

1.1 moves to amend H.F. No. 1500 as follows:

1.2 Page 6, after line 2, insert:

1.3 "(9) reports information about the vendor's current capacity in a manner prescribed
1.4 by the commissioner;

1.5 (10) maintains insurance in the types and amounts needed in connection with
1.6 providing chemical dependency treatment services, and in at least the following types
1.7 and amounts:

1.8 (i) employee dishonesty in the amount of \$10,000 if the vendor ever has custody
1.9 or control of money or property belonging to clients; and

1.10 (ii) bodily injury and property damage in the amount of \$2,000,000 for each
1.11 occurrence."

1.12 Page 6, line 19, delete "of room and board"

1.13 Page 6, line 23, after the semicolon insert "and"

1.14 Page 6, delete lines 24 to 27 and insert:

1.15 "(4) submit an annual financial statement which reports functional expenses of
1.16 chemical dependency treatment costs in a form approved by the commissioner."

1.17 Page 8, line 31, delete "under appropriate supervision" and before the comma insert "
1.18 and are under the supervision of a licensed alcohol and drug counselor supervisor and
1.19 licensed mental health professional"

1.20 Page 8, line 36, delete "and"

1.21 Page 9, line 2, delete the period and insert "; and"

1.22 Page 9, after line 2, insert:

1.23 "(vi) co-occurring counseling staff will receive eight hours of co-occurring disorder
1.24 training annually."

1.25 Page 11, line 4, delete the comma and delete "as" and insert "shall include direct
1.26 services costs, other program costs, and other costs"

1.27 Page 11, line 5, delete "portion of"

2.1 Page 11, line 8, delete "for" and delete "the rate must include" and insert "shall
2.2 be determined as"

2.3 Page 11, line 9, delete "to be paid beyond" and insert "of" and after "costs" insert "
2.4 as determined by item (i)"

2.5 Page 11, line 20, delete "may" and insert "shall"

2.6 Page 11, line 21, delete "return to agency" and delete "specified"

2.7 Page 11, line 24, delete "approved by the commissioner"

2.8 Page 12, line 8, strike "assertive community team"

2.9 Page 12, line 14, delete "approved allowable"

2.10 Page 12, line 15, after "period" insert "using the criteria established in paragraph (c)"

2.11 Page 12, after line 26 insert:

2.12 "(i) A provider may request of the commissioner a review of any rate-setting
2.13 decision made under this subdivision."

2.14 Page 20, line 17, after "services" insert "for a period of at least two years"

2.15 Page 20, line 20, delete "and"

2.16 Page 20, line 22, delete the period and insert "; and"

2.17 Page 20, after line 22, insert:

2.18 "(vii) must be free of substance use problems for at least one year."

2.19 Page 28, after line 25, insert:

2.20 "Section 1. Minnesota Statutes 2010, section 260C.157, subdivision 3, is amended to
2.21 read:

2.22 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services
2.23 agency shall establish a juvenile treatment screening team to conduct screenings and
2.24 prepare case plans under ~~this subdivision~~ this chapter, chapter 260D, and section 245.487,
2.25 subdivision 3. Screenings shall be conducted within 15 days of a request for a screening.

2.26 The team, which may be the team constituted under section 245.4885 or 256B.092 or
2.27 Minnesota Rules, parts 9530.6600 to 9530.6655, shall consist of social workers, juvenile
2.28 justice professionals, ~~and~~ persons with expertise in the treatment of juveniles who are
2.29 emotionally disabled, chemically dependent, or have a developmental disability, and the
2.30 child's parent, guardian, or permanent legal custodian under section 260C.201, subdivision
2.31 11. The team shall involve parents or guardians in the screening process as appropriate.

2.32 The team may be the same team as defined in section 260B.157, subdivision 3.

2.33 (b) The social services agency shall determine whether a child brought to its
2.34 attention for the purposes described in this section is an Indian child, as defined in section
2.35 260C.007, subdivision 21, and shall determine the identity of the Indian child's tribe, as
2.36 defined in section 260.755, subdivision 9. When a child to be evaluated is an Indian child,

3.1 the team provided in paragraph (a) shall include a designated representative of the Indian
3.2 child's tribe, unless the child's tribal authority declines to appoint a representative. The
3.3 Indian child's tribe may delegate its authority to represent the child to any other federally
3.4 recognized Indian tribe, as defined in section 260.755, subdivision 12.

3.5 (c) If the court, prior to, or as part of, a final disposition, proposes to place a child:

3.6 (1) for the primary purpose of treatment for an emotional disturbance, a
3.7 developmental disability, or chemical dependency in a residential treatment facility out
3.8 of state or in one which is within the state and licensed by the commissioner of human
3.9 services under chapter 245A; or

3.10 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a
3.11 postdispositional placement in a facility licensed by the commissioner of corrections or
3.12 human services, the court shall ascertain whether the child is an Indian child and shall
3.13 notify the county welfare agency and, if the child is an Indian child, shall notify the Indian
3.14 child's tribe. The county's juvenile treatment screening team must either: (i) screen and
3.15 evaluate the child and file its recommendations with the court within 14 days of receipt
3.16 of the notice; or (ii) elect not to screen a given case and notify the court of that decision
3.17 within three working days.

3.18 (d) ~~If the screening team has elected to screen and evaluate the child,~~ The child
3.19 may not be placed for the primary purpose of treatment for an emotional disturbance, a
3.20 developmental disability, or chemical dependency, in a residential treatment facility out of
3.21 state nor in a residential treatment facility within the state that is licensed under chapter
3.22 245A, unless one of the following conditions applies:

3.23 (1) a treatment professional certifies that an emergency requires the placement
3.24 of the child in a facility within the state;

3.25 (2) the screening team has evaluated the child and recommended that a residential
3.26 placement is necessary to meet the child's treatment needs and the safety needs of the
3.27 community, that it is a cost-effective means of meeting the treatment needs, and that it
3.28 will be of therapeutic value to the child; or

3.29 (3) the court, having reviewed a screening team recommendation against placement,
3.30 determines to the contrary that a residential placement is necessary. The court shall state
3.31 the reasons for its determination in writing, on the record, and shall respond specifically
3.32 to the findings and recommendation of the screening team in explaining why the
3.33 recommendation was rejected. The attorney representing the child and the prosecuting
3.34 attorney shall be afforded an opportunity to be heard on the matter.

3.35 (e) When the county's juvenile treatment screening team has elected to screen and
3.36 evaluate a child determined to be an Indian child, the team shall provide notice to the

4.1 tribe or tribes that accept jurisdiction for the Indian child or that recognize the child as a
4.2 member of the tribe or as a person eligible for membership in the tribe, and permit the
4.3 tribe's representative to participate in the screening team.

4.4 (f) When the Indian child's tribe or tribal health care services provider or Indian
4.5 Health Services provider proposes to place a child for the primary purpose of treatment
4.6 for an emotional disturbance, a developmental disability, or co-occurring emotional
4.7 disturbance and chemical dependency, the Indian child's tribe or the tribe delegated by
4.8 the child's tribe shall submit necessary documentation to the county juvenile treatment
4.9 screening team, which must invite the Indian child's tribe to designate a representative to
4.10 the screening team.

4.11 Sec. 2. Minnesota Statutes 2010, section 260D.01, is amended to read:

4.12 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

4.13 (a) Sections 260D.01 to 260D.10, may be cited as the "child in voluntary foster care
4.14 for treatment" provisions of the Juvenile Court Act.

4.15 (b) The juvenile court has original and exclusive jurisdiction over a child in
4.16 voluntary foster care for treatment upon the filing of a report or petition required under
4.17 this chapter. All obligations of the agency to a child and family in foster care contained in
4.18 chapter 260C not inconsistent with this chapter are also obligations of the agency with
4.19 regard to a child in foster care for treatment under this chapter.

4.20 (c) This chapter shall be construed consistently with the mission of the children's
4.21 mental health service system as set out in section 245.487, subdivision 3, and the duties
4.22 of an agency under ~~section~~ sections 256B.092, 260C.157, and Minnesota Rules, parts
4.23 9525.0004 to 9525.0016, to meet the needs of a child with a developmental disability or
4.24 related condition. This chapter:

4.25 (1) establishes voluntary foster care through a voluntary foster care agreement as the
4.26 means for an agency and a parent to provide needed treatment when the child must be in
4.27 foster care to receive necessary treatment for an emotional disturbance or developmental
4.28 disability or related condition;

4.29 (2) establishes court review requirements for a child in voluntary foster care for
4.30 treatment due to emotional disturbance or developmental disability or a related condition;

4.31 (3) establishes the ongoing responsibility of the parent as legal custodian to visit the
4.32 child, to plan together with the agency for the child's treatment needs, to be available and
4.33 accessible to the agency to make treatment decisions, and to obtain necessary medical,
4.34 dental, and other care for the child; and

5.1 (4) applies to voluntary foster care when the child's parent and the agency agree that
5.2 the child's treatment needs require foster care either:

5.3 (i) due to a level of care determination by the agency's screening team informed by
5.4 the diagnostic and functional assessment under section 245.4885; or

5.5 (ii) due to a determination regarding the level of services needed by the responsible
5.6 social services' screening team under section 256B.092, and Minnesota Rules, parts
5.7 9525.0004 to 9525.0016.

5.8 (d) This chapter does not apply when there is a current determination under section
5.9 626.556 that the child requires child protective services or when the child is in foster care
5.10 for any reason other than treatment for the child's emotional disturbance or developmental
5.11 disability or related condition. When there is a determination under section 626.556 that
5.12 the child requires child protective services based on an assessment that there are safety
5.13 and risk issues for the child that have not been mitigated through the parent's engagement
5.14 in services or otherwise, or when the child is in foster care for any reason other than
5.15 the child's emotional disturbance or developmental disability or related condition, the
5.16 provisions of chapter 260C apply.

5.17 (e) The paramount consideration in all proceedings concerning a child in voluntary
5.18 foster care for treatment is the safety, health, and the best interests of the child. The
5.19 purpose of this chapter is:

5.20 (1) to ensure a child with a disability is provided the services necessary to treat or
5.21 ameliorate the symptoms of the child's disability;

5.22 (2) to preserve and strengthen the child's family ties whenever possible and in the
5.23 child's best interests, approving the child's placement away from the child's parents only
5.24 when the child's need for care or treatment requires it and the child cannot be maintained
5.25 in the home of the parent; and

5.26 (3) to ensure the child's parent retains legal custody of the child and associated
5.27 decision-making authority unless the child's parent willfully fails or is unable to make
5.28 decisions that meet the child's safety, health, and best interests. The court may not find
5.29 that the parent willfully fails or is unable to make decisions that meet the child's needs
5.30 solely because the parent disagrees with the agency's choice of foster care facility, unless
5.31 the agency files a petition under chapter 260C, and establishes by clear and convincing
5.32 evidence that the child is in need of protection or services.

5.33 (f) The legal parent-child relationship shall be supported under this chapter by
5.34 maintaining the parent's legal authority and responsibility for ongoing planning for the
5.35 child and by the agency's assisting the parent, where necessary, to exercise the parent's

6.1 ongoing right and obligation to visit or to have reasonable contact with the child. Ongoing
6.2 planning means:

6.3 (1) actively participating in the planning and provision of educational services,
6.4 medical, and dental care for the child;

6.5 (2) actively planning and participating with the agency and the foster care facility
6.6 for the child's treatment needs; and

6.7 (3) planning to meet the child's need for safety, stability, and permanency, and the
6.8 child's need to stay connected to the child's family and community.

6.9 (g) The provisions of section 260.012 to ensure placement prevention, family
6.10 reunification, and all active and reasonable effort requirements of that section apply. This
6.11 chapter shall be construed consistently with the requirements of the Indian Child Welfare
6.12 Act of 1978, United States Code, title 25, section 1901, et al., and the provisions of the
6.13 Minnesota Indian Family Preservation Act, sections 260.751 to 260.835."