1.1 ..... moves to amend H.F. No. 3471 as follows:

1.2 Page 14, after line 7, insert:

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

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

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

1.14Subd. 36. Staff person. "Staff person" means an individual who works under a license1.15holder's direction or under a contract with a license holder. Staff person includes an intern,1.16consultant, contractor, individual who works part-time, and an individual who does not1.17provide direct contact services to clients but does have physical access to clients. Staff1.18person includes a volunteer who provides treatment services to a client or a volunteer whom1.19the license holder regards as a staff person for the purpose of meeting staffing or service1.20delivery requirements. A staff person must be 18 years of age or older.

2.1	Sec Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended
2.2	to read:
2.3	Subd. 9. Volunteers. A If a licence holder uses volunteers, the license holder must have
2.4	policies and procedures for using volunteers, including when a the license holder must
2.5	submit a background study for a volunteer, and the specific tasks that a volunteer may
2.6	perform.
2.7	EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
2.8	whichever is later. The commissioner of human services shall notify the revisor of statutes
2.9	when federal approval is obtained."
2.10	Page 16, line 8, strike "under" and insert "to receive the training according to"
2.11	Page 17, after line 10, insert:
2.12	"Sec Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended
2.13	to read:
2.14	Subd. 4. Progress notes. A license holder must use a progress note to document each
2.15	occurrence of a mental health service that a staff person provides to a client. A progress
2.16	note must include the following:
2.17	(1) the type of service;
2.18	(2) the date of service;
2.19	(3) the start and stop time of the service unless the license holder is licensed as a
2.20	residential program;
2.21	(4) the location of the service;
2.22	(5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
2.23	intervention that the staff person provided to the client and the methods that the staff person
2.24	used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
2.25	actions, including changes in treatment that the staff person will implement if the intervention
2.26	was ineffective; and (v) the service modality;
2.27	(6) the signature, printed name, and credentials of the staff person who provided the
2.28	service to the client;
2.29	(7) the mental health provider travel documentation required by section 256B.0625, if
2.30	applicable; and

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(8) significant observations by the staff person, if applicable, including: (i) the client's 3.1 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with 3.2 or referrals to other professionals, family, or significant others; and (iv) changes in the 3.3 client's mental or physical symptoms. 3.4 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval, 3.5 whichever is later. The commissioner of human services shall notify the revisor of statutes 3.6 when federal approval is obtained. 3.7 Sec. .... Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended 3.8 to read: 3.9 Subd. 2. Record retention. A license holder must retain client records of a discharged 3.10 client for a minimum of five years from the date of the client's discharge. A license holder 3.11 who ceases to provide treatment services to a client closes a program must retain the a 3.12 client's records for a minimum of five years from the date that the license holder stopped 3.13 providing services to the client and must notify the commissioner of the location of the 3.14 client records and the name of the individual responsible for storing and maintaining the 3.15 3.16 client records. EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval, 3.17 whichever is later. The commissioner of human services shall notify the revisor of statutes 3.18 when federal approval is obtained." 3.19 Page 21, after line 15, insert: 3.20 "Sec. .... Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended 3 21 to read: 3.22 Subd. 5. Treatment supervision specified. (a) A mental health professional must remain 3.23 3.24 responsible for each client's case. The certification holder must document the name of the mental health professional responsible for each case and the dates that the mental health 3.25 professional is responsible for the client's case from beginning date to end date. The 3.26 certification holder must assign each client's case for assessment, diagnosis, and treatment 3.27 services to a treatment team member who is competent in the assigned clinical service, the 3.28 recommended treatment strategy, and in treating the client's characteristics. 3.29 (b) Treatment supervision of mental health practitioners and clinical trainees required 3.30 by section 245I.06 must include case reviews as described in this paragraph. Every two 3.31 months, a mental health professional must complete and document a case review of each 3.32

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4.1	client assigned to the mental health professional when the client is receiving clinical services
4.2	from a mental health practitioner or clinical trainee. The case review must include a
4.3	consultation process that thoroughly examines the client's condition and treatment, including:
4.4	(1) a review of the client's reason for seeking treatment, diagnoses and assessments, and
4.5	the individual treatment plan; (2) a review of the appropriateness, duration, and outcome
4.6	of treatment provided to the client; and (3) treatment recommendations.
4.7	Sec Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended
4.8	to read:
4.9	Subd. 22. Additional policy and procedure requirements. (a) In addition to the policies
4.10	and procedures in section 245I.03, the license holder must establish, enforce, and maintain
4.11	the policies and procedures in this subdivision.
4.12	(b) The license holder must have policies and procedures for receiving referrals and
4.13	making admissions determinations about referred persons under subdivisions 14 to 16 15
4.14	<u>to 17</u> .
4.15	(c) The license holder must have policies and procedures for discharging clients under
4.16	subdivision <u>17_18</u> . In the policies and procedures, the license holder must identify the staff
4.17	persons who are authorized to discharge clients from the program.
4.18	<b>EFFECTIVE DATE.</b> This section is effective July 1, 2022, or upon federal approval,
4.19	whichever is later. The commissioner of human services shall notify the revisor of statutes
4.20	when federal approval is obtained."
4.21	Page 39, line 14, delete "and" and insert "or"
4.22	Page 40, after line 10, insert:
4.23	"Sec Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
4.24	amended to read:
4.25	Subd. 2. Definitions. For purposes of this section, the following terms have the meanings
4.26	given them.
4.27	(a) "Intensive nonresidential rehabilitative mental health services" means child
4.28	rehabilitative mental health services as defined in section 256B.0943, except that these
4.29	services are provided by a multidisciplinary staff using a total team approach consistent
4.30	with assertive community treatment, as adapted for youth, and are directed to recipients
4.31	who are eight years of age or older and under 26 years of age who require intensive services
4.32	to prevent admission to an inpatient psychiatric hospital or placement in a residential

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5.1	treatment facility or who require intensive services to step down from inpatient or residential
5.2	care to community-based care.
5.3	(b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
5.4	at least one form of mental illness and at least one substance use disorder. Substance use
5.5	disorders include alcohol or drug abuse or dependence, excluding nicotine use.
5.6 5.7	(c) "Standard diagnostic assessment" means the assessment described in section 245I.10, subdivision 6.
	(d) "Medication education services" means services provided individually or in groups,
5.8	which focus on:
5.9	which focus off.
5.10	(1) educating the client and client's family or significant nonfamilial supporters about
5.11	mental illness and symptoms;
5.12	(2) the role and effects of medications in treating symptoms of mental illness; and
5.13	(3) the side effects of medications.
5.14	Medication education is coordinated with medication management services and does not
5.15	duplicate it. Medication education services are provided by physicians, pharmacists, or
5.16	registered nurses with certification in psychiatric and mental health care.
5.17	(e) "Mental health professional" means a staff person who is qualified according to
5.18	section 245I.04, subdivision 2.
5.19	(f) "Provider agency" means a for-profit or nonprofit organization established to
5.20	administer an assertive community treatment for youth team.
5.21	(g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
5.22	and statistical manual of mental disorders, current edition.
5.23	(h) "Transition services" means:
5.24	(1) activities, materials, consultation, and coordination that ensures continuity of the
5.25	client's care in advance of and in preparation for the client's move from one stage of care
5.26	or life to another by maintaining contact with the client and assisting the client to establish
5.27	provider relationships;
5.28	(2) providing the client with knowledge and skills needed posttransition;
5.29	(3) establishing communication between sending and receiving entities;
5.30	(4) supporting a client's request for service authorization and enrollment; and
5.31	(5) establishing and enforcing procedures and schedules.

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6.1	A youth's transition from the children's mental health system and services to the adult
6.2	mental health system and services and return to the client's home and entry or re-entry into
6.3	community-based mental health services following discharge from an out-of-home placement
6.4	or inpatient hospital stay.
6.5	(i) "Treatment team" means all staff who provide services to recipients under this section.
6.6	(j) "Family peer specialist" means a staff person who is qualified under section
6.7	256B.0616."
6.8	Page 46, after line 25, insert:
6.9	"Sec Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:
6.10	Subd. 2. Implementation. The commissioner, in consultation with the commissioners
6.11	of the Department of Corrections and the Minnesota Housing Finance Agency, counties,
6.12	Tribes, providers and funders of supportive housing and services, shall develop application
6.13	requirements and make funds available according to this section, with the goal of providing
6.14	maximum flexibility in program design."
6.15	Page 49, line 16, delete "chapters 245G, 253B, 254A, and 254B,"
6.16	Renumber the sections in sequence and correct the internal references
6.17	Amend the title accordingly