..... moves to amend H.F. No. 3495 as follows:

Page 1, before line 18, insert:

"Sec. .... Minnesota Statutes 2022, section 245A.02, is amended by adding a subdivision to read:

Subd. 4b. **Child with severe emotional disturbance.** "Child with severe emotional disturbance" has the meaning given in section 245.4871, subdivision 6.

Sec. .... Minnesota Statutes 2022, section 245A.02, is amended by adding a subdivision to read:

Subd. 4c. **Clinical supervision.** "Clinical supervision" means the oversight responsibility in a children's residential facility for the planning, development, implementation, and evaluation of clinical services, admissions, intake assessment, individual treatment plans, delivery of treatment services, resident progress in treatment, case management, discharge planning, and staff development and evaluation.

Sec. .... Minnesota Statutes 2022, section 245A.02, is amended by adding a subdivision to read:

Subd. 4d. **Clinical supervisor.** "Clinical supervisor" means the person designated as responsible for clinical supervision in a children's residential facility.

Sec. .... Minnesota Statutes 2022, section 245A.02, is amended by adding a subdivision to read:

Subd. 7c. **Individual treatment plan.** "Individual treatment plan" has the meaning given in section 245.4871, subdivision 21.

Sec. .... Minnesota Statutes 2022, section 245A.02, is amended by adding a subdivision to read:

Subd. 9a. **Mental health professional.** "Mental health professional" has the meaning given in section 245I.02, subdivision 27.

Sec. .... **[245A.80] RESIDENTIAL MENTAL HEALTH TREATMENT FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE; CERTIFICATION.**

Sections 245A.80 to 245A.82 establish standards that a residential treatment program serving children with severe emotional disturbance must meet to qualify for certification, and must be read in conjunction with Minnesota Rules, chapter 2960, and other applicable statutes and rules.

Sec. .... **[245A.81] RESIDENTIAL MENTAL HEALTH TREATMENT FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE; SUPERVISION.**

Subdivision 1. **Mental health professional consultation.** (a) The license holder must ensure that the children's residential mental health treatment program employs or contracts with a mental health professional qualified under section 245I.04, subdivision 2, to provide consultation relating to the planning, development, implementation, and evaluation of program services.

(b) The license holder must ensure that the mental health professional can be reached for consultation about a mental health emergency, at least by telephone, within 30 minutes.

Subd. 2. **Staff supervision.** A mental health professional qualified under section 245I.04, subdivision 2, must provide at least weekly face-to-face clinical supervision to staff providing children's residential mental health treatment program services to a resident. The mental health professional:

(1) must provide clinical supervision of staff either individually or as a group. Staff who do not participate in the weekly meeting must participate in an ancillary meeting during each week in which they work. During the ancillary meeting, the information that was shared at the most recent weekly team meeting must be verbally reviewed, including revisions to the residents' plans of care and other information that was exchanged. The ancillary meeting may be conducted by the clinical supervisor or a mental health practitioner that participated in the weekly meeting. The license holder must maintain documentation of the ancillary meetings, including the names of staff who attended;

(2) must document the supervision of staff;

(3) must advise the facility director about the planning, development, and implementation of staff development and evaluation; and

(4) may provide consultation instead of supervision to other mental health professionals under contract or employed by the license holder to provide program services to a resident.

Subd. 3. **Treatment supervision.** A mental health professional qualified under section 245I.04, subdivision 2, must:

(1) supervise the diagnostic assessment, defined in section 245I.02, subdivision 14, of each resident in the facility and the development of each resident's individual treatment plan;

(2) document involvement in the treatment planning process by signing the individual treatment plan;

(3) supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress, including the quarterly progress review; and

(4) document on a monthly basis a review of all the program services provided for the resident in the preceding weeks.

Sec. .... **[245A.82] RESIDENTIAL MENTAL HEALTH TREATMENT FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE; PSYCHOTROPIC MEDICATIONS.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision have the meanings given.

(b) "Medical professional" means a person who is licensed by a Minnesota health-related licensing board as a physician, advanced practice registered nurse, or physician assistant to practice in Minnesota and is practicing within the scope of the person's license.

(c) "Prescribing practitioner" means a person who is licensed by a Minnesota health-related licensing board as a physician, advanced practice registered nurse, or physician assistant and is authorized to prescribe psychotropic medications.

(d) "Psychotropic medication" means a medication prescribed to treat mental illness and associated behaviors or to control or alter behavior. Psychotropic medications include antipsychotic or neuroleptic medications, and antidepressant, antianxiety, antimania, stimulant, and sedative or hypnotic medications. Other miscellaneous classes of medication

are considered to be psychotropic medication when they are specifically prescribed to treat a mental illness or to alter behavior based on a resident's diagnosis.

Subd. 2. **Conditions for use of psychotropic medications.** (a) The license holder for a residential treatment program serving children with severe emotional disturbance must ensure that the requirements of this subdivision are met when psychotropic medications are administered to a resident in the license holder's facility.

(b) Use of a psychotropic medication must be included in the resident's individual treatment plan and must be based on the prescribing practitioner's diagnosis and the diagnostic and functional assessments defined in section 245.4871.

(c) In the resident's individual treatment plan, the license holder must:

(1) describe in observable and measurable terms the behaviors that the psychotropic medication is to alleviate; and

(2) document data collection methods the license holder must use to monitor and measure changes in the symptoms and behaviors to be alleviated by the psychotropic medication.

(d) Psychotropic medication must not be administered as punishment, for staff convenience, as a substitute for a behavioral or therapeutic program, or in quantities that interfere with learning or other goals of the individual treatment plan.

Subd. 3. **Monitoring side effects.** (a) If a resident is prescribed psychotropic medication, the license holder must have the prescribing practitioner or a pharmacist list possible side effects.

(b) Under the direction of a medical professional, the license holder must monitor a resident for side effects and document any side effects in the resident's individual treatment plan at least weekly for the first four weeks after the resident begins taking a new psychotropic medication or a significantly increased or decreased dose of a currently used psychotropic medication, and at least monthly thereafter. Minor increases or decreases in the dose of a currently used psychotropic medication need not be monitored as frequently as a new medication or a significant increase or decrease of a currently used psychotropic medication. In addition to appropriate physical or laboratory assessments as determined by the directing medical professional, standardized checklists or rating scales, or scales developed for a specific drug or drug class, must be used as monitoring tools. The license holder must provide the assessments to the directing medical professional for review.

Subd. 4. **Consultation.** A medical professional must provide consultation and review of the license holder's administration of psychotropic medications at least weekly. The

consulting medical professional must review the license holder's compliance with subdivisions 5 and 6.

Subd. 5. **Psychotropic medication review.** (a) If a resident is prescribed a psychotropic medication, the license holder must conduct and document a psychotropic medication review as frequently as required by the resident's directing medical professional, but at least monthly for the first six months and at least quarterly thereafter.

(b) The license holder must document the information required by the resident's directing medical professional and must provide the required information to the medical professional for review.

Subd. 6. **Informed consent.** (a) The license holder must obtain informed consent before any nonemergency administration of psychotropic medication prescribed by the program's licensed medical professional. To the extent possible, the resident must be informed and involved in the decision making.

(b) The license holder must obtain informed consent either orally or in writing before the nonemergency administration of psychotropic medication. If the license holder obtains oral informed consent, the license holder must document:

(1) an explanation of why the license holder could not initially obtain written informed consent;

(2) that the oral consent was witnessed, and the name of the witness;

(3) oral and written communication of all information required under paragraph (g); and

(4) an explanation and assurance that the license holder is immediately sending written informed consent material to the resident's parent or legal representative, that the oral consent expires in one month, and that the medication must be discontinued one month from the date of the oral or telephone consent if written consent is not received.

(c) The license holder must renew informed consent in writing for any psychotropic medication at least annually.

(d) The license holder must obtain informed consent from an individual authorized to give consent. The following individuals are authorized to consent:

(1) a resident's legal representative or conservator, if the resident has a legal representative or conservator authorized by a court to give consent for the resident;

(2) at least one of the resident's parents. If the resident's parents are divorced or legally separated, the parent with legal custody of the resident must consent, unless the separation or marriage dissolution decree otherwise delegates authority to give consent for the resident;

(3) the county representative designated to act as a legal representative on behalf of the commissioner, if the commissioner is the resident's legal representative; or

(4) the resident, under section 144.432, if the resident is an emancipated minor under section 144.341, or the resident has been married or borne a child.

(e) The license holder is not required to obtain informed consent in an emergency situation in which the program's licensed medical professional determines that the psychotropic medication is needed to prevent serious and immediate physical harm to the individual or others. In the event of the emergency use of psychotropic medication, the license holder must:

(1) inform and document that the individual authorized to consent was informed orally and in writing within 24 hours or on the first working day after the emergency use of the medication;

(2) document the specific behaviors constituting the emergency, the circumstances of the emergency behaviors, the alternatives considered and attempted, and the results of the use of the emergency psychotropic medication; and

(3) arrange for an interdisciplinary team review of the individual treatment plan within seven days of the emergency to determine what actions, if any, are required in light of the emergency. If a psychotropic medication continues to be required, the license holder must seek a court order according to section 253B.092, subdivision 3.

(f) The license holder must obtain informed consent within 30 days to continue the use of psychotropic medication for a resident admitted with prescribed psychotropic medication.

(g) The license holder must provide the following information orally and in writing, in nontechnical language, to the resident's parent, the resident's legal representative, and, to the extent possible, to the resident:

(1) the diagnosis and level of severity of symptoms and behaviors for which the psychotropic medication is prescribed;

(2) the expected benefits of the medication, including the level to which the medication is expected to change the symptoms and behavior and an indication of the method used to determine the expected benefits;

(3) the pharmacological and nonpharmacological treatment options available and the course of the condition with and without the treatment options;

(4) specific information about the psychotropic medication to be used, including the generic and commonly known brand name, the route of administration, the estimated duration of therapy, and the proposed dose with the possible dosage range or maximum dose;

(5) the more frequent and less frequent or rare but serious risks and side effects of the psychotropic medication, including how the risks and possible side effects must be managed;

(6) an explanation that consent may be refused or withdrawn at any time and that the consent is time-limited and automatically expires as described in paragraph (f); and

(7) the names, addresses, and telephone numbers of appropriate professionals to contact if questions or concerns arise.

Subd. 7. **Refusal of routine administration of psychotropic medication.** (a) If the person authorized to consent under subdivision 6, paragraph (d), refuses consent for a routine administration of psychotropic medication, the medication must not be administered to the resident. If the authorized individual refuses to renew consent, the psychotropic medication for which consent had previously been given must be discontinued according to a written plan as expediently as possible, taking into account withdrawal side effects. The license holder must obtain a court order to override the refusal to consent.

(b) A license holder must not discharge a resident because of a refusal to consent to the use of a specific psychotropic medication. A decision to discharge a resident must be reached only after the alternatives to the specific psychotropic medication have been attempted and only after an administrative review of the proposed discharge has occurred. If the refusal to consent to the routine administration of a psychotropic medication results in an emergency situation, then the requirements of subdivision 6, paragraph (e), must be met when psychotropic medication will be administered to a resident.

Sec. .... **[245A.83] CHILDREN'S RESIDENTIAL FACILITIES AND DAY TREATMENT SERVICES; TRAINING.**

Subdivision 1. **Applicability.** The requirements of this section apply to license holders and staff of children's residential treatment settings described in Minnesota Rules, chapter 2960, excluding foster care providers and foster residences, and to license holders providing day treatment services under section 256B.0943.

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

(b) "Critical incident" has the meaning given in section 245I.02, subdivision 13.

(c) "Culturally competent" means a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals to work effectively in cross-cultural situations.

(d) "Direct contact" means the provision of face-to-face care, training, supervision, counseling, consultation, or medication assistance to a resident of a children's residential facility.

(e) "Discipline" means the use of reasonable, age-appropriate consequences in a children's residential facility designed to modify and correct behavior according to a rule or system of rules governing conduct.

(f) "Medication assistance" means assisting residents of children's residential facilities to take medication and monitoring the effects of medication, but does not include administering injections. For purposes of this definition, "medication" means a prescribed substance that is used to prevent or treat a condition or disease, to heal, or to relieve pain.

(g) "Physical holding" means immobilizing or limiting a person's movement by using body contact as the only source of restraint. Physical holding does not include actions used for physical escort.

(h) "Restrictive procedure" means a procedure used by the license holder to limit the movement of a resident, including mechanical restraint, physical escort, and physical holding.

(i) "Target population" means youth experiencing special problems who have specific needs that require residential program services.

Subd. 3. **Orientation training.** (a) A license holder and staff must complete specialized training to develop skills to care for residents. Specialized training must be directly related to serving the program's target population and to meeting the program's certification requirement if the program has been certified.

(b) A license holder must provide staff orientation training that is modified annually to meet the current needs of individual staff persons. The training must be directly related to serving the program's target population and to achieving the program's outcomes.

(c) The license holder must ensure that staff who will have direct contact with residents attend and successfully complete orientation training before having unsupervised contact with residents. Orientation training must include the following subjects:

(1) resident rights;

(2) emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;

(3) relevant statutes and administrative rules and legal issues, including maltreatment reporting requirements specified in chapter 260E and section 626.557, and other reporting requirements based on the ages of the residents;

(4) cultural diversity and gender sensitivity, culturally specific services, and information about discrimination and racial bias;

(5) the general and special needs of residents and families served in the program;

(6) rules of conduct and policies and procedures related to discipline of residents served; and

(7) psychiatric emergencies.

(d) Staff who do not provide program services must complete orientation training on the topics in paragraph (c), clauses (1) to (3) and clause (6).

(e) The license holder must document the date and number of hours of orientation training completed by each staff person in each topic area and the name of the entity that provided the training.

Subd. 4. **In-service initial training.** (a) During the first 60 calendar days of employment, and before assuming sole responsibility for the care of residents, staff who provide program services must complete in-service training in:

(1) operational policies and procedures of the license holder;

(2) data practices regulations and issues;

(3) culturally competent care;

(4) racial bias and racism;

(5) physical, mental, sensory, and health-related disabilities, and bias and discrimination based on disabilities;

(6) gender-based needs and sexual orientation;

(7) policies and procedures on approved physical holding techniques, de-escalation techniques, and physical and nonphysical intervention techniques;

(8) writing critical incident reports;

(9) staff and resident grievance procedures;

(10) medication assistance; and

(11) cardiopulmonary resuscitation and first aid procedures.

(b) A staff person must not participate in physical holding or other restrictive procedures with a resident before completing approved training under paragraph (a), clause (7).

Subd. 5. **Annual training.** (a) Full-time and part-time direct care staff and volunteers must have sufficient annual training to accomplish their duties. The license holder must determine the amount of annual training needed by considering an employee's position description, the tasks to be performed, and the performance indicators for the position. To determine the type and amount of annual training an employee needs, the license holder must also consider the program's target population, the services the program delivers, and the outcomes expected from the services.

(b) Annual staff training must include the following subjects:

(1) relevant statutes and administrative rules and legal issues, including maltreatment reporting requirements specified in chapter 260E and section 626.557, and other reporting requirements based on the ages of the residents; and

(2) emergency procedures.

(c) Staff who have direct contact with residents must complete at least 24 hours of in-service training annually. Of the 24 hours, 12 hours of training must be focused on skill development.

(d) Part-time direct care staff must complete sufficient annual training to competently care for residents. Part-time direct care staff must complete training at least at a ratio of one hour for each 50 hours worked, up to 24 hours of training per part-time staff per year.

(e) Staff who do not have direct contact with residents and volunteers must complete annual in-service training requirements consistent with their duties, directly related to the needs of children in their care.

(f) The license holder must ensure than an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers program services. The plan must:

(1) be developed within 60 days after the person begins employment, and at least annually thereafter;

(2) meet the staff development needs specified in the person's annual employee evaluation; and

(3) address training relevant to the specific age, developmental, cultural, and mental health needs of the residents the person serves.

Sec. .... Minnesota Statutes 2022, section 245I.02, subdivision 17, is amended to read:

Subd. 17. **Functional assessment.** "Functional assessment" means the assessment of a client's current level of functioning relative to functioning that is appropriate for someone the client's age. ~~For a client five years of age or younger, a functional assessment is the Early Childhood Service Intensity Instrument (ESCII). For a client six to 17 years of age, a functional assessment is the Child and Adolescent Service Intensity Instrument (CASII). For a client 18 years of age or older, a functional assessment is the functional assessment described in section 245I.10, subdivision 9.~~

Sec. .... Minnesota Statutes 2022, 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.~~"

Page 2, line 19, strike "180" and insert "365"

Page 5, after line 23, insert:

"Sec. .... Minnesota Statutes 2023 Supplement, section 256B.0943, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given them.

(b) "Children's therapeutic services and supports" means the flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871, subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision 20. The services are time-limited interventions that are delivered using various treatment modalities and combinations of services designed to reach treatment outcomes identified in the individual treatment plan.

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

(d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

(e) "Culturally competent provider" means a provider who understands and can utilize to a client's benefit the client's culture when providing services to the client. A provider may be culturally competent because the provider is of the same cultural or ethnic group as the client or the provider has developed the knowledge and skills through training and experience to provide services to culturally diverse clients.

(f) "Day treatment program" for children means a site-based structured mental health program consisting of psychotherapy for three or more individuals and individual or group skills training provided by a team, under the treatment supervision of a mental health professional.

(g) "Direct service time" means the time that a mental health professional, clinical trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with a client and the client's family or providing covered services through telehealth as defined under section 256B.0625, subdivision 3b. Direct service time includes time in which the provider obtains a client's history, develops a client's treatment plan, records individual treatment outcomes, or provides service components of children's therapeutic services and supports. Direct service time does not include time doing work before and after providing direct services, including scheduling or maintaining clinical records.

(h) "Direction of mental health behavioral aide" means the activities of a mental health professional, clinical trainee, or mental health practitioner in guiding the mental health behavioral aide in providing services to a client. The direction of a mental health behavioral aide must be based on the client's individual treatment plan and meet the requirements in subdivision 6, paragraph (b), clause (7).

(i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15.

(j) "Individual treatment plan" means the plan described in section 245I.10, subdivisions 7 and 8.

(k) "Mental health behavioral aide services" means medically necessary one-on-one activities performed by a mental health behavioral aide qualified according to section 245I.04, subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained by a mental health professional, clinical trainee, or mental health practitioner and as described in the child's individual treatment plan and individual behavior plan. Activities

involve working directly with the child or child's family as provided in subdivision 9, paragraph (b), clause (4).

(l) "Mental health certified family peer specialist" means a staff person who is qualified according to section 245I.04, subdivision 12.

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

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

(o) "Mental health service plan development" includes:

(1) development and revision of a child's individual treatment plan; and

(2) administering and reporting the standardized outcome measurements in section 245I.10, subdivision 6, paragraph (d), clauses (3) and (4), and other standardized outcome measurements approved by the commissioner, as periodically needed to evaluate the effectiveness of treatment.

(p) "Mental illness," for persons at least age 18 but under age 21, has the meaning given in section 245.462, subdivision 20, paragraph (a).

(q) "Psychotherapy" means the treatment described in section 256B.0671, subdivision 11.

(r) "Rehabilitative services" or "psychiatric rehabilitation services" means interventions to: (1) restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with, counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the course of a psychiatric illness. Psychiatric rehabilitation services for children combine coordinated psychotherapy to address internal psychological, emotional, and intellectual processing deficits, and skills training to restore personal and social functioning. Psychiatric rehabilitation services establish a progressive series of goals with each achievement building upon a prior achievement.

(s) "Skills training" means individual, family, or group training, delivered by or under the supervision of a mental health professional, designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child to self-monitor, compensate for, cope with, counteract, or replace skills deficits or

maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

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

(u) "Treatment supervision" means the supervision described in section 245I.06.

(v) "Transition to community living services" means services described in section 256B.0623, subdivision 2, paragraph (c), that maintain continuity of contact between the children's therapeutic services and supports provider and the client and that facilitate discharge from a hospital, juvenile detention, or residential treatment setting and support family and community integration. Transition to community living services is not intended to provide other types of services within children's therapeutic services and supports.

Sec. .... Minnesota Statutes 2022, section 256B.0943, subdivision 2, is amended to read:

Subd. 2. **Covered service components of children's therapeutic services and supports.** (a) Subject to federal approval, medical assistance covers medically necessary children's therapeutic services and supports when the services are provided by an eligible provider entity certified under and meeting the standards in this section. The provider entity must make reasonable and good faith efforts to report individual client outcomes to the commissioner, using instruments and protocols approved by the commissioner.

(b) The service components of children's therapeutic services and supports are:

(1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis, and group psychotherapy;

(2) individual, family, or group skills training provided by a mental health professional, clinical trainee, or mental health practitioner;

(3) crisis planning;

(4) mental health behavioral aide services;

(5) direction of a mental health behavioral aide;

(6) mental health service plan development; ~~and~~

(7) children's day treatment~~.~~; and

(8) transition to community living services."

Page 9, after line 23, insert:

"Sec. .... **RULEMAKING; DIRECTION TO COMMISSIONER OF HUMAN SERVICES.**

The commissioner of human services must amend or adopt rules within Minnesota Rules, chapter 2960, to indicate that the requirements under Minnesota Rules, part 2960.0100, subparts 3, 4, and 5, and part 2960.0150, subpart 4, only apply to foster care providers and foster residences licensed by the commissioner. The commissioner may engage in rulemaking under the good cause exemption in Minnesota Statutes, section 14.388, subdivision 1, clause (3).

Sec. .... **REPEALER.**

Minnesota Rules, parts 2960.0620; 2960.0630; 2960.0650; and 2960.0660, are repealed."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly