

1.1 moves to amend H.F. No. 2127, the delete everything amendment
1.2 (H2127DE1) as follows:

1.3 Page 59, line 11, delete the new language and insert "and"

1.4 Page 59, line 12, delete the first comma and strike "and section 245.487, subdivision
1.5 3,"

1.6 Page 68, after line 21, insert "If a level of care determination was conducted under section
1.7 245.4885, that information must be shared with the qualified individual and the juvenile
1.8 treatment screening team."

1.9 Page 102, delete sections 16 and 17 and insert:

1.10 "Sec. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

1.11 Subd. 3. **Individual treatment plans.** All providers of outpatient services, day treatment
1.12 services, professional home-based family treatment, residential treatment, and acute care
1.13 hospital inpatient treatment, and all regional treatment centers that provide mental health
1.14 services for children must develop an individual treatment plan for each child client. The
1.15 individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,
1.16 the child and the child's family shall be involved in all phases of developing and
1.17 implementing the individual treatment plan. Providers of residential treatment, professional
1.18 home-based family treatment, and acute care hospital inpatient treatment, and regional
1.19 treatment centers must develop the individual treatment plan within ten working days of
1.20 client intake or admission and must review the individual treatment plan every 90 days after
1.21 intake, ~~except that the administrative review of the treatment plan of a child placed in a~~
1.22 ~~residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.~~
1.23 Providers of day treatment services must develop the individual treatment plan before the
1.24 completion of five working days in which service is provided or within 30 days after the

2.1 diagnostic assessment is completed or obtained, whichever occurs first. Providers of
 2.2 outpatient services must develop the individual treatment plan within 30 days after the
 2.3 diagnostic assessment is completed or obtained or by the end of the second session of an
 2.4 outpatient service, not including the session in which the diagnostic assessment was provided,
 2.5 whichever occurs first. Providers of outpatient and day treatment services must review the
 2.6 individual treatment plan every 90 days after intake."

2.7 Page 105, line 19, strike "subject to the"

2.8 Page 105, strike line 20

2.9 Page 105, line 21, strike everything before "₂," and delete the new language

2.10 Page 105, line 22, delete the new language and insert "reviewed every 90 days."

2.11 Page 105, after line 29, insert:

2.12 "Sec. Minnesota Statutes 2020, section 245.4882, subdivision 3, is amended to read:

2.13 Subd. 3. **Transition to community.** Residential treatment facilities and regional treatment
 2.14 centers serving children must plan for and assist those children and their families in making
 2.15 a transition to less restrictive community-based services. Discharge planning for the child
 2.16 to return to the community must include identification and referrals of appropriate home
 2.17 and community supports to meet the needs of the child and family. Discharge planning must
 2.18 begin within 30 days after the child enters residential treatment and be updated every 60
 2.19 days. Residential treatment facilities must also arrange for appropriate follow-up care in
 2.20 the community. Before a child is discharged, the residential treatment facility or regional
 2.21 treatment center shall provide notification to the child's case manager, if any, so that the
 2.22 case manager can monitor and coordinate the transition and make timely arrangements for
 2.23 the child's appropriate follow-up care in the community.

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

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

2.30 (b) ~~The responsible social services agency~~ county board shall determine the appropriate
 2.31 level of care for a child when county-controlled funds are used to pay for the child's ~~services~~
 2.32 ~~or placement in a qualified residential treatment facility under chapter 260C and licensed~~

3.1 ~~by the commissioner under chapter 245A. In accordance with section 260C.157, a juvenile~~
 3.2 ~~treatment screening team shall conduct a screening before the team may recommend whether~~
 3.3 ~~to place a child~~ residential treatment under this chapter, including residential treatment
 3.4 provided in a qualified residential treatment program as defined in section 260C.007,
 3.5 subdivision 26d. When a ~~social services agency~~ county board does not have responsibility
 3.6 for a child's placement and the child is enrolled in a prepaid health program under section
 3.7 256B.69, the enrolled child's contracted health plan must determine the appropriate level
 3.8 of care for the child. When Indian Health Services funds or funds of a tribally owned facility
 3.9 funded under the Indian Self-Determination and Education Assistance Act, Public Law
 3.10 93-638, are to be used for the child, the Indian Health Services or 638 tribal health facility
 3.11 must determine the appropriate level of care for the child. When more than one entity bears
 3.12 responsibility for a child's coverage, the entities shall coordinate level of care determination
 3.13 activities for the child to the extent possible.

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

3.21 (1) is necessary;

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

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

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

3.26 (d) When a level of care determination is conducted, the ~~responsible social services~~
 3.27 ~~agency~~ county board or other entity may not determine that a screening ~~under section~~
 3.28 ~~260C.157 or~~ 2 referral, 2 or admission to a ~~treatment foster care setting or~~ residential treatment
 3.29 facility is not appropriate solely because services were not first provided to the child in a
 3.30 less restrictive setting and the child failed to make progress toward or meet treatment goals
 3.31 in the less restrictive setting. The level of care determination must be based on a diagnostic
 3.32 assessment of a child that ~~includes a functional assessment which~~ evaluates family, school,
 3.33 and community living situations; and an assessment of the child's need for care out of the
 3.34 home using a validated tool which assesses a child's functional status and assigns an

4.1 appropriate level of care to the child. The validated tool must be approved by the
 4.2 commissioner of human services. If a diagnostic assessment ~~including a functional assessment~~
 4.3 has been completed by a mental health professional within the past 180 days, a new diagnostic
 4.4 assessment need not be completed unless in the opinion of the current treating mental health
 4.5 professional the child's mental health status has changed markedly since the assessment
 4.6 was completed. The child's parent shall be notified if an assessment will not be completed
 4.7 and of the reasons. A copy of the notice shall be placed in the child's file. Recommendations
 4.8 developed as part of the level of care determination process shall include specific community
 4.9 services needed by the child and, if appropriate, the child's family, and shall indicate whether
 4.10 or not these services are available and accessible to the child and the child's family. The
 4.11 child and the child's family must be invited to any meeting where the level of care
 4.12 determination is discussed and decisions regarding residential treatment are made. The child
 4.13 and the child's family may invite other relatives, friends, or advocates to attend these
 4.14 meetings.

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

4.19 ~~(f) When the responsible social services agency has authority, the agency must engage~~
 4.20 ~~the child's parents in case planning under sections 260C.212 and 260C.708 unless a court~~
 4.21 ~~terminates the parent's rights or court orders restrict the parent from participating in case~~
 4.22 ~~planning, visitation, or parental responsibilities.~~

4.23 ~~(g)~~(f) The level of care determination, and placement decision, and recommendations
 4.24 for mental health services must be documented in the child's record, ~~as required in chapter~~
 4.25 ~~260C~~ and made available to the child's family, as appropriate.

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

4.27 Page 137, delete section 42

4.28 Page 138, delete sections 43 and 44

4.29 Page 139, delete lines 1 and 2

4.30 Page 140, after line 8, insert

5.1 "Sec. **DIRECTION TO THE COMMISSIONER; CHILDREN'S MENTAL**
5.2 **HEALTH RESIDENTIAL TREATMENT WORK GROUP.**

5.3 The commissioner of human services, in consultation with counties, children's mental
5.4 health residential providers, and children's mental health advocates, must organize a work
5.5 group and develop recommendations on how to efficiently and effectively fund room and
5.6 board costs for children's mental health residential treatment under the children's mental
5.7 health act. The work group may also provide recommendations on how to address systemic
5.8 barriers in transitioning children into the community and community-based treatment options.
5.9 The commissioner shall submit the recommendations to the chairs and ranking minority
5.10 members of the legislative committees with jurisdiction over health and human services
5.11 policy and finance by February 15, 2022."

5.12 Page 143, after line 27, insert:

5.13 "(c) Minnesota Statutes, section 245.4871, subdivision 32a, is repealed.

5.14 **EFFECTIVE DATE.** Paragraph (c) is effective September 30, 2021."

5.15 Renumber the sections in sequence and correct the internal references

5.16 Amend the title accordingly