If a substitute decision-maker has been appointed by
158.14 the court, the court shall make findings regarding the patient's capacity to make decisions
158.15 regarding the administration of neuroleptic medications and affirm or reverse its appointment
158.16 of a substitute decision-maker. If the court affirms the appointment of the substitute
158.17 decision-maker, and if the substitute decision-maker has consented to the administration of
158.18 the medication and the patient has not refused, the court shall make findings that the substitute
158.19 decision-maker has consented and the treatment is authorized. If a substitute decision-maker
158.20 has not yet been appointed, upon request the court shall make findings regarding the patient's
158.21 capacity and appoint a substitute decision-maker if appropriate.

158.22 (e) If an order for civil commitment ~~or early intervention~~ did not provide for the
158.23 appointment of a substitute decision-maker or for the administration of neuroleptic
158.24 medication, ~~the~~ a treatment facility, state-operated treatment program, or community-based
158.25 treatment program may later request the appointment of a substitute decision-maker upon
158.26 a showing that administration of neuroleptic medications is recommended and that the
158.27 ~~person~~ patient lacks capacity to make decisions regarding the administration of neuroleptic
158.28 medications. A hearing is not required in order to administer the neuroleptic medication
158.29 unless requested under subdivision 10 or if the substitute decision-maker withholds or
158.30 refuses consent or the ~~person~~ patient refuses the medication.

158.31 (f) The substitute decision-maker's authority to consent to treatment lasts for the duration
158.32 of the court's order of appointment or until modified by the court.

158.33 ~~If the substitute decision-maker withdraws consent or the patient refuses consent,~~
158.34 ~~neuroleptic medication may not be administered without a court order.~~

159.1 (g) If there is no hearing after the preliminary hearing, then the court shall, upon the
159.2 request of any interested party, review the reasonableness of the substitute decision-maker's
159.3 decision based on the standards under subdivision 7. The court shall enter an order upholding
159.4 or reversing the decision within seven days.

159.5 Subd. 7. **When person patient lacks capacity to make decisions about medication.** (a)
159.6 When a person patient lacks capacity to make decisions regarding the administration of
159.7 neuroleptic medication, the substitute decision-maker or the court shall use the standards
159.8 in this subdivision in making a decision regarding administration of the medication.

159.9 (b) If the person patient clearly stated what the person patient would choose to do in this
159.10 situation when the person patient had the capacity to make a reasoned decision, the person's
159.11 patient's wishes must be followed. Evidence of the person's patient's wishes may include
159.12 written instruments, including a durable power of attorney for health care under chapter
159.13 145C or a declaration under section 253B.03, subdivision 6d.

159.14 (c) If evidence of the person's patient's wishes regarding the administration of neuroleptic
159.15 medications is conflicting or lacking, the decision must be based on what a reasonable
159.16 person would do, taking into consideration:

159.17 (1) the person's patient's family, community, moral, religious, and social values;

159.18 (2) the medical risks, benefits, and alternatives to the proposed treatment;

159.19 (3) past efficacy and any extenuating circumstances of past use of neuroleptic
159.20 medications; and

159.21 (4) any other relevant factors.

159.22 Subd. 8. **Procedure when patient refuses neuroleptic medication.** (a) If the substitute
159.23 decision-maker or the patient refuses to consent to treatment with neuroleptic medications,
159.24 and absent an emergency as set forth in subdivision 3, neuroleptic medications may not be
159.25 administered without a court order. Upon receiving a written request for a hearing, the court
159.26 shall schedule the hearing within 14 days of the request. The matter may be heard as part
159.27 of any other district court proceeding under this chapter. By agreement of the parties or for
159.28 good cause shown, the court may extend the time of hearing an additional 30 days.

159.29 (b) The patient must be examined by a court examiner prior to the hearing. If the patient
159.30 refuses to participate in an examination, the court examiner may rely on the patient's medical
159.31 records to reach an opinion as to the appropriateness of neuroleptic medication. The patient
159.32 is entitled to counsel and a second court examiner, if requested by the patient or patient's
159.33 counsel.

160.1 (c) The court may base its decision on relevant and admissible evidence, including the
160.2 testimony of a treating ~~physician~~ medical practitioner or other qualified physician, a member
160.3 of the patient's treatment team, a ~~court-appointed~~ court examiner, witness testimony, or the
160.4 patient's medical records.

160.5 (d) If the court finds that the patient has the capacity to decide whether to take neuroleptic
160.6 medication or that the patient lacks capacity to decide and the standards for making a decision
160.7 to administer the medications under subdivision 7 are not met, the ~~treating~~ treatment facility,
160.8 state-operated treatment program, or community-based treatment program may not administer
160.9 medication without the patient's informed written consent or without the declaration of an
160.10 emergency, or until further review by the court.

160.11 (e) If the court finds that the patient lacks capacity to decide whether to take neuroleptic
160.12 medication and has applied the standards set forth in subdivision 7, the court may authorize
160.13 the ~~treating~~ treatment facility, state-operated treatment program, or community-based
160.14 treatment program and any other ~~community or treatment~~ facility or program to which the
160.15 patient may be transferred or provisionally discharged, to involuntarily administer the
160.16 medication to the patient. A copy of the order must be given to the patient, the patient's
160.17 attorney, the county attorney, and the treatment facility, state-operated treatment program,
160.18 or community-based treatment program. The treatment facility, state-operated treatment
160.19 program, or community-based treatment program may not begin administration of the
160.20 neuroleptic medication until it notifies the patient of the court's order authorizing the
160.21 treatment.

160.22 (f) A finding of lack of capacity under this section must not be construed to determine
160.23 the patient's competence for any other purpose.

160.24 (g) The court may authorize the administration of neuroleptic medication until the
160.25 termination of a determinate commitment. If the patient is committed for an indeterminate
160.26 period, the court may authorize treatment of neuroleptic medication for not more than two
160.27 years, subject to the patient's right to petition the court for review of the order. The treatment
160.28 facility, state-operated treatment program, or community-based treatment program must
160.29 submit annual reports to the court, which shall provide copies to the patient and the respective
160.30 attorneys.

160.31 (h) The court may limit the maximum dosage of neuroleptic medication that may be
160.32 administered.

160.33 (i) If physical force is required to administer the neuroleptic medication, the facility or
160.34 program may only use injectable medications. If physical force is needed to administer the

161.1 medication, medication may only take place be administered in a treatment facility or
 161.2 therapeutic setting where the person's condition can be reassessed and appropriate medical
 161.3 staff personnel qualified to administer medication are available, including in the community,
 161.4 a county jail, or a correctional facility. The facility or program may not use a nasogastric
 161.5 tube to administer neuroleptic medication involuntarily.

161.6 Subd. 9. **Immunity.** A substitute decision-maker who consents to treatment is not civilly
 161.7 or criminally liable for the performance of or the manner of performing the treatment. A
 161.8 person is not liable for performing treatment without consent if the substitute decision-maker
 161.9 has given written consent. This provision does not affect any other liability that may result
 161.10 from the manner in which the treatment is performed.

161.11 Subd. 10. **Review.** A patient or other person may petition the court under section 253B.17
 161.12 for review of any determination under this section or for a decision regarding the
 161.13 administration of neuroleptic medications, appointment of a substitute decision-maker, or
 161.14 the patient's capacity to make decisions regarding administration of neuroleptic medications.

161.15 Sec. 54. Minnesota Statutes 2018, section 253B.0921, is amended to read:

161.16 **253B.0921 ACCESS TO MEDICAL RECORDS.**

161.17 A treating ~~physician~~ medical practitioner who makes medical decisions regarding the
 161.18 prescription and administration of medication for treatment of a mental illness has access
 161.19 to the relevant sections of a patient's health records on past administration of medication at
 161.20 any ~~treatment~~ facility, program, or treatment provider, if the patient lacks the capacity to
 161.21 authorize the release of records. Upon request of a treating ~~physician~~ medical practitioner
 161.22 under this section, a ~~treatment~~ facility, program, or treatment provider shall supply complete
 161.23 information relating to the past records on administration of medication of a patient subject
 161.24 to this chapter. A patient who has the capacity to authorize the release of data retains the
 161.25 right to make decisions regarding access to medical records as provided by sections 144.291
 161.26 to 144.298.

161.27 Sec. 55. Minnesota Statutes 2018, section 253B.095, subdivision 3, is amended to read:

161.28 Subd. 3. **Duration.** The maximum duration of a stayed order under this section is six
 161.29 months. The court may continue the order for a maximum of an additional 12 months if,
 161.30 after notice and hearing, under sections 253B.08 and 253B.09 the court finds that (1) the
 161.31 person continues to ~~be mentally ill, chemically dependent, or developmentally disabled,~~
 161.32 have a mental illness, developmental disability, or chemical dependency, and (2) an order
 161.33 is needed ~~to protect the patient or others~~ because the person is likely to attempt to physically

162.1 harm self or others or fail to obtain necessary food, clothing, shelter, or medical care unless
162.2 the person is under the supervision of a stayed commitment.

162.3 Sec. 56. Minnesota Statutes 2018, section 253B.097, subdivision 1, is amended to read:

162.4 Subdivision 1. **Findings.** In addition to the findings required under section 253B.09,
162.5 subdivision 2, an order committing a person to a community-based treatment program must
162.6 include:

162.7 (1) a written plan for services to the patient;

162.8 (2) a finding that the proposed treatment is available and accessible to the patient and
162.9 that public or private financial resources are available to pay for the proposed treatment;

162.10 (3) conditions the patient must meet in order to obtain an early release from commitment
162.11 or to avoid a hearing for further commitment; and

162.12 (4) consequences of the patient's failure to follow the commitment order. Consequences
162.13 may include commitment to another setting for treatment.

162.14 Sec. 57. Minnesota Statutes 2018, section 253B.097, subdivision 2, is amended to read:

162.15 Subd. 2. **Case manager.** When a court commits a patient with mental illness to a
162.16 community-based treatment program, the court shall appoint a case manager from the county
162.17 agency or other entity under contract with the county agency to provide case management
162.18 services.

162.19 Sec. 58. Minnesota Statutes 2018, section 253B.097, subdivision 3, is amended to read:

162.20 Subd. 3. **Reports.** The case manager shall report to the court at least once every 90 days.
162.21 The case manager shall immediately report to the court a substantial failure of the patient
162.22 or provider to comply with the conditions of the commitment.

162.23 Sec. 59. Minnesota Statutes 2018, section 253B.097, subdivision 6, is amended to read:

162.24 Subd. 6. **Immunity from liability.** No treatment facility, community-based treatment
162.25 program, or person is financially liable, personally or otherwise, for the patient's actions ~~of~~
162.26 ~~the patient~~ if the facility or person follows accepted community standards of professional
162.27 practice in the management, supervision, and treatment of the patient. For purposes of this
162.28 subdivision, "person" means official, staff, employee of the treatment facility,
162.29 community-based treatment program, physician, or other individual who is responsible for

163.1 ~~the a patient's~~ management, supervision, or treatment ~~of a patient's community-based~~
 163.2 ~~treatment~~ under this section.

163.3 Sec. 60. Minnesota Statutes 2018, section 253B.10, is amended to read:

163.4 **253B.10 PROCEDURES UPON COMMITMENT.**

163.5 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
 163.6 court shall issue a warrant or an order committing the patient to the custody of the head of
 163.7 the treatment facility, state-operated treatment program, or community-based treatment
 163.8 program. The warrant or order shall state that the patient meets the statutory criteria for
 163.9 civil commitment.

163.10 (b) The commissioner shall prioritize patients being admitted from jail or a correctional
 163.11 institution who are:

163.12 (1) ordered confined in a ~~state hospital~~ state-operated treatment program for an
 163.13 examination under Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4,
 163.14 paragraph (a), and 20.02, subdivision 2;

163.15 (2) under civil commitment for competency treatment and continuing supervision under
 163.16 Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;

163.17 (3) found not guilty by reason of mental illness under Minnesota Rules of Criminal
 163.18 Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be
 163.19 detained in a ~~state hospital or other facility~~ state-operated treatment program pending
 163.20 completion of the civil commitment proceedings; or

163.21 (4) committed under this chapter to the commissioner after dismissal of the patient's
 163.22 criminal charges.

163.23 Patients described in this paragraph must be admitted to a ~~service operated by the~~
 163.24 ~~commissioner~~ state-operated treatment program within 48 hours. The commitment must be
 163.25 ordered by the court as provided in section 253B.09, subdivision 1, paragraph ~~(e)~~ (d).

163.26 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
 163.27 treatment program, or community-based treatment program, the head of the facility or
 163.28 program shall retain the duplicate of the warrant and endorse receipt upon the original
 163.29 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
 163.30 be filed in the court of commitment. After arrival, the patient shall be under the control and
 163.31 custody of the head of the ~~treatment~~ facility or program.

164.1 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
 164.2 of law, the court order committing the patient, the report of the court examiners, and the
 164.3 prepetition report, and any medical and behavioral information available shall be provided
 164.4 at the time of admission of a patient to the designated treatment facility or program to which
 164.5 the patient is committed. This information shall also be provided by the head of the treatment
 164.6 facility to treatment facility staff in a consistent and timely manner and pursuant to all
 164.7 applicable laws. Upon a patient's referral to the commissioner of human services for
 164.8 admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility,
 164.9 jail, or correctional facility that has provided care or supervision to the patient in the previous
 164.10 two years shall, when requested by the treatment facility or commissioner, provide copies
 164.11 of the patient's medical and behavioral records to the Department of Human Services for
 164.12 purposes of preadmission planning. This information shall be provided by the head of the
 164.13 treatment facility to treatment facility staff in a consistent and timely manner and pursuant
 164.14 to all applicable laws.

164.15 Subd. 2. **Transportation.** (a) When a patient is about to be placed in a treatment facility,
 164.16 state-operated treatment program, or community-based treatment program, the court may
 164.17 order the designated agency, the treatment facility, state-operated treatment program, or
 164.18 community-based treatment program, or any responsible adult to transport the patient ~~to~~
 164.19 the treatment facility. A protected transport provider may transport the patient according to
 164.20 section 256B.0625, subdivision 17. Whenever possible, a peace officer who provides the
 164.21 transportation shall not be in uniform and shall not use a vehicle visibly marked as a ~~police~~
 164.22 law enforcement vehicle. The proposed patient may be accompanied by one or more
 164.23 interested persons.

164.24 (b) When a patient who is at a ~~regional~~ state-operated treatment center program requests
 164.25 a hearing for adjudication of a patient's status pursuant to section 253B.17, the commissioner
 164.26 shall provide transportation.

164.27 Subd. 3. **Notice of admission.** Whenever a committed person has been admitted to a
 164.28 treatment facility, state-operated treatment program, or community-based treatment program
 164.29 under the provisions of section 253B.09 or 253B.18, the head of the ~~treatment facility~~ or
 164.30 program shall immediately notify the patient's spouse, health care agent, or parent and the
 164.31 county of financial responsibility if the county may be liable for a portion of the cost of
 164.32 treatment. If the committed person was admitted upon the petition of a spouse, health care
 164.33 agent, or parent, the head of the treatment facility, state-operated treatment program, or
 164.34 community-based treatment program shall notify an interested person other than the
 164.35 petitioner.

165.1 Subd. 3a. **Interim custody and treatment of committed person.** When the patient is
 165.2 present in a treatment facility or state-operated treatment program at the time of the court's
 165.3 commitment order, unless the court orders otherwise, the commitment order constitutes
 165.4 authority for that facility or program to confine and provide treatment to the patient until
 165.5 the patient is transferred to the facility or program to which the patient has been committed.

165.6 **Subd. 4. Private treatment.** Patients or other responsible persons are required to pay
 165.7 the necessary charges for patients committed or transferred to ~~private~~ treatment facilities
 165.8 or community-based treatment programs. ~~Private~~ Treatment facilities or community-based
 165.9 treatment programs may not refuse to accept a committed person solely based on the person's
 165.10 court-ordered status. Insurers must provide treatment and services as ordered by the court
 165.11 under section 253B.045, subdivision 6, or as required under chapter 62M.

165.12 **Subd. 5. Transfer to voluntary status.** At any time prior to the expiration of the initial
 165.13 commitment period, a patient who has not been committed as ~~mentally ill~~ a person who has
 165.14 a mental illness and is dangerous to the public or ~~as~~ a sexually dangerous person or ~~as~~ a
 165.15 sexual psychopathic personality may be transferred to voluntary status upon the patient's
 165.16 application in writing with the consent of the head of the facility or program to which the
 165.17 person is committed. Upon transfer, the head of the treatment facility, state-operated treatment
 165.18 program, or community-based treatment program shall immediately notify the court in
 165.19 writing and the court shall terminate the proceedings.

165.20 Sec. 61. Minnesota Statutes 2018, section 253B.12, subdivision 1, is amended to read:

165.21 **Subdivision 1. Reports.** (a) If a patient who was committed as a person ~~who is mentally~~
 165.22 ~~ill, developmentally disabled, or chemically dependent~~ who poses a risk of harm due to a
 165.23 mental illness, or as a person who has a developmental disability or chemical dependency,
 165.24 is discharged from commitment within the first 60 days after the date of the initial
 165.25 commitment order, the head of the treatment facility, state-operated treatment program, or
 165.26 community-based treatment program shall file a written report with the committing court
 165.27 describing the patient's need for further treatment. A copy of the report must be provided
 165.28 to the county attorney, the patient, and the patient's counsel.

165.29 (b) If a patient who was committed as a person ~~who is mentally ill, developmentally~~
 165.30 ~~disabled, or chemically dependent~~ who poses a risk of harm due to a mental illness, or as a
 165.31 person who has a developmental disability or chemical dependency, remains in treatment
 165.32 more than 60 days after the date of the commitment, then at least 60 days, but not more than
 165.33 90 days, after the date of the order, the head of the facility or program that has custody of
 165.34 the patient shall file a written report with the committing court and provide a copy to the

166.1 county attorney, the patient, and the patient's counsel. The report must set forth in detailed
 166.2 narrative form at least the following:

166.3 (1) the diagnosis of the patient with the supporting data;

166.4 (2) the anticipated discharge date;

166.5 (3) an individualized treatment plan;

166.6 (4) a detailed description of the discharge planning process with suggested after care
 166.7 plan;

166.8 (5) whether the patient is in need of further care and treatment, the treatment facility
 166.9 ~~which~~, state-operated treatment program, or community-based treatment program that is
 166.10 needed, and evidence to support the response;

166.11 (6) whether the patient satisfies the statutory requirement for continued commitment to
 166.12 ~~a treatment facility~~, with documentation to support the opinion; ~~and~~

166.13 (7) a statement from the patient related to accepting treatment, if possible; and

166.14 ~~(7)~~ (8) whether the administration of neuroleptic medication is clinically indicated,
 166.15 whether the patient is able to give informed consent to that medication, and the basis for
 166.16 these opinions.

166.17 (c) Prior to the termination of the initial commitment order or final discharge of the
 166.18 patient, the head of the ~~treatment facility~~ or program that has custody or care of the patient
 166.19 shall file a written report with the committing court with a copy to the county attorney, the
 166.20 patient, and the patient's counsel that sets forth the information required in paragraph (b).

166.21 (d) If the patient has been provisionally discharged from a ~~treatment facility~~ or program,
 166.22 the report shall be filed by the designated agency, which may submit the discharge report
 166.23 as part of its report.

166.24 (e) ~~If no written report is filed within the required time, or~~ If a report describes the patient
 166.25 as not in need of further ~~institutional care and~~ court-ordered treatment, the proceedings must
 166.26 be terminated by the committing court and the patient discharged from the treatment facility,
 166.27 state-operated treatment program, or community-based treatment program, unless the patient
 166.28 chooses to voluntarily receive services.

166.29 (f) If no written report is filed within the required time, the court must notify the county,
 166.30 facility or program to which the person is committed, and designated agency and require a
 166.31 report be filed within five business days. If a report is not filed within five business days a
 166.32 hearing must be held within three business days.

167.1 Sec. 62. Minnesota Statutes 2018, section 253B.12, subdivision 3, is amended to read:

167.2 Subd. 3. **Examination.** Prior to the review hearing, the court shall inform the patient of
 167.3 the right to an independent examination by ~~an~~ a court examiner chosen by the patient and
 167.4 appointed in accordance with provisions of section 253B.07, subdivision 3. The report of
 167.5 the court examiner may be submitted at the hearing.

167.6 Sec. 63. Minnesota Statutes 2018, section 253B.12, subdivision 4, is amended to read:

167.7 Subd. 4. **Hearing; standard of proof.** (a) The committing court shall not make a final
 167.8 determination of the need to continue commitment unless the court finds by clear and
 167.9 convincing evidence that (1) the ~~person~~ patient continues to ~~be mentally ill, developmentally~~
 167.10 ~~disabled, or chemically dependent~~ have a mental illness, developmental disability, or chemical
 167.11 dependency; (2) involuntary commitment is necessary for the protection of the patient or
 167.12 others; and (3) there is no alternative to involuntary commitment.

167.13 (b) In determining whether a ~~person~~ patient continues to ~~be mentally ill, chemically~~
 167.14 ~~dependent, or developmentally disabled,~~ require commitment due to mental illness,
 167.15 developmental disability, or chemical dependency, the court need not find that there has
 167.16 been a recent attempt or threat to physically harm self or others, or a recent failure to provide
 167.17 necessary ~~personal~~ food, clothing, shelter, or medical care. Instead, the court must find that
 167.18 the patient is likely to attempt to physically harm self or others, or to fail to ~~provide~~ obtain
 167.19 necessary ~~personal~~ food, clothing, shelter, or medical care unless involuntary commitment
 167.20 is continued.

167.21 Sec. 64. Minnesota Statutes 2018, section 253B.12, subdivision 7, is amended to read:

167.22 Subd. 7. **Record required.** Where continued commitment is ordered, the findings of
 167.23 fact and conclusions of law shall specifically state the conduct of the proposed patient which
 167.24 is the basis for the final determination, that the statutory criteria of commitment continue
 167.25 to be met, and that less restrictive alternatives have been considered and rejected by the
 167.26 court. Reasons for rejecting each alternative shall be stated. A copy of the final order for
 167.27 continued commitment shall be forwarded to the head of the ~~treatment~~ facility or program
 167.28 to which the person is committed and, if the patient has been provisionally discharged, to
 167.29 the designated agency responsible for monitoring the provisional discharge.

167.30 Sec. 65. Minnesota Statutes 2018, section 253B.13, subdivision 1, is amended to read:

167.31 Subdivision 1. ~~Mentally ill or chemically dependent~~ Persons with mental illness or
 167.32 chemical dependency. (a) If at the conclusion of a review hearing the court finds that the

168.1 person continues to ~~be mentally ill or chemically dependent~~ have mental illness or chemical
 168.2 dependency and ~~in~~ need of treatment or supervision, the court shall determine the length of
 168.3 continued commitment. No period of commitment shall exceed this length of time or 12
 168.4 months, whichever is less.

168.5 (b) At the conclusion of the prescribed period under paragraph (a), commitment may
 168.6 not be continued unless a new petition is filed pursuant to section 253B.07 and hearing and
 168.7 determination made on it. If the petition was filed before the end of the previous commitment
 168.8 and, for good cause shown, the court has not completed the hearing and the determination
 168.9 by the end of the commitment period, the court may for good cause extend the previous
 168.10 commitment for up to 14 days to allow the completion of the hearing and the issuance of
 168.11 the determination. The standard of proof for the new petition is the standard specified in
 168.12 section 253B.12, subdivision 4. Notwithstanding the provisions of section 253B.09,
 168.13 subdivision 5, the initial commitment period under the new petition shall be the probable
 168.14 length of commitment necessary or 12 months, whichever is less. The standard of proof at
 168.15 the hearing on the new petition shall be the standard specified in section 253B.12, subdivision
 168.16 4.

168.17 Sec. 66. Minnesota Statutes 2018, section 253B.14, is amended to read:

168.18 **253B.14 TRANSFER OF COMMITTED PERSONS.**

168.19 The commissioner may transfer any committed person, other than a person committed
 168.20 as ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public, ~~or as~~
 168.21 a sexually dangerous person or as a sexual psychopathic personality, from one ~~regional~~
 168.22 state-operated treatment center program to any other state-operated treatment facility under
 168.23 ~~the commissioner's jurisdiction which is~~ program capable of providing proper care and
 168.24 treatment. When a committed person is transferred from one state-operated treatment facility
 168.25 program to another, written notice shall be given to the committing court, the county attorney,
 168.26 the patient's counsel, and to the person's parent, health care agent, or spouse or, if none is
 168.27 known, to an interested person, and the designated agency.

168.28 Sec. 67. Minnesota Statutes 2018, section 253B.141, is amended to read:

168.29 **253B.141 AUTHORITY TO DETAIN AND TRANSPORT A MISSING PATIENT.**

168.30 Subdivision 1. **Report of absence.** (a) If a patient committed under this chapter or
 168.31 detained in a treatment facility or state-operated treatment program under a judicial hold is
 168.32 absent without authorization, and either: (1) does not return voluntarily within 72 hours of
 168.33 the time the unauthorized absence began; or (2) is considered by the head of the ~~treatment~~

169.1 facility or program to be a danger to self or others, then the head of the ~~treatment~~ facility
169.2 or program shall report the absence to the local law enforcement agency. The head of the
169.3 ~~treatment~~ facility or program shall also notify the committing court that the patient is absent
169.4 and that the absence has been reported to the local law enforcement agency. The committing
169.5 court may issue an order directing the law enforcement agency to transport the patient to
169.6 an appropriate treatment facility, state-operated treatment program, or community-based
169.7 treatment program.

169.8 (b) Upon receiving a report that a patient subject to this section is absent without
169.9 authorization, the local law enforcement agency shall enter information on the patient into
169.10 the missing persons file of the National Crime Information Center computer according to
169.11 the missing persons practices.

169.12 Subd. 2. **Apprehension; return to facility or program.** (a) Upon receiving the report
169.13 of absence from the head of the treatment facility, state-operated treatment program, or
169.14 community-based treatment program or the committing court, a patient may be apprehended
169.15 and held by a peace officer in any jurisdiction pending return to the facility or program from
169.16 which the patient is absent without authorization. A patient may also be returned to any
169.17 ~~facility operated by the commissioner~~ state-operated treatment program or any other treatment
169.18 facility or community-based treatment program willing to accept the person. A person who
169.19 ~~is mentally ill~~ has a mental illness and is dangerous to the public and detained under this
169.20 subdivision may be held in a jail or lockup only if:

169.21 (1) there is no other feasible place of detention for the patient;

169.22 (2) the detention is for less than 24 hours; and

169.23 (3) there are protections in place, including segregation of the patient, to ensure the
169.24 safety of the patient.

169.25 (b) If a patient is detained under this subdivision, the head of the ~~treatment~~ facility or
169.26 program from which the patient is absent shall arrange to pick up the patient within 24 hours
169.27 of the time detention was begun and shall be responsible for securing transportation for the
169.28 patient to the facility or program. The expense of detaining and transporting a patient shall
169.29 be the responsibility of the ~~treatment~~ facility or program from which the patient is absent.
169.30 The expense of detaining and transporting a patient to a state-operated treatment facility
169.31 ~~operated by the Department of Human Services~~ program shall be paid by the commissioner
169.32 unless paid by the patient or persons on behalf of the patient.

169.33 Subd. 3. **Notice of apprehension.** Immediately after an absent patient is located, the
169.34 head of the ~~treatment~~ facility or program from which the patient is absent, or the law

170.1 enforcement agency that located or returned the absent patient, shall notify the law
 170.2 enforcement agency that first received the absent patient report under this section and that
 170.3 agency shall cancel the missing persons entry from the National Crime Information Center
 170.4 computer.

170.5 Sec. 68. Minnesota Statutes 2018, section 253B.15, subdivision 1, is amended to read:

170.6 Subdivision 1. **Provisional discharge.** (a) The head of the treatment facility,
 170.7 state-operated treatment program, or community-based treatment program may provisionally
 170.8 discharge any patient without discharging the commitment, unless the patient was found
 170.9 by the committing court to be a person who ~~is mentally ill and~~ has a mental illness and is
 170.10 dangerous to the public, or a sexually dangerous person, or a sexual psychopathic personality.

170.11 (b) When a patient committed to the commissioner becomes ready for provisional
 170.12 discharge before being placed in a state-operated treatment program, the head of the treatment
 170.13 facility or community-based treatment program where the patient is placed pending transfer
 170.14 to the commissioner may provisionally discharge the patient pursuant to this subdivision.

170.15 (c) Each patient released on provisional discharge shall have a written ~~aftercare~~
 170.16 provisional discharge plan developed with input from the patient and the designated agency
 170.17 which specifies the services and treatment to be provided as part of the ~~aftercare~~ provisional
 170.18 discharge plan, the financial resources available to pay for the services specified, the expected
 170.19 period of provisional discharge, the precise goals for the granting of a final discharge, and
 170.20 conditions or restrictions on the patient during the period of the provisional discharge. The
 170.21 ~~aftercare~~ provisional discharge plan shall be provided to the patient, the patient's attorney,
 170.22 and the designated agency.

170.23 (d) The ~~aftercare~~ provisional discharge plan shall be reviewed on a quarterly basis by
 170.24 the patient, designated agency and other appropriate persons. The ~~aftercare~~ provisional
 170.25 discharge plan shall contain the grounds upon which a provisional discharge may be revoked.
 170.26 The provisional discharge shall terminate on the date specified in the plan unless specific
 170.27 action is taken to revoke or extend it.

170.28 Sec. 69. Minnesota Statutes 2018, section 253B.15, subdivision 1a, is amended to read:

170.29 Subd. 1a. **Representative of designated agency.** Before a provisional discharge is
 170.30 granted, a representative of the designated agency must be identified to ensure continuity
 170.31 of care by being involved with the treatment facility, state-operated treatment program, or
 170.32 community-based treatment program and the patient prior to the provisional discharge. The
 170.33 representative of the designated agency shall coordinate plans for and monitor the patient's

171.1 aftercare program. When the patient is on a provisional discharge, the representative of the
171.2 designated agency shall provide the treatment report to the court required under section
171.3 253B.12, subdivision 1.

171.4 Sec. 70. Minnesota Statutes 2018, section 253B.15, subdivision 2, is amended to read:

171.5 Subd. 2. **Revocation of provisional discharge.** (a) The designated agency may ~~revoke~~
171.6 initiate with the court a revocation of a provisional discharge if revocation is the least
171.7 restrictive alternative and either:

171.8 (1) the patient has violated material conditions of the provisional discharge, and the
171.9 violation creates the need to return the patient to a more restrictive setting or more intensive
171.10 community services; or

171.11 (2) there exists a serious likelihood that the safety of the patient or others will be
171.12 jeopardized, in that either the patient's need for food, clothing, shelter, or medical care are
171.13 not being met, or will not be met in the near future, or the patient has attempted or threatened
171.14 to seriously physically harm self or others; ~~and.~~

171.15 ~~(3) revocation is the least restrictive alternative available.~~

171.16 (b) Any interested person may request that the designated agency revoke the patient's
171.17 provisional discharge. Any person making a request shall provide the designated agency
171.18 with a written report setting forth the specific facts, including witnesses, dates and locations,
171.19 supporting a revocation, demonstrating that every effort has been made to avoid revocation
171.20 and that revocation is the least restrictive alternative available.

171.21 Sec. 71. Minnesota Statutes 2018, section 253B.15, subdivision 3, is amended to read:

171.22 Subd. 3. **Procedure; notice.** Revocation shall be commenced by the designated agency's
171.23 written notice of intent to revoke provisional discharge given or sent to the patient, the
171.24 patient's attorney, ~~and the treatment facility~~ or program from which the patient was
171.25 provisionally discharged, and the current community services provider. The notice shall set
171.26 forth the grounds upon which the intention to revoke is based, and shall inform the patient
171.27 of the rights of a patient under this chapter.

171.28 Sec. 72. Minnesota Statutes 2018, section 253B.15, subdivision 3a, is amended to read:

171.29 Subd. 3a. **Report to the court.** Within 48 hours, excluding weekends and legal holidays,
171.30 of giving notice to the patient, the designated agency shall file with the court a copy of the
171.31 notice and a report setting forth the specific facts, including witnesses, dates and locations,

172.1 which (1) support revocation, (2) demonstrate that revocation is the least restrictive alternative
172.2 available, and (3) show that specific efforts were made to avoid revocation. The designated
172.3 agency shall provide copies of the report to the patient, the patient's attorney, the county
172.4 attorney, and the treatment facility or program from which the patient was provisionally
172.5 discharged within 48 hours of giving notice to the patient under subdivision 3.

172.6 Sec. 73. Minnesota Statutes 2018, section 253B.15, subdivision 3b, is amended to read:

172.7 Subd. 3b. **Review.** The patient or patient's attorney may request judicial review of the
172.8 intended revocation by filing a petition for review and an affidavit with the committing
172.9 court. The affidavit shall state specific grounds for opposing the revocation. If the patient
172.10 does not file a petition for review within five days of receiving the notice under subdivision
172.11 3, revocation of the provisional discharge is final and the court, without hearing, may order
172.12 the patient into a ~~treatment~~ facility or program from which the patient was provisionally
172.13 discharged, another treatment facility, state-operated treatment program, or community-based
172.14 treatment program that consents to receive the patient, or more intensive community
172.15 treatment. If the patient files a petition for review, the court shall review the petition and
172.16 determine whether a genuine issue exists as to the propriety of the revocation. The burden
172.17 of proof is on the designated agency to show that no genuine issue exists as to the propriety
172.18 of the revocation. If the court finds that no genuine issue exists as to the propriety of the
172.19 revocation, the revocation of the provisional discharge is final.

172.20 Sec. 74. Minnesota Statutes 2018, section 253B.15, subdivision 3c, is amended to read:

172.21 Subd. 3c. **Hearing.** (a) If the court finds under subdivision 3b that a genuine issue exists
172.22 as to the propriety of the revocation, the court shall hold a hearing on the petition within
172.23 three days after the patient files the petition. The court may continue the review hearing for
172.24 an additional five days upon any party's showing of good cause. At the hearing, the burden
172.25 of proof is on the designated agency to show a factual basis for the revocation. At the
172.26 conclusion of the hearing, the court shall make specific findings of fact. The court shall
172.27 affirm the revocation if it finds:

172.28 (1) a factual basis for revocation due to:

172.29 (i) a violation of the material conditions of the provisional discharge that creates a need
172.30 for the patient to return to a more restrictive setting or more intensive community services;
172.31 or

172.32 (ii) a probable danger of harm to the patient or others if the provisional discharge is not
172.33 revoked; and

173.1 (2) that revocation is the least restrictive alternative available.

173.2 (b) If the court does not affirm the revocation, the court shall order the patient returned
173.3 to provisional discharge status.

173.4 Sec. 75. Minnesota Statutes 2018, section 253B.15, subdivision 5, is amended to read:

173.5 Subd. 5. **Return to facility.** When the designated agency gives or sends notice of the
173.6 intent to revoke a patient's provisional discharge, it may also apply to the committing court
173.7 for an order directing that the patient be returned to a the facility or program from which
173.8 the patient was provisionally discharged or another treatment facility, state-operated treatment
173.9 program, or community-based treatment program that consents to receive the patient. The
173.10 court may order the patient returned to a facility or program prior to a review hearing only
173.11 upon finding that immediate return ~~to a facility~~ is necessary because there is a serious
173.12 likelihood that the safety of the patient or others will be jeopardized, in that (1) the patient's
173.13 need for food, clothing, shelter, or medical care is not being met, or will not be met in the
173.14 near future, or (2) the patient has attempted or threatened to seriously harm self or others.
173.15 If a voluntary return is not arranged, the head of the treatment facility, state-operated
173.16 treatment program, or community-based treatment program may request a health officer or
173.17 a peace officer to return the patient to the ~~treatment~~ facility or program from which the
173.18 patient was released or to any other treatment facility ~~which,~~ state-operated treatment
173.19 program, or community-based treatment program that consents to receive the patient. If
173.20 necessary, the head of the treatment facility, state-operated treatment program, or
173.21 community-based treatment program may request the committing court to direct a health
173.22 officer or peace officer in the county where the patient is located to return the patient to the
173.23 ~~treatment~~ facility or program or to another treatment facility ~~which,~~ state-operated treatment
173.24 program, or community-based treatment program that consents to receive the patient. The
173.25 expense of returning the patient to a ~~regional~~ state-operated treatment ~~center~~ program shall
173.26 be paid by the commissioner unless paid by the patient or the patient's relatives. If the court
173.27 orders the patient to return to the ~~treatment~~ facility or program, or if a health officer or peace
173.28 officer returns the patient to the ~~treatment~~ facility or program, and the patient wants judicial
173.29 review of the revocation, the patient or the patient's attorney must file the petition for review
173.30 and affidavit required under subdivision 3b within 14 days of receipt of the notice of the
173.31 intent to revoke.

174.1 Sec. 76. Minnesota Statutes 2018, section 253B.15, subdivision 7, is amended to read:

174.2 Subd. 7. **Modification and extension of provisional discharge.** (a) A provisional
174.3 discharge may be modified upon agreement of the parties.

174.4 (b) A provisional discharge may be extended only in those circumstances where the
174.5 patient has not achieved the goals set forth in the provisional discharge plan or continues
174.6 to need the supervision or assistance provided by an extension of the provisional discharge.
174.7 In determining whether the provisional discharge is to be extended, the ~~head of the facility~~
174.8 designated agency shall consider the willingness and ability of the patient to voluntarily
174.9 obtain needed care and treatment.

174.10 ~~(e) The designated agency shall recommend extension of a provisional discharge only~~
174.11 ~~after a preliminary conference with the patient and other appropriate persons. The patient~~
174.12 ~~shall be given the opportunity to object or make suggestions for alternatives to extension.~~

174.13 ~~(d)~~ (c) The designated agency must provide any recommendation for proposed extension
174.14 shall be made in writing to the ~~head of the facility~~ and to the patient and the patient's attorney
174.15 at least 30 days prior to the expiration of the provisional discharge unless the patient cannot
174.16 be located or is unavailable to receive the notice. The ~~written recommendation submitted~~
174.17 proposal for extension shall include: the specific grounds for ~~recommending~~ proposing the
174.18 extension, ~~the date of the preliminary conference and results,~~ the anniversary date of the
174.19 provisional discharge, the termination date of the provisional discharge, and the proposed
174.20 length of extension. If the grounds for ~~recommending~~ proposing the extension occur less
174.21 than 30 days before its expiration, the designated agency must submit the written
174.22 ~~recommendation shall occur~~ proposal for extension as soon as practicable.

174.23 ~~(e) The head of the facility~~ (d) The designated agency shall extend a provisional discharge
174.24 only after providing the patient an opportunity for a meeting to object or make suggestions
174.25 for alternatives to an extension. The designated agency shall ~~issue~~ provide a written decision
174.26 to the patient and the patient's attorney regarding extension within five days after receiving
174.27 ~~the recommendation from the designated agency~~ the patient's input or after holding a meeting
174.28 with the patient or after the patient has declined to provide input or participate in the meeting.
174.29 The designated agency may seek input from the community-based treatment team or other
174.30 persons the patient chooses.

175.1 Sec. 77. Minnesota Statutes 2018, section 253B.15, is amended by adding a subdivision
175.2 to read:

175.3 Subd. 8a. **Provisional discharge extension.** If the provisional discharge extends until
175.4 the end of the period of commitment and, before the commitment expires, the court extends
175.5 the commitment under section 253B.12 or issues a new commitment order under section
175.6 253B.13, the provisional discharge shall continue for the duration of the new or extended
175.7 period of commitment ordered unless the commitment order provides otherwise or the
175.8 designated agency revokes the patient's provisional discharge pursuant to this section. To
175.9 continue the patient's provisional discharge under this subdivision, the designated agency
175.10 is not required to comply with the procedures in subdivision 7.

175.11 Sec. 78. Minnesota Statutes 2018, section 253B.15, subdivision 9, is amended to read:

175.12 Subd. 9. **Expiration of provisional discharge.** (a) Except as otherwise provided, a
175.13 provisional discharge is absolute when it expires. If, while on provisional discharge or
175.14 extended provisional discharge, a patient is discharged as provided in section 253B.16, the
175.15 discharge shall be absolute.

175.16 (b) The designated agency shall give notice of the expiration of the provisional discharge
175.17 shall be given by the head of the treatment facility to the committing court; the petitioner,
175.18 if known; the patient's attorney; the county attorney in the county of commitment; ~~the~~
175.19 ~~commissioner;~~ and the designated agency facility or program that provisionally discharged
175.20 the patient.

175.21 Sec. 79. Minnesota Statutes 2018, section 253B.15, subdivision 10, is amended to read:

175.22 Subd. 10. **Voluntary return.** (a) With the consent of the head of the treatment facility
175.23 or state-operated treatment program, a patient may voluntarily return to inpatient status at
175.24 the treatment facility as follows:

175.25 (1) as a voluntary patient, in which case the patient's commitment is discharged;

175.26 (2) as a committed patient, in which case the patient's provisional discharge is voluntarily
175.27 revoked; or

175.28 (3) on temporary return from provisional discharge, in which case both the commitment
175.29 and the provisional discharge remain in effect.

175.30 (b) Prior to readmission, the patient shall be informed of status upon readmission.

176.1 Sec. 80. Minnesota Statutes 2018, section 253B.16, is amended to read:

176.2 **253B.16 DISCHARGE OF COMMITTED PERSONS.**

176.3 Subdivision 1. **Date.** The head of a treatment facility, state-operated treatment program,
176.4 or community-based treatment program shall discharge any patient admitted as a person
176.5 ~~who is mentally ill or chemically dependent, or a person with a~~ who poses a risk of harm
176.6 due to mental illness, or a person who has a chemical dependency or a developmental
176.7 disability ~~admitted under Minnesota Rules of Criminal Procedure, rules 20.01 and 20.02,~~
176.8 ~~to the secure bed component of the Minnesota extended treatment options~~ when the head
176.9 of the facility or program certifies that the person is no longer in need of care and treatment
176.10 under commitment or at the conclusion of any period of time specified in the commitment
176.11 order, whichever occurs first. The head of a ~~treatment~~ facility or program shall discharge
176.12 any person admitted as ~~developmentally disabled, except those admitted under Minnesota~~
176.13 ~~Rules of Criminal Procedure, rules 20.01 and 20.02, to the secure bed component of the~~
176.14 ~~Minnesota extended treatment options,~~ a person with a developmental disability when that
176.15 person's screening team has determined, under section 256B.092, subdivision 8, that the
176.16 person's needs can be met by services provided in the community and a plan has been
176.17 developed in consultation with the interdisciplinary team to place the person in the available
176.18 community services.

176.19 Subd. 2. **Notification of discharge.** Prior to the discharge or provisional discharge of
176.20 any committed ~~person~~ patient, the head of the treatment facility, state-operated treatment
176.21 program, or community-based treatment program shall notify the designated agency and
176.22 the patient's spouse or health care agent, or if there is no spouse or health care agent, then
176.23 an adult child, or if there is none, the next of kin of the patient, of the proposed discharge.
176.24 The facility or program shall send the notice ~~shall be sent to the last known address of the~~
176.25 ~~person to be notified by certified mail with return receipt. The notice~~ in writing and shall
176.26 include the following: (1) the proposed date of discharge or provisional discharge; (2) the
176.27 date, time and place of the meeting of the staff who have been treating the patient to discuss
176.28 discharge and discharge planning; (3) the fact that the patient will be present at the meeting;
176.29 and (4) the fact that the next of kin or health care agent may attend that staff meeting and
176.30 present any information relevant to the discharge of the patient. ~~The notice shall be sent at~~
176.31 ~~least one week prior to the date set for the meeting.~~

177.1 Sec. 81. Minnesota Statutes 2018, section 253B.17, is amended to read:

177.2 **253B.17 RELEASE; JUDICIAL DETERMINATION.**

177.3 Subdivision 1. **Petition.** Any patient, except one committed as a sexually dangerous
 177.4 person or a person with a sexual psychopathic personality or as a person who ~~is mentally~~
 177.5 ~~ill and~~ has a mental illness and is dangerous to the public as provided in section 253B.18,
 177.6 subdivision 3, or any interested person may petition the committing court or the court to
 177.7 which venue has been transferred for an order that the patient is not in need of continued
 177.8 care and treatment under commitment or for an order that an individual is no longer a person
 177.9 ~~who is mentally ill, developmentally disabled, or chemically dependent~~ who poses a risk
 177.10 of harm due to mental illness, or a person who has a developmental disability or chemical
 177.11 dependency, or for any other relief. A patient committed as a person ~~who is mentally ill or~~
 177.12 ~~mentally ill and~~ who poses a risk of harm due to mental illness, a person who has a mental
 177.13 illness and is dangerous or to the public, a sexually dangerous person₂, or a person with a
 177.14 sexual psychopathic personality may petition the committing court or the court to which
 177.15 venue has been transferred for a hearing concerning the administration of neuroleptic
 177.16 medication.

177.17 Subd. 2. **Notice of hearing.** Upon the filing of the petition, the court shall fix the time
 177.18 and place for the hearing on it. Ten days' notice of the hearing shall be given to the county
 177.19 attorney, the patient, patient's counsel, the person who filed the initial commitment petition,
 177.20 the head of the ~~treatment~~ facility or program to which the person is committed, and other
 177.21 persons as the court directs. Any person may oppose the petition.

177.22 Subd. 3. **Court examiners.** The court shall appoint ~~an~~ a court examiner and, at the
 177.23 patient's request, shall appoint a second court examiner of the patient's choosing to be paid
 177.24 for by the county at a rate of compensation to be fixed by the court. Unless otherwise agreed
 177.25 by the parties, ~~the examiners~~ a court examiner shall file a report with the court not less than
 177.26 48 hours prior to the hearing under this section.

177.27 Subd. 4. **Evidence.** The patient, patient's counsel, the petitioner₂, and the county attorney
 177.28 shall be entitled to be present at the hearing and to present and cross-examine witnesses,
 177.29 including court examiners. The court may hear any relevant testimony and evidence ~~which~~
 177.30 ~~is~~ offered at the hearing.

177.31 Subd. 5. **Order.** Upon completion of the hearing, the court shall enter an order stating
 177.32 its findings and decision and mail ~~it~~ the order to the head of the treatment facility,
 177.33 state-operated treatment program, or community-based treatment program.

178.1 Sec. 82. Minnesota Statutes 2018, section 253B.18, subdivision 1, is amended to read:

178.2 Subdivision 1. **Procedure.** (a) Upon the filing of a petition alleging that a proposed
178.3 patient is a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public,
178.4 the court shall hear the petition as provided in sections 253B.07 and 253B.08. If the court
178.5 finds by clear and convincing evidence that the proposed patient is a person who ~~is mentally~~
178.6 ~~ill and~~ has a mental illness and is dangerous to the public, it shall commit the person to a
178.7 secure treatment facility or to a treatment facility or state-operated treatment program willing
178.8 to accept the patient under commitment. The court shall commit the patient to a secure
178.9 treatment facility unless the patient ~~establishes~~ or others establish by clear and convincing
178.10 evidence that a less restrictive state-operated treatment program or treatment program facility
178.11 is available that is consistent with the patient's treatment needs and the requirements of
178.12 public safety. In any case where the petition was filed immediately following the acquittal
178.13 of the proposed patient for a crime against the person pursuant to a verdict of not guilty by
178.14 reason of mental illness, the verdict constitutes evidence that the proposed patient is a person
178.15 who ~~is mentally ill and~~ has a mental illness and is dangerous to the public within the meaning
178.16 of this section. The proposed patient has the burden of going forward in the presentation of
178.17 evidence. The standard of proof remains as required by this chapter. Upon commitment,
178.18 admission procedures shall be carried out pursuant to section 253B.10.

178.19 (b) Once a patient is admitted to a treatment facility or state-operated treatment program
178.20 pursuant to a commitment under this subdivision, treatment must begin regardless of whether
178.21 a review hearing will be held under subdivision 2.

178.22 Sec. 83. Minnesota Statutes 2018, section 253B.18, subdivision 2, is amended to read:

178.23 Subd. 2. **Review; hearing.** (a) A written treatment report shall be filed by the treatment
178.24 facility or state-operated treatment program with the committing court within 60 days after
178.25 commitment. If the person is in the custody of the commissioner of corrections when the
178.26 initial commitment is ordered under subdivision 1, the written treatment report must be filed
178.27 within 60 days after the person is admitted to ~~a secure~~ the state-operated treatment program
178.28 or treatment facility. The court shall hold a hearing to make a final determination as to
178.29 whether the ~~person~~ patient should remain committed as a person who ~~is mentally ill and~~
178.30 has a mental illness and is dangerous to the public. The hearing shall be held within the
178.31 earlier of 14 days of the court's receipt of the written treatment report, or within 90 days of
178.32 the date of initial commitment or admission, unless otherwise agreed by the parties.

178.33 (b) The court may, with agreement of the county attorney and the patient's attorney ~~for~~
178.34 ~~the patient~~:

179.1 (1) waive the review hearing under this subdivision and immediately order an
 179.2 indeterminate commitment under subdivision 3; or

179.3 (2) continue the review hearing for up to one year.

179.4 (c) If the court finds that the patient should be committed as a person ~~who is mentally~~
 179.5 ~~ill~~ who poses a risk of harm due to mental illness, but not as a person who ~~is mentally ill~~
 179.6 ~~and has a mental illness and is dangerous to the public~~, the court may commit the ~~person~~
 179.7 patient as a person ~~who is mentally ill~~ who poses a risk of harm due to mental illness and
 179.8 ~~the person shall be deemed~~ court shall deem the patient not to ~~have been found to be~~
 179.9 dangerous to the public for the purposes of subdivisions 4a to 15. Failure of the treatment
 179.10 facility or state-operated treatment program to provide the required treatment report at the
 179.11 end of the 60-day period shall not result in automatic discharge of the patient.

179.12 Sec. 84. Minnesota Statutes 2018, section 253B.18, subdivision 3, is amended to read:

179.13 Subd. 3. **Indeterminate commitment.** If the court finds at the final determination hearing
 179.14 held pursuant to subdivision 2 that the patient continues to be a person who ~~is mentally ill~~
 179.15 ~~and has a mental illness and is dangerous to the public~~, then the court shall order commitment
 179.16 of the proposed patient for an indeterminate period of time. After a final determination that
 179.17 a patient is a person who ~~is mentally ill and has a mental illness and is dangerous to the~~
 179.18 public, the patient shall be transferred, provisionally discharged or discharged, only as
 179.19 provided in this section.

179.20 Sec. 85. Minnesota Statutes 2018, section 253B.18, subdivision 4a, is amended to read:

179.21 Subd. 4a. **Release on pass; notification.** A patient who has been committed as a person
 179.22 who ~~is mentally ill and has a mental illness and is dangerous to the public~~ and who is confined
 179.23 at a secure treatment facility or has been transferred out of a ~~state-operated services~~ secure
 179.24 treatment facility according to section 253B.18, subdivision 6, shall not be released on a
 179.25 pass unless the pass is part of a pass plan that has been approved by the medical director of
 179.26 the secure treatment facility. The pass plan must have a specific therapeutic purpose
 179.27 consistent with the treatment plan, must be established for a specific period of time, and
 179.28 must have specific levels of liberty delineated. The county case manager must be invited
 179.29 to participate in the development of the pass plan. At least ten days prior to a determination
 179.30 on the plan, the medical director shall notify the designated agency, the committing court,
 179.31 the county attorney of the county of commitment, an interested person, the local law
 179.32 enforcement agency where the facility is located, the county attorney and the local law
 179.33 enforcement agency in the location where the pass is to occur, the petitioner, and the

180.1 petitioner's counsel of the plan, the nature of the passes proposed, and their right to object
 180.2 to the plan. If any notified person objects prior to the proposed date of implementation, the
 180.3 person shall have an opportunity to appear, personally or in writing, before the medical
 180.4 director, within ten days of the objection, to present grounds for opposing the plan. The
 180.5 pass plan shall not be implemented until the objecting person has been furnished that
 180.6 opportunity. Nothing in this subdivision shall be construed to give a patient an affirmative
 180.7 right to a pass plan.

180.8 Sec. 86. Minnesota Statutes 2018, section 253B.18, subdivision 4b, is amended to read:

180.9 Subd. 4b. **Pass-eligible status; notification.** (a) The following patients committed to a
 180.10 secure treatment facility shall not be placed on pass-eligible status unless that status has
 180.11 been approved by the medical director of the secure treatment facility:

180.12 ~~(a)~~ (1) a patient who has been committed as a person who ~~is mentally ill and~~ has a mental
 180.13 illness and is dangerous to the public and who:

180.14 ~~(1)~~ (i) was found incompetent to proceed to trial for a felony or was found not guilty by
 180.15 reason of mental illness of a felony immediately prior to the filing of the commitment
 180.16 petition;

180.17 ~~(2)~~ (ii) was convicted of a felony immediately prior to or during commitment as a person
 180.18 who ~~is mentally ill and~~ has a mental illness and is dangerous to the public; or

180.19 ~~(3)~~ (iii) is subject to a commitment to the commissioner of corrections; and

180.20 ~~(b)~~ (2) a patient who has been committed as a psychopathic personality, a sexually
 180.21 psychopathic personality, or a sexually dangerous person.

180.22 (b) At least ten days prior to a determination on the status, the medical director shall
 180.23 notify the committing court, the county attorney of the county of commitment, the designated
 180.24 agency, an interested person, the petitioner, and the petitioner's counsel of the proposed
 180.25 status, and their right to request review by the special review board. If within ten days of
 180.26 receiving notice any notified person requests review by filing a notice of objection with the
 180.27 commissioner and the head of the secure treatment facility, a hearing shall be held before
 180.28 the special review board. The proposed status shall not be implemented unless it receives
 180.29 a favorable recommendation by a majority of the board and approval by the commissioner.
 180.30 The order of the commissioner is appealable as provided in section 253B.19.

180.31 (c) Nothing in this subdivision shall be construed to give a patient an affirmative right
 180.32 to seek pass-eligible status from the special review board.

181.1 Sec. 87. Minnesota Statutes 2018, section 253B.18, subdivision 4c, is amended to read:

181.2 Subd. 4c. **Special review board.** (a) The commissioner shall establish one or more
181.3 panels of a special review board. The board shall consist of three members experienced in
181.4 the field of mental illness. One member of each special review board panel shall be a
181.5 psychiatrist or a doctoral level psychologist with forensic experience and one member shall
181.6 be an attorney. No member shall be affiliated with the Department of Human Services. The
181.7 special review board shall meet at least every six months and at the call of the commissioner.
181.8 It shall hear and consider all petitions for a reduction in custody or to appeal a revocation
181.9 of provisional discharge. A "reduction in custody" means transfer from a secure treatment
181.10 facility, discharge, and provisional discharge. Patients may be transferred by the
181.11 commissioner between secure treatment facilities without a special review board hearing.

181.12 Members of the special review board shall receive compensation and reimbursement
181.13 for expenses as established by the commissioner.

181.14 (b) The special review board must review each denied petition under subdivision 5 for
181.15 barriers and obstacles preventing the patient from progressing in treatment. Based on the
181.16 cases before the board in the previous year, the special review board shall provide to the
181.17 commissioner an annual summation of the barriers to treatment progress, and
181.18 recommendations to achieve the common goal of making progress in treatment.

181.19 (c) A petition filed by a person committed as ~~mentally ill and~~ a person who has a mental
181.20 illness and is dangerous to the public under this section must be heard as provided in
181.21 subdivision 5 and, as applicable, subdivision 13. A petition filed by a person committed as
181.22 a sexual psychopathic personality or as a sexually dangerous person under chapter 253D,
181.23 or committed as both ~~mentally ill and~~ a person who has a mental illness and is dangerous
181.24 to the public under this section and as a sexual psychopathic personality or as a sexually
181.25 dangerous person must be heard as provided in section 253D.27.

181.26 Sec. 88. Minnesota Statutes 2018, section 253B.18, subdivision 5, is amended to read:

181.27 Subd. 5. **Petition; notice of hearing; attendance; order.** (a) A petition for a reduction
181.28 in custody or revocation of provisional discharge shall be filed with the commissioner and
181.29 may be filed by the patient or by the head of the treatment facility or state-operated treatment
181.30 program to which the person was committed or has been transferred. A patient may not
181.31 petition the special review board for six months following commitment under subdivision
181.32 3 or following the final disposition of any previous petition and subsequent appeal by the
181.33 patient. The head of the state-operated treatment program or head of the treatment facility
181.34 must schedule a hearing before the special review board for any patient who has not appeared

182.1 before the special review board in the previous three years, and schedule a hearing at least
182.2 every three years thereafter. The medical director may petition at any time.

182.3 (b) Fourteen days prior to the hearing, the committing court, the county attorney of the
182.4 county of commitment, the designated agency, interested person, the petitioner, and the
182.5 petitioner's counsel shall be given written notice by the commissioner of the time and place
182.6 of the hearing before the special review board. Only those entitled to statutory notice of the
182.7 hearing or those administratively required to attend may be present at the hearing. The
182.8 patient may designate interested persons to receive notice by providing the names and
182.9 addresses to the commissioner at least 21 days before the hearing. The board shall provide
182.10 the commissioner with written findings of fact and recommendations within 21 days of the
182.11 hearing. The commissioner shall issue an order no later than 14 days after receiving the
182.12 recommendation of the special review board. A copy of the order shall be mailed to every
182.13 person entitled to statutory notice of the hearing within five days after ~~the~~ the order is signed.
182.14 No order by the commissioner shall be effective sooner than 30 days after the order is signed,
182.15 unless the county attorney, the patient, and the commissioner agree that it may become
182.16 effective sooner.

182.17 (c) The special review board shall hold a hearing on each petition prior to making its
182.18 recommendation to the commissioner. The special review board proceedings are not contested
182.19 cases as defined in chapter 14. Any person or agency receiving notice that submits
182.20 documentary evidence to the special review board prior to the hearing shall also provide
182.21 copies to the patient, the patient's counsel, the county attorney of the county of commitment,
182.22 the case manager, and the commissioner.

182.23 (d) Prior to the final decision by the commissioner, the special review board may be
182.24 reconvened to consider events or circumstances that occurred subsequent to the hearing.

182.25 (e) In making their recommendations and order, the special review board and
182.26 commissioner must consider any statements received from victims under subdivision 5a.

182.27 Sec. 89. Minnesota Statutes 2018, section 253B.18, subdivision 5a, is amended to read:

182.28 Subd. 5a. **Victim notification of petition and release; right to submit statement.** (a)
182.29 As used in this subdivision:

182.30 (1) "crime" has the meaning given to "violent crime" in section 609.1095, and includes
182.31 criminal sexual conduct in the fifth degree and offenses within the definition of "crime
182.32 against the person" in section 253B.02, subdivision 4a, and also includes offenses listed in

183.1 section 253D.02, subdivision 8, paragraph (b), regardless of whether they are sexually
183.2 motivated;

183.3 (2) "victim" means a person who has incurred loss or harm as a result of a crime the
183.4 behavior for which forms the basis for a commitment under this section or chapter 253D;
183.5 and

183.6 (3) "convicted" and "conviction" have the meanings given in section 609.02, subdivision
183.7 5, and also include juvenile court adjudications, findings under Minnesota Rules of Criminal
183.8 Procedure, rule 20.02, that the elements of a crime have been proved, and findings in
183.9 commitment cases under this section or chapter 253D that an act or acts constituting a crime
183.10 occurred.

183.11 (b) A county attorney who files a petition to commit a person under this section or chapter
183.12 253D shall make a reasonable effort to provide prompt notice of filing the petition to any
183.13 victim of a crime for which the person was convicted. In addition, the county attorney shall
183.14 make a reasonable effort to promptly notify the victim of the resolution of the petition.

183.15 (c) Before provisionally discharging, discharging, granting pass-eligible status, approving
183.16 a pass plan, or otherwise permanently or temporarily releasing a person committed under
183.17 this section from a state-operated treatment program or treatment facility, the head of the
183.18 state-operated treatment program or head of the treatment facility shall make a reasonable
183.19 effort to notify any victim of a crime for which the person was convicted that the person
183.20 may be discharged or released and that the victim has a right to submit a written statement
183.21 regarding decisions of the medical director, special review board, or commissioner with
183.22 respect to the person. To the extent possible, the notice must be provided at least 14 days
183.23 before any special review board hearing or before a determination on a pass plan.

183.24 Notwithstanding section 611A.06, subdivision 4, the commissioner shall provide the judicial
183.25 appeal panel with victim information in order to comply with the provisions of this section.
183.26 The judicial appeal panel shall ensure that the data on victims remains private as provided
183.27 for in section 611A.06, subdivision 4.

183.28 (d) This subdivision applies only to victims who have requested notification through
183.29 the Department of Corrections electronic victim notification system, or by contacting, in
183.30 writing, the county attorney in the county where the conviction for the crime occurred. A
183.31 request for notice under this subdivision received by the commissioner of corrections through
183.32 the Department of Corrections electronic victim notification system shall be promptly
183.33 forwarded to the prosecutorial authority with jurisdiction over the offense to which the
183.34 notice relates or, following commitment, the head of the state-operated treatment program

184.1 or head of the treatment facility. A county attorney who receives a request for notification
184.2 under this paragraph following commitment shall promptly forward the request to the
184.3 commissioner of human services.

184.4 (e) The rights under this subdivision are in addition to rights available to a victim under
184.5 chapter 611A. This provision does not give a victim all the rights of a "notified person" or
184.6 a person "entitled to statutory notice" under subdivision 4a, 4b, or 5 or section 253D.14.

184.7 Sec. 90. Minnesota Statutes 2018, section 253B.18, subdivision 6, is amended to read:

184.8 Subd. 6. **Transfer.** (a) A patient who is ~~mentally ill and~~ a person who has a mental
184.9 illness and is dangerous to the public shall not be transferred out of a secure treatment facility
184.10 unless it appears to the satisfaction of the commissioner, after a hearing and favorable
184.11 recommendation by a majority of the special review board, that the transfer is appropriate.
184.12 Transfer may be to ~~other regional centers under the commissioner's control~~ another
184.13 state-operated treatment program. In those instances where a commitment also exists to the
184.14 Department of Corrections, transfer may be to a facility designated by the commissioner of
184.15 corrections.

184.16 (b) The following factors must be considered in determining whether a transfer is
184.17 appropriate:

184.18 (1) the person's clinical progress and present treatment needs;

184.19 (2) the need for security to accomplish continuing treatment;

184.20 (3) the need for continued institutionalization;

184.21 (4) which facility can best meet the person's needs; and

184.22 (5) whether transfer can be accomplished with a reasonable degree of safety for the
184.23 public.

184.24 Sec. 91. Minnesota Statutes 2018, section 253B.18, subdivision 7, is amended to read:

184.25 Subd. 7. **Provisional discharge.** (a) A patient who is ~~mentally ill and~~ a person who has
184.26 a mental illness and is dangerous to the public shall not be provisionally discharged unless
184.27 it appears to the satisfaction of the commissioner, after a hearing and a favorable
184.28 recommendation by a majority of the special review board, that the patient is capable of
184.29 making an acceptable adjustment to open society.

184.30 (b) The following factors are to be considered in determining whether a provisional
184.31 discharge shall be recommended: (1) whether the patient's course of hospitalization and

185.1 present mental status indicate there is no longer a need for treatment and supervision in the
185.2 patient's current treatment setting; and (2) whether the conditions of the provisional discharge
185.3 plan will provide a reasonable degree of protection to the public and will enable the patient
185.4 to adjust successfully to the community.

185.5 Sec. 92. Minnesota Statutes 2018, section 253B.18, subdivision 8, is amended to read:

185.6 Subd. 8. **Provisional discharge plan.** A provisional discharge plan shall be developed,
185.7 implemented, and monitored by the designated agency in conjunction with the patient, the
185.8 treatment facility or state-operated treatment program to which the person is committed,
185.9 and other appropriate persons. The designated agency shall, at least quarterly, review the
185.10 provisional discharge plan with the patient and submit a written report to ~~the commissioner~~
185.11 ~~and the treatment facility or program~~ concerning the patient's status and compliance with
185.12 each term of the provisional discharge plan.

185.13 Sec. 93. Minnesota Statutes 2018, section 253B.18, subdivision 10, is amended to read:

185.14 Subd. 10. **Provisional discharge; revocation.** (a) The head of the treatment facility or
185.15 state-operated treatment program from which the person was provisionally discharged may
185.16 revoke a provisional discharge if any of the following grounds exist:

185.17 (i) the patient has departed from the conditions of the provisional discharge plan;

185.18 (ii) the patient is exhibiting signs of a mental illness which may require in-hospital
185.19 evaluation or treatment; or

185.20 (iii) the patient is exhibiting behavior which may be dangerous to self or others.

185.21 (b) Revocation shall be commenced by a notice of intent to revoke provisional discharge,
185.22 which shall be served upon the patient, patient's counsel, and the designated agency. The
185.23 notice shall set forth the grounds upon which the intention to revoke is based, and shall
185.24 inform the patient of the rights of a patient under this chapter.

185.25 (c) In all nonemergency situations, prior to revoking a provisional discharge, the head
185.26 of the treatment facility or program shall obtain a revocation report from the designated
185.27 agency outlining the specific reasons for recommending the revocation, including but not
185.28 limited to the specific facts upon which the revocation recommendation is based.

185.29 (d) The patient must be provided a copy of the revocation report and informed orally
185.30 and in writing of the rights of a patient under this section.

186.1 Sec. 94. Minnesota Statutes 2018, section 253B.18, subdivision 11, is amended to read:

186.2 Subd. 11. **Exceptions.** If an emergency exists, the head of the treatment facility or
186.3 state-operated treatment program may revoke the provisional discharge and, either orally
186.4 or in writing, order that the patient be immediately returned to the ~~treatment~~ facility or
186.5 program. In emergency cases, a revocation report ~~documenting reasons for revocation~~ shall
186.6 be submitted by the designated agency within seven days after the patient is returned to the
186.7 ~~treatment~~ facility or program.

186.8 Sec. 95. Minnesota Statutes 2018, section 253B.18, subdivision 12, is amended to read:

186.9 Subd. 12. **Return of patient.** After revocation of a provisional discharge or if the patient
186.10 is absent without authorization, the head of the treatment facility or state-operated treatment
186.11 program may request the patient to return to the ~~treatment~~ facility or program voluntarily.
186.12 The head of the treatment facility or state-operated treatment program may request a health
186.13 officer, ~~a welfare officer~~, or a peace officer to return the patient to the ~~treatment~~ facility or
186.14 program. If a voluntary return is not arranged, the head of the treatment facility or
186.15 state-operated treatment program shall inform the committing court of the revocation or
186.16 absence and the court shall direct a health or peace officer in the county where the patient
186.17 is located to return the patient to the ~~treatment~~ facility or program or to another state-operated
186.18 treatment program or to another treatment facility willing to accept the patient. The expense
186.19 of returning the patient to a ~~regional~~ state-operated treatment ~~center~~ program shall be paid
186.20 by the commissioner unless paid by the patient or other persons on the patient's behalf.

186.21 Sec. 96. Minnesota Statutes 2018, section 253B.18, subdivision 14, is amended to read:

186.22 Subd. 14. **Voluntary readmission.** (a) With the consent of the head of the treatment
186.23 facility or state-operated treatment program, a patient may voluntarily return from provisional
186.24 discharge for a period of up to 30 days, or up to 60 days with the consent of the designated
186.25 agency. If the patient is not returned to provisional discharge status within 60 days, the
186.26 provisional discharge is revoked. Within 15 days of receiving notice of the change in status,
186.27 the patient may request a review of the matter before the special review board. The board
186.28 may recommend a return to a provisional discharge status.

186.29 (b) The treatment facility or state-operated treatment program is not required to petition
186.30 for a further review by the special review board unless the patient's return to the community
186.31 results in substantive change to the existing provisional discharge plan. All the terms and
186.32 conditions of the provisional discharge order shall remain unchanged if the patient is released
186.33 again.

187.1 Sec. 97. Minnesota Statutes 2018, section 253B.18, subdivision 15, is amended to read:

187.2 Subd. 15. **Discharge.** (a) A patient who is ~~mentally ill and~~ a person who has a mental
187.3 illness and is dangerous to the public shall not be discharged unless it appears to the
187.4 satisfaction of the commissioner, after a hearing and a favorable recommendation by a
187.5 majority of the special review board, that the patient is capable of making an acceptable
187.6 adjustment to open society, is no longer dangerous to the public, and is no longer in need
187.7 of treatment and supervision.

187.8 (b) In determining whether a discharge shall be recommended, the special review board
187.9 and commissioner shall consider whether specific conditions exist to provide a reasonable
187.10 degree of protection to the public and to assist the patient in adjusting to the community. If
187.11 the desired conditions do not exist, the discharge shall not be granted.

187.12 Sec. 98. Minnesota Statutes 2018, section 253B.19, subdivision 2, is amended to read:

187.13 Subd. 2. **Petition; hearing.** (a) A ~~person~~ patient committed as ~~mentally ill and~~ a person
187.14 who has a mental illness and is dangerous to the public under section 253B.18, or the county
187.15 attorney of the county from which the ~~person~~ patient was committed or the county of financial
187.16 responsibility, may petition the judicial appeal panel for a rehearing and reconsideration of
187.17 a decision by the commissioner under section 253B.18, subdivision 5. The judicial appeal
187.18 panel must not consider petitions for relief other than those considered by the commissioner
187.19 from which the appeal is taken. The petition must be filed with the supreme court within
187.20 30 days after the decision of the commissioner is signed. The hearing must be held within
187.21 45 days of the filing of the petition unless an extension is granted for good cause.

187.22 (b) For an appeal under paragraph (a), the supreme court shall refer the petition to the
187.23 chief judge of the judicial appeal panel. The chief judge shall notify the patient, the county
187.24 attorney of the county of commitment, the designated agency, the commissioner, the head
187.25 of the ~~treatment~~ facility or program to which the patient was committed, any interested
187.26 person, and other persons the chief judge designates, of the time and place of the hearing
187.27 on the petition. The notice shall be given at least 14 days prior to the date of the hearing.

187.28 (c) Any person may oppose the petition. The patient, the patient's counsel, the county
187.29 attorney of the committing county or the county of financial responsibility, and the
187.30 commissioner shall participate as parties to the proceeding pending before the judicial appeal
187.31 panel and shall, except when the patient is committed solely as ~~mentally ill and~~ a person
187.32 who has a mental illness and is dangerous to the public, no later than 20 days before the
187.33 hearing on the petition, inform the judicial appeal panel and the opposing party in writing
187.34 whether they support or oppose the petition and provide a summary of facts in support of

188.1 their position. The judicial appeal panel may appoint court examiners and may adjourn the
 188.2 hearing from time to time. It shall hear and receive all relevant testimony and evidence and
 188.3 make a record of all proceedings. The patient, the patient's counsel, and the county attorney
 188.4 of the committing county or the county of financial responsibility have the right to be present
 188.5 and may present and cross-examine all witnesses and offer a factual and legal basis in
 188.6 support of their positions. The petitioning party seeking discharge or provisional discharge
 188.7 bears the burden of going forward with the evidence, which means presenting a prima facie
 188.8 case with competent evidence to show that the person is entitled to the requested relief. If
 188.9 the petitioning party has met this burden, the party opposing discharge or provisional
 188.10 discharge bears the burden of proof by clear and convincing evidence that the discharge or
 188.11 provisional discharge should be denied. A party seeking transfer under section 253B.18,
 188.12 subdivision 6, must establish by a preponderance of the evidence that the transfer is
 188.13 appropriate.

188.14 Sec. 99. Minnesota Statutes 2018, section 253B.20, subdivision 1, is amended to read:

188.15 Subdivision 1. **Notice to court.** When a committed person is discharged, provisionally
 188.16 discharged, or transferred to another treatment facility, or partially hospitalized state-operated
 188.17 treatment program, or community-based treatment program, or when the person patient
 188.18 dies, is absent without authorization, or is returned, the treatment facility, state-operated
 188.19 treatment program, or community-based treatment program having custody of the patient
 188.20 shall notify the committing court, the county attorney, and the patient's attorney.

188.21 Sec. 100. Minnesota Statutes 2018, section 253B.20, subdivision 2, is amended to read:

188.22 Subd. 2. **Necessities.** The ~~head of the~~ state-operated treatment facility program shall
 188.23 make necessary arrangements at the expense of the state to insure that no patient is discharged
 188.24 or provisionally discharged without suitable clothing. The head of the state-operated treatment
 188.25 facility program shall, if necessary, provide the patient with a sufficient sum of money to
 188.26 secure transportation home, or to another destination of the patient's choice, if the destination
 188.27 is located within a reasonable distance of the state-operated treatment facility program. The
 188.28 commissioner shall establish procedures by rule to help the patient receive all public
 188.29 assistance benefits provided by state or federal law to which the patient is entitled by
 188.30 residence and circumstances. The rule shall be uniformly applied in all counties. All counties
 188.31 shall provide temporary relief whenever necessary to meet the intent of this subdivision.

189.1 Sec. 101. Minnesota Statutes 2018, section 253B.20, subdivision 3, is amended to read:

189.2 Subd. 3. **Notice to designated agency.** The head of the treatment facility, state-operated
189.3 treatment program, or community-based treatment program, upon the provisional discharge
189.4 of any committed person, shall notify the designated agency before the patient leaves the
189.5 ~~treatment~~ facility or program. Whenever possible the notice shall be given at least one week
189.6 before the patient is to leave the facility or program.

189.7 Sec. 102. Minnesota Statutes 2018, section 253B.20, subdivision 4, is amended to read:

189.8 Subd. 4. **Aftercare services.** Prior to the date of discharge or provisional discharge of
189.9 any committed person, the designated agency of the county of financial responsibility, in
189.10 cooperation with the head of the treatment facility, state-operated treatment program, or
189.11 community-based treatment program, and the patient's ~~physician~~ mental health professional,
189.12 if notified pursuant to subdivision 6, shall establish a continuing plan of aftercare services
189.13 for the patient including a plan for medical and psychiatric treatment, nursing care, vocational
189.14 assistance, and other assistance the patient needs. The designated agency shall provide case
189.15 management services, supervise and assist the patient in finding employment, suitable
189.16 shelter, and adequate medical and psychiatric treatment, and aid in the patient's readjustment
189.17 to the community.

189.18 Sec. 103. Minnesota Statutes 2018, section 253B.20, subdivision 6, is amended to read:

189.19 Subd. 6. **Notice to ~~physician~~ mental health professional.** The head of the treatment
189.20 facility, state-operated treatment program, or community-based treatment program shall
189.21 notify the ~~physician~~ mental health professional of any committed person at the time of the
189.22 patient's discharge or provisional discharge, unless the patient objects to the notice.

189.23 Sec. 104. Minnesota Statutes 2018, section 253B.21, subdivision 1, is amended to read:

189.24 Subdivision 1. **Administrative procedures.** If the patient is entitled to care by any
189.25 agency of the United States in this state, the commitment warrant shall be in triplicate,
189.26 committing the patient to the joint custody of the head of the treatment facility, state-operated
189.27 treatment program, or community-based treatment program and the federal agency. If the
189.28 federal agency is unable or unwilling to receive the patient at the time of commitment, the
189.29 patient may subsequently be transferred to it upon its request.

190.1 Sec. 105. Minnesota Statutes 2018, section 253B.21, subdivision 2, is amended to read:

190.2 Subd. 2. **Applicable regulations.** Any person, when admitted to an institution of a
190.3 federal agency within or without this state, shall be subject to the rules and regulations of
190.4 the federal agency, except that nothing in this section shall deprive any person of rights
190.5 secured to patients of ~~state~~ state-operated treatment programs, treatment facilities, and
190.6 community-based treatment programs by this chapter.

190.7 Sec. 106. Minnesota Statutes 2018, section 253B.21, subdivision 3, is amended to read:

190.8 Subd. 3. **Powers.** The chief officer of any treatment facility operated by a federal agency
190.9 to which any person is admitted shall have the same powers as the heads of ~~treatment~~
190.10 ~~facilities~~ state-operated treatment programs within this state with respect to admission,
190.11 retention of custody, transfer, parole, or discharge of the committed person.

190.12 Sec. 107. Minnesota Statutes 2018, section 253B.212, subdivision 1, is amended to read:

190.13 Subdivision 1. **Cost of care; commitment by tribal court order; Red Lake Band of**
190.14 **Chippewa Indians.** The commissioner of human services may contract with and receive
190.15 payment from the Indian Health Service of the United States Department of Health and
190.16 Human Services for the care and treatment of those members of the Red Lake Band of
190.17 Chippewa Indians who have been committed by tribal court order to the Indian Health
190.18 Service for care and treatment of mental illness, developmental disability, or chemical
190.19 dependency. The contract shall provide that the Indian Health Service may not transfer any
190.20 person for admission to a ~~regional center~~ state-operated treatment program unless the
190.21 commitment procedure utilized by the tribal court provided due process protections similar
190.22 to those afforded by sections ~~253B.05~~ 253B.051 to 253B.10.

190.23 Sec. 108. Minnesota Statutes 2018, section 253B.212, subdivision 1a, is amended to read:

190.24 Subd. 1a. **Cost of care; commitment by tribal court order; White Earth Band of**
190.25 **Ojibwe Indians.** The commissioner of human services may contract with and receive
190.26 payment from the Indian Health Service of the United States Department of Health and
190.27 Human Services for the care and treatment of those members of the White Earth Band of
190.28 Ojibwe Indians who have been committed by tribal court order to the Indian Health Service
190.29 for care and treatment of mental illness, developmental disability, or chemical dependency.
190.30 The tribe may also contract directly with the commissioner for treatment of those members
190.31 of the White Earth Band who have been committed by tribal court order to the White Earth
190.32 Department of Health for care and treatment of mental illness, developmental disability, or

191.1 chemical dependency. The contract shall provide that the Indian Health Service and the
 191.2 White Earth Band shall not transfer any person for admission to a ~~regional center~~
 191.3 state-operated treatment program unless the commitment procedure utilized by the tribal
 191.4 court provided due process protections similar to those afforded by sections ~~253B.05~~
 191.5 253B.051 to 253B.10.

191.6 Sec. 109. Minnesota Statutes 2018, section 253B.212, subdivision 1b, is amended to read:

191.7 Subd. 1b. **Cost of care; commitment by tribal court order; any federally recognized**
 191.8 **Indian tribe within the state of Minnesota.** The commissioner of human services may
 191.9 contract with and receive payment from the Indian Health Service of the United States
 191.10 Department of Health and Human Services for the care and treatment of those members of
 191.11 any federally recognized Indian tribe within the state, who have been committed by tribal
 191.12 court order to the Indian Health Service for care and treatment of mental illness,
 191.13 developmental disability, or chemical dependency. The tribe may also contract directly with
 191.14 the commissioner for treatment of those members of any federally recognized Indian tribe
 191.15 within the state who have been committed by tribal court order to the respective tribal
 191.16 Department of Health for care and treatment of mental illness, developmental disability, or
 191.17 chemical dependency. The contract shall provide that the Indian Health Service and any
 191.18 federally recognized Indian tribe within the state shall not transfer any person for admission
 191.19 to a ~~regional center~~ state-operated treatment program unless the commitment procedure
 191.20 utilized by the tribal court provided due process protections similar to those afforded by
 191.21 sections ~~253B.05~~ 253B.051 to 253B.10.

191.22 Sec. 110. Minnesota Statutes 2018, section 253B.212, subdivision 2, is amended to read:

191.23 Subd. 2. **Effect given to tribal commitment order.** (a) When, under an agreement
 191.24 entered into pursuant to subdivision 1, 1a, or 1b, the Indian Health Service or the placing
 191.25 tribe applies to a ~~regional center~~ state-operated treatment program for admission of a person
 191.26 committed to the jurisdiction of the health service by the tribal court ~~as a person who is~~
 191.27 ~~mentally ill, developmentally disabled, or chemically dependent~~ due to mental illness,
 191.28 developmental disability, or chemical dependency, the commissioner may treat the patient
 191.29 with the consent of the Indian Health Service or the placing tribe.

191.30 (b) A person admitted to a ~~regional center~~ state-operated treatment program pursuant to
 191.31 this section has all the rights accorded by section 253B.03. In addition, treatment reports,
 191.32 prepared in accordance with the requirements of section 253B.12, subdivision 1, shall be
 191.33 filed with the Indian Health Service or the placing tribe within 60 days of commencement

192.1 of the patient's stay at the facility program. A subsequent treatment report shall be filed with
 192.2 the Indian Health Service or the placing tribe within six months of the patient's admission
 192.3 to the facility program or prior to discharge, whichever comes first. Provisional discharge
 192.4 or transfer of the patient may be authorized by the head of the treatment facility program
 192.5 only with the consent of the Indian Health Service or the placing tribe. Discharge from the
 192.6 facility program to the Indian Health Service or the placing tribe may be authorized by the
 192.7 head of the treatment facility program after notice to and consultation with the Indian Health
 192.8 Service or the placing tribe.

192.9 Sec. 111. Minnesota Statutes 2018, section 253B.22, subdivision 1, is amended to read:

192.10 Subdivision 1. **Establishment.** The commissioner shall establish a review board of three
 192.11 or more persons for ~~each regional center~~ the Anoka-Metro Regional Treatment Center,
 192.12 Minnesota Security Hospital, and Minnesota sex offender program to review the admission
 192.13 and retention of ~~its patients~~ of that program receiving services under this chapter. One
 192.14 member shall be qualified in the diagnosis of mental illness, developmental disability, or
 192.15 chemical dependency, and one member shall be an attorney. The commissioner may, upon
 192.16 written request from the appropriate federal authority, establish a review panel for any
 192.17 federal treatment facility within the state to review the admission and retention of patients
 192.18 hospitalized under this chapter. For any review board established for a federal treatment
 192.19 facility, one of the persons appointed by the commissioner shall be the commissioner of
 192.20 veterans affairs or the commissioner's designee.

192.21 Sec. 112. Minnesota Statutes 2018, section 253B.22, subdivision 2, is amended to read:

192.22 Subd. 2. **Right to appear.** Each ~~treatment facility program~~ specified in subdivision 1
 192.23 shall be visited by the review board at least once every six months. Upon request each
 192.24 patient in the ~~treatment facility program~~ shall have the right to appear before the review
 192.25 board during the visit.

192.26 Sec. 113. Minnesota Statutes 2018, section 253B.22, subdivision 3, is amended to read:

192.27 Subd. 3. **Notice.** The head of ~~the treatment facility~~ each program specified in subdivision
 192.28 1 shall notify each patient at the time of admission by a simple written statement of the
 192.29 patient's right to appear before the review board and the next date when the board will visit
 192.30 ~~the treatment facility~~ that program. A request to appear before the board need not be in
 192.31 writing. Any employee of the ~~treatment facility program~~ receiving a patient's request to
 192.32 appear before the board shall notify the head of the ~~treatment facility program~~ of the request.

193.1 Sec. 114. Minnesota Statutes 2018, section 253B.22, subdivision 4, is amended to read:

193.2 Subd. 4. **Review.** The board shall review the admission and retention of patients at ~~its~~
 193.3 ~~respective treatment facility~~ the program. The board may examine the records of all patients
 193.4 admitted and may examine personally at its own instigation all patients who from the records
 193.5 or otherwise appear to justify reasonable doubt as to continued need of confinement in a
 193.6 ~~treatment facility~~ the program. The review board shall report its findings to the commissioner
 193.7 and to the head of the ~~treatment facility~~ program. The board may also receive reports from
 193.8 patients, interested persons, and ~~treatment facility~~ employees of the program, and investigate
 193.9 conditions affecting the care of patients.

193.10 Sec. 115. Minnesota Statutes 2018, section 253B.23, subdivision 1, is amended to read:

193.11 Subdivision 1. **Costs of hearings.** (a) In each proceeding under this chapter the court
 193.12 shall allow and order paid to each witness subpoenaed the fees and mileage prescribed by
 193.13 law; to each examiner a reasonable sum for services and for travel; to persons conveying
 193.14 the patient to the place of detention, disbursements for the travel, board, and lodging of the
 193.15 patient and of themselves and their authorized assistants; and to the patient's counsel, when
 193.16 appointed by the court, a reasonable sum for travel and for the time spent in court or in
 193.17 preparing for the hearing. Upon the court's order, the county auditor shall issue a warrant
 193.18 on the county treasurer for payment of the amounts allowed, excluding the costs of the court
 193.19 examiner, which must be paid by the state courts.

193.20 (b) Whenever venue of a proceeding has been transferred under this chapter, the costs
 193.21 of the proceedings shall be reimbursed to the county where the proceedings were conducted
 193.22 by the county of financial responsibility.

193.23 Sec. 116. Minnesota Statutes 2018, section 253B.23, subdivision 1b, is amended to read:

193.24 Subd. 1b. **Responsibility for conducting prepetition screening and filing commitment**
 193.25 ~~and early intervention petitions.~~ (a) The county of financial responsibility is responsible
 193.26 to conduct prepetition screening pursuant to section 253B.07, subdivision 1, and, if statutory
 193.27 conditions for ~~early intervention or~~ commitment are satisfied, to file a petition pursuant to
 193.28 section ~~253B.064, subdivision 1, paragraph (a);~~ 253B.07, subdivision ~~1~~ 2, paragraph (a);
 193.29 or 253D.07.

193.30 (b) Except in cases under chapter 253D, if the county of financial responsibility refuses
 193.31 or fails to conduct prepetition screening or file a petition, or if it is unclear which county is
 193.32 the county of financial responsibility, the county where the proposed patient is present is

194.1 responsible to conduct the prepetition screening and, if statutory conditions for ~~early~~
194.2 ~~intervention~~ or commitment are satisfied, file the petition.

194.3 (c) In cases under chapter 253D, if the county of financial responsibility refuses or fails
194.4 to file a petition, or if it is unclear which county is the county of financial responsibility,
194.5 then (1) the county where the conviction for which the person is incarcerated was entered,
194.6 or (2) the county where the proposed patient is present, if the person is not currently
194.7 incarcerated based on conviction, is responsible to file the petition if statutory conditions
194.8 for commitment are satisfied.

194.9 (d) When a proposed patient is an inmate confined to an adult correctional facility under
194.10 the control of the commissioner of corrections and commitment proceedings are initiated
194.11 or proposed to be initiated pursuant to section 241.69, the county where the correctional
194.12 facility is located may agree to perform the responsibilities specified in paragraph (a).

194.13 (e) Any dispute concerning financial responsibility for the costs of the proceedings and
194.14 treatment will be resolved pursuant to chapter 256G.

194.15 (f) This subdivision and the sections of law cited in this subdivision address venue only.
194.16 Nothing in this chapter is intended to limit the statewide jurisdiction of district courts over
194.17 civil commitment matters.

194.18 Sec. 117. Minnesota Statutes 2018, section 253B.23, subdivision 2, is amended to read:

194.19 Subd. 2. **Legal results of commitment status.** (a) Except as otherwise provided in this
194.20 chapter and in sections 246.15 and 246.16, no person by reason of commitment or treatment
194.21 pursuant to this chapter shall be deprived of any legal right, including but not limited to the
194.22 right to dispose of property, sue and be sued, execute instruments, make purchases, enter
194.23 into contractual relationships, vote, and hold a driver's license. Commitment or treatment
194.24 of any patient pursuant to this chapter is not a judicial determination of legal incompetency
194.25 except to the extent provided in section 253B.03, subdivision 6.

194.26 (b) Proceedings for determination of legal incompetency and the appointment of a
194.27 guardian for a person subject to commitment under this chapter may be commenced before,
194.28 during, or after commitment proceedings have been instituted and may be conducted jointly
194.29 with the commitment proceedings. The court shall notify the head of the ~~treatment~~ facility
194.30 or program to which the patient is committed of a finding that the patient is incompetent.

194.31 (c) Where the person to be committed is a minor or owns property of value and it appears
194.32 to the court that the person is not competent to manage a personal estate, the court shall
194.33 appoint a general conservator of the person's estate as provided by law.

195.1 Sec. 118. Minnesota Statutes 2018, section 253B.24, is amended to read:

195.2 **253B.24 TRANSMITTAL OF DATA TO NATIONAL INSTANT CRIMINAL**
195.3 **BACKGROUND CHECK SYSTEM.**

195.4 When a court:

195.5 (1) commits a person under this chapter as ~~being mentally ill, developmentally disabled,~~
195.6 ~~mentally ill and dangerous, or chemically dependent~~ due to mental illness, developmental
195.7 disability, or chemical dependency, or as a person who has a mental illness and is dangerous
195.8 to the public;

195.9 (2) determines in a criminal case that a person is incompetent to stand trial or not guilty
195.10 by reason of mental illness; or

195.11 (3) restores a person's ability to possess a firearm under section 609.165, subdivision
195.12 1d, or 624.713, subdivision 4,

195.13 the court shall ensure that this information is electronically transmitted within three business
195.14 days to the National Instant Criminal Background Check System.

195.15 Sec. 119. Minnesota Statutes 2018, section 253D.02, subdivision 6, is amended to read:

195.16 Subd. 6. **Court examiner.** "Court examiner" has the meaning given in section 253B.02,
195.17 subdivision ~~7~~ 7a.

195.18 Sec. 120. Minnesota Statutes 2018, section 253D.07, subdivision 2, is amended to read:

195.19 Subd. 2. **Petition.** Upon the filing of a petition alleging that a proposed respondent is a
195.20 sexually dangerous person or a person with a sexual psychopathic personality, ~~the court~~
195.21 ~~shall hear the petition as provided~~ all of the applicable procedures contained in sections
195.22 253B.07 and 253B.08 apply to the commitment proceeding.

195.23 Sec. 121. Minnesota Statutes 2018, section 253D.10, subdivision 2, is amended to read:

195.24 Subd. 2. **Correctional facilities.** (a) A person who is being petitioned for commitment
195.25 under this chapter and who is placed under a judicial hold order under section 253B.07,
195.26 subdivision 2b or 7, may be confined at a Department of Corrections or a county correctional
195.27 or detention facility, rather than a secure treatment facility, until a determination of the
195.28 commitment petition as specified in this subdivision.

196.1 (b) A court may order that a person who is being petitioned for commitment under this
196.2 chapter be confined in a Department of Corrections facility pursuant to the judicial hold
196.3 order under the following circumstances and conditions:

196.4 (1) The person is currently serving a sentence in a Department of Corrections facility
196.5 and the court determines that the person has made a knowing and voluntary (i) waiver of
196.6 the right to be held in a secure treatment facility and (ii) election to be held in a Department
196.7 of Corrections facility. The order confining the person in the Department of Corrections
196.8 facility shall remain in effect until the court vacates the order or the person's criminal sentence
196.9 and conditional release term expire.

196.10 In no case may the person be held in a Department of Corrections facility pursuant only
196.11 to this subdivision, and not pursuant to any separate correctional authority, for more than
196.12 210 days.

196.13 (2) A person who has elected to be confined in a Department of Corrections facility
196.14 under this subdivision may revoke the election by filing a written notice of intent to revoke
196.15 the election with the court and serving the notice upon the Department of Corrections and
196.16 the county attorney. The court shall order the person transferred to a secure treatment facility
196.17 within 15 days of the date that the notice of revocation was filed with the court, except that,
196.18 if the person has additional time to serve in prison at the end of the 15-day period, the person
196.19 shall not be transferred to a secure treatment facility until the person's prison term expires.
196.20 After a person has revoked an election to remain in a Department of Corrections facility
196.21 under this subdivision, the court may not adopt another election to remain in a Department
196.22 of Corrections facility without the agreement of both parties and the Department of
196.23 Corrections.

196.24 (3) Upon petition by the commissioner of corrections, after notice to the parties and
196.25 opportunity for hearing and for good cause shown, the court may order that the person's
196.26 place of confinement be changed from the Department of Corrections to a secure treatment
196.27 facility.

196.28 (4) While at a Department of Corrections facility pursuant to this subdivision, the person
196.29 shall remain subject to all rules and practices applicable to correctional inmates in the facility
196.30 in which the person is placed including, but not limited to, the powers and duties of the
196.31 commissioner of corrections under section 241.01, powers relating to use of force under
196.32 section 243.52, and the right of the commissioner of corrections to determine the place of
196.33 confinement in a prison, reformatory, or other facility.

197.1 (5) A person may not be confined in a Department of Corrections facility under this
197.2 provision beyond the end of the person's executed sentence or the end of any applicable
197.3 conditional release period, whichever is later. If a person confined in a Department of
197.4 Corrections facility pursuant to this provision reaches the person's supervised release date
197.5 and is subject to a period of conditional release, the period of conditional release shall
197.6 commence on the supervised release date even though the person remains in the Department
197.7 of Corrections facility pursuant to this provision. At the end of the later of the executed
197.8 sentence or any applicable conditional release period, the person shall be transferred to a
197.9 secure treatment facility.

197.10 (6) Nothing in this section may be construed to establish a right of an inmate in a state
197.11 correctional facility to participate in sex offender treatment. This section must be construed
197.12 in a manner consistent with the provisions of section 244.03.

197.13 (c) When a person is temporarily confined in a Department of Corrections facility solely
197.14 under this subdivision and not based on any separate correctional authority, the commissioner
197.15 of corrections may charge the county of financial responsibility for the costs of confinement,
197.16 and the Department of Human Services shall use existing appropriations to fund all remaining
197.17 nonconfinement costs. The funds received by the commissioner for the confinement and
197.18 nonconfinement costs are appropriated to the department for these purposes.

197.19 ~~(e)~~ (d) The committing county may offer a person who is being petitioned for commitment
197.20 under this chapter and who is placed under a judicial hold order under section 253B.07,
197.21 subdivision 2b or 7, the option to be held in a county correctional or detention facility rather
197.22 than a secure treatment facility, under such terms as may be agreed to by the county, the
197.23 commitment petitioner, and the commitment respondent. If a person makes such an election
197.24 under this paragraph, the court hold order shall specify the terms of the agreement, including
197.25 the conditions for revoking the election.

197.26 Sec. 122. Minnesota Statutes 2018, section 253D.28, subdivision 2, is amended to read:

197.27 Subd. 2. **Procedure.** (a) The supreme court shall refer a petition for rehearing and
197.28 reconsideration to the chief judge of the judicial appeal panel. The chief judge shall notify
197.29 the committed person, the county attorneys of the county of commitment and county of
197.30 financial responsibility, the commissioner, the executive director, any interested person,
197.31 and other persons the chief judge designates, of the time and place of the hearing on the
197.32 petition. The notice shall be given at least 14 days prior to the date of the hearing. The
197.33 hearing may be conducted by interactive video conference under General Rules of Practice,
197.34 rule 131, and Minnesota Rules of Civil Commitment, rule 14.

198.1 (b) Any person may oppose the petition. The committed person, the committed person's
198.2 counsel, the county attorneys of the committing county and county of financial responsibility,
198.3 and the commissioner shall participate as parties to the proceeding pending before the
198.4 judicial appeal panel and shall, no later than 20 days before the hearing on the petition,
198.5 inform the judicial appeal panel and the opposing party in writing whether they support or
198.6 oppose the petition and provide a summary of facts in support of their position.

198.7 (c) The judicial appeal panel may appoint court examiners and may adjourn the hearing
198.8 from time to time. It shall hear and receive all relevant testimony and evidence and make
198.9 a record of all proceedings. The committed person, the committed person's counsel, and the
198.10 county attorney of the committing county or the county of financial responsibility have the
198.11 right to be present and may present and cross-examine all witnesses and offer a factual and
198.12 legal basis in support of their positions.

198.13 (d) The petitioning party seeking discharge or provisional discharge bears the burden
198.14 of going forward with the evidence, which means presenting a prima facie case with
198.15 competent evidence to show that the person is entitled to the requested relief. If the petitioning
198.16 party has met this burden, the party opposing discharge or provisional discharge bears the
198.17 burden of proof by clear and convincing evidence that the discharge or provisional discharge
198.18 should be denied.

198.19 (e) A party seeking transfer under section 253D.29 must establish by a preponderance
198.20 of the evidence that the transfer is appropriate.

198.21 Sec. 123. **REVISOR INSTRUCTION.**

198.22 The revisor of statutes shall renumber Minnesota Statutes, section 253B.02, so that the
198.23 subdivisions are alphabetical. The revisor shall correct any cross-references that arise as a
198.24 result of the renumbering.

198.25 Sec. 124. **REPEALER.**

198.26 Minnesota Statutes 2018, sections 253B.02, subdivisions 6 and 12a; 253B.05, subdivisions
198.27 1, 2, 2b, 3, and 4; 253B.064; 253B.065; 253B.066; 253B.09, subdivision 3; 253B.12,
198.28 subdivision 2; 253B.15, subdivision 11; and 253B.20, subdivision 7, are repealed.

199.1 **ARTICLE 5**199.2 **MALTREATMENT OF MINORS ACT REORGANIZATION**199.3 Section 1. **[260E.01] POLICY.**

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

199.12 (1) protect children and promote child safety;

199.13 (2) strengthen the family;

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

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

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

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

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

199.22 (3) require an investigation when the report alleges sexual abuse or substantial child
199.23 endangerment;

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

199.26 (5) provide protective, family support, and family preservation services when needed
199.27 in appropriate cases.

199.28 **Sec. 2. [260E.02] MULTIDISCIPLINARY CHILD PROTECTION TEAM.**

199.29 Subdivision 1. **Establishment of team.** A county shall establish a multidisciplinary
199.30 child protection team that may include, but not be limited to, the director of the local welfare
199.31 agency or designees, the county attorney or designees, the county sheriff or designees,

200.1 representatives of health and education, representatives of mental health or other appropriate
200.2 human service or community-based agencies, and parent groups. As used in this section, a
200.3 "community-based agency" may include, but is not limited to, schools, social service
200.4 agencies, family service and mental health collaboratives, children's advocacy centers, early
200.5 childhood and family education programs, Head Start, or other agencies serving children
200.6 and families. A member of the team must be designated as the lead person of the team
200.7 responsible for the planning process to develop standards for the team's activities with
200.8 battered women's and domestic abuse programs and services.

200.9 Subd. 2. **Duties of team.** A multidisciplinary child protection team may provide public
200.10 and professional education, develop resources for prevention, intervention, and treatment,
200.11 and provide case consultation to the local welfare agency or other interested community-based
200.12 agencies. The community-based agencies may request case consultation from the
200.13 multidisciplinary child protection team regarding a child or family for whom the
200.14 community-based agency is providing services. As used in this section, "case consultation"
200.15 means a case review process in which recommendations are made concerning services to
200.16 be provided to the identified children and family. Case consultation may be performed by
200.17 a committee or subcommittee of members representing human services, including mental
200.18 health and chemical dependency; law enforcement, including probation and parole; the
200.19 county attorney; a children's advocacy center; health care; education; community-based
200.20 agencies and other necessary agencies; and persons directly involved in an individual case
200.21 as designated by other members performing case consultation.

200.22 Subd. 3. **Sexually exploited youth outreach program.** A multidisciplinary child
200.23 protection team may assist the local welfare agency, local law enforcement agency, or an
200.24 appropriate private organization in developing a program of outreach services for sexually
200.25 exploited youth, including homeless, runaway, and truant youth who are at risk of sexual
200.26 exploitation. For the purposes of this subdivision, at least one representative of a youth
200.27 intervention program or, where this type of program is unavailable, one representative of a
200.28 nonprofit agency serving youth in crisis shall be appointed to and serve on the
200.29 multidisciplinary child protection team in addition to the standing members of the team.
200.30 These services may include counseling, medical care, short-term shelter, alternative living
200.31 arrangements, and drop-in centers. A juvenile's receipt of intervention services under this
200.32 subdivision may not be conditioned upon the juvenile providing any evidence or testimony.

200.33 Subd. 4. **Information sharing.** (a) The local welfare agency may make available to the
200.34 case consultation committee or subcommittee all records collected and maintained by the
200.35 agency under this chapter and in connection with case consultation. A case consultation

201.1 committee or subcommittee member may share information acquired in the member's
201.2 professional capacity with the committee or subcommittee to assist in case consultation.

201.3 (b) Case consultation committee or subcommittee members must annually sign a data
201.4 sharing agreement, approved by the commissioner of human services, assuring compliance
201.5 with chapter 13. Not public data, as defined in section 13.02, subdivision 8a, may be shared
201.6 with members appointed to the committee or subcommittee in connection with an individual
201.7 case when the members have signed the data sharing agreement.

201.8 (c) All data acquired by the case consultation committee or subcommittee in exercising
201.9 case consultation duties are confidential as defined in section 13.02, subdivision 3, and shall
201.10 not be disclosed except to the extent necessary to perform case consultation, and shall not
201.11 be subject to subpoena or discovery.

201.12 (d) No members of a case consultation committee or subcommittee meeting shall disclose
201.13 what transpired at a case consultation meeting, except to the extent necessary to carry out
201.14 the case consultation plan. The proceedings and records of the case consultation meeting
201.15 are not subject to discovery, and may not be introduced into evidence in any civil or criminal
201.16 action against a professional or local welfare agency arising out of the matter or matters
201.17 which are the subject of consideration of the case consultation meeting. Information,
201.18 documents, or records otherwise available from original sources are not immune from
201.19 discovery or use in any civil or criminal action merely because they were presented during
201.20 a case consultation meeting. Any person who presented information before the consultation
201.21 committee or subcommittee or who is a member shall not be prevented from testifying as
201.22 to matters within the person's knowledge. However, in a civil or criminal proceeding a
201.23 person shall not be questioned about the person's presentation of information before the
201.24 case consultation committee or subcommittee or about opinions formed as a result of the
201.25 case consultation meetings.

201.26 (e) A person who violates this subdivision is subject to the civil remedies and penalties
201.27 provided under chapter 13.

201.28 Subd. 5. **Children's advocacy center; definition.** (a) For purposes of this section,
201.29 "children's advocacy center" means an organization using a multidisciplinary team approach
201.30 whose primary purpose is to provide children who have been the victims of abuse and their
201.31 nonoffending family members with:

201.32 (1) support and advocacy;

201.33 (2) specialized medical evaluation;

202.1 (3) trauma-focused mental health services; and

202.2 (4) forensic interviews.

202.3 (b) Children's advocacy centers provide multidisciplinary case review and the tracking
202.4 and monitoring of case progress.

202.5 **Sec. 3. [260E.03] DEFINITIONS.**

202.6 Subdivision 1. **Scope.** As used in this chapter, the following terms have the meanings
202.7 given them unless the specific content indicates otherwise.

202.8 Subd. 2. **Accidental.** "Accidental" means a sudden, not reasonably foreseeable, and
202.9 unexpected occurrence or event that:

202.10 (1) is not likely to occur and could not have been prevented by exercise of due care; and

202.11 (2) if occurring while a child is receiving services from a facility, happens when the
202.12 facility and the employee or person providing services in the facility are in compliance with
202.13 the laws and rules relevant to the occurrence or event.

202.14 Subd. 3. **Child fatality.** "Child fatality" means the death of a child from maltreatment.

202.15 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of human services
202.16 unless otherwise indicated in this chapter.

202.17 Subd. 5. **Egregious harm.** "Egregious harm" means harm under section 260C.007,
202.18 subdivision 14, or a similar law of another jurisdiction.

202.19 Subd. 6. **Facility.** "Facility" means:

202.20 (1) a licensed or unlicensed day care facility, certified license-exempt child care center,
202.21 residential facility, agency, hospital, sanitarium, or other facility or institution required to
202.22 be licensed under sections 144.50 to 144.58, 241.021, or 245A.01 to 245A.16, or chapter
202.23 144H, 245D, or 245H;

202.24 (2) a school as defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E;
202.25 or

202.26 (3) a nonlicensed personal care provider organization as defined in section 256B.0625,
202.27 subdivision 19a.

202.28 Subd. 7. **Family assessment.** "Family assessment" means a comprehensive assessment
202.29 of child safety, risk of subsequent maltreatment, and family strengths and needs that is
202.30 applied to a maltreatment report that does not allege sexual abuse or substantial child
202.31 endangerment. Family assessment does not include a determination as to whether

203.1 maltreatment occurred but does determine the need for services to address the safety of
 203.2 family members and the risk of subsequent maltreatment.

203.3 Subd. 8. **Findings and information.** "Findings and information" means a written
 203.4 summary described in section 260E.35, subdivision 7, paragraph (b), of actions taken or
 203.5 services rendered by a local welfare agency following receipt of a report.

203.6 Subd. 9. **Immediately.** "Immediately" means as soon as possible but in no event longer
 203.7 than 24 hours.

203.8 Subd. 10. **Interested person acting on behalf of the child.** "Interested person acting
 203.9 on behalf of the child" means a parent or legal guardian; stepparent; grandparent; guardian
 203.10 ad litem; adult stepbrother, stepsister, or sibling; or adult aunt or uncle; unless the person
 203.11 has been determined to be the offender who committed the maltreatment.

203.12 Subd. 11. **Investigation.** "Investigation" means fact gathering conducted during:

203.13 (1) a family investigation related to the current safety of a child and the risk of subsequent
 203.14 maltreatment that determines whether maltreatment occurred and whether child protective
 203.15 services are needed; or

203.16 (2) a facility investigation related to duties under section 260E.28.

203.17 Subd. 12. **Maltreatment.** "Maltreatment" means any of the following acts or omissions:

203.18 (1) egregious harm under subdivision 5;

203.19 (2) neglect under subdivision 15;

203.20 (3) physical abuse under subdivision 18;

203.21 (4) sexual abuse under subdivision 20;

203.22 (5) substantial child endangerment under subdivision 22;

203.23 (6) threatened injury under subdivision 23;

203.24 (7) mental injury under subdivision 13; and

203.25 (8) maltreatment of a child in a facility.

203.26 Subd. 13. **Mental injury.** "Mental injury" means an injury to the psychological capacity
 203.27 or emotional stability of a child as evidenced by an observable or substantial impairment
 203.28 in the child's ability to function within a normal range of performance and behavior with
 203.29 due regard to the child's culture.

204.1 Subd. 14. **Near fatality.** "Near fatality" means a case in which a physician, advanced
204.2 practice registered nurse, or physician assistant determines that a child is in serious or critical
204.3 condition as the result of sickness or injury caused by maltreatment.

204.4 Subd. 15. **Neglect.** (a) "Neglect" means the commission or omission of any of the acts
204.5 specified under clauses (1) to (8), other than by accidental means:

204.6 (1) failure by a person responsible for a child's care to supply a child with necessary
204.7 food, clothing, shelter, health, medical, or other care required for the child's physical or
204.8 mental health when reasonably able to do so;

204.9 (2) failure to protect a child from conditions or actions that seriously endanger the child's
204.10 physical or mental health when reasonably able to do so, including a growth delay, which
204.11 may be referred to as a failure to thrive, that has been diagnosed by a physician and is due
204.12 to parental neglect;

204.13 (3) failure to provide for necessary supervision or child care arrangements appropriate
204.14 for a child after considering factors as the child's age, mental ability, physical condition,
204.15 length of absence, or environment, when the child is unable to care for the child's own basic
204.16 needs or safety, or the basic needs or safety of another child in their care;

204.17 (4) failure to ensure that the child is educated as defined in sections 120A.22 and
204.18 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's
204.19 child with sympathomimetic medications, consistent with section 125A.091, subdivision
204.20 5;

204.21 (5) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision
204.22 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in
204.23 the child at birth, results of a toxicology test performed on the mother at delivery or the
204.24 child at birth, medical effects or developmental delays during the child's first year of life
204.25 that medically indicate prenatal exposure to a controlled substance, or the presence of a
204.26 fetal alcohol spectrum disorder;

204.27 (6) medical neglect, as defined in section 260C.007, subdivision 6, clause (5);

204.28 (7) chronic and severe use of alcohol or a controlled substance by a person responsible
204.29 for the child's care that adversely affects the child's basic needs and safety; or

204.30 (8) emotional harm from a pattern of behavior that contributes to impaired emotional
204.31 functioning of the child, which may be demonstrated by a substantial and observable effect
204.32 in the child's behavior, emotional response, or cognition that is not within the normal range
204.33 for the child's age and stage of development, with due regard to the child's culture.

205.1 (b) Nothing in this chapter shall be construed to mean that a child is neglected solely
205.2 because the child's parent, guardian, or other person responsible for the child's care in good
205.3 faith selects and depends upon spiritual means or prayer for treatment or care of disease or
205.4 remedial care of the child in lieu of medical care.

205.5 (c) This chapter does not impose upon persons not otherwise legally responsible for
205.6 providing a child with necessary food, clothing, shelter, education, or medical care a duty
205.7 to provide that care.

205.8 Subd. 16. **Person in a current or recent position of authority.** "Person in a current or
205.9 recent position of authority" means an individual in a position of authority over a child and
205.10 includes but is not limited to any person who is a parent or acting in the place of a parent
205.11 and charged with any of a parent's rights, duties, or responsibilities to a child, or a person
205.12 who is charged with any duty or responsibility for the health, welfare, or supervision of a
205.13 child, either independently or through another, no matter how brief, within 120 days
205.14 immediately preceding the act. Person in a position of authority includes a psychotherapist.

205.15 Subd. 17. **Person responsible for the child's care.** "Person responsible for the child's
205.16 care" means (1) an individual functioning within the family unit and having responsibilities
205.17 for the care of the child such as a parent, guardian, or other person having similar care
205.18 responsibilities, or (2) an individual functioning outside the family unit and having
205.19 responsibilities for the care of the child such as a teacher, school administrator, other school
205.20 employee or agent, or other lawful custodian of a child having either full-time or short-term
205.21 care responsibilities including, but not limited to, day care, babysitting whether paid or
205.22 unpaid, counseling, teaching, and coaching.

205.23 Subd. 18. **Physical abuse.** (a) "Physical abuse" means any physical injury, mental injury
205.24 under subdivision 14, or threatened injury under subdivision 23, inflicted by a person
205.25 responsible for the child's care on a child other than by accidental means, or any physical
205.26 or mental injury that cannot reasonably be explained by the child's history of injuries, or
205.27 any aversive or deprivation procedures, or regulated interventions, that have not been
205.28 authorized under section 125A.0942 or 245.825.

205.29 (b) Abuse does not include reasonable and moderate physical discipline of a child
205.30 administered by a parent or legal guardian that does not result in an injury. Abuse does not
205.31 include the use of reasonable force by a teacher, principal, or school employee as allowed
205.32 by section 121A.582.

205.33 (c) For the purposes of this subdivision, actions that are not reasonable and moderate
205.34 include, but are not limited to, any of the following:

- 206.1 (1) throwing, kicking, burning, biting, or cutting a child;
- 206.2 (2) striking a child with a closed fist;
- 206.3 (3) shaking a child under age three;
- 206.4 (4) striking or other actions that result in any nonaccidental injury to a child under 18
- 206.5 months of age;
- 206.6 (5) unreasonable interference with a child's breathing;
- 206.7 (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;
- 206.8 (7) striking a child under age one on the face or head;
- 206.9 (8) striking a child who is at least age one but under age four on the face or head, which
- 206.10 results in an injury;
- 206.11 (9) purposely giving a child:
- 206.12 (i) poison, alcohol, or dangerous, harmful, or controlled substances that were not
- 206.13 prescribed for the child by a practitioner in order to control or punish the child; or
- 206.14 (ii) other substances that substantially affect the child's behavior, motor coordination,
- 206.15 or judgment; that result in sickness or internal injury; or that subject the child to medical
- 206.16 procedures that would be unnecessary if the child were not exposed to the substances;
- 206.17 (10) unreasonable physical confinement or restraint not permitted under section 609.379,
- 206.18 including but not limited to tying, caging, or chaining; or
- 206.19 (11) in a school facility or school zone, an act by a person responsible for the child's
- 206.20 care that is a violation under section 121A.58.

206.21 Subd. 19. **Report.** "Report" means any communication received by the local welfare

206.22 agency, police department, county sheriff, or agency responsible for child protection pursuant

206.23 to this section that describes maltreatment of a child and contains sufficient content to

206.24 identify the child and any person believed to be responsible for the maltreatment, if known.

206.25 Subd. 20. **Sexual abuse.** "Sexual abuse" means the subjection of a child by a person

206.26 responsible for the child's care, by a person who has a significant relationship to the child,

206.27 or by a person in a current or recent position of authority, to any act that constitutes a

206.28 violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal

206.29 sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree),

206.30 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct

206.31 in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct;

207.1 communication of sexually explicit materials to children). Sexual abuse also includes any
 207.2 act involving a child that constitutes a violation of prostitution offenses under sections
 207.3 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected
 207.4 child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual
 207.5 abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b.
 207.6 Sexual abuse includes threatened sexual abuse, which includes the status of a parent or
 207.7 household member who has committed a violation that requires registration as an offender
 207.8 under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under
 207.9 section 243.166, subdivision 1b, paragraph (a) or (b).

207.10 Subd. 21. **Significant relationship.** "Significant relationship" means a situation in which
 207.11 the alleged offender is:

207.12 (1) the child's parent, stepparent, or guardian;

207.13 (2) any of the following persons related to the child by blood, marriage, or adoption:
 207.14 brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent,
 207.15 great-grandparent, great-uncle, great-aunt; or

207.16 (3) an adult who jointly resides intermittently or regularly in the same dwelling as the
 207.17 child and who is not the child's spouse.

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

207.21 (1) egregious harm under subdivision 5;

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

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

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

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

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

207.29 (7) solicitation, inducement, and promotion of prostitution under section 609.322;

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

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

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

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

208.4 (12) parental behavior, status, or condition that mandates that the county attorney file a
208.5 termination of parental rights petition under section 260C.503, subdivision 2.

208.6 Subd. 23. **Threatened injury.** (a) "Threatened injury" means a statement, overt act,
208.7 condition, or status that represents a substantial risk of physical or sexual abuse or mental
208.8 injury.

208.9 (b) Threatened injury includes, but is not limited to, exposing a child to a person
208.10 responsible for the child's care, as defined in subdivision 17, who has:

208.11 (1) subjected a child to, or failed to protect a child from, an overt act or condition that
208.12 constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;

208.13 (2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph
208.14 (b), clause (4), or a similar law of another jurisdiction;

208.15 (3) committed an act that resulted in an involuntary termination of parental rights under
208.16 section 260C.301, or a similar law of another jurisdiction; or

208.17 (4) committed an act that resulted in the involuntary transfer of permanent legal and
208.18 physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201,
208.19 subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law
208.20 of another jurisdiction.

208.21 (c) A child is the subject of a report of threatened injury when the local welfare agency
208.22 receives birth match data under section 260E.14, subdivision 4, from the Department of
208.23 Human Services.

208.24 **Sec. 4. [260E.04] EVIDENCE.**

208.25 No evidence relating to the maltreatment of a child or to any prior incident of
208.26 maltreatment involving any of the same persons accused of maltreatment shall be excluded
208.27 in any proceeding arising out of the alleged maltreatment on the grounds of privilege set
208.28 forth in section 595.02, subdivision 1, paragraph (a), (d), or (g).

208.29 **Sec. 5. [260E.05] CULTURAL PRACTICES.**

208.30 A person who conducts an assessment or investigation under this chapter shall take into
208.31 account accepted child-rearing practices of the culture in which a child participates and

209.1 accepted teacher discipline practices that are not injurious to the child's health, welfare, and
209.2 safety.

209.3 **Sec. 6. [260E.06] MALTREATMENT REPORTING.**

209.4 **Subdivision 1. Mandatory reporters.** (a) A person who knows or has reason to believe
209.5 a child is being maltreated, as defined in section 260E.03, or has been maltreated within
209.6 the preceding three years, shall immediately report the information to the local welfare
209.7 agency, agency responsible for assessing or investigating the report, police department,
209.8 county sheriff, tribal social services agency, or tribal police department if the person is:

209.9 (1) a professional or professional's delegate who is engaged in the practice of the healing
209.10 arts, social services, hospital administration, psychological or psychiatric treatment, child
209.11 care, education, correctional supervision, probation and correctional services, or law
209.12 enforcement; or

209.13 (2) employed as a member of the clergy and received the information while engaged in
209.14 ministerial duties, provided that a member of the clergy is not required by this subdivision
209.15 to report information that is otherwise privileged under section 595.02, subdivision 1,
209.16 paragraph (c).

209.17 (b) "Practice of social services," for the purposes of this subdivision, includes but is not
209.18 limited to employee assistance counseling and the provision of guardian ad litem and
209.19 parenting time expeditor services.

209.20 **Subd. 2. Voluntary reporters.** Any person may voluntarily report to the local welfare
209.21 agency, agency responsible for assessing or investigating the report, police department,
209.22 county sheriff, tribal social services agency, or tribal police department if the person knows,
209.23 has reason to believe, or suspects a child is being or has been maltreated.

209.24 **Subd. 3. Reporting in cases where selection of spiritual means or prayer for**
209.25 **treatment or care may cause serious danger to child's health.** If the child's parent,
209.26 guardian, or other person responsible for the child's care in good faith selects and depends
209.27 upon spiritual means or prayer for treatment or care of disease or remedial care of the child
209.28 in lieu of medical care, the parent, guardian, or caretaker, or a person mandated to report
209.29 pursuant to subdivision 1, has a duty to report if a lack of medical care may cause serious
209.30 danger to the child's health.

209.31 **Subd. 4. Licensing board duty to report.** A board or other entity whose licensees
209.32 perform work within a school facility, upon receiving a complaint of alleged maltreatment,
209.33 shall report the alleged maltreatment to the commissioner of education.

210.1 **Sec. 7. [260E.07] RETALIATION PROHIBITED.**

210.2 (a) An employer of any person required to make reports under section 260E.06,
210.3 subdivision 1, or 260E.11, subdivision 1, shall not retaliate against the person for reporting
210.4 in good faith maltreatment pursuant to this chapter or against a child with respect to whom
210.5 a report is made, because of the report.

210.6 (b) The employer of any person required to report under section 260E.06, subdivision
210.7 1, or 260E.11, subdivision 1, who retaliates against the person because of a report of
210.8 maltreatment is liable to that person for actual damages and, in addition, a penalty of up to
210.9 \$10,000.

210.10 (c) There shall be a rebuttable presumption that any adverse action within 90 days of a
210.11 report is retaliatory. For purposes of this paragraph, the term "adverse action" refers to action
210.12 taken by an employer of a person required to report under section 260E.06, subdivision 1,
210.13 or 260E.11, subdivision 1, which is involved in a report against the person making the report
210.14 or the child with respect to whom the report was made because of the report, and includes,
210.15 but is not limited to:

210.16 (1) discharge, suspension, termination, or transfer from the facility, institution, school,
210.17 or agency;

210.18 (2) discharge from or termination of employment;

210.19 (3) demotion or reduction in remuneration for services; or

210.20 (4) restriction or prohibition of access to the facility, institution, school, agency, or
210.21 persons affiliated with it.

210.22 **Sec. 8. [260E.08] CRIMINAL PENALTIES FOR FAILURE TO REPORT; CIVIL**
210.23 **PENALTY FOR MAKING FALSE REPORT.**

210.24 (a) A person mandated by section 260E.06, subdivision 1, to report who knows or has
210.25 reason to believe that a child is maltreated, as defined in section 260E.03, or has been
210.26 maltreated within the preceding three years, and fails to report is guilty of a misdemeanor.

210.27 (b) A person mandated by section 260E.06, subdivision 1, to report who knows or has
210.28 reason to believe that two or more children not related to the offender have been maltreated,
210.29 as defined in section 260E.03, by the same offender within the preceding ten years, and
210.30 fails to report is guilty of a gross misdemeanor.

210.31 (c) A parent, guardian, or caretaker who knows or reasonably should know that the
210.32 child's health is in serious danger and who fails to report as required by section 260E.06,

211.1 subdivision 3, is guilty of a gross misdemeanor if the child suffers substantial or great bodily
211.2 harm because of the lack of medical care. If the child dies because of the lack of medical
211.3 care, the person is guilty of a felony and may be sentenced to imprisonment for not more
211.4 than two years or to payment of a fine of not more than \$4,000, or both. The provision in
211.5 section 609.378, subdivision 1, paragraph (a), clause (1), providing that a parent, guardian,
211.6 or caretaker may, in good faith, select and depend on spiritual means or prayer for treatment
211.7 or care of a child, does not exempt a parent, guardian, or caretaker from the duty to report
211.8 under this chapter.

211.9 (d) Any person who knowingly or recklessly makes a false report under the provisions
211.10 of this chapter shall be liable in a civil suit for any actual damages suffered by the person
211.11 or persons so reported and for any punitive damages set by the court or jury, plus costs and
211.12 reasonable attorney fees.

211.13 **Sec. 9. [260E.09] REPORTING REQUIREMENTS.**

211.14 (a) An oral report shall be made immediately by telephone or otherwise. An oral report
211.15 made by a person required under section 260E.06, subdivision 1, to report shall be followed
211.16 within 72 hours, exclusive of weekends and holidays, by a report in writing to the appropriate
211.17 police department, the county sheriff, the agency responsible for assessing or investigating
211.18 the report, or the local welfare agency.

211.19 (b) Any report shall be of sufficient content to identify the child, any person believed
211.20 to be responsible for the maltreatment of the child if the person is known, the nature and
211.21 extent of the maltreatment, and the name and address of the reporter. The local welfare
211.22 agency or agency responsible for assessing or investigating the report shall accept a report
211.23 made under section 260E.06 notwithstanding refusal by a reporter to provide the reporter's
211.24 name or address as long as the report is otherwise sufficient under this paragraph.

211.25 **Sec. 10. [260E.10] NOTIFICATION TO REPORTERS.**

211.26 Subdivision 1. **Screening notification.** If requested, the agency responsible for assessing
211.27 or investigating a report shall inform the reporter within ten days after the report was made,
211.28 either orally or in writing, whether the report was accepted or not. If the responsible agency
211.29 determines the report does not constitute a report under this chapter, the agency shall advise
211.30 the reporter that the report was screened out.

211.31 Subd. 2. **Final notification.** Any person mandated to report shall receive a summary of
211.32 the disposition of any report made by that reporter, including whether the case has been
211.33 opened for child protection or other services, or if a referral has been made to a community

212.1 organization, unless release would be detrimental to the best interests of the child. Any
212.2 person who is not mandated to report shall, upon request to the local welfare agency, receive
212.3 a concise summary of the disposition of any report made by that reporter, unless release
212.4 would be detrimental to the best interests of the child.

212.5 Sec. 11. **[260E.11] AGENCY DESIGNATED TO RECEIVE REPORTS.**

212.6 **Subdivision 1. Reports of maltreatment in facility.** A person mandated to report child
212.7 maltreatment occurring within a licensed facility shall report the information to the agency
212.8 responsible for licensing or certifying the facility under sections 144.50 to 144.58, 241.021,
212.9 and 245A.01 to 245A.16; or chapter 144H, 245D, or 245H; or a nonlicensed personal care
212.10 provider organization as defined in section 256B.0625, subdivision 19a.

212.11 **Subd. 2. Reporting deprivation of parental rights or kidnapping to law**
212.12 **enforcement.** A person mandated to report under section 260E.06, subdivision 1, who
212.13 knows or has reason to know of a violation of section 609.25 or 609.26 shall report the
212.14 information to the local police department or the county sheriff.

212.15 **Subd. 3. Report to medical examiner or coroner; notification to local agency and**
212.16 **law enforcement; report ombudsman.** (a) A person mandated to report maltreatment who
212.17 knows or has reason to believe a child has died as a result of maltreatment shall report that
212.18 information to the appropriate medical examiner or coroner instead of the local welfare
212.19 agency, police department, or county sheriff.

212.20 (b) The medical examiner or coroner shall notify the local welfare agency, police
212.21 department, or county sheriff in instances in which the medical examiner or coroner believes
212.22 that the child has died as a result of maltreatment. The medical examiner or coroner shall
212.23 complete an investigation as soon as feasible and report the findings to the police department
212.24 or county sheriff and the local welfare agency.

212.25 (c) If the child was receiving services or treatment for mental illness, developmental
212.26 disability, chemical dependency, or emotional disturbance from an agency, facility, or
212.27 program as defined in section 245.91, the medical examiner or coroner shall also notify and
212.28 report findings to the ombudsman established under sections 245.91 to 245.97.

213.1 Sec. 12. **[260E.12] REQUIRED ACTIONS OF THE RESPONSIBLE AGENCY AND**
213.2 **LAW ENFORCEMENT UPON RECEIVING REPORT.**

213.3 **Subdivision 1. Police department or county sheriff.** (a) The police department or the
213.4 county sheriff shall immediately notify the local welfare agency or agency responsible for
213.5 child protection reports under this chapter orally and in writing when a report is received.

213.6 (b) Written reports received by a police department or the county sheriff shall be
213.7 forwarded immediately to the local welfare agency or the agency responsible for assessing
213.8 or investigating the report. The police department or the county sheriff may keep copies of
213.9 reports received by them.

213.10 (c) The county sheriff and the head of each local welfare agency, agency responsible
213.11 for child protection reports, and police department shall designate a person within the agency,
213.12 department, or office who is responsible for ensuring that the notification duties of this
213.13 section are carried out. If the alleged maltreatment occurs on tribal land, the local welfare
213.14 agency or agency responsible for child protection reports and the local police department
213.15 or county sheriff shall immediately notify the tribe's social services agency and tribal law
213.16 enforcement orally and in writing when a report is received. When a police department or
213.17 county determines that a child has been the subject of maltreatment by a person licensed
213.18 by the Professional Educator Licensing and Standards Board or the Board of School
213.19 Administrators, the department or sheriff shall, in addition to other duties under this section,
213.20 immediately inform the licensing board.

213.21 (d) If a child is the victim of an alleged crime under subdivision 2, paragraph (c), the
213.22 law enforcement agency shall immediately notify the local welfare agency, which shall
213.23 offer appropriate social services for the purpose of safeguarding and enhancing the welfare
213.24 of the maltreated child.

213.25 **Subd. 2. Local welfare agency or agency responsible for maltreatment report.** (a)
213.26 The local welfare agency or agency responsible for child protection reports shall immediately
213.27 notify the local police department or the county sheriff orally and in writing when a report
213.28 is received.

213.29 (b) Copies of written reports received by a local welfare agency or the agency responsible
213.30 for assessing or investigating the report shall be forwarded immediately to the local police
213.31 department or the county sheriff.

213.32 (c) Receipt by a local welfare agency of a report or notification of a report of kidnapping
213.33 under section 609.25 or depriving another of custodial or parental rights under section
213.34 609.26 shall not be construed to invoke the duties under this chapter except notification of

214.1 law enforcement and the offer of services under section 260E.20, subdivision 1, paragraph
214.2 (a), as appropriate.

214.3 Subd. 3. Penalties for failure to cross notify. (a) If a local welfare agency receives a
214.4 report under section 260E.06 and fails to notify the local police department or county sheriff
214.5 as required by subdivision 2, the person within the agency who is responsible for ensuring
214.6 that notification is made shall be subject to disciplinary action in keeping with the agency's
214.7 existing policy or collective bargaining agreement on discipline of employees.

214.8 (b) If a local police department or a county sheriff receives a report under section 260E.06
214.9 and fails to notify the local welfare agency as required by subdivision 1, the person within
214.10 the police department or county sheriff's office who is responsible for ensuring that
214.11 notification is made shall be subject to disciplinary action in keeping with the agency's
214.12 existing policy or collective bargaining agreement on discipline of employees.

214.13 **Sec. 13. [260E.13] REPORT TO OMBUDSMAN.**

214.14 When a local welfare agency receives a report or otherwise has information indicating
214.15 that a child who is a client, as defined in section 245.91, has been the subject of maltreatment
214.16 at an agency, facility, or program, as defined in section 245.91, the local welfare agency
214.17 shall, in addition to its other duties under this chapter, immediately inform the ombudsman
214.18 established under sections 245.91 to 245.97. The commissioner of education shall inform
214.19 the ombudsman established under sections 245.91 to 245.97 of reports regarding a child
214.20 who is a client, as defined in section 245.91, that maltreatment occurred at a school as
214.21 defined in section 120A.05, subdivisions 9, 11, and 13, and chapter 124E.

214.22 **Sec. 14. [260E.14] AGENCY RESPONSIBLE FOR SCREENING AND**
214.23 **ASSESSMENT OR INVESTIGATION.**

214.24 Subdivision 1. Facilities and schools. (a) The local welfare agency is the agency
214.25 responsible for investigating allegations of maltreatment in child foster care, family child
214.26 care, legally nonlicensed child care, and reports involving children served by an unlicensed
214.27 personal care provider organization under section 256B.0659. Copies of findings related to
214.28 personal care provider organizations under section 256B.0659 must be forwarded to the
214.29 Department of Human Services provider enrollment.

214.30 (b) The Department of Human Services is the agency responsible for screening and
214.31 investigating allegations of maltreatment in juvenile correctional facilities listed under
214.32 section 241.021 located in the local welfare agency's county and in facilities licensed or

215.1 certified under chapters 245A, 245D, and 245G, except for child foster care and family
215.2 child care.

215.3 (c) The Department of Health is the agency responsible for screening and investigating
215.4 allegations of maltreatment in facilities licensed under sections 144.50 to 144.58 and 144A.43
215.5 to 144A.482 or chapter 144H.

215.6 (d) The Department of Education is the agency responsible for screening and investigating
215.7 allegations of maltreatment in a school as defined in section 120A.05, subdivisions 9, 11,
215.8 and 13, and chapter 124E. The Department of Education's responsibility to screen and
215.9 investigate includes allegations of maltreatment involving students 18 to 21 years of age,
215.10 including students receiving special education services, up to and including graduation and
215.11 the issuance of a secondary or high school diploma.

215.12 (e) A health or corrections agency receiving a report may request the local welfare agency
215.13 to provide assistance pursuant to this section and sections 260E.19 and 260E.22.

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

215.19 (b) The local welfare agency is also responsible for investigating when a child is identified
215.20 as a victim of sex trafficking.

215.21 Subd. 3. **Neglect or physical abuse.** The local welfare agency is responsible for
215.22 immediately conducting a family assessment or investigation if the report alleges neglect
215.23 or physical abuse by a parent, guardian, or individual functioning within the family unit as
215.24 a person responsible for the child's care.

215.25 Subd. 4. **Birth match.** (a) Upon receiving data under section 144.225, subdivision 2b,
215.26 contained in a birth record or recognition of parentage identifying a child who is subject to
215.27 threatened injury under section 260E.03, subdivision 23, the Department of Human Services
215.28 shall send the data to the responsible local welfare agency. The data is known as "birth
215.29 match data."

215.30 (b) Unless the responsible local welfare agency has already begun an investigation or
215.31 assessment of the report due to the birth of the child or execution of the recognition of
215.32 parentage and the parent's previous history with child protection, the agency shall accept
215.33 the birth match data as a report under section 260E.03, subdivision 23.

216.1 Subd. 5. Law enforcement. (a) The local law enforcement agency is the agency
216.2 responsible for investigating a report of maltreatment if a violation of a criminal statute is
216.3 alleged.

216.4 (b) Law enforcement and the responsible agency must coordinate their investigations
216.5 or assessments as required under this chapter when the report alleges maltreatment that is
216.6 a violation of a criminal statute by a person who is a parent, guardian, sibling, person
216.7 responsible for the child's care functioning within the family unit, or person who lives in
216.8 the child's household and who has a significant relationship to the child, in a setting other
216.9 than a facility as defined in section 260E.03.

216.10 **Sec. 15. [260E.15] SCREENING GUIDELINES.**

216.11 (a) Child protection staff, supervisors, and others involved in child protection screening
216.12 shall follow the guidance provided in the maltreatment screening guidelines issued by the
216.13 commissioner and, when notified by the commissioner, shall immediately implement updated
216.14 procedures and protocols.

216.15 (b) Any modification to the screening guidelines must be preapproved by the
216.16 commissioner and must not be less protective of children than is mandated by statute. The
216.17 county agency must consult with the county attorney before proposing modifications to the
216.18 commissioner. The guidelines may provide additional protection for children but must not
216.19 limit reports that are screened in or provide additional limits on consideration of reports
216.20 that were screened out in making a screening determination.

216.21 **Sec. 16. [260E.16] TIMELINE FOR SCREENING.**

216.22 (a) The local welfare agency shall determine if the report is to be screened in or out as
216.23 soon as possible but in no event longer than 24 hours after the report is received.

216.24 (b) When determining whether a report will be screened in or out, the agency receiving
216.25 the report must consider, when relevant, all previous history, including reports that were
216.26 screened out. The agency may communicate with treating professionals and individuals
216.27 specified under section 260E.35, subdivision 4, paragraph (b).

216.28 **Sec. 17. [260E.17] RESPONSE PATH ASSIGNMENT.**

216.29 Subdivision 1. Local welfare agency. (a) Upon receipt of a report, the local welfare
216.30 agency shall determine whether to conduct a family assessment or an investigation as
216.31 appropriate to prevent or provide a remedy for maltreatment.

217.1 (b) The local welfare agency shall conduct an investigation when the report involves
217.2 sexual abuse or substantial child endangerment.

217.3 (c) The local welfare agency shall begin an immediate investigation if, at any time when
217.4 the local welfare agency is using a family assessment response, the local welfare agency
217.5 determines that there is reason to believe that sexual abuse or substantial child endangerment
217.6 or a serious threat to the child's safety exists.

217.7 (d) The local welfare agency may conduct a family assessment for reports that do not
217.8 allege sexual abuse or substantial child endangerment. In determining that a family
217.9 assessment is appropriate, the local welfare agency may consider issues of child safety,
217.10 parental cooperation, and the need for an immediate response.

217.11 (e) The local welfare agency may conduct a family assessment on a report that was
217.12 initially screened and assigned for an investigation. In determining that a complete
217.13 investigation is not required, the local welfare agency must document the reason for
217.14 terminating the investigation and notify the local law enforcement agency if the local law
217.15 enforcement agency is conducting a joint investigation.

217.16 Subd. 2. **Responsible social service agency.** The responsible agency shall conduct an
217.17 investigation when the report alleges maltreatment in a facility required to be licensed under
217.18 chapter 144H, 245A, 245D, or 245H; under sections 144.50 to 144.58 and 241.021; in a
217.19 school as defined in section 120A.05, subdivisions 9, 11, and 13, and chapter 124E; or in
217.20 a nonlicensed personal care provider association as defined in section 256B.0625, subdivision
217.21 19a.

217.22 Sec. 18. **[260E.18] NOTICE TO CHILD'S TRIBE.**

217.23 The local welfare agency shall provide immediate notice, according to section 260.761,
217.24 subdivision 2, to an Indian child's tribe when the agency has reason to believe the family
217.25 assessment or investigation may involve an Indian child. For purposes of this section,
217.26 "immediate notice" means notice provided within 24 hours.

217.27 Sec. 19. **[260E.19] CONFLICT OF INTEREST.**

217.28 (a) A potential conflict of interest related to assisting in an investigation or assessment
217.29 under this chapter resulting in a direct or shared financial interest with a child maltreatment
217.30 treatment provider or resulting from a personal or family relationship with a party in the
217.31 investigation must be considered by the local welfare agency in an effort to prevent unethical
217.32 relationships.

218.1 (b) A person who conducts an investigation or assessment under this chapter may not
 218.2 have:

218.3 (1) any direct or shared financial interest or referral relationship resulting in a direct
 218.4 shared financial gain with a child maltreatment treatment provider; or

218.5 (2) a personal or family relationship with a party in the assessment or investigation.

218.6 (c) If an independent assessor is not available, the person responsible for making the
 218.7 determination under this chapter may use the services of an assessor with a financial interest,
 218.8 referral, or personal or family relationship.

218.9 Sec. 20. [260E.20] AGENCY DUTIES REGARDING INVESTIGATION AND
 218.10 ASSESSMENT.

218.11 Subdivision 1. General duties. (a) The local welfare agency shall offer services to
 218.12 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
 218.13 and supporting and preserving family life whenever possible.

218.14 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
 218.15 endangerment under section 609.378, the local law enforcement agency and local welfare
 218.16 agency shall coordinate the planning and execution of their respective investigation and
 218.17 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
 218.18 Each agency shall prepare a separate report of the results of the agency's investigation or
 218.19 assessment.

218.20 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
 218.21 on the fact-finding efforts of a law enforcement investigation to make a determination of
 218.22 whether or not maltreatment occurred.

218.23 (d) When necessary, the local welfare agency shall seek authority to remove the child
 218.24 from the custody of a parent, guardian, or adult with whom the child is living.

218.25 (e) In performing any of these duties, the local welfare agency shall maintain an
 218.26 appropriate record.

218.27 (f) In conducting a family assessment or investigation, the local welfare agency shall
 218.28 gather information on the existence of substance abuse and domestic violence.

218.29 (g) If the family assessment or investigation indicates there is a potential for abuse of
 218.30 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
 218.31 the local welfare agency shall conduct a chemical use assessment pursuant to Minnesota
 218.32 Rules, part 9530.6615.

219.1 (h) The agency may use either a family assessment or investigation to determine whether
219.2 the child is safe when responding to a report resulting from birth match data under section
219.3 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
219.4 to be safe, the agency shall consult with the county attorney to determine the appropriateness
219.5 of filing a petition alleging the child is in need of protection or services under section
219.6 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
219.7 determined not to be safe, the agency and the county attorney shall take appropriate action
219.8 as required under section 260C.503, subdivision 2.

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

219.13 (b) The face-to-face contact with the child and primary caregiver shall occur immediately
219.14 if sexual abuse or substantial child endangerment is alleged and within five calendar days
219.15 for all other reports. If the alleged offender was not already interviewed as the primary
219.16 caregiver, the local welfare agency shall also conduct a face-to-face interview with the
219.17 alleged offender in the early stages of the assessment or investigation.

219.18 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
219.19 responsible for assessing or investigating the report must inform the alleged offender of the
219.20 complaints or allegations made against the individual in a manner consistent with laws
219.21 protecting the rights of the person who made the report. The interview with the alleged
219.22 offender may be postponed if it would jeopardize an active law enforcement investigation.

219.23 (d) The local welfare agency or the agency responsible for assessing or investigating
219.24 the report must provide the alleged offender with an opportunity to make a statement. The
219.25 alleged offender may submit supporting documentation relevant to the assessment or
219.26 investigation.

219.27 Subd. 3. **Collection of information.** (a) The local welfare agency responsible for
219.28 conducting a family assessment or investigation shall collect available and relevant
219.29 information to determine child safety, risk of subsequent maltreatment, and family strengths
219.30 and needs and share not public information with an Indian's tribal social services agency
219.31 without violating any law of the state that may otherwise impose a duty of confidentiality
219.32 on the local welfare agency in order to implement the tribal state agreement.

220.1 (b) The local welfare agency or the agency responsible for investigating the report shall
220.2 collect available and relevant information to ascertain whether maltreatment occurred and
220.3 whether protective services are needed.

220.4 (c) Information collected includes, when relevant, information with regard to the person
220.5 reporting the alleged maltreatment, including the nature of the reporter's relationship to the
220.6 child and to the alleged offender, and the basis of the reporter's knowledge for the report;
220.7 the child allegedly being maltreated; the alleged offender; the child's caretaker; and other
220.8 collateral sources having relevant information related to the alleged maltreatment.

220.9 (d) Information relevant to the assessment or investigation must be asked for, and may
220.10 include:

220.11 (1) the child's sex and age; prior reports of maltreatment, including any maltreatment
220.12 reports that were screened out and not accepted for assessment or investigation; information
220.13 relating to developmental functioning; credibility of the child's statement; and whether the
220.14 information provided under this clause is consistent with other information collected during
220.15 the course of the assessment or investigation;

220.16 (2) the alleged offender's age, a record check for prior reports of maltreatment, and
220.17 criminal charges and convictions;

220.18 (3) collateral source information regarding the alleged maltreatment and care of the
220.19 child. Collateral information includes, when relevant: (i) a medical examination of the child;
220.20 (ii) prior medical records relating to the alleged maltreatment or the care of the child
220.21 maintained by any facility, clinic, or health care professional and an interview with the
220.22 treating professionals; and (iii) interviews with the child's caretakers, including the child's
220.23 parent, guardian, foster parent, child care provider, teachers, counselors, family members,
220.24 relatives, and other persons who may have knowledge regarding the alleged maltreatment
220.25 and the care of the child; and

220.26 (4) information on the existence of domestic abuse and violence in the home of the child,
220.27 and substance abuse.

220.28 (e) Nothing in this subdivision precludes the local welfare agency, the local law
220.29 enforcement agency, or the agency responsible for assessing or investigating the report from
220.30 collecting other relevant information necessary to conduct the assessment or investigation.

220.31 (f) Notwithstanding section 13.384 or 144.291 to 144.298, the local welfare agency has
220.32 access to medical data and records for purposes of paragraph (d), clause (3).

221.1 Subd. 4. Consultation regarding alleged medical neglect. If the report alleges medical
221.2 neglect as defined in section 260C.007, subdivision 6, clause (5), the local welfare agency
221.3 shall, in addition to its other duties under this section, immediately consult with designated
221.4 hospital staff and with the parents of the infant to verify that appropriate nutrition, hydration,
221.5 and medication are being provided; and shall immediately secure an independent medical
221.6 review of the infant's medical charts and records and, if necessary, seek a court order for
221.7 an independent medical examination of the infant.

221.8 Subd. 5. Law enforcement fact finding. If the report alleges maltreatment by a person
221.9 who is not a parent, guardian, sibling, person responsible for the child's care functioning
221.10 within the family unit, or a person who lives in the child's household and who has a
221.11 significant relationship to the child, in a setting other than a facility as defined in section
221.12 260E.03, the local welfare agency may rely on the fact-finding efforts of the law enforcement
221.13 investigation to make a determination whether or not threatened injury or other maltreatment
221.14 has occurred under section 260E.03, subdivision 12, if an alleged offender has minor children
221.15 or lives with minors.

221.16 **Sec. 21. [260E.21] SCREENED OUT REPORTS.**

221.17 Subdivision 1. Records. A report that is screened out must be maintained according to
221.18 section 260E.35, subdivision 6, paragraph (b).

221.19 Subd. 2. Offer of social services. A local welfare agency or agency responsible for
221.20 investigating or assessing a report may use a screened out report for making an offer of
221.21 social services to the subjects of the screened out report.

221.22 **Sec. 22. [260E.22] INTERVIEWS.**

221.23 Subdivision 1. Authority to interview. (a) The agency responsible for assessing or
221.24 investigating reports of maltreatment has the authority to interview the child, the person or
221.25 persons responsible for the child's care, the alleged offender, and any other person with
221.26 knowledge of the maltreatment for the purpose of gathering facts, assessing safety and risk
221.27 to the child, and formulating a plan.

221.28 (b) Authority of the local welfare agency responsible for assessing or investigating the
221.29 maltreatment report, the agency responsible for assessing or investigating the report, and
221.30 the local law enforcement agency responsible for investigating the alleged maltreatment
221.31 includes but is not limited to authority to interview, without parental consent, the alleged
221.32 victim and any other children who currently reside with or who have resided with the alleged
221.33 offender.

222.1 Subd. 2. **Interview procedure.** (a) The interview may take place at school or at any
222.2 facility or other place where the alleged victim or other children might be found or the child
222.3 may be transported to, and the interview may be conducted at a place appropriate for the
222.4 interview of a child designated by the local welfare agency or law enforcement agency.

222.5 (b) The interview may take place outside the presence of the alleged offender or parent,
222.6 legal custodian, guardian, or school official.

222.7 (c) For a family assessment, it is the preferred practice to request a parent or guardian's
222.8 permission to interview the child before conducting the child interview, unless doing so
222.9 would compromise the safety assessment.

222.10 Subd. 3. **Notification after interview.** (a) Except as provided in this subdivision, the
222.11 parent, legal custodian, or guardian shall be notified by the responsible agency or local law
222.12 enforcement agency no later than the conclusion of the investigation or assessment that this
222.13 interview has occurred.

222.14 (b) Notwithstanding notice required under the Minnesota Rules of Juvenile Protection,
222.15 the juvenile court may, after hearing on an ex parte motion by the local welfare agency,
222.16 order that, where reasonable cause exists, the agency withhold notification of this interview
222.17 from the parent, legal custodian, or guardian. If the interview took place or is to take place
222.18 on school property, the order shall specify that school officials may not disclose to the
222.19 parent, legal custodian, or guardian the contents of the notification of intent to interview
222.20 the child on school property, as provided under this subdivision, and any other related
222.21 information regarding the interview that may be a part of the child's school record. A copy
222.22 of the order shall be sent by the local welfare or law enforcement agency to the appropriate
222.23 school official.

222.24 Subd. 4. **Tennessen notice not required.** In conducting investigations and assessments
222.25 pursuant to this chapter, the notice required by section 13.04, subdivision 2, need not be
222.26 provided to a child under the age of ten who is the alleged victim of maltreatment.

222.27 Subd. 5. **Court order for interview.** (a) Where the alleged offender or a person
222.28 responsible for the care of the alleged victim or other child prevents access to the victim or
222.29 other child by the local welfare agency, the juvenile court may order the parent, legal
222.30 custodian, or guardian to produce the alleged victim or other child for questioning by the
222.31 local welfare agency or the local law enforcement agency outside the presence of the alleged
222.32 offender or any person responsible for the child's care at reasonable places and times as
222.33 specified by court order.

223.1 (b) Before making an order under paragraph (a), the court shall issue an order to show
223.2 cause, either upon its own motion or upon a verified petition, specifying the basis for the
223.3 requested interview and fixing the time and place of the hearing. The order to show cause
223.4 shall be served personally and shall be heard in the same manner as provided in other cases
223.5 in the juvenile court. The court shall consider the need for appointment of a guardian ad
223.6 litem to protect the best interests of the child. If appointed, the guardian ad litem shall be
223.7 present at the hearing on the order to show cause.

223.8 Subd. 6. **Interview format.** (a) When conducting an investigation, the local welfare
223.9 agency shall use a question and answer interviewing format with questioning as nondirective
223.10 as possible to elicit spontaneous responses.

223.11 (b) For investigations only, the following interviewing methods and procedures must
223.12 be used whenever possible when collecting information:

223.13 (1) audio recording of all interviews with witnesses and collateral sources; and

223.14 (2) in a case of alleged sexual abuse, audio-video recording of each interview with the
223.15 alleged victim and a child witness.

223.16 Subd. 7. **Interviews on school property.** (a) When the local welfare agency, local law
223.17 enforcement agency, or the agency responsible for assessing or investigating a report of
223.18 maltreatment determines that an interview should take place on school property, written
223.19 notification of intent to interview the child on school property must be received by school
223.20 officials before the interview. The notification shall include the name of the child to be
223.21 interviewed, the purpose of the interview, and a reference to the statutory authority to conduct
223.22 an interview on school property. For an interview conducted by the local welfare agency,
223.23 the notification shall be signed by the chair of the local welfare agency or the chair's designee.
223.24 The notification shall be private data on individuals subject to the provisions of this
223.25 subdivision. School officials may not disclose to the parent, legal custodian, or guardian
223.26 the contents of the notification or any other related information regarding the interview until
223.27 notified in writing by the local welfare agency or local law enforcement agency that the
223.28 investigation or assessment has been concluded, unless a school employee or agent is alleged
223.29 to have maltreated the child. Until that time, the local welfare agency, local law enforcement
223.30 agency, or the agency responsible for assessing or investigating a report of maltreatment
223.31 shall be solely responsible for any disclosure regarding the nature of the assessment or
223.32 investigation.

223.33 (b) Except where the alleged offender is believed to be a school official or employee,
223.34 the time, place, and manner of the interview on school premises shall be within the discretion

224.1 of school officials, but the local welfare agency or local law enforcement agency shall have
 224.2 the exclusive authority to determine who may attend the interview. The conditions as to
 224.3 time, place, and manner of the interview set by the school officials shall be reasonable, and
 224.4 the interview shall be conducted not more than 24 hours after the receipt of the notification
 224.5 unless another time is considered necessary by agreement between the school officials and
 224.6 the local welfare agency or local law enforcement agency. Where the school fails to comply
 224.7 with the provisions of this paragraph, the juvenile court may order the school to comply.
 224.8 Every effort must be made to reduce the disruption of the educational program of the child,
 224.9 other students, or school staff when an interview is conducted on school premises.

224.10 **Sec. 23. [260E.23] DOCUMENTING INTERVIEWS WITH CHILD**
 224.11 **MALTREATMENT VICTIMS.**

224.12 Subdivision 1. **Policy.** It is the policy of this state to encourage adequate and accurate
 224.13 documentation of the number and content of interviews conducted with alleged child
 224.14 maltreatment victims during the course of a child maltreatment assessment or investigation,
 224.15 criminal investigation, or prosecution, and to discourage interviews that are unnecessary,
 224.16 duplicative, or otherwise not in the best interests of the child.

224.17 Subd. 2. **Definitions.** As used in this section:

224.18 (1) "government employee" means an employee of a state or local agency, and any
 224.19 person acting as an agent of a state or local agency;

224.20 (2) "interview" means a statement of an alleged maltreatment victim which is given or
 224.21 made to a government employee during the course of a maltreatment assessment or
 224.22 investigation, criminal investigation, or prosecution; and

224.23 (3) "record" means an audio or video recording of an interview, or a written record of
 224.24 an interview.

224.25 Subd. 3. **Record required.** Whenever an interview is conducted, the interviewer must
 224.26 make a record of the interview. The record must contain the following information:

224.27 (1) the date, time, place, and duration of the interview;

224.28 (2) the identity of the persons present at the interview; and

224.29 (3) if the record is in writing, a summary of the information obtained during the interview.

224.30 Subd. 4. **Records maintained.** The records shall be maintained by the interviewer in
 224.31 accordance with applicable provisions of section 260E.35 and chapter 13.

225.1 Subd. 5. **Guidelines on tape recording of interviews.** Every county attorney's office
 225.2 shall be responsible for developing written guidelines on the tape recording of interviews
 225.3 by government employees who conduct child maltreatment assessments or investigations,
 225.4 criminal investigations, or prosecutions. The guidelines are public data as defined in section
 225.5 13.02, subdivision 14.

225.6 Sec. 24. **[260E.24] CONCLUSION OF FAMILY ASSESSMENT OR FAMILY**
 225.7 **INVESTIGATION BY LOCAL WELFARE AGENCY.**

225.8 Subdivision 1. **Timing.** The local welfare agency shall conclude the family assessment
 225.9 or the investigation within 45 days of the receipt of a report. The conclusion of the assessment
 225.10 or investigation may be extended to permit the completion of a criminal investigation or
 225.11 the receipt of expert information requested within 45 days of the receipt of the report.

225.12 Subd. 2. **Determination after family assessment.** After conducting a family assessment,
 225.13 the local welfare agency shall determine whether child protective services are needed to
 225.14 address the safety of the child and other family members and the risk of subsequent
 225.15 maltreatment.

225.16 Subd. 3. **Determinations after family investigation.** (a) After conducting an
 225.17 investigation, the local welfare agency shall make two determinations: (1) whether
 225.18 maltreatment occurred; and (2) whether child protective services are needed.

225.19 (b) No determination of maltreatment shall be made when the alleged offender is a child
 225.20 under the age of ten.

225.21 (c) The local welfare agency or the agency responsible for investigating the report may
 225.22 make a determination of no maltreatment early in an investigation, and close the case and
 225.23 retain immunity, if the collected information shows no basis for a full investigation.

225.24 Subd. 4. **Child protective services.** For the purposes of this chapter, except for section
 225.25 260E.37, a determination that child protective services are needed means that the local
 225.26 welfare agency documented conditions during the assessment or investigation sufficient to
 225.27 cause a child protection worker, as defined in section 260E.37, to conclude that a child is
 225.28 at significant risk of maltreatment if protective intervention is not provided and that the
 225.29 individual or individuals responsible for the child's care have not taken or are not likely to
 225.30 take action to protect the child from maltreatment or risk of maltreatment.

225.31 Subd. 5. **Notifications at conclusion of family investigation.** (a) Within ten working
 225.32 days of the conclusion of an investigation, the local welfare agency or agency responsible
 225.33 for investigating the report shall notify the parent or guardian of the child and the person

226.1 determined to be maltreating the child, if not the parent or guardian of the child, of the
226.2 determination and a summary of the specific reasons for the determination.

226.3 (b) The notice must include a certification that the information collection procedures
226.4 under section 260E.20 were followed and a notice of the right of a data subject to obtain
226.5 access to other private data on the subject collected, created, or maintained under this section.

226.6 (c) In addition, the notice shall include the length of time that the records will be kept
226.7 under section 260E.35, subdivision 6. The investigating agency shall notify the parent or
226.8 guardian of the child who is the subject of the report, and any person determined to have
226.9 maltreated the child, of their appeal or review rights under this chapter.

226.10 (d) The notice must also state that a finding of maltreatment may result in denial of a
226.11 license or certification application or background study disqualification under chapter 245C
226.12 related to employment or services that are licensed or certified by the Department of Human
226.13 Services under chapter 245A or 245H, the Department of Health under chapter 144 or 144A,
226.14 the Department of Corrections under section 241.021, and from providing services related
226.15 to an unlicensed personal care provider organization under chapter 256B.

226.16 Subd. 6. **Required referral to early intervention services.** A child under age three
226.17 who is involved in a substantiated case of maltreatment shall be referred for screening under
226.18 the Individuals with Disabilities Education Act, part C. Parents must be informed that the
226.19 evaluation and acceptance of services are voluntary. The commissioner of human services
226.20 shall monitor referral rates by county and annually report the information to the legislature.
226.21 Refusal to have a child screened is not a basis for a child in need of protection or services
226.22 petition under chapter 260C.

226.23 Subd. 7. **Notification at conclusion of family assessment.** Within ten working days of
226.24 the conclusion of a family assessment, the local welfare agency shall notify the parent or
226.25 guardian of the child of the need for services to address child safety concerns or significant
226.26 risk of subsequent maltreatment. The local welfare agency and the family may also jointly
226.27 agree that family support and family preservation services are needed.

226.28 Sec. 25. **[260E.25] PROVISION OF MEDICAL CARE.**

226.29 (a) If lack of medical care due to a parent's, guardian's, or caretaker's good faith selection
226.30 and dependence upon spiritual means or prayer for treatment or care of disease or remedial
226.31 care for the child in lieu of medical care may result in serious danger to the child's health,
226.32 the local welfare agency may ensure that necessary medical services are provided to the
226.33 child.

227.1 (b) If the review or examination required under section 260E.20, subdivision 4, leads
227.2 to a conclusion of medical neglect, the agency shall intervene on behalf of the infant by
227.3 initiating legal proceedings under section 260C.141 and by filing an expedited motion to
227.4 prevent the withholding of medically indicated treatment.

227.5 **Sec. 26. [260E.26] PROVISION OF CHILD PROTECTIVE SERVICES.**

227.6 The local welfare agency shall create a written plan, in collaboration with the family
227.7 whenever possible, within 30 days of the determination that child protective services are
227.8 needed or upon joint agreement of the local welfare agency and the family that family
227.9 support and preservation services are needed. Child protective services for a family are
227.10 voluntary unless ordered by the court.

227.11 **Sec. 27. [260E.27] CONSULTATION WITH THE COUNTY ATTORNEY.**

227.12 The local welfare agency shall consult with the county attorney to determine the
227.13 appropriateness of filing a petition alleging the child is in need of protection or services
227.14 under section 260C.007, subdivision 6, if:

227.15 (1) the family does not accept or comply with a plan for child protective services;

227.16 (2) voluntary child protective services may not provide sufficient protection for the child;

227.17 or

227.18 (3) the family is not cooperating with an investigation or assessment.

227.19 **Sec. 28. [260E.28] CONDUCTING INVESTIGATION IN FACILITY OR SCHOOL.**

227.20 Subdivision 1. **Immediate investigation for alleged maltreatment in a facility.** (a)
227.21 The commissioner of human services, health, or education, whichever is responsible for
227.22 investigating the report, shall immediately investigate if the report alleges that:

227.23 (1) a child who is in the care of a facility as defined in section 260E.03 is the victim of
227.24 maltreatment in a facility by an individual in that facility or has been the victim of
227.25 maltreatment in a facility by an individual in that facility within the three years preceding
227.26 the report; or

227.27 (2) a child is the victim of maltreatment in a facility by an individual in a facility defined
227.28 in section 260E.03, subdivision 6, while in the care of that facility within the three years
227.29 preceding the report.

227.30 (b) The commissioner of the agency responsible for investigating the report shall arrange
227.31 for the transmittal to the commissioner of reports received by local agencies and may delegate

228.1 to a local welfare agency the duty to investigate reports. The commissioner of the agency
228.2 responsible for investigating the report or local welfare agency may interview any children
228.3 who are or have been in the care of a facility under investigation and the children's parents,
228.4 guardians, or legal custodians.

228.5 (c) In conducting an investigation under this section, the commissioner has the powers
228.6 and duties specified for a local welfare agency under this chapter.

228.7 Subd. 2. **Preinterview notification for facility investigation.** Before any interview
228.8 related to maltreatment in a facility under the provisions of section 260E.22, the
228.9 commissioner of the agency responsible for investigating the report or local welfare agency
228.10 shall notify the parent, guardian, or legal custodian of a child who will be interviewed in
228.11 the manner provided for in section 260E.22. If reasonable efforts to reach the parent,
228.12 guardian, or legal custodian of a child in an out-of-home placement have failed, the child
228.13 may be interviewed if there is reason to believe the interview is necessary to protect the
228.14 child or other children in the facility. The commissioner of the agency responsible for
228.15 assessing or investigating the report or local agency must provide the information required
228.16 in this subdivision to the parent, guardian, or legal custodian of a child interviewed without
228.17 parental notification as soon as possible after the interview. When the investigation is
228.18 completed, any parent, guardian, or legal custodian notified under this subdivision shall
228.19 receive the written memorandum provided for in section 260E.30, subdivision 5.

228.20 Subd. 3. **Facility records.** The commissioner of human services, the ombudsman for
228.21 mental health and developmental disabilities, the local welfare agencies responsible for
228.22 investigating reports, the commissioner of education, and the local law enforcement agencies
228.23 have the right to enter a facility as defined in section 260E.03 and to inspect and copy the
228.24 facility's records, including medical records, as part of the investigation. Notwithstanding
228.25 the provisions of chapter 13, the commissioner of human services, the ombudsman for
228.26 mental health and developmental disabilities, the local welfare agencies responsible for
228.27 investigating reports, the commissioner of education, and the local law enforcement agencies
228.28 also have the right to inform the facility under investigation that an investigation is being
228.29 conducted, to disclose to the facility the names of the individuals under investigation for
228.30 maltreating a child, and to provide the facility with a copy of the report and the investigative
228.31 findings.

228.32 Subd. 4. **Access to information.** In conducting investigations under this chapter, the
228.33 commissioner or local welfare agency shall obtain access to information consistent with
228.34 section 260E.20, subdivision 3. In conducting investigations under this section, the
228.35 commissioner of education shall obtain access to reports and investigative data that are

229.1 relevant to a report of maltreatment and are in the possession of a school facility as defined
229.2 in section 260E.03, subdivision 6, clause (2), notwithstanding the classification of the data
229.3 as educational or personnel data under chapter 13. This includes but is not limited to school
229.4 investigative reports, information concerning the conduct of school personnel alleged to
229.5 have committed maltreatment of students, information about witnesses, and any protective
229.6 or corrective action taken by the school facility regarding the school personnel alleged to
229.7 have committed maltreatment.

229.8 Subd. 5. **Investigation involving school facility.** In conducting an investigation involving
229.9 a school facility as defined in section 260E.03, subdivision 6, clause (2), the commissioner
229.10 of education shall collect available and relevant information and use the procedures in
229.11 sections 260E.20, subdivisions 2 and 3, and 260E.22, except that the requirement for
229.12 face-to-face observation of the child and face-to-face interview of the alleged offender is
229.13 to occur in the initial stages of the investigation provided that the commissioner may also
229.14 base the investigation on investigative reports and data received from the school facility
229.15 and local law enforcement agency, to the extent those investigations satisfy the requirements
229.16 of sections 260E.20, subdivisions 2 and 3, and 260E.22.

229.17 Sec. 29. **[260E.29] NOTIFICATION REQUIREMENTS FOR SCHOOLS AND**
229.18 **FACILITIES.**

229.19 Subdivision 1. **Notification requirements for school facility.** (a) Notwithstanding
229.20 section 260E.09, the commissioner of education must inform the parent, guardian, or legal
229.21 custodian of the child who is the subject of a report of alleged maltreatment in a school
229.22 facility within ten days of receiving the report, either orally or in writing, whether the
229.23 commissioner is investigating the report of alleged maltreatment.

229.24 (b) Regardless of whether a report is made under section 260E.09, as soon as practicable
229.25 after a school receives information regarding an incident that may constitute maltreatment
229.26 of a child in a school facility, the school shall inform the parent, legal guardian, or custodian
229.27 of the child that an incident occurred that may constitute maltreatment of the child, when
229.28 the incident occurred, and the nature of the conduct that may constitute maltreatment.

229.29 Subd. 2. **Notification requirements for other types of facilities.** When a report is
229.30 received that alleges maltreatment of a child while in the care of a licensed or unlicensed
229.31 day care facility, residential facility, agency, hospital, sanitarium, or other facility or
229.32 institution required to be licensed or certified according to sections 144.50 to 144.58;
229.33 241.021; or 245A.01 to 245A.16; or chapter 144H, 245D, or 245H; or a school as defined
229.34 in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or a nonlicensed personal

230.1 care provider organization as defined in section 256B.0625, subdivision 19a, the
 230.2 commissioner of the agency responsible for investigating the report or local welfare agency
 230.3 investigating the report shall provide the following information to the parent, guardian, or
 230.4 legal custodian of a child alleged to have been the victim of maltreatment in the facility;
 230.5 the name of the facility; the fact that a report alleging maltreatment in the facility has been
 230.6 received; the nature of the alleged maltreatment in the facility; that the agency is conducting
 230.7 an investigation; any protective or corrective measures being taken pending the outcome
 230.8 of the investigation; and that a written memorandum will be provided when the investigation
 230.9 is completed.

230.10 Subd. 3. **Discretionary notification.** The commissioner of the agency responsible for
 230.11 investigating the report or local welfare agency may also provide the information in
 230.12 subdivision 2 to the parent, guardian, or legal custodian of any other child in the facility if
 230.13 the investigative agency knows or has reason to believe the alleged maltreatment of a child
 230.14 in the facility occurred. In determining whether to exercise this authority, the commissioner
 230.15 of the agency responsible for investigating the report or local welfare agency shall consider
 230.16 the seriousness of the alleged maltreatment of a child in the facility; the number of alleged
 230.17 victims of maltreatment of a child in the facility; the number of alleged offenders; and the
 230.18 length of the investigation. The facility shall be notified whenever this discretion is exercised.

230.19 Sec. 30. **[260E.30] CONCLUSION OF SCHOOL OR FACILITY INVESTIGATION.**

230.20 Subdivision 1. **Investigation involving a school facility.** If the commissioner of education
 230.21 conducts an investigation, the commissioner shall determine whether maltreatment occurred
 230.22 and what corrective or protective action was taken by the school facility. If a determination
 230.23 is made that maltreatment occurred, the commissioner shall report to the employer, the
 230.24 school board, and any appropriate licensing entity the determination that maltreatment
 230.25 occurred and what corrective or protective action was taken by the school facility. In all
 230.26 other cases, the commissioner shall inform the school board or employer that a report was
 230.27 received; the subject of the report; the date of the initial report; the category of maltreatment
 230.28 alleged as defined in section 260E.03, subdivision 12; the fact that maltreatment was not
 230.29 determined; and a summary of the specific reasons for the determination.

230.30 Subd. 2. **Investigation involving a facility.** (a) When maltreatment is determined in an
 230.31 investigation involving a facility, the investigating agency shall also determine whether the
 230.32 facility or individual was responsible, or whether both the facility and the individual were
 230.33 responsible for the maltreatment using the mitigating factors in subdivision 4. Determinations

231.1 under this subdivision must be made based on a preponderance of the evidence and are
 231.2 private data on individuals or nonpublic data as maintained by the commissioner of education.

231.3 (b) Any operator, employee, or volunteer worker at any facility who intentionally
 231.4 maltreats any child in the care of that facility may be charged with a violation of section
 231.5 609.255, 609.377, or 609.378. Any operator of a facility who knowingly permits conditions
 231.6 to exist that result in maltreatment of a child in a facility while in the care of that facility
 231.7 may be charged with a violation of section 609.378. The facility operator shall inform all
 231.8 mandated reporters employed by or otherwise associated with the facility of the duties
 231.9 required of mandated reporters and shall inform all mandatory reporters of the prohibition
 231.10 against retaliation for reports made in good faith under this section.

231.11 Subd. 3. **Nonmaltreatment mistake.** (a) If paragraph (b) applies, rather than making a
 231.12 determination of substantiated maltreatment by the individual, the commissioner of human
 231.13 services shall determine that a nonmaltreatment mistake was made by the individual.

231.14 (b) A nonmaltreatment mistake occurs when:

231.15 (1) at the time of the incident, the individual was performing duties identified in the
 231.16 center's child care program plan required under Minnesota Rules, part 9503.0045;

231.17 (2) the individual has not been determined responsible for a similar incident that resulted
 231.18 in a finding of maltreatment for at least seven years;

231.19 (3) the individual has not been determined to have committed a similar nonmaltreatment
 231.20 mistake under this paragraph for at least four years;

231.21 (4) any injury to a child resulting from the incident, if treated, is treated only with
 231.22 remedies that are available over the counter, whether ordered by a medical professional or
 231.23 not; and

231.24 (5) except for the period when the incident occurred, the facility and the individual
 231.25 providing services were both in compliance with all licensing requirements relevant to the
 231.26 incident.

231.27 (c) This subdivision only applies to child care centers licensed under Minnesota Rules,
 231.28 chapter 9503.

231.29 Subd. 4. **Mitigating factors in investigating facilities.** (a) When determining whether
 231.30 the facility or individual is the responsible party, or whether both the facility and the
 231.31 individual are responsible for determined maltreatment in a facility, the investigating agency
 231.32 shall consider at least the following mitigating factors:

232.1 (1) whether the actions of the facility or the individual caregivers were according to,
232.2 and followed the terms of, an erroneous physician order, prescription, individual care plan,
232.3 or directive; however, this is not a mitigating factor when the facility or caregiver was
232.4 responsible for the issuance of the erroneous order, prescription, individual care plan, or
232.5 directive or knew or should have known of the errors and took no reasonable measures to
232.6 correct the defect before administering care;

232.7 (2) comparative responsibility between the facility, other caregivers, and requirements
232.8 placed upon an employee, including the facility's compliance with related regulatory standards
232.9 and the adequacy of facility policies and procedures, facility training, an individual's
232.10 participation in the training, the caregiver's supervision, and facility staffing levels and the
232.11 scope of the individual employee's authority and discretion; and

232.12 (3) whether the facility or individual followed professional standards in exercising
232.13 professional judgment.

232.14 (b) The evaluation of the facility's responsibility under paragraph (a), clause (2), must
232.15 not be based on the completeness of the risk assessment or risk reduction plan required
232.16 under section 245A.66, but must be based on the facility's compliance with the regulatory
232.17 standards for policies and procedures, training, and supervision as cited in Minnesota Statutes
232.18 and Minnesota Rules.

232.19 (c) Notwithstanding paragraphs (a) and (b), when maltreatment is determined to have
232.20 been committed by an individual who is also the facility license holder, both the individual
232.21 and the facility must be determined responsible for the maltreatment, and both the background
232.22 study disqualification standards under section 245C.15, subdivision 4, and the licensing or
232.23 certification actions under sections 245A.06, 245A.07, 245H.06, or 245H.07 apply.

232.24 **Subd. 5. Notification when school or facility investigation is completed.** (a) When
232.25 the commissioner of the agency responsible for investigating the report or local welfare
232.26 agency has completed its investigation, every parent, guardian, or legal custodian previously
232.27 notified of the investigation by the commissioner or local welfare agency shall be provided
232.28 with the following information in a written memorandum: the name of the facility
232.29 investigated; the nature of the alleged maltreatment of a child in the facility; the investigator's
232.30 name; a summary of the investigation findings; a statement of whether maltreatment was
232.31 found; and the protective or corrective measures that are being or will be taken.

232.32 (b) The memorandum shall be written in a manner that protects the identity of the reporter
232.33 and the child and shall not contain the name or, to the extent possible, reveal the identity
232.34 of the alleged offender or the identity of individuals interviewed during the investigation.

233.1 (c) If maltreatment is determined to exist, the commissioner or local welfare agency
233.2 shall also provide the written memorandum to the parent, guardian, or legal custodian of
233.3 each child in the facility who had contact with the individual responsible for the maltreatment.

233.4 (d) When the facility is the responsible party for maltreatment, the commissioner or
233.5 local welfare agency shall also provide the written memorandum to the parent, guardian,
233.6 or legal custodian of each child who received services in the population of the facility where
233.7 the maltreatment occurred.

233.8 (e) This notification must be provided to the parent, guardian, or legal custodian of each
233.9 child receiving services from the time the maltreatment occurred until either the individual
233.10 responsible for maltreatment is no longer in contact with a child or children in the facility
233.11 or the conclusion of the investigation.

233.12 (f) In the case of maltreatment within a school facility, as defined in section 120A.05,
233.13 subdivisions 9, 11, and 13, and chapter 124E, the commissioner of education need not
233.14 provide notification to parents, guardians, or legal custodians of each child in the facility,
233.15 but shall, within ten days after the investigation is completed, provide written notification
233.16 to the parent, guardian, or legal custodian of any student alleged to have been maltreated.

233.17 (g) The commissioner of education may notify the parent, guardian, or legal custodian
233.18 of any student involved as a witness to alleged maltreatment.

233.19 **Subd. 6. Notification to parent, child, or offender following investigation.** (a) Within
233.20 ten working days of the conclusion of an investigation, the local welfare agency or agency
233.21 responsible for investigating the report of maltreatment in a facility shall notify the parent
233.22 or guardian of the child, the person determined to be maltreating the child, and the director
233.23 of the facility of the determination and a summary of the specific reasons for the
233.24 determination.

233.25 (b) When the investigation involves a child foster care setting that is monitored by a
233.26 private licensing agency under section 245A.16, the local welfare agency responsible for
233.27 investigating the report shall notify the private licensing agency of the determination and
233.28 shall provide a summary of the specific reasons for the determination. The notice to the
233.29 private licensing agency must include identifying private data, but not the identity of the
233.30 reporter of maltreatment.

233.31 (c) The notice must also include a certification that the information collection procedures
233.32 under section 260E.20, subdivision 3, were followed and a notice of the right of a data
233.33 subject to obtain access to other private data on the subject collected, created, or maintained
233.34 under this section.

234.1 (d) In addition, the notice shall include the length of time that the records will be kept
234.2 under section 260E.35, subdivision 6.

234.3 (e) The investigating agency shall notify the parent or guardian of the child who is the
234.4 subject of the report, and any person or facility determined to have maltreated a child, of
234.5 their appeal or review rights under this section.

234.6 (f) The notice must also state that a finding of maltreatment may result in denial of a
234.7 license or certification application or background study disqualification under chapter 245C
234.8 related to employment or services that are licensed by the Department of Human Services
234.9 under chapter 245A or 245H, the Department of Health under chapter 144 or 144A, the
234.10 Department of Corrections under section 241.021, and from providing services related to
234.11 an unlicensed personal care provider organization under chapter 256B.

234.12 **Sec. 31. [260E.31] REPORTING OF PRENATAL EXPOSURE TO CONTROLLED**
234.13 **SUBSTANCES.**

234.14 Subdivision 1. **Reports required.** (a) Except as provided in paragraph (b), a person
234.15 mandated to report under this chapter shall immediately report to the local welfare agency
234.16 if the person knows or has reason to believe that a woman is pregnant and has used a
234.17 controlled substance for a nonmedical purpose during the pregnancy, including but not
234.18 limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy
234.19 in any way that is habitual or excessive.

234.20 (b) A health care professional or a social service professional who is mandated to report
234.21 under this chapter is exempt from reporting under paragraph (a) if the professional is
234.22 providing or collaborating with other professionals to provide the woman with prenatal care
234.23 or other health care services.

234.24 (c) Any person may make a voluntary report if the person knows or has reason to believe
234.25 that a woman is pregnant and has used a controlled substance for a nonmedical purpose
234.26 during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed
234.27 alcoholic beverages during the pregnancy in any way that is habitual or excessive.

234.28 (d) An oral report shall be made immediately by telephone or otherwise. An oral report
234.29 made by a person required to report shall be followed within 72 hours, exclusive of weekends
234.30 and holidays, by a report in writing to the local welfare agency. Any report shall be of
234.31 sufficient content to identify the pregnant woman, the nature and extent of the use, if known,
234.32 and the name and address of the reporter. The local welfare agency shall accept a report

235.1 made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the
235.2 reporter's name or address as long as the report is otherwise sufficient.

235.3 (e) For purposes of this section, "prenatal care" means the comprehensive package of
235.4 medical and psychological support provided throughout the pregnancy.

235.5 Subd. 2. **Local welfare agency.** Upon receipt of a report of prenatal exposure to a
235.6 controlled substance required under subdivision 1, the local welfare agency shall immediately
235.7 conduct an appropriate assessment and offer services indicated under the circumstances.
235.8 Services offered may include but are not limited to a referral for chemical dependency
235.9 assessment, a referral for chemical dependency treatment if recommended, and a referral
235.10 for prenatal care. The local welfare agency may also take any appropriate action under
235.11 chapter 253B, including seeking an emergency admission under section 253B.05. The local
235.12 welfare agency shall seek an emergency admission under section 253B.05 if the pregnant
235.13 woman refuses recommended voluntary services or fails recommended treatment.

235.14 Subd. 3. **Related provisions.** Reports under this section are governed by sections
235.15 260E.05, 260E.06, 260E.34, and 260E.35.

235.16 Subd. 4. **Controlled substances.** For purposes of this section and section 260E.32,
235.17 "controlled substance" means a controlled substance listed in section 253B.02, subdivision
235.18 2.

235.19 Sec. 32. **[260E.32] TOXICOLOGY TESTS REQUIRED.**

235.20 Subdivision 1. **Test; report.** (a) A physician shall administer a toxicology test to a
235.21 pregnant woman under the physician's care or to a woman under the physician's care within
235.22 eight hours after delivery to determine whether there is evidence that she has ingested a
235.23 controlled substance, if the woman has obstetrical complications that are a medical indication
235.24 of possible use of a controlled substance for a nonmedical purpose.

235.25 (b) If the test results are positive, the physician shall report the results under section
235.26 260E.31. A negative test result does not eliminate the obligation to report under section
235.27 260E.31 if other evidence gives the physician reason to believe the patient has used a
235.28 controlled substance for a nonmedical purpose.

235.29 Subd. 2. **Newborns.** (a) A physician shall administer to each newborn infant born under
235.30 the physician's care a toxicology test to determine whether there is evidence of prenatal
235.31 exposure to a controlled substance, if the physician has reason to believe based on a medical
235.32 assessment of the mother or the infant that the mother used a controlled substance for a
235.33 nonmedical purpose during the pregnancy.

236.1 (b) If the test results are positive, the physician shall report the results as neglect under
236.2 section 260E.03. A negative test result does not eliminate the obligation to report under this
236.3 chapter if other medical evidence of prenatal exposure to a controlled substance is present.

236.4 Subd. 3. **Report to Department of Health.** Physicians shall report to the Department
236.5 of Health the results of tests performed under subdivisions 1 and 2. A report shall be made
236.6 on the certificate of live birth medical supplement or the report of fetal death medical
236.7 supplement filed on or after February 1, 1991. The reports are medical data under section
236.8 13.384.

236.9 Subd. 4. **Reliability of tests.** A positive test result reported under this section must be
236.10 obtained from a confirmatory test performed by a drug testing laboratory that meets the
236.11 requirements of section 181.953 and must be performed according to the requirements for
236.12 performance of confirmatory tests imposed by the licensing, accreditation, or certification
236.13 program listed in section 181.953, subdivision 1, in which the laboratory participates.

236.14 Sec. 33. **[260E.33] RECONSIDERATION AND APPEAL OF MALTREATMENT**
236.15 **DETERMINATION FOLLOWING INVESTIGATION.**

236.16 Subdivision 1. **Following family assessment.** Administrative reconsideration is not
236.17 applicable in a family assessment since no determination concerning maltreatment is made.

236.18 Subd. 2. **Request for reconsideration.** (a) Except as provided under subdivision 5, an
236.19 individual or facility that the commissioner of human services, a local welfare agency, or
236.20 the commissioner of education determines has maltreated a child, an interested person acting
236.21 on behalf of the child, regardless of the determination, who contests the investigating agency's
236.22 final determination regarding maltreatment, may request the investigating agency to
236.23 reconsider its final determination regarding maltreatment. The request for reconsideration
236.24 must be submitted in writing to the investigating agency within 15 calendar days after receipt
236.25 of notice of the final determination regarding maltreatment or, if the request is made by an
236.26 interested person who is not entitled to notice, within 15 days after receipt of the notice by
236.27 the parent or guardian of the child. If mailed, the request for reconsideration must be
236.28 postmarked and sent to the investigating agency within 15 calendar days of the individual's
236.29 or facility's receipt of the final determination. If the request for reconsideration is made by
236.30 personal service, it must be received by the investigating agency within 15 calendar days
236.31 after the individual's or facility's receipt of the final determination.

236.32 (b) An individual who was determined to have maltreated a child under this chapter and
236.33 who was disqualified on the basis of serious or recurring maltreatment under sections
236.34 245C.14 and 245C.15 may request reconsideration of the maltreatment determination and

237.1 the disqualification. The request for reconsideration of the maltreatment determination and
237.2 the disqualification must be submitted within 30 calendar days of the individual's receipt
237.3 of the notice of disqualification under sections 245C.16 and 245C.17. If mailed, the request
237.4 for reconsideration of the maltreatment determination and the disqualification must be
237.5 postmarked and sent to the investigating agency within 30 calendar days of the individual's
237.6 receipt of the maltreatment determination and notice of disqualification. If the request for
237.7 reconsideration is made by personal service, it must be received by the investigating agency
237.8 within 30 calendar days after the individual's receipt of the notice of disqualification.

237.9 Subd. 3. **Request for fair hearing.** (a) Except as provided under subdivisions 5 and 6,
237.10 if the investigating agency denies the request or fails to act upon the request within 15
237.11 working days after receiving the request for reconsideration, the person or facility entitled
237.12 to a fair hearing under section 256.045 may submit to the commissioner of human services
237.13 or the commissioner of education a written request for a hearing under section 256.045.
237.14 Section 256.045 also governs hearings requested to contest a final determination of the
237.15 commissioner of education. The investigating agency shall notify persons who request
237.16 reconsideration of their rights under this paragraph. The hearings specified under this section
237.17 are the only administrative appeal of a decision issued under subdivision 2. Determinations
237.18 under this section are not subject to accuracy and completeness challenges under section
237.19 13.04.

237.20 (b) Except as provided under subdivision 6, if an individual or facility contests the
237.21 investigating agency's final determination regarding maltreatment by requesting a fair
237.22 hearing under section 256.045, the commissioner of human services shall ensure that the
237.23 hearing is conducted and a decision is reached within 90 days of receipt of the request for
237.24 a hearing. The time for action on the decision may be extended for as many days as the
237.25 hearing is postponed or the record is held open for the benefit of either party.

237.26 Subd. 4. **Change of maltreatment determination.** If, as a result of a reconsideration
237.27 or fair hearing, the investigating agency changes the determination of maltreatment, that
237.28 agency shall notify every parent, guardian, or legal custodian previously notified of the
237.29 investigation, the commissioner of the agency responsible for assessing or investigating the
237.30 report, the local welfare agency, and, if applicable, the director of the facility and the private
237.31 licensing agency.

237.32 Subd. 5. **Consolidation.** If an individual was disqualified under sections 245C.14 and
237.33 245C.15 on the basis of a determination of maltreatment which was serious or recurring,
237.34 and the individual requested reconsideration of the maltreatment determination under
237.35 subdivision 2 and requested reconsideration of the disqualification under sections 245C.21

238.1 to 245C.27, reconsideration of the maltreatment determination and reconsideration of the
238.2 disqualification shall be consolidated into a single fair hearing. If reconsideration of the
238.3 maltreatment determination is denied and the individual remains disqualified following a
238.4 reconsideration decision, the individual may request a fair hearing under section 256.045.
238.5 If an individual requests a fair hearing on the maltreatment determination and the
238.6 disqualification, the scope of the fair hearing shall include both the maltreatment
238.7 determination and the disqualification.

238.8 Subd. 6. **Contested case hearing.** If a maltreatment determination or a disqualification
238.9 based on serious or recurring maltreatment is the basis for a denial of a license under section
238.10 245A.05 or a licensing sanction under section 245A.07, the license holder has the right to
238.11 a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to
238.12 1400.8612. As provided for under section 245A.08, subdivision 2a, the scope of the contested
238.13 case hearing shall include the maltreatment determination, disqualification, and licensing
238.14 sanction or denial of a license. In such cases, a fair hearing regarding the maltreatment
238.15 determination and disqualification shall not be conducted under section 256.045. Except
238.16 for family child care and child foster care, reconsideration of a maltreatment determination
238.17 as provided under this subdivision, and reconsideration of a disqualification as provided
238.18 under section 245C.22, shall also not be conducted when:

238.19 (1) a denial of a license under section 245A.05 or a licensing sanction under section
238.20 245A.07 is based on a determination that the license holder is responsible for maltreatment
238.21 or the disqualification of a license holder based on serious or recurring maltreatment;

238.22 (2) the denial of a license or licensing sanction is issued at the same time as the
238.23 maltreatment determination or disqualification; and

238.24 (3) the license holder appeals the maltreatment determination or disqualification and
238.25 denial of a license or licensing sanction.

238.26 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
238.27 determination or disqualification, but does not appeal the denial of a license or a licensing
238.28 sanction, reconsideration of the maltreatment determination shall be conducted under
238.29 subdivision 2 and section 626.557, subdivision 9d, and reconsideration of the disqualification
238.30 shall be conducted under section 245C.22. In such cases, a fair hearing shall also be
238.31 conducted as provided under subdivision 2 and sections 245C.27 and 626.557, subdivision
238.32 9d.

238.33 If the disqualified subject is an individual other than the license holder and upon whom
238.34 a background study must be conducted under chapter 245C, the hearings of all parties may

239.1 be consolidated into a single contested case hearing upon consent of all parties and the
239.2 administrative law judge.

239.3 Subd. 7. **Process for correction order or decertification.** If a maltreatment determination
239.4 is the basis for a correction order under section 245H.06 or decertification under section
239.5 245H.07, the certification holder has the right to request reconsideration under sections
239.6 245H.06 and 245H.07. If the certification holder appeals the maltreatment determination
239.7 or disqualification, but does not appeal the correction order or decertification, reconsideration
239.8 of the maltreatment determination shall be conducted under subdivision 2 and reconsideration
239.9 of the disqualification shall be conducted under section 245C.22.

239.10 Sec. 34. **[260E.34] IMMUNITY.**

239.11 (a) The following persons are immune from any civil or criminal liability that otherwise
239.12 might result from the person's actions, if the person is acting in good faith:

239.13 (1) a person making a voluntary or mandated report under this chapter or assisting in an
239.14 assessment under this chapter;

239.15 (2) a person with responsibility for performing duties under this section or supervisor
239.16 employed by a local welfare agency, the commissioner of an agency responsible for operating
239.17 or supervising a licensed or unlicensed day care facility, residential facility, agency, hospital,
239.18 sanitarium, or other facility or institution required to be licensed or certified under sections
239.19 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 245B or 245H; or a school as
239.20 defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or a nonlicensed
239.21 personal care provider organization as defined in section 256B.0625, subdivision 19a,
239.22 complying with sections 260E.23, subdivisions 2 and 3, and 260E.30; and

239.23 (3) a public or private school, facility as defined in section 260E.03, or the employee of
239.24 any public or private school or facility who permits access by a local welfare agency, the
239.25 Department of Education, or a local law enforcement agency and assists in an investigation
239.26 or assessment pursuant to this chapter.

239.27 (b) A person who is a supervisor or person with responsibility for performing duties
239.28 under this chapter employed by a local welfare agency, the commissioner of human services,
239.29 or the commissioner of education complying with this chapter or any related rule or provision
239.30 of law is immune from any civil or criminal liability that might otherwise result from the
239.31 person's actions, if the person is (1) acting in good faith and exercising due care, or (2)
239.32 acting in good faith and following the information collection procedures established under
239.33 section 260E.20, subdivision 3.

240.1 (c) Any physician or other medical personnel administering a toxicology test under
240.2 section 260E.32 to determine the presence of a controlled substance in a pregnant woman,
240.3 in a woman within eight hours after delivery, or in a child at birth or during the first month
240.4 of life is immune from civil or criminal liability arising from administration of the test, if
240.5 the physician ordering the test believes in good faith that the test is required under this
240.6 section and the test is administered in accordance with an established protocol and reasonable
240.7 medical practice.

240.8 (d) This section does not provide immunity to any person for failure to make a required
240.9 report or for committing maltreatment.

240.10 (e) If a person who makes a voluntary or mandatory report under section 260E.06 prevails
240.11 in a civil action from which the person has been granted immunity under this section, the
240.12 court may award the person attorney fees and costs.

240.13 **Sec. 35. [260E.35] DATA PRACTICES.**

240.14 Subdivision 1. **Maintaining data.** Notwithstanding the data's classification in the
240.15 possession of any other agency, data acquired by the local welfare agency or the agency
240.16 responsible for assessing or investigating the report during the course of the assessment or
240.17 investigation are private data on individuals and must be maintained according to this section.

240.18 Subd. 2. **Data collected during investigation of maltreatment in school.** (a) Data of
240.19 the commissioner of education collected or maintained during and for the purpose of an
240.20 investigation of alleged maltreatment in a school are governed by this chapter,
240.21 notwithstanding the data's classification as educational, licensing, or personnel data under
240.22 chapter 13.

240.23 (b) In conducting an investigation involving a school facility as defined in section
240.24 260E.03, subdivision 6, clause (2), the commissioner of education shall collect investigative
240.25 reports and data that are relevant to a report of maltreatment from local law enforcement
240.26 and the school facility.

240.27 Subd. 3. **Classification and release of data.** (a) A written copy of a report maintained
240.28 by personnel of agencies, other than welfare or law enforcement agencies, which are subject
240.29 to chapter 13 shall be confidential. An individual subject of the report may obtain access
240.30 to the original report as provided by paragraphs (g) to (o).

240.31 (b) All reports and records created, collected, or maintained under this chapter by a local
240.32 welfare agency or law enforcement agency may be disclosed to a local welfare or other
240.33 child welfare agency of another state when the agency certifies that:

241.1 (1) the reports and records are necessary to conduct an investigation of actions that would
241.2 qualify as maltreatment under this chapter; and

241.3 (2) the reports and records will be used only for purposes of a child protection assessment
241.4 or investigation and will not be further disclosed to any other person or agency.

241.5 (c) The local social service agency or law enforcement agency in this state shall keep a
241.6 record of all records or reports disclosed pursuant to this subdivision and of any agency to
241.7 which the records or reports are disclosed. If in any case records or reports are disclosed
241.8 before a determination is made under section 260E.24, subdivision 3, paragraph (a), or a
241.9 disposition of a criminal proceeding is reached, the local social service agency or law
241.10 enforcement agency in this state shall forward the determination or disposition to any agency
241.11 that has received a report or record under this subdivision.

241.12 (d) The responsible authority of a local welfare agency or the responsible authority's
241.13 designee may release private or confidential data on an active case involving assessment
241.14 or investigation of actions that are defined as maltreatment under this chapter to a court
241.15 services agency if:

241.16 (1) the court services agency has an active case involving a common client who is the
241.17 subject of the data; and

241.18 (2) the data are necessary for the court services agency to effectively process the court
241.19 services agency's case, including investigating or performing other duties relating to the
241.20 case required by law.

241.21 (e) The data disclosed under paragraph (d) may be used only for purposes of the active
241.22 court services case described in paragraph (d), clause (1), and may not be further disclosed
241.23 to any other person or agency, except as authorized by law.

241.24 (f) Records maintained under subdivision 4, paragraph (b), may be shared with another
241.25 local welfare agency that requests the information because it is conducting an assessment
241.26 or investigation under this section of the subject of the records.

241.27 (g) Except as provided in paragraphs (b), (h), (i), (p), and (q); subdivision 1; and sections
241.28 260E.22, subdivision 2; and 260E.23, all records concerning individuals maintained by a
241.29 local welfare agency or agency responsible for assessing or investigating the report under
241.30 this chapter, including any written reports filed under sections 260E.06 and 260E.09, shall
241.31 be private data on individuals, except insofar as copies of reports are required by section
241.32 260E.12, subdivision 1 or 2, to be sent to the local police department or the county sheriff.

242.1 (h) All records concerning determinations of maltreatment by a facility are nonpublic
242.2 data as maintained by the Department of Education, except insofar as copies of reports are
242.3 required by section 260E.12, subdivision 1 or 2, to be sent to the local police department
242.4 or the county sheriff.

242.5 (i) Reports maintained by any police department or the county sheriff shall be private
242.6 data on individuals, except the reports shall be made available to the investigating, petitioning,
242.7 or prosecuting authority, including a county medical examiner or county coroner.

242.8 (j) Section 13.82, subdivisions 8, 9, and 14, apply to law enforcement data other than
242.9 the reports.

242.10 (k) The local welfare agency or agency responsible for assessing or investigating the
242.11 report shall make available to the investigating, petitioning, or prosecuting authority,
242.12 including a county medical examiner or county coroner or a professional delegate, any
242.13 records that contain information relating to a specific incident of maltreatment that is under
242.14 investigation, petition, or prosecution and information relating to any prior incident of
242.15 maltreatment involving any of the same persons. The records shall be collected and
242.16 maintained according to chapter 13.

242.17 (l) An individual subject of a record shall have access to the record according to those
242.18 sections, except that the name of the reporter shall be confidential while the report is under
242.19 assessment or investigation except as otherwise permitted by this section.

242.20 (m) Any person conducting an investigation or assessment under this section who
242.21 intentionally discloses the identity of a reporter before the completion of the investigation
242.22 or assessment is guilty of a misdemeanor. After the assessment or investigation is completed,
242.23 the name of the reporter shall be confidential. The subject of the report may compel disclosure
242.24 of the name of the reporter only with the consent of the reporter or upon a written finding
242.25 by the court that the report was false and that there is evidence that the report was made in
242.26 bad faith. This subdivision does not alter disclosure responsibilities or obligations under
242.27 the Rules of Criminal Procedure.

242.28 (n) Upon request of the legislative auditor, data on individuals maintained under this
242.29 chapter must be released to the legislative auditor in order for the auditor to fulfill the
242.30 auditor's duties under section 3.971. The auditor shall maintain the data according to chapter
242.31 13.

242.32 (o) Active law enforcement investigative data received by a local welfare agency or
242.33 agency responsible for assessing or investigating the report under this chapter are confidential

243.1 data on individuals. When this data become inactive in the law enforcement agency, the
243.2 data are private data on individuals.

243.3 (p) Section 13.03, subdivision 4, applies to data received by the commissioner of
243.4 education from a licensing entity.

243.5 Subd. 4. **Data disclosed to reporter.** (a) A local welfare or child protection agency, or
243.6 the agency responsible for assessing or investigating the report of maltreatment, shall provide
243.7 relevant private data on individuals obtained under this chapter to a mandated reporter who
243.8 made the report and who has an ongoing responsibility for the health, education, or welfare
243.9 of a child affected by the data, unless the agency determines that providing the data would
243.10 not be in the best interests of the child.

243.11 (b) The agency may provide the data to other mandated reporters with ongoing
243.12 responsibility for the health, education, or welfare of the child. Mandated reporters with
243.13 ongoing responsibility for the health, education, or welfare of a child affected by the data
243.14 include the child's teachers or other appropriate school personnel, foster parents, health care
243.15 providers, respite care workers, therapists, social workers, child care providers, residential
243.16 care staff, crisis nursery staff, probation officers, and court services personnel. Under this
243.17 chapter, a mandated reporter need not have made the report to be considered a person with
243.18 ongoing responsibility for the health, education, or welfare of a child affected by the data.
243.19 Data provided under this chapter must be limited to data pertinent to the individual's
243.20 responsibility for caring for the child.

243.21 (c) A reporter who receives private data on individuals under this subdivision must treat
243.22 the data according to that classification, regardless of whether the reporter is an employee
243.23 of a government entity. The remedies and penalties under sections 13.08 and 13.09 apply
243.24 if a reporter releases data in violation of this chapter or other law.

243.25 Subd. 5. **Data provided to commissioner of education.** The commissioner of education
243.26 must be provided with all requested data that are relevant to a report of maltreatment and
243.27 are in possession of a school facility as defined in section 260E.03, subdivision 6, clause
243.28 (2), when the data are requested pursuant to an assessment or investigation of a maltreatment
243.29 report of a student in a school. If the commissioner of education makes a determination of
243.30 maltreatment involving an individual performing work within a school facility who is
243.31 licensed by a board or other agency, the commissioner shall provide a copy of its offender
243.32 maltreatment determination report to the licensing entity with all student-identifying
243.33 information removed. The offender maltreatment determination report shall include but is
243.34 not limited to the following sections: report of alleged maltreatment; legal standard;

244.1 investigation; summary of findings; determination; corrective action by a school;
244.2 reconsideration process; and a listing of records related to the investigation. Notwithstanding
244.3 section 13.03, subdivision 4, data received by a licensing entity under this paragraph are
244.4 governed by section 13.41 or other applicable law governing data of the receiving entity,
244.5 except that this section applies to the classification of and access to data on the reporter of
244.6 the maltreatment.

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

244.12 (b) For a report alleging maltreatment that was not accepted for assessment or
244.13 investigation, a family assessment case, and a case where an investigation results in no
244.14 determination of maltreatment or the need for child protective services, the record must be
244.15 maintained for a period of five years after the date the report was not accepted for assessment
244.16 or investigation or the date of the final entry in the case record. A record of a report that
244.17 was not accepted must contain sufficient information to identify the subjects of the report,
244.18 the nature of the alleged maltreatment, and the reasons as to why the report was not accepted.
244.19 Records under this paragraph may not be used for employment, background checks, or
244.20 purposes other than to assist in future screening decisions and risk and safety assessments.

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

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

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

245.1 Subd. 7. Disclosure to public. (a) Notwithstanding any other provision of law and
245.2 subject to this subdivision, a public agency shall disclose to the public, upon request, the
245.3 findings and information related to a child fatality or near fatality if:

245.4 (1) a person is criminally charged with having caused the child fatality or near fatality;

245.5 (2) a county attorney certifies that a person would have been charged with having caused
245.6 the child fatality or near fatality but for that person's death; or

245.7 (3) a child protection investigation resulted in a determination of maltreatment.

245.8 (b) Findings and information disclosed under this subdivision consist of a written
245.9 summary that includes any of the following information the agency is able to provide:

245.10 (1) the cause and circumstances regarding the child fatality or near fatality;

245.11 (2) the age and gender of the child;

245.12 (3) information on any previous reports of maltreatment that are pertinent to the
245.13 maltreatment that led to the child fatality or near fatality;

245.14 (4) information on any previous investigations that are pertinent to the maltreatment that
245.15 led to the child fatality or near fatality;

245.16 (5) the result of any investigations described in clause (4);

245.17 (6) actions of and services provided by the local welfare agency on behalf of a child that
245.18 are pertinent to the maltreatment that led to the child fatality or near fatality; and

245.19 (7) the result of any review of the state child mortality review panel, a local child mortality
245.20 review panel, a local community child protection team, or any public agency.

245.21 (c) Nothing in this subdivision authorizes access to the private data in the custody of a
245.22 local welfare agency, or the disclosure to the public of the records or content of any
245.23 psychiatric, psychological, or therapeutic evaluation, or the disclosure of information that
245.24 would reveal the identities of persons who provided information related to maltreatment of
245.25 the child.

245.26 (d) A person whose request is denied may apply to the appropriate court for an order
245.27 compelling disclosure of all or part of the findings and information of the public agency.

245.28 The application must set forth, with reasonable particularity, factors supporting the
245.29 application. The court has jurisdiction to issue these orders. Actions under this chapter must
245.30 be set down for immediate hearing, and subsequent proceedings in those actions must be
245.31 given priority by the appellate courts.

246.1 (e) A public agency or its employees acting in good faith in disclosing or declining to
246.2 disclose information under this chapter are immune from criminal or civil liability that might
246.3 otherwise be incurred or imposed for that action.

246.4 Subd. 8. **Disclosure not required.** When interviewing a child under this chapter, an
246.5 individual does not include the parent or guardian of the child for purposes of section 13.04,
246.6 subdivision 2, when the parent or guardian is the alleged offender.

246.7 Sec. 36. **[260E.36] SPECIALIZED TRAINING AND EDUCATION REQUIRED.**

246.8 Subdivision 1. **Job classification; continuing education.** (a) The commissioner of
246.9 human services, for employees subject to the Minnesota Merit System, and directors of
246.10 county personnel systems, for counties not subject to the Minnesota Merit System, shall
246.11 establish a job classification consisting exclusively of persons with the specialized knowledge,
246.12 skills, and experience required to satisfactorily perform child protection duties pursuant to
246.13 this chapter.

246.14 (b) All child protection workers or social services staff having responsibility for child
246.15 protection duties under this chapter shall receive 15 hours of continuing education or
246.16 in-service training each year relevant to providing child protective services. The local welfare
246.17 agency shall maintain a record of training completed by each employee having responsibility
246.18 for performing child protection duties.

246.19 Subd. 2. **Child protection worker foundation education.** An individual who seeks
246.20 employment as a child protection worker after the commissioner of human services has
246.21 implemented the foundation training program developed under section 260E.37 must
246.22 complete competency-based foundation training during their first six months of employment
246.23 as a child protection worker.

246.24 Subd. 3. **Background studies.** (a) County employees hired on or after July 1, 2015, who
246.25 have responsibility for child protection duties or current county employees who are assigned
246.26 new child protection duties on or after July 1, 2015, are required to undergo a background
246.27 study. A county may complete these background studies by either:

246.28 (1) use of the Department of Human Services NETStudy 2.0 system according to sections
246.29 245C.03 and 245C.10; or

246.30 (2) an alternative process defined by the county.

246.31 (b) County social services agencies and local welfare agencies must initiate background
246.32 studies before an individual begins a position allowing direct contact with persons served
246.33 by the agency.

247.1 Subd. 4. **Joint training.** The commissioners of human services and public safety shall
247.2 cooperate in the development of a joint program for training child maltreatment services
247.3 professionals in the appropriate techniques for child maltreatment assessment and
247.4 investigation. The program shall include but need not be limited to the following areas:

247.5 (1) the public policy goals of the state as set forth in section 260C.001 and the role of
247.6 the assessment or investigation in meeting these goals;

247.7 (2) the special duties of child protection workers and law enforcement officers under
247.8 this chapter;

247.9 (3) the appropriate methods for directing and managing affiliated professionals who
247.10 may be utilized in providing protective services and strengthening family ties;

247.11 (4) the appropriate methods for interviewing alleged victims of child maltreatment and
247.12 other children in the course of performing an assessment or an investigation;

247.13 (5) the dynamics of child maltreatment within family systems and the appropriate methods
247.14 for interviewing parents in the course of the assessment or investigation, including training
247.15 in recognizing cases in which one of the parents is a victim of domestic abuse and in need
247.16 of special legal or medical services;

247.17 (6) the legal, evidentiary considerations that may be relevant to the conduct of an
247.18 assessment or an investigation;

247.19 (7) the circumstances under which it is appropriate to remove the alleged offender or
247.20 the alleged victim from the home;

247.21 (8) the protective social services that are available to protect alleged victims from further
247.22 maltreatment, to prevent child maltreatment and domestic abuse, and to preserve the family
247.23 unit; and training in the preparation of case plans to coordinate services for the alleged child
247.24 victim with services for any parents who are victims of domestic abuse;

247.25 (9) the methods by which child protection workers and law enforcement workers
247.26 cooperate in conducting assessments and investigations in order to avoid duplication of
247.27 efforts; and

247.28 (10) appropriate methods for interviewing alleged victims and conducting investigations
247.29 in cases where the alleged victim is developmentally, physically, or mentally disabled.

247.30 Subd. 5. **Priority training.** The commissioners of human services and public safety
247.31 shall provide the program courses described in subdivision 2 at convenient times and
247.32 locations in the state. The commissioners shall give training priority in the program areas

248.1 cited in subdivision 2 to persons currently performing assessments and investigations
248.2 pursuant to this chapter.

248.3 Subd. 6. **Revenue.** (a) The commissioner of human services shall add the following
248.4 funds to the funds appropriated under section 260E.37, subdivision 2, to develop and support
248.5 training.

248.6 (b) The commissioner of human services shall submit claims for federal reimbursement
248.7 earned through the activities and services supported through Department of Human Services
248.8 child protection or child welfare training funds. Federal revenue earned must be used to
248.9 improve and expand training services by the department. The department expenditures
248.10 eligible for federal reimbursement under this section must not be made from federal funds
248.11 or funds used to match other federal funds.

248.12 (c) Each year, the commissioner of human services shall withhold from funds distributed
248.13 to each county under Minnesota Rules, parts 9550.0300 to 9550.0370, an amount equivalent
248.14 to 1.5 percent of each county's annual title XX allocation under section 256M.50. The
248.15 commissioner must use these funds to ensure decentralization of training.

248.16 (d) The federal revenue under this subdivision is available for these purposes until the
248.17 funds are expended.

248.18 **Sec. 37. [260E.37] CHILD PROTECTION WORKERS; TRAINING.**

248.19 Subdivision 1. **Definitions.** (a) As used in this section, the following terms have the
248.20 meanings given unless the specific context indicates otherwise.

248.21 (b) "Advanced training" means training provided to a local child protection worker after
248.22 the person has performed an initial six months of employment as a child protection worker.

248.23 (c) "Child protection agency" means an agency authorized to receive reports, conduct
248.24 assessments and investigations, and make determinations pursuant to this chapter.

248.25 (d) "Child protection services" means the receipt and assessment of reports of
248.26 maltreatment and the provision of services to families and children when maltreatment has
248.27 occurred or when there is risk of maltreatment. These services include:

248.28 (1) the assessment of risk to a child alleged to have been maltreated;

248.29 (2) interviews of any person alleged to have maltreated a child and the child or children
248.30 involved in the report, and interviews with persons having facts or knowledge necessary to
248.31 assess the level of risk to a child and the need for protective intervention;

248.32 (3) the gathering of written or evidentiary materials;

249.1 (4) the recording of case findings and determinations; and

249.2 (5) other actions required by this chapter, administrative rule, or agency policy.

249.3 (e) "Competency-based training" means a course of instruction that provides both
249.4 information and skills practice, which is based upon clearly stated and measurable
249.5 instructional objectives, and which requires demonstration of the achievement of a particular
249.6 standard of skills and knowledge for satisfactory completion.

249.7 (f) "Foundation training" means training provided to a local child protection worker
249.8 after the person has begun to perform child protection duties, but before the expiration of
249.9 six months of employment as a child protection worker. This foundation training must occur
249.10 during the performance of job duties and must include an evaluation of the employee's
249.11 application of skills and knowledge.

249.12 Subd. 2. **Training program; development.** The commissioner of human services shall
249.13 develop a program of competency-based foundation and advanced training for child
249.14 protection workers if funds are appropriated to the commissioner for this purpose.

249.15 **Sec. 38. [260E.38] AUDIT.**

249.16 Subdivision 1. **Audit required.** The commissioner shall regularly audit for accuracy
249.17 the data reported by counties on maltreatment of children.

249.18 Subd. 2. **Audit procedure.** The commissioner shall develop a plan to perform quality
249.19 assurance reviews of local welfare agency screening practices and decisions. The
249.20 commissioner shall provide oversight and guidance to counties to ensure consistent
249.21 application of screening guidelines, thorough and appropriate screening decisions, and
249.22 correct documentation and maintenance of reports.

249.23 Subd. 3. **Report required.** The commissioner shall produce an annual report of the
249.24 summary results of the reviews. The report must only contain aggregate data and may not
249.25 include any data that could be used to personally identify any subject whose data is included
249.26 in the report. The report is public information and must be provided to the chairs and ranking
249.27 minority members of the legislative committees having jurisdiction over child protection
249.28 issues.

249.29 **Sec. 39. REPEALER.**

249.30 (a) Minnesota Statutes 2018, sections 626.556, subdivisions 1, 3, 3a, 3c, 3d, 3f, 4, 4a,
249.31 5, 6, 6a, 7, 7a, 8, 9, 10a, 10b, 10c, 10d, 10e, 10f, 10g, 10h, 10i, 10j, 10k, 10l, 10m, 10n,

250.1 11a, 11b, 11c, 11d, 12, 14, 15, and 16; 626.5561; 626.5562; 626.558; 626.559, subdivisions
 250.2 1, 1a, 1b, 2, 3, and 5; 626.5591; and 626.561, are repealed.

250.3 (b) Minnesota Statutes 2019 Supplement, section 626.556, subdivisions 2, 3b, 3e, 10,
 250.4 and 11, are repealed.

250.5 ARTICLE 6

250.6 MALTREATMENT OF MINORS ACT CONFORMING CHANGES

250.7 Section 1. Minnesota Statutes 2018, section 13.32, subdivision 3, is amended to read:

250.8 Subd. 3. **Private data; when disclosure is permitted.** Except as provided in subdivision
 250.9 5, educational data is private data on individuals and shall not be disclosed except as follows:

250.10 (a) pursuant to section 13.05;

250.11 (b) pursuant to a valid court order;

250.12 (c) pursuant to a statute specifically authorizing access to the private data;

250.13 (d) to disclose information in health, including mental health, and safety emergencies
 250.14 pursuant to the provisions of United States Code, title 20, section 1232g(b)(1)(I) and Code
 250.15 of Federal Regulations, title 34, section 99.36;

250.16 (e) pursuant to the provisions of United States Code, title 20, sections 1232g(b)(1),
 250.17 (b)(4)(A), (b)(4)(B), (b)(1)(B), (b)(3), (b)(6), (b)(7), and (i), and Code of Federal Regulations,
 250.18 title 34, sections 99.31, 99.32, 99.33, 99.34, 99.35, and 99.39;

250.19 (f) to appropriate health authorities to the extent necessary to administer immunization
 250.20 programs and for bona fide epidemiologic investigations which the commissioner of health
 250.21 determines are necessary to prevent disease or disability to individuals in the public
 250.22 educational agency or institution in which the investigation is being conducted;

250.23 (g) when disclosure is required for institutions that participate in a program under title
 250.24 IV of the Higher Education Act, United States Code, title 20, section 1092;

250.25 (h) to the appropriate school district officials to the extent necessary under subdivision
 250.26 6, annually to indicate the extent and content of remedial instruction, including the results
 250.27 of assessment testing and academic performance at a postsecondary institution during the
 250.28 previous academic year by a student who graduated from a Minnesota school district within
 250.29 two years before receiving the remedial instruction;

250.30 (i) to appropriate authorities as provided in United States Code, title 20, section
 250.31 1232g(b)(1)(E)(ii), if the data concern the juvenile justice system and the ability of the

251.1 system to effectively serve, prior to adjudication, the student whose records are released;
251.2 provided that the authorities to whom the data are released submit a written request for the
251.3 data that certifies that the data will not be disclosed to any other person except as authorized
251.4 by law without the written consent of the parent of the student and the request and a record
251.5 of the release are maintained in the student's file;

251.6 (j) to volunteers who are determined to have a legitimate educational interest in the data
251.7 and who are conducting activities and events sponsored by or endorsed by the educational
251.8 agency or institution for students or former students;

251.9 (k) to provide student recruiting information, from educational data held by colleges
251.10 and universities, as required by and subject to Code of Federal Regulations, title 32, section
251.11 216;

251.12 (l) to the juvenile justice system if information about the behavior of a student who poses
251.13 a risk of harm is reasonably necessary to protect the health or safety of the student or other
251.14 individuals;

251.15 (m) with respect to Social Security numbers of students in the adult basic education
251.16 system, to Minnesota State Colleges and Universities and the Department of Employment
251.17 and Economic Development for the purpose and in the manner described in section 124D.52,
251.18 subdivision 7;

251.19 (n) to the commissioner of education for purposes of an assessment or investigation of
251.20 a report of alleged maltreatment of a student as mandated by ~~section 626.556~~ chapter 260E.
251.21 Upon request by the commissioner of education, data that are relevant to a report of
251.22 maltreatment and are from charter school and school district investigations of alleged
251.23 maltreatment of a student must be disclosed to the commissioner, including, but not limited
251.24 to, the following:

251.25 (1) information regarding the student alleged to have been maltreated;

251.26 (2) information regarding student and employee witnesses;

251.27 (3) information regarding the alleged perpetrator; and

251.28 (4) what corrective or protective action was taken, if any, by the school facility in response
251.29 to a report of maltreatment by an employee or agent of the school or school district;

251.30 (o) when the disclosure is of the final results of a disciplinary proceeding on a charge
251.31 of a crime of violence or nonforcible sex offense to the extent authorized under United
251.32 States Code, title 20, section 1232g(b)(6)(A) and (B) and Code of Federal Regulations, title
251.33 34, sections 99.31 (a)(13) and (14);

252.1 (p) when the disclosure is information provided to the institution under United States
 252.2 Code, title 42, section 14071, concerning registered sex offenders to the extent authorized
 252.3 under United States Code, title 20, section 1232g(b)(7); or

252.4 (q) when the disclosure is to a parent of a student at an institution of postsecondary
 252.5 education regarding the student's violation of any federal, state, or local law or of any rule
 252.6 or policy of the institution, governing the use or possession of alcohol or of a controlled
 252.7 substance, to the extent authorized under United States Code, title 20, section 1232g(i), and
 252.8 Code of Federal Regulations, title 34, section 99.31 (a)(15), and provided the institution
 252.9 has an information release form signed by the student authorizing disclosure to a parent.
 252.10 The institution must notify parents and students about the purpose and availability of the
 252.11 information release forms. At a minimum, the institution must distribute the information
 252.12 release forms at parent and student orientation meetings.

252.13 Sec. 2. Minnesota Statutes 2018, section 13.3805, subdivision 3, is amended to read:

252.14 Subd. 3. **Office of Health Facility Complaints; investigative data.** Except for
 252.15 investigative data under ~~section 626.556~~ chapter 260E, all investigative data maintained by
 252.16 the Department of Health's Office of Health Facility Complaints are subject to provisions
 252.17 of and classified pursuant to section 626.557, subdivision 12b, paragraphs (b) to (d).
 252.18 Notwithstanding sections ~~626.556, subdivision 11,~~ 260E.21, subdivision 4; 260E.35; and
 252.19 626.557, subdivision 12b, paragraph (b), data identifying an individual substantiated as the
 252.20 perpetrator are public data. For purposes of this subdivision, an individual is substantiated
 252.21 as the perpetrator if the commissioner of health determines that the individual is the
 252.22 perpetrator and the determination of the commissioner is upheld after the individual either
 252.23 exercises applicable administrative appeal rights or fails to exercise these rights within the
 252.24 time allowed by law.

252.25 Sec. 3. Minnesota Statutes 2018, section 13.43, subdivision 14, is amended to read:

252.26 Subd. 14. **Maltreatment data.** (a) When a report of alleged maltreatment of a student
 252.27 in a school facility, as defined in section ~~626.556, subdivision 2, paragraph (e)~~ 260E.03,
 252.28 subdivision 6, is made to the commissioner of education under ~~section 626.556~~ chapter
 252.29 260E, data that are relevant to a report of maltreatment and are collected by the school
 252.30 facility about the person alleged to have committed maltreatment must be provided to the
 252.31 commissioner of education upon request for purposes of an assessment or investigation of
 252.32 the maltreatment report. Data received by the commissioner of education pursuant to these
 252.33 assessments or investigations are classified under ~~section 626.556~~ chapter 260E.

253.1 (b) Personnel data may be released for purposes of providing information to a parent,
253.2 legal guardian, or custodian of a child under section ~~626.556, subdivision 7~~ 260E.15.

253.3 Sec. 4. Minnesota Statutes 2019 Supplement, section 13.46, subdivision 3, is amended to
253.4 read:

253.5 Subd. 3. **Investigative data.** (a) Data on persons, including data on vendors of services,
253.6 licensees, and applicants that is collected, maintained, used, or disseminated by the welfare
253.7 system in an investigation, authorized by statute, and relating to the enforcement of rules
253.8 or law are confidential data on individuals pursuant to section 13.02, subdivision 3, or
253.9 protected nonpublic data not on individuals pursuant to section 13.02, subdivision 13, and
253.10 shall not be disclosed except:

253.11 (1) pursuant to section 13.05;

253.12 (2) pursuant to statute or valid court order;

253.13 (3) to a party named in a civil or criminal proceeding, administrative or judicial, for
253.14 preparation of defense;

253.15 (4) to an agent of the welfare system or an investigator acting on behalf of a county,
253.16 state, or federal government, including a law enforcement officer or attorney in the
253.17 investigation or prosecution of a criminal, civil, or administrative proceeding, unless the
253.18 commissioner of human services determines that disclosure may compromise a Department
253.19 of Human Services ongoing investigation; or

253.20 (5) to provide notices required or permitted by statute.

253.21 The data referred to in this subdivision shall be classified as public data upon submission
253.22 to an administrative law judge or court in an administrative or judicial proceeding. Inactive
253.23 welfare investigative data shall be treated as provided in section 13.39, subdivision 3.

253.24 (b) Notwithstanding any other provision in law, the commissioner of human services
253.25 shall provide all active and inactive investigative data, including the name of the reporter
253.26 of alleged maltreatment under section ~~626.556 or 626.557~~ chapter 260E, to the ombudsman
253.27 for mental health and developmental disabilities upon the request of the ombudsman.

253.28 (c) Notwithstanding paragraph (a) and section 13.39, the existence of an investigation
253.29 by the commissioner of human services of possible overpayments of public funds to a service
253.30 provider or recipient may be disclosed if the commissioner determines that it will not
253.31 compromise the investigation.

254.1 Sec. 5. Minnesota Statutes 2019 Supplement, section 13.46, subdivision 4, is amended to
254.2 read:

254.3 Subd. 4. **Licensing data.** (a) As used in this subdivision:

254.4 (1) "licensing data" are all data collected, maintained, used, or disseminated by the
254.5 welfare system pertaining to persons licensed or registered or who apply for licensure or
254.6 registration or who formerly were licensed or registered under the authority of the
254.7 commissioner of human services;

254.8 (2) "client" means a person who is receiving services from a licensee or from an applicant
254.9 for licensure; and

254.10 (3) "personal and personal financial data" are Social Security numbers, identity of and
254.11 letters of reference, insurance information, reports from the Bureau of Criminal
254.12 Apprehension, health examination reports, and social/home studies.

254.13 (b)(1)(i) Except as provided in paragraph (c), the following data on applicants, license
254.14 holders, and former licensees are public: name, address, telephone number of licensees,
254.15 date of receipt of a completed application, dates of licensure, licensed capacity, type of
254.16 client preferred, variances granted, record of training and education in child care and child
254.17 development, type of dwelling, name and relationship of other family members, previous
254.18 license history, class of license, the existence and status of complaints, and the number of
254.19 serious injuries to or deaths of individuals in the licensed program as reported to the
254.20 commissioner of human services, the local social services agency, or any other county
254.21 welfare agency. For purposes of this clause, a serious injury is one that is treated by a
254.22 physician.

254.23 (ii) Except as provided in item (v), when a correction order, an order to forfeit a fine,
254.24 an order of license suspension, an order of temporary immediate suspension, an order of
254.25 license revocation, an order of license denial, or an order of conditional license has been
254.26 issued, or a complaint is resolved, the following data on current and former licensees and
254.27 applicants are public: the general nature of the complaint or allegations leading to the
254.28 temporary immediate suspension; the substance and investigative findings of the licensing
254.29 or maltreatment complaint, licensing violation, or substantiated maltreatment; the existence
254.30 of settlement negotiations; the record of informal resolution of a licensing violation; orders
254.31 of hearing; findings of fact; conclusions of law; specifications of the final correction order,
254.32 fine, suspension, temporary immediate suspension, revocation, denial, or conditional license
254.33 contained in the record of licensing action; whether a fine has been paid; and the status of
254.34 any appeal of these actions.

255.1 (iii) When a license denial under section 245A.05 or a sanction under section 245A.07
255.2 is based on a determination that a license holder, applicant, or controlling individual is
255.3 responsible for maltreatment under section ~~626.556~~ or 626.557 or chapter 260E, the identity
255.4 of the applicant, license holder, or controlling individual as the individual responsible for
255.5 maltreatment is public data at the time of the issuance of the license denial or sanction.

255.6 (iv) When a license denial under section 245A.05 or a sanction under section 245A.07
255.7 is based on a determination that a license holder, applicant, or controlling individual is
255.8 disqualified under chapter 245C, the identity of the license holder, applicant, or controlling
255.9 individual as the disqualified individual and the reason for the disqualification are public
255.10 data at the time of the issuance of the licensing sanction or denial. If the applicant, license
255.11 holder, or controlling individual requests reconsideration of the disqualification and the
255.12 disqualification is affirmed, the reason for the disqualification and the reason to not set aside
255.13 the disqualification are public data.

255.14 (v) A correction order or fine issued to a child care provider for a licensing violation is
255.15 private data on individuals under section 13.02, subdivision 12, or nonpublic data under
255.16 section 13.02, subdivision 9, if the correction order or fine is seven years old or older.

255.17 (2) For applicants who withdraw their application prior to licensure or denial of a license,
255.18 the following data are public: the name of the applicant, the city and county in which the
255.19 applicant was seeking licensure, the dates of the commissioner's receipt of the initial
255.20 application and completed application, the type of license sought, and the date of withdrawal
255.21 of the application.

255.22 (3) For applicants who are denied a license, the following data are public: the name and
255.23 address of the applicant, the city and county in which the applicant was seeking licensure,
255.24 the dates of the commissioner's receipt of the initial application and completed application,
255.25 the type of license sought, the date of denial of the application, the nature of the basis for
255.26 the denial, the existence of settlement negotiations, the record of informal resolution of a
255.27 denial, orders of hearings, findings of fact, conclusions of law, specifications of the final
255.28 order of denial, and the status of any appeal of the denial.

255.29 (4) When maltreatment is substantiated under section ~~626.556~~ or 626.557 or chapter
255.30 260E and the victim and the substantiated perpetrator are affiliated with a program licensed
255.31 under chapter 245A, the commissioner of human services, local social services agency, or
255.32 county welfare agency may inform the license holder where the maltreatment occurred of
255.33 the identity of the substantiated perpetrator and the victim.

256.1 (5) Notwithstanding clause (1), for child foster care, only the name of the license holder
256.2 and the status of the license are public if the county attorney has requested that data otherwise
256.3 classified as public data under clause (1) be considered private data based on the best interests
256.4 of a child in placement in a licensed program.

256.5 (c) The following are private data on individuals under section 13.02, subdivision 12,
256.6 or nonpublic data under section 13.02, subdivision 9: personal and personal financial data
256.7 on family day care program and family foster care program applicants and licensees and
256.8 their family members who provide services under the license.

256.9 (d) The following are private data on individuals: the identity of persons who have made
256.10 reports concerning licensees or applicants that appear in inactive investigative data, and the
256.11 records of clients or employees of the licensee or applicant for licensure whose records are
256.12 received by the licensing agency for purposes of review or in anticipation of a contested
256.13 matter. The names of reporters of complaints or alleged violations of licensing standards
256.14 under chapters 245A, 245B, 245C, and 245D, and applicable rules and alleged maltreatment
256.15 under ~~sections 626.556 and~~ section 626.557 and chapter 260E, are confidential data and
256.16 may be disclosed only as provided in ~~section 626.556, subdivision 11,~~ section 260E.21,
256.17 subdivision 4; 260E.35; or 626.557, subdivision 12b.

256.18 (e) Data classified as private, confidential, nonpublic, or protected nonpublic under this
256.19 subdivision become public data if submitted to a court or administrative law judge as part
256.20 of a disciplinary proceeding in which there is a public hearing concerning a license which
256.21 has been suspended, immediately suspended, revoked, or denied.

256.22 (f) Data generated in the course of licensing investigations that relate to an alleged
256.23 violation of law are investigative data under subdivision 3.

256.24 (g) Data that are not public data collected, maintained, used, or disseminated under this
256.25 subdivision that relate to or are derived from a report as defined in section ~~626.556,~~
256.26 ~~subdivision 2~~ 260E.03, or 626.5572, subdivision 18, are subject to the destruction provisions
256.27 of sections ~~626.556, subdivision 11~~ 260E.35, subdivision 6, and 626.557, subdivision 12b.

256.28 (h) Upon request, not public data collected, maintained, used, or disseminated under
256.29 this subdivision that relate to or are derived from a report of substantiated maltreatment as
256.30 defined in section ~~626.556 or 626.557~~ chapter 260E may be exchanged with the
256.31 Department of Health for purposes of completing background studies pursuant to section
256.32 144.057 and with the Department of Corrections for purposes of completing background
256.33 studies pursuant to section 241.021.

257.1 (i) Data on individuals collected according to licensing activities under chapters 245A
257.2 and 245C, data on individuals collected by the commissioner of human services according
257.3 to investigations under section 626.557 and chapters 245A, 245B, 245C, and 245D, and
257.4 ~~sections 626.556 and 626.557~~ 260E may be shared with the Department of Human Rights,
257.5 the Department of Health, the Department of Corrections, the ombudsman for mental health
257.6 and developmental disabilities, and the individual's professional regulatory board when
257.7 there is reason to believe that laws or standards under the jurisdiction of those agencies may
257.8 have been violated or the information may otherwise be relevant to the board's regulatory
257.9 jurisdiction. Background study data on an individual who is the subject of a background
257.10 study under chapter 245C for a licensed service for which the commissioner of human
257.11 services is the license holder may be shared with the commissioner and the commissioner's
257.12 delegate by the licensing division. Unless otherwise specified in this chapter, the identity
257.13 of a reporter of alleged maltreatment or licensing violations may not be disclosed.

257.14 (j) In addition to the notice of determinations required under ~~section 626.556, subdivision~~
257.15 ~~10f,~~ sections 260E.24, subdivisions 5 and 7, and 260E.30, subdivision 6, paragraphs (b),
257.16 (c), (d), (e), and (f), if the commissioner or the local social services agency has determined
257.17 that an individual is a substantiated perpetrator of maltreatment of a child based on sexual
257.18 abuse, as defined in section ~~626.556, subdivision 2~~ 260E.03, and the commissioner or local
257.19 social services agency knows that the individual is a person responsible for a child's care
257.20 in another facility, the commissioner or local social services agency shall notify the head
257.21 of that facility of this determination. The notification must include an explanation of the
257.22 individual's available appeal rights and the status of any appeal. If a notice is given under
257.23 this paragraph, the government entity making the notification shall provide a copy of the
257.24 notice to the individual who is the subject of the notice.

257.25 (k) All not public data collected, maintained, used, or disseminated under this subdivision
257.26 and subdivision 3 may be exchanged between the Department of Human Services, Licensing
257.27 Division, and the Department of Corrections for purposes of regulating services for which
257.28 the Department of Human Services and the Department of Corrections have regulatory
257.29 authority.

257.30 Sec. 6. Minnesota Statutes 2018, section 13.82, subdivision 8, is amended to read:

257.31 Subd. 8. **Child abuse identity data.** Active or inactive investigative data that identify
257.32 a victim of child abuse or neglect reported under ~~section 626.556~~ chapter 260E are private
257.33 data on individuals. Active or inactive investigative data that identify a reporter of child
257.34 abuse or neglect under ~~section 626.556~~ chapter 260E are confidential data on individuals,

258.1 unless the subject of the report compels disclosure under ~~section 626.556, subdivision 11~~
258.2 sections 260E.21, subdivision 4, or 260E.35.

258.3 Sec. 7. Minnesota Statutes 2018, section 13.82, subdivision 9, is amended to read:

258.4 Subd. 9. **Inactive child abuse data.** Investigative data that become inactive under
258.5 subdivision 7, clause (a) or (b), and that relate to the alleged abuse or neglect of a child by
258.6 a person responsible for the child's care, as defined in section ~~626.556, subdivision 2~~ 260E.03,
258.7 are private data.

258.8 Sec. 8. Minnesota Statutes 2018, section 13.82, subdivision 17, is amended to read:

258.9 Subd. 17. **Protection of identities.** A law enforcement agency or a law enforcement
258.10 dispatching agency working under direction of a law enforcement agency shall withhold
258.11 public access to data on individuals to protect the identity of individuals in the following
258.12 circumstances:

258.13 (a) when access to the data would reveal the identity of an undercover law enforcement
258.14 officer, as provided in section 13.43, subdivision 5;

258.15 (b) when access to the data would reveal the identity of a victim or alleged victim of
258.16 criminal sexual conduct or sex trafficking under section 609.322, 609.341 to 609.3451, or
258.17 617.246, subdivision 2;

258.18 (c) when access to the data would reveal the identity of a paid or unpaid informant being
258.19 used by the agency if the agency reasonably determines that revealing the identity of the
258.20 informant would threaten the personal safety of the informant;

258.21 (d) when access to the data would reveal the identity of a victim of or witness to a crime
258.22 if the victim or witness specifically requests not to be identified publicly, unless the agency
258.23 reasonably determines that revealing the identity of the victim or witness would not threaten
258.24 the personal safety or property of the individual;

258.25 (e) when access to the data would reveal the identity of a deceased person whose body
258.26 was unlawfully removed from a cemetery in which it was interred;

258.27 (f) when access to the data would reveal the identity of a person who placed a call to a
258.28 911 system or the identity or telephone number of a service subscriber whose phone is used
258.29 to place a call to the 911 system and: (1) the agency determines that revealing the identity
258.30 may threaten the personal safety or property of any person; or (2) the object of the call is
258.31 to receive help in a mental health emergency. For the purposes of this paragraph, a voice
258.32 recording of a call placed to the 911 system is deemed to reveal the identity of the caller;

259.1 (g) when access to the data would reveal the identity of a juvenile witness and the agency
259.2 reasonably determines that the subject matter of the investigation justifies protecting the
259.3 identity of the witness; or

259.4 (h) when access to the data would reveal the identity of a mandated reporter under section
259.5 60A.952, subdivision 2, 609.456, ~~626.556~~, or ~~626.557~~ or chapter 260E.

259.6 Data concerning individuals whose identities are protected by this subdivision are private
259.7 data about those individuals. Law enforcement agencies shall establish procedures to acquire
259.8 the data and make the decisions necessary to protect the identity of individuals described
259.9 in clauses (c), (d), (f), and (g).

259.10 Sec. 9. Minnesota Statutes 2018, section 13.821, is amended to read:

259.11 **13.821 VIDEOTAPES OF CHILD ABUSE VICTIMS.**

259.12 (a) Notwithstanding section 13.04, subdivision 3, an individual subject of data may not
259.13 obtain a copy of a videotape in which a child victim or alleged victim is alleging, explaining,
259.14 denying, or describing an act of physical or sexual abuse without a court order under section
259.15 13.03, subdivision 6, or 611A.90. The definitions of physical abuse and sexual abuse in
259.16 section ~~626.556~~, ~~subdivision 2~~ 260E.03, apply to this section, except that abuse is not limited
259.17 to acts by a person responsible for the child's care or in a significant relationship with the
259.18 child or position of authority.

259.19 (b) This section does not limit other rights of access to data by an individual under section
259.20 13.04, subdivision 3, other than the right to obtain a copy of the videotape, nor prohibit
259.21 rights of access pursuant to discovery in a court proceeding.

259.22 Sec. 10. Minnesota Statutes 2018, section 13.84, subdivision 9, is amended to read:

259.23 Subd. 9. **Child abuse data; release to child protective services.** A court services agency
259.24 may release private or confidential data on an active case involving assessment or
259.25 investigation of actions that are defined as sexual abuse, physical abuse, or neglect under
259.26 ~~section 626.556~~ chapter 260E to a local welfare agency if:

259.27 (1) the local welfare agency has an active case involving a common client or clients who
259.28 are the subject of the data; and

259.29 (2) the data are necessary for the local welfare agency to effectively process the agency's
259.30 case, including investigating or performing other duties relating to the case required by law.

260.1 Court services data disclosed under this subdivision may be used only for purposes of
260.2 the active case described in clause (1) and may not be further disclosed to any other person
260.3 or agency, except as authorized by law.

260.4 Sec. 11. Minnesota Statutes 2018, section 13.871, subdivision 6, is amended to read:

260.5 Subd. 6. **Training; investigation; apprehension; reports.** (a) **Reports of gunshot**
260.6 **wounds.** Disclosure of the name of a person making a report under section 626.52,
260.7 subdivision 2, is governed by section 626.53.

260.8 (b) **Child abuse report records.** Data contained in child abuse report records are
260.9 classified under ~~section 626.556~~ chapter 260E.

260.10 (c) **Interstate data exchange.** Disclosure of child abuse reports to agencies of another
260.11 state is classified under section ~~626.556, subdivision 10g~~ 260E.35, subdivision 3, paragraphs
260.12 (b) and (c).

260.13 (d) **Release to family court services.** Release of child abuse data to a court services
260.14 agency is authorized under section ~~626.556, subdivision 10h~~ 260E.35, subdivision 3,
260.15 paragraphs (d) and (e).

260.16 (e) **Release of data to mandated reporters.** Release of child abuse data to mandated
260.17 reporters who have an ongoing responsibility for the health, education, or welfare of a child
260.18 affected by the data is authorized under section ~~626.556, subdivision 10j~~ 260E.35, subdivision
260.19 4.

260.20 (f) **Release of child abuse assessment or investigative records to other counties.**
260.21 Release of child abuse investigative records to local welfare agencies is authorized under
260.22 section ~~626.556, subdivision 10k~~ 260E.35, subdivision 3, paragraph (f).

260.23 (g) **Classifying and sharing records and reports of child abuse.** The classification of
260.24 child abuse data and the sharing of records and reports of child abuse by and between local
260.25 welfare agencies and law enforcement agencies are governed under ~~section 626.556,~~
260.26 ~~subdivision 11~~ sections 260E.21, subdivision 4, and 260E.35.

260.27 (h) **Disclosure of information not required in certain cases.** Disclosure of certain data
260.28 obtained from interviewing a minor is governed by section ~~626.556, subdivision 11a~~ 260E.35,
260.29 subdivision 8.

260.30 (i) **Data received from law enforcement.** Classifying child abuse data received by
260.31 certain agencies from law enforcement agencies is governed under section ~~626.556,~~
260.32 ~~subdivision 11b~~ 260E.35, subdivision 3, paragraph (p).

261.1 (j) **Disclosure in child fatality cases.** Disclosure of information relating to a child fatality
261.2 is governed under section ~~626.556, subdivision 11~~ 260E.35, subdivision 7.

261.3 (k) **Reports of prenatal exposure to controlled substances.** Data on persons making
261.4 reports under section ~~626.5561~~ 260E.31 are classified under section ~~626.5561, subdivision~~
261.5 ~~3~~ 260E.35, subdivision 3.

261.6 (l) **Vulnerable adult report records.** Data contained in vulnerable adult report records
261.7 are classified under section 626.557, subdivision 12b.

261.8 (m) **Adult protection team information sharing.** Sharing of local welfare agency
261.9 vulnerable adult data with a protection team is governed by section 626.5571, subdivision
261.10 3.

261.11 (n) **Child protection team.** Data acquired by a case consultation committee or
261.12 subcommittee of a child protection team are classified by section ~~626.558, subdivision 3~~.
261.13 260E.02, subdivision 4.

261.14 (o) **Peace officer discipline procedures.** Access by an officer under investigation to
261.15 the investigating agency's investigative report on the officer is governed by section 626.89,
261.16 subdivision 6.

261.17 (p) **Racial profiling study data.** Racial profiling study data is governed by Minnesota
261.18 Statutes 2006, section 626.951.

261.19 Sec. 12. Minnesota Statutes 2018, section 13.88, is amended to read:

261.20 **13.88 COMMUNITY DISPUTE RESOLUTION CENTER DATA.**

261.21 The guidelines shall provide that all files relating to a case in a community dispute
261.22 resolution program are to be classified as private data on individuals, pursuant to section
261.23 13.02, subdivision 12, with the following exceptions:

261.24 (1) When a party to the case has been formally charged with a criminal offense, the data
261.25 are to be classified as public data on individuals, pursuant to section 13.02, subdivision 15.

261.26 (2) Data relating to suspected neglect or physical or sexual abuse of children or
261.27 maltreatment of vulnerable adults are to be subject to the reporting requirements of ~~sections~~
261.28 ~~626.556 and~~ section 626.557 and chapter 260E.

261.29 Sec. 13. Minnesota Statutes 2018, section 120B.22, subdivision 2, is amended to read:

261.30 Subd. 2. **In-service training.** Each district is encouraged to provide training for district
261.31 staff and school board members on the following:

262.1 (1) helping students identify violence in the family and the community so that students
262.2 may learn to resolve conflicts in effective, nonviolent ways;

262.3 (2) responding to a disclosure of child sexual abuse in a supportive, appropriate manner;
262.4 and

262.5 (3) complying with mandatory reporting requirements under ~~section 626.556~~ chapter
262.6 260E.

262.7 The in-service training must be ongoing and involve experts familiar with sexual abuse,
262.8 domestic violence, and personal safety issues.

262.9 Sec. 14. Minnesota Statutes 2019 Supplement, section 122A.20, subdivision 2, is amended
262.10 to read:

262.11 Subd. 2. **Mandatory reporting.** (a) A school board, superintendent, charter school
262.12 board, charter school executive director, or charter school authorizer must report to the
262.13 Professional Educator Licensing and Standards Board, the Board of School Administrators,
262.14 or the Board of Trustees of the Minnesota State Colleges and Universities, whichever has
262.15 jurisdiction over the teacher's or administrator's license, when its teacher or administrator
262.16 is discharged or resigns from employment after a charge is filed with the school board under
262.17 section 122A.41, subdivisions 6, clauses (1), (2), and (3), and 7, or after charges are filed
262.18 that are grounds for discharge under section 122A.40, subdivision 13, paragraph (a), clauses
262.19 (1) to (5), or when a teacher or administrator is suspended or resigns while an investigation
262.20 is pending under section 122A.40, subdivision 13, paragraph (a), clauses (1) to (5), or chapter
262.21 260E; or 122A.41, subdivisions 6, clauses (1), (2), and (3), and 7; ~~or 626.556~~, or when a
262.22 teacher or administrator is suspended without an investigation under section 122A.41,
262.23 subdivisions 6, paragraph (a), clauses (1), (2), and (3), and 7; ~~or 626.556~~, or chapter 260E.
262.24 The report must be made to the appropriate licensing board within ten days after the
262.25 discharge, suspension, or resignation has occurred. The licensing board to which the report
262.26 is made must investigate the report for violation of subdivision 1 and the reporting board,
262.27 administrator, or authorizer must cooperate in the investigation. Notwithstanding any
262.28 provision in chapter 13 or any law to the contrary, upon written request from the licensing
262.29 board having jurisdiction over the license, a board, charter school, authorizer, charter school
262.30 executive director, or school superintendent shall provide the licensing board with information
262.31 about the teacher or administrator from the district's files, any termination or disciplinary
262.32 proceeding, any settlement or compromise, or any investigative file. Upon written request
262.33 from the appropriate licensing board, a board or school superintendent may, at the discretion
262.34 of the board or school superintendent, solicit the written consent of a student and the student's

263.1 parent to provide the licensing board with information that may aid the licensing board in
 263.2 its investigation and license proceedings. The licensing board's request need not identify a
 263.3 student or parent by name. The consent of the student and the student's parent must meet
 263.4 the requirements of chapter 13 and Code of Federal Regulations, title 34, section 99.30.
 263.5 The licensing board may provide a consent form to the district. Any data transmitted to any
 263.6 board under this section is private data under section 13.02, subdivision 12, notwithstanding
 263.7 any other classification of the data when it was in the possession of any other agency.

263.8 (b) The licensing board to which a report is made must transmit to the Attorney General's
 263.9 Office any record or data it receives under this subdivision for the sole purpose of having
 263.10 the Attorney General's Office assist that board in its investigation. When the Attorney
 263.11 General's Office has informed an employee of the appropriate licensing board in writing
 263.12 that grounds exist to suspend or revoke a teacher's license to teach, that licensing board
 263.13 must consider suspending or revoking or decline to suspend or revoke the teacher's or
 263.14 administrator's license within 45 days of receiving a stipulation executed by the teacher or
 263.15 administrator under investigation or a recommendation from an administrative law judge
 263.16 that disciplinary action be taken.

263.17 (c) The Professional Educator Licensing and Standards Board and Board of School
 263.18 Administrators must report to the appropriate law enforcement authorities a revocation,
 263.19 suspension, or agreement involving a loss of license, relating to a teacher or administrator's
 263.20 inappropriate sexual conduct with a minor. For purposes of this section, "law enforcement
 263.21 authority" means a police department, county sheriff, or tribal police department. A report
 263.22 by the Professional Educator Licensing and Standards Board to appropriate law enforcement
 263.23 authorities does not diminish, modify, or otherwise affect the responsibilities of a school
 263.24 board or any person mandated to report abuse under ~~section 626.556~~ chapter 260E.

263.25 Sec. 15. Minnesota Statutes 2019 Supplement, section 122A.40, subdivision 13, is amended
 263.26 to read:

263.27 Subd. 13. **Immediate discharge.** (a) Except as otherwise provided in paragraph (b), a
 263.28 board may discharge a continuing-contract teacher, effective immediately, upon any of the
 263.29 following grounds:

263.30 (1) immoral conduct, insubordination, or conviction of a felony;

263.31 (2) conduct unbecoming a teacher which requires the immediate removal of the teacher
 263.32 from classroom or other duties;

264.1 (3) failure without justifiable cause to teach without first securing the written release of
264.2 the school board;

264.3 (4) gross inefficiency which the teacher has failed to correct after reasonable written
264.4 notice;

264.5 (5) willful neglect of duty; or

264.6 (6) continuing physical or mental disability subsequent to a 12 months leave of absence
264.7 and inability to qualify for reinstatement in accordance with subdivision 12.

264.8 For purposes of this paragraph, conduct unbecoming a teacher includes an unfair
264.9 discriminatory practice described in section 363A.13.

264.10 Prior to discharging a teacher under this paragraph, the board must notify the teacher in
264.11 writing and state its ground for the proposed discharge in reasonable detail. Within ten days
264.12 after receipt of this notification the teacher may make a written request for a hearing before
264.13 the board and it shall be granted before final action is taken. The board may suspend a
264.14 teacher with pay pending the conclusion of the hearing and determination of the issues
264.15 raised in the hearing after charges have been filed which constitute ground for discharge.
264.16 If a teacher has been charged with a felony and the underlying conduct that is the subject
264.17 of the felony charge is a ground for a proposed immediate discharge, the suspension pending
264.18 the conclusion of the hearing and determination of the issues may be without pay. If a
264.19 hearing under this paragraph is held, the board must reimburse the teacher for any salary
264.20 or compensation withheld if the final decision of the board or the arbitrator does not result
264.21 in a penalty to or suspension, termination, or discharge of the teacher.

264.22 (b) A board must discharge a continuing-contract teacher, effective immediately, upon
264.23 receipt of notice under section 122A.20, subdivision 1, paragraph (b), that the teacher's
264.24 license has been revoked due to a conviction for child abuse, as defined in section 609.185;
264.25 sex trafficking in the first degree under section 609.322, subdivision 1; sex trafficking in
264.26 the second degree under section 609.322, subdivision 1a; engaging in hiring or agreeing to
264.27 hire a minor to engage in prostitution under section 609.324, subdivision 1; sexual abuse
264.28 under section 609.342, 609.343, 609.344, 609.345, 609.3451, subdivision 3, or 617.23,
264.29 subdivision 3; solicitation of children to engage in sexual conduct or communication of
264.30 sexually explicit materials to children under section 609.352; interference with privacy
264.31 under section 609.746 or harassment or stalking under section 609.749 and the victim was
264.32 a minor; using minors in a sexual performance under section 617.246; possessing
264.33 pornographic works involving a minor under section 617.247; or any other offense not listed

265.1 in this paragraph that requires the person to register as a predatory offender under section
 265.2 243.166, or a crime under a similar law of another state or the United States.

265.3 (c) When a teacher is discharged under paragraph (b) or when the commissioner makes
 265.4 a final determination of child maltreatment involving a teacher under section ~~626.556,~~
 265.5 ~~subdivision 11,~~ 260E.21, subdivision 4, or 260E.35, the school principal or other person
 265.6 having administrative control of the school must include in the teacher's employment record
 265.7 the information contained in the record of the disciplinary action or the final maltreatment
 265.8 determination, consistent with the definition of public data under section 13.41, subdivision
 265.9 5, and must provide the Professional Educator Licensing and Standards Board and the
 265.10 licensing division at the department with the necessary and relevant information to enable
 265.11 the Professional Educator Licensing and Standards Board and the department's licensing
 265.12 division to fulfill their statutory and administrative duties related to issuing, renewing,
 265.13 suspending, or revoking a teacher's license. Information received by the Professional Educator
 265.14 Licensing and Standards Board or the licensing division at the department under this
 265.15 paragraph is governed by section 13.41 or other applicable law governing data of the
 265.16 receiving entity. In addition to the background check required under section 123B.03, a
 265.17 school board or other school hiring authority must contact the Professional Educator
 265.18 Licensing and Standards Board and the department to determine whether the teacher's license
 265.19 has been suspended or revoked, consistent with the discharge and final maltreatment
 265.20 determinations identified in this paragraph. Unless restricted by federal or state data practices
 265.21 law or by the terms of a collective bargaining agreement, the responsible authority for a
 265.22 school district must disseminate to another school district private personnel data on a current
 265.23 or former teacher employee or contractor of the district, including the results of background
 265.24 investigations, if the requesting school district seeks the information because the subject of
 265.25 the data has applied for employment with the requesting school district.

265.26 Sec. 16. Minnesota Statutes 2019 Supplement, section 122A.41, subdivision 6, is amended
 265.27 to read:

265.28 Subd. 6. **Grounds for discharge or demotion.** (a) Except as otherwise provided in
 265.29 paragraph (b), causes for the discharge or demotion of a teacher either during or after the
 265.30 probationary period must be:

265.31 (1) immoral character, conduct unbecoming a teacher, or insubordination;

265.32 (2) failure without justifiable cause to teach without first securing the written release of
 265.33 the school board having the care, management, or control of the school in which the teacher
 265.34 is employed;

266.1 (3) inefficiency in teaching or in the management of a school, consistent with subdivision
266.2 5, paragraph (b);

266.3 (4) affliction with a communicable disease must be considered as cause for removal or
266.4 suspension while the teacher is suffering from such disability; or

266.5 (5) discontinuance of position or lack of pupils.

266.6 For purposes of this paragraph, conduct unbecoming a teacher includes an unfair
266.7 discriminatory practice described in section 363A.13.

266.8 (b) A probationary or continuing-contract teacher must be discharged immediately upon
266.9 receipt of notice under section 122A.20, subdivision 1, paragraph (b), that the teacher's
266.10 license has been revoked due to a conviction for child abuse, as defined in section 609.185;
266.11 sex trafficking in the first degree under section 609.322, subdivision 1; sex trafficking in
266.12 the second degree under section 609.322, subdivision 1a; engaging in hiring or agreeing to
266.13 hire a minor to engage in prostitution under section 609.324, subdivision 1; sexual abuse
266.14 under section 609.342, 609.343, 609.344, 609.345, 609.3451, subdivision 3, or 617.23,
266.15 subdivision 3; solicitation of children to engage in sexual conduct or communication of
266.16 sexually explicit materials to children under section 609.352; interference with privacy
266.17 under section 609.746 or harassment or stalking under section 609.749 and the victim was
266.18 a minor; using minors in a sexual performance under section 617.246; possessing
266.19 pornographic works involving a minor under section 617.247; or any other offense not listed
266.20 in this paragraph that requires the person to register as a predatory offender under section
266.21 243.166, or a crime under a similar law of another state or the United States.

266.22 (c) When a teacher is discharged under paragraph (b) or when the commissioner makes
266.23 a final determination of child maltreatment involving a teacher under section ~~626.556,~~
266.24 ~~subdivision 11,~~ 260E.21, subdivision 4, or 260E.35, the school principal or other person
266.25 having administrative control of the school must include in the teacher's employment record
266.26 the information contained in the record of the disciplinary action or the final maltreatment
266.27 determination, consistent with the definition of public data under section 13.41, subdivision
266.28 5, and must provide the Professional Educator Licensing and Standards Board and the
266.29 licensing division at the department with the necessary and relevant information to enable
266.30 the Professional Educator Licensing and Standards Board and the department's licensing
266.31 division to fulfill their statutory and administrative duties related to issuing, renewing,
266.32 suspending, or revoking a teacher's license. Information received by the Professional Educator
266.33 Licensing and Standards Board or the licensing division at the department under this
266.34 paragraph is governed by section 13.41 or other applicable law governing data of the

267.1 receiving entity. In addition to the background check required under section 123B.03, a
267.2 school board or other school hiring authority must contact the Professional Educator
267.3 Licensing and Standards Board and the department to determine whether the teacher's license
267.4 has been suspended or revoked, consistent with the discharge and final maltreatment
267.5 determinations identified in this paragraph. Unless restricted by federal or state data practices
267.6 law or by the terms of a collective bargaining agreement, the responsible authority for a
267.7 school district must disseminate to another school district private personnel data on a current
267.8 or former teacher employee or contractor of the district, including the results of background
267.9 investigations, if the requesting school district seeks the information because the subject of
267.10 the data has applied for employment with the requesting school district.

267.11 Sec. 17. Minnesota Statutes 2018, section 125A.0942, subdivision 4, is amended to read:

267.12 Subd. 4. **Prohibitions.** The following actions or procedures are prohibited:

267.13 (1) engaging in conduct prohibited under section 121A.58;

267.14 (2) requiring a child to assume and maintain a specified physical position, activity, or
267.15 posture that induces physical pain;

267.16 (3) totally or partially restricting a child's senses as punishment;

267.17 (4) presenting an intense sound, light, or other sensory stimuli using smell, taste,
267.18 substance, or spray as punishment;

267.19 (5) denying or restricting a child's access to equipment and devices such as walkers,
267.20 wheelchairs, hearing aids, and communication boards that facilitate the child's functioning,
267.21 except when temporarily removing the equipment or device is needed to prevent injury to
267.22 the child or others or serious damage to the equipment or device, in which case the equipment
267.23 or device shall be returned to the child as soon as possible;

267.24 (6) interacting with a child in a manner that constitutes sexual abuse, neglect, or physical
267.25 abuse under ~~section 626.556~~ chapter 260E;

267.26 (7) withholding regularly scheduled meals or water;

267.27 (8) denying access to bathroom facilities;

267.28 (9) physical holding that restricts or impairs a child's ability to breathe, restricts or impairs
267.29 a child's ability to communicate distress, places pressure or weight on a child's head, throat,
267.30 neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's
267.31 torso; and

267.32 (10) prone restraint.

268.1 Sec. 18. Minnesota Statutes 2018, section 135A.15, subdivision 10, is amended to read:

268.2 Subd. 10. **Applicability of other laws.** This section does not exempt mandatory reporters
268.3 from the requirements of section ~~626.556~~ or 626.557 or chapter 260E governing the reporting
268.4 of maltreatment of minors or vulnerable adults. Nothing in this section limits the authority
268.5 of an institution to comply with other applicable state or federal laws related to investigations
268.6 or reports of sexual harassment, sexual violence, or sexual assault.

268.7 Sec. 19. Minnesota Statutes 2018, section 144.225, subdivision 2b, is amended to read:

268.8 Subd. 2b. **Commissioner of health; duties.** Notwithstanding the designation of certain
268.9 of this data as confidential under subdivision 2 or private under subdivision 2a, the
268.10 commissioner shall give the commissioner of human services access to birth record data
268.11 and data contained in recognitions of parentage prepared according to section 257.75
268.12 necessary to enable the commissioner of human services to identify a child who is subject
268.13 to threatened injury, as defined in section ~~626.556, subdivision 2, paragraph (p)~~ 260E.03,
268.14 subdivision 23, by a person responsible for the child's care, as defined in section ~~626.556,~~
268.15 ~~subdivision 2, paragraph (j), clause (1)~~ 260E.03, subdivision 17. The commissioner shall
268.16 be given access to all data included on official birth records.

268.17 Sec. 20. Minnesota Statutes 2018, section 144.343, subdivision 4, is amended to read:

268.18 Subd. 4. **Limitations.** No notice shall be required under this section if:

268.19 (1) the attending physician certifies in the pregnant woman's medical record that the
268.20 abortion is necessary to prevent the woman's death and there is insufficient time to provide
268.21 the required notice; or

268.22 (2) the abortion is authorized in writing by the person or persons who are entitled to
268.23 notice; or

268.24 (3) the pregnant minor woman declares that she is a victim of sexual abuse, neglect, or
268.25 physical abuse as defined in ~~section 626.556~~ chapter 260E. Notice of that declaration shall
268.26 be made to the proper authorities as provided in section ~~626.556, subdivision 3~~ 260E.06.

268.27 Sec. 21. Minnesota Statutes 2018, section 144.7065, subdivision 10, is amended to read:

268.28 Subd. 10. **Relation to other law; data classification.** (a) Adverse health events described
268.29 in subdivisions 2 to 6 do not constitute "maltreatment," "neglect," or "a physical injury that
268.30 is not reasonably explained" under section ~~626.556~~ or 626.557 or chapter 260E and are
268.31 excluded from the reporting requirements of ~~sections 626.556 and section 626.557~~ and

269.1 chapter 260E, provided the facility makes a determination within 24 hours of the discovery
269.2 of the event that this section is applicable and the facility files the reports required under
269.3 this section in a timely fashion.

269.4 (b) A facility that has determined that an event described in subdivisions 2 to 6 has
269.5 occurred must inform persons who are mandated reporters under section ~~626.556, subdivision~~
269.6 ~~3, 260E.06~~ or 626.5572, subdivision 16, of that determination. A mandated reporter otherwise
269.7 required to report under section ~~626.556, subdivision 3, 260E.06~~ or 626.557, subdivision
269.8 3, paragraph (e), is relieved of the duty to report an event that the facility determines under
269.9 paragraph (a) to be reportable under subdivisions 2 to 6.

269.10 (c) The protections and immunities applicable to voluntary reports under ~~sections 626.556~~
269.11 ~~and section 626.557~~ and chapter 260E are not affected by this section.

269.12 (d) Notwithstanding section ~~626.556, 626.557, chapter 260E~~, or any other provision of
269.13 Minnesota statute or rule to the contrary, a lead agency under section ~~626.556, subdivision~~
269.14 ~~3e 260E.14, subdivision 1, paragraphs (a), (b), and (c)~~, a lead investigative agency under
269.15 section 626.5572, subdivision 13, the commissioner of health, or the director of the Office
269.16 of Health Facility Complaints is not required to conduct an investigation of or obtain or
269.17 create investigative data or reports regarding an event described in subdivisions 2 to 6. If
269.18 the facility satisfies the requirements described in paragraph (a), the review or investigation
269.19 shall be conducted and data or reports shall be obtained or created only under sections
269.20 144.706 to 144.7069, except as permitted or required under sections 144.50 to 144.564, or
269.21 as necessary to carry out the state's certification responsibility under the provisions of
269.22 sections 1864 and 1867 of the Social Security Act. If a licensed health care provider reports
269.23 an event to the facility required to be reported under subdivisions 2 to 6 in a timely manner,
269.24 the provider's licensing board is not required to conduct an investigation of or obtain or
269.25 create investigative data or reports regarding the individual reporting of the events described
269.26 in subdivisions 2 to 6.

269.27 (e) Data contained in the following records are nonpublic and, to the extent they contain
269.28 data on individuals, confidential data on individuals, as defined in section 13.02:

269.29 (1) reports provided to the commissioner under sections 147.155, 147A.155, 148.267,
269.30 151.301, and 153.255;

269.31 (2) event reports, findings of root cause analyses, and corrective action plans filed by a
269.32 facility under this section; and

269.33 (3) records created or obtained by the commissioner in reviewing or investigating the
269.34 reports, findings, and plans described in clause (2).

270.1 For purposes of the nonpublic data classification contained in this paragraph, the reporting
270.2 facility shall be deemed the subject of the data.

270.3 Sec. 22. Minnesota Statutes 2018, section 144.7068, is amended to read:

270.4 **144.7068 REPORTS FROM LICENSING BOARDS.**

270.5 (a) Effective upon full implementation of the adverse health care events reporting system,
270.6 the records maintained under sections 147.155, 147A.155, 148.267, 151.301, and 153.255,
270.7 shall be reported to the commissioner on the schedule established in those sections.

270.8 (b) The commissioner shall forward these reports to the facility named in the report.

270.9 (c) The facility shall determine whether the event has been previously reported under
270.10 section 144.7065. The facility shall notify the commissioner whether the event has been
270.11 reported previously. If the event has not been previously reported, the facility shall make a
270.12 determination whether the event was reportable under section 144.7065. If the facility
270.13 determines the event was reportable, the date of discovery of the event for the purposes of
270.14 section 144.7065, subdivision 10, paragraph (d), shall be as follows:

270.15 (1) if the commissioner determines that the facility knew or reasonably should have
270.16 known about the occurrence of the event, the date the event occurred shall be the date of
270.17 discovery. The facility shall be considered out of compliance with the reporting act, and
270.18 the event shall be subject to ~~sections 626.556 and~~ section 626.557 and chapter 260E; or

270.19 (2) if the commissioner determines that the facility did not know about the occurrence
270.20 of the event, the date the facility receives the report from the commissioner shall serve as
270.21 the date of discovery.

270.22 If the facility determines that the event was not reportable under section 144.7065, the
270.23 facility shall notify the commissioner of that determination.

270.24 Sec. 23. Minnesota Statutes 2018, section 144A.472, subdivision 1, is amended to read:

270.25 Subdivision 1. **License applications.** Each application for a home care provider license
270.26 must include information sufficient to show that the applicant meets the requirements of
270.27 licensure, including:

270.28 (1) the applicant's name, e-mail address, physical address, and mailing address, including
270.29 the name of the county in which the applicant resides and has a principal place of business;

270.30 (2) the initial license fee in the amount specified in subdivision 7;

- 271.1 (3) the e-mail address, physical address, mailing address, and telephone number of the
271.2 principal administrative office;
- 271.3 (4) the e-mail address, physical address, mailing address, and telephone number of each
271.4 branch office, if any;
- 271.5 (5) the names, e-mail and mailing addresses, and telephone numbers of all owners and
271.6 managerial officials;
- 271.7 (6) documentation of compliance with the background study requirements of section
271.8 144A.476 for all persons involved in the management, operation, or control of the home
271.9 care provider;
- 271.10 (7) documentation of a background study as required by section 144.057 for any
271.11 individual seeking employment, paid or volunteer, with the home care provider;
- 271.12 (8) evidence of workers' compensation coverage as required by sections 176.181 and
271.13 176.182;
- 271.14 (9) documentation of liability coverage, if the provider has it;
- 271.15 (10) identification of the license level the provider is seeking;
- 271.16 (11) documentation that identifies the managerial official who is in charge of day-to-day
271.17 operations and attestation that the person has reviewed and understands the home care
271.18 provider regulations;
- 271.19 (12) documentation that the applicant has designated one or more owners, managerial
271.20 officials, or employees as an agent or agents, which shall not affect the legal responsibility
271.21 of any other owner or managerial official under this chapter;
- 271.22 (13) the signature of the officer or managing agent on behalf of an entity, corporation,
271.23 association, or unit of government;
- 271.24 (14) verification that the applicant has the following policies and procedures in place so
271.25 that if a license is issued, the applicant will implement the policies and procedures and keep
271.26 them current:
- 271.27 (i) requirements in ~~sections 626.556~~ chapter 260E, reporting of maltreatment of minors,
271.28 and section 626.557, reporting of maltreatment of vulnerable adults;
- 271.29 (ii) conducting and handling background studies on employees;
- 271.30 (iii) orientation, training, and competency evaluations of home care staff, and a process
271.31 for evaluating staff performance;

- 272.1 (iv) handling complaints from clients, family members, or client representatives regarding
 272.2 staff or services provided by staff;
- 272.3 (v) conducting initial evaluation of clients' needs and the providers' ability to provide
 272.4 those services;
- 272.5 (vi) conducting initial and ongoing client evaluations and assessments and how changes
 272.6 in a client's condition are identified, managed, and communicated to staff and other health
 272.7 care providers as appropriate;
- 272.8 (vii) orientation to and implementation of the home care client bill of rights;
- 272.9 (viii) infection control practices;
- 272.10 (ix) reminders for medications, treatments, or exercises, if provided; and
- 272.11 (x) conducting appropriate screenings, or documentation of prior screenings, to show
 272.12 that staff are free of tuberculosis, consistent with current United States Centers for Disease
 272.13 Control and Prevention standards; and
- 272.14 (15) other information required by the department.

272.15 Sec. 24. Minnesota Statutes 2018, section 144A.479, subdivision 6, is amended to read:

272.16 Subd. 6. **Reporting maltreatment of vulnerable adults and minors.** (a) All home care
 272.17 providers must comply with requirements for the reporting of maltreatment of minors in
 272.18 ~~section 626.556~~ chapter 260E and the requirements for the reporting of maltreatment of
 272.19 vulnerable adults in section 626.557. Each home care provider must establish and implement
 272.20 a written procedure to ensure that all cases of suspected maltreatment are reported.

272.21 (b) Each home care provider must develop and implement an individual abuse prevention
 272.22 plan for each vulnerable minor or adult for whom home care services are provided by a
 272.23 home care provider. The plan shall contain an individualized review or assessment of the
 272.24 person's susceptibility to abuse by another individual, including other vulnerable adults or
 272.25 minors; the person's risk of abusing other vulnerable adults or minors; and statements of
 272.26 the specific measures to be taken to minimize the risk of abuse to that person and other
 272.27 vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse
 272.28 includes self-abuse.

272.29 Sec. 25. Minnesota Statutes 2019 Supplement, section 144A.4796, subdivision 2, is
 272.30 amended to read:

272.31 Subd. 2. **Content.** (a) The orientation must contain the following topics:

- 273.1 (1) an overview of sections 144A.43 to 144A.4798;
- 273.2 (2) introduction and review of all the provider's policies and procedures related to the
273.3 provision of home care services by the individual staff person;
- 273.4 (3) handling of emergencies and use of emergency services;
- 273.5 (4) compliance with and reporting of the maltreatment of minors or vulnerable adults
273.6 under ~~sections 626.556 and~~ section 626.557 and chapter 260E;
- 273.7 (5) home care bill of rights under section 144A.44;
- 273.8 (6) handling of clients' complaints, reporting of complaints, and where to report
273.9 complaints including information on the Office of Health Facility Complaints and the
273.10 Common Entry Point;
- 273.11 (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care,
273.12 Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care
273.13 Ombudsman at the Department of Human Services, county managed care advocates, or
273.14 other relevant advocacy services; and
- 273.15 (8) review of the types of home care services the employee will be providing and the
273.16 provider's scope of licensure.
- 273.17 (b) In addition to the topics listed in paragraph (a), orientation may also contain training
273.18 on providing services to clients with hearing loss. Any training on hearing loss provided
273.19 under this subdivision must be high quality and research-based, may include online training,
273.20 and must include training on one or more of the following topics:
- 273.21 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,
273.22 and challenges it poses to communication;
- 273.23 (2) health impacts related to untreated age-related hearing loss, such as increased
273.24 incidence of dementia, falls, hospitalizations, isolation, and depression; or
- 273.25 (3) information about strategies and technology that may enhance communication and
273.26 involvement, including communication strategies, assistive listening devices, hearing aids,
273.27 visual and tactile alerting devices, communication access in real time, and closed captions.
- 273.28 Sec. 26. Minnesota Statutes 2018, section 144A.4796, subdivision 6, is amended to read:
- 273.29 Subd. 6. **Required annual training.** (a) All staff that perform direct home care services
273.30 must complete at least eight hours of annual training for each 12 months of employment.
273.31 The training may be obtained from the home care provider or another source and must

274.1 include topics relevant to the provision of home care services. The annual training must
274.2 include:

274.3 (1) training on reporting of maltreatment of minors under ~~section 626.556~~ chapter 260E
274.4 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to
274.5 the services provided;

274.6 (2) review of the home care bill of rights in section 144A.44;

274.7 (3) review of infection control techniques used in the home and implementation of
274.8 infection control standards including a review of hand-washing techniques; the need for
274.9 and use of protective gloves, gowns, and masks; appropriate disposal of contaminated
274.10 materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting
274.11 reusable equipment; disinfecting environmental surfaces; and reporting of communicable
274.12 diseases; and

274.13 (4) review of the provider's policies and procedures relating to the provision of home
274.14 care services and how to implement those policies and procedures.

274.15 (b) In addition to the topics listed in paragraph (a), annual training may also contain
274.16 training on providing services to clients with hearing loss. Any training on hearing loss
274.17 provided under this subdivision must be high quality and research-based, may include online
274.18 training, and must include training on one or more of the following topics:

274.19 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,
274.20 and challenges it poses to communication;

274.21 (2) health impacts related to untreated age-related hearing loss, such as increased
274.22 incidence of dementia, falls, hospitalizations, isolation, and depression; or

274.23 (3) information about strategies and technology that may enhance communication and
274.24 involvement, including communication strategies, assistive listening devices, hearing aids,
274.25 visual and tactile alerting devices, communication access in real time, and closed captions.

274.26 Sec. 27. Minnesota Statutes 2018, section 144H.16, subdivision 1, is amended to read:

274.27 Subdivision 1. **Reporting of maltreatment of minors.** A PPEC center must develop
274.28 policies and procedures for reporting suspected child maltreatment that fulfill the
274.29 requirements of ~~section 626.556~~ chapter 260E. The policies and procedures must include
274.30 the telephone numbers of the local county child protection agency for reporting suspected
274.31 maltreatment. The policies and procedures specified in this subdivision must be provided

275.1 to the parents or guardians of all children at the time of admission to the PPEC center and
 275.2 must be available upon request.

275.3 Sec. 28. Minnesota Statutes 2018, section 144H.18, subdivision 3, is amended to read:

275.4 Subd. 3. **Fines for violations of other statutes.** The commissioner shall impose a fine
 275.5 of \$250 on a PPEC center, employee, or contractor for each violation by that PPEC center,
 275.6 employee, or contractor of section 144H.16, subdivision 2, ~~or 626.556~~ or chapter 260E.

275.7 Sec. 29. Minnesota Statutes 2018, section 145.902, subdivision 3, is amended to read:

275.8 Subd. 3. **Immunity.** (a) A safe place with responsibility for performing duties under
 275.9 this section, and any employee, doctor, ambulance personnel, or other medical professional
 275.10 working at the safe place, are immune from any criminal liability that otherwise might result
 275.11 from their actions, if they are acting in good faith in receiving a newborn, and are immune
 275.12 from any civil liability that otherwise might result from merely receiving a newborn.

275.13 (b) A safe place performing duties under this section, or an employee, doctor, ambulance
 275.14 personnel, or other medical professional working at the safe place who is a mandated reporter
 275.15 under ~~section 626.556~~ chapter 260E, is immune from any criminal or civil liability that
 275.16 otherwise might result from the failure to make a report under that section if the person is
 275.17 acting in good faith in complying with this section.

275.18 Sec. 30. Minnesota Statutes 2018, section 145.952, subdivision 2, is amended to read:

275.19 Subd. 2. **Abuse.** "Abuse" means physical abuse, sexual abuse, neglect, mental injury,
 275.20 and threatened injury, as those terms are defined in ~~section 626.556, subdivision 2~~ chapter
 275.21 260E.

275.22 Sec. 31. Minnesota Statutes 2018, section 146A.025, is amended to read:

275.23 **146A.025 MALTREATMENT OF MINORS.**

275.24 Nothing in this chapter shall restrict the ability of a local welfare agency, local law
 275.25 enforcement agency, the commissioner of human services, or the state to take action regarding
 275.26 the maltreatment of minors under section 609.378 ~~or 626.556~~ or chapter 260E. A parent
 275.27 who obtains complementary and alternative health care for the parent's minor child is not
 275.28 relieved of the duty to seek necessary medical care consistent with the requirements of
 275.29 ~~sections~~ section 609.378 and 626.556 and chapter 260E. A complementary or alternative
 275.30 health care practitioner who is providing services to a child who is not receiving necessary
 275.31 medical care must make a report under ~~section 626.556~~ chapter 260E. A complementary

276.1 or alternative health care provider is a mandated reporter under section ~~626.556~~, subdivision
276.2 ~~3~~ 260E.06.

276.3 Sec. 32. Minnesota Statutes 2019 Supplement, section 148B.593, is amended to read:

276.4 **148B.593 DISCLOSURE OF INFORMATION.**

276.5 (a) A person licensed under sections 148B.50 to 148B.593 may not disclose without
276.6 written consent of the client any communication made by the client to the licensee in the
276.7 course of the practice of professional counseling, nor may any employee of the licensee
276.8 reveal the information without the consent of the employer or client except as provided
276.9 under section ~~626.556~~ or 626.557 or chapter 260E.

276.10 (b) For purposes of sections 148B.50 to 148B.593, the confidential relations and
276.11 communications between the licensee and a client are placed upon the same basis as those
276.12 that exist between a licensed psychologist and client. Nothing in sections 148B.50 to
276.13 148B.593 may be construed to require any communications to be disclosed except by court
276.14 order or as provided in paragraph (c).

276.15 (c) Private information may be disclosed without the consent of the client when a duty
276.16 to warn arises, or as otherwise provided by law or court order. The duty to warn of, or take
276.17 reasonable precautions to provide protection from, violent behavior arises only when a client
276.18 or other person has communicated to the provider a specific, serious threat of physical
276.19 violence to self or a specific, clearly identified or identifiable potential victim. If a duty to
276.20 warn arises, the duty is discharged by the provider if reasonable efforts are made to
276.21 communicate the threat to law enforcement agencies, the potential victim, the family of the
276.22 client, or appropriate third parties who are in a position to prevent or avert the harm. No
276.23 monetary liability and no cause of action or disciplinary action by the board may arise
276.24 against a provider for disclosure of confidences to third parties, for failure to disclose
276.25 confidences to third parties, or for erroneous disclosure of confidences to third parties in a
276.26 good faith effort to warn against or take precautions against a client's violent behavior or
276.27 threat of suicide.

276.28 (d) For purposes of this section, (1) "provider" includes a licensee, an applicant for
276.29 licensure, and a student or intern practicing professional counseling or professional clinical
276.30 counseling under supervision as part of an accredited graduate educational program or under
276.31 a supervised postgraduate experience in professional counseling or professional clinical
276.32 counseling required for licensure; (2) "other person" means an immediate family member
276.33 or someone who personally knows the client and has reason to believe the client is capable
276.34 of and will carry out the serious, specific threat of harm to a specific, clearly identified, or

277.1 identifiable victim; and (3) "reasonable efforts" means communicating the serious, specific
277.2 threat to the potential victim and if unable to make contact with the potential victim,
277.3 communicating the serious, specific threat to the law enforcement agency closest to the
277.4 potential victim of the client.

277.5 Sec. 33. Minnesota Statutes 2018, section 148E.240, subdivision 7, is amended to read:

277.6 Subd. 7. **Reporting maltreatment of minors.** An applicant or licensee must comply
277.7 with the reporting of maltreatment of minors established by ~~section 626.556~~ chapter 260E.

277.8 Sec. 34. Minnesota Statutes 2018, section 148F.13, subdivision 12, is amended to read:

277.9 Subd. 12. **Abuse or neglect of minors or vulnerable adults.** An applicant or licensee
277.10 must comply with the reporting of maltreatment of minors established in ~~section 626.556~~
277.11 chapter 260E and the reporting of maltreatment of vulnerable adults established in section
277.12 626.557.

277.13 Sec. 35. Minnesota Statutes 2018, section 148F.205, subdivision 1, is amended to read:

277.14 Subdivision 1. **Mandatory reporting requirements.** A provider is required to file a
277.15 complaint when the provider knows or has reason to believe that another provider:

277.16 (1) is unable to practice with reasonable skill and safety as a result of a physical or mental
277.17 illness or condition, including, but not limited to, substance abuse or dependence, except
277.18 that this mandated reporting requirement is deemed fulfilled by a report made to the Health
277.19 Professionals Services Program (HPSP) as provided by section 214.33, subdivision 1;

277.20 (2) is engaging in or has engaged in sexual behavior with a client or former client in
277.21 violation of section 148F.165, subdivision 6 or 7;

277.22 (3) has failed to report abuse or neglect of children or vulnerable adults in violation of
277.23 section ~~626.556~~ or 626.557 or chapter 260E; or

277.24 (4) has employed fraud or deception in obtaining or renewing an alcohol and drug
277.25 counseling license.

277.26 Sec. 36. Minnesota Statutes 2018, section 153B.70, is amended to read:

277.27 **153B.70 GROUNDS FOR DISCIPLINARY ACTION.**

277.28 (a) The board may refuse to issue or renew a license, revoke or suspend a license, or
277.29 place on probation or reprimand a licensee for one or any combination of the following:

- 278.1 (1) making a material misstatement in furnishing information to the board;
- 278.2 (2) violating or intentionally disregarding the requirements of this chapter;
- 278.3 (3) conviction of a crime, including a finding or verdict of guilt, an admission of guilt,
278.4 or a no-contest plea, in this state or elsewhere, reasonably related to the practice of the
278.5 profession. Conviction, as used in this clause, includes a conviction of an offense which, if
278.6 committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor,
278.7 without regard to its designation elsewhere, or a criminal proceeding where a finding or
278.8 verdict of guilty is made or returned but the adjudication of guilt is either withheld or not
278.9 entered;
- 278.10 (4) making a misrepresentation in order to obtain or renew a license;
- 278.11 (5) displaying a pattern of practice or other behavior that demonstrates incapacity or
278.12 incompetence to practice;
- 278.13 (6) aiding or assisting another person in violating the provisions of this chapter;
- 278.14 (7) failing to provide information within 60 days in response to a written request from
278.15 the board, including documentation of completion of continuing education requirements;
- 278.16 (8) engaging in dishonorable, unethical, or unprofessional conduct;
- 278.17 (9) engaging in conduct of a character likely to deceive, defraud, or harm the public;
- 278.18 (10) inability to practice due to habitual intoxication, addiction to drugs, or mental or
278.19 physical illness;
- 278.20 (11) being disciplined by another state or territory of the United States, the federal
278.21 government, a national certification organization, or foreign nation, if at least one of the
278.22 grounds for the discipline is the same or substantially equivalent to one of the grounds in
278.23 this section;
- 278.24 (12) directly or indirectly giving to or receiving from a person, firm, corporation,
278.25 partnership, or association a fee, commission, rebate, or other form of compensation for
278.26 professional services not actually or personally rendered;
- 278.27 (13) incurring a finding by the board that the licensee, after the licensee has been placed
278.28 on probationary status, has violated the conditions of the probation;
- 278.29 (14) abandoning a patient or client;

279.1 (15) willfully making or filing false records or reports in the course of the licensee's
279.2 practice including, but not limited to, false records or reports filed with state or federal
279.3 agencies;

279.4 (16) willfully failing to report child maltreatment as required under the Maltreatment of
279.5 Minors Act, ~~section 626.556~~ chapter 260E; or

279.6 (17) soliciting professional services using false or misleading advertising.

279.7 (b) A license to practice is automatically suspended if (1) a guardian of a licensee is
279.8 appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other
279.9 than the minority of the licensee, or (2) the licensee is committed by order of a court pursuant
279.10 to chapter 253B. The license remains suspended until the licensee is restored to capacity
279.11 by a court and, upon petition by the licensee, the suspension is terminated by the board after
279.12 a hearing. The licensee may be reinstated to practice, either with or without restrictions, by
279.13 demonstrating clear and convincing evidence of rehabilitation. The regulated person is not
279.14 required to prove rehabilitation if the subsequent court decision overturns previous court
279.15 findings of public risk.

279.16 (c) If the board has probable cause to believe that a licensee or applicant has violated
279.17 paragraph (a), clause (10), it may direct the person to submit to a mental or physical
279.18 examination. For the purpose of this section, every person is deemed to have consented to
279.19 submit to a mental or physical examination when directed in writing by the board and to
279.20 have waived all objections to the admissibility of the examining physician's testimony or
279.21 examination report on the grounds that the testimony or report constitutes a privileged
279.22 communication. Failure of a regulated person to submit to an examination when directed
279.23 constitutes an admission of the allegations against the person, unless the failure was due to
279.24 circumstances beyond the person's control, in which case a default and final order may be
279.25 entered without the taking of testimony or presentation of evidence. A regulated person
279.26 affected under this paragraph shall at reasonable intervals be given an opportunity to
279.27 demonstrate that the person can resume the competent practice of the regulated profession
279.28 with reasonable skill and safety to the public. In any proceeding under this paragraph, neither
279.29 the record of proceedings nor the orders entered by the board shall be used against a regulated
279.30 person in any other proceeding.

279.31 (d) In addition to ordering a physical or mental examination, the board may,
279.32 notwithstanding section 13.384 or 144.293, or any other law limiting access to medical or
279.33 other health data, obtain medical data and health records relating to a licensee or applicant
279.34 without the person's or applicant's consent if the board has probable cause to believe that a

280.1 licensee is subject to paragraph (a), clause (10). The medical data may be requested from
280.2 a provider as defined in section 144.291, subdivision 2, paragraph (i), an insurance company,
280.3 or a government agency, including the Department of Human Services. A provider, insurance
280.4 company, or government agency shall comply with any written request of the board under
280.5 this section and is not liable in any action for damages for releasing the data requested by
280.6 the board if the data are released pursuant to a written request under this section, unless the
280.7 information is false and the provider giving the information knew, or had reason to know,
280.8 the information was false. Information obtained under this section is private data on
280.9 individuals as defined in section 13.02.

280.10 (e) If the board issues an order of immediate suspension of a license, a hearing must be
280.11 held within 30 days of the suspension and completed without delay.

280.12 Sec. 37. Minnesota Statutes 2018, section 214.103, subdivision 8, is amended to read:

280.13 Subd. 8. **Dismissal and reopening of a complaint.** (a) A complaint may not be dismissed
280.14 without the concurrence of at least two board members and, upon the request of the
280.15 complainant, a review by a representative of the attorney general's office. The designee of
280.16 the attorney general must review before dismissal any complaints which allege any violation
280.17 of chapter 609, any conduct which would be required to be reported under section ~~626.556~~
280.18 ~~or 626.557~~ chapter 260E, any sexual contact or sexual conduct with a client, any violation
280.19 of a federal law, any actual or potential inability to practice the regulated profession or
280.20 occupation by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or
280.21 as a result of any mental or physical condition, any violation of state medical assistance
280.22 laws, or any disciplinary action related to credentialing in another jurisdiction or country
280.23 which was based on the same or related conduct specified in this subdivision.

280.24 (b) The board may reopen a dismissed complaint if the board receives newly discovered
280.25 information that was not available to the board during the initial investigation of the
280.26 complaint, or if the board receives a new complaint that indicates a pattern of behavior or
280.27 conduct.

280.28 Sec. 38. Minnesota Statutes 2018, section 214.104, is amended to read:

280.29 **214.104 HEALTH-RELATED LICENSING BOARDS; SUBSTANTIATED**
280.30 **MALTREATMENT.**

280.31 (a) A health-related licensing board shall make determinations as to whether regulated
280.32 persons who are under the board's jurisdiction should be the subject of disciplinary or
280.33 corrective action because of substantiated maltreatment under section ~~626.556~~ ~~or 626.557~~.

281.1 or chapter 260E. The board shall make a determination upon receipt, and after the review,
281.2 of an investigation memorandum or other notice of substantiated maltreatment under section
281.3 ~~626.556~~ or 626.557, chapter 260E, or of a notice from the commissioner of human services
281.4 that a background study of a regulated person shows substantiated maltreatment.

281.5 (b) Upon completion of its review of a report of substantiated maltreatment, the board
281.6 shall notify the commissioner of human services of its determination. The board shall notify
281.7 the commissioner of human services if, following a review of the report of substantiated
281.8 maltreatment, the board determines that it does not have jurisdiction in the matter and the
281.9 commissioner shall make the appropriate disqualification decision regarding the regulated
281.10 person as otherwise provided in chapter 245C. The board shall also notify the commissioner
281.11 of health or the commissioner of human services immediately upon receipt of knowledge
281.12 of a facility or program allowing a regulated person to provide direct contact services at the
281.13 facility or program while not complying with requirements placed on the regulated person.

281.14 (c) In addition to any other remedy provided by law, the board may, through its designated
281.15 board member, temporarily suspend the license of a licensee; deny a credential to an
281.16 applicant; or require the regulated person to be continuously supervised, if the board finds
281.17 there is probable cause to believe the regulated person referred to the board according to
281.18 paragraph (a) poses an immediate risk of harm to vulnerable persons. The board shall
281.19 consider all relevant information available, which may include but is not limited to:

281.20 (1) the extent the action is needed to protect persons receiving services or the public;

281.21 (2) the recency of the maltreatment;

281.22 (3) the number of incidents of maltreatment;

281.23 (4) the intrusiveness or violence of the maltreatment; and

281.24 (5) the vulnerability of the victim of maltreatment.

281.25 The action shall take effect upon written notice to the regulated person, served by certified
281.26 mail, specifying the statute violated. The board shall notify the commissioner of health or
281.27 the commissioner of human services of the suspension or denial of a credential. The action
281.28 shall remain in effect until the board issues a temporary stay or a final order in the matter
281.29 after a hearing or upon agreement between the board and the regulated person. At the time
281.30 the board issues the notice, the regulated person shall inform the board of all settings in
281.31 which the regulated person is employed or practices. The board shall inform all known
281.32 employment and practice settings of the board action and schedule a disciplinary hearing
281.33 to be held under chapter 14. The board shall provide the regulated person with at least 30

282.1 days' notice of the hearing, unless the parties agree to a hearing date that provides less than
282.2 30 days' notice, and shall schedule the hearing to begin no later than 90 days after issuance
282.3 of the notice of hearing.

282.4 Sec. 39. Minnesota Statutes 2019 Supplement, section 243.166, subdivision 7, is amended
282.5 to read:

282.6 Subd. 7. **Use of data.** (a) Except as otherwise provided in subdivision 4b or 7a or sections
282.7 244.052 and 299C.093, the data provided under this section is private data on individuals
282.8 under section 13.02, subdivision 12.

282.9 (b) The data may be used only by law enforcement and corrections agencies for law
282.10 enforcement and corrections purposes. Law enforcement or a corrections agent may disclose
282.11 the status of an individual as a predatory offender to a child protection worker with a local
282.12 welfare agency for purposes of doing a family assessment under ~~section 626.556~~ chapter
282.13 260E. A corrections agent may also disclose the status of an individual as a predatory
282.14 offender to comply with section 244.057.

282.15 (c) The commissioner of human services is authorized to have access to the data for:

282.16 (1) state-operated services, as defined in section 246.014, for the purposes described in
282.17 section 246.13, subdivision 2, paragraph (b); and

282.18 (2) purposes of completing background studies under chapter 245C.

282.19 Sec. 40. Minnesota Statutes 2018, section 245.8261, subdivision 9, is amended to read:

282.20 Subd. 9. **Conditions on use of restrictive procedures.** Restrictive procedures must not:

282.21 (1) be implemented with a child in a manner that constitutes sexual abuse, neglect, or
282.22 physical abuse under ~~section 626.556~~ chapter 260E, the reporting of maltreatment of minors;

282.23 (2) restrict a child's normal access to a nutritious diet, drinking water, adequate ventilation,
282.24 necessary medical care, ordinary hygiene facilities, or necessary clothing or to any protection
282.25 required by state licensing standards and federal regulations governing the program;

282.26 (3) be used as punishment or for the convenience of staff; or

282.27 (4) deny the child visitation or contact with legal counsel and next of kin.

283.1 Sec. 41. Minnesota Statutes 2018, section 245A.04, subdivision 5, is amended to read:

283.2 Subd. 5. **Commissioner's right of access.** (a) When the commissioner is exercising the
 283.3 powers conferred by this chapter ~~and~~, sections 245.69, ~~626.556~~, and 626.557, and chapter
 283.4 260E, the commissioner must be given access to:

283.5 (1) the physical plant and grounds where the program is provided;

283.6 (2) documents and records, including records maintained in electronic format;

283.7 (3) persons served by the program; and

283.8 (4) staff and personnel records of current and former staff whenever the program is in
 283.9 operation and the information is relevant to inspections or investigations conducted by the
 283.10 commissioner. Upon request, the license holder must provide the commissioner verification
 283.11 of documentation of staff work experience, training, or educational requirements.

283.12 The commissioner must be given access without prior notice and as often as the
 283.13 commissioner considers necessary if the commissioner is investigating alleged maltreatment,
 283.14 conducting a licensing inspection, or investigating an alleged violation of applicable laws
 283.15 or rules. In conducting inspections, the commissioner may request and shall receive assistance
 283.16 from other state, county, and municipal governmental agencies and departments. The
 283.17 applicant or license holder shall allow the commissioner to photocopy, photograph, and
 283.18 make audio and video tape recordings during the inspection of the program at the
 283.19 commissioner's expense. The commissioner shall obtain a court order or the consent of the
 283.20 subject of the records or the parents or legal guardian of the subject before photocopying
 283.21 hospital medical records.

283.22 (b) Persons served by the program have the right to refuse to consent to be interviewed,
 283.23 photographed, or audio or videotaped. Failure or refusal of an applicant or license holder
 283.24 to fully comply with this subdivision is reasonable cause for the commissioner to deny the
 283.25 application or immediately suspend or revoke the license.

283.26 Sec. 42. Minnesota Statutes 2018, section 245A.06, subdivision 8, is amended to read:

283.27 Subd. 8. **Requirement to post conditional license.** For licensed family child care
 283.28 providers and child care centers, upon receipt of any order of conditional license issued by
 283.29 the commissioner under this section, and notwithstanding a pending request for
 283.30 reconsideration of the order of conditional license by the license holder, the license holder
 283.31 shall post the order of conditional license in a place that is conspicuous to the people receiving
 283.32 services and all visitors to the facility for two years. When the order of conditional license
 283.33 is accompanied by a maltreatment investigation memorandum prepared under section

284.1 ~~626.556~~ or 626.557 or chapter 260E, the investigation memoranda must be posted with the
284.2 order of conditional license.

284.3 Sec. 43. Minnesota Statutes 2019 Supplement, section 245A.07, subdivision 3, is amended
284.4 to read:

284.5 Subd. 3. **License suspension, revocation, or fine.** (a) The commissioner may suspend
284.6 or revoke a license, or impose a fine if:

284.7 (1) a license holder fails to comply fully with applicable laws or rules including but not
284.8 limited to the requirements of this chapter and chapter 245C;

284.9 (2) a license holder, a controlling individual, or an individual living in the household
284.10 where the licensed services are provided or is otherwise subject to a background study has
284.11 been disqualified and the disqualification was not set aside and no variance has been granted;

284.12 (3) a license holder knowingly withholds relevant information from or gives false or
284.13 misleading information to the commissioner in connection with an application for a license,
284.14 in connection with the background study status of an individual, during an investigation,
284.15 or regarding compliance with applicable laws or rules;

284.16 (4) a license holder is excluded from any program administered by the commissioner
284.17 under section 245.095; or

284.18 (5) revocation is required under section 245A.04, subdivision 7, paragraph (d).

284.19 A license holder who has had a license issued under this chapter suspended, revoked,
284.20 or has been ordered to pay a fine must be given notice of the action by certified mail or
284.21 personal service. If mailed, the notice must be mailed to the address shown on the application
284.22 or the last known address of the license holder. The notice must state in plain language the
284.23 reasons the license was suspended or revoked, or a fine was ordered.

284.24 (b) If the license was suspended or revoked, the notice must inform the license holder
284.25 of the right to a contested case hearing under chapter 14 and Minnesota Rules, parts
284.26 1400.8505 to 1400.8612. The license holder may appeal an order suspending or revoking
284.27 a license. The appeal of an order suspending or revoking a license must be made in writing
284.28 by certified mail or personal service. If mailed, the appeal must be postmarked and sent to
284.29 the commissioner within ten calendar days after the license holder receives notice that the
284.30 license has been suspended or revoked. If a request is made by personal service, it must be
284.31 received by the commissioner within ten calendar days after the license holder received the
284.32 order. Except as provided in subdivision 2a, paragraph (c), if a license holder submits a
284.33 timely appeal of an order suspending or revoking a license, the license holder may continue

285.1 to operate the program as provided in section 245A.04, subdivision 7, paragraphs (f) and
285.2 (g), until the commissioner issues a final order on the suspension or revocation.

285.3 (c)(1) If the license holder was ordered to pay a fine, the notice must inform the license
285.4 holder of the responsibility for payment of fines and the right to a contested case hearing
285.5 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The appeal of an
285.6 order to pay a fine must be made in writing by certified mail or personal service. If mailed,
285.7 the appeal must be postmarked and sent to the commissioner within ten calendar days after
285.8 the license holder receives notice that the fine has been ordered. If a request is made by
285.9 personal service, it must be received by the commissioner within ten calendar days after
285.10 the license holder received the order.

285.11 (2) The license holder shall pay the fines assessed on or before the payment date specified.
285.12 If the license holder fails to fully comply with the order, the commissioner may issue a
285.13 second fine or suspend the license until the license holder complies. If the license holder
285.14 receives state funds, the state, county, or municipal agencies or departments responsible for
285.15 administering the funds shall withhold payments and recover any payments made while the
285.16 license is suspended for failure to pay a fine. A timely appeal shall stay payment of the fine
285.17 until the commissioner issues a final order.

285.18 (3) A license holder shall promptly notify the commissioner of human services, in writing,
285.19 when a violation specified in the order to forfeit a fine is corrected. If upon reinspection the
285.20 commissioner determines that a violation has not been corrected as indicated by the order
285.21 to forfeit a fine, the commissioner may issue a second fine. The commissioner shall notify
285.22 the license holder by certified mail or personal service that a second fine has been assessed.
285.23 The license holder may appeal the second fine as provided under this subdivision.

285.24 (4) Fines shall be assessed as follows:

285.25 (i) the license holder shall forfeit \$1,000 for each determination of maltreatment of a
285.26 child under ~~section 626.556~~ chapter 260E or the maltreatment of a vulnerable adult under
285.27 section 626.557 for which the license holder is determined responsible for the maltreatment
285.28 under ~~section 626.556, subdivision 10c, paragraph (i), 260E.30, subdivision 4, paragraphs~~
285.29 (a) and (b), or 626.557, subdivision 9c, paragraph (c);

285.30 (ii) if the commissioner determines that a determination of maltreatment for which the
285.31 license holder is responsible is the result of maltreatment that meets the definition of serious
285.32 maltreatment as defined in section 245C.02, subdivision 18, the license holder shall forfeit
285.33 \$5,000;

286.1 (iii) for a program that operates out of the license holder's home and a program licensed
286.2 under Minnesota Rules, parts 9502.0300 to 9502.0445, the fine assessed against the license
286.3 holder shall not exceed \$1,000 for each determination of maltreatment;

286.4 (iv) the license holder shall forfeit \$200 for each occurrence of a violation of law or rule
286.5 governing matters of health, safety, or supervision, including but not limited to the provision
286.6 of adequate staff-to-child or adult ratios, and failure to comply with background study
286.7 requirements under chapter 245C; and

286.8 (v) the license holder shall forfeit \$100 for each occurrence of a violation of law or rule
286.9 other than those subject to a \$5,000, \$1,000, or \$200 fine in items (i) to (iv).

286.10 For purposes of this section, "occurrence" means each violation identified in the
286.11 commissioner's fine order. Fines assessed against a license holder that holds a license to
286.12 provide home and community-based services, as identified in section 245D.03, subdivision
286.13 1, and a community residential setting or day services facility license under chapter 245D
286.14 where the services are provided, may be assessed against both licenses for the same
286.15 occurrence, but the combined amount of the fines shall not exceed the amount specified in
286.16 this clause for that occurrence.

286.17 (5) When a fine has been assessed, the license holder may not avoid payment by closing,
286.18 selling, or otherwise transferring the licensed program to a third party. In such an event, the
286.19 license holder will be personally liable for payment. In the case of a corporation, each
286.20 controlling individual is personally and jointly liable for payment.

286.21 (d) Except for background study violations involving the failure to comply with an order
286.22 to immediately remove an individual or an order to provide continuous, direct supervision,
286.23 the commissioner shall not issue a fine under paragraph (c) relating to a background study
286.24 violation to a license holder who self-corrects a background study violation before the
286.25 commissioner discovers the violation. A license holder who has previously exercised the
286.26 provisions of this paragraph to avoid a fine for a background study violation may not avoid
286.27 a fine for a subsequent background study violation unless at least 365 days have passed
286.28 since the license holder self-corrected the earlier background study violation.

286.29 Sec. 44. Minnesota Statutes 2018, section 245A.07, subdivision 5, is amended to read:

286.30 Subd. 5. **Requirement to post licensing order or fine.** For licensed family child care
286.31 providers and child care centers, upon receipt of any order of license suspension, temporary
286.32 immediate suspension, fine, or revocation issued by the commissioner under this section,
286.33 and notwithstanding a pending appeal of the order of license suspension, temporary

287.1 immediate suspension, fine, or revocation by the license holder, the license holder shall
 287.2 post the order of license suspension, temporary immediate suspension, fine, or revocation
 287.3 in a place that is conspicuous to the people receiving services and all visitors to the facility
 287.4 for two years. When the order of license suspension, temporary immediate suspension, fine,
 287.5 or revocation is accompanied by a maltreatment investigation memorandum prepared under
 287.6 section ~~626.556~~ or 626.557 or chapter 260E, the investigation memoranda must be posted
 287.7 with the order of license suspension, temporary immediate suspension, fine, or revocation.

287.8 Sec. 45. Minnesota Statutes 2018, section 245A.08, subdivision 2a, is amended to read:

287.9 Subd. 2a. **Consolidated contested case hearings.** (a) When a denial of a license under
 287.10 section 245A.05 or a licensing sanction under section 245A.07, subdivision 3, is based on
 287.11 a disqualification for which reconsideration was timely requested and which was not set
 287.12 aside under section 245C.22, the scope of the contested case hearing shall include the
 287.13 disqualification and the licensing sanction or denial of a license, unless otherwise specified
 287.14 in this subdivision. When the licensing sanction or denial of a license is based on a
 287.15 determination of maltreatment under section ~~626.556~~ or 626.557 or chapter 260E, or a
 287.16 disqualification for serious or recurring maltreatment which was not set aside, the scope of
 287.17 the contested case hearing shall include the maltreatment determination, disqualification,
 287.18 and the licensing sanction or denial of a license, unless otherwise specified in this subdivision.
 287.19 In such cases, a fair hearing under section 256.045 shall not be conducted as provided for
 287.20 in sections 245C.27, ~~626.556, subdivision 10;~~ 260E.33, and 626.557, subdivision 9d.

287.21 (b) Except for family child care and child foster care, reconsideration of a maltreatment
 287.22 determination under sections ~~626.556, subdivision 10;~~ 260E.33 and 626.557, subdivision
 287.23 9d, and reconsideration of a disqualification under section 245C.22, shall not be conducted
 287.24 when:

287.25 (1) a denial of a license under section 245A.05, or a licensing sanction under section
 287.26 245A.07, is based on a determination that the license holder is responsible for maltreatment
 287.27 or the disqualification of a license holder is based on serious or recurring maltreatment;

287.28 (2) the denial of a license or licensing sanction is issued at the same time as the
 287.29 maltreatment determination or disqualification; and

287.30 (3) the license holder appeals the maltreatment determination or disqualification, and
 287.31 denial of a license or licensing sanction. In these cases, a fair hearing shall not be conducted
 287.32 under sections 245C.27, ~~626.556, subdivision 10;~~ 260E.33, and 626.557, subdivision 9d.
 287.33 The scope of the contested case hearing must include the maltreatment determination,
 287.34 disqualification, and denial of a license or licensing sanction.

288.1 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
288.2 determination or disqualification, but does not appeal the denial of a license or a licensing
288.3 sanction, reconsideration of the maltreatment determination shall be conducted under sections
288.4 ~~626.556, subdivision 10i~~, 260E.33 and 626.557, subdivision 9d, and reconsideration of the
288.5 disqualification shall be conducted under section 245C.22. In such cases, a fair hearing shall
288.6 also be conducted as provided under sections 245C.27, ~~626.556, subdivision 10i~~ 260E.33,
288.7 and 626.557, subdivision 9d.

288.8 (c) In consolidated contested case hearings regarding sanctions issued in family child
288.9 care, child foster care, family adult day services, adult foster care, and community residential
288.10 settings, the county attorney shall defend the commissioner's orders in accordance with
288.11 section 245A.16, subdivision 4.

288.12 (d) The commissioner's final order under subdivision 5 is the final agency action on the
288.13 issue of maltreatment and disqualification, including for purposes of subsequent background
288.14 studies under chapter 245C and is the only administrative appeal of the final agency
288.15 determination, specifically, including a challenge to the accuracy and completeness of data
288.16 under section 13.04.

288.17 (e) When consolidated hearings under this subdivision involve a licensing sanction based
288.18 on a previous maltreatment determination for which the commissioner has issued a final
288.19 order in an appeal of that determination under section 256.045, or the individual failed to
288.20 exercise the right to appeal the previous maltreatment determination under section ~~626.556,~~
288.21 ~~subdivision 10i~~, 260E.33 or 626.557, subdivision 9d, the commissioner's order is conclusive
288.22 on the issue of maltreatment. In such cases, the scope of the administrative law judge's
288.23 review shall be limited to the disqualification and the licensing sanction or denial of a license.
288.24 In the case of a denial of a license or a licensing sanction issued to a facility based on a
288.25 maltreatment determination regarding an individual who is not the license holder or a
288.26 household member, the scope of the administrative law judge's review includes the
288.27 maltreatment determination.

288.28 (f) The hearings of all parties may be consolidated into a single contested case hearing
288.29 upon consent of all parties and the administrative law judge, if:

288.30 (1) a maltreatment determination or disqualification, which was not set aside under
288.31 section 245C.22, is the basis for a denial of a license under section 245A.05 or a licensing
288.32 sanction under section 245A.07;

288.33 (2) the disqualified subject is an individual other than the license holder and upon whom
288.34 a background study must be conducted under section 245C.03; and

289.1 (3) the individual has a hearing right under section 245C.27.

289.2 (g) When a denial of a license under section 245A.05 or a licensing sanction under
289.3 section 245A.07 is based on a disqualification for which reconsideration was requested and
289.4 was not set aside under section 245C.22, and the individual otherwise has no hearing right
289.5 under section 245C.27, the scope of the administrative law judge's review shall include the
289.6 denial or sanction and a determination whether the disqualification should be set aside,
289.7 unless section 245C.24 prohibits the set-aside of the disqualification. In determining whether
289.8 the disqualification should be set aside, the administrative law judge shall consider the
289.9 factors under section 245C.22, subdivision 4, to determine whether the individual poses a
289.10 risk of harm to any person receiving services from the license holder.

289.11 (h) Notwithstanding section 245C.30, subdivision 5, when a licensing sanction under
289.12 section 245A.07 is based on the termination of a variance under section 245C.30, subdivision
289.13 4, the scope of the administrative law judge's review shall include the sanction and a
289.14 determination whether the disqualification should be set aside, unless section 245C.24
289.15 prohibits the set-aside of the disqualification. In determining whether the disqualification
289.16 should be set aside, the administrative law judge shall consider the factors under section
289.17 245C.22, subdivision 4, to determine whether the individual poses a risk of harm to any
289.18 person receiving services from the license holder.

289.19 Sec. 46. Minnesota Statutes 2018, section 245A.085, is amended to read:

289.20 **245A.085 CONSOLIDATION OF HEARINGS; RECONSIDERATION.**

289.21 Hearings authorized under this chapter, ~~chapter 245C,~~ and sections 256.045, 256B.04,
289.22 ~~626.556,~~ and 626.557, and chapters 245C and 260E, shall be consolidated if feasible and
289.23 in accordance with other applicable statutes and rules. Reconsideration under sections
289.24 245C.28; ~~626.556, subdivision 10;~~ 260E.33; and 626.557, subdivision 9d, shall also be
289.25 consolidated if feasible.

289.26 Sec. 47. Minnesota Statutes 2018, section 245A.11, subdivision 7b, is amended to read:

289.27 Subd. 7b. **Adult foster care data privacy and security.** (a) An adult foster care or
289.28 community residential setting license holder who creates, collects, records, maintains, stores,
289.29 or discloses any individually identifiable recipient data, whether in an electronic or any
289.30 other format, must comply with the privacy and security provisions of applicable privacy
289.31 laws and regulations, including:

290.1 (1) the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA),
290.2 Public Law 104-1; and the HIPAA Privacy Rule, Code of Federal Regulations, title 45, part
290.3 160, and subparts A and E of part 164; and

290.4 (2) the Minnesota Government Data Practices Act as codified in chapter 13.

290.5 (b) For purposes of licensure, the license holder shall be monitored for compliance with
290.6 the following data privacy and security provisions:

290.7 (1) the license holder must control access to data on residents served by the program
290.8 according to the definitions of public and private data on individuals under section 13.02;
290.9 classification of the data on individuals as private under section 13.46, subdivision 2; and
290.10 control over the collection, storage, use, access, protection, and contracting related to data
290.11 according to section 13.05, in which the license holder is assigned the duties of a government
290.12 entity;

290.13 (2) the license holder must provide each resident served by the program with a notice
290.14 that meets the requirements under section 13.04, in which the license holder is assigned the
290.15 duties of the government entity, and that meets the requirements of Code of Federal
290.16 Regulations, title 45, part 164.52. The notice shall describe the purpose for collection of
290.17 the data, and to whom and why it may be disclosed pursuant to law. The notice must inform
290.18 the individual that the license holder uses electronic monitoring and, if applicable, that
290.19 recording technology is used;

290.20 (3) the license holder must not install monitoring cameras in bathrooms;

290.21 (4) electronic monitoring cameras must not be concealed from the residents served by
290.22 the program; and

290.23 (5) electronic video and audio recordings of residents served by the program shall be
290.24 stored by the license holder for five days unless: (i) a resident served by the program or
290.25 legal representative requests that the recording be held longer based on a specific report of
290.26 alleged maltreatment; or (ii) the recording captures an incident or event of alleged
290.27 maltreatment under section ~~626.556~~ or 626.557 or chapter 260E or a crime under chapter
290.28 609. When requested by a resident served by the program or when a recording captures an
290.29 incident or event of alleged maltreatment or a crime, the license holder must maintain the
290.30 recording in a secured area for no longer than 30 days to give the investigating agency an
290.31 opportunity to make a copy of the recording. The investigating agency will maintain the
290.32 electronic video or audio recordings as required in section 626.557, subdivision 12b.

291.1 (c) The commissioner shall develop, and make available to license holders and county
291.2 licensing workers, a checklist of the data privacy provisions to be monitored for purposes
291.3 of licensure.

291.4 Sec. 48. Minnesota Statutes 2019 Supplement, section 245A.145, subdivision 1, is amended
291.5 to read:

291.6 Subdivision 1. **Policies and procedures.** (a) The Department of Human Services must
291.7 develop policies and procedures for reporting suspected child maltreatment that fulfill the
291.8 requirements in ~~section 626.556~~ chapter 260E and provide the policies and procedures to
291.9 all licensed child care providers. The policies and procedures must be written in plain
291.10 language.

291.11 (b) The policies and procedures required in paragraph (a) must:

291.12 (1) be provided to the parents of all children at the time of enrollment in the child care
291.13 program; and

291.14 (2) be made available upon request.

291.15 Sec. 49. Minnesota Statutes 2019 Supplement, section 245A.40, subdivision 1, is amended
291.16 to read:

291.17 Subdivision 1. **Orientation.** (a) The child care center license holder must ensure that
291.18 the director, staff persons, substitutes, and unsupervised volunteers are given orientation
291.19 training and successfully complete the training before starting assigned duties. The orientation
291.20 training must include information about:

291.21 (1) the center's philosophy, child care program, and procedures for maintaining health
291.22 and safety according to section 245A.41 and Minnesota Rules, part 9503.0140, and handling
291.23 emergencies and accidents according to Minnesota Rules, part 9503.0110;

291.24 (2) specific job responsibilities;

291.25 (3) the behavior guidance standards in Minnesota Rules, part 9503.0055;

291.26 (4) the reporting responsibilities in ~~section 626.556~~, chapter 260E and Minnesota Rules,
291.27 part 9503.0130;

291.28 (5) the center's drug and alcohol policy under section 245A.04, subdivision 1, paragraph
291.29 (c);

291.30 (6) the center's risk reduction plan as required under section 245A.66, subdivision 2;

292.1 (7) at least one-half hour of training on the standards under section 245A.1435 and on
 292.2 reducing the risk of sudden unexpected infant death as required in subdivision 5, if applicable;

292.3 (8) at least one-half hour of training on the risk of abusive head trauma as required for
 292.4 the director and staff under subdivision 5a, if applicable; and

292.5 (9) training required by a child's individual child care program plan as required under
 292.6 Minnesota Rules, part 9503.0065, subpart 3, if applicable.

292.7 (b) In addition to paragraph (a), before having unsupervised direct contact with a child,
 292.8 the director and staff persons within the first 90 days of employment, and substitutes and
 292.9 unsupervised volunteers within 90 days after the first date of direct contact with a child,
 292.10 must complete:

292.11 (1) pediatric first aid, in accordance with subdivision 3; and

292.12 (2) pediatric cardiopulmonary resuscitation, in accordance with subdivision 4.

292.13 (c) In addition to paragraph (b), the director and staff persons within the first 90 days
 292.14 of employment, and substitutes and unsupervised volunteers within 90 days from the first
 292.15 date of direct contact with a child, must complete training in child development, in accordance
 292.16 with subdivision 2.

292.17 (d) The license holder must ensure that documentation, as required in subdivision 10,
 292.18 identifies the number of hours completed for each topic with a minimum training time
 292.19 identified, if applicable, and that all required content is included.

292.20 (e) Training in this subdivision must not be used to meet in-service training requirements
 292.21 in subdivision 7.

292.22 (f) Training completed within the previous 12 months under paragraphs (a), clauses (7)
 292.23 and (8), and (c) are transferable to another child care center.

292.24 Sec. 50. Minnesota Statutes 2018, section 245C.05, subdivision 6, is amended to read:

292.25 Subd. 6. **Applicant, license holder, other entities, and agencies.** (a) The applicant,
 292.26 license holder, other entities as provided in this chapter, Bureau of Criminal Apprehension,
 292.27 law enforcement agencies, commissioner of health, and county agencies shall help with the
 292.28 study by giving the commissioner criminal conviction data and reports about the maltreatment
 292.29 of adults substantiated under section 626.557 and the maltreatment of minors substantiated
 292.30 under ~~section 626.556~~ chapter 260E.

292.31 (b) If a background study is initiated by an applicant, license holder, or other entities as
 292.32 provided in this chapter, and the applicant, license holder, or other entity receives information

293.1 about the possible criminal or maltreatment history of an individual who is the subject of
 293.2 the background study, the applicant, license holder, or other entity must immediately provide
 293.3 the information to the commissioner.

293.4 (c) The program or county or other agency must provide written notice to the individual
 293.5 who is the subject of the background study of the requirements under this subdivision.

293.6 Sec. 51. Minnesota Statutes 2018, section 245C.15, subdivision 4, is amended to read:

293.7 Subd. 4. **Seven-year disqualification.** (a) An individual is disqualified under section
 293.8 245C.14 if: (1) less than seven years has passed since the discharge of the sentence imposed,
 293.9 if any, for the offense; and (2) the individual has committed a misdemeanor-level violation
 293.10 of any of the following offenses: sections 256.98 (wrongfully obtaining assistance); 268.182
 293.11 (fraud); 393.07, subdivision 10, paragraph (c) (federal Food Stamp Program fraud); 609.2112,
 293.12 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.221 (assault in the first
 293.13 degree); 609.222 (assault in the second degree); 609.223 (assault in the third degree);
 293.14 609.2231 (assault in the fourth degree); 609.224 (assault in the fifth degree); 609.2242
 293.15 (domestic assault); 609.2335 (financial exploitation of a vulnerable adult); 609.234 (failure
 293.16 to report maltreatment of a vulnerable adult); 609.2672 (assault of an unborn child in the
 293.17 third degree); 609.27 (coercion); violation of an order for protection under 609.3232
 293.18 (protective order authorized; procedures; penalties); 609.466 (medical assistance fraud);
 293.19 609.52 (theft); 609.525 (bringing stolen goods into Minnesota); 609.527 (identity theft);
 293.20 609.53 (receiving stolen property); 609.535 (issuance of dishonored checks); 609.611
 293.21 (insurance fraud); 609.66 (dangerous weapons); 609.665 (spring guns); 609.746 (interference
 293.22 with privacy); 609.79 (obscene or harassing telephone calls); 609.795 (letter, telegram, or
 293.23 package; opening; harassment); 609.82 (fraud in obtaining credit); 609.821 (financial
 293.24 transaction card fraud); 617.23 (indecent exposure), not involving a minor; 617.293 (harmful
 293.25 materials; dissemination and display to minors prohibited); or Minnesota Statutes 2012,
 293.26 section 609.21; or violation of an order for protection under section 518B.01 (Domestic
 293.27 Abuse Act).

293.28 (b) An individual is disqualified under section 245C.14 if less than seven years has
 293.29 passed since a determination or disposition of the individual's:

293.30 (1) failure to make required reports under section ~~626.556, subdivision 3~~, 260E.06 or
 293.31 626.557, subdivision 3, for incidents in which: (i) the final disposition under section ~~626.556~~
 293.32 ~~or 626.557~~ or chapter 260E was substantiated maltreatment, and (ii) the maltreatment was
 293.33 recurring or serious; or

294.1 (2) substantiated serious or recurring maltreatment of a minor under ~~section 626.556~~
294.2 chapter 260E, a vulnerable adult under section 626.557, or serious or recurring maltreatment
294.3 in any other state, the elements of which are substantially similar to the elements of
294.4 maltreatment under section ~~626.556~~ or 626.557 or chapter 260E for which: (i) there is a
294.5 preponderance of evidence that the maltreatment occurred, and (ii) the subject was
294.6 responsible for the maltreatment.

294.7 (c) An individual is disqualified under section 245C.14 if less than seven years has
294.8 passed since the individual's aiding and abetting, attempt, or conspiracy to commit any of
294.9 the offenses listed in paragraphs (a) and (b), as each of these offenses is defined in Minnesota
294.10 Statutes.

294.11 (d) An individual is disqualified under section 245C.14 if less than seven years has
294.12 passed since the discharge of the sentence imposed for an offense in any other state or
294.13 country, the elements of which are substantially similar to the elements of any of the offenses
294.14 listed in paragraphs (a) and (b).

294.15 (e) When a disqualification is based on a judicial determination other than a conviction,
294.16 the disqualification period begins from the date of the court order. When a disqualification
294.17 is based on an admission, the disqualification period begins from the date of an admission
294.18 in court. When a disqualification is based on an Alford Plea, the disqualification period
294.19 begins from the date the Alford Plea is entered in court. When a disqualification is based
294.20 on a preponderance of evidence of a disqualifying act, the disqualification date begins from
294.21 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for
294.22 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

294.23 (f) An individual is disqualified under section 245C.14 if less than seven years has passed
294.24 since the individual was disqualified under section 256.98, subdivision 8.

294.25 Sec. 52. Minnesota Statutes 2018, section 245C.16, subdivision 1, is amended to read:

294.26 Subdivision 1. **Determining immediate risk of harm.** (a) If the commissioner determines
294.27 that the individual studied has a disqualifying characteristic, the commissioner shall review
294.28 the information immediately available and make a determination as to the subject's immediate
294.29 risk of harm to persons served by the program where the individual studied will have direct
294.30 contact with, or access to, people receiving services.

294.31 (b) The commissioner shall consider all relevant information available, including the
294.32 following factors in determining the immediate risk of harm:

294.33 (1) the recency of the disqualifying characteristic;

- 295.1 (2) the recency of discharge from probation for the crimes;
- 295.2 (3) the number of disqualifying characteristics;
- 295.3 (4) the intrusiveness or violence of the disqualifying characteristic;
- 295.4 (5) the vulnerability of the victim involved in the disqualifying characteristic;
- 295.5 (6) the similarity of the victim to the persons served by the program where the individual
- 295.6 studied will have direct contact;
- 295.7 (7) whether the individual has a disqualification from a previous background study that
- 295.8 has not been set aside; and
- 295.9 (8) if the individual has a disqualification which may not be set aside because it is a
- 295.10 permanent bar under section 245C.24, subdivision 1, or the individual is a child care
- 295.11 background study subject who has a felony-level conviction for a drug-related offense in
- 295.12 the last five years, the commissioner may order the immediate removal of the individual
- 295.13 from any position allowing direct contact with, or access to, persons receiving services from
- 295.14 the program.
- 295.15 (c) This section does not apply when the subject of a background study is regulated by
- 295.16 a health-related licensing board as defined in chapter 214, and the subject is determined to
- 295.17 be responsible for substantiated maltreatment under section ~~626.556~~ or 626.557 or chapter
- 295.18 260E.
- 295.19 (d) This section does not apply to a background study related to an initial application
- 295.20 for a child foster care license.
- 295.21 (e) Except for paragraph (f), this section does not apply to a background study that is
- 295.22 also subject to the requirements under section 256B.0659, subdivisions 11 and 13, for a
- 295.23 personal care assistant or a qualified professional as defined in section 256B.0659,
- 295.24 subdivision 1.
- 295.25 (f) If the commissioner has reason to believe, based on arrest information or an active
- 295.26 maltreatment investigation, that an individual poses an imminent risk of harm to persons
- 295.27 receiving services, the commissioner may order that the person be continuously supervised
- 295.28 or immediately removed pending the conclusion of the maltreatment investigation or criminal
- 295.29 proceedings.

295.30 Sec. 53. Minnesota Statutes 2018, section 245C.17, subdivision 3, is amended to read:

295.31 Subd. 3. **Disqualification notification.** (a) The commissioner shall notify an applicant,

295.32 license holder, or other entity as provided in this chapter who is not the subject of the study:

296.1 (1) that the commissioner has found information that disqualifies the individual studied
296.2 from being in a position allowing direct contact with, or access to, people served by the
296.3 program; and

296.4 (2) the commissioner's determination of the individual's risk of harm under section
296.5 245C.16.

296.6 (b) If the commissioner determines under section 245C.16 that an individual studied
296.7 poses an imminent risk of harm to persons served by the program where the individual
296.8 studied will have direct contact with, or access to, people served by the program, the
296.9 commissioner shall order the license holder to immediately remove the individual studied
296.10 from any position allowing direct contact with, or access to, people served by the program.

296.11 (c) If the commissioner determines under section 245C.16 that an individual studied
296.12 poses a risk of harm that requires continuous, direct supervision, the commissioner shall
296.13 order the applicant, license holder, or other entities as provided in this chapter to:

296.14 (1) immediately remove the individual studied from any position allowing direct contact
296.15 with, or access to, people receiving services; or

296.16 (2) before allowing the disqualified individual to be in a position allowing direct contact
296.17 with, or access to, people receiving services, the applicant, license holder, or other entity,
296.18 as provided in this chapter, must:

296.19 (i) obtain from the disqualified individual a copy of the individual's notice of
296.20 disqualification from the commissioner that explains the reason for disqualification;

296.21 (ii) ensure that the individual studied is under continuous, direct supervision when in a
296.22 position allowing direct contact with, or access to, people receiving services during the
296.23 period in which the individual may request a reconsideration of the disqualification under
296.24 section 245C.21; and

296.25 (iii) ensure that the disqualified individual requests reconsideration within 30 days of
296.26 receipt of the notice of disqualification.

296.27 (d) If the commissioner determines under section 245C.16 that an individual studied
296.28 does not pose a risk of harm that requires continuous, direct supervision, the commissioner
296.29 shall order the applicant, license holder, or other entities as provided in this chapter to:

296.30 (1) immediately remove the individual studied from any position allowing direct contact
296.31 with, or access to, people receiving services; or

297.1 (2) before allowing the disqualified individual to be in any position allowing direct
 297.2 contact with, or access to, people receiving services, the applicant, license holder, or other
 297.3 entity as provided in this chapter must:

297.4 (i) obtain from the disqualified individual a copy of the individual's notice of
 297.5 disqualification from the commissioner that explains the reason for disqualification; and

297.6 (ii) ensure that the disqualified individual requests reconsideration within 15 days of
 297.7 receipt of the notice of disqualification.

297.8 (e) The commissioner shall not notify the applicant, license holder, or other entity as
 297.9 provided in this chapter of the information contained in the subject's background study
 297.10 unless:

297.11 (1) the basis for the disqualification is failure to cooperate with the background study
 297.12 or substantiated maltreatment under section ~~626.556~~ or 626.557 or chapter 260E;

297.13 (2) the Data Practices Act under chapter 13 provides for release of the information; or

297.14 (3) the individual studied authorizes the release of the information.

297.15 Sec. 54. Minnesota Statutes 2018, section 245C.21, subdivision 2, is amended to read:

297.16 **Subd. 2. Time frame for requesting reconsideration.** (a) When the commissioner
 297.17 sends an individual a notice of disqualification based on a finding under section 245C.16,
 297.18 subdivision 2, paragraph (a), clause (1) or (2), the disqualified individual must submit the
 297.19 request for a reconsideration within 30 calendar days of the individual's receipt of the notice
 297.20 of disqualification. If mailed, the request for reconsideration must be postmarked and sent
 297.21 to the commissioner within 30 calendar days of the individual's receipt of the notice of
 297.22 disqualification. If a request for reconsideration is made by personal service, it must be
 297.23 received by the commissioner within 30 calendar days after the individual's receipt of the
 297.24 notice of disqualification. Upon showing that the information under subdivision 3 cannot
 297.25 be obtained within 30 days, the disqualified individual may request additional time, not to
 297.26 exceed 30 days, to obtain the information.

297.27 (b) When the commissioner sends an individual a notice of disqualification based on a
 297.28 finding under section 245C.16, subdivision 2, paragraph (a), clause (3), the disqualified
 297.29 individual must submit the request for reconsideration within 15 calendar days of the
 297.30 individual's receipt of the notice of disqualification. If mailed, the request for reconsideration
 297.31 must be postmarked and sent to the commissioner within 15 calendar days of the individual's
 297.32 receipt of the notice of disqualification. If a request for reconsideration is made by personal

298.1 service, it must be received by the commissioner within 15 calendar days after the individual's
298.2 receipt of the notice of disqualification.

298.3 (c) An individual who was determined to have maltreated a child under ~~section 626.556~~
298.4 chapter 260E or a vulnerable adult under section 626.557, and who is disqualified on the
298.5 basis of serious or recurring maltreatment, may request a reconsideration of both the
298.6 maltreatment and the disqualification determinations. The request must be submitted within
298.7 30 calendar days of the individual's receipt of the notice of disqualification. If mailed, the
298.8 request for reconsideration must be postmarked and sent to the commissioner within 30
298.9 calendar days of the individual's receipt of the notice of disqualification. If a request for
298.10 reconsideration is made by personal service, it must be received by the commissioner within
298.11 30 calendar days after the individual's receipt of the notice of disqualification.

298.12 (d) Except for family child care and child foster care, reconsideration of a maltreatment
298.13 determination under sections ~~626.556, subdivision 10i,~~ 260E.33 and 626.557, subdivision
298.14 9d, and reconsideration of a disqualification under section 245C.22, shall not be conducted
298.15 when:

298.16 (1) a denial of a license under section 245A.05, or a licensing sanction under section
298.17 245A.07, is based on a determination that the license holder is responsible for maltreatment
298.18 or the disqualification of a license holder based on serious or recurring maltreatment;

298.19 (2) the denial of a license or licensing sanction is issued at the same time as the
298.20 maltreatment determination or disqualification; and

298.21 (3) the license holder appeals the maltreatment determination, disqualification, and
298.22 denial of a license or licensing sanction. In such cases, a fair hearing under section 256.045
298.23 must not be conducted under sections 245C.27, ~~626.556, subdivision 10i,~~ 260E.33, and
298.24 626.557, subdivision 9d. Under section 245A.08, subdivision 2a, the scope of the
298.25 consolidated contested case hearing must include the maltreatment determination,
298.26 disqualification, and denial of a license or licensing sanction.

298.27 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
298.28 determination or disqualification, but does not appeal the denial of a license or a licensing
298.29 sanction, reconsideration of the maltreatment determination shall be conducted under sections
298.30 ~~626.556, subdivision 10i,~~ 260E.33 and 626.557, subdivision 9d, and reconsideration of the
298.31 disqualification shall be conducted under section 245C.22. In such cases, a fair hearing shall
298.32 also be conducted as provided under sections 245C.27, ~~626.556, subdivision 10i,~~ 260E.33,
298.33 and 626.557, subdivision 9d.

299.1 Sec. 55. Minnesota Statutes 2018, section 245C.24, subdivision 4, is amended to read:

299.2 Subd. 4. **Seven-year bar to set aside disqualification.** The commissioner may not set
299.3 aside the disqualification of an individual in connection with a license to provide family
299.4 child care for children, foster care for children in the provider's home, or foster care or day
299.5 care services for adults in the provider's home if within seven years preceding the study:

299.6 (1) the individual committed an act that constitutes maltreatment of a child under ~~section~~
299.7 ~~626.556, subdivision 10e,~~ sections 260E.24, subdivisions 1, 2, and 3, and 260E.30,
299.8 subdivisions 1, 2, and 4, and the maltreatment resulted in substantial bodily harm as defined
299.9 in section 609.02, subdivision 7a, or substantial mental or emotional harm as supported by
299.10 competent psychological or psychiatric evidence; or

299.11 (2) the individual was determined under section 626.557 to be the perpetrator of a
299.12 substantiated incident of maltreatment of a vulnerable adult that resulted in substantial
299.13 bodily harm as defined in section 609.02, subdivision 7a, or substantial mental or emotional
299.14 harm as supported by competent psychological or psychiatric evidence.

299.15 Sec. 56. Minnesota Statutes 2018, section 245C.25, is amended to read:

299.16 **245C.25 CONSOLIDATED RECONSIDERATION OF MALTREATMENT**
299.17 **DETERMINATION AND DISQUALIFICATION.**

299.18 If an individual is disqualified on the basis of a determination of maltreatment under
299.19 section ~~626.556 or~~ 626.557 or chapter 260E, which was serious or recurring, and the
299.20 individual requests reconsideration of the maltreatment determination under section ~~626.556,~~
299.21 ~~subdivision 10i,~~ 260E.33 or 626.557, subdivision 9d, and also requests reconsideration of
299.22 the disqualification under section 245C.21, the commissioner shall consolidate the
299.23 reconsideration of the maltreatment determination and the disqualification into a single
299.24 reconsideration.

299.25 Sec. 57. Minnesota Statutes 2018, section 245C.27, subdivision 1, is amended to read:

299.26 Subdivision 1. **Fair hearing following a reconsideration decision.** (a) An individual
299.27 who is disqualified on the basis of a preponderance of evidence that the individual committed
299.28 an act or acts that meet the definition of any of the crimes listed in section 245C.15; for a
299.29 determination under section ~~626.556 or~~ 626.557 or chapter 260E of substantiated
299.30 maltreatment that was serious or recurring under section 245C.15; or for failure to make
299.31 required reports under section ~~626.556, subdivision 3;~~ 260E.06, subdivision 1 or 2; 260E.11,
299.32 subdivision 1; or 626.557, subdivision 3, pursuant to section 245C.15, subdivision 4,

300.1 paragraph (b), clause (1), may request a fair hearing under section 256.045, following a
300.2 reconsideration decision issued under section 245C.23, unless the disqualification is deemed
300.3 conclusive under section 245C.29.

300.4 (b) The fair hearing is the only administrative appeal of the final agency determination
300.5 for purposes of appeal by the disqualified individual. The disqualified individual does not
300.6 have the right to challenge the accuracy and completeness of data under section 13.04.

300.7 (c) Except as provided under paragraph (e), if the individual was disqualified based on
300.8 a conviction of, admission to, or Alford Plea to any crimes listed in section 245C.15,
300.9 subdivisions 1 to 4, or for a disqualification under section 256.98, subdivision 8, the
300.10 reconsideration decision under section 245C.22 is the final agency determination for purposes
300.11 of appeal by the disqualified individual and is not subject to a hearing under section 256.045.
300.12 If the individual was disqualified based on a judicial determination, that determination is
300.13 treated the same as a conviction for purposes of appeal.

300.14 (d) This subdivision does not apply to a public employee's appeal of a disqualification
300.15 under section 245C.28, subdivision 3.

300.16 (e) Notwithstanding paragraph (c), if the commissioner does not set aside a
300.17 disqualification of an individual who was disqualified based on both a preponderance of
300.18 evidence and a conviction or admission, the individual may request a fair hearing under
300.19 section 256.045, unless the disqualifications are deemed conclusive under section 245C.29.
300.20 The scope of the hearing conducted under section 256.045 with regard to the disqualification
300.21 based on a conviction or admission shall be limited solely to whether the individual poses
300.22 a risk of harm, according to section 256.045, subdivision 3b. In this case, the reconsideration
300.23 decision under section 245C.22 is not the final agency decision for purposes of appeal by
300.24 the disqualified individual.

300.25 Sec. 58. Minnesota Statutes 2018, section 245C.27, subdivision 2, is amended to read:

300.26 Subd. 2. **Consolidated fair hearing following a reconsideration decision.** (a) If an
300.27 individual who is disqualified on the bases of serious or recurring maltreatment requests a
300.28 fair hearing on the maltreatment determination under section ~~626.556, subdivision 10i,~~
300.29 260E.33 or 626.557, subdivision 9d, and requests a fair hearing under this section on the
300.30 disqualification following a reconsideration decision under section 245C.23, the scope of
300.31 the fair hearing under section 256.045 shall include the maltreatment determination and the
300.32 disqualification.

301.1 (b) A fair hearing is the only administrative appeal of the final agency determination.
 301.2 The disqualified individual does not have the right to challenge the accuracy and
 301.3 completeness of data under section 13.04.

301.4 (c) This subdivision does not apply to a public employee's appeal of a disqualification
 301.5 under section 245C.28, subdivision 3.

301.6 Sec. 59. Minnesota Statutes 2018, section 245C.28, subdivision 1, is amended to read:

301.7 Subdivision 1. **License holder.** (a) If a maltreatment determination or a disqualification
 301.8 for which reconsideration was timely requested and which was not set aside is the basis for
 301.9 a denial of a license under section 245A.05 or a licensing sanction under section 245A.07,
 301.10 the license holder has the right to a contested case hearing under chapter 14 and Minnesota
 301.11 Rules, parts 1400.8505 to 1400.8612. The license holder must submit the appeal under
 301.12 section 245A.05 or 245A.07, subdivision 3.

301.13 (b) As provided under section 245A.08, subdivision 2a, if the denial of a license or
 301.14 licensing sanction is based on a disqualification for which reconsideration was timely
 301.15 requested and was not set aside, the scope of the consolidated contested case hearing must
 301.16 include:

301.17 (1) the disqualification, to the extent the license holder otherwise has a hearing right on
 301.18 the disqualification under this chapter; and

301.19 (2) the licensing sanction or denial of a license.

301.20 (c) As provided for under section 245A.08, subdivision 2a, if the denial of a license or
 301.21 licensing sanction is based on a determination of maltreatment under section ~~626.556~~ or
 301.22 ~~626.557~~ or chapter 260E, or a disqualification for serious or recurring maltreatment which
 301.23 was not set aside, the scope of the contested case hearing must include:

301.24 (1) the maltreatment determination, if the maltreatment is not conclusive under section
 301.25 245C.29;

301.26 (2) the disqualification, if the disqualification is not conclusive under section 245C.29;
 301.27 and

301.28 (3) the licensing sanction or denial of a license. In such cases, a fair hearing must not
 301.29 be conducted under section 256.045. If the disqualification was based on a determination
 301.30 of substantiated serious or recurring maltreatment under section ~~626.556~~ or ~~626.557~~ or
 301.31 chapter 260E, the appeal must be submitted under sections 245A.07, subdivision 3, ~~and~~
 301.32 ~~626.556, subdivision 10i, 260E.33,~~ or 626.557, subdivision 9d.

302.1 (d) Except for family child care and child foster care, reconsideration of a maltreatment
 302.2 determination under sections ~~626.556, subdivision 10i, 260E.33~~ and 626.557, subdivision
 302.3 9d, and reconsideration of a disqualification under section 245C.22, must not be conducted
 302.4 when:

302.5 (1) a denial of a license under section 245A.05, or a licensing sanction under section
 302.6 245A.07, is based on a determination that the license holder is responsible for maltreatment
 302.7 or the disqualification of a license holder based on serious or recurring maltreatment;

302.8 (2) the denial of a license or licensing sanction is issued at the same time as the
 302.9 maltreatment determination or disqualification; and

302.10 (3) the license holder appeals the maltreatment determination, disqualification, and
 302.11 denial of a license or licensing sanction. In such cases a fair hearing under section 256.045
 302.12 must not be conducted under sections 245C.27, ~~626.556, subdivision 10i, 260E.33,~~ and
 302.13 626.557, subdivision 9d. Under section 245A.08, subdivision 2a, the scope of the
 302.14 consolidated contested case hearing must include the maltreatment determination,
 302.15 disqualification, and denial of a license or licensing sanction.

302.16 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
 302.17 determination or disqualification, but does not appeal the denial of a license or a licensing
 302.18 sanction, reconsideration of the maltreatment determination shall be conducted under sections
 302.19 ~~626.556, subdivision 10i, 260E.33~~ and 626.557, subdivision 9d, and reconsideration of the
 302.20 disqualification shall be conducted under section 245C.22. In such cases, a fair hearing shall
 302.21 also be conducted as provided under sections 245C.27, ~~626.556, subdivision 10i, 260E.33,~~
 302.22 and 626.557, subdivision 9d.

302.23 Sec. 60. Minnesota Statutes 2018, section 245C.29, subdivision 1, is amended to read:

302.24 Subdivision 1. **Conclusive maltreatment determination or disposition.** Unless
 302.25 otherwise specified in statute, a maltreatment determination or disposition under section
 302.26 ~~626.556 or 626.557~~ or chapter 260E is conclusive, if:

302.27 (1) the commissioner has issued a final order in an appeal of that determination or
 302.28 disposition under section 245A.08, subdivision 5, or 256.045;

302.29 (2) the individual did not request reconsideration of the maltreatment determination or
 302.30 disposition under section ~~626.556 or 626.557~~ or chapter 260E; or

302.31 (3) the individual did not request a hearing of the maltreatment determination or
 302.32 disposition under section 256.045.

303.1 Sec. 61. Minnesota Statutes 2018, section 245C.31, subdivision 1, is amended to read:

303.2 Subdivision 1. **Board determines disciplinary or corrective action.** (a) When the
303.3 subject of a background study is regulated by a health-related licensing board as defined in
303.4 chapter 214, and the commissioner determines that the regulated individual is responsible
303.5 for substantiated maltreatment under section ~~626.556~~ or 626.557 or chapter 260E, instead
303.6 of the commissioner making a decision regarding disqualification, the board shall make a
303.7 determination whether to impose disciplinary or corrective action under chapter 214.

303.8 (b) This section does not apply to a background study of an individual regulated by a
303.9 health-related licensing board if the individual's study is related to child foster care, adult
303.10 foster care, or family child care licensure.

303.11 Sec. 62. Minnesota Statutes 2018, section 245C.32, subdivision 2, is amended to read:

303.12 Subd. 2. **Use.** (a) The commissioner may also use these systems and records to obtain
303.13 and provide criminal history data from the Bureau of Criminal Apprehension, criminal
303.14 history data held by the commissioner, and data about substantiated maltreatment under
303.15 section ~~626.556~~ or 626.557 or chapter 260E, for other purposes, provided that:

303.16 (1) the background study is specifically authorized in statute; or

303.17 (2) the request is made with the informed consent of the subject of the study as provided
303.18 in section 13.05, subdivision 4.

303.19 (b) An individual making a request under paragraph (a), clause (2), must agree in writing
303.20 not to disclose the data to any other individual without the consent of the subject of the data.

303.21 (c) The commissioner may recover the cost of obtaining and providing background study
303.22 data by charging the individual or entity requesting the study a fee of no more than \$20 per
303.23 study. The fees collected under this paragraph are appropriated to the commissioner for the
303.24 purpose of conducting background studies.

303.25 (d) The commissioner shall recover the cost of obtaining background study data required
303.26 under section 524.5-118 through a fee of \$50 per study for an individual who has not lived
303.27 outside Minnesota for the past ten years, and a fee of \$100 for an individual who has resided
303.28 outside of Minnesota for any period during the ten years preceding the background study.
303.29 The commissioner shall recover, from the individual, any additional fees charged by other
303.30 states' licensing agencies that are associated with these data requests. Fees under subdivision
303.31 3 also apply when criminal history data from the National Criminal Records Repository is
303.32 required.

304.1 Sec. 63. Minnesota Statutes 2018, section 245D.02, subdivision 11, is amended to read:

304.2 Subd. 11. **Incident.** "Incident" means an occurrence which involves a person and requires

304.3 the program to make a response that is not a part of the program's ordinary provision of

304.4 services to that person, and includes:

304.5 (1) serious injury of a person as determined by section 245.91, subdivision 6;

304.6 (2) a person's death;

304.7 (3) any medical emergency, unexpected serious illness, or significant unexpected change

304.8 in an illness or medical condition of a person that requires the program to call 911, physician

304.9 treatment, or hospitalization;

304.10 (4) any mental health crisis that requires the program to call 911, a mental health crisis

304.11 intervention team, or a similar mental health response team or service when available and

304.12 appropriate;

304.13 (5) an act or situation involving a person that requires the program to call 911, law

304.14 enforcement, or the fire department;

304.15 (6) a person's unauthorized or unexplained absence from a program;

304.16 (7) conduct by a person receiving services against another person receiving services

304.17 that:

304.18 (i) is so severe, pervasive, or objectively offensive that it substantially interferes with a

304.19 person's opportunities to participate in or receive service or support;

304.20 (ii) places the person in actual and reasonable fear of harm;

304.21 (iii) places the person in actual and reasonable fear of damage to property of the person;

304.22 or

304.23 (iv) substantially disrupts the orderly operation of the program;

304.24 (8) any sexual activity between persons receiving services involving force or coercion

304.25 as defined under section 609.341, subdivisions 3 and 14;

304.26 (9) any emergency use of manual restraint as identified in section 245D.061 or successor

304.27 provisions; or

304.28 (10) a report of alleged or suspected child or vulnerable adult maltreatment under section

304.29 ~~626.556~~ or 626.557 or chapter 260E.

305.1 Sec. 64. Minnesota Statutes 2018, section 245D.06, subdivision 1, is amended to read:

305.2 Subdivision 1. **Incident response and reporting.** (a) The license holder must respond
305.3 to incidents under section 245D.02, subdivision 11, that occur while providing services to
305.4 protect the health and safety of and minimize risk of harm to the person.

305.5 (b) The license holder must maintain information about and report incidents to the
305.6 person's legal representative or designated emergency contact and case manager within 24
305.7 hours of an incident occurring while services are being provided, within 24 hours of discovery
305.8 or receipt of information that an incident occurred, unless the license holder has reason to
305.9 know that the incident has already been reported, or as otherwise directed in a person's
305.10 coordinated service and support plan or coordinated service and support plan addendum.
305.11 An incident of suspected or alleged maltreatment must be reported as required under
305.12 paragraph (d), and an incident of serious injury or death must be reported as required under
305.13 paragraph (e).

305.14 (c) When the incident involves more than one person, the license holder must not disclose
305.15 personally identifiable information about any other person when making the report to each
305.16 person and case manager unless the license holder has the consent of the person.

305.17 (d) Within 24 hours of reporting maltreatment as required under section ~~626.556~~ or
305.18 626.557 or chapter 260E, the license holder must inform the case manager of the report
305.19 unless there is reason to believe that the case manager is involved in the suspected
305.20 maltreatment. The license holder must disclose the nature of the activity or occurrence
305.21 reported and the agency that received the report.

305.22 (e) The license holder must report the death or serious injury of the person as required
305.23 in paragraph (b) and to the Department of Human Services Licensing Division, and the
305.24 Office of Ombudsman for Mental Health and Developmental Disabilities as required under
305.25 section 245.94, subdivision 2a, within 24 hours of the death or serious injury, or receipt of
305.26 information that the death or serious injury occurred, unless the license holder has reason
305.27 to know that the death or serious injury has already been reported.

305.28 (f) When a death or serious injury occurs in a facility certified as an intermediate care
305.29 facility for persons with developmental disabilities, the death or serious injury must be
305.30 reported to the Department of Health, Office of Health Facility Complaints, and the Office
305.31 of Ombudsman for Mental Health and Developmental Disabilities, as required under sections
305.32 245.91 and 245.94, subdivision 2a, unless the license holder has reason to know that the
305.33 death or serious injury has already been reported.

306.1 (g) The license holder must conduct an internal review of incident reports of deaths and
306.2 serious injuries that occurred while services were being provided and that were not reported
306.3 by the program as alleged or suspected maltreatment, for identification of incident patterns,
306.4 and implementation of corrective action as necessary to reduce occurrences. The review
306.5 must include an evaluation of whether related policies and procedures were followed,
306.6 whether the policies and procedures were adequate, whether there is a need for additional
306.7 staff training, whether the reported event is similar to past events with the persons or the
306.8 services involved, and whether there is a need for corrective action by the license holder to
306.9 protect the health and safety of persons receiving services. Based on the results of this
306.10 review, the license holder must develop, document, and implement a corrective action plan
306.11 designed to correct current lapses and prevent future lapses in performance by staff or the
306.12 license holder, if any.

306.13 (h) The license holder must verbally report the emergency use of manual restraint of a
306.14 person as required in paragraph (b) within 24 hours of the occurrence. The license holder
306.15 must ensure the written report and internal review of all incident reports of the emergency
306.16 use of manual restraints are completed according to the requirements in section 245D.061
306.17 or successor provisions.

306.18 Sec. 65. Minnesota Statutes 2018, section 245D.06, subdivision 6, is amended to read:

306.19 Subd. 6. **Restricted procedures.** (a) The following procedures are allowed when the
306.20 procedures are implemented in compliance with the standards governing their use as
306.21 identified in clauses (1) to (3). Allowed but restricted procedures include:

306.22 (1) permitted actions and procedures subject to the requirements in subdivision 7;

306.23 (2) procedures identified in a positive support transition plan subject to the requirements
306.24 in subdivision 8; or

306.25 (3) emergency use of manual restraint subject to the requirements in section 245D.061.

306.26 (b) A restricted procedure identified in paragraph (a) must not:

306.27 (1) be implemented with a child in a manner that constitutes sexual abuse, neglect,
306.28 physical abuse, or mental injury, as defined in section ~~626.556, subdivision 2~~ 260E.03;

306.29 (2) be implemented with an adult in a manner that constitutes abuse or neglect as defined
306.30 in section 626.5572, subdivision 2 or 17;

306.31 (3) be implemented in a manner that violates a person's rights identified in section
306.32 245D.04;

307.1 (4) restrict a person's normal access to a nutritious diet, drinking water, adequate
307.2 ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions,
307.3 necessary clothing, or any protection required by state licensing standards or federal
307.4 regulations governing the program;

307.5 (5) deny the person visitation or ordinary contact with legal counsel, a legal representative,
307.6 or next of kin;

307.7 (6) be used for the convenience of staff, as punishment, as a substitute for adequate
307.8 staffing, or as a consequence if the person refuses to participate in the treatment or services
307.9 provided by the program;

307.10 (7) use prone restraint. For purposes of this section, "prone restraint" means use of
307.11 manual restraint that places a person in a face-down position. Prone restraint does not include
307.12 brief physical holding of a person who, during an emergency use of manual restraint, rolls
307.13 into a prone position, if the person is restored to a standing, sitting, or side-lying position
307.14 as quickly as possible;

307.15 (8) apply back or chest pressure while a person is in a prone position as identified in
307.16 clause (7), supine position, or side-lying position; or

307.17 (9) be implemented in a manner that is contraindicated for any of the person's known
307.18 medical or psychological limitations.

307.19 Sec. 66. Minnesota Statutes 2018, section 245D.09, subdivision 4, is amended to read:

307.20 Subd. 4. **Orientation to program requirements.** Except for a license holder who does
307.21 not supervise any direct support staff, within 60 calendar days of hire, unless stated otherwise,
307.22 the license holder must provide and ensure completion of orientation sufficient to create
307.23 staff competency for direct support staff that combines supervised on-the-job training with
307.24 review of and instruction in the following areas:

307.25 (1) the job description and how to complete specific job functions, including:

307.26 (i) responding to and reporting incidents as required under section 245D.06, subdivision
307.27 1; and

307.28 (ii) following safety practices established by the license holder and as required in section
307.29 245D.06, subdivision 2;

307.30 (2) the license holder's current policies and procedures required under this chapter,
307.31 including their location and access, and staff responsibilities related to implementation of
307.32 those policies and procedures;

308.1 (3) data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal
 308.2 Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff
 308.3 responsibilities related to complying with data privacy practices;

308.4 (4) the service recipient rights and staff responsibilities related to ensuring the exercise
 308.5 and protection of those rights according to the requirements in section 245D.04;

308.6 (5) sections 245A.65, 245A.66, ~~626.556~~, and 626.557 and chapter 260E, governing
 308.7 maltreatment reporting and service planning for children and vulnerable adults, and staff
 308.8 responsibilities related to protecting persons from maltreatment and reporting maltreatment.
 308.9 This orientation must be provided within 72 hours of first providing direct contact services
 308.10 and annually thereafter according to section 245A.65, subdivision 3;

308.11 (6) the principles of person-centered service planning and delivery as identified in section
 308.12 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff
 308.13 person;

308.14 (7) the safe and correct use of manual restraint on an emergency basis according to the
 308.15 requirements in section 245D.061 or successor provisions, and what constitutes the use of
 308.16 restraints, time out, and seclusion, including chemical restraint;

308.17 (8) staff responsibilities related to prohibited procedures under section 245D.06,
 308.18 subdivision 5, or successor provisions, why such procedures are not effective for reducing
 308.19 or eliminating symptoms or undesired behavior, and why such procedures are not safe;

308.20 (9) basic first aid; and

308.21 (10) other topics as determined necessary in the person's coordinated service and support
 308.22 plan by the case manager or other areas identified by the license holder.

308.23 Sec. 67. Minnesota Statutes 2018, section 245D.32, subdivision 5, is amended to read:

308.24 Subd. 5. **Investigations of alleged or suspected maltreatment.** Nothing in this section
 308.25 changes the commissioner's responsibilities to investigate alleged or suspected maltreatment
 308.26 of a minor under ~~section 626.556~~ chapter 260E or a vulnerable adult under section 626.557.

308.27 Sec. 68. Minnesota Statutes 2018, section 245F.04, subdivision 1, is amended to read:

308.28 Subdivision 1. **General application and license requirements.** An applicant for licensure
 308.29 as a clinically managed withdrawal management program or medically monitored withdrawal
 308.30 management program must meet the following requirements, except where otherwise noted.
 308.31 All programs must comply with federal requirements and the general requirements in

309.1 ~~chapters 245A and 245C and sections 626.556, 626.557, and 626.5572~~ and chapters 245A,
309.2 245C, and 260E. A withdrawal management program must be located in a hospital licensed
309.3 under sections 144.50 to 144.581, or must be a supervised living facility with a class B
309.4 license from the Department of Health under Minnesota Rules, parts 4665.0100 to 4665.9900.

309.5 Sec. 69. Minnesota Statutes 2018, section 245F.15, subdivision 3, is amended to read:

309.6 Subd. 3. **Program director qualifications.** A program director must:

309.7 (1) have at least one year of work experience in direct service to individuals with
309.8 substance use disorders or one year of work experience in the management or administration
309.9 of direct service to individuals with substance use disorders;

309.10 (2) have a baccalaureate degree or three years of work experience in administration or
309.11 personnel supervision in human services; and

309.12 (3) know and understand the requirements of this chapter ~~and chapters 245A and 245C,~~
309.13 ~~and,~~ sections 253B.04, 253B.05, ~~626.556, 626.557, and 626.5572,~~ and chapters 245A, 245C,
309.14 and 260E.

309.15 Sec. 70. Minnesota Statutes 2018, section 245F.15, subdivision 5, is amended to read:

309.16 Subd. 5. **Responsible staff person qualifications.** Each responsible staff person must
309.17 know and understand the requirements of this chapter ~~and,~~ sections 245A.65, 253B.04,
309.18 253B.05, ~~626.556, 626.557, and 626.5572,~~ and chapter 260E. In a clinically managed
309.19 program, the responsible staff person must be a licensed practical nurse employed by or
309.20 under contract with the license holder. In a medically monitored program, the responsible
309.21 staff person must be a registered nurse, program director, or physician.

309.22 Sec. 71. Minnesota Statutes 2018, section 245F.16, subdivision 1, is amended to read:

309.23 Subdivision 1. **Policy requirements.** A license holder must have written personnel
309.24 policies and must make them available to staff members at all times. The personnel policies
309.25 must:

309.26 (1) ensure that a staff member's retention, promotion, job assignment, or pay are not
309.27 affected by a good-faith communication between the staff member and the Department of
309.28 Human Services, Department of Health, Ombudsman for Mental Health and Developmental
309.29 Disabilities, law enforcement, or local agencies that investigate complaints regarding patient
309.30 rights, health, or safety;

310.1 (2) include a job description for each position that specifies job responsibilities, degree
 310.2 of authority to execute job responsibilities, standards of job performance related to specified
 310.3 job responsibilities, and qualifications;

310.4 (3) provide for written job performance evaluations for staff members of the license
 310.5 holder at least annually;

310.6 (4) describe behavior that constitutes grounds for disciplinary action, suspension, or
 310.7 dismissal, including policies that address substance use problems and meet the requirements
 310.8 of section 245F.15, subdivisions 1 and 2. The policies and procedures must list behaviors
 310.9 or incidents that are considered substance use problems. The list must include:

310.10 (i) receiving treatment for substance use disorder within the period specified for the
 310.11 position in the staff qualification requirements;

310.12 (ii) substance use that has a negative impact on the staff member's job performance;

310.13 (iii) substance use that affects the credibility of treatment services with patients, referral
 310.14 sources, or other members of the community; and

310.15 (iv) symptoms of intoxication or withdrawal on the job;

310.16 (5) include policies prohibiting personal involvement with patients and policies
 310.17 prohibiting patient maltreatment as specified under ~~chapter 604~~ and sections 245A.65,
 310.18 ~~626.556~~, 626.557, and 626.5572 and chapters 260E and 604;

310.19 (6) include a chart or description of organizational structure indicating the lines of
 310.20 authority and responsibilities;

310.21 (7) include a written plan for new staff member orientation that, at a minimum, includes
 310.22 training related to the specific job functions for which the staff member was hired, program
 310.23 policies and procedures, patient needs, and the areas identified in subdivision 2, paragraphs
 310.24 (b) to (e); and

310.25 (8) include a policy on the confidentiality of patient information.

310.26 Sec. 72. Minnesota Statutes 2018, section 245F.16, subdivision 2, is amended to read:

310.27 Subd. 2. **Staff development.** (a) A license holder must ensure that each staff member
 310.28 receives orientation training before providing direct patient care and at least 30 hours of
 310.29 continuing education every two years. A written record must be kept to demonstrate
 310.30 completion of training requirements.

- 311.1 (b) Within 72 hours of beginning employment, all staff having direct patient contact
311.2 must be provided orientation on the following:
- 311.3 (1) specific license holder and staff responsibilities for patient confidentiality;
- 311.4 (2) standards governing the use of protective procedures;
- 311.5 (3) patient ethical boundaries and patient rights, including the rights of patients admitted
311.6 under chapter 253B;
- 311.7 (4) infection control procedures;
- 311.8 (5) mandatory reporting under sections 245A.65, ~~626.556~~, and 626.557; and chapter
311.9 260E, including specific training covering the facility's policies concerning obtaining patient
311.10 releases of information;
- 311.11 (6) HIV minimum standards as required in section 245A.19;
- 311.12 (7) motivational counseling techniques and identifying stages of change; and
- 311.13 (8) eight hours of training on the program's protective procedures policy required in
311.14 section 245F.09, including:
- 311.15 (i) approved therapeutic holds;
- 311.16 (ii) protective procedures used to prevent patients from imminent danger of harming
311.17 self or others;
- 311.18 (iii) the emergency conditions under which the protective procedures may be used, if
311.19 any;
- 311.20 (iv) documentation standards for using protective procedures;
- 311.21 (v) how to monitor and respond to patient distress; and
- 311.22 (vi) person-centered planning and trauma-informed care.
- 311.23 (c) All staff having direct patient contact must be provided annual training on the
311.24 following:
- 311.25 (1) infection control procedures;
- 311.26 (2) mandatory reporting under sections 245A.65, ~~626.556~~, and 626.557; and chapter
311.27 260E, including specific training covering the facility's policies concerning obtaining patient
311.28 releases of information;
- 311.29 (3) HIV minimum standards as required in section 245A.19; and
- 311.30 (4) motivational counseling techniques and identifying stages of change.

312.1 (d) All staff having direct patient contact must be provided training every two years on
312.2 the following:

312.3 (1) specific license holder and staff responsibilities for patient confidentiality;

312.4 (2) standards governing use of protective procedures, including:

312.5 (i) approved therapeutic holds;

312.6 (ii) protective procedures used to prevent patients from imminent danger of harming
312.7 self or others;

312.8 (iii) the emergency conditions under which the protective procedures may be used, if
312.9 any;

312.10 (iv) documentation standards for using protective procedures;

312.11 (v) how to monitor and respond to patient distress; and

312.12 (vi) person-centered planning and trauma-informed care; and

312.13 (3) patient ethical boundaries and patient rights, including the rights of patients admitted
312.14 under chapter 253B.

312.15 (e) Continuing education that is completed in areas outside of the required topics must
312.16 provide information to the staff person that is useful to the performance of the individual
312.17 staff person's duties.

312.18 Sec. 73. Minnesota Statutes 2018, section 245F.18, is amended to read:

312.19 **245F.18 POLICY AND PROCEDURES MANUAL.**

312.20 A license holder must develop a written policy and procedures manual that is
312.21 alphabetically indexed and has a table of contents, so that staff have immediate access to
312.22 all policies and procedures, and that consumers of the services and other authorized parties
312.23 have access to all policies and procedures. The manual must contain the following materials:

312.24 (1) a description of patient education services as required in section 245F.06;

312.25 (2) personnel policies that comply with section 245F.16;

312.26 (3) admission information and referral and discharge policies that comply with section
312.27 245F.05;

312.28 (4) a health monitoring plan that complies with section 245F.12;

312.29 (5) a protective procedures policy that complies with section 245F.09, if the program
312.30 elects to use protective procedures;

313.1 (6) policies and procedures for assuring appropriate patient-to-staff ratios that comply
313.2 with section 245F.14;

313.3 (7) policies and procedures for assessing and documenting the susceptibility for risk of
313.4 abuse to the patient as the basis for the individual abuse prevention plan required by section
313.5 245A.65;

313.6 (8) procedures for mandatory reporting as required by sections 245A.65, ~~626.556~~, and
313.7 ~~626.557~~ and chapter 260E;

313.8 (9) a medication control plan that complies with section 245F.13; and

313.9 (10) policies and procedures regarding HIV that meet the minimum standards under
313.10 section 245A.19.

313.11 Sec. 74. Minnesota Statutes 2018, section 245G.03, subdivision 1, is amended to read:

313.12 Subdivision 1. **License requirements.** (a) An applicant for a license to provide substance
313.13 use disorder treatment must comply with the general requirements in ~~chapters 245A and~~
313.14 ~~245C, sections 626.556 and~~ section 626.557, chapters 245A, 245C, and 260E, and Minnesota
313.15 Rules, chapter 9544.

313.16 (b) The commissioner may grant variances to the requirements in this chapter that do
313.17 not affect the client's health or safety if the conditions in section 245A.04, subdivision 9,
313.18 are met.

313.19 Sec. 75. Minnesota Statutes 2018, section 245G.10, subdivision 3, is amended to read:

313.20 Subd. 3. **Responsible staff member.** A treatment director must designate a staff member
313.21 who, when present in the facility, is responsible for the delivery of treatment service. A
313.22 license holder must have a designated staff member during all hours of operation. A license
313.23 holder providing room and board and treatment at the same site must have a responsible
313.24 staff member on duty 24 hours a day. The designated staff member must know and understand
313.25 the implications of this chapter, ~~and~~ sections 245A.65, ~~626.556~~, 626.557, and 626.5572,
313.26 and chapter 260E.

313.27 Sec. 76. Minnesota Statutes 2018, section 245G.11, subdivision 3, is amended to read:

313.28 Subd. 3. **Treatment directors.** A treatment director must:

313.29 (1) have at least one year of work experience in direct service to an individual with
313.30 substance use disorder or one year of work experience in the management or administration
313.31 of direct service to an individual with substance use disorder;

314.1 (2) have a baccalaureate degree or three years of work experience in administration or
314.2 personnel supervision in human services; and

314.3 (3) know and understand the implications of this chapter, ~~chapter 245A,~~ and sections
314.4 ~~626.556, 626.557,~~ and 626.5572, and chapters 245A and 260E. Demonstration of the
314.5 treatment director's knowledge must be documented in the personnel record.

314.6 Sec. 77. Minnesota Statutes 2018, section 245G.11, subdivision 4, is amended to read:

314.7 Subd. 4. **Alcohol and drug counselor supervisors.** An alcohol and drug counselor
314.8 supervisor must:

314.9 (1) meet the qualification requirements in subdivision 5;

314.10 (2) have three or more years of experience providing individual and group counseling
314.11 to individuals with substance use disorder; and

314.12 (3) know and understand the implications of this chapter ~~and,~~ sections 245A.65, ~~626.556,~~
314.13 ~~626.557,~~ and 626.5572, and chapter 260E.

314.14 Sec. 78. Minnesota Statutes 2019 Supplement, section 245G.12, is amended to read:

314.15 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

314.16 A license holder must develop a written policies and procedures manual, indexed
314.17 according to section 245A.04, subdivision 14, paragraph (c), that provides staff members
314.18 immediate access to all policies and procedures and provides a client and other authorized
314.19 parties access to all policies and procedures. The manual must contain the following
314.20 materials:

314.21 (1) assessment and treatment planning policies, including screening for mental health
314.22 concerns and treatment objectives related to the client's identified mental health concerns
314.23 in the client's treatment plan;

314.24 (2) policies and procedures regarding HIV according to section 245A.19;

314.25 (3) the license holder's methods and resources to provide information on tuberculosis
314.26 and tuberculosis screening to each client and to report a known tuberculosis infection
314.27 according to section 144.4804;

314.28 (4) personnel policies according to section 245G.13;

314.29 (5) policies and procedures that protect a client's rights according to section 245G.15;

314.30 (6) a medical services plan according to section 245G.08;

- 315.1 (7) emergency procedures according to section 245G.16;
- 315.2 (8) policies and procedures for maintaining client records according to section 245G.09;
- 315.3 (9) procedures for reporting the maltreatment of minors according to ~~section 626.556~~
- 315.4 chapter 260E, and vulnerable adults according to sections 245A.65, 626.557, and 626.5572;
- 315.5 (10) a description of treatment services that: (i) includes the amount and type of services
- 315.6 provided; (ii) identifies which services meet the definition of group counseling under section
- 315.7 245G.01, subdivision 13a; and (iii) defines the program's treatment week;
- 315.8 (11) the methods used to achieve desired client outcomes;
- 315.9 (12) the hours of operation; and
- 315.10 (13) the target population served.

315.11 Sec. 79. Minnesota Statutes 2019 Supplement, section 245G.13, subdivision 1, is amended

315.12 to read:

315.13 Subdivision 1. **Personnel policy requirements.** A license holder must have written

315.14 personnel policies that are available to each staff member. The personnel policies must:

315.15 (1) ensure that staff member retention, promotion, job assignment, or pay are not affected

315.16 by a good faith communication between a staff member and the department, the Department

315.17 of Health, the ombudsman for mental health and developmental disabilities, law enforcement,

315.18 or a local agency for the investigation of a complaint regarding a client's rights, health, or

315.19 safety;

315.20 (2) contain a job description for each staff member position specifying responsibilities,

315.21 degree of authority to execute job responsibilities, and qualification requirements;

315.22 (3) provide for a job performance evaluation based on standards of job performance

315.23 conducted on a regular and continuing basis, including a written annual review;

315.24 (4) describe behavior that constitutes grounds for disciplinary action, suspension, or

315.25 dismissal, including policies that address staff member problematic substance use and the

315.26 requirements of section 245G.11, subdivision 1, policies prohibiting personal involvement

315.27 with a client in violation of chapter 604, and policies prohibiting client abuse described in

315.28 sections 245A.65, ~~626.556~~, 626.557, and 626.5572, and chapter 260E;

315.29 (5) identify how the program will identify whether behaviors or incidents are problematic

315.30 substance use, including a description of how the facility must address:

- 316.1 (i) receiving treatment for substance use within the period specified for the position in
316.2 the staff qualification requirements, including medication-assisted treatment;
- 316.3 (ii) substance use that negatively impacts the staff member's job performance;
- 316.4 (iii) substance use that affects the credibility of treatment services with a client, referral
316.5 source, or other member of the community;
- 316.6 (iv) symptoms of intoxication or withdrawal on the job; and
- 316.7 (v) the circumstances under which an individual who participates in monitoring by the
316.8 health professional services program for a substance use or mental health disorder is able
316.9 to provide services to the program's clients;
- 316.10 (6) include a chart or description of the organizational structure indicating lines of
316.11 authority and responsibilities;
- 316.12 (7) include orientation within 24 working hours of starting for each new staff member
316.13 based on a written plan that, at a minimum, must provide training related to the staff member's
316.14 specific job responsibilities, policies and procedures, client confidentiality, HIV minimum
316.15 standards, and client needs; and
- 316.16 (8) include policies outlining the license holder's response to a staff member with a
316.17 behavior problem that interferes with the provision of treatment service.
- 316.18 Sec. 80. Minnesota Statutes 2018, section 245G.13, subdivision 2, is amended to read:
- 316.19 Subd. 2. **Staff development.** (a) A license holder must ensure that each staff member
316.20 has the training described in this subdivision.
- 316.21 (b) Each staff member must be trained every two years in:
- 316.22 (1) client confidentiality rules and regulations and client ethical boundaries; and
- 316.23 (2) emergency procedures and client rights as specified in sections 144.651, 148F.165,
316.24 and 253B.03.
- 316.25 (c) Annually each staff member with direct contact must be trained on mandatory
316.26 reporting as specified in sections 245A.65, ~~626.556, 626.5561~~, 626.557, and 626.5572, and
316.27 chapter 260E, including specific training covering the license holder's policies for obtaining
316.28 a release of client information.
- 316.29 (d) Upon employment and annually thereafter, each staff member with direct contact
316.30 must receive training on HIV minimum standards according to section 245A.19.

317.1 (e) A treatment director, supervisor, nurse, or counselor must have a minimum of 12
317.2 hours of training in co-occurring disorders that includes competencies related to philosophy,
317.3 trauma-informed care, screening, assessment, diagnosis and person-centered treatment
317.4 planning, documentation, programming, medication, collaboration, mental health
317.5 consultation, and discharge planning. A new staff member who has not obtained the training
317.6 must complete the training within six months of employment. A staff member may request,
317.7 and the license holder may grant, credit for relevant training obtained before employment,
317.8 which must be documented in the staff member's personnel file.

317.9 Sec. 81. Minnesota Statutes 2019 Supplement, section 245H.11, is amended to read:

317.10 **245H.11 REPORTING.**

317.11 (a) The certification holder must comply and must have written policies for staff to
317.12 comply with the reporting requirements for abuse and neglect specified in ~~section 626.556~~
317.13 chapter 260E. A person mandated to report physical or sexual child abuse or neglect occurring
317.14 within a certified center shall report the information to the commissioner.

317.15 (b) The certification holder must inform the commissioner within 24 hours of:

317.16 (1) the death of a child in the program; and

317.17 (2) any injury to a child in the program that required treatment by a physician.

317.18 Sec. 82. Minnesota Statutes 2018, section 254A.09, is amended to read:

317.19 **254A.09 CONFIDENTIALITY OF RECORDS.**

317.20 The Department of Human Services shall assure confidentiality to individuals who are
317.21 the subject of research by the state authority or are recipients of substance misuse or substance
317.22 use disorder information, assessment, or treatment from a licensed or approved program.
317.23 The commissioner shall withhold from all persons not connected with the conduct of the
317.24 research the names or other identifying characteristics of a subject of research unless the
317.25 individual gives written permission that information relative to treatment and recovery may
317.26 be released. Persons authorized to protect the privacy of subjects of research may not be
317.27 compelled in any federal, state or local, civil, criminal, administrative or other proceeding
317.28 to identify or disclose other confidential information about the individuals. Identifying
317.29 information and other confidential information related to substance misuse or substance use
317.30 disorder information, assessment, treatment, or aftercare services may be ordered to be
317.31 released by the court for the purpose of civil or criminal investigations or proceedings if,
317.32 after review of the records considered for disclosure, the court determines that the information

318.1 is relevant to the purpose for which disclosure is requested. The court shall order disclosure
318.2 of only that information which is determined relevant. In determining whether to compel
318.3 disclosure, the court shall weigh the public interest and the need for disclosure against the
318.4 injury to the patient, to the treatment relationship in the program affected and in other
318.5 programs similarly situated, and the actual or potential harm to the ability of programs to
318.6 attract and retain patients if disclosure occurs. This section does not exempt any person
318.7 from the reporting obligations under ~~section 626.556~~ chapter 260E, nor limit the use of
318.8 information reported in any proceeding arising out of the abuse or neglect of a child.
318.9 Identifying information and other confidential information related to substance misuse or
318.10 substance use disorder, assessment, treatment, or aftercare services may be ordered to be
318.11 released by the court for the purpose of civil or criminal investigations or proceedings. No
318.12 information may be released pursuant to this section that would not be released pursuant to
318.13 section 595.02, subdivision 2.

318.14 Sec. 83. Minnesota Statutes 2019 Supplement, section 254B.04, subdivision 1, is amended
318.15 to read:

318.16 Subdivision 1. **Eligibility.** (a) Persons eligible for benefits under Code of Federal
318.17 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
318.18 subdivision 4, and are not enrolled in medical assistance, are entitled to chemical dependency
318.19 fund services. State money appropriated for this paragraph must be placed in a separate
318.20 account established for this purpose.

318.21 (b) Persons with dependent children who are determined to be in need of chemical
318.22 dependency treatment pursuant to an assessment under ~~section 626.556, subdivision 10,~~
318.23 260E.20, subdivision 1, or a case plan under section 260C.201, subdivision 6, or 260C.212,
318.24 shall be assisted by the local agency to access needed treatment services. Treatment services
318.25 must be appropriate for the individual or family, which may include long-term care treatment
318.26 or treatment in a facility that allows the dependent children to stay in the treatment facility.
318.27 The county shall pay for out-of-home placement costs, if applicable.

318.28 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
318.29 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
318.30 (12).

318.31 Sec. 84. Minnesota Statutes 2018, section 256.01, subdivision 12, is amended to read:

318.32 Subd. 12. **Child mortality review panel.** (a) The commissioner shall establish a child
318.33 mortality review panel to review deaths of children in Minnesota, including deaths attributed

319.1 to maltreatment or in which maltreatment may be a contributing cause and to review near
319.2 fatalities as defined in section ~~626.556, subdivision 11d~~ 260E.35. The commissioners of
319.3 health, education, and public safety and the attorney general shall each designate a
319.4 representative to the child mortality review panel. Other panel members shall be appointed
319.5 by the commissioner, including a board-certified pathologist and a physician who is a coroner
319.6 or a medical examiner. The purpose of the panel shall be to make recommendations to the
319.7 state and to county agencies for improving the child protection system, including
319.8 modifications in statute, rule, policy, and procedure.

319.9 (b) The commissioner may require a county agency to establish a local child mortality
319.10 review panel. The commissioner may establish procedures for conducting local reviews
319.11 and may require that all professionals with knowledge of a child mortality case participate
319.12 in the local review. In this section, "professional" means a person licensed to perform or a
319.13 person performing a specific service in the child protective service system. "Professional"
319.14 includes law enforcement personnel, social service agency attorneys, educators, and social
319.15 service, health care, and mental health care providers.

319.16 (c) If the commissioner of human services has reason to believe that a child's death was
319.17 caused by maltreatment or that maltreatment was a contributing cause, the commissioner
319.18 has access to not public data under chapter 13 maintained by state agencies, statewide
319.19 systems, or political subdivisions that are related to the child's death or circumstances
319.20 surrounding the care of the child. The commissioner shall also have access to records of
319.21 private hospitals as necessary to carry out the duties prescribed by this section. Access to
319.22 data under this paragraph is limited to police investigative data; autopsy records and coroner
319.23 or medical examiner investigative data; hospital, public health, or other medical records of
319.24 the child; hospital and other medical records of the child's parent that relate to prenatal care;
319.25 and records created by social service agencies that provided services to the child or family
319.26 within three years preceding the child's death. A state agency, statewide system, or political
319.27 subdivision shall provide the data upon request of the commissioner. Not public data may
319.28 be shared with members of the state or local child mortality review panel in connection with
319.29 an individual case.

319.30 (d) Notwithstanding the data's classification in the possession of any other agency, data
319.31 acquired by a local or state child mortality review panel in the exercise of its duties is
319.32 protected nonpublic or confidential data as defined in section 13.02, but may be disclosed
319.33 as necessary to carry out the purposes of the review panel. The data is not subject to subpoena
319.34 or discovery. The commissioner may disclose conclusions of the review panel, but shall
319.35 not disclose data that was classified as confidential or private data on decedents, under

320.1 section 13.10, or private, confidential, or protected nonpublic data in the disseminating
320.2 agency, except that the commissioner may disclose local social service agency data as
320.3 provided in section 626.556, subdivision 11d, on individual cases involving a fatality or
320.4 near fatality of a person served by the local social service agency prior to the date of death.

320.5 (e) A person attending a child mortality review panel meeting shall not disclose what
320.6 transpired at the meeting, except to carry out the purposes of the mortality review panel.
320.7 The proceedings and records of the mortality review panel are protected nonpublic data as
320.8 defined in section 13.02, subdivision 13, and are not subject to discovery or introduction
320.9 into evidence in a civil or criminal action against a professional, the state or a county agency,
320.10 arising out of the matters the panel is reviewing. Information, documents, and records
320.11 otherwise available from other sources are not immune from discovery or use in a civil or
320.12 criminal action solely because they were presented during proceedings of the review panel.
320.13 A person who presented information before the review panel or who is a member of the
320.14 panel shall not be prevented from testifying about matters within the person's knowledge.
320.15 However, in a civil or criminal proceeding a person shall not be questioned about the person's
320.16 presentation of information to the review panel or opinions formed by the person as a result
320.17 of the review meetings.

320.18 Sec. 85. Minnesota Statutes 2019 Supplement, section 256.01, subdivision 14b, is amended
320.19 to read:

320.20 Subd. 14b. **American Indian child welfare projects.** (a) The commissioner of human
320.21 services may authorize projects to initiate tribal delivery of child welfare services to American
320.22 Indian children and their parents and custodians living on the reservation. The commissioner
320.23 has authority to solicit and determine which tribes may participate in a project. Grants may
320.24 be issued to Minnesota Indian tribes to support the projects. The commissioner may waive
320.25 existing state rules as needed to accomplish the projects. The commissioner may authorize
320.26 projects to use alternative methods of (1) screening, investigating, and assessing reports of
320.27 child maltreatment, and (2) administrative reconsideration, administrative appeal, and
320.28 judicial appeal of maltreatment determinations, provided the alternative methods used by
320.29 the projects comply with the provisions of ~~sections~~ section 256.045 and 626.556 and chapter
320.30 260E that deal with the rights of individuals who are the subjects of reports or investigations,
320.31 including notice and appeal rights and data practices requirements. The commissioner shall
320.32 only authorize alternative methods that comply with the public policy under section 626.556,
320.33 subdivision 1. The commissioner may seek any federal approvals necessary to carry out the
320.34 projects as well as seek and use any funds available to the commissioner, including use of
320.35 federal funds, foundation funds, existing grant funds, and other funds. The commissioner

321.1 is authorized to advance state funds as necessary to operate the projects. Federal
321.2 reimbursement applicable to the projects is appropriated to the commissioner for the purposes
321.3 of the projects. The projects must be required to address responsibility for safety, permanency,
321.4 and well-being of children.

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

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

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

321.10 (2) have a tribal court with jurisdiction over child custody proceedings;

321.11 (3) have a substantial number of children for whom determinations of maltreatment have
321.12 occurred;

321.13 (4)(i) have capacity to respond to reports of abuse and neglect under ~~section 626.556~~
321.14 chapter 260E; or (ii) have codified the tribe's screening, investigation, and assessment of
321.15 reports of child maltreatment procedures, if authorized to use an alternative method by the
321.16 commissioner under paragraph (a);

321.17 (5) provide a wide range of services to families in need of child welfare services; and

321.18 (6) have a tribal-state title IV-E agreement in effect.

321.19 (d) Grants awarded under this section may be used for the nonfederal costs of providing
321.20 child welfare services to American Indian children on the tribe's reservation, including costs
321.21 associated with:

321.22 (1) assessment and prevention of child abuse and neglect;

321.23 (2) family preservation;

321.24 (3) facilitative, supportive, and reunification services;

321.25 (4) out-of-home placement for children removed from the home for child protective
321.26 purposes; and

321.27 (5) other activities and services approved by the commissioner that further the goals of
321.28 providing safety, permanency, and well-being of American Indian children.

321.29 (e) When a tribe has initiated a project and has been approved by the commissioner to
321.30 assume child welfare responsibilities for American Indian children of that tribe under this
321.31 section, the affected county social service agency is relieved of responsibility for responding

322.1 to reports of abuse and neglect under ~~section 626.556~~ chapter 260E for those children during
322.2 the time within which the tribal project is in effect and funded. The commissioner shall
322.3 work with tribes and affected counties to develop procedures for data collection, evaluation,
322.4 and clarification of ongoing role and financial responsibilities of the county and tribe for
322.5 child welfare services prior to initiation of the project. Children who have not been identified
322.6 by the tribe as participating in the project shall remain the responsibility of the county.
322.7 Nothing in this section shall alter responsibilities of the county for law enforcement or court
322.8 services.

322.9 (f) Participating tribes may conduct children's mental health screenings under section
322.10 245.4874, subdivision 1, paragraph (a), clause (12), for children who are eligible for the
322.11 initiative and living on the reservation and who meet one of the following criteria:

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

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

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

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

322.18 (g) Participating tribes may establish a local child mortality review panel. In establishing
322.19 a local child mortality review panel, the tribe agrees to conduct local child mortality reviews
322.20 for child deaths or near-fatalities occurring on the reservation under subdivision 12. Tribes
322.21 with established child mortality review panels shall have access to nonpublic data and shall
322.22 protect nonpublic data under subdivision 12, paragraphs (c) to (e). The tribe shall provide
322.23 written notice to the commissioner and affected counties when a local child mortality review
322.24 panel has been established and shall provide data upon request of the commissioner for
322.25 purposes of sharing nonpublic data with members of the state child mortality review panel
322.26 in connection to an individual case.

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

322.31 (i) In consultation with the White Earth Band, the commissioner shall develop and submit
322.32 to the chairs and ranking minority members of the legislative committees with jurisdiction
322.33 over health and human services a plan to transfer legal responsibility for providing child

323.1 protective services to White Earth Band member children residing in Hennepin County to
323.2 the White Earth Band. The plan shall include a financing proposal, definitions of key terms,
323.3 statutory amendments required, and other provisions required to implement the plan. The
323.4 commissioner shall submit the plan by January 15, 2012.

323.5 Sec. 86. Minnesota Statutes 2018, section 256.01, subdivision 15, is amended to read:

323.6 Subd. 15. **Citizen review panels.** (a) The commissioner shall establish a minimum of
323.7 three citizen review panels to examine the policies and procedures of state and local welfare
323.8 agencies to evaluate the extent to which the agencies are effectively discharging their child
323.9 protection responsibilities. Local social service agencies shall cooperate and work with the
323.10 citizen review panels. Where appropriate, the panels may examine specific cases to evaluate
323.11 the effectiveness of child protection activities. The panels must examine the extent to which
323.12 the state and local agencies are meeting the requirements of the federal Child Abuse
323.13 Prevention and Treatment Act and the Reporting of Maltreatment of Minors Act. The
323.14 commissioner may authorize mortality review panels or child protection teams to carry out
323.15 the duties of a citizen review panel if membership meets or is expanded to meet the
323.16 requirements of this section.

323.17 (b) The panel membership must include volunteers who broadly represent the community
323.18 in which the panel is established, including members who have expertise in the prevention
323.19 and treatment of child abuse and neglect, child protection advocates, and representatives of
323.20 the councils of color and ombudsperson for families.

323.21 (c) A citizen review panel has access to the following data for specific case review under
323.22 this paragraph: police investigative data; autopsy records and coroner or medical examiner
323.23 investigative data; hospital, public health, or other medical records of the child; hospital
323.24 and other medical records of the child's parent that relate to prenatal care; records created
323.25 by social service agencies that provided services to the child or family; and personnel data
323.26 related to an employee's performance in discharging child protection responsibilities. A
323.27 state agency, statewide system, or political subdivision shall provide the data upon request
323.28 of the commissioner. Not public data may be shared with members of the state or local
323.29 citizen review panel in connection with an individual case.

323.30 (d) Notwithstanding the data's classification in the possession of any other agency, data
323.31 acquired by a local or state citizen review panel in the exercise of its duties are protected
323.32 nonpublic or confidential data as defined in section 13.02, but may be disclosed as necessary
323.33 to carry out the purposes of the review panel. The data are not subject to subpoena or
323.34 discovery. The commissioner may disclose conclusions of the review panel, but may not

324.1 disclose data on individuals that were classified as confidential or private data on individuals
 324.2 in the possession of the state agency, statewide system, or political subdivision from which
 324.3 the data were received, except that the commissioner may disclose local social service
 324.4 agency data as provided in section ~~626.556, subdivision 11d~~ 260E.35, on individual cases
 324.5 involving a fatality or near fatality of a person served by the local social service agency
 324.6 prior to the date of death.

324.7 (e) A person attending a citizen review panel meeting may not disclose what transpired
 324.8 at the meeting, except to carry out the purposes of the review panel. The proceedings and
 324.9 records of the review panel are protected nonpublic data as defined in section 13.02,
 324.10 subdivision 13, and are not subject to discovery or introduction into evidence in a civil or
 324.11 criminal action against a professional, the state, or county agency arising out of the matters
 324.12 the panel is reviewing. Information, documents, and records otherwise available from other
 324.13 sources are not immune from discovery or use in a civil or criminal action solely because
 324.14 they were presented during proceedings of the review panel. A person who presented
 324.15 information before the review panel or who is a member of the panel is not prevented from
 324.16 testifying about matters within the person's knowledge. However, in a civil or criminal
 324.17 proceeding, a person must not be questioned about the person's presentation of information
 324.18 to the review panel or opinions formed by the person as a result of the review panel meetings.

324.19 Sec. 87. Minnesota Statutes 2018, section 256.045, subdivision 3, is amended to read:

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

324.21 (1) any person applying for, receiving or having received public assistance, medical
 324.22 care, or a program of social services granted by the state agency or a county agency or the
 324.23 federal Food Stamp Act whose application for assistance is denied, not acted upon with
 324.24 reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed
 324.25 to have been incorrectly paid;

324.26 (2) any patient or relative aggrieved by an order of the commissioner under section
 324.27 252.27;

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

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

- 325.1 (5) any person whose claim for foster care payment according to a placement of the
325.2 child resulting from a child protection assessment under ~~section 626.556~~ chapter 260E is
325.3 denied or not acted upon with reasonable promptness, regardless of funding source;
- 325.4 (6) any person to whom a right of appeal according to this section is given by other
325.5 provision of law;
- 325.6 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
325.7 under section 256B.15;
- 325.8 (8) an applicant aggrieved by an adverse decision to an application or redetermination
325.9 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;
- 325.10 (9) except as provided under chapter 245A, an individual or facility determined to have
325.11 maltreated a minor under ~~section 626.556~~ chapter 260E, after the individual or facility has
325.12 exercised the right to administrative reconsideration under ~~section 626.556~~ chapter 260E;
- 325.13 (10) except as provided under chapter 245C, an individual disqualified under sections
325.14 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
325.15 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
325.16 individual has committed an act or acts that meet the definition of any of the crimes listed
325.17 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
325.18 ~~626.556, subdivision 3,~~ 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding
325.19 a maltreatment determination under clause (4) or (9) and a disqualification under this clause
325.20 in which the basis for a disqualification is serious or recurring maltreatment, shall be
325.21 consolidated into a single fair hearing. In such cases, the scope of review by the human
325.22 services judge shall include both the maltreatment determination and the disqualification.
325.23 The failure to exercise the right to an administrative reconsideration shall not be a bar to a
325.24 hearing under this section if federal law provides an individual the right to a hearing to
325.25 dispute a finding of maltreatment;
- 325.26 (11) any person with an outstanding debt resulting from receipt of public assistance,
325.27 medical care, or the federal Food Stamp Act who is contesting a setoff claim by the
325.28 Department of Human Services or a county agency. The scope of the appeal is the validity
325.29 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
325.30 the debt;
- 325.31 (12) a person issued a notice of service termination under section 245D.10, subdivision
325.32 3a, from residential supports and services as defined in section 245D.03, subdivision 1,
325.33 paragraph (c), clause (3), that is not otherwise subject to appeal under subdivision 4a;

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

326.3 (14) a person issued a notice of service termination under section 245A.11, subdivision
326.4 11, that is not otherwise subject to appeal under subdivision 4a.

326.5 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
326.6 is the only administrative appeal to the final agency determination specifically, including
326.7 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested
326.8 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or
326.9 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged
326.10 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case
326.11 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),
326.12 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A
326.13 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
326.14 available when there is no district court action pending. If such action is filed in district
326.15 court while an administrative review is pending that arises out of some or all of the events
326.16 or circumstances on which the appeal is based, the administrative review must be suspended
326.17 until the judicial actions are completed. If the district court proceedings are completed,
326.18 dismissed, or overturned, the matter may be considered in an administrative hearing.

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

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

326.26 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to
326.27 whether the proposed termination of services is authorized under section 245D.10,
326.28 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements
326.29 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,
326.30 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of
326.31 termination of services, the scope of the hearing shall also include whether the case
326.32 management provider has finalized arrangements for a residential facility, a program, or
326.33 services that will meet the assessed needs of the recipient by the effective date of the service
326.34 termination.

327.1 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
327.2 under contract with a county agency to provide social services is not a party and may not
327.3 request a hearing under this section, except if assisting a recipient as provided in subdivision
327.4 4.

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

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

327.11 (i) Unless federal or Minnesota law specifies a different time frame in which to file an
327.12 appeal, an individual or organization specified in this section may contest the specified
327.13 action, decision, or final disposition before the state agency by submitting a written request
327.14 for a hearing to the state agency within 30 days after receiving written notice of the action,
327.15 decision, or final disposition, or within 90 days of such written notice if the applicant,
327.16 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision
327.17 13, why the request was not submitted within the 30-day time limit. The individual filing
327.18 the appeal has the burden of proving good cause by a preponderance of the evidence.

327.19 Sec. 88. Minnesota Statutes 2018, section 256.045, subdivision 3b, is amended to read:

327.20 Subd. 3b. **Standard of evidence for maltreatment and disqualification hearings.** (a)
327.21 The state human services judge shall determine that maltreatment has occurred if a
327.22 preponderance of evidence exists to support the final disposition under ~~sections 626.556~~
327.23 ~~and section 626.557 and chapter 260E~~. For purposes of hearings regarding disqualification,
327.24 the state human services judge shall affirm the proposed disqualification in an appeal under
327.25 subdivision 3, paragraph (a), clause (10), if a preponderance of the evidence shows the
327.26 individual has:

327.27 (1) committed maltreatment under section ~~626.556 or 626.557 or chapter 260E~~, which
327.28 is serious or recurring;

327.29 (2) committed an act or acts meeting the definition of any of the crimes listed in section
327.30 245C.15, subdivisions 1 to 4; or

327.31 (3) failed to make required reports under section ~~626.556 or 626.557 or chapter 260E~~,
327.32 for incidents in which the final disposition under section ~~626.556 or 626.557 or chapter~~
327.33 ~~260E~~ was substantiated maltreatment that was serious or recurring.

328.1 (b) If the disqualification is affirmed, the state human services judge shall determine
328.2 whether the individual poses a risk of harm in accordance with the requirements of section
328.3 245C.22, and whether the disqualification should be set aside or not set aside. In determining
328.4 whether the disqualification should be set aside, the human services judge shall consider
328.5 all of the characteristics that cause the individual to be disqualified, including those
328.6 characteristics that were not subject to review under paragraph (a), in order to determine
328.7 whether the individual poses a risk of harm. A decision to set aside a disqualification that
328.8 is the subject of the hearing constitutes a determination that the individual does not pose a
328.9 risk of harm and that the individual may provide direct contact services in the individual
328.10 program specified in the set aside.

328.11 (c) If a disqualification is based solely on a conviction or is conclusive for any reason
328.12 under section 245C.29, the disqualified individual does not have a right to a hearing under
328.13 this section.

328.14 (d) The state human services judge shall recommend an order to the commissioner of
328.15 health, education, or human services, as applicable, who shall issue a final order. The
328.16 commissioner shall affirm, reverse, or modify the final disposition. Any order of the
328.17 commissioner issued in accordance with this subdivision is conclusive upon the parties
328.18 unless appeal is taken in the manner provided in subdivision 7. In any licensing appeal under
328.19 chapters 245A and 245C and sections 144.50 to 144.58 and 144A.02 to 144A.482, the
328.20 commissioner's determination as to maltreatment is conclusive, as provided under section
328.21 245C.29.

328.22 Sec. 89. Minnesota Statutes 2018, section 256.045, subdivision 4, is amended to read:

328.23 Subd. 4. **Conduct of hearings.** (a) All hearings held pursuant to subdivision 3, 3a, 3b,
328.24 or 4a shall be conducted according to the provisions of the federal Social Security Act and
328.25 the regulations implemented in accordance with that act to enable this state to qualify for
328.26 federal grants-in-aid, and according to the rules and written policies of the commissioner
328.27 of human services. County agencies shall install equipment necessary to conduct telephone
328.28 hearings. A state human services judge may schedule a telephone conference hearing when
328.29 the distance or time required to travel to the county agency offices will cause a delay in the
328.30 issuance of an order, or to promote efficiency, or at the mutual request of the parties. Hearings
328.31 may be conducted by telephone conferences unless the applicant, recipient, former recipient,
328.32 person, or facility contesting maltreatment objects. A human services judge may grant a
328.33 request for a hearing in person by holding the hearing by interactive video technology or
328.34 in person. The human services judge must hear the case in person if the person asserts that

329.1 either the person or a witness has a physical or mental disability that would impair the
329.2 person's or witness's ability to fully participate in a hearing held by interactive video
329.3 technology. The hearing shall not be held earlier than five days after filing of the required
329.4 notice with the county or state agency. The state human services judge shall notify all
329.5 interested persons of the time, date, and location of the hearing at least five days before the
329.6 date of the hearing. Interested persons may be represented by legal counsel or other
329.7 representative of their choice, including a provider of therapy services, at the hearing and
329.8 may appear personally, testify and offer evidence, and examine and cross-examine witnesses.
329.9 The applicant, recipient, former recipient, person, or facility contesting maltreatment shall
329.10 have the opportunity to examine the contents of the case file and all documents and records
329.11 to be used by the county or state agency at the hearing at a reasonable time before the date
329.12 of the hearing and during the hearing. In hearings under subdivision 3, paragraph (a), clauses
329.13 (4), (9), and (10), either party may subpoena the private data relating to the investigation
329.14 prepared by the agency under section ~~626.556~~ or 626.557 or chapter 260E that is not
329.15 otherwise accessible under section 13.04, provided the identity of the reporter may not be
329.16 disclosed.

329.17 (b) The private data obtained by subpoena in a hearing under subdivision 3, paragraph
329.18 (a), clause (4), (9), or (10), must be subject to a protective order which prohibits its disclosure
329.19 for any other purpose outside the hearing provided for in this section without prior order of
329.20 the district court. Disclosure without court order is punishable by a sentence of not more
329.21 than 90 days imprisonment or a fine of not more than \$1,000, or both. These restrictions on
329.22 the use of private data do not prohibit access to the data under section 13.03, subdivision
329.23 6. Except for appeals under subdivision 3, paragraph (a), clauses (4), (5), (9), and (10), upon
329.24 request, the county agency shall provide reimbursement for transportation, child care,
329.25 photocopying, medical assessment, witness fee, and other necessary and reasonable costs
329.26 incurred by the applicant, recipient, or former recipient in connection with the appeal. All
329.27 evidence, except that privileged by law, commonly accepted by reasonable people in the
329.28 conduct of their affairs as having probative value with respect to the issues shall be submitted
329.29 at the hearing and such hearing shall not be "a contested case" within the meaning of section
329.30 14.02, subdivision 3. The agency must present its evidence prior to or at the hearing, and
329.31 may not submit evidence after the hearing except by agreement of the parties at the hearing,
329.32 provided the petitioner has the opportunity to respond.

329.33 (c) In hearings under subdivision 3, paragraph (a), clauses (4), (9), and (10), involving
329.34 determinations of maltreatment or disqualification made by more than one county agency,
329.35 by a county agency and a state agency, or by more than one state agency, the hearings may

330.1 be consolidated into a single fair hearing upon the consent of all parties and the state human
330.2 services judge.

330.3 (d) For hearings under subdivision 3, paragraph (a), clause (4) or (10), involving a
330.4 vulnerable adult, the human services judge shall notify the vulnerable adult who is the
330.5 subject of the maltreatment determination and, if known, a guardian of the vulnerable adult
330.6 appointed under section 524.5-310, or a health care agent designated by the vulnerable adult
330.7 in a health care directive that is currently effective under section 145C.06 and whose authority
330.8 to make health care decisions is not suspended under section 524.5-310, of the hearing. The
330.9 notice must be sent by certified mail and inform the vulnerable adult of the right to file a
330.10 signed written statement in the proceedings. A guardian or health care agent who prepares
330.11 or files a written statement for the vulnerable adult must indicate in the statement that the
330.12 person is the vulnerable adult's guardian or health care agent and sign the statement in that
330.13 capacity. The vulnerable adult, the guardian, or the health care agent may file a written
330.14 statement with the human services judge hearing the case no later than five business days
330.15 before commencement of the hearing. The human services judge shall include the written
330.16 statement in the hearing record and consider the statement in deciding the appeal. This
330.17 subdivision does not limit, prevent, or excuse the vulnerable adult from being called as a
330.18 witness testifying at the hearing or grant the vulnerable adult, the guardian, or health care
330.19 agent a right to participate in the proceedings or appeal the human services judge's decision
330.20 in the case. The lead investigative agency must consider including the vulnerable adult
330.21 victim of maltreatment as a witness in the hearing. If the lead investigative agency determines
330.22 that participation in the hearing would endanger the well-being of the vulnerable adult or
330.23 not be in the best interests of the vulnerable adult, the lead investigative agency shall inform
330.24 the human services judge of the basis for this determination, which must be included in the
330.25 final order. If the human services judge is not reasonably able to determine the address of
330.26 the vulnerable adult, the guardian, or the health care agent, the human services judge is not
330.27 required to send a hearing notice under this subdivision.

330.28 Sec. 90. Minnesota Statutes 2018, section 256B.0621, subdivision 4, is amended to read:

330.29 Subd. 4. **Relocation targeted county case management provider qualifications.** (a)
330.30 A relocation targeted county case management provider is an enrolled medical assistance
330.31 provider who is determined by the commissioner to have all of the following characteristics:

330.32 (1) the legal authority to provide public welfare under sections 393.01, subdivision 7;
330.33 and 393.07; or a federally recognized Indian tribe;

331.1 (2) the demonstrated capacity and experience to provide the components of case
331.2 management to coordinate and link community resources needed by the eligible population;

331.3 (3) the administrative capacity and experience to serve the target population for whom
331.4 it will provide services and ensure quality of services under state and federal requirements;

331.5 (4) the legal authority to provide complete investigative and protective services under
331.6 section ~~626.556, subdivision 10~~ 260E.14; and child welfare and foster care services under
331.7 section 393.07, subdivisions 1 and 2; or a federally recognized Indian tribe;

331.8 (5) a financial management system that provides accurate documentation of services
331.9 and costs under state and federal requirements; and

331.10 (6) the capacity to document and maintain individual case records under state and federal
331.11 requirements.

331.12 (b) A provider of targeted case management under section 256B.0625, subdivision 20,
331.13 may be deemed a certified provider of relocation targeted case management.

331.14 (c) A relocation targeted county case management provider may subcontract with another
331.15 provider to deliver relocation targeted case management services. Subcontracted providers
331.16 must demonstrate the ability to provide the services outlined in subdivision 6, and have a
331.17 procedure in place that notifies the recipient and the recipient's legal representative of any
331.18 conflict of interest if the contracted targeted case management provider also provides, or
331.19 will provide, the recipient's services and supports. Counties must require that contracted
331.20 providers must provide information on all conflicts of interest and obtain the recipient's
331.21 informed consent or provide the recipient with alternatives.

331.22 Sec. 91. Minnesota Statutes 2018, section 256B.0625, subdivision 33, is amended to read:

331.23 Subd. 33. **Child welfare targeted case management.** Medical assistance, subject to
331.24 federal approval, covers child welfare targeted case management services as defined in
331.25 section 256B.094 to children under age 21 who have been assessed and determined in
331.26 accordance with section 256F.10 to be:

331.27 (1) at risk of placement or in placement as defined in section 260C.212, subdivision 1;

331.28 (2) at risk of maltreatment or experiencing maltreatment as defined in section ~~626.556,~~
331.29 ~~subdivision 10~~ 260E.03, subdivision 12; or

331.30 (3) in need of protection or services as defined in section 260C.007, subdivision 6.

332.1 Sec. 92. Minnesota Statutes 2018, section 256B.0945, subdivision 1, is amended to read:

332.2 Subdivision 1. **Residential services; provider qualifications.** (a) Counties must arrange
332.3 to provide residential services for children with severe emotional disturbance according to
332.4 sections 245.4882, 245.4885, and this section.

332.5 (b) Services must be provided by a facility that is licensed according to section 245.4882
332.6 and administrative rules promulgated thereunder, and under contract with the county.

332.7 (c) Eligible service costs may be claimed for a facility that is located in a state that
332.8 borders Minnesota if:

332.9 (1) the facility is the closest facility to the child's home, providing the appropriate level
332.10 of care; and

332.11 (2) the commissioner of human services has completed an inspection of the out-of-state
332.12 program according to the interagency agreement with the commissioner of corrections under
332.13 section 260B.198, subdivision 11, paragraph (b), and the program has been certified by the
332.14 commissioner of corrections under section 260B.198, subdivision 11, paragraph (a), to
332.15 substantially meet the standards applicable to children's residential mental health treatment
332.16 programs under Minnesota Rules, chapter 2960. Nothing in this section requires the
332.17 commissioner of human services to enforce the background study requirements under chapter
332.18 245C or the requirements related to prevention and investigation of alleged maltreatment
332.19 under section ~~626.556~~ or 626.557 or chapter 260E. Complaints received by the commissioner
332.20 of human services must be referred to the out-of-state licensing authority for possible
332.21 follow-up.

332.22 (d) Notwithstanding paragraph (b), eligible service costs may be claimed for an
332.23 out-of-state inpatient treatment facility if:

332.24 (1) the facility specializes in providing mental health services to children who are deaf,
332.25 deafblind, or hard-of-hearing and who use American Sign Language as their first language;

332.26 (2) the facility is licensed by the state in which it is located; and

332.27 (3) the state in which the facility is located is a member state of the Interstate Compact
332.28 on Mental Health.

332.29 Sec. 93. Minnesota Statutes 2018, section 256B.0949, subdivision 16, is amended to read:

332.30 Subd. 16. **Agency duties.** (a) An agency delivering an EIDBI service under this section
332.31 must:

- 333.1 (1) enroll as a medical assistance Minnesota health care program provider according to
333.2 Minnesota Rules, part 9505.0195, and section 256B.04, subdivision 21, and meet all
333.3 applicable provider standards and requirements;
- 333.4 (2) demonstrate compliance with federal and state laws for EIDBI service;
- 333.5 (3) verify and maintain records of a service provided to the person or the person's legal
333.6 representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;
- 333.7 (4) demonstrate that while enrolled or seeking enrollment as a Minnesota health care
333.8 program provider the agency did not have a lead agency contract or provider agreement
333.9 discontinued because of a conviction of fraud; or did not have an owner, board member, or
333.10 manager fail a state or federal criminal background check or appear on the list of excluded
333.11 individuals or entities maintained by the federal Department of Human Services Office of
333.12 Inspector General;
- 333.13 (5) have established business practices including written policies and procedures, internal
333.14 controls, and a system that demonstrates the organization's ability to deliver quality EIDBI
333.15 services;
- 333.16 (6) have an office located in Minnesota;
- 333.17 (7) conduct a criminal background check on an individual who has direct contact with
333.18 the person or the person's legal representative;
- 333.19 (8) report maltreatment according to ~~sections 626.556 and~~ section 626.557 and chapter
333.20 260E;
- 333.21 (9) comply with any data requests consistent with the Minnesota Government Data
333.22 Practices Act, sections 256B.064 and 256B.27;
- 333.23 (10) provide training for all agency staff on the requirements and responsibilities listed
333.24 in the Maltreatment of Minors Act, ~~section 626.556~~ chapter 260E, and the Vulnerable Adult
333.25 Protection Act, section 626.557, including mandated and voluntary reporting, nonretaliation,
333.26 and the agency's policy for all staff on how to report suspected abuse and neglect;
- 333.27 (11) have a written policy to resolve issues collaboratively with the person and the
333.28 person's legal representative when possible. The policy must include a timeline for when
333.29 the person and the person's legal representative will be notified about issues that arise in
333.30 the provision of services;
- 333.31 (12) provide the person's legal representative with prompt notification if the person is
333.32 injured while being served by the agency. An incident report must be completed by the

334.1 agency staff member in charge of the person. A copy of all incident and injury reports must
 334.2 remain on file at the agency for at least five years from the report of the incident; and

334.3 (13) before starting a service, provide the person or the person's legal representative a
 334.4 description of the treatment modality that the person shall receive, including the staffing
 334.5 certification levels and training of the staff who shall provide a treatment.

334.6 (b) When delivering the ITP, and annually thereafter, an agency must provide the person
 334.7 or the person's legal representative with:

334.8 (1) a written copy and a verbal explanation of the person's or person's legal
 334.9 representative's rights and the agency's responsibilities;

334.10 (2) documentation in the person's file the date that the person or the person's legal
 334.11 representative received a copy and explanation of the person's or person's legal
 334.12 representative's rights and the agency's responsibilities; and

334.13 (3) reasonable accommodations to provide the information in another format or language
 334.14 as needed to facilitate understanding of the person's or person's legal representative's rights
 334.15 and the agency's responsibilities.

334.16 Sec. 94. Minnesota Statutes 2018, section 256B.0951, subdivision 5, is amended to read:

334.17 Subd. 5. **Variance of certain standards prohibited.** The safety standards, rights, or
 334.18 procedural protections under ~~chapter 245C~~ and sections 245.825; 245.91 to 245.97; 245A.09,
 334.19 subdivision 2, paragraph (c), clauses (2) and (5); 245A.12; 245A.13; 252.41, subdivision
 334.20 9; 256B.092, subdivisions 1b, clause (7), and 10; ~~626.556; and 626.557; and chapters 245C~~
 334.21 ~~and 260E~~, and procedures for the monitoring of psychotropic medications shall not be varied
 334.22 under the alternative quality assurance licensing system. The commission may make
 334.23 recommendations to the commissioners of human services and health or to the legislature
 334.24 regarding alternatives to or modifications of the rules and procedures referenced in this
 334.25 subdivision.

334.26 Sec. 95. Minnesota Statutes 2018, section 256B.0954, is amended to read:

334.27 **256B.0954 CERTAIN PERSONS DEFINED AS MANDATED REPORTERS.**

334.28 Members of the Quality Assurance Commission established under section 256B.0951,
 334.29 members of quality assurance review councils established under section 256B.0952, quality
 334.30 assurance managers appointed under section 256B.0952, and members of quality assurance
 334.31 teams established under section 256B.0952 are mandated reporters as that term is defined
 334.32 in sections ~~626.556, subdivision 3~~ 260E.06, subdivision 1, and 626.5572, subdivision 16.

335.1 Sec. 96. Minnesota Statutes 2018, section 256B.097, subdivision 4, is amended to read:

335.2 Subd. 4. **Regional quality councils.** (a) The commissioner shall establish, as selected
335.3 by the State Quality Council, regional quality councils of key stakeholders, including regional
335.4 representatives of:

335.5 (1) disability service recipients and their family members;

335.6 (2) disability service providers;

335.7 (3) disability advocacy groups; and

335.8 (4) county human services agencies and staff from the Department of Human Services
335.9 and Ombudsman for Mental Health and Developmental Disabilities.

335.10 (b) Each regional quality council shall:

335.11 (1) direct and monitor the community-based, person-directed quality assurance system
335.12 in this section;

335.13 (2) approve a training program for quality assurance team members under clause (13);

335.14 (3) review summary reports from quality assurance team reviews and make
335.15 recommendations to the State Quality Council regarding program licensure;

335.16 (4) make recommendations to the State Quality Council regarding the system;

335.17 (5) resolve complaints between the quality assurance teams, counties, providers, persons
335.18 receiving services, their families, and legal representatives;

335.19 (6) analyze and review quality outcomes and critical incident data reporting incidents
335.20 of life safety concerns immediately to the Department of Human Services licensing division;

335.21 (7) provide information and training programs for persons with disabilities and their
335.22 families and legal representatives on service options and quality expectations;

335.23 (8) disseminate information and resources developed to other regional quality councils;

335.24 (9) respond to state-level priorities;

335.25 (10) establish regional priorities for quality improvement;

335.26 (11) submit an annual report to the State Quality Council on the status, outcomes,
335.27 improvement priorities, and activities in the region;

335.28 (12) choose a representative to participate on the State Quality Council and assume other
335.29 responsibilities consistent with the priorities of the State Quality Council; and

336.1 (13) recruit, train, and assign duties to members of quality assurance teams, taking into
336.2 account the size of the service provider, the number of services to be reviewed, the skills
336.3 necessary for the team members to complete the process, and ensure that no team member
336.4 has a financial, personal, or family relationship with the facility, program, or service being
336.5 reviewed or with anyone served at the facility, program, or service. Quality assurance teams
336.6 must be comprised of county staff, persons receiving services or the person's families, legal
336.7 representatives, members of advocacy organizations, providers, and other involved
336.8 community members. Team members must complete the training program approved by the
336.9 regional quality council and must demonstrate performance-based competency. Team
336.10 members may be paid a per diem and reimbursed for expenses related to their participation
336.11 in the quality assurance process.

336.12 (c) The commissioner shall monitor the safety standards, rights, and procedural
336.13 protections for the monitoring of psychotropic medications and those identified under
336.14 sections 245.825; 245.91 to 245.97; 245A.09, subdivision 2, paragraph (c), clauses (2) and
336.15 (5); 245A.12; 245A.13; 252.41, subdivision 9; 256B.092, subdivision 1b, clause (7); ~~626.556;~~
336.16 and ~~626.557;~~ and chapter 260E.

336.17 (d) The regional quality councils may hire staff to perform the duties assigned in this
336.18 subdivision.

336.19 (e) The regional quality councils may charge fees for their services.

336.20 (f) The quality assurance process undertaken by a regional quality council consists of
336.21 an evaluation by a quality assurance team of the facility, program, or service. The process
336.22 must include an evaluation of a random sample of persons served. The sample must be
336.23 representative of each service provided. The sample size must be at least five percent but
336.24 not less than two persons served. All persons must be given the opportunity to be included
336.25 in the quality assurance process in addition to those chosen for the random sample.

336.26 (g) A facility, program, or service may contest a licensing decision of the regional quality
336.27 council as permitted under chapter 245A.

336.28 Sec. 97. Minnesota Statutes 2018, section 256B.097, subdivision 6, is amended to read:

336.29 Subd. 6. **Mandated reporters.** Members of the State Quality Council under subdivision
336.30 3, the regional quality councils under subdivision 4, and quality assurance team members
336.31 under subdivision 4, paragraph (b), clause (13), are mandated reporters as defined in sections
336.32 ~~626.556, subdivision 3~~ 260E.06, subdivision 1, and 626.5572, subdivision 16.

337.1 Sec. 98. Minnesota Statutes 2018, section 256B.77, subdivision 17, is amended to read:

337.2 Subd. 17. **Approval of alternatives.** The commissioner may approve alternatives to
337.3 administrative rules if the commissioner determines that appropriate alternative measures
337.4 are in place to protect the health, safety, and rights of enrollees and to assure that services
337.5 are of sufficient quality to produce the outcomes described in the personal support plans.
337.6 Prior approved waivers, if needed by the demonstration project, shall be extended. The
337.7 commissioner shall not waive the rights or procedural protections under sections 245.825;
337.8 245.91 to 245.97; 252.41, subdivision 9; 256B.092, subdivision 10; ~~626.556~~; and 626.557;
337.9 and chapter 260E or procedures for the monitoring of psychotropic medications. Prohibited
337.10 practices as defined in statutes and rules governing service delivery to eligible individuals
337.11 are applicable to services delivered under this demonstration project.

337.12 Sec. 99. Minnesota Statutes 2019 Supplement, section 256B.85, subdivision 10, is amended
337.13 to read:

337.14 Subd. 10. **Agency-provider and FMS provider qualifications and duties.** (a)
337.15 Agency-providers identified in subdivision 11 and FMS providers identified in subdivision
337.16 13a shall:

337.17 (1) enroll as a medical assistance Minnesota health care programs provider and meet all
337.18 applicable provider standards and requirements;

337.19 (2) demonstrate compliance with federal and state laws and policies for CFSS as
337.20 determined by the commissioner;

337.21 (3) comply with background study requirements under chapter 245C and maintain
337.22 documentation of background study requests and results;

337.23 (4) verify and maintain records of all services and expenditures by the participant,
337.24 including hours worked by support workers;

337.25 (5) not engage in any agency-initiated direct contact or marketing in person, by telephone,
337.26 or other electronic means to potential participants, guardians, family members, or participants'
337.27 representatives;

337.28 (6) directly provide services and not use a subcontractor or reporting agent;

337.29 (7) meet the financial requirements established by the commissioner for financial
337.30 solvency;

337.31 (8) have never had a lead agency contract or provider agreement discontinued due to
337.32 fraud, or have never had an owner, board member, or manager fail a state or FBI-based

338.1 criminal background check while enrolled or seeking enrollment as a Minnesota health care
338.2 programs provider; and

338.3 (9) have an office located in Minnesota.

338.4 (b) In conducting general duties, agency-providers and FMS providers shall:

338.5 (1) pay support workers based upon actual hours of services provided;

338.6 (2) pay for worker training and development services based upon actual hours of services
338.7 provided or the unit cost of the training session purchased;

338.8 (3) withhold and pay all applicable federal and state payroll taxes;

338.9 (4) make arrangements and pay unemployment insurance, taxes, workers' compensation,
338.10 liability insurance, and other benefits, if any;

338.11 (5) enter into a written agreement with the participant, participant's representative, or
338.12 legal representative that assigns roles and responsibilities to be performed before services,
338.13 supports, or goods are provided;

338.14 (6) report maltreatment as required under ~~sections 626.556 and~~ section 626.557 and
338.15 chapter 260E;

338.16 (7) comply with the labor market reporting requirements described in section 256B.4912,
338.17 subdivision 1a;

338.18 (8) comply with any data requests from the department consistent with the Minnesota
338.19 Government Data Practices Act under chapter 13; and

338.20 (9) maintain documentation for the requirements under subdivision 16, paragraph (e),
338.21 clause (2), to qualify for an enhanced rate under this section.

338.22 Sec. 100. Minnesota Statutes 2018, section 256B.85, subdivision 12a, is amended to read:

338.23 Subd. 12a. **CFSS agency-provider requirements; policies for complaint process and**
338.24 **incident response.** (a) The CFSS agency-provider must establish policies and procedures
338.25 that promote service recipient rights by providing a simple complaint process for participants
338.26 served by the program and their authorized representatives to bring a grievance. The
338.27 complaint process must:

338.28 (1) provide staff assistance with the complaint process when requested;

338.29 (2) allow the participant to bring the complaint to the highest level of authority in the
338.30 program if the grievance cannot be resolved by other staff members, and provide the name,
338.31 address, and telephone number of that person;

339.1 (3) provide the addresses and telephone numbers of outside agencies to assist the
339.2 participant;

339.3 (4) require a prompt response to all complaints affecting a participant's health and safety
339.4 and a timely response to all other complaints;

339.5 (5) require an evaluation of whether:

339.6 (i) related policies and procedures were followed and adequate;

339.7 (ii) there is a need for additional staff training;

339.8 (iii) the complaint is similar to past complaints with the persons, staff, or services
339.9 involved; and

339.10 (iv) there is a need for corrective action by the agency-provider to protect the health and
339.11 safety of participants receiving services;

339.12 (6) provide a written summary of the complaint and a notice of the complaint resolution
339.13 to the participant and, if applicable, case manager or care coordinator; and

339.14 (7) require that the complaint summary and resolution notice be maintained in the
339.15 participant's service record.

339.16 (b) The CFSS agency-provider must establish policies and procedures for responding
339.17 to incidents that occur while services are being provided. When a participant has a legal
339.18 representative or a participant's representative, incidents must be reported to these
339.19 representatives. For the purposes of this paragraph, "incident" means an occurrence that
339.20 involves a participant and requires a response that is not a part of the ordinary provision of
339.21 the services to that participant, and includes:

339.22 (1) serious injury of a participant as determined by section 245.91, subdivision 6;

339.23 (2) a participant's death;

339.24 (3) any medical emergency, unexpected serious illness, or significant unexpected change
339.25 in a participant's illness or medical condition that requires a call to 911, physician treatment,
339.26 or hospitalization;

339.27 (4) any mental health crisis that requires a call to 911 or a mental health crisis intervention
339.28 team;

339.29 (5) an act or situation involving a participant that requires a call to 911, law enforcement,
339.30 or the fire department;

339.31 (6) a participant's unexplained absence;

340.1 (7) behavior that creates an imminent risk of harm to the participant or another; and

340.2 (8) a report of alleged or suspected child or vulnerable adult maltreatment under section
340.3 ~~626.556~~ or 626.557 or chapter 260E.

340.4 Sec. 101. Minnesota Statutes 2018, section 256E.21, subdivision 5, is amended to read:

340.5 Subd. 5. **Child abuse.** "Child abuse" means sexual abuse, neglect, or physical abuse as
340.6 defined in section ~~626.556, subdivision 2, paragraphs (g), (k), and (n)~~ 260E.03, subdivisions
340.7 15, 18, and 20.

340.8 Sec. 102. Minnesota Statutes 2018, section 256F.10, subdivision 1, is amended to read:

340.9 Subdivision 1. **Eligibility.** Persons under 21 years of age who are eligible to receive
340.10 medical assistance are eligible for child welfare targeted case management services under
340.11 section 256B.094 and this section if they have received an assessment and have been
340.12 determined by the local county or tribal social services agency to be:

340.13 (1) at risk of placement or in placement as described in section 260C.212, subdivision
340.14 1;

340.15 (2) at risk of maltreatment or experiencing maltreatment as defined in section ~~626.556,~~
340.16 ~~subdivision 10~~ 260E.03, subdivision 12; or

340.17 (3) in need of protection or services as defined in section 260C.007, subdivision 6.

340.18 Sec. 103. Minnesota Statutes 2018, section 256F.10, subdivision 4, is amended to read:

340.19 Subd. 4. **Provider qualifications and certification standards.** The commissioner must
340.20 certify each provider before enrolling it as a child welfare targeted case management provider
340.21 of services under section 256B.094 and this section. The certification process shall examine
340.22 the provider's ability to meet the qualification requirements and certification standards in
340.23 this subdivision and other federal and state requirements of this service. A certified child
340.24 welfare targeted case management provider is an enrolled medical assistance provider who
340.25 is determined by the commissioner to have all of the following:

340.26 (1) the legal authority to provide public welfare under sections 393.01, subdivision 7,
340.27 and 393.07 or a federally recognized Indian tribe;

340.28 (2) the demonstrated capacity and experience to provide the components of case
340.29 management to coordinate and link community resources needed by the eligible population;

341.1 (3) administrative capacity and experience in serving the target population for whom it
341.2 will provide services and in ensuring quality of services under state and federal requirements;

341.3 (4) the legal authority to provide complete investigative and protective services under
341.4 section ~~626.556, subdivision 10~~ 260E.20, and child welfare and foster care services under
341.5 section 393.07, subdivisions 1 and 2, or a federally recognized Indian tribe;

341.6 (5) a financial management system that provides accurate documentation of services
341.7 and costs under state and federal requirements; and

341.8 (6) the capacity to document and maintain individual case records under state and federal
341.9 requirements.

341.10 Sec. 104. Minnesota Statutes 2018, section 256L.07, subdivision 4, is amended to read:

341.11 Subd. 4. **Families with children in need of chemical dependency treatment.** Premiums
341.12 for families with children when a parent has been determined to be in need of chemical
341.13 dependency treatment pursuant to an assessment conducted by the county under section
341.14 ~~626.556, subdivision 10~~ 260E.20, subdivision 1, paragraph (g), or a case plan under section
341.15 260C.201, subdivision 6, or 260C.212, who are eligible for MinnesotaCare under section
341.16 256L.04, subdivision 1, may be paid by the county of residence of the person in need of
341.17 treatment for one year from the date the family is determined to be eligible or if the family
341.18 is currently enrolled in MinnesotaCare from the date the person is determined to be in need
341.19 of chemical dependency treatment. Upon renewal, the family is responsible for any premiums
341.20 owed under section 256L.15. If the family is not currently enrolled in MinnesotaCare, the
341.21 local county human services agency shall determine whether the family appears to meet the
341.22 eligibility requirements and shall assist the family in applying for the MinnesotaCare
341.23 program.

341.24 Sec. 105. Minnesota Statutes 2018, section 256M.10, subdivision 2, is amended to read:

341.25 Subd. 2. **Vulnerable children and adults services.** (a) "Vulnerable children and adults
341.26 services" means services provided or arranged for by county boards for vulnerable children
341.27 under ~~chapter~~ chapters 260C and 260E, and ~~sections 626.556 and 626.5561~~, and adults
341.28 under section 626.557 who experience dependency, abuse, or neglect, as well as services
341.29 for family members to support those individuals. These services may be provided by
341.30 professionals or nonprofessionals, including the person's natural supports in the community.
341.31 For the purpose of this chapter, "vulnerable children" means children and adolescents.

342.1 (b) Vulnerable children and adults services do not include services under the public
342.2 assistance programs known as the Minnesota family investment program, Minnesota
342.3 supplemental aid, medical assistance, general assistance, MinnesotaCare, or community
342.4 health services.

342.5 Sec. 106. Minnesota Statutes 2018, section 256M.40, subdivision 1, is amended to read:

342.6 Subdivision 1. **Formula.** The commissioner shall allocate state funds appropriated under
342.7 this chapter to each county board on a calendar year basis in an amount determined according
342.8 to the formula in paragraphs (a) to (e).

342.9 (a) For calendar years 2011 and 2012, the commissioner shall allocate available funds
342.10 to each county in proportion to that county's share in calendar year 2010.

342.11 (b) For calendar year 2013 and each calendar year thereafter, the commissioner shall
342.12 allocate available funds to each county as follows:

342.13 (1) 75 percent must be distributed on the basis of the county share in calendar year 2012;

342.14 (2) five percent must be distributed on the basis of the number of persons residing in
342.15 the county as determined by the most recent data of the state demographer;

342.16 (3) ten percent must be distributed on the basis of the number of vulnerable children
342.17 that are subjects of reports under ~~chapter chapters 260C and sections 626.556 and 626.5561~~
342.18 and 260E, and in the county as determined by the most recent data of the commissioner;
342.19 and

342.20 (4) ten percent must be distributed on the basis of the number of vulnerable adults that
342.21 are subjects of reports under section 626.557 in the county as determined by the most recent
342.22 data of the commissioner.

342.23 (c) The commissioner is precluded from changing the formula under this subdivision or
342.24 recommending a change to the legislature without public review and input.

342.25 Sec. 107. Minnesota Statutes 2018, section 256M.41, subdivision 1, is amended to read:

342.26 Subdivision 1. **Formula for county staffing funds.** (a) The commissioner shall allocate
342.27 state funds appropriated under this section to each county board on a calendar year basis in
342.28 an amount determined according to the following formula:

342.29 (1) 50 percent must be distributed on the basis of the child population residing in the
342.30 county as determined by the most recent data of the state demographer;

343.1 (2) 25 percent must be distributed on the basis of the number of screened-in reports of
 343.2 child maltreatment under ~~sections 626.556 and 626.5561~~ chapter 260E, and in the county
 343.3 as determined by the most recent data of the commissioner; and

343.4 (3) 25 percent must be distributed on the basis of the number of open child protection
 343.5 case management cases in the county as determined by the most recent data of the
 343.6 commissioner.

343.7 (b) Notwithstanding this subdivision, no county shall be awarded an allocation of less
 343.8 than \$75,000.

343.9 Sec. 108. Minnesota Statutes 2018, section 257.0764, is amended to read:

343.10 **257.0764 COMPLAINTS.**

343.11 An ombudsperson may receive a complaint from any source concerning an action of an
 343.12 agency, facility, or program. After completing a review, the ombudsperson shall inform the
 343.13 complainant, agency, facility, or program. Services to a child shall not be unfavorably altered
 343.14 as a result of an investigation or complaint. An agency, facility, or program shall not retaliate
 343.15 or take adverse action, as defined in section ~~626.556, subdivision 4a,~~ 260E.07, paragraph
 343.16 (c), against an individual who, in good faith, makes a complaint or assists in an investigation.

343.17 Sec. 109. Minnesota Statutes 2018, section 260.012, is amended to read:

343.18 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**
 343.19 **REUNIFICATION; REASONABLE EFFORTS.**

343.20 (a) Once a child alleged to be in need of protection or services is under the court's
 343.21 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate
 343.22 services, by the social services agency are made to prevent placement or to eliminate the
 343.23 need for removal and to reunite the child with the child's family at the earliest possible time,
 343.24 and the court must ensure that the responsible social services agency makes reasonable
 343.25 efforts to finalize an alternative permanent plan for the child as provided in paragraph (e).
 343.26 In determining reasonable efforts to be made with respect to a child and in making those
 343.27 reasonable efforts, the child's best interests, health, and safety must be of paramount concern.
 343.28 Reasonable efforts to prevent placement and for rehabilitation and reunification are always
 343.29 required except upon a determination by the court that a petition has been filed stating a
 343.30 prima facie case that:

343.31 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
 343.32 subdivision 14;

344.1 (2) the parental rights of the parent to another child have been terminated involuntarily;

344.2 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph

344.3 (a), clause (2);

344.4 (4) the parent's custodial rights to another child have been involuntarily transferred to a

344.5 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),

344.6 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

344.7 (5) the parent has committed sexual abuse as defined in section ~~626.556, subdivision 2~~

344.8 260E.03, against the child or another child of the parent;

344.9 (6) the parent has committed an offense that requires registration as a predatory offender

344.10 under section 243.166, subdivision 1b, paragraph (a) or (b); or

344.11 (7) the provision of services or further services for the purpose of reunification is futile

344.12 and therefore unreasonable under the circumstances.

344.13 (b) When the court makes one of the prima facie determinations under paragraph (a),

344.14 either permanency pleadings under section 260C.505, or a termination of parental rights

344.15 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under

344.16 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

344.17 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,

344.18 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court

344.19 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,

344.20 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In

344.21 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section

344.22 1901, the responsible social services agency must provide active efforts as required under

344.23 United States Code, title 25, section 1911(d).

344.24 (d) "Reasonable efforts to prevent placement" means:

344.25 (1) the agency has made reasonable efforts to prevent the placement of the child in foster

344.26 care by working with the family to develop and implement a safety plan; or

344.27 (2) given the particular circumstances of the child and family at the time of the child's

344.28 removal, there are no services or efforts available which could allow the child to safely

344.29 remain in the home.

344.30 (e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence

344.31 by the responsible social services agency to:

344.32 (1) reunify the child with the parent or guardian from whom the child was removed;

345.1 (2) assess a noncustodial parent's ability to provide day-to-day care for the child and,
345.2 where appropriate, provide services necessary to enable the noncustodial parent to safely
345.3 provide the care, as required by section 260C.219;

345.4 (3) conduct a relative search to identify and provide notice to adult relatives as required
345.5 under section 260C.221;

345.6 (4) place siblings removed from their home in the same home for foster care or adoption,
345.7 or transfer permanent legal and physical custody to a relative. Visitation between siblings
345.8 who are not in the same foster care, adoption, or custodial placement or facility shall be
345.9 consistent with section 260C.212, subdivision 2; and

345.10 (5) when the child cannot return to the parent or guardian from whom the child was
345.11 removed, to plan for and finalize a safe and legally permanent alternative home for the child,
345.12 and considers permanent alternative homes for the child inside or outside of the state,
345.13 preferably through adoption or transfer of permanent legal and physical custody of the child.

345.14 (f) Reasonable efforts are made upon the exercise of due diligence by the responsible
345.15 social services agency to use culturally appropriate and available services to meet the needs
345.16 of the child and the child's family. Services may include those provided by the responsible
345.17 social services agency and other culturally appropriate services available in the community.
345.18 At each stage of the proceedings where the court is required to review the appropriateness
345.19 of the responsible social services agency's reasonable efforts as described in paragraphs (a),
345.20 (d), and (e), the social services agency has the burden of demonstrating that:

345.21 (1) it has made reasonable efforts to prevent placement of the child in foster care;

345.22 (2) it has made reasonable efforts to eliminate the need for removal of the child from
345.23 the child's home and to reunify the child with the child's family at the earliest possible time;

345.24 (3) it has made reasonable efforts to finalize an alternative permanent home for the child,
345.25 and considers permanent alternative homes for the child inside or outside of the state; or

345.26 (4) reasonable efforts to prevent placement and to reunify the child with the parent or
345.27 guardian are not required. The agency may meet this burden by stating facts in a sworn
345.28 petition filed under section 260C.141, by filing an affidavit summarizing the agency's
345.29 reasonable efforts or facts the agency believes demonstrate there is no need for reasonable
345.30 efforts to reunify the parent and child, or through testimony or a certified report required
345.31 under juvenile court rules.

345.32 (g) Once the court determines that reasonable efforts for reunification are not required
345.33 because the court has made one of the prima facie determinations under paragraph (a), the

346.1 court may only require reasonable efforts for reunification after a hearing according to
346.2 section 260C.163, where the court finds there is not clear and convincing evidence of the
346.3 facts upon which the court based its prima facie determination. In this case when there is
346.4 clear and convincing evidence that the child is in need of protection or services, the court
346.5 may find the child in need of protection or services and order any of the dispositions available
346.6 under section 260C.201, subdivision 1. Reunification of a child with a parent is not required
346.7 if the parent has been convicted of:

346.8 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185
346.9 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

346.10 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

346.11 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States
346.12 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

346.13 (4) committing sexual abuse as defined in section ~~626.556, subdivision 2~~ 260E.03,
346.14 against the child or another child of the parent; or

346.15 (5) an offense that requires registration as a predatory offender under section 243.166,
346.16 subdivision 1b, paragraph (a) or (b).

346.17 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,
346.18 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and
346.19 conclusions as to the provision of reasonable efforts. When determining whether reasonable
346.20 efforts have been made, the court shall consider whether services to the child and family
346.21 were:

346.22 (1) relevant to the safety and protection of the child;

346.23 (2) adequate to meet the needs of the child and family;

346.24 (3) culturally appropriate;

346.25 (4) available and accessible;

346.26 (5) consistent and timely; and

346.27 (6) realistic under the circumstances.

346.28 In the alternative, the court may determine that provision of services or further services
346.29 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances
346.30 or that reasonable efforts are not required as provided in paragraph (a).

347.1 (i) This section does not prevent out-of-home placement for treatment of a child with a
347.2 mental disability when it is determined to be medically necessary as a result of the child's
347.3 diagnostic assessment or individual treatment plan indicates that appropriate and necessary
347.4 treatment cannot be effectively provided outside of a residential or inpatient treatment
347.5 program and the level or intensity of supervision and treatment cannot be effectively and
347.6 safely provided in the child's home or community and it is determined that a residential
347.7 treatment setting is the least restrictive setting that is appropriate to the needs of the child.

347.8 (j) If continuation of reasonable efforts to prevent placement or reunify the child with
347.9 the parent or guardian from whom the child was removed is determined by the court to be
347.10 inconsistent with the permanent plan for the child or upon the court making one of the prima
347.11 facie determinations under paragraph (a), reasonable efforts must be made to place the child
347.12 in a timely manner in a safe and permanent home and to complete whatever steps are
347.13 necessary to legally finalize the permanent placement of the child.

347.14 (k) Reasonable efforts to place a child for adoption or in another permanent placement
347.15 may be made concurrently with reasonable efforts to prevent placement or to reunify the
347.16 child with the parent or guardian from whom the child was removed. When the responsible
347.17 social services agency decides to concurrently make reasonable efforts for both reunification
347.18 and permanent placement away from the parent under paragraph (a), the agency shall disclose
347.19 its decision and both plans for concurrent reasonable efforts to all parties and the court.
347.20 When the agency discloses its decision to proceed on both plans for reunification and
347.21 permanent placement away from the parent, the court's review of the agency's reasonable
347.22 efforts shall include the agency's efforts under both plans.

347.23 Sec. 110. Minnesota Statutes 2018, section 260.761, subdivision 2, is amended to read:

347.24 Subd. 2. **Agency and court notice to tribes.** (a) When a local social services agency
347.25 has information that a family assessment or investigation being conducted may involve an
347.26 Indian child, the local social services agency shall notify the Indian child's tribe of the family
347.27 assessment or investigation according to section ~~626.556, subdivision 10, paragraph (a),~~
347.28 ~~clause (5)~~ 260E.18. Initial notice shall be provided by telephone and by e-mail or facsimile.
347.29 The local social services agency shall request that the tribe or a designated tribal
347.30 representative participate in evaluating the family circumstances, identifying family and
347.31 tribal community resources, and developing case plans.

347.32 (b) When a local social services agency has information that a child receiving services
347.33 may be an Indian child, the local social services agency shall notify the tribe by telephone
347.34 and by e-mail or facsimile of the child's full name and date of birth, the full names and dates

348.1 of birth of the child's biological parents, and, if known, the full names and dates of birth of
348.2 the child's grandparents and of the child's Indian custodian. This notification must be provided
348.3 so the tribe can determine if the child is enrolled in the tribe or eligible for membership,
348.4 and must be provided within seven days. If information regarding the child's grandparents
348.5 or Indian custodian is not available within the seven-day period, the local social services
348.6 agency shall continue to request this information and shall notify the tribe when it is received.
348.7 Notice shall be provided to all tribes to which the child may have any tribal lineage. If the
348.8 identity or location of the child's parent or Indian custodian and tribe cannot be determined,
348.9 the local social services agency shall provide the notice required in this paragraph to the
348.10 United States secretary of the interior.

348.11 (c) In accordance with sections 260C.151 and 260C.152, when a court has reason to
348.12 believe that a child placed in emergency protective care is an Indian child, the court
348.13 administrator or a designee shall, as soon as possible and before a hearing takes place, notify
348.14 the tribal social services agency by telephone and by e-mail or facsimile of the date, time,
348.15 and location of the emergency protective case hearing. The court shall make efforts to allow
348.16 appearances by telephone for tribal representatives, parents, and Indian custodians.

348.17 (d) A local social services agency must provide the notices required under this subdivision
348.18 at the earliest possible time to facilitate involvement of the Indian child's tribe. Nothing in
348.19 this subdivision is intended to hinder the ability of the local social services agency and the
348.20 court to respond to an emergency situation. Lack of participation by a tribe shall not prevent
348.21 the tribe from intervening in services and proceedings at a later date. A tribe may participate
348.22 at any time. At any stage of the local social services agency's involvement with an Indian
348.23 child, the agency shall provide full cooperation to the tribal social services agency, including
348.24 disclosure of all data concerning the Indian child. Nothing in this subdivision relieves the
348.25 local social services agency of satisfying the notice requirements in the Indian Child Welfare
348.26 Act.

348.27 Sec. 111. Minnesota Statutes 2018, section 260B.171, subdivision 6, is amended to read:

348.28 Subd. 6. **Attorney access to records.** An attorney representing a child, parent, or guardian
348.29 ad litem in a proceeding under this chapter shall be given access to records, local social
348.30 services agency files, and reports which form the basis of any recommendation made to the
348.31 court. An attorney does not have access under this subdivision to the identity of a person
348.32 who made a report under ~~section 626.556~~ chapter 260E. The court may issue protective
348.33 orders to prohibit an attorney from sharing a specified record or portion of a record with a
348.34 client other than a guardian ad litem.

349.1 Sec. 112. Minnesota Statutes 2019 Supplement, section 260B.198, subdivision 1, is
349.2 amended to read:

349.3 Subdivision 1. **Court order, findings, remedies, treatment.** (a) If the court finds that
349.4 the child is delinquent, it shall enter an order making any of the following dispositions of
349.5 the case which are deemed necessary to the rehabilitation of the child:

349.6 (1) counsel the child or the parents, guardian, or custodian;

349.7 (2) place the child under the supervision of a probation officer or other suitable person
349.8 in the child's own home under conditions prescribed by the court including reasonable rules
349.9 for the child's conduct and the conduct of the child's parents, guardian, or custodian, designed
349.10 for the physical, mental, and moral well-being and behavior of the child, or with the consent
349.11 of the commissioner of corrections, in a group foster care facility which is under the
349.12 management and supervision of said commissioner;

349.13 (3) if the court determines that the child is a danger to self or others, subject to the
349.14 supervision of the court, transfer legal custody of the child to one of the following:

349.15 (i) a child-placing agency;

349.16 (ii) the local social services agency;

349.17 (iii) a reputable individual of good moral character. No person may receive custody of
349.18 two or more unrelated children unless licensed as a residential facility pursuant to sections
349.19 245A.01 to 245A.16;

349.20 (iv) a county home school, if the county maintains a home school or enters into an
349.21 agreement with a county home school; or

349.22 (v) a county probation officer for placement in a group foster home established under
349.23 the direction of the juvenile court and licensed pursuant to section 241.021;

349.24 (4) transfer legal custody by commitment to the commissioner of corrections;

349.25 (5) if the child is found to have violated a state or local law or ordinance which has
349.26 resulted in damage to the person or property of another, the court may order the child to
349.27 make reasonable restitution for such damage;

349.28 (6) require the child to pay a fine of up to \$1,000. The court shall order payment of the
349.29 fine in accordance with a time payment schedule which shall not impose an undue financial
349.30 hardship on the child;

349.31 (7) if the child is in need of special treatment and care for reasons of physical or mental
349.32 health, the court may order the child's parent, guardian, or custodian to provide it. If the

350.1 parent, guardian, or custodian fails to provide this treatment or care, the court may order it
350.2 provided;

350.3 (8) if the court believes that it is in the best interests of the child and of public safety
350.4 that the driver's license of the child be canceled until the child's 18th birthday, the court
350.5 may recommend to the commissioner of public safety the cancellation of the child's license
350.6 for any period up to the child's 18th birthday, and the commissioner is hereby authorized
350.7 to cancel such license without a hearing. At any time before the termination of the period
350.8 of cancellation, the court may, for good cause, recommend to the commissioner of public
350.9 safety that the child be authorized to apply for a new license, and the commissioner may so
350.10 authorize;

350.11 (9) if the court believes that it is in the best interest of the child and of public safety that
350.12 the child is enrolled in school, the court may require the child to remain enrolled in a public
350.13 school until the child reaches the age of 18 or completes all requirements needed to graduate
350.14 from high school. Any child enrolled in a public school under this clause is subject to the
350.15 provisions of the Pupil Fair Dismissal Act in chapter 127;

350.16 (10) if the child is petitioned and found by the court to have committed a controlled
350.17 substance offense under sections 152.021 to 152.027, the court shall determine whether the
350.18 child unlawfully possessed or sold the controlled substance while driving a motor vehicle.
350.19 If so, the court shall notify the commissioner of public safety of its determination and order
350.20 the commissioner to revoke the child's driver's license for the applicable time period specified
350.21 in section 152.0271. If the child does not have a driver's license or if the child's driver's
350.22 license is suspended or revoked at the time of the delinquency finding, the commissioner
350.23 shall, upon the child's application for driver's license issuance or reinstatement, delay the
350.24 issuance or reinstatement of the child's driver's license for the applicable time period specified
350.25 in section 152.0271. Upon receipt of the court's order, the commissioner is authorized to
350.26 take the licensing action without a hearing;

350.27 (11) if the child is petitioned and found by the court to have committed or attempted to
350.28 commit an act in violation of section 609.342; 609.343; 609.344; 609.345; 609.3451;
350.29 609.746, subdivision 1; 609.79; or 617.23, or another offense arising out of a delinquency
350.30 petition based on one or more of those sections, the court shall order an independent
350.31 professional assessment of the child's need for sex offender treatment. An assessor providing
350.32 an assessment for the court must be experienced in the evaluation and treatment of juvenile
350.33 sex offenders. If the assessment indicates that the child is in need of and amenable to sex
350.34 offender treatment, the court shall include in its disposition order a requirement that the
350.35 child undergo treatment. Notwithstanding sections 13.384, 13.85, 144.291 to 144.298, or

351.1 260B.171, ~~or 626.556~~, or chapter 260E, the assessor has access to the following private or
 351.2 confidential data on the child if access is relevant and necessary for the assessment:

351.3 (i) medical data under section 13.384;

351.4 (ii) corrections and detention data under section 13.85;

351.5 (iii) health records under sections 144.291 to 144.298;

351.6 (iv) juvenile court records under section 260B.171; and

351.7 (v) local welfare agency records under ~~section 626.556~~ chapter 260E.

351.8 Data disclosed under this clause may be used only for purposes of the assessment and
 351.9 may not be further disclosed to any other person, except as authorized by law; or

351.10 (12) if the child is found delinquent due to the commission of an offense that would be
 351.11 a felony if committed by an adult, the court shall make a specific finding on the record
 351.12 regarding the juvenile's mental health and chemical dependency treatment needs.

351.13 (b) Any order for a disposition authorized under this section shall contain written findings
 351.14 of fact to support the disposition ordered and shall also set forth in writing the following
 351.15 information:

351.16 (1) why the best interests of the child are served by the disposition ordered; and

351.17 (2) what alternative dispositions were considered by the court and why such dispositions
 351.18 were not appropriate in the instant case. Clause (1) does not apply to a disposition under
 351.19 subdivision 1a.

351.20 Sec. 113. Minnesota Statutes 2018, section 260C.007, subdivision 3, is amended to read:

351.21 Subd. 3. **Case plan.** "Case plan" means any plan for the delivery of services to a child
 351.22 and parent or guardian, or, when reunification is not required, the child alone, that is
 351.23 developed according to the requirements of section 245.4871, subdivision 19 or 21; 245.492,
 351.24 subdivision 16; 256B.092; 260C.212, subdivision 1; or ~~626.556, subdivision 10~~ 260E.26.

351.25 Sec. 114. Minnesota Statutes 2018, section 260C.007, subdivision 5, is amended to read:

351.26 Subd. 5. **Child abuse.** "Child abuse" means an act that involves a minor victim that
 351.27 constitutes a violation of section 609.221, 609.222, 609.223, 609.224, 609.2242, 609.322,
 351.28 609.324, 609.342, 609.343, 609.344, 609.345, 609.377, 609.378, 617.246, or that is physical
 351.29 or sexual abuse as defined in section ~~626.556, subdivision 2~~ 260E.03, or an act committed

352.1 in another state that involves a minor victim and would constitute a violation of one of these
352.2 sections if committed in this state.

352.3 Sec. 115. Minnesota Statutes 2018, section 260C.007, subdivision 6, is amended to read:

352.4 Subd. 6. **Child in need of protection or services.** "Child in need of protection or
352.5 services" means a child who is in need of protection or services because the child:

352.6 (1) is abandoned or without parent, guardian, or custodian;

352.7 (2)(i) has been a victim of physical or sexual abuse as defined in section ~~626.556,~~
352.8 ~~subdivision 2~~ 260E.03, subdivision 18 or 20, (ii) resides with or has resided with a victim
352.9 of child abuse as defined in subdivision 5 or domestic child abuse as defined in subdivision
352.10 13, (iii) resides with or would reside with a perpetrator of domestic child abuse as defined
352.11 in subdivision 13 or child abuse as defined in subdivision 5 or 13, or (iv) is a victim of
352.12 emotional maltreatment as defined in subdivision 15;

352.13 (3) is without necessary food, clothing, shelter, education, or other required care for the
352.14 child's physical or mental health or morals because the child's parent, guardian, or custodian
352.15 is unable or unwilling to provide that care;

352.16 (4) is without the special care made necessary by a physical, mental, or emotional
352.17 condition because the child's parent, guardian, or custodian is unable or unwilling to provide
352.18 that care;

352.19 (5) is medically neglected, which includes, but is not limited to, the withholding of
352.20 medically indicated treatment from an infant with a disability with a life-threatening
352.21 condition. The term "withholding of medically indicated treatment" means the failure to
352.22 respond to the infant's life-threatening conditions by providing treatment, including
352.23 appropriate nutrition, hydration, and medication which, in the treating physician's or advanced
352.24 practice registered nurse's reasonable medical judgment, will be most likely to be effective
352.25 in ameliorating or correcting all conditions, except that the term does not include the failure
352.26 to provide treatment other than appropriate nutrition, hydration, or medication to an infant
352.27 when, in the treating physician's or advanced practice registered nurse's reasonable medical
352.28 judgment:

352.29 (i) the infant is chronically and irreversibly comatose;

352.30 (ii) the provision of the treatment would merely prolong dying, not be effective in
352.31 ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be
352.32 futile in terms of the survival of the infant; or

353.1 (iii) the provision of the treatment would be virtually futile in terms of the survival of
353.2 the infant and the treatment itself under the circumstances would be inhumane;

353.3 (6) is one whose parent, guardian, or other custodian for good cause desires to be relieved
353.4 of the child's care and custody, including a child who entered foster care under a voluntary
353.5 placement agreement between the parent and the responsible social services agency under
353.6 section 260C.227;

353.7 (7) has been placed for adoption or care in violation of law;

353.8 (8) is without proper parental care because of the emotional, mental, or physical disability,
353.9 or state of immaturity of the child's parent, guardian, or other custodian;

353.10 (9) is one whose behavior, condition, or environment is such as to be injurious or
353.11 dangerous to the child or others. An injurious or dangerous environment may include, but
353.12 is not limited to, the exposure of a child to criminal activity in the child's home;

353.13 (10) is experiencing growth delays, which may be referred to as failure to thrive, that
353.14 have been diagnosed by a physician and are due to parental neglect;

353.15 (11) is a sexually exploited youth;

353.16 (12) has committed a delinquent act or a juvenile petty offense before becoming ten
353.17 years old;

353.18 (13) is a runaway;

353.19 (14) is a habitual truant;

353.20 (15) has been found incompetent to proceed or has been found not guilty by reason of
353.21 mental illness or mental deficiency in connection with a delinquency proceeding, a
353.22 certification under section 260B.125, an extended jurisdiction juvenile prosecution, or a
353.23 proceeding involving a juvenile petty offense; or

353.24 (16) has a parent whose parental rights to one or more other children were involuntarily
353.25 terminated or whose custodial rights to another child have been involuntarily transferred to
353.26 a relative and there is a case plan prepared by the responsible social services agency
353.27 documenting a compelling reason why filing the termination of parental rights petition under
353.28 section 260C.503, subdivision 2, is not in the best interests of the child.

353.29 Sec. 116. Minnesota Statutes 2018, section 260C.007, subdivision 13, is amended to read:

353.30 Subd. 13. **Domestic child abuse.** "Domestic child abuse" means:

354.1 (1) any physical injury to a minor family or household member inflicted by an adult
354.2 family or household member other than by accidental means;

354.3 (2) subjection of a minor family or household member by an adult family or household
354.4 member to any act which constitutes a violation of sections 609.321 to 609.324, 609.342,
354.5 609.343, 609.344, 609.345, or 617.246; or

354.6 (3) physical or sexual abuse as defined in section ~~626.556, subdivision 2~~ 260E.03,
354.7 subdivision 18 or 20.

354.8 Sec. 117. Minnesota Statutes 2019 Supplement, section 260C.139, subdivision 3, is
354.9 amended to read:

354.10 Subd. 3. **Status of child.** For purposes of proceedings under this chapter and adoption
354.11 proceedings, a newborn left at a safe place, pursuant to subdivision 4 and section 145.902,
354.12 is considered an abandoned child under section ~~626.556, subdivision 2, paragraph (o), clause~~
354.13 ~~(2)~~ 260E.03, subdivision 22, clause (2). The child is abandoned under sections 260C.007,
354.14 subdivision 6, clause (1), and 260C.301, subdivision 1, paragraph (b), clause (1).

354.15 Sec. 118. Minnesota Statutes 2018, section 260C.150, subdivision 3, is amended to read:

354.16 Subd. 3. **Identifying parents of child; diligent efforts; data.** (a) The responsible social
354.17 services agency shall make diligent efforts to identify and locate both parents of any child
354.18 who is the subject of proceedings under this chapter. Diligent efforts include:

354.19 (1) asking the custodial or known parent to identify any nonresident parent of the child
354.20 and provide information that can be used to verify the nonresident parent's identity including
354.21 the dates and locations of marriages and divorces; dates and locations of any legal
354.22 proceedings regarding paternity; date and place of the child's birth; nonresident parent's full
354.23 legal name; nonresident parent's date of birth, or if the nonresident parent's date of birth is
354.24 unknown, an approximate age; the nonresident parent's Social Security number; the
354.25 nonresident parent's whereabouts including last known whereabouts; and the whereabouts
354.26 of relatives of the nonresident parent. For purposes of this subdivision, "nonresident parent"
354.27 means a parent who does not reside in the same household as the child or did not reside in
354.28 the same household as the child at the time the child was removed when the child is in foster
354.29 care;

354.30 (2) obtaining information that will identify and locate the nonresident parent from the
354.31 county and state of Minnesota child support enforcement information system;

355.1 (3) requesting a search of the Minnesota Fathers' Adoption Registry 30 days after the
355.2 child's birth; and

355.3 (4) using any other reasonable means to identify and locate the nonresident parent.

355.4 (b) The agency may disclose data which is otherwise private under section 13.46 or
355.5 ~~626.556~~ or chapter 260E in order to carry out its duties under this subdivision.

355.6 (c) Upon the filing of a petition alleging the child to be in need of protection or services,
355.7 the responsible social services agency may contact a putative father who registered with
355.8 the Minnesota Fathers' Adoption Registry more than 30 days after the child's birth. The
355.9 social service agency may consider a putative father for the day-to-day care of the child
355.10 under section 260C.219 if the putative father cooperates with genetic testing and there is a
355.11 positive test result under section 257.62, subdivision 5. Nothing in this paragraph:

355.12 (1) relieves a putative father who registered with the Minnesota Fathers' Adoption
355.13 Registry more than 30 days after the child's birth of the duty to cooperate with paternity
355.14 establishment proceedings under section 260C.219;

355.15 (2) gives a putative father who registered with the Minnesota Fathers' Adoption Registry
355.16 more than 30 days after the child's birth the right to notice under section 260C.151 unless
355.17 the putative father is entitled to notice under sections 259.24 and 259.49, subdivision 1,
355.18 paragraph (a) or (b), clauses (1) to (7); or

355.19 (3) establishes a right to assert an interest in the child in a termination of parental rights
355.20 proceeding contrary to section 259.52, subdivision 6, unless the putative father is entitled
355.21 to notice under sections 259.24 and 259.49, subdivision 1, paragraph (a) or (b), clauses (1)
355.22 to (7).

355.23 Sec. 119. Minnesota Statutes 2018, section 260C.171, subdivision 3, is amended to read:

355.24 Subd. 3. **Attorney access to records.** An attorney representing a child, parent, or guardian
355.25 ad litem in a proceeding under this chapter shall be given access to records, responsible
355.26 social services agency files, and reports which form the basis of any recommendation made
355.27 to the court. An attorney does not have access under this subdivision to the identity of a
355.28 person who made a report under ~~section 626.556~~ chapter 260E. The court may issue
355.29 protective orders to prohibit an attorney from sharing a specified record or portion of a
355.30 record with a client other than a guardian ad litem.

356.1 Sec. 120. Minnesota Statutes 2018, section 260C.177, is amended to read:

356.2 **260C.177 PARENTAL AND LAW ENFORCEMENT NOTIFICATION.**

356.3 An emergency shelter and its agents, employees, and volunteers must comply with court
356.4 orders, ~~section 626.556~~, this chapter, chapter 260E, and all other applicable laws. In any
356.5 event, unless other legal requirements require earlier or different notification or actions, an
356.6 emergency shelter must attempt to notify a runaway's parent or legal guardian of the
356.7 runaway's location and status within 72 hours. The notification must include a description
356.8 of the runaway's physical and emotional condition and the circumstances surrounding the
356.9 runaway's admission to the emergency shelter, unless there are compelling reasons not to
356.10 provide the parent or legal guardian with this information. Compelling reasons may include
356.11 circumstances in which the runaway is or has been exposed to domestic violence or a victim
356.12 of abuse, neglect, or abandonment.

356.13 Sec. 121. Minnesota Statutes 2019 Supplement, section 260C.178, subdivision 1, is
356.14 amended to read:

356.15 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody
356.16 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a
356.17 hearing within 72 hours of the time the child was taken into custody, excluding Saturdays,
356.18 Sundays, and holidays, to determine whether the child should continue in custody.

356.19 (b) Unless there is reason to believe that the child would endanger self or others or not
356.20 return for a court hearing, or that the child's health or welfare would be immediately
356.21 endangered, the child shall be released to the custody of a parent, guardian, custodian, or
356.22 other suitable person, subject to reasonable conditions of release including, but not limited
356.23 to, a requirement that the child undergo a chemical use assessment as provided in section
356.24 260C.157, subdivision 1.

356.25 (c) If the court determines there is reason to believe that the child would endanger self
356.26 or others or not return for a court hearing, or that the child's health or welfare would be
356.27 immediately endangered if returned to the care of the parent or guardian who has custody
356.28 and from whom the child was removed, the court shall order the child into foster care as
356.29 defined in section 260C.007, subdivision 18, under the legal responsibility of the responsible
356.30 social services agency or responsible probation or corrections agency for the purposes of
356.31 protective care as that term is used in the juvenile court rules or into the home of a
356.32 noncustodial parent and order the noncustodial parent to comply with any conditions the
356.33 court determines to be appropriate to the safety and care of the child, including cooperating
356.34 with paternity establishment proceedings in the case of a man who has not been adjudicated

357.1 the child's father. The court shall not give the responsible social services legal custody and
357.2 order a trial home visit at any time prior to adjudication and disposition under section
357.3 260C.201, subdivision 1, paragraph (a), clause (3), but may order the child returned to the
357.4 care of the parent or guardian who has custody and from whom the child was removed and
357.5 order the parent or guardian to comply with any conditions the court determines to be
357.6 appropriate to meet the safety, health, and welfare of the child.

357.7 (d) In determining whether the child's health or welfare would be immediately
357.8 endangered, the court shall consider whether the child would reside with a perpetrator of
357.9 domestic child abuse.

357.10 (e) The court, before determining whether a child should be placed in or continue in
357.11 foster care under the protective care of the responsible agency, shall also make a
357.12 determination, consistent with section 260.012 as to whether reasonable efforts were made
357.13 to prevent placement or whether reasonable efforts to prevent placement are not required.
357.14 In the case of an Indian child, the court shall determine whether active efforts, according
357.15 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,
357.16 section 1912(d), were made to prevent placement. The court shall enter a finding that the
357.17 responsible social services agency has made reasonable efforts to prevent placement when
357.18 the agency establishes either:

357.19 (1) that it has actually provided services or made efforts in an attempt to prevent the
357.20 child's removal but that such services or efforts have not proven sufficient to permit the
357.21 child to safely remain in the home; or

357.22 (2) that there are no services or other efforts that could be made at the time of the hearing
357.23 that could safely permit the child to remain home or to return home. When reasonable efforts
357.24 to prevent placement are required and there are services or other efforts that could be ordered
357.25 which would permit the child to safely return home, the court shall order the child returned
357.26 to the care of the parent or guardian and the services or efforts put in place to ensure the
357.27 child's safety. When the court makes a prima facie determination that one of the
357.28 circumstances under paragraph (g) exists, the court shall determine that reasonable efforts
357.29 to prevent placement and to return the child to the care of the parent or guardian are not
357.30 required.

357.31 If the court finds the social services agency's preventive or reunification efforts have
357.32 not been reasonable but further preventive or reunification efforts could not permit the child
357.33 to safely remain at home, the court may nevertheless authorize or continue the removal of
357.34 the child.

358.1 (f) The court may not order or continue the foster care placement of the child unless the
358.2 court makes explicit, individualized findings that continued custody of the child by the
358.3 parent or guardian would be contrary to the welfare of the child and that placement is in the
358.4 best interest of the child.

358.5 (g) At the emergency removal hearing, or at any time during the course of the proceeding,
358.6 and upon notice and request of the county attorney, the court shall determine whether a
358.7 petition has been filed stating a prima facie case that:

358.8 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
358.9 subdivision 14;

358.10 (2) the parental rights of the parent to another child have been involuntarily terminated;

358.11 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
358.12 (a), clause (2);

358.13 (4) the parents' custodial rights to another child have been involuntarily transferred to a
358.14 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),
358.15 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

358.16 (5) the parent has committed sexual abuse as defined in section ~~626.556, subdivision 2~~
358.17 260E.03, against the child or another child of the parent;

358.18 (6) the parent has committed an offense that requires registration as a predatory offender
358.19 under section 243.166, subdivision 1b, paragraph (a) or (b); or

358.20 (7) the provision of services or further services for the purpose of reunification is futile
358.21 and therefore unreasonable.

358.22 (h) When a petition to terminate parental rights is required under section 260C.301,
358.23 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to
358.24 proceed with a termination of parental rights petition, and has instead filed a petition to
358.25 transfer permanent legal and physical custody to a relative under section 260C.507, the
358.26 court shall schedule a permanency hearing within 30 days of the filing of the petition.

358.27 (i) If the county attorney has filed a petition under section 260C.307, the court shall
358.28 schedule a trial under section 260C.163 within 90 days of the filing of the petition except
358.29 when the county attorney determines that the criminal case shall proceed to trial first under
358.30 section 260C.503, subdivision 2, paragraph (c).

358.31 (j) If the court determines the child should be ordered into foster care and the child's
358.32 parent refuses to give information to the responsible social services agency regarding the

359.1 child's father or relatives of the child, the court may order the parent to disclose the names,
359.2 addresses, telephone numbers, and other identifying information to the responsible social
359.3 services agency for the purpose of complying with sections 260C.151, 260C.212, 260C.215,
359.4 and 260C.221.

359.5 (k) If a child ordered into foster care has siblings, whether full, half, or step, who are
359.6 also ordered into foster care, the court shall inquire of the responsible social services agency
359.7 of the efforts to place the children together as required by section 260C.212, subdivision 2,
359.8 paragraph (d), if placement together is in each child's best interests, unless a child is in
359.9 placement for treatment or a child is placed with a previously noncustodial parent who is
359.10 not a parent to all siblings. If the children are not placed together at the time of the hearing,
359.11 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place
359.12 the siblings together, as required under section 260.012. If any sibling is not placed with
359.13 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing
359.14 contact among the siblings as required under section 260C.212, subdivision 1, unless it is
359.15 contrary to the safety or well-being of any of the siblings to do so.

359.16 (l) When the court has ordered the child into foster care or into the home of a noncustodial
359.17 parent, the court may order a chemical dependency evaluation, mental health evaluation,
359.18 medical examination, and parenting assessment for the parent as necessary to support the
359.19 development of a plan for reunification required under subdivision 7 and section 260C.212,
359.20 subdivision 1, or the child protective services plan under section ~~626.556, subdivision 10~~
359.21 260E.26, and Minnesota Rules, part 9560.0228.

359.22 Sec. 122. Minnesota Statutes 2019 Supplement, section 260C.201, subdivision 6, is
359.23 amended to read:

359.24 Subd. 6. **Case plan.** (a) For each disposition ordered where the child is placed away
359.25 from a parent or guardian, the court shall order the responsible social services agency to
359.26 prepare a written out-of-home placement plan according to the requirements of section
359.27 260C.212, subdivision 1. When a foster child is colocated with a parent in a licensed
359.28 residential family-based substance use disorder treatment program under section 260C.190,
359.29 the case plan must specify the recommendation for the colocation before the child is colocated
359.30 with the parent.

359.31 (b) In cases where the child is not placed out of the home or is ordered into the home of
359.32 a noncustodial parent, the responsible social services agency shall prepare a plan for delivery
359.33 of social services to the child and custodial parent under section ~~626.556, subdivision 10~~
359.34 260E.26, or any other case plan required to meet the needs of the child. The plan shall be

360.1 designed to safely maintain the child in the home or to reunite the child with the custodial
360.2 parent.

360.3 (c) The court may approve the case plan as presented or modify it after hearing from
360.4 the parties. Once the plan is approved, the court shall order all parties to comply with it. A
360.5 copy of the approved case plan shall be attached to the court's order and incorporated into
360.6 it by reference.

360.7 (d) A party has a right to request a court review of the reasonableness of the case plan
360.8 upon a showing of a substantial change of circumstances.

360.9 Sec. 123. Minnesota Statutes 2018, section 260C.209, subdivision 2, is amended to read:

360.10 Subd. 2. **General procedures.** (a) When accessing information under subdivision 1, the
360.11 agency shall require the individual being assessed to provide sufficient information to ensure
360.12 an accurate assessment under this section, including:

360.13 (1) the individual's first, middle, and last name and all other names by which the
360.14 individual has been known;

360.15 (2) home address, zip code, city, county, and state of residence for the past five years;

360.16 (3) sex;

360.17 (4) date of birth; and

360.18 (5) driver's license number or state identification number.

360.19 (b) When notified by the responsible social services agency that it is accessing information
360.20 under subdivision 1, the Bureau of Criminal Apprehension, commissioners of health and
360.21 human services, law enforcement, and county agencies must provide the responsible social
360.22 services agency or county attorney with the following information on the individual being
360.23 assessed: criminal history data, local law enforcement data about the household, reports
360.24 about the maltreatment of adults substantiated under section 626.557, and reports of
360.25 maltreatment of minors substantiated under ~~section 626.556~~ chapter 260E.

360.26 Sec. 124. Minnesota Statutes 2018, section 260C.212, subdivision 12, is amended to read:

360.27 Subd. 12. **Fair hearing review.** Any person whose claim for foster care payment pursuant
360.28 to the placement of a child resulting from a child protection assessment under ~~section 626.556~~
360.29 chapter 260E is denied or not acted upon with reasonable promptness may appeal the decision
360.30 under section 256.045, subdivision 3.

361.1 Sec. 125. Minnesota Statutes 2018, section 260C.221, is amended to read:

361.2 **260C.221 RELATIVE SEARCH.**

361.3 (a) The responsible social services agency shall exercise due diligence to identify and
361.4 notify adult relatives prior to placement or within 30 days after the child's removal from the
361.5 parent. The county agency shall consider placement with a relative under this section without
361.6 delay and whenever the child must move from or be returned to foster care. The relative
361.7 search required by this section shall be comprehensive in scope. After a finding that the
361.8 agency has made reasonable efforts to conduct the relative search under this paragraph, the
361.9 agency has the continuing responsibility to appropriately involve relatives, who have
361.10 responded to the notice required under this paragraph, in planning for the child and to
361.11 continue to consider relatives according to the requirements of section 260C.212, subdivision
361.12 2. At any time during the course of juvenile protection proceedings, the court may order
361.13 the agency to reopen its search for relatives when it is in the child's best interest to do so.

361.14 (b) The relative search required by this section shall include both maternal and paternal
361.15 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians
361.16 of the child's siblings; and any other adult relatives suggested by the child's parents, subject
361.17 to the exceptions due to family violence in paragraph (c). The search shall also include
361.18 getting information from the child in an age-appropriate manner about who the child
361.19 considers to be family members and important friends with whom the child has resided or
361.20 had significant contact. The relative search required under this section must fulfill the
361.21 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the
361.22 breakup of the Indian family under United States Code, title 25, section 1912(d), and to
361.23 meet placement preferences under United States Code, title 25, section 1915. The relatives
361.24 must be notified:

361.25 (1) of the need for a foster home for the child, the option to become a placement resource
361.26 for the child, and the possibility of the need for a permanent placement for the child;

361.27 (2) of their responsibility to keep the responsible social services agency and the court
361.28 informed of their current address in order to receive notice in the event that a permanent
361.29 placement is sought for the child and to receive notice of the permanency progress review
361.30 hearing under section 260C.204. A relative who fails to provide a current address to the
361.31 responsible social services agency and the court forfeits the right to receive notice of the
361.32 possibility of permanent placement and of the permanency progress review hearing under
361.33 section 260C.204. A decision by a relative not to be identified as a potential permanent
361.34 placement resource or participate in planning for the child at the beginning of the case shall

362.1 not affect whether the relative is considered for placement of the child with that relative
362.2 later;

362.3 (3) that the relative may participate in the care and planning for the child, including that
362.4 the opportunity for such participation may be lost by failing to respond to the notice sent
362.5 under this subdivision. "Participate in the care and planning" includes, but is not limited to,
362.6 participation in case planning for the parent and child, identifying the strengths and needs
362.7 of the parent and child, supervising visits, providing respite and vacation visits for the child,
362.8 providing transportation to appointments, suggesting other relatives who might be able to
362.9 help support the case plan, and to the extent possible, helping to maintain the child's familiar
362.10 and regular activities and contact with friends and relatives;

362.11 (4) of the family foster care licensing requirements, including how to complete an
362.12 application and how to request a variance from licensing standards that do not present a
362.13 safety or health risk to the child in the home under section 245A.04 and supports that are
362.14 available for relatives and children who reside in a family foster home; and

362.15 (5) of the relatives' right to ask to be notified of any court proceedings regarding the
362.16 child, to attend the hearings, and of a relative's right or opportunity to be heard by the court
362.17 as required under section 260C.152, subdivision 5.

362.18 (c) A responsible social services agency may disclose private data, as defined in ~~sections~~
362.19 section 13.02 and ~~626.556~~ chapter 260E, to relatives of the child for the purpose of locating
362.20 and assessing a suitable placement and may use any reasonable means of identifying and
362.21 locating relatives including the Internet or other electronic means of conducting a search.
362.22 The agency shall disclose data that is necessary to facilitate possible placement with relatives
362.23 and to ensure that the relative is informed of the needs of the child so the relative can
362.24 participate in planning for the child and be supportive of services to the child and family.
362.25 If the child's parent refuses to give the responsible social services agency information
362.26 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask
362.27 the juvenile court to order the parent to provide the necessary information. If a parent makes
362.28 an explicit request that a specific relative not be contacted or considered for placement due
362.29 to safety reasons including past family or domestic violence, the agency shall bring the
362.30 parent's request to the attention of the court to determine whether the parent's request is
362.31 consistent with the best interests of the child and the agency shall not contact the specific
362.32 relative when the juvenile court finds that contacting the specific relative would endanger
362.33 the parent, guardian, child, sibling, or any family member.

363.1 (d) At a regularly scheduled hearing not later than three months after the child's placement
363.2 in foster care and as required in section 260C.202, the agency shall report to the court:

363.3 (1) its efforts to identify maternal and paternal relatives of the child and to engage the
363.4 relatives in providing support for the child and family, and document that the relatives have
363.5 been provided the notice required under paragraph (a); and

363.6 (2) its decision regarding placing the child with a relative as required under section
363.7 260C.212, subdivision 2, and to ask relatives to visit or maintain contact with the child in
363.8 order to support family connections for the child, when placement with a relative is not
363.9 possible or appropriate.

363.10 (e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives
363.11 identified, searched for, and contacted for the purposes of the court's review of the agency's
363.12 due diligence.

363.13 (f) When the court is satisfied that the agency has exercised due diligence to identify
363.14 relatives and provide the notice required in paragraph (a), the court may find that reasonable
363.15 efforts have been made to conduct a relative search to identify and provide notice to adult
363.16 relatives as required under section 260.012, paragraph (e), clause (3). If the court is not
363.17 satisfied that the agency has exercised due diligence to identify relatives and provide the
363.18 notice required in paragraph (a), the court may order the agency to continue its search and
363.19 notice efforts and to report back to the court.

363.20 (g) When the placing agency determines that permanent placement proceedings are
363.21 necessary because there is a likelihood that the child will not return to a parent's care, the
363.22 agency must send the notice provided in paragraph (h), may ask the court to modify the
363.23 duty of the agency to send the notice required in paragraph (h), or may ask the court to
363.24 completely relieve the agency of the requirements of paragraph (h). The relative notification
363.25 requirements of paragraph (h) do not apply when the child is placed with an appropriate
363.26 relative or a foster home that has committed to adopting the child or taking permanent legal
363.27 and physical custody of the child and the agency approves of that foster home for permanent
363.28 placement of the child. The actions ordered by the court under this section must be consistent
363.29 with the best interests, safety, permanency, and welfare of the child.

363.30 (h) Unless required under the Indian Child Welfare Act or relieved of this duty by the
363.31 court under paragraph (f), when the agency determines that it is necessary to prepare for
363.32 permanent placement determination proceedings, or in anticipation of filing a termination
363.33 of parental rights petition, the agency shall send notice to the relatives, any adult with whom
363.34 the child is currently residing, any adult with whom the child has resided for one year or

364.1 longer in the past, and any adults who have maintained a relationship or exercised visitation
364.2 with the child as identified in the agency case plan. The notice must state that a permanent
364.3 home is sought for the child and that the individuals receiving the notice may indicate to
364.4 the agency their interest in providing a permanent home. The notice must state that within
364.5 30 days of receipt of the notice an individual receiving the notice must indicate to the agency
364.6 the individual's interest in providing a permanent home for the child or that the individual
364.7 may lose the opportunity to be considered for a permanent placement.

364.8 Sec. 126. Minnesota Statutes 2018, section 260C.503, subdivision 2, is amended to read:

364.9 Subd. 2. **Termination of parental rights.** (a) The responsible social services agency
364.10 must ask the county attorney to immediately file a termination of parental rights petition
364.11 when:

364.12 (1) the child has been subjected to egregious harm as defined in section 260C.007,
364.13 subdivision 14;

364.14 (2) the child is determined to be the sibling of a child who was subjected to egregious
364.15 harm;

364.16 (3) the child is an abandoned infant as defined in section 260C.301, subdivision 2,
364.17 paragraph (a), clause (2);

364.18 (4) the child's parent has lost parental rights to another child through an order involuntarily
364.19 terminating the parent's rights;

364.20 (5) the parent has committed sexual abuse as defined in section ~~626.556, subdivision 2~~
364.21 260E.03, against the child or another child of the parent;

364.22 (6) the parent has committed an offense that requires registration as a predatory offender
364.23 under section 243.166, subdivision 1b, paragraph (a) or (b); or

364.24 (7) another child of the parent is the subject of an order involuntarily transferring
364.25 permanent legal and physical custody of the child to a relative under this chapter or a similar
364.26 law of another jurisdiction;

364.27 The county attorney shall file a termination of parental rights petition unless the conditions
364.28 of paragraph (d) are met.

364.29 (b) When the termination of parental rights petition is filed under this subdivision, the
364.30 responsible social services agency shall identify, recruit, and approve an adoptive family
364.31 for the child. If a termination of parental rights petition has been filed by another party, the
364.32 responsible social services agency shall be joined as a party to the petition.

365.1 (c) If criminal charges have been filed against a parent arising out of the conduct alleged
365.2 to constitute egregious harm, the county attorney shall determine which matter should
365.3 proceed to trial first, consistent with the best interests of the child and subject to the
365.4 defendant's right to a speedy trial.

365.5 (d) The requirement of paragraph (a) does not apply if the responsible social services
365.6 agency and the county attorney determine and file with the court:

365.7 (1) a petition for transfer of permanent legal and physical custody to a relative under
365.8 sections 260C.505 and 260C.515, subdivision 3, including a determination that adoption is
365.9 not in the child's best interests and that transfer of permanent legal and physical custody is
365.10 in the child's best interests; or

365.11 (2) a petition under section 260C.141 alleging the child, and where appropriate, the
365.12 child's siblings, to be in need of protection or services accompanied by a case plan prepared
365.13 by the responsible social services agency documenting a compelling reason why filing a
365.14 termination of parental rights petition would not be in the best interests of the child.

365.15 Sec. 127. Minnesota Statutes 2018, section 260D.01, is amended to read:

365.16 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

365.17 (a) Sections 260D.01 to 260D.10, may be cited as the "child in voluntary foster care for
365.18 treatment" provisions of the Juvenile Court Act.

365.19 (b) The juvenile court has original and exclusive jurisdiction over a child in voluntary
365.20 foster care for treatment upon the filing of a report or petition required under this chapter.
365.21 All obligations of the agency to a child and family in foster care contained in chapter 260C
365.22 not inconsistent with this chapter are also obligations of the agency with regard to a child
365.23 in foster care for treatment under this chapter.

365.24 (c) This chapter shall be construed consistently with the mission of the children's mental
365.25 health service system as set out in section 245.487, subdivision 3, and the duties of an agency
365.26 under sections 256B.092 and 260C.157 and Minnesota Rules, parts 9525.0004 to 9525.0016,
365.27 to meet the needs of a child with a developmental disability or related condition. This
365.28 chapter:

365.29 (1) establishes voluntary foster care through a voluntary foster care agreement as the
365.30 means for an agency and a parent to provide needed treatment when the child must be in
365.31 foster care to receive necessary treatment for an emotional disturbance or developmental
365.32 disability or related condition;

366.1 (2) establishes court review requirements for a child in voluntary foster care for treatment
366.2 due to emotional disturbance or developmental disability or a related condition;

366.3 (3) establishes the ongoing responsibility of the parent as legal custodian to visit the
366.4 child, to plan together with the agency for the child's treatment needs, to be available and
366.5 accessible to the agency to make treatment decisions, and to obtain necessary medical,
366.6 dental, and other care for the child; and

366.7 (4) applies to voluntary foster care when the child's parent and the agency agree that the
366.8 child's treatment needs require foster care either:

366.9 (i) due to a level of care determination by the agency's screening team informed by the
366.10 diagnostic and functional assessment under section 245.4885; or

366.11 (ii) due to a determination regarding the level of services needed by the responsible
366.12 social services' screening team under section 256B.092, and Minnesota Rules, parts
366.13 9525.0004 to 9525.0016.

366.14 (d) This chapter does not apply when there is a current determination under ~~section~~
366.15 ~~626.556~~ chapter 260E that the child requires child protective services or when the child is
366.16 in foster care for any reason other than treatment for the child's emotional disturbance or
366.17 developmental disability or related condition. When there is a determination under ~~section~~
366.18 ~~626.556~~ chapter 260E that the child requires child protective services based on an assessment
366.19 that there are safety and risk issues for the child that have not been mitigated through the
366.20 parent's engagement in services or otherwise, or when the child is in foster care for any
366.21 reason other than the child's emotional disturbance or developmental disability or related
366.22 condition, the provisions of chapter 260C apply.

366.23 (e) The paramount consideration in all proceedings concerning a child in voluntary foster
366.24 care for treatment is the safety, health, and the best interests of the child. The purpose of
366.25 this chapter is:

366.26 (1) to ensure a child with a disability is provided the services necessary to treat or
366.27 ameliorate the symptoms of the child's disability;

366.28 (2) to preserve and strengthen the child's family ties whenever possible and in the child's
366.29 best interests, approving the child's placement away from the child's parents only when the
366.30 child's need for care or treatment requires it and the child cannot be maintained in the home
366.31 of the parent; and

366.32 (3) to ensure the child's parent retains legal custody of the child and associated
366.33 decision-making authority unless the child's parent willfully fails or is unable to make

367.1 decisions that meet the child's safety, health, and best interests. The court may not find that
367.2 the parent willfully fails or is unable to make decisions that meet the child's needs solely
367.3 because the parent disagrees with the agency's choice of foster care facility, unless the
367.4 agency files a petition under chapter 260C, and establishes by clear and convincing evidence
367.5 that the child is in need of protection or services.

367.6 (f) The legal parent-child relationship shall be supported under this chapter by maintaining
367.7 the parent's legal authority and responsibility for ongoing planning for the child and by the
367.8 agency's assisting the parent, where necessary, to exercise the parent's ongoing right and
367.9 obligation to visit or to have reasonable contact with the child. Ongoing planning means:

367.10 (1) actively participating in the planning and provision of educational services, medical,
367.11 and dental care for the child;

367.12 (2) actively planning and participating with the agency and the foster care facility for
367.13 the child's treatment needs; and

367.14 (3) planning to meet the child's need for safety, stability, and permanency, and the child's
367.15 need to stay connected to the child's family and community.

367.16 (g) The provisions of section 260.012 to ensure placement prevention, family
367.17 reunification, and all active and reasonable effort requirements of that section apply. This
367.18 chapter shall be construed consistently with the requirements of the Indian Child Welfare
367.19 Act of 1978, United States Code, title 25, section 1901, et al., and the provisions of the
367.20 Minnesota Indian Family Preservation Act, sections 260.751 to 260.835.

367.21 Sec. 128. Minnesota Statutes 2018, section 260D.02, subdivision 3, is amended to read:

367.22 Subd. 3. **Case plan.** "Case plan" means any plan for the delivery of services to a child
367.23 and parent, or when reunification is not required, the child alone, that is developed according
367.24 to the requirements of sections 245.4871, subdivision 19 or 21; 245.492, subdivision 16;
367.25 256B.092; and 260C.212, subdivision 1; ~~626.556, subdivision 10;~~ and Minnesota Rules,
367.26 parts 9525.0004 to 9525.0016.

367.27 Sec. 129. Minnesota Statutes 2018, section 260D.02, subdivision 5, is amended to read:

367.28 Subd. 5. **Child in voluntary foster care for treatment.** "Child in voluntary foster care
367.29 for treatment" means a child who is emotionally disturbed or developmentally disabled or
367.30 has a related condition and is in foster care under a voluntary foster care agreement between
367.31 the child's parent and the agency due to concurrence between the agency and the parent
367.32 when it is determined that foster care is medically necessary:

368.1 (1) due to a determination by the agency's screening team based on its review of the
368.2 diagnostic and functional assessment under section 245.4885; or

368.3 (2) due to a determination by the agency's screening team under section 256B.092 and
368.4 Minnesota Rules, parts 9525.0004 to 9525.0016.

368.5 A child is not in voluntary foster care for treatment under this chapter when there is a
368.6 current determination under ~~section 626.556~~ chapter 260E that the child requires child
368.7 protective services or when the child is in foster care for any reason other than the child's
368.8 emotional or developmental disability or related condition.

368.9 Sec. 130. Minnesota Statutes 2019 Supplement, section 299C.093, is amended to read:

368.10 **299C.093 DATABASE OF REGISTERED PREDATORY OFFENDERS.**

368.11 The superintendent of the Bureau of Criminal Apprehension shall maintain a
368.12 computerized data system relating to individuals required to register as predatory offenders
368.13 under section 243.166. To the degree feasible, the system must include the data required to
368.14 be provided under section 243.166, subdivisions 4, 4a, and 4b, and indicate the time period
368.15 that the person is required to register. The superintendent shall maintain this data in a manner
368.16 that ensures that it is readily available to law enforcement agencies. This data is private data
368.17 on individuals under section 13.02, subdivision 12, but may be used for law enforcement
368.18 and corrections purposes. Law enforcement or a corrections agent may disclose the status
368.19 of an individual as a predatory offender to a child protection worker with a local welfare
368.20 agency for purposes of doing a family assessment under ~~section 626.556~~ chapter 260E. A
368.21 corrections agent may also disclose the status of an individual as a predatory offender to
368.22 comply with section 244.057. The commissioner of human services has access to the data
368.23 for state-operated services, as defined in section 246.014, for the purposes described in
368.24 section 246.13, subdivision 2, paragraph (b), and for purposes of conducting background
368.25 studies under chapter 245C.

368.26 Sec. 131. Minnesota Statutes 2018, section 388.051, subdivision 2, is amended to read:

368.27 Subd. 2. **Special provisions.** (a) In Anoka, Carver, Dakota, Hennepin, Scott, and
368.28 Washington Counties, only the county attorney shall prosecute gross misdemeanor violations
368.29 of sections 289A.63, subdivisions 1, 2, 4, and 6; 297B.10; 609.255, subdivision 3; 609.377;
368.30 609.378; 609.41; and 617.247.

368.31 (b) In Ramsey County, only the county attorney shall prosecute gross misdemeanor
368.32 violations of sections 609.255, subdivision 3; 609.377; and 609.378.

369.1 (c) The county attorney shall prosecute failure to report physical or sexual child abuse
369.2 or neglect as provided under section ~~626.556, subdivision 6,~~ 260E.08, paragraphs (a), (b),
369.3 and (c), violations of fifth-degree criminal sexual conduct under section 609.3451, and
369.4 environmental law violations under sections 115.071, 299F.098, and 609.671.

369.5 (d) Except in Hennepin and Ramsey Counties, only the county attorney shall prosecute
369.6 gross misdemeanor violations of section 152.025.

369.7 Sec. 132. Minnesota Statutes 2018, section 518.165, subdivision 2, is amended to read:

369.8 Subd. 2. **Required appointment of guardian ad litem.** In all proceedings for child
369.9 custody or for marriage dissolution or legal separation in which custody or parenting time
369.10 with a minor child is an issue, if the court has reason to believe that the minor child is a
369.11 victim of domestic child abuse or neglect, as those terms are defined in ~~sections~~ section
369.12 260C.007 and ~~626.556~~ chapter 260E, respectively, the court shall appoint a guardian ad
369.13 litem. The guardian ad litem shall represent the interests of the child and advise the court
369.14 with respect to custody and parenting time. If the child is represented by a guardian ad litem
369.15 in any other pending proceeding, the court may appoint that guardian to represent the child
369.16 in the custody or parenting time proceeding. No guardian ad litem need be appointed if the
369.17 alleged domestic child abuse or neglect is before the court on a juvenile dependency and
369.18 neglect petition. Nothing in this subdivision requires the court to appoint a guardian ad litem
369.19 in any proceeding for child custody, marriage dissolution, or legal separation in which an
369.20 allegation of domestic child abuse or neglect has not been made.

369.21 Sec. 133. Minnesota Statutes 2018, section 518.165, subdivision 5, is amended to read:

369.22 Subd. 5. **Procedure, criminal history, and maltreatment records background**
369.23 **study.** (a) When the court requests a background study under subdivision 4, paragraph (a),
369.24 the request shall be submitted to the Department of Human Services through the department's
369.25 electronic online background study system.

369.26 (b) When the court requests a search of the National Criminal Records Repository, the
369.27 court must provide a set of classifiable fingerprints of the subject of the study on a fingerprint
369.28 card provided by the commissioner of human services.

369.29 (c) The commissioner of human services shall provide the court with criminal history
369.30 data as defined in section 13.87 from the Bureau of Criminal Apprehension in the Department
369.31 of Public Safety, other criminal history data held by the commissioner of human services,
369.32 and data regarding substantiated maltreatment of a minor under ~~section 626.556~~ chapter
369.33 260E, and substantiated maltreatment of a vulnerable adult under section 626.557, within

370.1 15 working days of receipt of a request. If the subject of the study has been determined by
370.2 the Department of Human Services or the Department of Health to be the perpetrator of
370.3 substantiated maltreatment of a minor or vulnerable adult in a licensed facility, the response
370.4 must include a copy of the public portion of the investigation memorandum under section
370.5 ~~626.556, subdivision 10f~~ 260E.30, or the public portion of the investigation memorandum
370.6 under section 626.557, subdivision 12b. When the background study shows that the subject
370.7 has been determined by a county adult protection or child protection agency to have been
370.8 responsible for maltreatment, the court shall be informed of the county, the date of the
370.9 finding, and the nature of the maltreatment that was substantiated. The commissioner shall
370.10 provide the court with information from the National Criminal Records Repository within
370.11 three working days of the commissioner's receipt of the data. When the commissioner finds
370.12 no criminal history or substantiated maltreatment on a background study subject, the
370.13 commissioner shall make these results available to the court electronically through the
370.14 secure online background study system.

370.15 (d) Notwithstanding section ~~626.556, subdivision 10f~~, 260E.30 or 626.557, subdivision
370.16 12b, if the commissioner or county lead agency or lead investigative agency has information
370.17 that a person on whom a background study was previously done under this section has been
370.18 determined to be a perpetrator of maltreatment of a minor or vulnerable adult, the
370.19 commissioner or the county may provide this information to the court that requested the
370.20 background study.

370.21 Sec. 134. Minnesota Statutes 2018, section 524.5-118, subdivision 2, is amended to read:

370.22 Subd. 2. **Procedure; criminal history and maltreatment records background**
370.23 **check.** (a) The court shall request the commissioner of human services to complete a
370.24 background study under section 245C.32. The request must be accompanied by the applicable
370.25 fee and the signed consent of the subject of the study authorizing the release of the data
370.26 obtained to the court. If the court is requesting a search of the National Criminal Records
370.27 Repository, the request must be accompanied by a set of classifiable fingerprints of the
370.28 subject of the study. The fingerprints must be recorded on a fingerprint card provided by
370.29 the commissioner of human services.

370.30 (b) The commissioner of human services shall provide the court with criminal history
370.31 data as defined in section 13.87 from the Bureau of Criminal Apprehension in the Department
370.32 of Public Safety, other criminal history data held by the commissioner of human services,
370.33 and data regarding substantiated maltreatment of vulnerable adults under section 626.557
370.34 and substantiated maltreatment of minors under section ~~626.556~~ chapter 260E within 15

371.1 working days of receipt of a request. If the subject of the study has been the perpetrator of
371.2 substantiated maltreatment of a vulnerable adult or minor, the response must include a copy
371.3 of the public portion of the investigation memorandum under section 626.557, subdivision
371.4 12b, or the public portion of the investigation memorandum under section ~~626.556,~~
371.5 ~~subdivision 10f~~ 260E.30. If the court did not request a search of the National Criminal
371.6 Records Repository and information from the Bureau of Criminal Apprehension indicates
371.7 that the subject is a multistate offender or that multistate offender status is undetermined,
371.8 the response must include this information. The commissioner shall provide the court with
371.9 information from the National Criminal Records Repository within three working days of
371.10 the commissioner's receipt of the data.

371.11 (c) Notwithstanding section 260E.30 or 626.557, subdivision 12b, ~~or 626.556, subdivision~~
371.12 ~~10f~~, if the commissioner of human services or a county lead agency or lead investigative
371.13 agency has information that a person on whom a background study was previously done
371.14 under this section has been determined to be a perpetrator of maltreatment of a vulnerable
371.15 adult or minor, the commissioner or the county may provide this information to the court
371.16 that requested the background study. The commissioner may also provide the court with
371.17 additional criminal history or substantiated maltreatment information that becomes available
371.18 after the background study is done.

371.19 Sec. 135. Minnesota Statutes 2018, section 595.02, subdivision 1, is amended to read:

371.20 Subdivision 1. **Competency of witnesses.** Every person of sufficient understanding,
371.21 including a party, may testify in any action or proceeding, civil or criminal, in court or
371.22 before any person who has authority to receive evidence, except as provided in this
371.23 subdivision:

371.24 (a) A husband cannot be examined for or against his wife without her consent, nor a
371.25 wife for or against her husband without his consent, nor can either, during the marriage or
371.26 afterwards, without the consent of the other, be examined as to any communication made
371.27 by one to the other during the marriage. This exception does not apply to a civil action or
371.28 proceeding by one against the other, nor to a criminal action or proceeding for a crime
371.29 committed by one against the other or against a child of either or against a child under the
371.30 care of either spouse, nor to a criminal action or proceeding in which one is charged with
371.31 homicide or an attempt to commit homicide and the date of the marriage of the defendant
371.32 is subsequent to the date of the offense, nor to an action or proceeding for nonsupport,
371.33 neglect, dependency, or termination of parental rights.

372.1 (b) An attorney cannot, without the consent of the attorney's client, be examined as to
372.2 any communication made by the client to the attorney or the attorney's advice given thereon
372.3 in the course of professional duty; nor can any employee of the attorney be examined as to
372.4 the communication or advice, without the client's consent.

372.5 (c) A member of the clergy or other minister of any religion shall not, without the consent
372.6 of the party making the confession, be allowed to disclose a confession made to the member
372.7 of the clergy or other minister in a professional character, in the course of discipline enjoined
372.8 by the rules or practice of the religious body to which the member of the clergy or other
372.9 minister belongs; nor shall a member of the clergy or other minister of any religion be
372.10 examined as to any communication made to the member of the clergy or other minister by
372.11 any person seeking religious or spiritual advice, aid, or comfort or advice given thereon in
372.12 the course of the member of the clergy's or other minister's professional character, without
372.13 the consent of the person.

372.14 (d) A licensed physician or surgeon, dentist, or chiropractor shall not, without the consent
372.15 of the patient, be allowed to disclose any information or any opinion based thereon which
372.16 the professional acquired in attending the patient in a professional capacity, and which was
372.17 necessary to enable the professional to act in that capacity; after the decease of the patient,
372.18 in an action to recover insurance benefits, where the insurance has been in existence two
372.19 years or more, the beneficiaries shall be deemed to be the personal representatives of the
372.20 deceased person for the purpose of waiving this privilege, and no oral or written waiver of
372.21 the privilege shall have any binding force or effect except when made upon the trial or
372.22 examination where the evidence is offered or received.

372.23 (e) A public officer shall not be allowed to disclose communications made to the officer
372.24 in official confidence when the public interest would suffer by the disclosure.

372.25 (f) Persons of unsound mind and persons intoxicated at the time of their production for
372.26 examination are not competent witnesses if they lack capacity to remember or to relate
372.27 truthfully facts respecting which they are examined.

372.28 (g) A registered nurse, psychologist, consulting psychologist, or licensed social worker
372.29 engaged in a psychological or social assessment or treatment of an individual at the
372.30 individual's request shall not, without the consent of the professional's client, be allowed to
372.31 disclose any information or opinion based thereon which the professional has acquired in
372.32 attending the client in a professional capacity, and which was necessary to enable the
372.33 professional to act in that capacity. Nothing in this clause exempts licensed social workers

373.1 from compliance with the provisions of ~~sections 626.556 and~~ section 626.557 and chapter
373.2 260E.

373.3 (h) An interpreter for a person disabled in communication shall not, without the consent
373.4 of the person, be allowed to disclose any communication if the communication would, if
373.5 the interpreter were not present, be privileged. For purposes of this section, a "person disabled
373.6 in communication" means a person who, because of a hearing, speech or other communication
373.7 disorder, or because of the inability to speak or comprehend the English language, is unable
373.8 to understand the proceedings in which the person is required to participate. The presence
373.9 of an interpreter as an aid to communication does not destroy an otherwise existing privilege.

373.10 (i) Licensed chemical dependency counselors shall not disclose information or an opinion
373.11 based on the information which they acquire from persons consulting them in their
373.12 professional capacities, and which was necessary to enable them to act in that capacity,
373.13 except that they may do so:

373.14 (1) when informed consent has been obtained in writing, except in those circumstances
373.15 in which not to do so would violate the law or would result in clear and imminent danger
373.16 to the client or others;

373.17 (2) when the communications reveal the contemplation or ongoing commission of a
373.18 crime; or

373.19 (3) when the consulting person waives the privilege by bringing suit or filing charges
373.20 against the licensed professional whom that person consulted.

373.21 (j) A parent or the parent's minor child may not be examined as to any communication
373.22 made in confidence by the minor to the minor's parent. A communication is confidential if
373.23 made out of the presence of persons not members of the child's immediate family living in
373.24 the same household. This exception may be waived by express consent to disclosure by a
373.25 parent entitled to claim the privilege or by the child who made the communication or by
373.26 failure of the child or parent to object when the contents of a communication are demanded.
373.27 This exception does not apply to a civil action or proceeding by one spouse against the other
373.28 or by a parent or child against the other, nor to a proceeding to commit either the child or
373.29 parent to whom the communication was made or to place the person or property or either
373.30 under the control of another because of an alleged mental or physical condition, nor to a
373.31 criminal action or proceeding in which the parent is charged with a crime committed against
373.32 the person or property of the communicating child, the parent's spouse, or a child of either
373.33 the parent or the parent's spouse, or in which a child is charged with a crime or act of
373.34 delinquency committed against the person or property of a parent or a child of a parent, nor

374.1 to an action or proceeding for termination of parental rights, nor any other action or
374.2 proceeding on a petition alleging child abuse, child neglect, abandonment or nonsupport
374.3 by a parent.

374.4 (k) Sexual assault counselors may not be allowed to disclose any opinion or information
374.5 received from or about the victim without the consent of the victim. However, a counselor
374.6 may be compelled to identify or disclose information in investigations or proceedings related
374.7 to neglect or termination of parental rights if the court determines good cause exists. In
374.8 determining whether to compel disclosure, the court shall weigh the public interest and need
374.9 for disclosure against the effect on the victim, the treatment relationship, and the treatment
374.10 services if disclosure occurs. Nothing in this clause exempts sexual assault counselors from
374.11 compliance with the provisions of ~~sections 626.556 and~~ section 626.557 and chapter 260E.

374.12 "Sexual assault counselor" for the purpose of this section means a person who has
374.13 undergone at least 40 hours of crisis counseling training and works under the direction of
374.14 a supervisor in a crisis center, whose primary purpose is to render advice, counseling, or
374.15 assistance to victims of sexual assault.

374.16 (l) A domestic abuse advocate may not be compelled to disclose any opinion or
374.17 information received from or about the victim without the consent of the victim unless
374.18 ordered by the court. In determining whether to compel disclosure, the court shall weigh
374.19 the public interest and need for disclosure against the effect on the victim, the relationship
374.20 between the victim and domestic abuse advocate, and the services if disclosure occurs.
374.21 Nothing in this paragraph exempts domestic abuse advocates from compliance with the
374.22 provisions of ~~sections 626.556 and~~ section 626.557 and chapter 260E.

374.23 For the purposes of this section, "domestic abuse advocate" means an employee or
374.24 supervised volunteer from a community-based battered women's shelter and domestic abuse
374.25 program eligible to receive grants under section 611A.32; that provides information,
374.26 advocacy, crisis intervention, emergency shelter, or support to victims of domestic abuse
374.27 and who is not employed by or under the direct supervision of a law enforcement agency,
374.28 a prosecutor's office, or by a city, county, or state agency.

374.29 (m) A person cannot be examined as to any communication or document, including
374.30 work notes, made or used in the course of or because of mediation pursuant to an agreement
374.31 to mediate or a collaborative law process pursuant to an agreement to participate in
374.32 collaborative law. This does not apply to the parties in the dispute in an application to a
374.33 court by a party to have a mediated settlement agreement or a stipulated agreement resulting
374.34 from the collaborative law process set aside or reformed. A communication or document

375.1 otherwise not privileged does not become privileged because of this paragraph. This
375.2 paragraph is not intended to limit the privilege accorded to communication during mediation
375.3 or collaborative law by the common law.

375.4 (n) A child under ten years of age is a competent witness unless the court finds that the
375.5 child lacks the capacity to remember or to relate truthfully facts respecting which the child
375.6 is examined. A child describing any act or event may use language appropriate for a child
375.7 of that age.

375.8 (o) A communication assistant for a telecommunications relay system for persons who
375.9 have communication disabilities shall not, without the consent of the person making the
375.10 communication, be allowed to disclose communications made to the communication assistant
375.11 for the purpose of relaying.

375.12 Sec. 136. Minnesota Statutes 2018, section 595.02, subdivision 2, is amended to read:

375.13 Subd. 2. **Exceptions.** (a) The exception provided by paragraphs (d) and (g) of subdivision
375.14 1 shall not apply to any testimony, records, or other evidence relating to the abuse or neglect
375.15 of a minor in any proceeding under chapter 260 or any proceeding under section 245A.08,
375.16 to revoke a day care or foster care license, arising out of the neglect or physical or sexual
375.17 abuse of a minor, as defined in section ~~626.556, subdivision 2~~ 260E.03.

375.18 (b) The exception provided by paragraphs (d) and (g) of subdivision 1 shall not apply
375.19 to criminal proceedings arising out of the neglect or physical or sexual abuse of a minor,
375.20 as defined in section ~~626.556, subdivision 2~~ 260E.03, if the court finds that:

375.21 (1) there is a reasonable likelihood that the records in question will disclose material
375.22 information or evidence of substantial value in connection with the investigation or
375.23 prosecution; and

375.24 (2) there is no other practicable way of obtaining the information or evidence. This
375.25 clause shall not be construed to prohibit disclosure of the patient record when it supports
375.26 the otherwise uncorroborated statements of any material fact by a minor alleged to have
375.27 been abused or neglected by the patient; and

375.28 (3) the actual or potential injury to the patient-health professional relationship in the
375.29 treatment program affected, and the actual or potential harm to the ability of the program
375.30 to attract and retain patients, is outweighed by the public interest in authorizing the disclosure
375.31 sought.

375.32 No records may be disclosed under this paragraph other than the records of the specific
375.33 patient suspected of the neglect or abuse of a minor. Disclosure and dissemination of any

376.1 information from a patient record shall be limited under the terms of the order to assure that
376.2 no information will be disclosed unnecessarily and that dissemination will be no wider than
376.3 necessary for purposes of the investigation or prosecution.

376.4 Sec. 137. Minnesota Statutes 2018, section 609.26, subdivision 7, is amended to read:

376.5 Subd. 7. **Reporting of deprivation of parental rights.** Any violation of this section
376.6 shall be reported pursuant to section ~~626.556, subdivision 3a~~ 260E.11, subdivision 2.

376.7 Sec. 138. Minnesota Statutes 2018, section 609.3457, subdivision 2, is amended to read:

376.8 Subd. 2. **Access to data.** Notwithstanding sections 13.384, 13.85, 144.291 to 144.298,
376.9 260B.171, 260C.171, or 626.556, the assessor has access to the following private or
376.10 confidential data on the person if access is relevant and necessary for the assessment:

376.11 (1) medical data under section 13.384;

376.12 (2) corrections and detention data under section 13.85;

376.13 (3) health records under sections 144.291 to 144.298;

376.14 (4) juvenile court records under sections 260B.171 and 260C.171; and

376.15 (5) local welfare agency records under ~~section 626.556~~ chapter 260E.

376.16 Data disclosed under this section may be used only for purposes of the assessment and
376.17 may not be further disclosed to any other person, except as authorized by law.

376.18 Sec. 139. Minnesota Statutes 2018, section 609.379, subdivision 2, is amended to read:

376.19 Subd. 2. **Applicability.** This section applies to sections 260B.425, 260C.425, 609.255,
376.20 609.376, and 609.378, ~~and 626.556~~ and chapter 260E.

376.21 Sec. 140. Minnesota Statutes 2018, section 609.507, is amended to read:

376.22 **609.507 FALSELY REPORTING CHILD ABUSE.**

376.23 A person is guilty of a misdemeanor who:

376.24 (1) informs another person that a person has committed sexual abuse, physical abuse,
376.25 or neglect of a child, as defined in section ~~626.556, subdivision 2~~ 260E.03;

376.26 (2) knows that the allegation is false or is without reason to believe that the alleged
376.27 abuser committed the abuse or neglect; and

376.28 (3) has the intent that the information influence a child custody hearing.

377.1 Sec. 141. Minnesota Statutes 2018, section 609.7495, subdivision 1, is amended to read:

377.2 Subdivision 1. **Definitions.** For the purposes of this section, the following terms have
377.3 the meanings given them.

377.4 (a) "Facility" means any of the following:

377.5 (1) a hospital or other health institution licensed under sections 144.50 to 144.56;

377.6 (2) a medical facility as defined in section 144.561;

377.7 (3) an agency, clinic, or office operated under the direction of or under contract with the
377.8 commissioner of health or a community health board, as defined in section 145A.02;

377.9 (4) a facility providing counseling regarding options for medical services or recovery
377.10 from an addiction;

377.11 (5) a facility providing emergency shelter services for battered women, as defined in
377.12 section 611A.31, subdivision 3, or a facility providing transitional housing for battered
377.13 women and their children;

377.14 (6) a facility as defined in section ~~626.556, subdivision 2, paragraph (e)~~ 260E.03,
377.15 subdivision 6;

377.16 (7) a facility as defined in section 626.5572, subdivision 6, where the services described
377.17 in that paragraph are provided;

377.18 (8) a place to or from which ambulance service, as defined in section 144E.001, is
377.19 provided or sought to be provided; and

377.20 (9) a hospice provider licensed under section 144A.753.

377.21 (b) "Aggrieved party" means a person whose access to or egress from a facility is
377.22 obstructed in violation of subdivision 2, or the facility.

377.23 Sec. 142. Minnesota Statutes 2018, section 611A.203, subdivision 4, is amended to read:

377.24 Subd. 4. **Duties; access to data.** (a) The domestic fatality review team shall collect,
377.25 review, and analyze death certificates and death data, including investigative reports, medical
377.26 and counseling records, victim service records, employment records, child abuse reports,
377.27 or other information concerning domestic violence deaths, survivor interviews and surveys,
377.28 and other information deemed by the team as necessary and appropriate concerning the
377.29 causes and manner of domestic violence deaths.

377.30 (b) The review team has access to the following not public data, as defined in section
377.31 13.02, subdivision 8a, relating to a case being reviewed by the team: inactive law enforcement

378.1 investigative data under section 13.82; autopsy records and coroner or medical examiner
378.2 investigative data under section 13.83; hospital, public health, or other medical records of
378.3 the victim under section 13.384; records under section 13.46, created by social service
378.4 agencies that provided services to the victim, the alleged perpetrator, or another victim who
378.5 experienced or was threatened with domestic abuse by the perpetrator; and child maltreatment
378.6 records under ~~section 626.556~~ chapter 260E, relating to the victim or a family or household
378.7 member of the victim. Access to medical records under this paragraph also includes records
378.8 governed by sections 144.291 to 144.298. The review team has access to corrections and
378.9 detention data as provided in section 13.85.

378.10 (c) As part of any review, the domestic fatality review team may compel the production
378.11 of other records by applying to the district court for a subpoena, which will be effective
378.12 throughout the state according to the Rules of Civil Procedure.

378.13 Sec. 143. Minnesota Statutes 2018, section 611A.90, subdivision 1, is amended to read:

378.14 Subdivision 1. **Definition.** For purposes of this section, "physical abuse" and "sexual
378.15 abuse" have the meanings given in section ~~626.556, subdivision 2~~ 260E.03, except that
378.16 abuse is not limited to acts by a person responsible for the child's care or in a significant
378.17 relationship with the child or position of authority.

378.18 Sec. 144. Minnesota Statutes 2018, section 626.557, subdivision 9d, is amended to read:

378.19 Subd. 9d. **Administrative reconsideration; review panel.** (a) Except as provided under
378.20 paragraph (e), any individual or facility which a lead investigative agency determines has
378.21 maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf
378.22 of the vulnerable adult, regardless of the lead investigative agency's determination, who
378.23 contests the lead investigative agency's final disposition of an allegation of maltreatment,
378.24 may request the lead investigative agency to reconsider its final disposition. The request
378.25 for reconsideration must be submitted in writing to the lead investigative agency within 15
378.26 calendar days after receipt of notice of final disposition or, if the request is made by an
378.27 interested person who is not entitled to notice, within 15 days after receipt of the notice by
378.28 the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the
378.29 request for reconsideration must be postmarked and sent to the lead investigative agency
378.30 within 15 calendar days of the individual's or facility's receipt of the final disposition. If the
378.31 request for reconsideration is made by personal service, it must be received by the lead
378.32 investigative agency within 15 calendar days of the individual's or facility's receipt of the
378.33 final disposition. An individual who was determined to have maltreated a vulnerable adult

379.1 under this section and who was disqualified on the basis of serious or recurring maltreatment
379.2 under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment
379.3 determination and the disqualification. The request for reconsideration of the maltreatment
379.4 determination and the disqualification must be submitted in writing within 30 calendar days
379.5 of the individual's receipt of the notice of disqualification under sections 245C.16 and
379.6 245C.17. If mailed, the request for reconsideration of the maltreatment determination and
379.7 the disqualification must be postmarked and sent to the lead investigative agency within 30
379.8 calendar days of the individual's receipt of the notice of disqualification. If the request for
379.9 reconsideration is made by personal service, it must be received by the lead investigative
379.10 agency within 30 calendar days after the individual's receipt of the notice of disqualification.

379.11 (b) Except as provided under paragraphs (e) and (f), if the lead investigative agency
379.12 denies the request or fails to act upon the request within 15 working days after receiving
379.13 the request for reconsideration, the person or facility entitled to a fair hearing under section
379.14 256.045, may submit to the commissioner of human services a written request for a hearing
379.15 under that statute. The vulnerable adult, or an interested person acting on behalf of the
379.16 vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel
379.17 under section 256.021 if the lead investigative agency denies the request or fails to act upon
379.18 the request, or if the vulnerable adult or interested person contests a reconsidered disposition.
379.19 The lead investigative agency shall notify persons who request reconsideration of their
379.20 rights under this paragraph. The request must be submitted in writing to the review panel
379.21 and a copy sent to the lead investigative agency within 30 calendar days of receipt of notice
379.22 of a denial of a request for reconsideration or of a reconsidered disposition. The request
379.23 must specifically identify the aspects of the lead investigative agency determination with
379.24 which the person is dissatisfied.

379.25 (c) If, as a result of a reconsideration or review, the lead investigative agency changes
379.26 the final disposition, it shall notify the parties specified in subdivision 9c, paragraph (f).

379.27 (d) For purposes of this subdivision, "interested person acting on behalf of the vulnerable
379.28 adult" means a person designated in writing by the vulnerable adult to act on behalf of the
379.29 vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy
379.30 or health care agent appointed under chapter 145B or 145C, or an individual who is related
379.31 to the vulnerable adult, as defined in section 245A.02, subdivision 13.

379.32 (e) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis
379.33 of a determination of maltreatment, which was serious or recurring, and the individual has
379.34 requested reconsideration of the maltreatment determination under paragraph (a) and
379.35 reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration

380.1 of the maltreatment determination and requested reconsideration of the disqualification
380.2 shall be consolidated into a single reconsideration. If reconsideration of the maltreatment
380.3 determination is denied and the individual remains disqualified following a reconsideration
380.4 decision, the individual may request a fair hearing under section 256.045. If an individual
380.5 requests a fair hearing on the maltreatment determination and the disqualification, the scope
380.6 of the fair hearing shall include both the maltreatment determination and the disqualification.

380.7 (f) If a maltreatment determination or a disqualification based on serious or recurring
380.8 maltreatment is the basis for a denial of a license under section 245A.05 or a licensing
380.9 sanction under section 245A.07, the license holder has the right to a contested case hearing
380.10 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for
380.11 under section 245A.08, the scope of the contested case hearing must include the maltreatment
380.12 determination, disqualification, and licensing sanction or denial of a license. In such cases,
380.13 a fair hearing must not be conducted under section 256.045. Except for family child care
380.14 and child foster care, reconsideration of a maltreatment determination under this subdivision,
380.15 and reconsideration of a disqualification under section 245C.22, must not be conducted
380.16 when:

380.17 (1) a denial of a license under section 245A.05, or a licensing sanction under section
380.18 245A.07, is based on a determination that the license holder is responsible for maltreatment
380.19 or the disqualification of a license holder based on serious or recurring maltreatment;

380.20 (2) the denial of a license or licensing sanction is issued at the same time as the
380.21 maltreatment determination or disqualification; and

380.22 (3) the license holder appeals the maltreatment determination or disqualification, and
380.23 denial of a license or licensing sanction.

380.24 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
380.25 determination or disqualification, but does not appeal the denial of a license or a licensing
380.26 sanction, reconsideration of the maltreatment determination shall be conducted under sections
380.27 ~~626.556, subdivision 10i~~, 260E.33 and 626.557, subdivision 9d, and reconsideration of the
380.28 disqualification shall be conducted under section 245C.22. In such cases, a fair hearing shall
380.29 also be conducted as provided under sections 245C.27, ~~626.556, subdivision 10i~~ 260E.33,
380.30 and 626.557, subdivision 9d.

380.31 If the disqualified subject is an individual other than the license holder and upon whom
380.32 a background study must be conducted under chapter 245C, the hearings of all parties may
380.33 be consolidated into a single contested case hearing upon consent of all parties and the
380.34 administrative law judge.

381.1 (g) Until August 1, 2002, an individual or facility that was determined by the
 381.2 commissioner of human services or the commissioner of health to be responsible for neglect
 381.3 under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001,
 381.4 that believes that the finding of neglect does not meet an amended definition of neglect may
 381.5 request a reconsideration of the determination of neglect. The commissioner of human
 381.6 services or the commissioner of health shall mail a notice to the last known address of
 381.7 individuals who are eligible to seek this reconsideration. The request for reconsideration
 381.8 must state how the established findings no longer meet the elements of the definition of
 381.9 neglect. The commissioner shall review the request for reconsideration and make a
 381.10 determination within 15 calendar days. The commissioner's decision on this reconsideration
 381.11 is the final agency action.

381.12 (1) For purposes of compliance with the data destruction schedule under subdivision
 381.13 12b, paragraph (d), when a finding of substantiated maltreatment has been changed as a
 381.14 result of a reconsideration under this paragraph, the date of the original finding of a
 381.15 substantiated maltreatment must be used to calculate the destruction date.

381.16 (2) For purposes of any background studies under chapter 245C, when a determination
 381.17 of substantiated maltreatment has been changed as a result of a reconsideration under this
 381.18 paragraph, any prior disqualification of the individual under chapter 245C that was based
 381.19 on this determination of maltreatment shall be rescinded, and for future background studies
 381.20 under chapter 245C the commissioner must not use the previous determination of
 381.21 substantiated maltreatment as a basis for disqualification or as a basis for referring the
 381.22 individual's maltreatment history to a health-related licensing board under section 245C.31."

381.23 Delete the title and insert:

381.24 "A bill for an act
 381.25 relating to human services; modifying provisions regarding children and family
 381.26 services, community supports administration, and civil commitment; requiring
 381.27 children in foster care to remain enrolled in the same school as prior to placement;
 381.28 establishing Cultural and Ethnic Communities Leadership Council; requiring
 381.29 responsible social services agencies to coordinate prenatal alcohol exposure
 381.30 screenings for children in foster care; extending the corporate adult foster care
 381.31 moratorium exception for a fifth bed until 2024; codifying existing session law
 381.32 governing consumer-directed community supports; modifying timelines for
 381.33 intensive support service planning; permitting license holders to delegate
 381.34 competency evaluations of residents to direct support staff; modifying training
 381.35 requirements for direct support staff providing licensed home and community-based
 381.36 services; modifying eligibility and per diem requirements for psychiatric residential
 381.37 treatment facility services; clarifying the excess income standard for medical
 381.38 assistance; restoring a notice requirement when MnCHOICES assessments are
 381.39 required for personal care assistance services; requiring the commissioner of human
 381.40 services to establish an institutional and crisis bed consumer-directed community
 381.41 supports budget exception process in home and community-based services waivers;
 381.42 requiring the commissioner to allow a shared services option under

382.1 consumer-directed community supports; modifying the procedure for recreational
 382.2 license suspension and reinstatement; clarifying the procedure for motions to
 382.3 transfer to tribal court; modifying child welfare provisions; reorganizing and
 382.4 clarifying sections regarding child maltreatment and neglect; providing criminal
 382.5 penalties; requiring reports; amending Minnesota Statutes 2018, sections 13.32,
 382.6 subdivision 3; 13.3805, subdivision 3; 13.43, subdivision 14; 13.82, subdivisions
 382.7 8, 9, 17; 13.821; 13.84, subdivision 9; 13.871, subdivision 6; 13.88; 120B.22,
 382.8 subdivision 2; 125A.0942, subdivision 4; 135A.15, subdivision 10; 144.225,
 382.9 subdivision 2b; 144.343, subdivision 4; 144.7065, subdivision 10; 144.7068;
 382.10 144A.472, subdivision 1; 144A.479, subdivision 6; 144A.4796, subdivision 6;
 382.11 144H.16, subdivision 1; 144H.18, subdivision 3; 145.902, subdivision 3; 145.952,
 382.12 subdivision 2; 146A.025; 148E.240, subdivision 7; 148F.13, subdivision 12;
 382.13 148F.205, subdivision 1; 153B.70; 214.103, subdivision 8; 214.104; 245.4871, by
 382.14 adding a subdivision; 245.4885, subdivision 1; 245.8261, subdivision 9; 245A.04,
 382.15 subdivision 5; 245A.06, subdivision 8; 245A.07, subdivision 5; 245A.08,
 382.16 subdivision 2a; 245A.085; 245A.11, subdivisions 2a, 7b; 245C.02, subdivision 5,
 382.17 by adding subdivisions; 245C.04, subdivision 1, by adding a subdivision; 245C.05,
 382.18 subdivision 6; 245C.14, by adding a subdivision; 245C.15, subdivision 4; 245C.16,
 382.19 subdivisions 1, 2; 245C.17, subdivisions 1, 3, by adding a subdivision; 245C.18;
 382.20 245C.21, subdivision 2; 245C.24, subdivision 4; 245C.25; 245C.27, subdivisions
 382.21 1, 2; 245C.28, subdivision 1; 245C.29, subdivision 1; 245C.31, subdivision 1;
 382.22 245C.32, subdivision 2; 245D.02, subdivision 11, by adding a subdivision; 245D.04,
 382.23 subdivision 3; 245D.06, subdivisions 1, 2, 6; 245D.071, subdivision 3; 245D.081,
 382.24 subdivision 2; 245D.09, subdivisions 4, 4a; 245D.10, subdivision 3a; 245D.32,
 382.25 subdivision 5; 245F.02, subdivisions 7, 14; 245F.04, subdivision 1; 245F.06,
 382.26 subdivision 2; 245F.12, subdivisions 2, 3; 245F.15, subdivisions 3, 5; 245F.16,
 382.27 subdivisions 1, 2; 245F.18; 245G.02, subdivision 2; 245G.03, subdivision 1;
 382.28 245G.09, subdivision 1; 245G.10, subdivision 3; 245G.11, subdivisions 3, 4;
 382.29 245G.13, subdivision 2; 253B.02, subdivisions 4b, 7, 8, 9, 10, 13, 16, 17, 18, 19,
 382.30 21, 22, 23, by adding a subdivision; 253B.03, subdivisions 1, 2, 3, 4a, 5, 6, 6b, 6d,
 382.31 7, 10; 253B.04, subdivisions 1, 1a, 2; 253B.045, subdivisions 2, 3, 5, 6; 253B.06,
 382.32 subdivisions 1, 2, 3; 253B.07, subdivisions 1, 2, 2a, 2b, 2d, 3, 5, 7; 253B.08,
 382.33 subdivisions 1, 2a, 5, 5a; 253B.09, subdivisions 1, 2, 3a, 5; 253B.092; 253B.0921;
 382.34 253B.095, subdivision 3; 253B.097, subdivisions 1, 2, 3, 6; 253B.10; 253B.12,
 382.35 subdivisions 1, 3, 4, 7; 253B.13, subdivision 1; 253B.14; 253B.141; 253B.15,
 382.36 subdivisions 1, 1a, 2, 3, 3a, 3b, 3c, 5, 7, 9, 10, by adding a subdivision; 253B.16;
 382.37 253B.17; 253B.18, subdivisions 1, 2, 3, 4a, 4b, 4c, 5, 5a, 6, 7, 8, 10, 11, 12, 14,
 382.38 15; 253B.19, subdivision 2; 253B.20, subdivisions 1, 2, 3, 4, 6; 253B.21,
 382.39 subdivisions 1, 2, 3; 253B.212, subdivisions 1, 1a, 1b, 2; 253B.22, subdivisions
 382.40 1, 2, 3, 4; 253B.23, subdivisions 1, 1b, 2; 253B.24; 253D.02, subdivision 6;
 382.41 253D.07, subdivision 2; 253D.10, subdivision 2; 253D.28, subdivision 2; 254A.09;
 382.42 256.01, subdivisions 12, 15; 256.0112, subdivision 10; 256.041; 256.045,
 382.43 subdivisions 3, 3b, 4; 256.82, subdivision 2; 256.87, subdivision 8; 256B.0621,
 382.44 subdivision 4; 256B.0625, subdivision 33; 256B.0652, subdivision 10; 256B.0941,
 382.45 subdivisions 1, 3; 256B.0945, subdivision 1; 256B.0949, subdivisions 2, 5, 6, 9,
 382.46 13, 14, 15, 16; 256B.0951, subdivision 5; 256B.0954; 256B.097, subdivisions 4,
 382.47 6; 256B.49, subdivision 16; 256B.77, subdivision 17; 256B.85, subdivision 12a;
 382.48 256D.02, subdivision 17; 256E.21, subdivision 5; 256E.35; 256F.10, subdivisions
 382.49 1, 4; 256I.03, subdivisions 3, 14; 256I.05, subdivisions 1c, 1n, 8; 256I.06,
 382.50 subdivision 2, by adding a subdivision; 256J.08, subdivision 73a; 256L.07,
 382.51 subdivision 4; 256M.10, subdivision 2; 256M.40, subdivision 1; 256M.41,
 382.52 subdivision 1; 256N.02, subdivision 14a; 256N.21, subdivisions 2, 5; 256N.24,
 382.53 subdivision 4; 256P.01, by adding a subdivision; 257.0725; 257.0764; 257.70;
 382.54 260.012; 260.761, subdivision 2; 260B.171, subdivision 6; 260C.007, subdivisions
 382.55 3, 5, 6, 13, by adding subdivisions; 260C.150, subdivision 3; 260C.157, subdivision
 382.56 3; 260C.171, subdivision 3; 260C.177; 260C.202; 260C.204; 260C.209, subdivision
 382.57 2; 260C.212, subdivisions 1, 4a, 12, by adding a subdivision; 260C.219; 260C.221;
 382.58 260C.227; 260C.4412; 260C.503, subdivision 2, by adding a subdivision; 260D.01;

383.1 260D.02, subdivisions 3, 5; 388.051, subdivision 2; 518.005, subdivision 5;
 383.2 518.165, subdivisions 2, 5; 518A.53, subdivision 11; 518A.68; 518A.685;
 383.3 524.5-118, subdivision 2; 595.02, subdivisions 1, 2; 609.26, subdivision 7;
 383.4 609.3457, subdivision 2; 609.379, subdivision 2; 609.507; 609.7495, subdivision
 383.5 1; 611A.203, subdivision 4; 611A.90, subdivision 1; 626.557, subdivision 9d;
 383.6 Minnesota Statutes 2019 Supplement, sections 13.46, subdivisions 3, 4; 122A.20,
 383.7 subdivision 2; 122A.40, subdivision 13; 122A.41, subdivision 6; 144A.4796,
 383.8 subdivision 2; 148B.593; 243.166, subdivision 7; 245.4889, subdivision 1; 245A.07,
 383.9 subdivision 3; 245A.145, subdivision 1; 245A.40, subdivision 1; 245C.03,
 383.10 subdivision 1; 245C.05, subdivision 4; 245C.08, subdivision 1; 245C.13,
 383.11 subdivision 2; 245D.09, subdivision 5; 245G.12; 245G.13, subdivision 1; 245H.11;
 383.12 254A.03, subdivision 3, as amended; 254B.04, subdivision 1; 254B.05, subdivision
 383.13 1; 256.01, subdivision 14b; 256B.056, subdivision 5c; 256B.064, subdivision 2;
 383.14 256B.0711, subdivision 1; 256B.0911, subdivision 3a; 256B.85, subdivision 10;
 383.15 256I.04, subdivision 2b; 256S.01, subdivision 6; 256S.19, subdivision 4; 260B.198,
 383.16 subdivision 1; 260C.139, subdivision 3; 260C.178, subdivision 1; 260C.201,
 383.17 subdivision 6; 260C.212, subdivision 2; 299C.093; proposing coding for new law
 383.18 in Minnesota Statutes, chapters 120A; 253B; 256B; 256K; 260; 260C; 518A;
 383.19 proposing coding for new law as Minnesota Statutes, chapter 260E; repealing
 383.20 Minnesota Statutes 2018, sections 245F.02, subdivision 20; 253B.02, subdivisions
 383.21 6, 12a; 253B.05, subdivisions 1, 2, 2b, 3, 4; 253B.064; 253B.065; 253B.066;
 383.22 253B.09, subdivision 3; 253B.12, subdivision 2; 253B.15, subdivision 11; 253B.20,
 383.23 subdivision 7; 626.556, subdivisions 1, 3, 3a, 3c, 3d, 3f, 4, 4a, 5, 6, 6a, 7, 7a, 8, 9,
 383.24 10a, 10b, 10c, 10d, 10e, 10f, 10g, 10h, 10i, 10j, 10k, 10l, 10m, 10n, 11a, 11b, 11c,
 383.25 11d, 12, 14, 15, 16; 626.5561; 626.5562; 626.558; 626.559, subdivisions 1, 1a,
 383.26 1b, 2, 3, 5; 626.5591; 626.561; Minnesota Statutes 2019 Supplement, section
 383.27 626.556, subdivisions 2, 3b, 3e, 10, 11; Laws 2005, First Special Session chapter
 383.28 4, article 7, sections 50; 51; Laws 2012, chapter 247, article 4, section 47, as
 383.29 amended; Laws 2015, chapter 71, article 7, section 54, as amended; Laws 2017,
 383.30 First Special Session chapter 6, article 1, sections 44, as amended; 45, as amended."