

## ARTICLE 10

## CHILDREN'S MENTAL HEALTH TERMINOLOGY

Section 1. Minnesota Statutes 2024, section 62Q.527, subdivision 1, is amended to read:

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

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

(e) (b) "Mental illness" has the meaning given in ~~section~~ sections 245.462, subdivision paragraph (a), and 245.4871, subdivision 15.

(d) (c) "Health plan" has the meaning given in section 62Q.01, subdivision 3, but includes the coverages described in section 62A.011, subdivision 3, clauses (7) and (10).

Sec. 2. Minnesota Statutes 2024, section 62Q.527, subdivision 2, is amended to read:

Subd. 2. **Required coverage for antipsychotic drugs.** (a) A health plan that provides prescription drug coverage must provide coverage for an antipsychotic drug prescribed to treat emotional disturbance or mental illness regardless of whether the drug is in the health plan's drug formulary, if the health care provider prescribing the drug:

(1) indicates to the dispensing pharmacist, orally or in writing according to section 151.21, that the prescription must be dispensed as communicated; and

(2) certifies in writing to the health plan company that the health care provider has considered all equivalent drugs in the health plan's drug formulary and has determined that the drug prescribed will best treat the patient's condition.

(b) The health plan is not required to provide coverage for a drug if the drug was removed from the health plan's drug formulary for safety reasons.

(c) For drugs covered under this section, no health plan company that has received a certification from the health care provider as described in paragraph (a) may:

(1) impose a special deductible, co-payment, coinsurance, or other special payment requirement that the health plan does not apply to drugs that are in the health plan's drug formulary; or

(2) require written certification from the prescribing provider each time a prescription is refilled or renewed that the drug prescribed will best treat the patient's condition.

Sec. 3. Minnesota Statutes 2024, section 62Q.527, subdivision 3, is amended to read:

Subd. 3. **Continuing care.** (a) Enrollees receiving a prescribed drug to treat a diagnosed mental illness or emotional disturbance may continue to receive the prescribed drug for up to one year without the imposition of a special deductible, co-payment, coinsurance, or other special payment requirements, when a health plan's drug formulary changes or an

196.11 enrollee changes health plans and the medication has been shown to effectively treat the  
196.12 patient's condition. In order to be eligible for this continuing care benefit:

196.13       (1) the patient must have been treated with the drug for 90 days prior to a change in a  
196.14 health plan's drug formulary or a change in the enrollee's health plan;

196.15       (2) the health care provider prescribing the drug indicates to the dispensing pharmacist,  
196.16 orally or in writing according to section 151.21, that the prescription must be dispensed as  
196.17 communicated; and

196.18       (3) the health care provider prescribing the drug certifies in writing to the health plan  
196.19 company that the drug prescribed will best treat the patient's condition.

196.20       (b) The continuing care benefit shall be extended annually when the health care provider  
196.21 prescribing the drug:

196.22       (1) indicates to the dispensing pharmacist, orally or in writing according to section  
196.23 151.21, that the prescription must be dispensed as communicated; and

196.24       (2) certifies in writing to the health plan company that the drug prescribed will best treat  
196.25 the patient's condition.

196.26       (c) The health plan company is not required to provide coverage for a drug if the drug  
196.27 was removed from the health plan's drug formulary for safety reasons.

196.28       Sec. 4. Minnesota Statutes 2024, section 121A.61, subdivision 3, is amended to read:

196.29       Subd. 3. **Policy components.** The policy must include at least the following components:

196.30       (a) rules governing student conduct and procedures for informing students of the rules;

197.1       (b) the grounds for removal of a student from a class;

197.2       (c) the authority of the classroom teacher to remove students from the classroom pursuant  
197.3 to procedures and rules established in the district's policy;

197.4       (d) the procedures for removal of a student from a class by a teacher, school administrator,  
197.5 or other school district employee;

197.6       (e) the period of time for which a student may be removed from a class, which may not  
197.7 exceed five class periods for a violation of a rule of conduct;

197.8       (f) provisions relating to the responsibility for and custody of a student removed from  
197.9 a class;

197.10       (g) the procedures for return of a student to the specified class from which the student  
197.11 has been removed;

197.12       (h) the procedures for notifying a student and the student's parents or guardian of  
197.13 violations of the rules of conduct and of resulting disciplinary actions;

304.6 enrollee changes health plans and the medication has been shown to effectively treat the  
304.7 patient's condition. In order to be eligible for this continuing care benefit:

304.8       (1) the patient must have been treated with the drug for 90 days prior to a change in a  
304.9 health plan's drug formulary or a change in the enrollee's health plan;

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304.11 orally or in writing according to section 151.21, that the prescription must be dispensed as  
304.12 communicated; and

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304.14 company that the drug prescribed will best treat the patient's condition.

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304.18 151.21, that the prescription must be dispensed as communicated; and

304.19       (2) certifies in writing to the health plan company that the drug prescribed will best treat  
304.20 the patient's condition.

304.21       (c) The health plan company is not required to provide coverage for a drug if the drug  
304.22 was removed from the health plan's drug formulary for safety reasons.

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304.27       (c) the authority of the classroom teacher to remove students from the classroom pursuant  
304.28 to procedures and rules established in the district's policy;

304.29       (d) the procedures for removal of a student from a class by a teacher, school administrator,  
304.30 or other school district employee;

305.1       (e) the period of time for which a student may be removed from a class, which may not  
305.2 exceed five class periods for a violation of a rule of conduct;

305.3       (f) provisions relating to the responsibility for and custody of a student removed from  
305.4 a class;

305.5       (g) the procedures for return of a student to the specified class from which the student  
305.6 has been removed;

305.7       (h) the procedures for notifying a student and the student's parents or guardian of  
305.8 violations of the rules of conduct and of resulting disciplinary actions;

197.14 (i) any procedures determined appropriate for encouraging early involvement of parents  
197.15 or guardians in attempts to improve a student's behavior;

197.16 (j) any procedures determined appropriate for encouraging early detection of behavioral  
197.17 problems;

197.18 (k) any procedures determined appropriate for referring a student in need of special  
197.19 education services to those services;

197.20 (l) any procedures determined appropriate for ensuring victims of bullying who respond  
197.21 with behavior not allowed under the school's behavior policies have access to a remedial  
197.22 response, consistent with section 121A.031;

197.23 (m) the procedures for consideration of whether there is a need for a further assessment  
197.24 or of whether there is a need for a review of the adequacy of a current individualized  
197.25 education program of a student with a disability who is removed from class;

197.26 (n) procedures for detecting and addressing chemical abuse problems of a student while  
197.27 on the school premises;

197.28 (o) the minimum consequences for violations of the code of conduct;

197.29 (p) procedures for immediate and appropriate interventions tied to violations of the code;

198.1 (q) a provision that states that a teacher, school employee, school bus driver, or other  
198.2 agent of a district may use reasonable force in compliance with section 121A.582 and other  
198.3 laws;

198.4 (r) an agreement regarding procedures to coordinate crisis services to the extent funds  
198.5 are available with the county board responsible for implementing sections 245.487 to  
198.6 245.4889 for students with a serious ~~emotional disturbance~~ mental illness or other students  
198.7 who have an individualized education program whose behavior may be addressed by crisis  
198.8 intervention;

198.9 (s) a provision that states a student must be removed from class immediately if the student  
198.10 engages in assault or violent behavior. For purposes of this paragraph, "assault" has the  
198.11 meaning given it in section 609.02, subdivision 10. The removal shall be for a period of  
198.12 time deemed appropriate by the principal, in consultation with the teacher;

198.13 (t) a prohibition on the use of exclusionary practices for early learners as defined in  
198.14 section 121A.425; and

198.15 (u) a prohibition on the use of exclusionary practices to address attendance and truancy  
198.16 issues.

305.9 (i) any procedures determined appropriate for encouraging early involvement of parents  
305.10 or guardians in attempts to improve a student's behavior;

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305.13 (k) any procedures determined appropriate for referring a student in need of special  
305.14 education services to those services;

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306.6 section 121A.425; and

306.7 (u) a prohibition on the use of exclusionary practices to address attendance and truancy  
306.8 issues.

198.17 Sec. 5. Minnesota Statutes 2024, section 128C.02, subdivision 5, is amended to read:

198.18 Subd. 5. **Rules for open enrollees.** (a) The league shall adopt league rules and regulations  
198.19 governing the athletic participation of pupils attending school in a nonresident district under  
198.20 section 124D.03.

198.21 (b) Notwithstanding other law or league rule or regulation to the contrary, when a student  
198.22 enrolls in or is readmitted to a recovery-focused high school after successfully completing  
198.23 a licensed program for treatment of alcohol or substance abuse, or mental illness, or emotional  
198.24 ~~disturbance~~, the student is immediately eligible to participate on the same basis as other  
198.25 district students in the league-sponsored activities of the student's resident school district.  
198.26 Nothing in this paragraph prohibits the league or school district from enforcing a league or  
198.27 district penalty resulting from the student violating a league or district rule.

198.28 (c) The league shall adopt league rules making a student with an individualized education  
198.29 program who transfers from one public school to another public school as a reasonable  
198.30 accommodation to reduce barriers to educational access immediately eligible to participate  
198.31 in league-sponsored varsity competition on the same basis as other students in the school  
198.32 to which the student transfers. The league also must establish guidelines, consistent with  
198.33 this paragraph, for reviewing the 504 plan of a student who transfers between public schools  
199.1 to determine whether the student is immediately eligible to participate in league-sponsored  
199.2 varsity competition on the same basis as other students in the school to which the student  
199.3 transfers.

199.4 Sec. 6. Minnesota Statutes 2024, section 142G.02, subdivision 56, is amended to read:

199.5 Subd. 56. **Learning disabled.** "Learning disabled," for purposes of an extension to the  
199.6 60-month time limit under section 142G.42, subdivision 4, clause (3), means the person has  
199.7 a disorder in one or more of the psychological processes involved in perceiving,  
199.8 understanding, or using concepts through verbal language or nonverbal means. Learning  
199.9 disabled does not include learning problems that are primarily the result of visual, hearing,  
199.10 or motor disabilities; developmental disability; ~~emotional disturbance~~; or mental illness or  
199.11 due to environmental, cultural, or economic disadvantage.

199.12 Sec. 7. Minnesota Statutes 2024, section 142G.27, subdivision 4, is amended to read:

199.13 Subd. 4. **Good cause exemptions for not attending orientation.** (a) The county agency  
199.14 shall not impose the sanction under section 142G.70 if it determines that the participant has  
199.15 good cause for failing to attend orientation. Good cause exists when:

199.16 (1) appropriate child care is not available;

199.17 (2) the participant is ill or injured;

199.18 (3) a family member is ill and needs care by the participant that prevents the participant  
199.19 from attending orientation. For a caregiver with a child or adult in the household who meets  
199.20 the disability or medical criteria for home care services under section 256B.0659, or a home  
199.21 and community-based waiver services program under chapter 256B, or meets the criteria

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307.13 the disability or medical criteria for home care services under section 256B.0659, or a home  
307.14 and community-based waiver services program under chapter 256B, or meets the criteria

199.22 for ~~severe emotional disturbance~~ serious mental illness under section 245.4871, subdivision  
199.23 6, or for serious and persistent mental illness under section 245.462, subdivision 20,  
199.24 paragraph (c), good cause also exists when an interruption in the provision of those services  
199.25 occurs which prevents the participant from attending orientation;

199.26 (4) the caregiver is unable to secure necessary transportation;

199.27 (5) the caregiver is in an emergency situation that prevents orientation attendance;

199.28 (6) the orientation conflicts with the caregiver's work, training, or school schedule; or

199.29 (7) the caregiver documents other verifiable impediments to orientation attendance  
199.30 beyond the caregiver's control.

200.1 (b) Counties must work with clients to provide child care and transportation necessary  
200.2 to ensure a caregiver has every opportunity to attend orientation.

200.3 Sec. 8. Minnesota Statutes 2024, section 142G.42, subdivision 3, is amended to read:

200.4 Subd. 3. **III or incapacitated.** (a) An assistance unit subject to the time limit in section  
200.5 142G.40, subdivision 1, is eligible to receive months of assistance under a hardship extension  
200.6 if the participant who reached the time limit belongs to any of the following groups:

200.7 (1) participants who are suffering from an illness, injury, or incapacity which has been  
200.8 certified by a qualified professional when the illness, injury, or incapacity is expected to  
200.9 continue for more than 30 days and severely limits the person's ability to obtain or maintain  
200.10 suitable employment. These participants must follow the treatment recommendations of the  
200.11 qualified professional certifying the illness, injury, or incapacity;

200.12 (2) participants whose presence in the home is required as a caregiver because of the  
200.13 illness, injury, or incapacity of another member in the assistance unit, a relative in the  
200.14 household, or a foster child in the household when the illness or incapacity and the need  
200.15 for a person to provide assistance in the home has been certified by a qualified professional  
200.16 and is expected to continue for more than 30 days; or

200.17 (3) caregivers with a child or an adult in the household who meets the disability or  
200.18 medical criteria for home care services under section 256B.0651, subdivision 1, paragraph  
200.19 (c), or a home and community-based waiver services program under chapter 256B, or meets  
200.20 the criteria for ~~severe emotional disturbance~~ serious mental illness under section 245.4871,  
200.21 subdivision 6, or for serious and persistent mental illness under section 245.462, subdivision  
200.22 20, paragraph (c). Caregivers in this category are presumed to be prevented from obtaining  
200.23 or maintaining suitable employment.

200.24 (b) An assistance unit receiving assistance under a hardship extension under this  
200.25 subdivision may continue to receive assistance as long as the participant meets the criteria  
200.26 in paragraph (a), clause (1), (2), or (3).

307.15 for ~~severe emotional disturbance~~ serious mental illness under section 245.4871, subdivision  
307.16 6, or for serious and persistent mental illness under section 245.462, subdivision 20,  
307.17 paragraph (c), good cause also exists when an interruption in the provision of those services  
307.18 occurs which prevents the participant from attending orientation;

307.19 (4) the caregiver is unable to secure necessary transportation;

307.20 (5) the caregiver is in an emergency situation that prevents orientation attendance;

307.21 (6) the orientation conflicts with the caregiver's work, training, or school schedule; or

307.22 (7) the caregiver documents other verifiable impediments to orientation attendance  
307.23 beyond the caregiver's control.

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307.25 to ensure a caregiver has every opportunity to attend orientation.

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307.28 142G.40, subdivision 1, is eligible to receive months of assistance under a hardship extension  
307.29 if the participant who reached the time limit belongs to any of the following groups:

307.30 (1) participants who are suffering from an illness, injury, or incapacity which has been  
307.31 certified by a qualified professional when the illness, injury, or incapacity is expected to  
308.1 continue for more than 30 days and severely limits the person's ability to obtain or maintain  
308.2 suitable employment. These participants must follow the treatment recommendations of the  
308.3 qualified professional certifying the illness, injury, or incapacity;

308.4 (2) participants whose presence in the home is required as a caregiver because of the  
308.5 illness, injury, or incapacity of another member in the assistance unit, a relative in the  
308.6 household, or a foster child in the household when the illness or incapacity and the need  
308.7 for a person to provide assistance in the home has been certified by a qualified professional  
308.8 and is expected to continue for more than 30 days; or

308.9 (3) caregivers with a child or an adult in the household who meets the disability or  
308.10 medical criteria for home care services under section 256B.0651, subdivision 1, paragraph  
308.11 (c), or a home and community-based waiver services program under chapter 256B, or meets  
308.12 the criteria for ~~severe emotional disturbance~~ serious mental illness under section 245.4871,  
308.13 subdivision 6, or for serious and persistent mental illness under section 245.462, subdivision  
308.14 20, paragraph (c). Caregivers in this category are presumed to be prevented from obtaining  
308.15 or maintaining suitable employment.

308.16 (b) An assistance unit receiving assistance under a hardship extension under this  
308.17 subdivision may continue to receive assistance as long as the participant meets the criteria  
308.18 in paragraph (a), clause (1), (2), or (3).

200.27 Sec. 9. Minnesota Statutes 2024, section 245.462, subdivision 4, is amended to read:

200.28 Subd. 4. **Case management service provider.** (a) "Case management service provider"

200.29 means a case manager or case manager associate employed by the county or other entity

200.30 authorized by the county board to provide case management services specified in section

200.31 245.4711.

200.32 (b) A case manager must:

201.1 (1) be skilled in the process of identifying and assessing a wide range of client needs;

201.2 (2) be knowledgeable about local community resources and how to use those resources

201.3 for the benefit of the client;

201.4 (3) be a mental health practitioner as defined in section 245I.04, subdivision 4, or have

201.5 a bachelor's degree in one of the behavioral sciences or related fields including, but not

201.6 limited to, social work, psychology, or nursing from an accredited college or university. A

201.7 case manager who is not a mental health practitioner and who does not have a bachelor's

201.8 degree in one of the behavioral sciences or related fields must meet the requirements of

201.9 paragraph (c); and

201.10 (4) meet the supervision and continuing education requirements described in paragraphs

201.11 (d), (e), and (f), as applicable.

201.12 (c) Case managers without a bachelor's degree must meet one of the requirements in

201.13 clauses (1) to (3):

201.14 (1) have three or four years of experience as a case manager associate as defined in this

201.15 section;

201.16 (2) be a registered nurse without a bachelor's degree and have a combination of

201.17 specialized training in psychiatry and work experience consisting of community interaction

201.18 and involvement or community discharge planning in a mental health setting totaling three

201.19 years; or

201.20 (3) be a person who qualified as a case manager under the 1998 Department of Human

201.21 Service waiver provision and meet the continuing education and mentoring requirements

201.22 in this section.

201.23 (d) A case manager with at least 2,000 hours of supervised experience in the delivery

201.24 of services to adults with mental illness must receive regular ongoing supervision and clinical

201.25 supervision totaling 38 hours per year of which at least one hour per month must be clinical

201.26 supervision regarding individual service delivery with a case management supervisor. The

201.27 remaining 26 hours of supervision may be provided by a case manager with two years of

201.28 experience. Group supervision may not constitute more than one-half of the required

201.29 supervision hours. Clinical supervision must be documented in the client record.

308.19 Sec. 9. Minnesota Statutes 2024, section 245.462, subdivision 4, is amended to read:

308.20 Subd. 4. **Case management service provider.** (a) "Case management service provider"

308.21 means a case manager or case manager associate employed by the county or other entity

308.22 authorized by the county board to provide case management services specified in section

308.23 245.4711.

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308.30 limited to, social work, psychology, or nursing from an accredited college or university. A

308.31 case manager who is not a mental health practitioner and who does not have a bachelor's

308.32 degree in one of the behavioral sciences or related fields must meet the requirements of

308.33 paragraph (c); and

309.1 (4) meet the supervision and continuing education requirements described in paragraphs

309.2 (d), (e), and (f), as applicable.

309.3 (c) Case managers without a bachelor's degree must meet one of the requirements in

309.4 clauses (1) to (3):

309.5 (1) have three or four years of experience as a case manager associate as defined in this

309.6 section;

309.7 (2) be a registered nurse without a bachelor's degree and have a combination of

309.8 specialized training in psychiatry and work experience consisting of community interaction

309.9 and involvement or community discharge planning in a mental health setting totaling three

309.10 years; or

309.11 (3) be a person who qualified as a case manager under the 1998 Department of Human

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309.18 remaining 26 hours of supervision may be provided by a case manager with two years of

309.19 experience. Group supervision may not constitute more than one-half of the required

309.20 supervision hours. Clinical supervision must be documented in the client record.

201.30 (e) A case manager without 2,000 hours of supervised experience in the delivery of  
201.31 services to adults with mental illness must:

202.1 (1) receive clinical supervision regarding individual service delivery from a mental  
202.2 health professional at least one hour per week until the requirement of 2,000 hours of  
202.3 experience is met; and

202.4 (2) complete 40 hours of training approved by the commissioner in case management  
202.5 skills and the characteristics and needs of adults with serious and persistent mental illness.

202.6 (f) A case manager who is not licensed, registered, or certified by a health-related  
202.7 licensing board must receive 30 hours of continuing education and training in mental illness  
202.8 and mental health services every two years.

202.9 (g) A case manager associate (CMA) must:

202.10 (1) work under the direction of a case manager or case management supervisor;

202.11 (2) be at least 21 years of age;

202.12 (3) have at least a high school diploma or its equivalent; and

202.13 (4) meet one of the following criteria:

202.14 (i) have an associate of arts degree in one of the behavioral sciences or human services;

202.15 (ii) be a certified peer specialist under section 256B.0615;

202.16 (iii) be a registered nurse without a bachelor's degree;

202.17 (iv) within the previous ten years, have three years of life experience with serious and  
202.18 persistent mental illness as defined in subdivision 20; ~~or as a child had severe emotional~~  
202.19 ~~disturbance~~ a serious mental illness as defined in section 245.4871, subdivision 6; or have  
202.20 three years life experience as a primary caregiver to an adult with serious and persistent  
202.21 mental illness within the previous ten years;

202.22 (v) have 6,000 hours work experience as a nondegreed state hospital technician; or

202.23 (vi) have at least 6,000 hours of supervised experience in the delivery of services to  
202.24 persons with mental illness.

202.25 Individuals meeting one of the criteria in items (i) to (v) may qualify as a case manager  
202.26 after four years of supervised work experience as a case manager associate. Individuals  
202.27 meeting the criteria in item (vi) may qualify as a case manager after three years of supervised  
202.28 experience as a case manager associate.

202.29 (h) A case management associate must meet the following supervision, mentoring, and  
202.30 continuing education requirements:

202.31 (1) have 40 hours of preservice training described under paragraph (e), clause (2);

309.21 (e) A case manager without 2,000 hours of supervised experience in the delivery of  
309.22 services to adults with mental illness must:

309.23 (1) receive clinical supervision regarding individual service delivery from a mental  
309.24 health professional at least one hour per week until the requirement of 2,000 hours of  
309.25 experience is met; and

309.26 (2) complete 40 hours of training approved by the commissioner in case management  
309.27 skills and the characteristics and needs of adults with serious and persistent mental illness.

309.28 (f) A case manager who is not licensed, registered, or certified by a health-related  
309.29 licensing board must receive 30 hours of continuing education and training in mental illness  
309.30 and mental health services every two years.

309.31 (g) A case manager associate (CMA) must:

309.32 (1) work under the direction of a case manager or case management supervisor;

310.1 (2) be at least 21 years of age;

310.2 (3) have at least a high school diploma or its equivalent; and

310.3 (4) meet one of the following criteria:

310.4 (i) have an associate of arts degree in one of the behavioral sciences or human services;

310.5 (ii) be a certified peer specialist under section 256B.0615;

310.6 (iii) be a registered nurse without a bachelor's degree;

310.7 (iv) within the previous ten years, have three years of life experience with serious and  
310.8 persistent mental illness as defined in subdivision 20; ~~or as a child had severe emotional~~  
310.9 ~~disturbance~~ a serious mental illness as defined in section 245.4871, subdivision 6; or have  
310.10 three years life experience as a primary caregiver to an adult with serious and persistent  
310.11 mental illness within the previous ten years;

310.12 (v) have 6,000 hours work experience as a nondegreed state hospital technician; or

310.13 (vi) have at least 6,000 hours of supervised experience in the delivery of services to  
310.14 persons with mental illness.

310.15 Individuals meeting one of the criteria in items (i) to (v) may qualify as a case manager  
310.16 after four years of supervised work experience as a case manager associate. Individuals  
310.17 meeting the criteria in item (vi) may qualify as a case manager after three years of supervised  
310.18 experience as a case manager associate.

310.19 (h) A case management associate must meet the following supervision, mentoring, and  
310.20 continuing education requirements:

310.21 (1) have 40 hours of preservice training described under paragraph (e), clause (2);

203.1 (2) receive at least 40 hours of continuing education in mental illness and mental health  
203.2 services annually; and

203.3 (3) receive at least five hours of mentoring per week from a case management mentor.

203.4 A "case management mentor" means a qualified, practicing case manager or case management  
203.5 supervisor who teaches or advises and provides intensive training and clinical supervision  
203.6 to one or more case manager associates. Mentoring may occur while providing direct services  
203.7 to consumers in the office or in the field and may be provided to individuals or groups of  
203.8 case manager associates. At least two mentoring hours per week must be individual and  
203.9 face-to-face.

203.10 (i) A case management supervisor must meet the criteria for mental health professionals,  
203.11 as specified in subdivision 18.

203.12 (j) An immigrant who does not have the qualifications specified in this subdivision may  
203.13 provide case management services to adult immigrants with serious and persistent mental  
203.14 illness who are members of the same ethnic group as the case manager if the person:

203.15 (1) is currently enrolled in and is actively pursuing credits toward the completion of a  
203.16 bachelor's degree in one of the behavioral sciences or a related field including, but not  
203.17 limited to, social work, psychology, or nursing from an accredited college or university;

203.18 (2) completes 40 hours of training as specified in this subdivision; and

203.19 (3) receives clinical supervision at least once a week until the requirements of this  
203.20 subdivision are met.

203.21 Sec. 10. Minnesota Statutes 2024, section 245.4682, subdivision 3, is amended to read:

203.22 Subd. 3. **Projects for coordination of care.** (a) Consistent with section 256B.69 and  
203.23 chapter 256L, the commissioner is authorized to solicit, approve, and implement up to three  
203.24 projects to demonstrate the integration of physical and mental health services within prepaid  
203.25 health plans and their coordination with social services. The commissioner shall require  
203.26 that each project be based on locally defined partnerships that include at least one health  
203.27 maintenance organization, community integrated service network, or accountable provider  
203.28 network authorized and operating under chapter 62D, 62N, or 62T, or county-based  
203.29 purchasing entity under section 256B.692 that is eligible to contract with the commissioner  
203.30 as a prepaid health plan, and the county or counties within the service area. Counties shall  
203.31 retain responsibility and authority for social services in these locally defined partnerships.

204.1 (b) The commissioner, in consultation with consumers, families, and their representatives,  
204.2 shall:

204.3 (1) determine criteria for approving the projects and use those criteria to solicit proposals  
204.4 for preferred integrated networks. The commissioner must develop criteria to evaluate the  
204.5 partnership proposed by the county and prepaid health plan to coordinate access and delivery

310.22 (2) receive at least 40 hours of continuing education in mental illness and mental health  
310.23 services annually; and

310.24 (3) receive at least five hours of mentoring per week from a case management mentor.

310.25 A "case management mentor" means a qualified, practicing case manager or case management  
310.26 supervisor who teaches or advises and provides intensive training and clinical supervision  
310.27 to one or more case manager associates. Mentoring may occur while providing direct services  
310.28 to consumers in the office or in the field and may be provided to individuals or groups of  
310.29 case manager associates. At least two mentoring hours per week must be individual and  
310.30 face-to-face.

311.1 (i) A case management supervisor must meet the criteria for mental health professionals,  
311.2 as specified in subdivision 18.

311.3 (j) An immigrant who does not have the qualifications specified in this subdivision may  
311.4 provide case management services to adult immigrants with serious and persistent mental  
311.5 illness who are members of the same ethnic group as the case manager if the person:

311.6 (1) is currently enrolled in and is actively pursuing credits toward the completion of a  
311.7 bachelor's degree in one of the behavioral sciences or a related field including, but not  
311.8 limited to, social work, psychology, or nursing from an accredited college or university;

311.9 (2) completes 40 hours of training as specified in this subdivision; and

311.10 (3) receives clinical supervision at least once a week until the requirements of this  
311.11 subdivision are met.

311.12 Sec. 10. Minnesota Statutes 2024, section 245.4682, subdivision 3, is amended to read:

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311.18 maintenance organization, community integrated service network, or accountable provider  
311.19 network authorized and operating under chapter 62D, 62N, or 62T, or county-based  
311.20 purchasing entity under section 256B.692 that is eligible to contract with the commissioner  
311.21 as a prepaid health plan, and the county or counties within the service area. Counties shall  
311.22 retain responsibility and authority for social services in these locally defined partnerships.

311.23 (b) The commissioner, in consultation with consumers, families, and their representatives,  
311.24 shall:

311.25 (1) determine criteria for approving the projects and use those criteria to solicit proposals  
311.26 for preferred integrated networks. The commissioner must develop criteria to evaluate the  
311.27 partnership proposed by the county and prepaid health plan to coordinate access and delivery



204.6 of services. The proposal must at a minimum address how the partnership will coordinate  
204.7 the provision of:

204.8 (i) client outreach and identification of health and social service needs paired with  
204.9 expedited access to appropriate resources;

204.10 (ii) activities to maintain continuity of health care coverage;

204.11 (iii) children's residential mental health treatment and treatment foster care;

204.12 (iv) court-ordered assessments and treatments;

204.13 (v) prepetition screening and commitments under chapter 253B;

204.14 (vi) assessment and treatment of children identified through mental health screening of  
204.15 child welfare and juvenile corrections cases;

204.16 (vii) home and community-based waiver services;

204.17 (viii) assistance with finding and maintaining employment;

204.18 (ix) housing; and

204.19 (x) transportation;

204.20 (2) determine specifications for contracts with prepaid health plans to improve the plan's  
204.21 ability to serve persons with mental health conditions, including specifications addressing:

204.22 (i) early identification and intervention of physical and behavioral health problems;

204.23 (ii) communication between the enrollee and the health plan;

204.24 (iii) facilitation of enrollment for persons who are also eligible for a Medicare special  
204.25 needs plan offered by the health plan;

204.26 (iv) risk screening procedures;

204.27 (v) health care coordination;

204.28 (vi) member services and access to applicable protections and appeal processes;

204.29 (vii) specialty provider networks;

205.1 (viii) transportation services;

205.2 (ix) treatment planning; and

205.3 (x) administrative simplification for providers;

205.4 (3) begin implementation of the projects no earlier than January 1, 2009, with not more  
205.5 than 40 percent of the statewide population included during calendar year 2009 and additional  
205.6 counties included in subsequent years;

311.28 of services. The proposal must at a minimum address how the partnership will coordinate  
311.29 the provision of:

311.30 (i) client outreach and identification of health and social service needs paired with  
311.31 expedited access to appropriate resources;

311.32 (ii) activities to maintain continuity of health care coverage;

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312.19 (vii) specialty provider networks;

312.20 (viii) transportation services;

312.21 (ix) treatment planning; and

312.22 (x) administrative simplification for providers;

312.23 (3) begin implementation of the projects no earlier than January 1, 2009, with not more  
312.24 than 40 percent of the statewide population included during calendar year 2009 and additional  
312.25 counties included in subsequent years;

205.7 (4) waive any administrative rule not consistent with the implementation of the projects;

205.8 (5) allow potential bidders at least 90 days to respond to the request for proposals; and

205.9 (6) conduct an independent evaluation to determine if mental health outcomes have  
205.10 improved in that county or counties according to measurable standards designed in  
205.11 consultation with the advisory body established under this subdivision and reviewed by the  
205.12 State Advisory Council on Mental Health.

205.13 (c) Notwithstanding any statute or administrative rule to the contrary, the commissioner  
205.14 may enroll all persons eligible for medical assistance with serious mental illness ~~or emotional~~  
205.15 ~~disturbance~~ in the prepaid plan of their choice within the project service area unless:

205.16 (1) the individual is eligible for home and community-based services for persons with  
205.17 developmental disabilities and related conditions under section 256B.092; or

205.18 (2) the individual has a basis for exclusion from the prepaid plan under section 256B.69,  
205.19 subdivision 4, other than disability, or mental illness, ~~or emotional disturbance~~.

205.20 (d) The commissioner shall involve organizations representing persons with mental  
205.21 illness and their families in the development and distribution of information used to educate  
205.22 potential enrollees regarding their options for health care and mental health service delivery  
205.23 under this subdivision.

205.24 (e) If the person described in paragraph (c) does not elect to remain in fee-for-service  
205.25 medical assistance, or declines to choose a plan, the commissioner may preferentially assign  
205.26 that person to the prepaid plan participating in the preferred integrated network. The  
205.27 commissioner shall implement the enrollment changes within a project's service area on the  
205.28 timeline specified in that project's approved application.

205.29 (f) A person enrolled in a prepaid health plan under paragraphs (c) and (d) may disenroll  
205.30 from the plan at any time.

205.31 (g) The commissioner, in consultation with consumers, families, and their representatives,  
205.32 shall evaluate the projects begun in 2009, and shall refine the design of the service integration  
206.1 projects before expanding the projects. The commissioner shall report to the chairs of the  
206.2 legislative committees with jurisdiction over mental health services by March 1, 2008, on  
206.3 plans for evaluation of preferred integrated networks established under this subdivision.

206.4 (h) The commissioner shall apply for any federal waivers necessary to implement these  
206.5 changes.

206.6 (i) Payment for Medicaid service providers under this subdivision for the months of  
206.7 May and June will be made no earlier than July 1 of the same calendar year.

206.8 Sec. 11. Minnesota Statutes 2024, section 245.4835, subdivision 2, is amended to read:

206.9 Subd. 2. **Failure to maintain expenditures.** (a) If a county does not comply with  
206.10 subdivision 1, the commissioner shall require the county to develop a corrective action plan

312.26 (4) waive any administrative rule not consistent with the implementation of the projects;

312.27 (5) allow potential bidders at least 90 days to respond to the request for proposals; and

312.28 (6) conduct an independent evaluation to determine if mental health outcomes have  
312.29 improved in that county or counties according to measurable standards designed in  
313.1 consultation with the advisory body established under this subdivision and reviewed by the  
313.2 State Advisory Council on Mental Health.

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313.8 (2) the individual has a basis for exclusion from the prepaid plan under section 256B.69,  
313.9 subdivision 4, other than disability, or mental illness, ~~or emotional disturbance~~.

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313.11 illness and their families in the development and distribution of information used to educate  
313.12 potential enrollees regarding their options for health care and mental health service delivery  
313.13 under this subdivision.

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313.15 medical assistance, or declines to choose a plan, the commissioner may preferentially assign  
313.16 that person to the prepaid plan participating in the preferred integrated network. The  
313.17 commissioner shall implement the enrollment changes within a project's service area on the  
313.18 timeline specified in that project's approved application.

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313.20 from the plan at any time.

313.21 (g) The commissioner, in consultation with consumers, families, and their representatives,  
313.22 shall evaluate the projects begun in 2009, and shall refine the design of the service integration  
313.23 projects before expanding the projects. The commissioner shall report to the chairs of the  
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313.29 May and June will be made no earlier than July 1 of the same calendar year.

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313.32 subdivision 1, the commissioner shall require the county to develop a corrective action plan

206.11 according to a format and timeline established by the commissioner. If the commissioner  
206.12 determines that a county has not developed an acceptable corrective action plan within the  
206.13 required timeline, or that the county is not in compliance with an approved corrective action  
206.14 plan, the protections provided to that county under section 245.485 do not apply.

206.15 (b) The commissioner shall consider the following factors to determine whether to  
206.16 approve a county's corrective action plan:

206.17 (1) the degree to which a county is maximizing revenues for mental health services from  
206.18 noncounty sources;

206.19 (2) the degree to which a county is expanding use of alternative services that meet mental  
206.20 health needs, but do not count as mental health services within existing reporting systems.  
206.21 If approved by the commissioner, the alternative services must be included in the county's  
206.22 base as well as subsequent years. The commissioner's approval for alternative services must  
206.23 be based on the following criteria:

206.24 (i) the service must be provided to children ~~with emotional disturbance~~ or adults with  
206.25 mental illness;

206.26 (ii) the services must be based on an individual treatment plan or individual community  
206.27 support plan as defined in the Comprehensive Mental Health Act; and

206.28 (iii) the services must be supervised by a mental health professional and provided by  
206.29 staff who meet the staff qualifications defined in sections 256B.0943, subdivision 7, and  
206.30 256B.0623, subdivision 5.

206.31 (c) Additional county expenditures to make up for the prior year's underspending may  
206.32 be spread out over a two-year period.

207.1 Sec. 12. Minnesota Statutes 2024, section 245.4863, is amended to read:

207.2 **245.4863 INTEGRATED CO-OCCURRING DISORDER TREATMENT.**

207.3 (a) The commissioner shall require individuals who perform substance use disorder  
207.4 assessments to screen clients for co-occurring mental health disorders, and staff who perform  
207.5 mental health diagnostic assessments to screen for co-occurring substance use disorders.  
207.6 Screening tools must be approved by the commissioner. If a client screens positive for a  
207.7 co-occurring mental health or substance use disorder, the individual performing the screening  
207.8 must document what actions will be taken in response to the results and whether further  
207.9 assessments must be performed.

207.10 (b) Notwithstanding paragraph (a), screening is not required when:

207.11 (1) the presence of co-occurring disorders was documented for the client in the past 12  
207.12 months;

207.13 (2) the client is currently receiving co-occurring disorders treatment;

314.1 according to a format and timeline established by the commissioner. If the commissioner  
314.2 determines that a county has not developed an acceptable corrective action plan within the  
314.3 required timeline, or that the county is not in compliance with an approved corrective action  
314.4 plan, the protections provided to that county under section 245.485 do not apply.

314.5 (b) The commissioner shall consider the following factors to determine whether to  
314.6 approve a county's corrective action plan:

314.7 (1) the degree to which a county is maximizing revenues for mental health services from  
314.8 noncounty sources;

314.9 (2) the degree to which a county is expanding use of alternative services that meet mental  
314.10 health needs, but do not count as mental health services within existing reporting systems.  
314.11 If approved by the commissioner, the alternative services must be included in the county's  
314.12 base as well as subsequent years. The commissioner's approval for alternative services must  
314.13 be based on the following criteria:

314.14 (i) the service must be provided to children ~~with emotional disturbance~~ or adults with  
314.15 mental illness;

314.16 (ii) the services must be based on an individual treatment plan or individual community  
314.17 support plan as defined in the Comprehensive Mental Health Act; and

314.18 (iii) the services must be supervised by a mental health professional and provided by  
314.19 staff who meet the staff qualifications defined in sections 256B.0943, subdivision 7, and  
314.20 256B.0623, subdivision 5.

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314.22 be spread out over a two-year period.

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314.27 mental health diagnostic assessments to screen for co-occurring substance use disorders.  
314.28 Screening tools must be approved by the commissioner. If a client screens positive for a  
314.29 co-occurring mental health or substance use disorder, the individual performing the screening  
314.30 must document what actions will be taken in response to the results and whether further  
314.31 assessments must be performed.

314.32 (b) Notwithstanding paragraph (a), screening is not required when:

315.1 (1) the presence of co-occurring disorders was documented for the client in the past 12  
315.2 months;

315.3 (2) the client is currently receiving co-occurring disorders treatment;

207.14 (3) the client is being referred for co-occurring disorders treatment; or

207.15 (4) a mental health professional who is competent to perform diagnostic assessments of

207.16 co-occurring disorders is performing a diagnostic assessment to identify whether the client

207.17 may have co-occurring mental health and substance use disorders. If an individual is

207.18 identified to have co-occurring mental health and substance use disorders, the assessing

207.19 mental health professional must document what actions will be taken to address the client's

207.20 co-occurring disorders.

207.21 (c) The commissioner shall adopt rules as necessary to implement this section. The

207.22 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing

207.23 a certification process for integrated dual disorder treatment providers and a system through

207.24 which individuals receive integrated dual diagnosis treatment if assessed as having both a

207.25 substance use disorder and ~~either a serious mental illness or emotional disturbance.~~

207.26 (d) The commissioner shall apply for any federal waivers necessary to secure, to the

207.27 extent allowed by law, federal financial participation for the provision of integrated dual

207.28 diagnosis treatment to persons with co-occurring disorders.

207.29 Sec. 13. Minnesota Statutes 2024, section 245.487, subdivision 2, is amended to read:

207.30 Subd. 2. **Findings.** The legislature finds there is a need for further development of

207.31 existing clinical services for ~~emotionally disturbed children with mental illness~~ and their

207.32 families and the creation of new services for this population. Although the services specified

208.1 in sections 245.487 to 245.4889 are mental health services, sections 245.487 to 245.4889

208.2 emphasize the need for a child-oriented and family-oriented approach of therapeutic

208.3 programming and the need for continuity of care with other community agencies. At the

208.4 same time, sections 245.487 to 245.4889 emphasize the importance of developing special

208.5 mental health expertise in children's mental health services because of the unique needs of

208.6 this population.

208.7 Nothing in sections 245.487 to 245.4889 shall be construed to abridge the authority of

208.8 the court to make dispositions under chapter 260, but the mental health services due any

208.9 child with serious and persistent mental illness, as defined in section 245.462, subdivision

208.10 20, or with ~~severe emotional disturbance~~ a serious mental illness, as defined in section

208.11 245.4871, subdivision 6, shall be made a part of any disposition affecting that child.

208.12 Sec. 14. Minnesota Statutes 2024, section 245.4871, subdivision 3, is amended to read:

208.13 Subd. 3. **Case management services.** "Case management services" means activities

208.14 that are coordinated with the family community support services and are designed to help

208.15 the child with ~~severe emotional disturbance~~ serious mental illness and the child's family

208.16 obtain needed mental health services, social services, educational services, health services,

208.17 vocational services, recreational services, and related services in the areas of volunteer

208.18 services, advocacy, transportation, and legal services. Case management services include

208.19 assisting in obtaining a comprehensive diagnostic assessment, developing an individual

208.20 family community support plan, and assisting the child and the child's family in obtaining

315.4 (3) the client is being referred for co-occurring disorders treatment; or

315.5 (4) a mental health professional who is competent to perform diagnostic assessments of

315.6 co-occurring disorders is performing a diagnostic assessment to identify whether the client

315.7 may have co-occurring mental health and substance use disorders. If an individual is

315.8 identified to have co-occurring mental health and substance use disorders, the assessing

315.9 mental health professional must document what actions will be taken to address the client's

315.10 co-occurring disorders.

315.11 (c) The commissioner shall adopt rules as necessary to implement this section. The

315.12 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing

315.13 a certification process for integrated dual disorder treatment providers and a system through

315.14 which individuals receive integrated dual diagnosis treatment if assessed as having both a

315.15 substance use disorder and ~~either a serious mental illness or emotional disturbance.~~

315.16 (d) The commissioner shall apply for any federal waivers necessary to secure, to the

315.17 extent allowed by law, federal financial participation for the provision of integrated dual

315.18 diagnosis treatment to persons with co-occurring disorders.

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315.22 families and the creation of new services for this population. Although the services specified

315.23 in sections 245.487 to 245.4889 are mental health services, sections 245.487 to 245.4889

315.24 emphasize the need for a child-oriented and family-oriented approach of therapeutic

315.25 programming and the need for continuity of care with other community agencies. At the

315.26 same time, sections 245.487 to 245.4889 emphasize the importance of developing special

315.27 mental health expertise in children's mental health services because of the unique needs of

315.28 this population.

315.29 Nothing in sections 245.487 to 245.4889 shall be construed to abridge the authority of

315.30 the court to make dispositions under chapter 260, but the mental health services due any

315.31 child with serious and persistent mental illness, as defined in section 245.462, subdivision

315.32 20, or with ~~severe emotional disturbance~~ serious mental illness, as defined in section

315.33 245.4871, subdivision 6, shall be made a part of any disposition affecting that child.

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316.3 that are coordinated with the family community support services and are designed to help

316.4 the child with ~~severe emotional disturbance~~ serious mental illness and the child's family

316.5 obtain needed mental health services, social services, educational services, health services,

316.6 vocational services, recreational services, and related services in the areas of volunteer

316.7 services, advocacy, transportation, and legal services. Case management services include

316.8 assisting in obtaining a comprehensive diagnostic assessment, developing an individual

316.9 family community support plan, and assisting the child and the child's family in obtaining

208.21 needed services by coordination with other agencies and assuring continuity of care. Case  
208.22 managers must assess and reassess the delivery, appropriateness, and effectiveness of services  
208.23 over time.

208.24 Sec. 15. Minnesota Statutes 2024, section 245.4871, subdivision 4, is amended to read:

208.25 Subd. 4. **Case management service provider.** (a) "Case management service provider"  
208.26 means a case manager or case manager associate employed by the county or other entity  
208.27 authorized by the county board to provide case management services specified in subdivision  
208.28 3 for the child with ~~severe emotional disturbance~~ serious mental illness and the child's  
208.29 family.

208.30 (b) A case manager must:

208.31 (1) have experience and training in working with children;

209.1 (2) have at least a bachelor's degree in one of the behavioral sciences or a related field  
209.2 including, but not limited to, social work, psychology, or nursing from an accredited college  
209.3 or university or meet the requirements of paragraph (d);

209.4 (3) have experience and training in identifying and assessing a wide range of children's  
209.5 needs;

209.6 (4) be knowledgeable about local community resources and how to use those resources  
209.7 for the benefit of children and their families; and

209.8 (5) meet the supervision and continuing education requirements of paragraphs (e), (f),  
209.9 and (g), as applicable.

209.10 (c) A case manager may be a member of any professional discipline that is part of the  
209.11 local system of care for children established by the county board.

209.12 (d) A case manager without a bachelor's degree must meet one of the requirements in  
209.13 clauses (1) to (3):

209.14 (1) have three or four years of experience as a case manager associate;

209.15 (2) be a registered nurse without a bachelor's degree who has a combination of specialized  
209.16 training in psychiatry and work experience consisting of community interaction and  
209.17 involvement or community discharge planning in a mental health setting totaling three years;  
209.18 or

209.19 (3) be a person who qualified as a case manager under the 1998 Department of Human  
209.20 Services waiver provision and meets the continuing education, supervision, and mentoring  
209.21 requirements in this section.

209.22 (e) A case manager with at least 2,000 hours of supervised experience in the delivery  
209.23 of mental health services to children must receive regular ongoing supervision and clinical  
209.24 supervision totaling 38 hours per year, of which at least one hour per month must be clinical

316.10 needed services by coordination with other agencies and assuring continuity of care. Case  
316.11 managers must assess and reassess the delivery, appropriateness, and effectiveness of services  
316.12 over time.

316.13 Sec. 15. Minnesota Statutes 2024, section 245.4871, subdivision 4, is amended to read:

316.14 Subd. 4. **Case management service provider.** (a) "Case management service provider"  
316.15 means a case manager or case manager associate employed by the county or other entity  
316.16 authorized by the county board to provide case management services specified in subdivision  
316.17 3 for the child with ~~severe emotional disturbance~~ serious mental illness and the child's  
316.18 family.

316.19 (b) A case manager must:

316.20 (1) have experience and training in working with children;

316.21 (2) have at least a bachelor's degree in one of the behavioral sciences or a related field  
316.22 including, but not limited to, social work, psychology, or nursing from an accredited college  
316.23 or university or meet the requirements of paragraph (d);

316.24 (3) have experience and training in identifying and assessing a wide range of children's  
316.25 needs;

316.26 (4) be knowledgeable about local community resources and how to use those resources  
316.27 for the benefit of children and their families; and

316.28 (5) meet the supervision and continuing education requirements of paragraphs (e), (f),  
316.29 and (g), as applicable.

316.30 (c) A case manager may be a member of any professional discipline that is part of the  
316.31 local system of care for children established by the county board.

317.1 (d) A case manager without a bachelor's degree must meet one of the requirements in  
317.2 clauses (1) to (3):

317.3 (1) have three or four years of experience as a case manager associate;

317.4 (2) be a registered nurse without a bachelor's degree who has a combination of specialized  
317.5 training in psychiatry and work experience consisting of community interaction and  
317.6 involvement or community discharge planning in a mental health setting totaling three years;  
317.7 or

317.8 (3) be a person who qualified as a case manager under the 1998 Department of Human  
317.9 Services waiver provision and meets the continuing education, supervision, and mentoring  
317.10 requirements in this section.

317.11 (e) A case manager with at least 2,000 hours of supervised experience in the delivery  
317.12 of mental health services to children must receive regular ongoing supervision and clinical  
317.13 supervision totaling 38 hours per year, of which at least one hour per month must be clinical

209.25 supervision regarding individual service delivery with a case management supervisor. The  
209.26 other 26 hours of supervision may be provided by a case manager with two years of  
209.27 experience. Group supervision may not constitute more than one-half of the required  
209.28 supervision hours.

209.29 (f) A case manager without 2,000 hours of supervised experience in the delivery of  
209.30 mental health services to children with ~~emotional disturbance~~ mental illness must:

209.31 (1) begin 40 hours of training approved by the commissioner of human services in case  
209.32 management skills and in the characteristics and needs of children with ~~severe emotional~~  
210.1 ~~disturbance~~ serious mental illness before beginning to provide case management services;  
210.2 and

210.3 (2) receive clinical supervision regarding individual service delivery from a mental  
210.4 health professional at least one hour each week until the requirement of 2,000 hours of  
210.5 experience is met.

210.6 (g) A case manager who is not licensed, registered, or certified by a health-related  
210.7 licensing board must receive 30 hours of continuing education and training in ~~severe~~  
210.8 ~~emotional disturbance~~ serious mental illness and mental health services every two years.

210.9 (h) Clinical supervision must be documented in the child's record. When the case manager  
210.10 is not a mental health professional, the county board must provide or contract for needed  
210.11 clinical supervision.

210.12 (i) The county board must ensure that the case manager has the freedom to access and  
210.13 coordinate the services within the local system of care that are needed by the child.

210.14 (j) A case manager associate (CMA) must:

210.15 (1) work under the direction of a case manager or case management supervisor;

210.16 (2) be at least 21 years of age;

210.17 (3) have at least a high school diploma or its equivalent; and

210.18 (4) meet one of the following criteria:

210.19 (i) have an associate of arts degree in one of the behavioral sciences or human services;

210.20 (ii) be a registered nurse without a bachelor's degree;

210.21 (iii) have three years of life experience as a primary caregiver to a child with serious  
210.22 ~~emotional disturbance~~ mental illness as defined in subdivision 6 within the previous ten  
210.23 years;

210.24 (iv) have 6,000 hours work experience as a nondegreed state hospital technician; or

210.25 (v) have 6,000 hours of supervised work experience in the delivery of mental health  
210.26 services to children with ~~emotional disturbances~~ mental illness; hours worked as a mental

317.14 supervision regarding individual service delivery with a case management supervisor. The  
317.15 other 26 hours of supervision may be provided by a case manager with two years of  
317.16 experience. Group supervision may not constitute more than one-half of the required  
317.17 supervision hours.

317.18 (f) A case manager without 2,000 hours of supervised experience in the delivery of  
317.19 mental health services to children with ~~emotional disturbance~~ mental illness must:

317.20 (1) begin 40 hours of training approved by the commissioner of human services in case  
317.21 management skills and in the characteristics and needs of children with ~~severe emotional~~  
317.22 ~~disturbance~~ serious mental illness before beginning to provide case management services;  
317.23 and

317.24 (2) receive clinical supervision regarding individual service delivery from a mental  
317.25 health professional at least one hour each week until the requirement of 2,000 hours of  
317.26 experience is met.

317.27 (g) A case manager who is not licensed, registered, or certified by a health-related  
317.28 licensing board must receive 30 hours of continuing education and training in ~~severe~~  
317.29 ~~emotional disturbance~~ serious mental illness and mental health services every two years.

317.30 (h) Clinical supervision must be documented in the child's record. When the case manager  
317.31 is not a mental health professional, the county board must provide or contract for needed  
317.32 clinical supervision.

318.1 (i) The county board must ensure that the case manager has the freedom to access and  
318.2 coordinate the services within the local system of care that are needed by the child.

318.3 (j) A case manager associate (CMA) must:

318.4 (1) work under the direction of a case manager or case management supervisor;

318.5 (2) be at least 21 years of age;

318.6 (3) have at least a high school diploma or its equivalent; and

318.7 (4) meet one of the following criteria:

318.8 (i) have an associate of arts degree in one of the behavioral sciences or human services;

318.9 (ii) be a registered nurse without a bachelor's degree;

318.10 (iii) have three years of life experience as a primary caregiver to a child with serious  
318.11 ~~emotional disturbance~~ mental illness as defined in subdivision 6 within the previous ten  
318.12 years;

318.13 (iv) have 6,000 hours work experience as a nondegreed state hospital technician; or

318.14 (v) have 6,000 hours of supervised work experience in the delivery of mental health  
318.15 services to children with ~~emotional disturbances~~ mental illness; hours worked as a mental

210.27 health behavioral aide I or II under section 256B.0943, subdivision 7, may count toward  
210.28 the 6,000 hours of supervised work experience.

210.29 Individuals meeting one of the criteria in items (i) to (iv) may qualify as a case manager  
210.30 after four years of supervised work experience as a case manager associate. Individuals  
211.1 meeting the criteria in item (v) may qualify as a case manager after three years of supervised  
211.2 experience as a case manager associate.

211.3 (k) Case manager associates must meet the following supervision, mentoring, and  
211.4 continuing education requirements;

211.5 (1) have 40 hours of preservice training described under paragraph (f), clause (1);

211.6 (2) receive at least 40 hours of continuing education in ~~severe emotional disturbance~~  
211.7 serious mental illness and mental health service annually; and

211.8 (3) receive at least five hours of mentoring per week from a case management mentor.  
211.9 A "case management mentor" means a qualified, practicing case manager or case management  
211.10 supervisor who teaches or advises and provides intensive training and clinical supervision  
211.11 to one or more case manager associates. Mentoring may occur while providing direct services  
211.12 to consumers in the office or in the field and may be provided to individuals or groups of  
211.13 case manager associates. At least two mentoring hours per week must be individual and  
211.14 face-to-face.

211.15 (l) A case management supervisor must meet the criteria for a mental health professional  
211.16 as specified in subdivision 27.

211.17 (m) An immigrant who does not have the qualifications specified in this subdivision  
211.18 may provide case management services to child immigrants with ~~severe emotional~~  
211.19 ~~disturbance~~ serious mental illness of the same ethnic group as the immigrant if the person:

211.20 (1) is currently enrolled in and is actively pursuing credits toward the completion of a  
211.21 bachelor's degree in one of the behavioral sciences or related fields at an accredited college  
211.22 or university;

211.23 (2) completes 40 hours of training as specified in this subdivision; and

211.24 (3) receives clinical supervision at least once a week until the requirements of obtaining  
211.25 a bachelor's degree and 2,000 hours of supervised experience are met.

211.26 Sec. 16. Minnesota Statutes 2024, section 245.4871, subdivision 6, is amended to read:

211.27 Subd. 6. **Child with ~~severe emotional disturbance~~ serious mental illness.** For purposes  
211.28 of eligibility for case management and family community support services, "child with  
211.29 ~~severe emotional disturbance~~ serious mental illness" means a child who has ~~an emotional~~  
211.30 ~~disturbance~~ a mental illness and who meets one of the following criteria:

318.16 health behavioral aide I or II under section 256B.0943, subdivision 7, may count toward  
318.17 the 6,000 hours of supervised work experience.

318.18 Individuals meeting one of the criteria in items (i) to (iv) may qualify as a case manager  
318.19 after four years of supervised work experience as a case manager associate. Individuals  
318.20 meeting the criteria in item (v) may qualify as a case manager after three years of supervised  
318.21 experience as a case manager associate.

318.22 (k) Case manager associates must meet the following supervision, mentoring, and  
318.23 continuing education requirements;

318.24 (1) have 40 hours of preservice training described under paragraph (f), clause (1);

318.25 (2) receive at least 40 hours of continuing education in ~~severe emotional disturbance~~  
318.26 serious mental illness and mental health service annually; and

318.27 (3) receive at least five hours of mentoring per week from a case management mentor.  
318.28 A "case management mentor" means a qualified, practicing case manager or case management  
318.29 supervisor who teaches or advises and provides intensive training and clinical supervision  
318.30 to one or more case manager associates. Mentoring may occur while providing direct services  
318.31 to consumers in the office or in the field and may be provided to individuals or groups of  
319.1 case manager associates. At least two mentoring hours per week must be individual and  
319.2 face-to-face.

319.3 (l) A case management supervisor must meet the criteria for a mental health professional  
319.4 as specified in subdivision 27.

319.5 (m) An immigrant who does not have the qualifications specified in this subdivision  
319.6 may provide case management services to child immigrants with ~~severe emotional~~  
319.7 ~~disturbance~~ serious mental illness of the same ethnic group as the immigrant if the person:

319.8 (1) is currently enrolled in and is actively pursuing credits toward the completion of a  
319.9 bachelor's degree in one of the behavioral sciences or related fields at an accredited college  
319.10 or university;

319.11 (2) completes 40 hours of training as specified in this subdivision; and

319.12 (3) receives clinical supervision at least once a week until the requirements of obtaining  
319.13 a bachelor's degree and 2,000 hours of supervised experience are met.

319.14 Sec. 16. Minnesota Statutes 2024, section 245.4871, subdivision 6, is amended to read:

319.15 Subd. 6. **Child with ~~severe emotional disturbance~~ serious mental illness.** For purposes  
319.16 of eligibility for case management and family community support services, "child with  
319.17 ~~severe emotional disturbance~~ serious mental illness" means a child who has ~~an emotional~~  
319.18 ~~disturbance~~ mental illness and who meets one of the following criteria:

212.1 (1) the child has been admitted within the last three years or is at risk of being admitted  
212.2 to inpatient treatment or residential treatment for ~~an emotional disturbance~~ a mental illness;  
212.3 or

212.4 (2) the child is a Minnesota resident and is receiving inpatient treatment or residential  
212.5 treatment for ~~an emotional disturbance~~ a mental illness through the interstate compact; or

212.6 (3) the child has one of the following as determined by a mental health professional:  
212.7 (i) psychosis or a clinical depression; or

212.8 (ii) risk of harming self or others as a result of ~~an emotional disturbance~~ a mental illness;  
212.9 or

212.10 (iii) psychopathological symptoms as a result of being a victim of physical or sexual  
212.11 abuse or of psychic trauma within the past year; or

212.12 (4) the child, as a result of ~~an emotional disturbance~~ a mental illness, has significantly  
212.13 impaired home, school, or community functioning that has lasted at least one year or that,  
212.14 in the written opinion of a mental health professional, presents substantial risk of lasting at  
212.15 least one year.

212.16 Sec. 17. Minnesota Statutes 2024, section 245.4871, subdivision 13, is amended to read:

212.17 Subd. 13. **Education and prevention services.** (a) "Education and prevention services"  
212.18 means services designed to:

212.19 (1) educate the general public;

212.20 (2) increase the understanding and acceptance of problems associated with ~~emotional~~  
212.21 ~~disturbances~~ children's mental illnesses;

212.22 (3) improve people's skills in dealing with high-risk situations known to affect children's  
212.23 mental health and functioning; and

212.24 (4) refer specific children or their families with mental health needs to mental health  
212.25 services.

212.26 (b) The services include distribution to individuals and agencies identified by the county  
212.27 board and the local children's mental health advisory council of information on predictors  
212.28 and symptoms of ~~emotional disturbances~~ mental illnesses, where mental health services are  
212.29 available in the county, and how to access the services.

213.1 Sec. 18. Minnesota Statutes 2024, section 245.4871, subdivision 15, is amended to read:

213.2 Subd. 15. **Emotional disturbance Mental illness.** ~~"Emotional disturbance"~~ "Mental  
213.3 illness" means an organic disorder of the brain or a clinically significant disorder of thought,  
213.4 mood, perception, orientation, memory, or behavior that:

213.5 (1) is detailed in a diagnostic codes list published by the commissioner; and

319.19 (1) the child has been admitted within the last three years or is at risk of being admitted  
319.20 to inpatient treatment or residential treatment for ~~an emotional disturbance~~ mental illness;  
319.21 or

319.22 (2) the child is a Minnesota resident and is receiving inpatient treatment or residential  
319.23 treatment for ~~an emotional disturbance~~ mental illness through the interstate compact; or

319.24 (3) the child has one of the following as determined by a mental health professional:  
319.25 (i) psychosis or a clinical depression; or

319.26 (ii) risk of harming self or others as a result of ~~an emotional disturbance~~ mental illness;  
319.27 or

319.28 (iii) psychopathological symptoms as a result of being a victim of physical or sexual  
319.29 abuse or of psychic trauma within the past year; or

319.30 (4) the child, as a result of ~~an emotional disturbance~~ mental illness, has significantly  
319.31 impaired home, school, or community functioning that has lasted at least one year or that,  
320.1 in the written opinion of a mental health professional, presents substantial risk of lasting at  
320.2 least one year.

320.3 Sec. 17. Minnesota Statutes 2024, section 245.4871, subdivision 13, is amended to read:

320.4 Subd. 13. **Education and prevention services.** (a) "Education and prevention services"  
320.5 means services designed to:

320.6 (1) educate the general public;

320.7 (2) increase the understanding and acceptance of problems associated with ~~emotional~~  
320.8 ~~disturbances~~ children's mental illnesses;

320.9 (3) improve people's skills in dealing with high-risk situations known to affect children's  
320.10 mental health and functioning; and

320.11 (4) refer specific children or their families with mental health needs to mental health  
320.12 services.

320.13 (b) The services include distribution to individuals and agencies identified by the county  
320.14 board and the local children's mental health advisory council of information on predictors  
320.15 and symptoms of ~~emotional disturbances~~ mental illnesses, where mental health services are  
320.16 available in the county, and how to access the services.

320.17 Sec. 18. Minnesota Statutes 2024, section 245.4871, subdivision 15, is amended to read:

320.18 Subd. 15. **Emotional disturbance Mental illness.** ~~"Emotional disturbance"~~ "Mental  
320.19 illness" means an organic disorder of the brain or a clinically significant disorder of thought,  
320.20 mood, perception, orientation, memory, or behavior that:

320.21 (1) is detailed in a diagnostic codes list published by the commissioner; and



213.6 (2) seriously limits a child's capacity to function in primary aspects of daily living such  
213.7 as personal relations, living arrangements, work, school, and recreation.

213.8 ~~"Emotional disturbance"~~ Mental illness is a generic term and is intended to reflect all  
213.9 categories of disorder described in the clinical code list published by the commissioner as  
213.10 "usually first evident in childhood or adolescence."

213.11 Sec. 19. Minnesota Statutes 2024, section 245.4871, subdivision 17, is amended to read:

213.12 Subd. 17. **Family community support services.** "Family community support services"  
213.13 means services provided under the treatment supervision of a mental health professional  
213.14 and designed to help each child with ~~severe emotional disturbance~~ serious mental illness to  
213.15 function and remain with the child's family in the community. Family community support  
213.16 services do not include acute care hospital inpatient treatment, residential treatment services,  
213.17 or regional treatment center services. Family community support services include:

213.18 (1) client outreach to each child with ~~severe emotional disturbance~~ serious mental illness  
213.19 and the child's family;

213.20 (2) medication monitoring where necessary;

213.21 (3) assistance in developing independent living skills;

213.22 (4) assistance in developing parenting skills necessary to address the needs of the child  
213.23 with ~~severe emotional disturbance~~ serious mental illness;

213.24 (5) assistance with leisure and recreational activities;

213.25 (6) crisis planning, including crisis placement and respite care;

213.26 (7) professional home-based family treatment;

213.27 (8) foster care with therapeutic supports;

213.28 (9) day treatment;

213.29 (10) assistance in locating respite care and special needs day care; and

214.1 (11) assistance in obtaining potential financial resources, including those benefits listed  
214.2 in section 245.4884, subdivision 5.

214.3 Sec. 20. Minnesota Statutes 2024, section 245.4871, subdivision 19, is amended to read:

214.4 Subd. 19. **Individual family community support plan.** "Individual family community  
214.5 support plan" means a written plan developed by a case manager in conjunction with the  
214.6 family and the child with ~~severe emotional disturbance~~ serious mental illness on the basis  
214.7 of a diagnostic assessment and a functional assessment. The plan identifies specific services  
214.8 needed by a child and the child's family to:

214.9 (1) treat the symptoms and dysfunctions determined in the diagnostic assessment;

320.22 (2) seriously limits a child's capacity to function in primary aspects of daily living such  
320.23 as personal relations, living arrangements, work, school, and recreation.

320.24 ~~"Emotional disturbance"~~ Mental illness is a generic term and is intended to reflect all  
320.25 categories of disorder described in the clinical code list published by the commissioner as  
320.26 "usually first evident in childhood or adolescence."

320.27 Sec. 19. Minnesota Statutes 2024, section 245.4871, subdivision 17, is amended to read:

320.28 Subd. 17. **Family community support services.** "Family community support services"  
320.29 means services provided under the treatment supervision of a mental health professional  
320.30 and designed to help each child with ~~severe emotional disturbance~~ serious mental illness to  
321.1 function and remain with the child's family in the community. Family community support  
321.2 services do not include acute care hospital inpatient treatment, residential treatment services,  
321.3 or regional treatment center services. Family community support services include:

321.4 (1) client outreach to each child with ~~severe emotional disturbance~~ serious mental illness  
321.5 and the child's family;

321.6 (2) medication monitoring where necessary;

321.7 (3) assistance in developing independent living skills;

321.8 (4) assistance in developing parenting skills necessary to address the needs of the child  
321.9 with ~~severe emotional disturbance~~ serious mental illness;

321.10 (5) assistance with leisure and recreational activities;

321.11 (6) crisis planning, including crisis placement and respite care;

321.12 (7) professional home-based family treatment;

321.13 (8) foster care with therapeutic supports;

321.14 (9) day treatment;

321.15 (10) assistance in locating respite care and special needs day care; and

321.16 (11) assistance in obtaining potential financial resources, including those benefits listed  
321.17 in section 245.4884, subdivision 5.

321.18 Sec. 20. Minnesota Statutes 2024, section 245.4871, subdivision 19, is amended to read:

321.19 Subd. 19. **Individual family community support plan.** "Individual family community  
321.20 support plan" means a written plan developed by a case manager in conjunction with the  
321.21 family and the child with ~~severe emotional disturbance~~ serious mental illness on the basis  
321.22 of a diagnostic assessment and a functional assessment. The plan identifies specific services  
321.23 needed by a child and the child's family to:

321.24 (1) treat the symptoms and dysfunctions determined in the diagnostic assessment;

214.10 (2) relieve conditions leading to ~~emotional disturbance~~ mental illness and improve the  
214.11 personal well-being of the child;

214.12 (3) improve family functioning;

214.13 (4) enhance daily living skills;

214.14 (5) improve functioning in education and recreation settings;

214.15 (6) improve interpersonal and family relationships;

214.16 (7) enhance vocational development; and

214.17 (8) assist in obtaining transportation, housing, health services, and employment.

214.18 Sec. 21. Minnesota Statutes 2024, section 245.4871, subdivision 21, is amended to read:

214.19 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the  
214.20 formulation of planned services that are responsive to the needs and goals of a client. An  
214.21 individual treatment plan must be completed according to section 245I.10, subdivisions 7  
214.22 and 8.

214.23 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is  
214.24 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual  
214.25 treatment plan must:

214.26 (1) include a written plan of intervention, treatment, and services for a child with ~~an~~ a  
214.27 ~~emotional disturbance~~ mental illness that the service provider develops under the clinical  
214.28 supervision of a mental health professional on the basis of a diagnostic assessment;

214.29 (2) be developed in conjunction with the family unless clinically inappropriate; and

215.1 (3) identify goals and objectives of treatment, treatment strategy, a schedule for  
215.2 accomplishing treatment goals and objectives, and the individuals responsible for providing  
215.3 treatment to the child with ~~an emotional disturbance~~ a mental illness.

215.4 Sec. 22. Minnesota Statutes 2024, section 245.4871, subdivision 22, is amended to read:

215.5 Subd. 22. **Legal representative.** "Legal representative" means a guardian, conservator,  
215.6 or guardian ad litem of a child with ~~an emotional disturbance~~ a mental illness authorized  
215.7 by the court to make decisions about mental health services for the child.

215.8 Sec. 23. Minnesota Statutes 2024, section 245.4871, subdivision 28, is amended to read:

215.9 Subd. 28. **Mental health services.** "Mental health services" means at least all of the  
215.10 treatment services and case management activities that are provided to children with  
215.11 ~~emotional disturbances~~ mental illnesses and are described in sections 245.487 to 245.4889.

321.25 (2) relieve conditions leading to ~~emotional disturbance~~ mental illness and improve the  
321.26 personal well-being of the child;

321.27 (3) improve family functioning;

321.28 (4) enhance daily living skills;

321.29 (5) improve functioning in education and recreation settings;

322.1 (6) improve interpersonal and family relationships;

322.2 (7) enhance vocational development; and

322.3 (8) assist in obtaining transportation, housing, health services, and employment.

322.4 Sec. 21. Minnesota Statutes 2024, section 245.4871, subdivision 21, is amended to read:

322.5 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the  
322.6 formulation of planned services that are responsive to the needs and goals of a client. An  
322.7 individual treatment plan must be completed according to section 245I.10, subdivisions 7  
322.8 and 8.

322.9 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is  
322.10 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual  
322.11 treatment plan must:

322.12 (1) include a written plan of intervention, treatment, and services for a child with ~~an~~ a  
322.13 ~~emotional disturbance~~ mental illness that the service provider develops under the clinical  
322.14 supervision of a mental health professional on the basis of a diagnostic assessment;

322.15 (2) be developed in conjunction with the family unless clinically inappropriate; and

322.16 (3) identify goals and objectives of treatment, treatment strategy, a schedule for  
322.17 accomplishing treatment goals and objectives, and the individuals responsible for providing  
322.18 treatment to the child with ~~an emotional disturbance~~ mental illness.

322.19 Sec. 22. Minnesota Statutes 2024, section 245.4871, subdivision 22, is amended to read:

322.20 Subd. 22. **Legal representative.** "Legal representative" means a guardian, conservator,  
322.21 or guardian ad litem of a child with ~~an emotional disturbance~~ mental illness authorized by  
322.22 the court to make decisions about mental health services for the child.

322.23 Sec. 23. Minnesota Statutes 2024, section 245.4871, subdivision 28, is amended to read:

322.24 Subd. 28. **Mental health services.** "Mental health services" means at least all of the  
322.25 treatment services and case management activities that are provided to children with  
322.26 ~~emotional disturbances~~ mental illnesses and are described in sections 245.487 to 245.4889.

215.12 Sec. 24. Minnesota Statutes 2024, section 245.4871, subdivision 29, is amended to read:

215.13 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,  
215.14 excluding day treatment and community support services programs, provided by or under  
215.15 the treatment supervision of a mental health professional to children with ~~emotional~~  
215.16 ~~disturbances~~ mental illnesses who live outside a hospital. Outpatient services include clinical  
215.17 activities such as individual, group, and family therapy; individual treatment planning;  
215.18 diagnostic assessments; medication management; and psychological testing.

215.19 Sec. 25. Minnesota Statutes 2024, section 245.4871, subdivision 32, is amended to read:

215.20 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program  
215.21 under the treatment supervision of a mental health professional, in a community residential  
215.22 setting other than an acute care hospital or regional treatment center inpatient unit, that must  
215.23 be licensed as a residential treatment program for children with ~~emotional disturbances~~  
215.24 mental illnesses under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted  
215.25 by the commissioner.

215.26 Sec. 26. Minnesota Statutes 2024, section 245.4871, subdivision 34, is amended to read:

215.27 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"  
215.28 means the mental health training and mental health support services and treatment supervision  
215.29 provided by a mental health professional to foster families caring for children with ~~severe~~  
215.30 ~~emotional disturbance~~ serious mental illnesses to provide a therapeutic family environment  
216.1 and support for the child's improved functioning. Therapeutic support of foster care includes  
216.2 services provided under section 256B.0946.

216.3 Sec. 27. Minnesota Statutes 2024, section 245.4873, subdivision 2, is amended to read:

216.4 Subd. 2. **State level; coordination.** The Children's Cabinet, under section 4.045, in  
216.5 consultation with a representative of the Minnesota District Judges Association Juvenile  
216.6 Committee, shall:

216.7 (1) educate each agency about the policies, procedures, funding, and services for children  
216.8 with ~~emotional disturbances~~ mental illnesses of all agencies represented;

216.9 (2) develop mechanisms for interagency coordination on behalf of children with ~~emotional~~  
216.10 ~~disturbances~~ mental illnesses;

216.11 (3) identify barriers including policies and procedures within all agencies represented  
216.12 that interfere with delivery of mental health services for children;

216.13 (4) recommend policy and procedural changes needed to improve development and  
216.14 delivery of mental health services for children in the agency or agencies they represent; and

322.27 Sec. 24. Minnesota Statutes 2024, section 245.4871, subdivision 29, is amended to read:

322.28 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,  
322.29 excluding day treatment and community support services programs, provided by or under  
323.1 the treatment supervision of a mental health professional to children with ~~emotional~~  
323.2 ~~disturbances~~ mental illnesses who live outside a hospital. Outpatient services include clinical  
323.3 activities such as individual, group, and family therapy; individual treatment planning;  
323.4 diagnostic assessments; medication management; and psychological testing.

S2669-3, ARTICLE 10, SECTION 25, WAS REMOVED TO MATCH WITH  
H2115-2, ARTICLE 4, SECTION 9.

323.25 Sec. 26. Minnesota Statutes 2024, section 245.4871, subdivision 32, is amended to read:

323.26 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program  
323.27 under the treatment supervision of a mental health professional, in a community residential  
323.28 setting other than an acute care hospital or regional treatment center inpatient unit, that must  
323.29 be licensed as a residential treatment program for children with ~~emotional disturbances~~  
323.30 mental illnesses under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted  
323.31 by the commissioner.

324.1 Sec. 27. Minnesota Statutes 2024, section 245.4871, subdivision 34, is amended to read:

324.2 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"  
324.3 means the mental health training and mental health support services and treatment supervision  
324.4 provided by a mental health professional to foster families caring for children with ~~severe~~  
324.5 ~~emotional disturbance~~ serious mental illnesses to provide a therapeutic family environment  
324.6 and support for the child's improved functioning. Therapeutic support of foster care includes  
324.7 services provided under section 256B.0946.

324.8 Sec. 28. Minnesota Statutes 2024, section 245.4873, subdivision 2, is amended to read:

324.9 Subd. 2. **State level; coordination.** The Children's Cabinet, under section 4.045, in  
324.10 consultation with a representative of the Minnesota District Judges Association Juvenile  
324.11 Committee, shall:

324.12 (1) educate each agency about the policies, procedures, funding, and services for children  
324.13 with ~~emotional disturbances~~ mental illnesses of all agencies represented;

324.14 (2) develop mechanisms for interagency coordination on behalf of children with ~~emotional~~  
324.15 ~~disturbances~~ mental illnesses;

324.16 (3) identify barriers including policies and procedures within all agencies represented  
324.17 that interfere with delivery of mental health services for children;

324.18 (4) recommend policy and procedural changes needed to improve development and  
324.19 delivery of mental health services for children in the agency or agencies they represent; and

216.15 (5) identify mechanisms for better use of federal and state funding in the delivery of  
216.16 mental health services for children.

216.17 Sec. 28. Minnesota Statutes 2024, section 245.4875, subdivision 5, is amended to read:

216.18 Subd. 5. **Local children's advisory council.** (a) By October 1, 1989, the county board,  
216.19 individually or in conjunction with other county boards, shall establish a local children's  
216.20 mental health advisory council or children's mental health subcommittee of the existing  
216.21 local mental health advisory council or shall include persons on its existing mental health  
216.22 advisory council who are representatives of children's mental health interests. The following  
216.23 individuals must serve on the local children's mental health advisory council, the children's  
216.24 mental health subcommittee of an existing local mental health advisory council, or be  
216.25 included on an existing mental health advisory council: (1) at least one person who was in  
216.26 a mental health program as a child or adolescent; (2) at least one parent of a child or  
216.27 adolescent with ~~severe emotional disturbance~~ serious mental illness; (3) one children's  
216.28 mental health professional; (4) representatives of minority populations of significant size  
216.29 residing in the county; (5) a representative of the children's mental health local coordinating  
216.30 council; and (6) one family community support services program representative.

216.31 (b) The local children's mental health advisory council or children's mental health  
216.32 subcommittee of an existing advisory council shall seek input from parents, former  
217.1 consumers, providers, and others about the needs of children with ~~emotional disturbance~~  
217.2 mental illness in the local area and services needed by families of these children, and shall  
217.3 meet monthly, unless otherwise determined by the council or subcommittee, but not less  
217.4 than quarterly, to review, evaluate, and make recommendations regarding the local children's  
217.5 mental health system. Annually, the local children's mental health advisory council or  
217.6 children's mental health subcommittee of the existing local mental health advisory council  
217.7 shall:

217.8 (1) arrange for input from the local system of care providers regarding coordination of  
217.9 care between the services;

217.10 (2) identify for the county board the individuals, providers, agencies, and associations  
217.11 as specified in section 245.4877, clause (2); and

217.12 (3) provide to the county board a report of unmet mental health needs of children residing  
217.13 in the county.

217.14 (c) The county board shall consider the advice of its local children's mental health  
217.15 advisory council or children's mental health subcommittee of the existing local mental health  
217.16 advisory council in carrying out its authorities and responsibilities.

324.20 (5) identify mechanisms for better use of federal and state funding in the delivery of  
324.21 mental health services for children.

S2669-3, ARTICLE 10, SECTION 29, WAS REMOVED TO MATCH WITH  
H2115-2, ARTICLE 4, SECTION 10.

327.8 Sec. 30. Minnesota Statutes 2024, section 245.4875, subdivision 5, is amended to read:

327.9 Subd. 5. **Local children's advisory council.** (a) By October 1, 1989, the county board,  
327.10 individually or in conjunction with other county boards, shall establish a local children's  
327.11 mental health advisory council or children's mental health subcommittee of the existing  
327.12 local mental health advisory council or shall include persons on its existing mental health  
327.13 advisory council who are representatives of children's mental health interests. The following  
327.14 individuals must serve on the local children's mental health advisory council, the children's  
327.15 mental health subcommittee of an existing local mental health advisory council, or be  
327.16 included on an existing mental health advisory council: (1) at least one person who was in  
327.17 a mental health program as a child or adolescent; (2) at least one parent of a child or  
327.18 adolescent with ~~severe emotional disturbance~~ serious mental illness; (3) one children's  
327.19 mental health professional; (4) representatives of minority populations of significant size  
327.20 residing in the county; (5) a representative of the children's mental health local coordinating  
327.21 council; and (6) one family community support services program representative.

327.22 (b) The local children's mental health advisory council or children's mental health  
327.23 subcommittee of an existing advisory council shall seek input from parents, former  
327.24 consumers, providers, and others about the needs of children with ~~emotional disturbance~~  
327.25 mental illness in the local area and services needed by families of these children, and shall  
327.26 meet monthly, unless otherwise determined by the council or subcommittee, but not less  
327.27 than quarterly, to review, evaluate, and make recommendations regarding the local children's  
327.28 mental health system. Annually, the local children's mental health advisory council or  
327.29 children's mental health subcommittee of the existing local mental health advisory council  
327.30 shall:

327.31 (1) arrange for input from the local system of care providers regarding coordination of  
327.32 care between the services;

327.33 (2) identify for the county board the individuals, providers, agencies, and associations  
327.34 as specified in section 245.4877, clause (2); and

328.1 (3) provide to the county board a report of unmet mental health needs of children residing  
328.2 in the county.

328.3 (c) The county board shall consider the advice of its local children's mental health  
328.4 advisory council or children's mental health subcommittee of the existing local mental health  
328.5 advisory council in carrying out its authorities and responsibilities.

217.17 Sec. 29. Minnesota Statutes 2024, section 245.4876, subdivision 4, is amended to read:

217.18 Subd. 4. **Referral for case management.** Each provider of emergency services, outpatient  
217.19 treatment, community support services, family community support services, day treatment  
217.20 services, screening under section 245.4885, professional home-based family treatment  
217.21 services, residential treatment facilities, acute care hospital inpatient treatment facilities, or  
217.22 regional treatment center services must inform each child with ~~severe emotional disturbance~~  
217.23 serious mental illness, and the child's parent or legal representative, of the availability and  
217.24 potential benefits to the child of case management. The information shall be provided as  
217.25 specified in subdivision 5. If consent is obtained according to subdivision 5, the provider  
217.26 must refer the child by notifying the county employee designated by the county board to  
217.27 coordinate case management activities of the child's name and address and by informing  
217.28 the child's family of whom to contact to request case management. The provider must  
217.29 document compliance with this subdivision in the child's record. The parent or child may  
217.30 directly request case management even if there has been no referral.

218.1 Sec. 30. Minnesota Statutes 2024, section 245.4876, subdivision 5, is amended to read:

218.2 Subd. 5. **Consent for services or for release of information.** (a) Although sections  
218.3 245.487 to 245.4889 require each county board, within the limits of available resources, to  
218.4 make the mental health services listed in those sections available to each child residing in  
218.5 the county who needs them, the county board shall not provide any services, either directly  
218.6 or by contract, unless consent to the services is obtained under this subdivision. The case  
218.7 manager assigned to a child with a ~~severe emotional disturbance~~ serious mental illness shall  
218.8 not disclose to any person other than the case manager's immediate supervisor and the mental  
218.9 health professional providing clinical supervision of the case manager information on the  
218.10 child, the child's family, or services provided to the child or the child's family without  
218.11 informed written consent unless required to do so by statute or under the Minnesota  
218.12 Government Data Practices Act. Informed written consent must comply with section 13.05,  
218.13 subdivision 4, paragraph (d), and specify the purpose and use for which the case manager  
218.14 may disclose the information.

218.15 (b) The consent or authorization must be obtained from the child's parent unless: (1) the  
218.16 parental rights are terminated; or (2) consent is otherwise provided under sections 144.341  
218.17 to 144.347; 253B.04, subdivision 1; 260C.148; 260C.151; and 260C.201, subdivision 1,  
218.18 the terms of appointment of a court-appointed guardian or conservator, or federal regulations  
218.19 governing substance use disorder services.

218.20 Sec. 31. Minnesota Statutes 2024, section 245.4877, is amended to read:

218.21 **245.4877 EDUCATION AND PREVENTION SERVICES.**

218.22 Education and prevention services must be available to all children residing in the county.  
218.23 Education and prevention services must be designed to:

218.24 (1) convey information regarding ~~emotional disturbances~~ mental illnesses, mental health  
218.25 needs, and treatment resources to the general public;

328.6 Sec. 31. Minnesota Statutes 2024, section 245.4876, subdivision 4, is amended to read:

328.7 Subd. 4. **Referral for case management.** Each provider of emergency services, outpatient  
328.8 treatment, community support services, family community support services, day treatment  
328.9 services, screening under section 245.4885, professional home-based family treatment  
328.10 services, residential treatment facilities, acute care hospital inpatient treatment facilities, or  
328.11 regional treatment center services must inform each child with ~~severe emotional disturbance~~  
328.12 serious mental illness, and the child's parent or legal representative, of the availability and  
328.13 potential benefits to the child of case management. The information shall be provided as  
328.14 specified in subdivision 5. If consent is obtained according to subdivision 5, the provider  
328.15 must refer the child by notifying the county employee designated by the county board to  
328.16 coordinate case management activities of the child's name and address and by informing  
328.17 the child's family of whom to contact to request case management. The provider must  
328.18 document compliance with this subdivision in the child's record. The parent or child may  
328.19 directly request case management even if there has been no referral.

328.20 Sec. 32. Minnesota Statutes 2024, section 245.4876, subdivision 5, is amended to read:

328.21 Subd. 5. **Consent for services or for release of information.** (a) Although sections  
328.22 245.487 to 245.4889 require each county board, within the limits of available resources, to  
328.23 make the mental health services listed in those sections available to each child residing in  
328.24 the county who needs them, the county board shall not provide any services, either directly  
328.25 or by contract, unless consent to the services is obtained under this subdivision. The case  
328.26 manager assigned to a child with a ~~severe emotional disturbance~~ serious mental illness shall  
328.27 not disclose to any person other than the case manager's immediate supervisor and the mental  
328.28 health professional providing clinical supervision of the case manager information on the  
328.29 child, the child's family, or services provided to the child or the child's family without  
328.30 informed written consent unless required to do so by statute or under the Minnesota  
328.31 Government Data Practices Act. Informed written consent must comply with section 13.05,  
328.32 subdivision 4, paragraph (d), and specify the purpose and use for which the case manager  
328.33 may disclose the information.

329.1 (b) The consent or authorization must be obtained from the child's parent unless: (1) the  
329.2 parental rights are terminated; or (2) consent is otherwise provided under sections 144.341  
329.3 to 144.347; 253B.04, subdivision 1; 260C.148; 260C.151; and 260C.201, subdivision 1,  
329.4 the terms of appointment of a court-appointed guardian or conservator, or federal regulations  
329.5 governing substance use disorder services.

329.6 Sec. 33. Minnesota Statutes 2024, section 245.4877, is amended to read:

329.7 **245.4877 EDUCATION AND PREVENTION SERVICES.**

329.8 Education and prevention services must be available to all children residing in the county.  
329.9 Education and prevention services must be designed to:

329.10 (1) convey information regarding ~~emotional disturbances~~ mental illnesses, mental health  
329.11 needs, and treatment resources to the general public;

218.26 (2) at least annually, distribute to individuals and agencies identified by the county board  
218.27 and the local children's mental health advisory council information on predictors and  
218.28 symptoms of ~~emotional disturbances~~ mental illnesses, where mental health services are  
218.29 available in the county, and how to access the services;

218.30 (3) increase understanding and acceptance of problems associated with ~~emotional~~  
218.31 ~~disturbances~~ mental illnesses;

218.32 (4) improve people's skills in dealing with high-risk situations known to affect children's  
218.33 mental health and functioning;

219.1 (5) prevent development or deepening of ~~emotional disturbances~~ mental illnesses; and

219.2 (6) refer each child with ~~emotional disturbance~~ mental illness or the child's family with  
219.3 additional mental health needs to appropriate mental health services.

219.4 Sec. 32. Minnesota Statutes 2024, section 245.488, subdivision 1, is amended to read:

219.5 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or  
219.6 contract for enough outpatient services within the county to meet the needs of each child  
219.7 with ~~emotional disturbance~~ mental illness residing in the county and the child's family.  
219.8 Services may be provided directly by the county through county-operated mental health  
219.9 clinics meeting the standards of chapter 245I; by contract with privately operated mental  
219.10 health clinics meeting the standards of chapter 245I; by contract with hospital mental health  
219.11 outpatient programs certified by the Joint Commission on Accreditation of Hospital  
219.12 Organizations; or by contract with a mental health professional. A child or a child's parent  
219.13 may be required to pay a fee based in accordance with section 245.481. Outpatient services  
219.14 include:

219.15 (1) conducting diagnostic assessments;

219.16 (2) conducting psychological testing;

219.17 (3) developing or modifying individual treatment plans;

219.18 (4) making referrals and recommending placements as appropriate;

219.19 (5) treating the child's mental health needs through therapy; and

219.20 (6) prescribing and managing medication and evaluating the effectiveness of prescribed  
219.21 medication.

219.22 (b) County boards may request a waiver allowing outpatient services to be provided in  
219.23 a nearby trade area if it is determined that the child requires necessary and appropriate  
219.24 services that are only available outside the county.

219.25 (c) Outpatient services offered by the county board to prevent placement must be at the  
219.26 level of treatment appropriate to the child's diagnostic assessment.

329.12 (2) at least annually, distribute to individuals and agencies identified by the county board  
329.13 and the local children's mental health advisory council information on predictors and  
329.14 symptoms of ~~emotional disturbances~~ mental illness, where mental health services are  
329.15 available in the county, and how to access the services;

329.16 (3) increase understanding and acceptance of problems associated with ~~emotional~~  
329.17 ~~disturbances~~ mental illness;

329.18 (4) improve people's skills in dealing with high-risk situations known to affect children's  
329.19 mental health and functioning;

329.20 (5) prevent development or deepening of ~~emotional disturbances~~ mental illness; and

329.21 (6) refer each child with ~~emotional disturbance~~ mental illness or the child's family with  
329.22 additional mental health needs to appropriate mental health services.

329.23 Sec. 34. Minnesota Statutes 2024, section 245.488, subdivision 1, is amended to read:

329.24 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or  
329.25 contract for enough outpatient services within the county to meet the needs of each child  
329.26 with ~~emotional disturbance~~ mental illness residing in the county and the child's family.  
329.27 Services may be provided directly by the county through county-operated mental health  
329.28 clinics meeting the standards of chapter 245I; by contract with privately operated mental  
329.29 health clinics meeting the standards of chapter 245I; by contract with hospital mental health  
329.30 outpatient programs certified by the Joint Commission on Accreditation of Hospital  
329.31 Organizations; or by contract with a mental health professional. A child or a child's parent  
330.1 may be required to pay a fee based in accordance with section 245.481. Outpatient services  
330.2 include:

330.3 (1) conducting diagnostic assessments;

330.4 (2) conducting psychological testing;

330.5 (3) developing or modifying individual treatment plans;

330.6 (4) making referrals and recommending placements as appropriate;

330.7 (5) treating the child's mental health needs through therapy; and

330.8 (6) prescribing and managing medication and evaluating the effectiveness of prescribed  
330.9 medication.

330.10 (b) County boards may request a waiver allowing outpatient services to be provided in  
330.11 a nearby trade area if it is determined that the child requires necessary and appropriate  
330.12 services that are only available outside the county.

330.13 (c) Outpatient services offered by the county board to prevent placement must be at the  
330.14 level of treatment appropriate to the child's diagnostic assessment.

219.27 Sec. 33. Minnesota Statutes 2024, section 245.488, subdivision 3, is amended to read:

219.28 Subd. 3. **Mental health crisis services.** County boards must provide or contract for  
219.29 mental health crisis services within the county to meet the needs of children with ~~emotional~~  
219.30 ~~disturbance~~ mental illness residing in the county who are determined, through an assessment  
219.31 by a mental health professional, to be experiencing a mental health crisis or mental health  
220.1 emergency. The mental health crisis services provided must be medically necessary, as  
220.2 defined in section 62Q.53, subdivision 2, and necessary for the safety of the child or others  
220.3 regardless of the setting.

220.4 Sec. 34. Minnesota Statutes 2024, section 245.4881, subdivision 1, is amended to read:

220.5 Subdivision 1. **Availability of case management services.** (a) The county board shall  
220.6 provide case management services for each child with ~~severe emotional disturbance~~ serious  
220.7 mental illness who is a resident of the county and the child's family who request or consent  
220.8 to the services. Case management services must be offered to a child with a serious ~~emotional~~  
220.9 ~~disturbance~~ mental illness who is over the age of 18 consistent with section 245.4875,  
220.10 subdivision 8, or the child's legal representative, provided the child's service needs can be  
220.11 met within the children's service system. Before discontinuing case management services  
220.12 under this subdivision for children between the ages of 17 and 21, a transition plan must be  
220.13 developed. The transition plan must be developed with the child and, with the consent of a  
220.14 child age 18 or over, the child's parent, guardian, or legal representative. The transition plan  
220.15 should include plans for health insurance, housing, education, employment, and treatment.  
220.16 Staffing ratios must be sufficient to serve the needs of the clients. The case manager must  
220.17 meet the requirements in section 245.4871, subdivision 4.

220.18 (b) Except as permitted by law and the commissioner under demonstration projects, case  
220.19 management services provided to children with ~~severe emotional disturbance~~ serious mental  
220.20 illness eligible for medical assistance must be billed to the medical assistance program under  
220.21 sections 256B.02, subdivision 8, and 256B.0625.

220.22 (c) Case management services are eligible for reimbursement under the medical assistance  
220.23 program. Costs of mentoring, supervision, and continuing education may be included in the  
220.24 reimbursement rate methodology used for case management services under the medical  
220.25 assistance program.

220.26 Sec. 35. Minnesota Statutes 2024, section 245.4881, subdivision 4, is amended to read:

220.27 Subd. 4. **Individual family community support plan.** (a) For each child, the case  
220.28 manager must develop an individual family community support plan that incorporates the  
220.29 child's individual treatment plan. The individual treatment plan may not be a substitute for  
220.30 the development of an individual family community support plan. The case manager is  
220.31 responsible for developing the individual family community support plan within 30 days  
220.32 of intake based on a diagnostic assessment and for implementing and monitoring the delivery  
220.33 of services according to the individual family community support plan. The case manager  
221.1 must review the plan at least every 180 calendar days after it is developed, unless the case

330.15 Sec. 35. Minnesota Statutes 2024, section 245.488, subdivision 3, is amended to read:

330.16 Subd. 3. **Mental health crisis services.** County boards must provide or contract for  
330.17 mental health crisis services within the county to meet the needs of children with ~~emotional~~  
330.18 ~~disturbance~~ mental illness residing in the county who are determined, through an assessment  
330.19 by a mental health professional, to be experiencing a mental health crisis or mental health  
330.20 emergency. The mental health crisis services provided must be medically necessary, as  
330.21 defined in section 62Q.53, subdivision 2, and necessary for the safety of the child or others  
330.22 regardless of the setting.

330.23 Sec. 36. Minnesota Statutes 2024, section 245.4881, subdivision 1, is amended to read:

330.24 Subdivision 1. **Availability of case management services.** (a) The county board shall  
330.25 provide case management services for each child with ~~severe emotional disturbance~~ serious  
330.26 mental illness who is a resident of the county and the child's family who request or consent  
330.27 to the services. Case management services must be offered to a child with a serious ~~emotional~~  
330.28 ~~disturbance~~ mental illness who is over the age of 18 consistent with section 245.4875,  
330.29 subdivision 8, or the child's legal representative, provided the child's service needs can be  
330.30 met within the children's service system. Before discontinuing case management services  
330.31 under this subdivision for children between the ages of 17 and 21, a transition plan must be  
331.1 developed. The transition plan must be developed with the child and, with the consent of a  
331.2 child age 18 or over, the child's parent, guardian, or legal representative. The transition plan  
331.3 should include plans for health insurance, housing, education, employment, and treatment.  
331.4 Staffing ratios must be sufficient to serve the needs of the clients. The case manager must  
331.5 meet the requirements in section 245.4871, subdivision 4.

331.6 (b) Except as permitted by law and the commissioner under demonstration projects, case  
331.7 management services provided to children with ~~severe emotional disturbance~~ serious mental  
331.8 illness eligible for medical assistance must be billed to the medical assistance program under  
331.9 sections 256B.02, subdivision 8, and 256B.0625.

331.10 (c) Case management services are eligible for reimbursement under the medical assistance  
331.11 program. Costs of mentoring, supervision, and continuing education may be included in the  
331.12 reimbursement rate methodology used for case management services under the medical  
331.13 assistance program.

331.14 Sec. 37. Minnesota Statutes 2024, section 245.4881, subdivision 4, is amended to read:

331.15 Subd. 4. **Individual family community support plan.** (a) For each child, the case  
331.16 manager must develop an individual family community support plan that incorporates the  
331.17 child's individual treatment plan. The individual treatment plan may not be a substitute for  
331.18 the development of an individual family community support plan. The case manager is  
331.19 responsible for developing the individual family community support plan within 30 days  
331.20 of intake based on a diagnostic assessment and for implementing and monitoring the delivery  
331.21 of services according to the individual family community support plan. The case manager  
331.22 must review the plan at least every 180 calendar days after it is developed, unless the case

221.2 manager has received a written request from the child's family or an advocate for the child  
221.3 for a review of the plan every 90 days after it is developed. To the extent appropriate, the  
221.4 child with ~~severe emotional disturbance~~ serious mental illness, the child's family, advocates,  
221.5 service providers, and significant others must be involved in all phases of development and  
221.6 implementation of the individual family community support plan. Notwithstanding the lack  
221.7 of an individual family community support plan, the case manager shall assist the child and  
221.8 child's family in accessing the needed services listed in section 245.4884, subdivision 1.

221.9 (b) The child's individual family community support plan must state:

221.10 (1) the goals and expected outcomes of each service and criteria for evaluating the  
221.11 effectiveness and appropriateness of the service;

221.12 (2) the activities for accomplishing each goal;

221.13 (3) a schedule for each activity; and

221.14 (4) the frequency of face-to-face contacts by the case manager, as appropriate to client  
221.15 need and the implementation of the individual family community support plan.

221.16 Sec. 36. Minnesota Statutes 2024, section 245.4882, subdivision 1, is amended to read:

221.17 Subdivision 1. **Availability of residential treatment services.** County boards must  
221.18 provide or contract for enough residential treatment services to meet the needs of each child  
221.19 with ~~severe emotional disturbance~~ serious mental illness residing in the county and needing  
221.20 this level of care. Length of stay is based on the child's residential treatment need and shall  
221.21 be reviewed every 90 days. Services must be appropriate to the child's age and treatment  
221.22 needs and must be made available as close to the county as possible. Residential treatment  
221.23 must be designed to:

221.24 (1) help the child improve family living and social interaction skills;

221.25 (2) help the child gain the necessary skills to return to the community;

221.26 (3) stabilize crisis admissions; and

221.27 (4) work with families throughout the placement to improve the ability of the families  
221.28 to care for children with ~~severe emotional disturbance~~ serious mental illness in the home.

221.29 Sec. 37. Minnesota Statutes 2024, section 245.4882, subdivision 5, is amended to read:

221.30 Subd. 5. **Specialized residential treatment services.** The commissioner of human  
221.31 services shall continue efforts to further interagency collaboration to develop a comprehensive  
222.1 system of services, including family community support and specialized residential treatment  
222.2 services for children. The services shall be designed for children with ~~emotional disturbance~~  
222.3 mental illness who exhibit violent or destructive behavior and for whom local treatment  
222.4 services are not feasible due to the small number of children statewide who need the services  
222.5 and the specialized nature of the services required. The services shall be located in community  
222.6 settings.

331.23 manager has received a written request from the child's family or an advocate for the child  
331.24 for a review of the plan every 90 days after it is developed. To the extent appropriate, the  
331.25 child with ~~severe emotional disturbance~~ serious mental illness, the child's family, advocates,  
331.26 service providers, and significant others must be involved in all phases of development and  
331.27 implementation of the individual family community support plan. Notwithstanding the lack  
331.28 of an individual family community support plan, the case manager shall assist the child and  
331.29 child's family in accessing the needed services listed in section 245.4884, subdivision 1.

331.30 (b) The child's individual family community support plan must state:

331.31 (1) the goals and expected outcomes of each service and criteria for evaluating the  
331.32 effectiveness and appropriateness of the service;

331.33 (2) the activities for accomplishing each goal;

332.1 (3) a schedule for each activity; and

332.2 (4) the frequency of face-to-face contacts by the case manager, as appropriate to client  
332.3 need and the implementation of the individual family community support plan.

332.4 Sec. 38. Minnesota Statutes 2024, section 245.4882, subdivision 1, is amended to read:

332.5 Subdivision 1. **Availability of residential treatment services.** County boards must  
332.6 provide or contract for enough residential treatment services to meet the needs of each child  
332.7 with ~~severe emotional disturbance~~ serious mental illness residing in the county and needing  
332.8 this level of care. Length of stay is based on the child's residential treatment need and shall  
332.9 be reviewed every 90 days. Services must be appropriate to the child's age and treatment  
332.10 needs and must be made available as close to the county as possible. Residential treatment  
332.11 must be designed to:

332.12 (1) help the child improve family living and social interaction skills;

332.13 (2) help the child gain the necessary skills to return to the community;

332.14 (3) stabilize crisis admissions; and

332.15 (4) work with families throughout the placement to improve the ability of the families  
332.16 to care for children with ~~severe emotional disturbance~~ serious mental illness in the home.

332.17 Sec. 39. Minnesota Statutes 2024, section 245.4882, subdivision 5, is amended to read:

332.18 Subd. 5. **Specialized residential treatment services.** The commissioner of human  
332.19 services shall continue efforts to further interagency collaboration to develop a comprehensive  
332.20 system of services, including family community support and specialized residential treatment  
332.21 services for children. The services shall be designed for children with ~~emotional disturbance~~  
332.22 mental illness who exhibit violent or destructive behavior and for whom local treatment  
332.23 services are not feasible due to the small number of children statewide who need the services  
332.24 and the specialized nature of the services required. The services shall be located in community  
332.25 settings.



222.7 Sec. 38. Minnesota Statutes 2024, section 245.4884, is amended to read:

222.8 **245.4884 FAMILY COMMUNITY SUPPORT SERVICES.**

222.9 Subdivision 1. **Availability of family community support services.** By July 1, 1991,  
222.10 county boards must provide or contract for sufficient family community support services  
222.11 within the county to meet the needs of each child with ~~severe emotional disturbance~~ serious  
222.12 mental illness who resides in the county and the child's family. Children or their parents  
222.13 may be required to pay a fee in accordance with section 245.481.

222.14 Family community support services must be designed to improve the ability of children  
222.15 with ~~severe emotional disturbance~~ serious mental illness to:

222.16 (1) manage basic activities of daily living;

222.17 (2) function appropriately in home, school, and community settings;

222.18 (3) participate in leisure time or community youth activities;

222.19 (4) set goals and plans;

222.20 (5) reside with the family in the community;

222.21 (6) participate in after-school and summer activities;

222.22 (7) make a smooth transition among mental health and education services provided to  
222.23 children; and

222.24 (8) make a smooth transition into the adult mental health system as appropriate.

222.25 In addition, family community support services must be designed to improve overall  
222.26 family functioning if clinically appropriate to the child's needs, and to reduce the need for  
222.27 and use of placements more intensive, costly, or restrictive both in the number of admissions  
222.28 and lengths of stay than indicated by the child's diagnostic assessment.

222.29 The commissioner of human services shall work with mental health professionals to  
222.30 develop standards for clinical supervision of family community support services. These  
223.1 standards shall be incorporated in rule and in guidelines for grants for family community  
223.2 support services.

223.3 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be part of  
223.4 the family community support services available to each child with ~~severe emotional~~  
223.5 ~~disturbance~~ serious mental illness residing in the county. A child or the child's parent may  
223.6 be required to pay a fee according to section 245.481. Day treatment services must be  
223.7 designed to:

223.8 (1) provide a structured environment for treatment;

223.9 (2) provide support for residing in the community;

332.26 Sec. 40. Minnesota Statutes 2024, section 245.4884, is amended to read:

332.27 **245.4884 FAMILY COMMUNITY SUPPORT SERVICES.**

332.28 Subdivision 1. **Availability of family community support services.** By July 1, 1991,  
332.29 county boards must provide or contract for sufficient family community support services  
332.30 within the county to meet the needs of each child with ~~severe emotional disturbance~~ serious  
333.1 mental illness who resides in the county and the child's family. Children or their parents  
333.2 may be required to pay a fee in accordance with section 245.481.

333.3 Family community support services must be designed to improve the ability of children  
333.4 with ~~severe emotional disturbance~~ serious mental illness to:

333.5 (1) manage basic activities of daily living;

333.6 (2) function appropriately in home, school, and community settings;

333.7 (3) participate in leisure time or community youth activities;

333.8 (4) set goals and plans;

333.9 (5) reside with the family in the community;

333.10 (6) participate in after-school and summer activities;

333.11 (7) make a smooth transition among mental health and education services provided to  
333.12 children; and

333.13 (8) make a smooth transition into the adult mental health system as appropriate.

333.14 In addition, family community support services must be designed to improve overall  
333.15 family functioning if clinically appropriate to the child's needs, and to reduce the need for  
333.16 and use of placements more intensive, costly, or restrictive both in the number of admissions  
333.17 and lengths of stay than indicated by the child's diagnostic assessment.

333.18 The commissioner of human services shall work with mental health professionals to  
333.19 develop standards for clinical supervision of family community support services. These  
333.20 standards shall be incorporated in rule and in guidelines for grants for family community  
333.21 support services.

333.22 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be part of  
333.23 the family community support services available to each child with ~~severe emotional~~  
333.24 ~~disturbance~~ serious mental illness residing in the county. A child or the child's parent may  
333.25 be required to pay a fee according to section 245.481. Day treatment services must be  
333.26 designed to:

333.27 (1) provide a structured environment for treatment;

333.28 (2) provide support for residing in the community;

223.10 (3) prevent placements that are more intensive, costly, or restrictive than necessary to  
223.11 meet the child's need;

223.12 (4) coordinate with or be offered in conjunction with the child's education program;

223.13 (5) provide therapy and family intervention for children that are coordinated with  
223.14 education services provided and funded by schools; and

223.15 (6) operate during all 12 months of the year.

223.16 (b) County boards may request a waiver from including day treatment services if they  
223.17 can document that:

223.18 (1) alternative services exist through the county's family community support services  
223.19 for each child who would otherwise need day treatment services; and

223.20 (2) county demographics and geography make the provision of day treatment services  
223.21 cost ineffective and unfeasible.

223.22 Subd. 3. **Professional home-based family treatment provided.** (a) By January 1, 1991,  
223.23 county boards must provide or contract for sufficient professional home-based family  
223.24 treatment within the county to meet the needs of each child with ~~severe emotional disturbance~~  
223.25 serious mental illness who is at risk of ~~out-of-home placement~~ residential treatment or  
223.26 therapeutic foster care due to the child's ~~emotional disturbance~~ mental illness or who is  
223.27 returning to the home from ~~out-of-home placement~~ residential treatment or therapeutic  
223.28 foster care. The child or the child's parent may be required to pay a fee according to section  
223.29 245.481. The county board shall require that all service providers of professional home-based  
223.30 family treatment set fee schedules approved by the county board that are based on the child's  
223.31 or family's ability to pay. The professional home-based family treatment must be designed  
223.32 to assist each child with ~~severe emotional disturbance~~ serious mental illness who is at risk  
224.1 of or who is returning from ~~out-of-home placement~~ residential treatment or therapeutic  
224.2 foster care and the child's family to:

224.3 (1) improve overall family functioning in all areas of life;

224.4 (2) treat the child's symptoms of ~~emotional disturbance~~ mental illness that contribute to  
224.5 a risk of ~~out-of-home placement~~ residential treatment or therapeutic foster care;

224.6 (3) provide a positive change in the emotional, behavioral, and mental well-being of  
224.7 children and their families; and

224.8 (4) reduce risk of ~~out-of-home placement~~ residential treatment or therapeutic foster care  
224.9 for the identified child with ~~severe emotional disturbance~~ serious mental illness and other  
224.10 siblings or successfully reunify and reintegrate into the family a child returning from  
224.11 ~~out-of-home placement~~ residential treatment or therapeutic foster care due to ~~emotional~~  
224.12 disturbance mental illness.

333.29 (3) prevent placements that are more intensive, costly, or restrictive than necessary to  
333.30 meet the child's need;

333.31 (4) coordinate with or be offered in conjunction with the child's education program;

334.1 (5) provide therapy and family intervention for children that are coordinated with  
334.2 education services provided and funded by schools; and

334.3 (6) operate during all 12 months of the year.

334.4 (b) County boards may request a waiver from including day treatment services if they  
334.5 can document that:

334.6 (1) alternative services exist through the county's family community support services  
334.7 for each child who would otherwise need day treatment services; and

334.8 (2) county demographics and geography make the provision of day treatment services  
334.9 cost ineffective and unfeasible.

334.10 Subd. 3. **Professional home-based family treatment provided.** (a) By January 1, 1991,  
334.11 county boards must provide or contract for sufficient professional home-based family  
334.12 treatment within the county to meet the needs of each child with ~~severe emotional disturbance~~  
334.13 serious mental illness who is at risk of ~~out-of-home placement~~ residential treatment or  
334.14 therapeutic foster care due to the child's ~~emotional disturbance~~ mental illness or who is  
334.15 returning to the home from ~~out-of-home placement~~ residential treatment or therapeutic  
334.16 foster care. The child or the child's parent may be required to pay a fee according to section  
334.17 245.481. The county board shall require that all service providers of professional home-based  
334.18 family treatment set fee schedules approved by the county board that are based on the child's  
334.19 or family's ability to pay. The professional home-based family treatment must be designed  
334.20 to assist each child with ~~severe emotional disturbance~~ serious mental illness who is at risk  
334.21 of or who is returning from ~~out-of-home placement~~ residential treatment or therapeutic  
334.22 foster care and the child's family to:

334.23 (1) improve overall family functioning in all areas of life;

334.24 (2) treat the child's symptoms of ~~emotional disturbance~~ mental illness that contribute to  
334.25 a risk of ~~out-of-home placement~~ residential treatment or therapeutic foster care;

334.26 (3) provide a positive change in the emotional, behavioral, and mental well-being of  
334.27 children and their families; and

334.28 (4) reduce risk of ~~out-of-home placement~~ residential treatment or therapeutic foster care  
334.29 for the identified child with ~~severe emotional disturbance~~ serious mental illness and other  
334.30 siblings or successfully reunify and reintegrate into the family a child returning from  
334.31 ~~out-of-home placement~~ residential treatment or therapeutic foster care due to ~~emotional~~  
334.32 disturbance mental illness.

224.13 (b) Professional home-based family treatment must be provided by a team consisting of  
224.14 a mental health professional and others who are skilled in the delivery of mental health  
224.15 services to children and families in conjunction with other human service providers. The  
224.16 professional home-based family treatment team must maintain flexible hours of service  
224.17 availability and must provide or arrange for crisis services for each family, 24 hours a day,  
224.18 seven days a week. Case loads for each professional home-based family treatment team  
224.19 must be small enough to permit the delivery of intensive services and to meet the needs of  
224.20 the family. Professional home-based family treatment providers shall coordinate services  
224.21 and service needs with case managers assigned to children and their families. The treatment  
224.22 team must develop an individual treatment plan that identifies the specific treatment  
224.23 objectives for both the child and the family.

224.24 Subd. 4. **Therapeutic support of foster care.** By January 1, 1992, county boards must  
224.25 provide or contract for foster care with therapeutic support as defined in section 245.4871,  
224.26 subdivision 34. Foster families caring for children with ~~severe emotional disturbance~~ serious  
224.27 mental illness must receive training and supportive services, as necessary, at no cost to the  
224.28 foster families within the limits of available resources.

224.29 Subd. 5. **Benefits assistance.** The county board must offer help to a child with ~~severe~~  
224.30 ~~emotional disturbance~~ serious mental illness and the child's family in applying for federal  
224.31 benefits, including Supplemental Security Income, medical assistance, and Medicare.

225.1 Sec. 39. Minnesota Statutes 2024, section 245.4885, subdivision 1, is amended to read:

225.2 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the  
225.3 case of an emergency, all children referred for treatment of ~~severe emotional disturbance~~  
225.4 serious mental illness in a treatment foster care setting, residential treatment facility, or  
225.5 informally admitted to a regional treatment center shall undergo an assessment to determine  
225.6 the appropriate level of care if county funds are used to pay for the child's services. An  
225.7 emergency includes when a child is in need of and has been referred for crisis stabilization  
225.8 services under section 245.4882, subdivision 6. A child who has been referred to residential  
225.9 treatment for crisis stabilization services in a residential treatment center is not required to  
225.10 undergo an assessment under this section.

225.11 (b) The county board shall determine the appropriate level of care for a child when  
225.12 county-controlled funds are used to pay for the child's residential treatment under this  
225.13 chapter, including residential treatment provided in a qualified residential treatment program  
225.14 as defined in section 260C.007, subdivision 26d. When a county board does not have  
225.15 responsibility for a child's placement and the child is enrolled in a prepaid health program  
225.16 under section 256B.69, the enrolled child's contracted health plan must determine the  
225.17 appropriate level of care for the child. When Indian Health Services funds or funds of a  
225.18 tribally owned facility funded under the Indian Self-Determination and Education Assistance  
225.19 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal  
225.20 health facility must determine the appropriate level of care for the child. When more than  
225.21 one entity bears responsibility for a child's coverage, the entities shall coordinate level of  
225.22 care determination activities for the child to the extent possible.

335.1 (b) Professional home-based family treatment must be provided by a team consisting of  
335.2 a mental health professional and others who are skilled in the delivery of mental health  
335.3 services to children and families in conjunction with other human service providers. The  
335.4 professional home-based family treatment team must maintain flexible hours of service  
335.5 availability and must provide or arrange for crisis services for each family, 24 hours a day,  
335.6 seven days a week. Case loads for each professional home-based family treatment team  
335.7 must be small enough to permit the delivery of intensive services and to meet the needs of  
335.8 the family. Professional home-based family treatment providers shall coordinate services  
335.9 and service needs with case managers assigned to children and their families. The treatment  
335.10 team must develop an individual treatment plan that identifies the specific treatment  
335.11 objectives for both the child and the family.

335.12 Subd. 4. **Therapeutic support of foster care.** By January 1, 1992, county boards must  
335.13 provide or contract for foster care with therapeutic support as defined in section 245.4871,  
335.14 subdivision 34. Foster families caring for children with ~~severe emotional disturbance~~ serious  
335.15 mental illness must receive training and supportive services, as necessary, at no cost to the  
335.16 foster families within the limits of available resources.

335.17 Subd. 5. **Benefits assistance.** The county board must offer help to a child with ~~severe~~  
335.18 ~~emotional disturbance~~ serious mental illness and the child's family in applying for federal  
335.19 benefits, including Supplemental Security Income, medical assistance, and Medicare.

335.20 Sec. 41. Minnesota Statutes 2024, section 245.4885, subdivision 1, is amended to read:

335.21 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the  
335.22 case of an emergency, all children referred for treatment of ~~severe emotional disturbance~~  
335.23 serious mental illness in a treatment foster care setting, residential treatment facility, or  
335.24 informally admitted to a regional treatment center shall undergo an assessment to determine  
335.25 the appropriate level of care if county funds are used to pay for the child's services. An  
335.26 emergency includes when a child is in need of and has been referred for crisis stabilization  
335.27 services under section 245.4882, subdivision 6. A child who has been referred to residential  
335.28 treatment for crisis stabilization services in a residential treatment center is not required to  
335.29 undergo an assessment under this section.

335.30 (b) The county board shall determine the appropriate level of care for a child when  
335.31 county-controlled funds are used to pay for the child's residential treatment under this  
335.32 chapter, including residential treatment provided in a qualified residential treatment program  
335.33 as defined in section 260C.007, subdivision 26d. When a county board does not have  
335.34 responsibility for a child's placement and the child is enrolled in a prepaid health program  
336.1 under section 256B.69, the enrolled child's contracted health plan must determine the  
336.2 appropriate level of care for the child. When Indian Health Services funds or funds of a  
336.3 tribally owned facility funded under the Indian Self-Determination and Education Assistance  
336.4 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal  
336.5 health facility must determine the appropriate level of care for the child. When more than  
336.6 one entity bears responsibility for a child's coverage, the entities shall coordinate level of  
336.7 care determination activities for the child to the extent possible.

225.23 (c) The child's level of care determination shall determine whether the proposed treatment:  
225.24 (1) is necessary;  
225.25 (2) is appropriate to the child's individual treatment needs;  
225.26 (3) cannot be effectively provided in the child's home; and  
225.27 (4) provides a length of stay as short as possible consistent with the individual child's  
225.28 needs.

225.29 (d) When a level of care determination is conducted, the county board or other entity  
225.30 may not determine that a screening of a child, referral, or admission to a residential treatment  
225.31 facility is not appropriate solely because services were not first provided to the child in a  
225.32 less restrictive setting and the child failed to make progress toward or meet treatment goals  
225.33 in the less restrictive setting. The level of care determination must be based on a diagnostic  
226.1 assessment of a child that evaluates the child's family, school, and community living  
226.2 situations; and an assessment of the child's need for care out of the home using a validated  
226.3 tool which assesses a child's functional status and assigns an appropriate level of care to the  
226.4 child. The validated tool must be approved by the commissioner of human services and  
226.5 may be the validated tool approved for the child's assessment under section 260C.704 if the  
226.6 juvenile treatment screening team recommended placement of the child in a qualified  
226.7 residential treatment program. If a diagnostic assessment has been completed by a mental  
226.8 health professional within the past 180 days, a new diagnostic assessment need not be  
226.9 completed unless in the opinion of the current treating mental health professional the child's  
226.10 mental health status has changed markedly since the assessment was completed. The child's  
226.11 parent shall be notified if an assessment will not be completed and of the reasons. A copy  
226.12 of the notice shall be placed in the child's file. Recommendations developed as part of the  
226.13 level of care determination process shall include specific community services needed by  
226.14 the child and, if appropriate, the child's family, and shall indicate whether these services  
226.15 are available and accessible to the child and the child's family. The child and the child's  
226.16 family must be invited to any meeting where the level of care determination is discussed  
226.17 and decisions regarding residential treatment are made. The child and the child's family  
226.18 may invite other relatives, friends, or advocates to attend these meetings.

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

226.23 (f) The level of care determination, placement decision, and recommendations for mental  
226.24 health services must be documented in the child's record and made available to the child's  
226.25 family, as appropriate.

336.8 (c) The child's level of care determination shall determine whether the proposed treatment:  
336.9 (1) is necessary;  
336.10 (2) is appropriate to the child's individual treatment needs;  
336.11 (3) cannot be effectively provided in the child's home; and  
336.12 (4) provides a length of stay as short as possible consistent with the individual child's  
336.13 needs.

336.14 (d) When a level of care determination is conducted, the county board or other entity  
336.15 may not determine that a screening of a child, referral, or admission to a residential treatment  
336.16 facility is not appropriate solely because services were not first provided to the child in a  
336.17 less restrictive setting and the child failed to make progress toward or meet treatment goals  
336.18 in the less restrictive setting. The level of care determination must be based on a diagnostic  
336.19 assessment of a child that evaluates the child's family, school, and community living  
336.20 situations; and an assessment of the child's need for care out of the home using a validated  
336.21 tool which assesses a child's functional status and assigns an appropriate level of care to the  
336.22 child. The validated tool must be approved by the commissioner of human services and  
336.23 may be the validated tool approved for the child's assessment under section 260C.704 if the  
336.24 juvenile treatment screening team recommended placement of the child in a qualified  
336.25 residential treatment program. If a diagnostic assessment has been completed by a mental  
336.26 health professional within the past 180 days, a new diagnostic assessment need not be  
336.27 completed unless in the opinion of the current treating mental health professional the child's  
336.28 mental health status has changed markedly since the assessment was completed. The child's  
336.29 parent shall be notified if an assessment will not be completed and of the reasons. A copy  
336.30 of the notice shall be placed in the child's file. Recommendations developed as part of the  
336.31 level of care determination process shall include specific community services needed by  
336.32 the child and, if appropriate, the child's family, and shall indicate whether these services  
336.33 are available and accessible to the child and the child's family. The child and the child's  
336.34 family must be invited to any meeting where the level of care determination is discussed  
337.1 and decisions regarding residential treatment are made. The child and the child's family  
337.2 may invite other relatives, friends, or advocates to attend these meetings.

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

337.7 (f) The level of care determination, placement decision, and recommendations for mental  
337.8 health services must be documented in the child's record and made available to the child's  
337.9 family, as appropriate.

226.26 Sec. 40. Minnesota Statutes 2024, section 245.4889, subdivision 1, is amended to read:

226.27 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to

226.28 make grants from available appropriations to assist:

226.29 (1) counties;

226.30 (2) Indian tribes;

226.31 (3) children's collaboratives under section 142D.15 or 245.493; or

226.32 (4) mental health service providers.

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

227.1 (1) services to children with ~~emotional disturbances~~ mental illness as defined in section

227.2 245.4871, subdivision 15, and their families;

227.3 (2) transition services under section 245.4875, subdivision 8, for young adults under

227.4 age 21 and their families;

227.5 (3) respite care services for children with ~~emotional disturbances~~ mental illness or ~~severe~~

227.6 ~~emotional disturbances~~ serious mental illness who are at risk of residential treatment or

227.7 hospitalization; who are already in ~~out-of-home placement~~ residential treatment, therapeutic

227.8 foster care, or in family foster settings as defined in chapter 142B and at risk of change in

227.9 ~~out-of-home placement~~ foster care or placement in a residential facility or other higher level

227.10 of care; who have utilized crisis services or emergency room services; or who have

227.11 experienced a loss of in-home staffing support. Allowable activities and expenses for respite

227.12 care services are defined under subdivision 4. A child is not required to have case

227.13 management services to receive respite care services. Counties must work to provide access

227.14 to regularly scheduled respite care;

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

227.16 (5) child-, youth-, and family-specific mobile response and stabilization services models;

227.17 (6) mental health services for people from cultural and ethnic minorities, including

227.18 supervision of clinical trainees who are Black, indigenous, or people of color;

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

227.20 (8) services to promote and develop the capacity of providers to use evidence-based

227.21 practices in providing children's mental health services;

227.22 (9) school-linked mental health services under section 245.4901;

227.23 (10) building evidence-based mental health intervention capacity for children birth to

227.24 age five;

227.25 (11) suicide prevention and counseling services that use text messaging statewide;

337.10 Sec. 42. Minnesota Statutes 2024, section 245.4889, subdivision 1, is amended to read:

337.11 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to

337.12 make grants from available appropriations to assist:

337.13 (1) counties;

337.14 (2) Indian tribes;

337.15 (3) children's collaboratives under section 142D.15 or 245.493; or

337.16 (4) mental health service providers.

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

337.18 (1) services to children with ~~emotional disturbances~~ mental illness as defined in section

337.19 245.4871, subdivision 15, and their families;

337.20 (2) transition services under section 245.4875, subdivision 8, for young adults under

337.21 age 21 and their families;

337.22 (3) respite care services for children with ~~emotional disturbances~~ mental illness or ~~severe~~

337.23 ~~emotional disturbances~~ serious mental illness who are at risk of residential treatment or

337.24 hospitalization; who are already in ~~out-of-home placement~~ residential treatment, therapeutic

337.25 foster care, or in family foster settings as defined in chapter 142B and at risk of change in

337.26 ~~out-of-home placement~~ foster care or placement in a residential facility or other higher level

337.27 of care; who have utilized crisis services or emergency room services; or who have

337.28 experienced a loss of in-home staffing support. Allowable activities and expenses for respite

337.29 care services are defined under subdivision 4. A child is not required to have case

337.30 management services to receive respite care services. Counties must work to provide access

337.31 to regularly scheduled respite care;

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

338.2 (5) child-, youth-, and family-specific mobile response and stabilization services models;

338.3 (6) mental health services for people from cultural and ethnic minorities, including

338.4 supervision of clinical trainees who are Black, indigenous, or people of color;

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

338.6 (8) services to promote and develop the capacity of providers to use evidence-based

338.7 practices in providing children's mental health services;

338.8 (9) school-linked mental health services under section 245.4901;

338.9 (10) building evidence-based mental health intervention capacity for children birth to

338.10 age five;

338.11 (11) suicide prevention and counseling services that use text messaging statewide;

227.26 (12) mental health first aid training;

227.27 (13) training for parents, collaborative partners, and mental health providers on the  
227.28 impact of adverse childhood experiences and trauma and development of an interactive  
227.29 website to share information and strategies to promote resilience and prevent trauma;

227.30 (14) transition age services to develop or expand mental health treatment and supports  
227.31 for adolescents and young adults 26 years of age or younger;

228.1 (15) early childhood mental health consultation;

228.2 (16) evidence-based interventions for youth at risk of developing or experiencing a first  
228.3 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
228.4 psychosis;

228.5 (17) psychiatric consultation for primary care practitioners; and

228.6 (18) providers to begin operations and meet program requirements when establishing a  
228.7 new children's mental health program. These may be start-up grants.

228.8 (c) Services under paragraph (b) must be designed to help each child to function and  
228.9 remain with the child's family in the community and delivered consistent with the child's  
228.10 treatment plan. Transition services to eligible young adults under this paragraph must be  
228.11 designed to foster independent living in the community.

228.12 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party  
228.13 reimbursement sources, if applicable.

228.14 (e) The commissioner may establish and design a pilot program to expand the mobile  
228.15 response and stabilization services model for children, youth, and families. The commissioner  
228.16 may use grant funding to consult with a qualified expert entity to assist in the formulation  
228.17 of measurable outcomes and explore and position the state to submit a Medicaid state plan  
228.18 amendment to scale the model statewide.

228.19 Sec. 41. Minnesota Statutes 2024, section 245.4907, subdivision 2, is amended to read:

228.20 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider that  
228.21 employs a mental health certified peer family specialist qualified under section 245I.04,  
228.22 subdivision 12, and that provides services to families who have a child:

228.23 (1) with ~~an emotional disturbance~~ a mental illness or ~~severe emotional disturbance~~ serious  
228.24 mental illness under chapter 245;

228.25 (2) receiving inpatient hospitalization under section 256B.0625, subdivision 1;

228.26 (3) admitted to a residential treatment facility under section 245.4882;

228.27 (4) receiving children's intensive behavioral health services under section 256B.0946;

338.12 (12) mental health first aid training;

338.13 (13) training for parents, collaborative partners, and mental health providers on the  
338.14 impact of adverse childhood experiences and trauma and development of an interactive  
338.15 website to share information and strategies to promote resilience and prevent trauma;

338.16 (14) transition age services to develop or expand mental health treatment and supports  
338.17 for adolescents and young adults 26 years of age or younger;

338.18 (15) early childhood mental health consultation;

338.19 (16) evidence-based interventions for youth at risk of developing or experiencing a first  
338.20 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
338.21 psychosis;

338.22 (17) psychiatric consultation for primary care practitioners; and

338.23 (18) providers to begin operations and meet program requirements when establishing a  
338.24 new children's mental health program. These may be start-up grants.

338.25 (c) Services under paragraph (b) must be designed to help each child to function and  
338.26 remain with the child's family in the community and delivered consistent with the child's  
338.27 treatment plan. Transition services to eligible young adults under this paragraph must be  
338.28 designed to foster independent living in the community.

338.29 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party  
338.30 reimbursement sources, if applicable.

339.1 (e) The commissioner may establish and design a pilot program to expand the mobile  
339.2 response and stabilization services model for children, youth, and families. The commissioner  
339.3 may use grant funding to consult with a qualified expert entity to assist in the formulation  
339.4 of measurable outcomes and explore and position the state to submit a Medicaid state plan  
339.5 amendment to scale the model statewide.

339.6 Sec. 43. Minnesota Statutes 2024, section 245.4907, subdivision 2, is amended to read:

339.7 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider that  
339.8 employs a mental health certified peer family specialist qualified under section 245I.04,  
339.9 subdivision 12, and that provides services to families who have a child:

339.10 (1) with ~~an emotional disturbance~~ mental illness or ~~severe emotional disturbance~~ serious  
339.11 mental illness under chapter 245;

339.12 (2) receiving inpatient hospitalization under section 256B.0625, subdivision 1;

339.13 (3) admitted to a residential treatment facility under section 245.4882;

339.14 (4) receiving children's intensive behavioral health services under section 256B.0946;

228.28 (5) receiving day treatment or children's therapeutic services and supports under section  
228.29 256B.0943; or

228.30 (6) receiving crisis response services under section 256B.0624.

229.1 Sec. 42. Minnesota Statutes 2024, section 245.491, subdivision 2, is amended to read:

229.2 Subd. 2. **Purpose.** The legislature finds that children with mental illnesses or emotional  
229.3 or behavioral disturbances or who are at risk of suffering such disturbances often require  
229.4 services from multiple service systems including mental health, social services, education,  
229.5 corrections, juvenile court, health, and employment and economic development. In order  
229.6 to better meet the needs of these children, it is the intent of the legislature to establish an  
229.7 integrated children's mental health service system that:

229.8 (1) allows local service decision makers to draw funding from a single local source so  
229.9 that funds follow clients and eliminates the need to match clients, funds, services, and  
229.10 provider eligibilities;

229.11 (2) creates a local pool of state, local, and private funds to procure a greater medical  
229.12 assistance federal financial participation;

229.13 (3) improves the efficiency of use of existing resources;

229.14 (4) minimizes or eliminates the incentives for cost and risk shifting; and

229.15 (5) increases the incentives for earlier identification and intervention.

229.16 The children's mental health integrated fund established under sections 245.491 to 245.495  
229.17 must be used to develop and support this integrated mental health service system. In  
229.18 developing this integrated service system, it is not the intent of the legislature to limit any  
229.19 rights available to children and their families through existing federal and state laws.

229.20 Sec. 43. Minnesota Statutes 2024, section 245.492, subdivision 3, is amended to read:

229.21 Subd. 3. **Children with emotional or behavioral disturbances.** "Children with  
229.22 emotional or behavioral disturbances" includes children with ~~emotional disturbances~~ mental  
229.23 illnesses as defined in section 245.4871, subdivision 15, and children with emotional or  
229.24 behavioral disorders as defined in Minnesota Rules, part 3525.1329, subpart 1.

229.25 Sec. 44. Minnesota Statutes 2024, section 245.697, subdivision 2a, is amended to read:

229.26 Subd. 2a. **Subcommittee on Children's Mental Health.** The State Advisory Council  
229.27 on Mental Health (the "advisory council") must have a Subcommittee on Children's Mental  
229.28 Health. The subcommittee must make recommendations to the advisory council on policies,  
229.29 laws, regulations, and services relating to children's mental health. Members of the  
229.30 subcommittee must include:

230.1 (1) the commissioners or designees of the commissioners of the Departments of Human  
230.2 Services, Health, Education, State Planning, and Corrections;

339.15 (5) receiving day treatment or children's therapeutic services and supports under section  
339.16 256B.0943; or

339.17 (6) receiving crisis response services under section 256B.0624.

339.18 Sec. 44. Minnesota Statutes 2024, section 245.491, subdivision 2, is amended to read:

339.19 Subd. 2. **Purpose.** The legislature finds that children with mental illnesses or emotional  
339.20 or behavioral disturbances or who are at risk of suffering such disturbances often require  
339.21 services from multiple service systems including mental health, social services, education,  
339.22 corrections, juvenile court, health, and employment and economic development. In order  
339.23 to better meet the needs of these children, it is the intent of the legislature to establish an  
339.24 integrated children's mental health service system that:

339.25 (1) allows local service decision makers to draw funding from a single local source so  
339.26 that funds follow clients and eliminates the need to match clients, funds, services, and  
339.27 provider eligibilities;

339.28 (2) creates a local pool of state, local, and private funds to procure a greater medical  
339.29 assistance federal financial participation;

339.30 (3) improves the efficiency of use of existing resources;

340.1 (4) minimizes or eliminates the incentives for cost and risk shifting; and

340.2 (5) increases the incentives for earlier identification and intervention.

340.3 The children's mental health integrated fund established under sections 245.491 to 245.495  
340.4 must be used to develop and support this integrated mental health service system. In  
340.5 developing this integrated service system, it is not the intent of the legislature to limit any  
340.6 rights available to children and their families through existing federal and state laws.

340.7 Sec. 45. Minnesota Statutes 2024, section 245.492, subdivision 3, is amended to read:

340.8 Subd. 3. **Children with emotional or behavioral disturbances.** "Children with  
340.9 emotional or behavioral disturbances" includes children with ~~emotional disturbances~~ mental  
340.10 illnesses as defined in section 245.4871, subdivision 15, and children with emotional or  
340.11 behavioral disorders as defined in Minnesota Rules, part 3525.1329, subpart 1.

340.12 Sec. 46. Minnesota Statutes 2024, section 245.697, subdivision 2a, is amended to read:

340.13 Subd. 2a. **Subcommittee on Children's Mental Health.** The State Advisory Council  
340.14 on Mental Health (the "advisory council") must have a Subcommittee on Children's Mental  
340.15 Health. The subcommittee must make recommendations to the advisory council on policies,  
340.16 laws, regulations, and services relating to children's mental health. Members of the  
340.17 subcommittee must include:

340.18 (1) the commissioners or designees of the commissioners of the Departments of Human  
340.19 Services, Health, Education, State Planning, and Corrections;

230.3 (2) a designee of the Direct Care and Treatment executive board;

230.4 (3) the commissioner of commerce or a designee of the commissioner who is

230.5 knowledgeable about medical insurance issues;

230.6 (4) at least one representative of an advocacy group for children with ~~emotional~~

230.7 ~~disturbances~~ mental illnesses;

230.8 (5) providers of children's mental health services, including at least one provider of

230.9 services to preadolescent children, one provider of services to adolescents, and one

230.10 hospital-based provider;

230.11 (6) parents of children who have ~~emotional disturbances~~ mental illnesses;

230.12 (7) a present or former consumer of adolescent mental health services;

230.13 (8) educators currently working with ~~emotionally disturbed~~ children with mental illnesses;

230.14 (9) people knowledgeable about the needs of ~~emotionally disturbed~~ children with mental

230.15 illnesses of minority races and cultures;

230.16 (10) people experienced in working with ~~emotionally disturbed~~ children with mental

230.17 illnesses who have committed status offenses;

230.18 (11) members of the advisory council;

230.19 (12) one person from the local corrections department and one representative of the

230.20 Minnesota District Judges Association Juvenile Committee; and

230.21 (13) county commissioners and social services agency representatives.

230.22 The chair of the advisory council shall appoint subcommittee members described in

230.23 clauses (4) to (12) through the process established in section 15.0597. The chair shall appoint

230.24 members to ensure a geographical balance on the subcommittee. Terms, compensation,

230.25 removal, and filling of vacancies are governed by subdivision 1, except that terms of

230.26 subcommittee members who are also members of the advisory council are coterminous with

230.27 their terms on the advisory council. The subcommittee shall meet at the call of the

230.28 subcommittee chair who is elected by the subcommittee from among its members. The

230.29 subcommittee expires with the expiration of the advisory council.

231.1 Sec. 45. Minnesota Statutes 2024, section 245.814, subdivision 3, is amended to read:

231.2 Subd. 3. **Compensation provisions.** (a) If the commissioner of human services is unable

231.3 to obtain insurance through ordinary methods for coverage of foster home providers, the

231.4 appropriation shall be returned to the general fund and the state shall pay claims subject to

231.5 the following limitations.

231.6 ~~(a)~~ (b) Compensation shall be provided only for injuries, damage, or actions set forth in

231.7 subdivision 1.

340.20 (2) a designee of the Direct Care and Treatment executive board;

340.21 (3) the commissioner of commerce or a designee of the commissioner who is

340.22 knowledgeable about medical insurance issues;

340.23 (4) at least one representative of an advocacy group for children with ~~emotional~~

340.24 ~~disturbances~~ mental illnesses;

340.25 (5) providers of children's mental health services, including at least one provider of

340.26 services to preadolescent children, one provider of services to adolescents, and one

340.27 hospital-based provider;

340.28 (6) parents of children who have ~~emotional disturbances~~ mental illnesses;

340.29 (7) a present or former consumer of adolescent mental health services;

340.30 (8) educators currently working with ~~emotionally disturbed~~ children with mental illnesses;

341.1 (9) people knowledgeable about the needs of ~~emotionally disturbed~~ children with mental

341.2 illnesses of minority races and cultures;

341.3 (10) people experienced in working with ~~emotionally disturbed~~ children with mental

341.4 illnesses who have committed status offenses;

341.5 (11) members of the advisory council;

341.6 (12) one person from the local corrections department and one representative of the

341.7 Minnesota District Judges Association Juvenile Committee; and

341.8 (13) county commissioners and social services agency representatives.

341.9 The chair of the advisory council shall appoint subcommittee members described in

341.10 clauses (4) to (12) through the process established in section 15.0597. The chair shall appoint

341.11 members to ensure a geographical balance on the subcommittee. Terms, compensation,

341.12 removal, and filling of vacancies are governed by subdivision 1, except that terms of

341.13 subcommittee members who are also members of the advisory council are coterminous with

341.14 their terms on the advisory council. The subcommittee shall meet at the call of the

341.15 subcommittee chair who is elected by the subcommittee from among its members. The

341.16 subcommittee expires with the expiration of the advisory council.

341.17 Sec. 47. Minnesota Statutes 2024, section 245.814, subdivision 3, is amended to read:

341.18 Subd. 3. **Compensation provisions.** (a) If the commissioner of human services is unable

341.19 to obtain insurance through ordinary methods for coverage of foster home providers, the

341.20 appropriation shall be returned to the general fund and the state shall pay claims subject to

341.21 the following limitations.

341.22 ~~(a)~~ (b) Compensation shall be provided only for injuries, damage, or actions set forth in

341.23 subdivision 1.



231.8 ~~(b)~~ (c) Compensation shall be subject to the conditions and exclusions set forth in  
231.9 subdivision 2.

231.10 ~~(e)~~ (d) The state shall provide compensation for bodily injury, property damage, or  
231.11 personal injury resulting from the foster home providers activities as a foster home provider  
231.12 while the foster child or adult is in the care, custody, and control of the foster home provider  
231.13 in an amount not to exceed \$250,000 for each occurrence.

231.14 ~~(d)~~ (e) The state shall provide compensation for damage or destruction of property caused  
231.15 or sustained by a foster child or adult in an amount not to exceed \$250 for each occurrence.

231.16 ~~(e)~~ (f) The compensation in paragraphs ~~(e) and (d) and (e)~~ is the total obligation for all  
231.17 damages because of each occurrence regardless of the number of claims made in connection  
231.18 with the same occurrence, but compensation applies separately to each foster home. The  
231.19 state shall have no other responsibility to provide compensation for any injury or loss caused  
231.20 or sustained by any foster home provider or foster child or foster adult.

231.21 (g) This coverage is extended as a benefit to foster home providers to encourage care  
231.22 of persons who need ~~out of home~~ the providers' care. Nothing in this section shall be  
231.23 construed to mean that foster home providers are agents or employees of the state nor does  
231.24 the state accept any responsibility for the selection, monitoring, supervision, or control of  
231.25 foster home providers which is exclusively the responsibility of the counties which shall  
231.26 regulate foster home providers in the manner set forth in the rules of the commissioner of  
231.27 human services.

232.1 Sec. 46. Minnesota Statutes 2024, section 245.826, is amended to read:

232.2 **245.826 USE OF RESTRICTIVE TECHNIQUES AND PROCEDURES IN**  
232.3 **FACILITIES SERVING ~~EMOTIONALLY DISTURBED~~ CHILDREN WITH**  
232.4 **MENTAL ILLNESSES.**

232.5 When amending rules governing facilities serving ~~emotionally disturbed children with~~  
232.6 mental illnesses that are licensed under section 245A.09 and Minnesota Rules, parts  
232.7 2960.0510 to 2960.0530 and 2960.0580 to 2960.0700, the commissioner of human services  
232.8 shall include provisions governing the use of restrictive techniques and procedures. No  
232.9 provision of these rules may encourage or require the use of restrictive techniques and  
232.10 procedures. The rules must prohibit: (1) the application of certain restrictive techniques or  
232.11 procedures in facilities, except as authorized in the child's case plan and monitored by the  
232.12 county caseworker responsible for the child; (2) the use of restrictive techniques or procedures  
232.13 that restrict the clients' normal access to nutritious diet, drinking water, adequate ventilation,  
232.14 necessary medical care, ordinary hygiene facilities, normal sleeping conditions, and necessary  
232.15 clothing; and (3) the use of corporal punishment. The rule may specify other restrictive  
232.16 techniques and procedures and the specific conditions under which permitted techniques  
232.17 and procedures are to be carried out.

341.24 ~~(b)~~ (c) Compensation shall be subject to the conditions and exclusions set forth in  
341.25 subdivision 2.

341.26 ~~(e)~~ (d) The state shall provide compensation for bodily injury, property damage, or  
341.27 personal injury resulting from the foster home providers activities as a foster home provider  
341.28 while the foster child or adult is in the care, custody, and control of the foster home provider  
341.29 in an amount not to exceed \$250,000 for each occurrence.

341.30 ~~(d)~~ (e) The state shall provide compensation for damage or destruction of property caused  
341.31 or sustained by a foster child or adult in an amount not to exceed \$250 for each occurrence.

342.1 ~~(e)~~ (f) The compensation in paragraphs ~~(e) and (d) and (e)~~ is the total obligation for all  
342.2 damages because of each occurrence regardless of the number of claims made in connection  
342.3 with the same occurrence, but compensation applies separately to each foster home. The  
342.4 state shall have no other responsibility to provide compensation for any injury or loss caused  
342.5 or sustained by any foster home provider or foster child or foster adult.

342.6 (g) This coverage is extended as a benefit to foster home providers to encourage care  
342.7 of persons who need ~~out of home~~ the providers' care. Nothing in this section shall be  
342.8 construed to mean that foster home providers are agents or employees of the state nor does  
342.9 the state accept any responsibility for the selection, monitoring, supervision, or control of  
342.10 foster home providers which is exclusively the responsibility of the counties which shall  
342.11 regulate foster home providers in the manner set forth in the rules of the commissioner of  
342.12 human services.

342.13 Sec. 48. Minnesota Statutes 2024, section 245.826, is amended to read:

342.14 **245.826 USE OF RESTRICTIVE TECHNIQUES AND PROCEDURES IN**  
342.15 **FACILITIES SERVING ~~EMOTIONALLY DISTURBED~~ CHILDREN WITH**  
342.16 **MENTAL ILLNESSES.**

342.17 When amending rules governing facilities serving ~~emotionally disturbed children with~~  
342.18 mental illnesses that are licensed under section 245A.09 and Minnesota Rules, parts  
342.19 2960.0510 to 2960.0530 and 2960.0580 to 2960.0700, the commissioner of human services  
342.20 shall include provisions governing the use of restrictive techniques and procedures. No  
342.21 provision of these rules may encourage or require the use of restrictive techniques and  
342.22 procedures. The rules must prohibit: (1) the application of certain restrictive techniques or  
342.23 procedures in facilities, except as authorized in the child's case plan and monitored by the  
342.24 county caseworker responsible for the child; (2) the use of restrictive techniques or procedures  
342.25 that restrict the clients' normal access to nutritious diet, drinking water, adequate ventilation,  
342.26 necessary medical care, ordinary hygiene facilities, normal sleeping conditions, and necessary  
342.27 clothing; and (3) the use of corporal punishment. The rule may specify other restrictive  
342.28 techniques and procedures and the specific conditions under which permitted techniques  
342.29 and procedures are to be carried out.

232.18 Sec. 47. Minnesota Statutes 2024, section 245.91, subdivision 2, is amended to read:

232.19 Subd. 2. **Agency.** "Agency" means the divisions, officials, or employees of the state  
232.20 Departments of Human Services, Direct Care and Treatment, Health, and Education, and  
232.21 of local school districts and designated county social service agencies as defined in section  
232.22 256G.02, subdivision 7, that are engaged in monitoring, providing, or regulating services  
232.23 or treatment for mental illness, developmental disability, or substance use disorder, ~~or~~  
232.24 ~~emotional disturbance.~~

232.25 Sec. 48. Minnesota Statutes 2024, section 245.91, subdivision 4, is amended to read:

232.26 Subd. 4. **Facility or program.** "Facility" or "program" means a nonresidential or  
232.27 residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency,  
232.28 facility, or program that provides services or treatment for mental illness, developmental  
232.29 disability, or substance use disorder, ~~or emotional disturbance~~ that is required to be licensed,  
232.30 certified, or registered by the commissioner of human services, health, or education; a sober  
232.31 home as defined in section 254B.01, subdivision 11; peer recovery support services provided  
232.32 by a recovery community organization as defined in section 254B.01, subdivision 8; and  
233.1 an acute care inpatient facility that provides services or treatment for mental illness,  
233.2 developmental disability, or substance use disorder, ~~or emotional disturbance.~~

233.3 Sec. 49. Minnesota Statutes 2024, section 245.92, is amended to read:

233.4 **245.92 OFFICE OF OMBUDSMAN; CREATION; QUALIFICATIONS;**  
233.5 **FUNCTION.**

233.6 The ombudsman for persons receiving services or treatment for mental illness,  
233.7 developmental disability, or substance use disorder, ~~or emotional disturbance~~ shall promote  
233.8 the highest attainable standards of treatment, competence, efficiency, and justice. The  
233.9 ombudsman may gather information and data about decisions, acts, and other matters of an  
233.10 agency, facility, or program, and shall monitor the treatment of individuals participating in  
233.11 a University of Minnesota Department of Psychiatry clinical drug trial. The ombudsman is  
233.12 appointed by the governor, serves in the unclassified service, and may be removed only for  
233.13 just cause. The ombudsman must be selected without regard to political affiliation and must  
233.14 be a person who has knowledge and experience concerning the treatment, needs, and rights  
233.15 of clients, and who is highly competent and qualified. No person may serve as ombudsman  
233.16 while holding another public office.

233.17 Sec. 50. Minnesota Statutes 2024, section 245.94, subdivision 1, is amended to read:

233.18 Subdivision 1. **Powers.** (a) The ombudsman may prescribe the methods by which  
233.19 complaints to the office are to be made, reviewed, and acted upon. The ombudsman may  
233.20 not levy a complaint fee.

233.21 (b) The ombudsman is a health oversight agency as defined in Code of Federal  
233.22 Regulations, title 45, section 164.501. The ombudsman may access patient records according  
233.23 to Code of Federal Regulations, title 42, section 2.53. For purposes of this paragraph,

342.30 Sec. 49. Minnesota Statutes 2024, section 245.91, subdivision 2, is amended to read:

342.31 Subd. 2. **Agency.** "Agency" means the divisions, officials, or employees of the state  
342.32 Departments of Human Services, Direct Care and Treatment, Health, and Education, and  
342.33 of local school districts and designated county social service agencies as defined in section  
343.1 256G.02, subdivision 7, that are engaged in monitoring, providing, or regulating services  
343.2 or treatment for mental illness, developmental disability, or substance use disorder, ~~or~~  
343.3 ~~emotional disturbance.~~

343.4 Sec. 50. Minnesota Statutes 2024, section 245.91, subdivision 4, is amended to read:

343.5 Subd. 4. **Facility or program.** "Facility" or "program" means a nonresidential or  
343.6 residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency,  
343.7 facility, or program that provides services or treatment for mental illness, developmental  
343.8 disability, or substance use disorder, ~~or emotional disturbance~~ that is required to be licensed,  
343.9 certified, or registered by the commissioner of human services, health, or education; a sober  
343.10 home as defined in section 254B.01, subdivision 11; peer recovery support services provided  
343.11 by a recovery community organization as defined in section 254B.01, subdivision 8; and  
343.12 an acute care inpatient facility that provides services or treatment for mental illness,  
343.13 developmental disability, or substance use disorder, ~~or emotional disturbance.~~

343.14 Sec. 51. Minnesota Statutes 2024, section 245.92, is amended to read:

343.15 **245.92 OFFICE OF OMBUDSMAN; CREATION; QUALIFICATIONS;**  
343.16 **FUNCTION.**

343.17 The ombudsman for persons receiving services or treatment for mental illness,  
343.18 developmental disability, or substance use disorder, ~~or emotional disturbance~~ shall promote  
343.19 the highest attainable standards of treatment, competence, efficiency, and justice. The  
343.20 ombudsman may gather information and data about decisions, acts, and other matters of an  
343.21 agency, facility, or program, and shall monitor the treatment of individuals participating in  
343.22 a University of Minnesota Department of Psychiatry clinical drug trial. The ombudsman is  
343.23 appointed by the governor, serves in the unclassified service, and may be removed only for  
343.24 just cause. The ombudsman must be selected without regard to political affiliation and must  
343.25 be a person who has knowledge and experience concerning the treatment, needs, and rights  
343.26 of clients, and who is highly competent and qualified. No person may serve as ombudsman  
343.27 while holding another public office.

343.28 Sec. 52. Minnesota Statutes 2024, section 245.94, subdivision 1, is amended to read:

343.29 Subdivision 1. **Powers.** (a) The ombudsman may prescribe the methods by which  
343.30 complaints to the office are to be made, reviewed, and acted upon. The ombudsman may  
343.31 not levy a complaint fee.

344.1 (b) The ombudsman is a health oversight agency as defined in Code of Federal  
344.2 Regulations, title 45, section 164.501. The ombudsman may access patient records according  
344.3 to Code of Federal Regulations, title 42, section 2.53. For purposes of this paragraph,

233.24 "records" has the meaning given in Code of Federal Regulations, title 42, section  
233.25 2.53(a)(1)(i).

233.26 (c) The ombudsman may mediate or advocate on behalf of a client.

233.27 (d) The ombudsman may investigate the quality of services provided to clients and  
233.28 determine the extent to which quality assurance mechanisms within state and county  
233.29 government work to promote the health, safety, and welfare of clients.

233.30 (e) At the request of a client, or upon receiving a complaint or other information affording  
233.31 reasonable grounds to believe that the rights of one or more clients who may not be capable  
233.32 of requesting assistance have been adversely affected, the ombudsman may gather  
234.1 information and data about and analyze, on behalf of the client, the actions of an agency,  
234.2 facility, or program.

234.3 (f) The ombudsman may gather, on behalf of one or more clients, records of an agency,  
234.4 facility, or program, or records related to clinical drug trials from the University of Minnesota  
234.5 Department of Psychiatry, if the records relate to a matter that is within the scope of the  
234.6 ombudsman's authority. If the records are private and the client is capable of providing  
234.7 consent, the ombudsman shall first obtain the client's consent. The ombudsman is not  
234.8 required to obtain consent for access to private data on clients with developmental disabilities  
234.9 and individuals served by the Minnesota Sex Offender Program. The ombudsman may also  
234.10 take photographic or videographic evidence while reviewing the actions of an agency,  
234.11 facility, or program, with the consent of the client. The ombudsman is not required to obtain  
234.12 consent for access to private data on decedents who were receiving services for mental  
234.13 illness, developmental disability, or substance use disorder, ~~or emotional disturbance~~. All  
234.14 data collected, created, received, or maintained by the ombudsman are governed by chapter  
234.15 13 and other applicable law.

234.16 (g) Notwithstanding any law to the contrary, the ombudsman may subpoena a person  
234.17 to appear, give testimony, or produce documents or other evidence that the ombudsman  
234.18 considers relevant to a matter under inquiry. The ombudsman may petition the appropriate  
234.19 court in Ramsey County to enforce the subpoena. A witness who is at a hearing or is part  
234.20 of an investigation possesses the same privileges that a witness possesses in the courts or  
234.21 under the law of this state. Data obtained from a person under this paragraph are private  
234.22 data as defined in section 13.02, subdivision 12.

234.23 (h) The ombudsman may, at reasonable times in the course of conducting a review, enter  
234.24 and view premises within the control of an agency, facility, or program.

234.25 (i) The ombudsman may attend Direct Care and Treatment Review Board and Special  
234.26 Review Board proceedings; proceedings regarding the transfer of clients, as defined in  
234.27 section 246.50, subdivision 4, between institutions operated by the Direct Care and Treatment  
234.28 executive board; and, subject to the consent of the affected client, other proceedings affecting  
234.29 the rights of clients. The ombudsman is not required to obtain consent to attend meetings

344.4 "records" has the meaning given in Code of Federal Regulations, title 42, section  
344.5 2.53(a)(1)(i).

344.6 (c) The ombudsman may mediate or advocate on behalf of a client.

344.7 (d) The ombudsman may investigate the quality of services provided to clients and  
344.8 determine the extent to which quality assurance mechanisms within state and county  
344.9 government work to promote the health, safety, and welfare of clients.

344.10 (e) At the request of a client, or upon receiving a complaint or other information affording  
344.11 reasonable grounds to believe that the rights of one or more clients who may not be capable  
344.12 of requesting assistance have been adversely affected, the ombudsman may gather  
344.13 information and data about and analyze, on behalf of the client, the actions of an agency,  
344.14 facility, or program.

344.15 (f) The ombudsman may gather, on behalf of one or more clients, records of an agency,  
344.16 facility, or program, or records related to clinical drug trials from the University of Minnesota  
344.17 Department of Psychiatry, if the records relate to a matter that is within the scope of the  
344.18 ombudsman's authority. If the records are private and the client is capable of providing  
344.19 consent, the ombudsman shall first obtain the client's consent. The ombudsman is not  
344.20 required to obtain consent for access to private data on clients with developmental disabilities  
344.21 and individuals served by the Minnesota Sex Offender Program. The ombudsman may also  
344.22 take photographic or videographic evidence while reviewing the actions of an agency,  
344.23 facility, or program, with the consent of the client. The ombudsman is not required to obtain  
344.24 consent for access to private data on decedents who were receiving services for mental  
344.25 illness, developmental disability, or substance use disorder, ~~or emotional disturbance~~. All  
344.26 data collected, created, received, or maintained by the ombudsman are governed by chapter  
344.27 13 and other applicable law.

344.28 (g) Notwithstanding any law to the contrary, the ombudsman may subpoena a person  
344.29 to appear, give testimony, or produce documents or other evidence that the ombudsman  
344.30 considers relevant to a matter under inquiry. The ombudsman may petition the appropriate  
344.31 court in Ramsey County to enforce the subpoena. A witness who is at a hearing or is part  
344.32 of an investigation possesses the same privileges that a witness possesses in the courts or  
344.33 under the law of this state. Data obtained from a person under this paragraph are private  
344.34 data as defined in section 13.02, subdivision 12.

345.1 (h) The ombudsman may, at reasonable times in the course of conducting a review, enter  
345.2 and view premises within the control of an agency, facility, or program.

345.3 (i) The ombudsman may attend Direct Care and Treatment Review Board and Special  
345.4 Review Board proceedings; proceedings regarding the transfer of clients, as defined in  
345.5 section 246.50, subdivision 4, between institutions operated by the Direct Care and Treatment  
345.6 executive board; and, subject to the consent of the affected client, other proceedings affecting  
345.7 the rights of clients. The ombudsman is not required to obtain consent to attend meetings

234.30 or proceedings and have access to private data on clients with developmental disabilities  
234.31 and individuals served by the Minnesota Sex Offender Program.

234.32 (j) The ombudsman shall gather data of agencies, facilities, or programs classified as  
234.33 private or confidential as defined in section 13.02, subdivisions 3 and 12, regarding services  
235.1 provided to clients with developmental disabilities and individuals served by the Minnesota  
235.2 Sex Offender Program.

235.3 (k) To avoid duplication and preserve evidence, the ombudsman shall inform relevant  
235.4 licensing or regulatory officials before undertaking a review of an action of the facility or  
235.5 program.

235.6 (l) The Office of Ombudsman shall provide the services of the Civil Commitment  
235.7 Training and Resource Center.

235.8 (m) The ombudsman shall monitor the treatment of individuals participating in a  
235.9 University of Minnesota Department of Psychiatry clinical drug trial and ensure that all  
235.10 protections for human subjects required by federal law and the Institutional Review Board  
235.11 are provided.

235.12 (n) Sections 245.91 to 245.97 are in addition to other provisions of law under which any  
235.13 other remedy or right is provided.

235.14 Sec. 51. Minnesota Statutes 2024, section 245A.03, subdivision 2, is amended to read:

235.15 Subd. 2. **Exclusion from licensure.** (a) This chapter does not apply to:

235.16 (1) residential or nonresidential programs that are provided to a person by an individual  
235.17 who is related;

235.18 (2) nonresidential programs that are provided by an unrelated individual to persons from  
235.19 a single related family;

235.20 (3) residential or nonresidential programs that are provided to adults who do not misuse  
235.21 substances or have a substance use disorder, a mental illness, a developmental disability, a  
235.22 functional impairment, or a physical disability;

235.23 (4) sheltered workshops or work activity programs that are certified by the commissioner  
235.24 of employment and economic development;

235.25 (5) programs operated by a public school for children 33 months or older;

235.26 (6) nonresidential programs primarily for children that provide care or supervision for  
235.27 periods of less than three hours a day while the child's parent or legal guardian is in the  
235.28 same building as the nonresidential program or present within another building that is  
235.29 directly contiguous to the building in which the nonresidential program is located;

235.30 (7) nursing homes or hospitals licensed by the commissioner of health except as specified  
235.31 under section 245A.02;

345.8 or proceedings and have access to private data on clients with developmental disabilities  
345.9 and individuals served by the Minnesota Sex Offender Program.

345.10 (j) The ombudsman shall gather data of agencies, facilities, or programs classified as  
345.11 private or confidential as defined in section 13.02, subdivisions 3 and 12, regarding services  
345.12 provided to clients with developmental disabilities and individuals served by the Minnesota  
345.13 Sex Offender Program.

345.14 (k) To avoid duplication and preserve evidence, the ombudsman shall inform relevant  
345.15 licensing or regulatory officials before undertaking a review of an action of the facility or  
345.16 program.

345.17 (l) The Office of Ombudsman shall provide the services of the Civil Commitment  
345.18 Training and Resource Center.

345.19 (m) The ombudsman shall monitor the treatment of individuals participating in a  
345.20 University of Minnesota Department of Psychiatry clinical drug trial and ensure that all  
345.21 protections for human subjects required by federal law and the Institutional Review Board  
345.22 are provided.

345.23 (n) Sections 245.91 to 245.97 are in addition to other provisions of law under which any  
345.24 other remedy or right is provided.

345.25 Sec. 53. Minnesota Statutes 2024, section 245A.03, subdivision 2, is amended to read:

345.26 Subd. 2. **Exclusion from licensure.** (a) This chapter does not apply to:

345.27 (1) residential or nonresidential programs that are provided to a person by an individual  
345.28 who is related;

345.29 (2) nonresidential programs that are provided by an unrelated individual to persons from  
345.30 a single related family;

346.1 (3) residential or nonresidential programs that are provided to adults who do not misuse  
346.2 substances or have a substance use disorder, a mental illness, a developmental disability, a  
346.3 functional impairment, or a physical disability;

346.4 (4) sheltered workshops or work activity programs that are certified by the commissioner  
346.5 of employment and economic development;

346.6 (5) programs operated by a public school for children 33 months or older;

346.7 (6) nonresidential programs primarily for children that provide care or supervision for  
346.8 periods of less than three hours a day while the child's parent or legal guardian is in the  
346.9 same building as the nonresidential program or present within another building that is  
346.10 directly contiguous to the building in which the nonresidential program is located;

346.11 (7) nursing homes or hospitals licensed by the commissioner of health except as specified  
346.12 under section 245A.02;

236.1 (8) board and lodge facilities licensed by the commissioner of health that do not provide  
236.2 children's residential services under Minnesota Rules, chapter 2960, mental health or  
236.3 substance use disorder treatment;

236.4 (9) programs licensed by the commissioner of corrections;

236.5 (10) recreation programs for children or adults that are operated or approved by a park  
236.6 and recreation board whose primary purpose is to provide social and recreational activities;

236.7 (11) noncertified boarding care homes unless they provide services for five or more  
236.8 persons whose primary diagnosis is mental illness or a developmental disability;

236.9 (12) programs for children such as scouting, boys clubs, girls clubs, and sports and art  
236.10 programs, and nonresidential programs for children provided for a cumulative total of less  
236.11 than 30 days in any 12-month period;

236.12 (13) residential programs for persons with mental illness, that are located in hospitals;

236.13 (14) camps licensed by the commissioner of health under Minnesota Rules, chapter  
236.14 4630;

236.15 (15) mental health outpatient services for adults with mental illness or children with  
236.16 ~~emotional disturbance~~ mental illness;

236.17 (16) residential programs serving school-age children whose sole purpose is cultural or  
236.18 educational exchange, until the commissioner adopts appropriate rules;

236.19 (17) community support services programs as defined in section 245.462, subdivision  
236.20 6, and family community support services as defined in section 245.4871, subdivision 17;

236.21 (18) assisted living facilities licensed by the commissioner of health under chapter 144G;

236.22 (19) substance use disorder treatment activities of licensed professionals in private  
236.23 practice as defined in section 245G.01, subdivision 17;

236.24 (20) consumer-directed community support service funded under the Medicaid waiver  
236.25 for persons with developmental disabilities when the individual who provided the service  
236.26 is:

236.27 (i) the same individual who is the direct payee of these specific waiver funds or paid by  
236.28 a fiscal agent, fiscal intermediary, or employer of record; and

236.29 (ii) not otherwise under the control of a residential or nonresidential program that is  
236.30 required to be licensed under this chapter when providing the service;

237.1 (21) a county that is an eligible vendor under section 254B.05 to provide care coordination  
237.2 and comprehensive assessment services;

237.3 (22) a recovery community organization that is an eligible vendor under section 254B.05  
237.4 to provide peer recovery support services; or

346.13 (8) board and lodge facilities licensed by the commissioner of health that do not provide  
346.14 children's residential services under Minnesota Rules, chapter 2960, mental health or  
346.15 substance use disorder treatment;

346.16 (9) programs licensed by the commissioner of corrections;

346.17 (10) recreation programs for children or adults that are operated or approved by a park  
346.18 and recreation board whose primary purpose is to provide social and recreational activities;

346.19 (11) noncertified boarding care homes unless they provide services for five or more  
346.20 persons whose primary diagnosis is mental illness or a developmental disability;

346.21 (12) programs for children such as scouting, boys clubs, girls clubs, and sports and art  
346.22 programs, and nonresidential programs for children provided for a cumulative total of less  
346.23 than 30 days in any 12-month period;

346.24 (13) residential programs for persons with mental illness, that are located in hospitals;

346.25 (14) camps licensed by the commissioner of health under Minnesota Rules, chapter  
346.26 4630;

346.27 (15) mental health outpatient services for adults with mental illness or children with  
346.28 ~~emotional disturbance~~ mental illness;

346.29 (16) residential programs serving school-age children whose sole purpose is cultural or  
346.30 educational exchange, until the commissioner adopts appropriate rules;

347.1 (17) community support services programs as defined in section 245.462, subdivision  
347.2 6, and family community support services as defined in section 245.4871, subdivision 17;

347.3 (18) assisted living facilities licensed by the commissioner of health under chapter 144G;

347.4 (19) substance use disorder treatment activities of licensed professionals in private  
347.5 practice as defined in section 245G.01, subdivision 17;

347.6 (20) consumer-directed community support service funded under the Medicaid waiver  
347.7 for persons with developmental disabilities when the individual who provided the service  
347.8 is:

347.9 (i) the same individual who is the direct payee of these specific waiver funds or paid by  
347.10 a fiscal agent, fiscal intermediary, or employer of record; and

347.11 (ii) not otherwise under the control of a residential or nonresidential program that is  
347.12 required to be licensed under this chapter when providing the service;

347.13 (21) a county that is an eligible vendor under section 254B.05 to provide care coordination  
347.14 and comprehensive assessment services;

347.15 (22) a recovery community organization that is an eligible vendor under section 254B.05  
347.16 to provide peer recovery support services; or

237.5 (23) programs licensed by the commissioner of children, youth, and families in chapter  
237.6 142B.

237.7 (b) For purposes of paragraph (a), clause (6), a building is directly contiguous to a  
237.8 building in which a nonresidential program is located if it shares a common wall with the  
237.9 building in which the nonresidential program is located or is attached to that building by  
237.10 skyway, tunnel, atrium, or common roof.

237.11 (c) Except for the home and community-based services identified in section 245D.03,  
237.12 subdivision 1, nothing in this chapter shall be construed to require licensure for any services  
237.13 provided and funded according to an approved federal waiver plan where licensure is  
237.14 specifically identified as not being a condition for the services and funding.

237.15 Sec. 52. Minnesota Statutes 2024, section 245A.26, subdivision 1, is amended to read:

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

237.18 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,  
237.19 subdivision 6.

237.20 (c) "License holder" means an individual, organization, or government entity that was  
237.21 issued a license by the commissioner of human services under this chapter for residential  
237.22 mental health treatment for children with ~~emotional disturbance~~ mental illness according  
237.23 to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter  
237.24 care services according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510  
237.25 to 2960.0530.

237.26 (d) "Mental health professional" means an individual who is qualified under section  
237.27 245I.04, subdivision 2.

237.28 Sec. 53. Minnesota Statutes 2024, section 245A.26, subdivision 2, is amended to read:

237.29 Subd. 2. **Scope and applicability.** (a) This section establishes additional licensing  
237.30 requirements for a children's residential facility to provide children's residential crisis  
238.1 stabilization services to a client who is experiencing a mental health crisis and is in need of  
238.2 residential treatment services.

238.3 (b) A children's residential facility may provide residential crisis stabilization services  
238.4 only if the facility is licensed to provide:

238.5 (1) residential mental health treatment for children with ~~emotional disturbance~~ mental  
238.6 illness according to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to  
238.7 2960.0700; or

238.8 (2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120  
238.9 and 2960.0510 to 2960.0530.

347.17 (23) programs licensed by the commissioner of children, youth, and families in chapter  
347.18 142B.

347.19 (b) For purposes of paragraph (a), clause (6), a building is directly contiguous to a  
347.20 building in which a nonresidential program is located if it shares a common wall with the  
347.21 building in which the nonresidential program is located or is attached to that building by  
347.22 skyway, tunnel, atrium, or common roof.

347.23 (c) Except for the home and community-based services identified in section 245D.03,  
347.24 subdivision 1, nothing in this chapter shall be construed to require licensure for any services  
347.25 provided and funded according to an approved federal waiver plan where licensure is  
347.26 specifically identified as not being a condition for the services and funding.

347.27 Sec. 54. Minnesota Statutes 2024, section 245A.26, subdivision 1, is amended to read:

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

347.30 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,  
347.31 subdivision 6.

348.1 (c) "License holder" means an individual, organization, or government entity that was  
348.2 issued a license by the commissioner of human services under this chapter for residential  
348.3 mental health treatment for children with ~~emotional disturbance~~ mental illness according  
348.4 to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter  
348.5 care services according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510  
348.6 to 2960.0530.

348.7 (d) "Mental health professional" means an individual who is qualified under section  
348.8 245I.04, subdivision 2.

348.9 Sec. 55. Minnesota Statutes 2024, section 245A.26, subdivision 2, is amended to read:

348.10 Subd. 2. **Scope and applicability.** (a) This section establishes additional licensing  
348.11 requirements for a children's residential facility to provide children's residential crisis  
348.12 stabilization services to a client who is experiencing a mental health crisis and is in need of  
348.13 residential treatment services.

348.14 (b) A children's residential facility may provide residential crisis stabilization services  
348.15 only if the facility is licensed to provide:

348.16 (1) residential mental health treatment for children with ~~emotional disturbance~~ mental  
348.17 illness according to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to  
348.18 2960.0700; or

348.19 (2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120  
348.20 and 2960.0510 to 2960.0530.

238.10 (c) If a client receives residential crisis stabilization services for 35 days or fewer in a  
238.11 facility licensed according to paragraph (b), clause (1), the facility is not required to complete  
238.12 a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart  
238.13 2, and part 2960.0600.

238.14 (d) If a client receives residential crisis stabilization services for 35 days or fewer in a  
238.15 facility licensed according to paragraph (b), clause (2), the facility is not required to develop  
238.16 a plan for meeting the client's immediate needs under Minnesota Rules, part 2960.0520,  
238.17 subpart 3.

238.18 Sec. 54. Minnesota Statutes 2024, section 246C.12, subdivision 4, is amended to read:

238.19 Subd. 4. **Staff safety training.** The executive board shall require all staff in mental  
238.20 health and support units at regional treatment centers who have contact with ~~persons~~ children  
238.21 or adults with mental illness ~~or severe emotional disturbance~~ to be appropriately trained in  
238.22 violence reduction and violence prevention and shall establish criteria for such training.  
238.23 Training programs shall be developed with input from consumer advocacy organizations  
238.24 and shall employ violence prevention techniques as preferable to physical interaction.

238.25 Sec. 55. Minnesota Statutes 2024, section 252.27, subdivision 1, is amended to read:

238.26 Subdivision 1. **County of financial responsibility.** Whenever any child who has a  
238.27 developmental disability, or a physical disability or ~~emotional disturbance~~ mental illness is  
238.28 in 24-hour care outside the home including respite care, in a facility licensed by the  
238.29 commissioner of human services, the cost of services shall be paid by the county of financial  
238.30 responsibility determined pursuant to chapter 256G. If the child's parents or guardians do  
238.31 not reside in this state, the cost shall be paid by the responsible governmental agency in the  
239.1 state from which the child came, by the parents or guardians of the child if they are financially  
239.2 able, or, if no other payment source is available, by the commissioner of human services.

239.3 Sec. 56. Minnesota Statutes 2024, section 256B.02, subdivision 11, is amended to read:

239.4 Subd. 11. **Related condition.** "Related condition" means a condition:

239.5 (1) that is found to be closely related to a developmental disability, including but not  
239.6 limited to cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi  
239.7 syndrome; and

239.8 (2) that meets all of the following criteria:

239.9 (i) is severe and chronic;

239.10 (ii) results in impairment of general intellectual functioning or adaptive behavior similar  
239.11 to that of persons with developmental disabilities;

239.12 (iii) requires treatment or services similar to those required for persons with  
239.13 developmental disabilities;

239.14 (iv) is manifested before the person reaches 22 years of age;

348.21 (c) If a client receives residential crisis stabilization services for 35 days or fewer in a  
348.22 facility licensed according to paragraph (b), clause (1), the facility is not required to complete  
348.23 a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart  
348.24 2, and part 2960.0600.

348.25 (d) If a client receives residential crisis stabilization services for 35 days or fewer in a  
348.26 facility licensed according to paragraph (b), clause (2), the facility is not required to develop  
348.27 a plan for meeting the client's immediate needs under Minnesota Rules, part 2960.0520,  
348.28 subpart 3.

348.29 Sec. 56. Minnesota Statutes 2024, section 246C.12, subdivision 4, is amended to read:

348.30 Subd. 4. **Staff safety training.** The executive board shall require all staff in mental  
348.31 health and support units at regional treatment centers who have contact with ~~persons~~ children  
348.32 or adults with mental illness ~~or severe emotional disturbance~~ to be appropriately trained in  
349.1 violence reduction and violence prevention and shall establish criteria for such training.  
349.2 Training programs shall be developed with input from consumer advocacy organizations  
349.3 and shall employ violence prevention techniques as preferable to physical interaction.

349.4 Sec. 57. Minnesota Statutes 2024, section 252.27, subdivision 1, is amended to read:

349.5 Subdivision 1. **County of financial responsibility.** Whenever any child who has a  
349.6 developmental disability, or a physical disability or ~~emotional disturbance~~ mental illness is  
349.7 in 24-hour care outside the home including respite care, in a facility licensed by the  
349.8 commissioner of human services, the cost of services shall be paid by the county of financial  
349.9 responsibility determined pursuant to chapter 256G. If the child's parents or guardians do  
349.10 not reside in this state, the cost shall be paid by the responsible governmental agency in the  
349.11 state from which the child came, by the parents or guardians of the child if they are financially  
349.12 able, or, if no other payment source is available, by the commissioner of human services.

349.13 Sec. 58. Minnesota Statutes 2024, section 256B.02, subdivision 11, is amended to read:

349.14 Subd. 11. **Related condition.** "Related condition" means a condition:

349.15 (1) that is found to be closely related to a developmental disability, including but not  
349.16 limited to cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi  
349.17 syndrome; and

349.18 (2) that meets all of the following criteria:

349.19 (i) is severe and chronic;

349.20 (ii) results in impairment of general intellectual functioning or adaptive behavior similar  
349.21 to that of persons with developmental disabilities;

349.22 (iii) requires treatment or services similar to those required for persons with  
349.23 developmental disabilities;

349.24 (iv) is manifested before the person reaches 22 years of age;

239.15 (v) is likely to continue indefinitely;

239.16 (vi) results in substantial functional limitations in three or more of the following areas

239.17 of major life activity:

239.18 (A) self-care;

239.19 (B) understanding and use of language;

239.20 (C) learning;

239.21 (D) mobility;

239.22 (E) self-direction; or

239.23 (F) capacity for independent living; and

239.24 (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20,

239.25 ~~or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes~~

239.26 of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15,

239.27 "mental illness" does not include autism or other pervasive developmental disorders.

240.1 Sec. 57. Minnesota Statutes 2024, section 256B.055, subdivision 12, is amended to read:

240.2 Subd. 12. **Children with disabilities.** (a) A person is eligible for medical assistance if

240.3 the person is under age 19 and qualifies as a disabled individual under United States Code,

240.4 title 42, section 1382c(a), and would be eligible for medical assistance under the state plan

240.5 if residing in a medical institution, and the child requires a level of care provided in a hospital,

240.6 nursing facility, or intermediate care facility for persons with developmental disabilities,

240.7 for whom home care is appropriate, provided that the cost to medical assistance under this

240.8 section is not more than the amount that medical assistance would pay for if the child resides

240.9 in an institution. After the child is determined to be eligible under this section, the

240.10 commissioner shall review the child's disability under United States Code, title 42, section

240.11 1382c(a) and level of care defined under this section no more often than annually and may

240.12 elect, based on the recommendation of health care professionals under contract with the

240.13 state medical review team, to extend the review of disability and level of care up to a

240.14 maximum of four years. The commissioner's decision on the frequency of continuing review

240.15 of disability and level of care is not subject to administrative appeal under section 256.045.

240.16 The county agency shall send a notice of disability review to the enrollee six months prior

240.17 to the date the recertification of disability is due. Nothing in this subdivision shall be

240.18 construed as affecting other redeterminations of medical assistance eligibility under this

240.19 chapter and annual cost-effective reviews under this section.

240.20 (b) For purposes of this subdivision, "hospital" means an institution as defined in section

240.21 144.696, subdivision 3, 144.55, subdivision 3, or Minnesota Rules, part 4640.3600, and

240.22 licensed pursuant to sections 144.50 to 144.58. For purposes of this subdivision, a child

240.23 requires a level of care provided in a hospital if the child is determined by the commissioner

240.24 to need an extensive array of health services, including mental health services, for an

349.25 (v) is likely to continue indefinitely;

349.26 (vi) results in substantial functional limitations in three or more of the following areas

349.27 of major life activity:

349.28 (A) self-care;

349.29 (B) understanding and use of language;

349.30 (C) learning;

350.1 (D) mobility;

350.2 (E) self-direction; or

350.3 (F) capacity for independent living; and

350.4 (vii) is not attributable to mental illness as defined in section 245.462, subdivision 20,

350.5 ~~or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes~~

350.6 of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15,

350.7 "mental illness" does not include autism or other pervasive developmental disorders.

350.8 Sec. 59. Minnesota Statutes 2024, section 256B.055, subdivision 12, is amended to read:

350.9 Subd. 12. **Children with disabilities.** (a) A person is eligible for medical assistance if

350.10 the person is under age 19 and qualifies as a disabled individual under United States Code,

350.11 title 42, section 1382c(a), and would be eligible for medical assistance under the state plan

350.12 if residing in a medical institution, and the child requires a level of care provided in a hospital,

350.13 nursing facility, or intermediate care facility for persons with developmental disabilities,

350.14 for whom home care is appropriate, provided that the cost to medical assistance under this

350.15 section is not more than the amount that medical assistance would pay for if the child resides

350.16 in an institution. After the child is determined to be eligible under this section, the

350.17 commissioner shall review the child's disability under United States Code, title 42, section

350.18 1382c(a) and level of care defined under this section no more often than annually and may

350.19 elect, based on the recommendation of health care professionals under contract with the

350.20 state medical review team, to extend the review of disability and level of care up to a

350.21 maximum of four years. The commissioner's decision on the frequency of continuing review

350.22 of disability and level of care is not subject to administrative appeal under section 256.045.

350.23 The county agency shall send a notice of disability review to the enrollee six months prior

350.24 to the date the recertification of disability is due. Nothing in this subdivision shall be

350.25 construed as affecting other redeterminations of medical assistance eligibility under this

350.26 chapter and annual cost-effective reviews under this section.

350.27 (b) For purposes of this subdivision, "hospital" means an institution as defined in section

350.28 144.696, subdivision 3, 144.55, subdivision 3, or Minnesota Rules, part 4640.3600, and

350.29 licensed pursuant to sections 144.50 to 144.58. For purposes of this subdivision, a child

350.30 requires a level of care provided in a hospital if the child is determined by the commissioner

350.31 to need an extensive array of health services, including mental health services, for an



240.25 undetermined period of time, whose health condition requires frequent monitoring and  
240.26 treatment by a health care professional or by a person supervised by a health care  
240.27 professional, who would reside in a hospital or require frequent hospitalization if these  
240.28 services were not provided, and the daily care needs are more complex than a nursing facility  
240.29 level of care.

240.30 A child with serious ~~emotional disturbance~~ mental illness requires a level of care provided  
240.31 in a hospital if the commissioner determines that the individual requires 24-hour supervision  
240.32 because the person exhibits recurrent or frequent suicidal or homicidal ideation or behavior,  
240.33 recurrent or frequent psychosomatic disorders or somatopsychic disorders that may become  
240.34 life threatening, recurrent or frequent severe socially unacceptable behavior associated with  
240.35 psychiatric disorder, ongoing and chronic psychosis or severe, ongoing and chronic  
241.1 developmental problems requiring continuous skilled observation, or severe disabling  
241.2 symptoms for which office-centered outpatient treatment is not adequate, and which overall  
241.3 severely impact the individual's ability to function.

241.4 (c) For purposes of this subdivision, "nursing facility" means a facility which provides  
241.5 nursing care as defined in section 144A.01, subdivision 5, licensed pursuant to sections  
241.6 144A.02 to 144A.10, which is appropriate if a person is in active restorative treatment; is  
241.7 in need of special treatments provided or supervised by a licensed nurse; or has unpredictable  
241.8 episodes of active disease processes requiring immediate judgment by a licensed nurse. For  
241.9 purposes of this subdivision, a child requires the level of care provided in a nursing facility  
241.10 if the child is determined by the commissioner to meet the requirements of the preadmission  
241.11 screening assessment document under section 256B.0911, adjusted to address age-appropriate  
241.12 standards for children age 18 and under.

241.13 (d) For purposes of this subdivision, "intermediate care facility for persons with  
241.14 developmental disabilities" or "ICF/DD" means a program licensed to provide services to  
241.15 persons with developmental disabilities under section 252.28, and chapter 245A, and a  
241.16 physical plant licensed as a supervised living facility under chapter 144, which together are  
241.17 certified by the Minnesota Department of Health as meeting the standards in Code of Federal  
241.18 Regulations, title 42, part 483, for an intermediate care facility which provides services for  
241.19 persons with developmental disabilities who require 24-hour supervision and active treatment  
241.20 for medical, behavioral, or habilitation needs. For purposes of this subdivision, a child  
241.21 requires a level of care provided in an ICF/DD if the commissioner finds that the child has  
241.22 a developmental disability in accordance with section 256B.092, is in need of a 24-hour  
241.23 plan of care and active treatment similar to persons with developmental disabilities, and  
241.24 there is a reasonable indication that the child will need ICF/DD services.

241.25 (e) For purposes of this subdivision, a person requires the level of care provided in a  
241.26 nursing facility if the person requires 24-hour monitoring or supervision and a plan of mental  
241.27 health treatment because of specific symptoms or functional impairments associated with  
241.28 a serious mental illness or disorder diagnosis, which meet severity criteria for mental health  
241.29 established by the commissioner and published in March 1997 as the Minnesota Mental  
241.30 Health Level of Care for Children and Adolescents with Severe Emotional Disorders.

350.32 undetermined period of time, whose health condition requires frequent monitoring and  
350.33 treatment by a health care professional or by a person supervised by a health care  
350.34 professional, who would reside in a hospital or require frequent hospitalization if these  
351.1 services were not provided, and the daily care needs are more complex than a nursing facility  
351.2 level of care.

351.3 A child with serious ~~emotional disturbance~~ mental illness requires a level of care provided  
351.4 in a hospital if the commissioner determines that the individual requires 24-hour supervision  
351.5 because the person exhibits recurrent or frequent suicidal or homicidal ideation or behavior,  
351.6 recurrent or frequent psychosomatic disorders or somatopsychic disorders that may become  
351.7 life threatening, recurrent or frequent severe socially unacceptable behavior associated with  
351.8 psychiatric disorder, ongoing and chronic psychosis or severe, ongoing and chronic  
351.9 developmental problems requiring continuous skilled observation, or severe disabling  
351.10 symptoms for which office-centered outpatient treatment is not adequate, and which overall  
351.11 severely impact the individual's ability to function.

351.12 (c) For purposes of this subdivision, "nursing facility" means a facility which provides  
351.13 nursing care as defined in section 144A.01, subdivision 5, licensed pursuant to sections  
351.14 144A.02 to 144A.10, which is appropriate if a person is in active restorative treatment; is  
351.15 in need of special treatments provided or supervised by a licensed nurse; or has unpredictable  
351.16 episodes of active disease processes requiring immediate judgment by a licensed nurse. For  
351.17 purposes of this subdivision, a child requires the level of care provided in a nursing facility  
351.18 if the child is determined by the commissioner to meet the requirements of the preadmission  
351.19 screening assessment document under section 256B.0911, adjusted to address age-appropriate  
351.20 standards for children age 18 and under.

351.21 (d) For purposes of this subdivision, "intermediate care facility for persons with  
351.22 developmental disabilities" or "ICF/DD" means a program licensed to provide services to  
351.23 persons with developmental disabilities under section 252.28, and chapter 245A, and a  
351.24 physical plant licensed as a supervised living facility under chapter 144, which together are  
351.25 certified by the Minnesota Department of Health as meeting the standards in Code of Federal  
351.26 Regulations, title 42, part 483, for an intermediate care facility which provides services for  
351.27 persons with developmental disabilities who require 24-hour supervision and active treatment  
351.28 for medical, behavioral, or habilitation needs. For purposes of this subdivision, a child  
351.29 requires a level of care provided in an ICF/DD if the commissioner finds that the child has  
351.30 a developmental disability in accordance with section 256B.092, is in need of a 24-hour  
351.31 plan of care and active treatment similar to persons with developmental disabilities, and  
351.32 there is a reasonable indication that the child will need ICF/DD services.

351.33 (e) For purposes of this subdivision, a person requires the level of care provided in a  
351.34 nursing facility if the person requires 24-hour monitoring or supervision and a plan of mental  
351.35 health treatment because of specific symptoms or functional impairments associated with  
352.1 a serious mental illness or disorder diagnosis, which meet severity criteria for mental health  
352.2 established by the commissioner and published in March 1997 as the Minnesota Mental  
352.3 Health Level of Care for Children and Adolescents with Severe Emotional Disorders.

241.31 (f) The determination of the level of care needed by the child shall be made by the  
241.32 commissioner based on information supplied to the commissioner by (1) the parent or  
241.33 guardian, (2) the child's physician or physicians, advanced practice registered nurse or  
241.34 advanced practice registered nurses, or physician assistant or physician assistants, and (3)  
242.1 other professionals as requested by the commissioner. The commissioner shall establish a  
242.2 screening team to conduct the level of care determinations according to this subdivision.

242.3 (g) If a child meets the conditions in paragraph (b), (c), (d), or (e), the commissioner  
242.4 must assess the case to determine whether:

242.5 (1) the child qualifies as a disabled individual under United States Code, title 42, section  
242.6 1382c(a), and would be eligible for medical assistance if residing in a medical institution;  
242.7 and

242.8 (2) the cost of medical assistance services for the child, if eligible under this subdivision,  
242.9 would not be more than the cost to medical assistance if the child resides in a medical  
242.10 institution to be determined as follows:

242.11 (i) for a child who requires a level of care provided in an ICF/DD, the cost of care for  
242.12 the child in an institution shall be determined using the average payment rate established  
242.13 for the regional treatment centers that are certified as ICF's/DD;

242.14 (ii) for a child who requires a level of care provided in an inpatient hospital setting  
242.15 according to paragraph (b), cost-effectiveness shall be determined according to Minnesota  
242.16 Rules, part 9505.3520, items F and G; and

242.17 (iii) for a child who requires a level of care provided in a nursing facility according to  
242.18 paragraph (c) or (e), cost-effectiveness shall be determined according to Minnesota Rules,  
242.19 part 9505.3040, except that the nursing facility average rate shall be adjusted to reflect rates  
242.20 which would be paid for children under age 16. The commissioner may authorize an amount  
242.21 up to the amount medical assistance would pay for a child referred to the commissioner by  
242.22 the preadmission screening team under section 256B.0911.

242.23 Sec. 58. Minnesota Statutes 2024, section 256B.0616, subdivision 1, is amended to read:

242.24 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer  
242.25 specialists services, as established in subdivision 2, subject to federal approval, if provided  
242.26 to recipients who have ~~an emotional disturbance~~ a mental illness or severe emotional  
242.27 ~~disturbance~~ serious mental illness under chapter 245, and are provided by a mental health  
242.28 certified family peer specialist who has completed the training under subdivision 5 and is  
242.29 qualified according to section 245I.04, subdivision 12. A family peer specialist cannot  
242.30 provide services to the peer specialist's family.

243.1 Sec. 59. Minnesota Statutes 2024, section 256B.0757, subdivision 2, is amended to read:

243.2 Subd. 2. **Eligible individual.** (a) The commissioner may elect to develop health home  
243.3 models in accordance with United States Code, title 42, section 1396w-4.

352.4 (f) The determination of the level of care needed by the child shall be made by the  
352.5 commissioner based on information supplied to the commissioner by (1) the parent or  
352.6 guardian, (2) the child's physician or physicians, advanced practice registered nurse or  
352.7 advanced practice registered nurses, or physician assistant or physician assistants, and (3)  
352.8 other professionals as requested by the commissioner. The commissioner shall establish a  
352.9 screening team to conduct the level of care determinations according to this subdivision.

352.10 (g) If a child meets the conditions in paragraph (b), (c), (d), or (e), the commissioner  
352.11 must assess the case to determine whether:

352.12 (1) the child qualifies as a disabled individual under United States Code, title 42, section  
352.13 1382c(a), and would be eligible for medical assistance if residing in a medical institution;  
352.14 and

352.15 (2) the cost of medical assistance services for the child, if eligible under this subdivision,  
352.16 would not be more than the cost to medical assistance if the child resides in a medical  
352.17 institution to be determined as follows:

352.18 (i) for a child who requires a level of care provided in an ICF/DD, the cost of care for  
352.19 the child in an institution shall be determined using the average payment rate established  
352.20 for the regional treatment centers that are certified as ICF's/DD;

352.21 (ii) for a child who requires a level of care provided in an inpatient hospital setting  
352.22 according to paragraph (b), cost-effectiveness shall be determined according to Minnesota  
352.23 Rules, part 9505.3520, items F and G; and

352.24 (iii) for a child who requires a level of care provided in a nursing facility according to  
352.25 paragraph (c) or (e), cost-effectiveness shall be determined according to Minnesota Rules,  
352.26 part 9505.3040, except that the nursing facility average rate shall be adjusted to reflect rates  
352.27 which would be paid for children under age 16. The commissioner may authorize an amount  
352.28 up to the amount medical assistance would pay for a child referred to the commissioner by  
352.29 the preadmission screening team under section 256B.0911.

352.30 Sec. 60. Minnesota Statutes 2024, section 256B.0616, subdivision 1, is amended to read:

352.31 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer  
352.32 specialists services, as established in subdivision 2, subject to federal approval, if provided  
352.33 to recipients who have ~~an emotional disturbance~~ mental illness or severe emotional  
353.1 ~~disturbance~~ serious mental illness under chapter 245, and are provided by a mental health  
353.2 certified family peer specialist who has completed the training under subdivision 5 and is  
353.3 qualified according to section 245I.04, subdivision 12. A family peer specialist cannot  
353.4 provide services to the peer specialist's family.

353.5 Sec. 61. Minnesota Statutes 2024, section 256B.0757, subdivision 2, is amended to read:

353.6 Subd. 2. **Eligible individual.** (a) The commissioner may elect to develop health home  
353.7 models in accordance with United States Code, title 42, section 1396w-4.

243.4 (b) An individual is eligible for health home services under this section if the individual  
243.5 is eligible for medical assistance under this chapter and has a condition that meets the  
243.6 definition of mental illness as described in section 245.462, subdivision 20, paragraph (a),  
243.7 or ~~emotional disturbance as defined in section 245.4871, subdivision 15, clause (2).~~ The  
243.8 commissioner shall establish criteria for determining continued eligibility.

243.9 Sec. 60. Minnesota Statutes 2024, section 256B.0943, subdivision 1, is amended to read:

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

243.12 (b) "Children's therapeutic services and supports" means the flexible package of mental  
243.13 health services for children who require varying therapeutic and rehabilitative levels of  
243.14 intervention to treat a diagnosed ~~emotional disturbance, as defined in section 245.4871,~~  
243.15 ~~subdivision 15, or a diagnosed~~ mental illness, as defined in section 245.462, subdivision  
243.16 20, or 245.4871, subdivision 15. The services are time-limited interventions that are delivered  
243.17 using various treatment modalities and combinations of services designed to reach treatment  
243.18 outcomes identified in the individual treatment plan.

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

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

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

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

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

244.7 (h) "Direction of mental health behavioral aide" means the activities of a mental health  
244.8 professional, clinical trainee, or mental health practitioner in guiding the mental health  
244.9 behavioral aide in providing services to a client. The direction of a mental health behavioral

353.8 (b) An individual is eligible for health home services under this section if the individual  
353.9 is eligible for medical assistance under this chapter and has a condition that meets the  
353.10 definition of mental illness as described in section 245.462, subdivision 20, paragraph (a),  
353.11 or ~~emotional disturbance as defined in section 245.4871, subdivision 15, clause (2).~~ The  
353.12 commissioner shall establish criteria for determining continued eligibility.

353.13 Sec. 62. Minnesota Statutes 2024, section 256B.0943, subdivision 1, is amended to read:

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

353.16 (b) "Children's therapeutic services and supports" means the flexible package of mental  
353.17 health services for children who require varying therapeutic and rehabilitative levels of  
353.18 intervention to treat a diagnosed ~~emotional disturbance, as defined in section 245.4871,~~  
353.19 ~~subdivision 15, or a diagnosed~~ mental illness, as defined in section 245.462, subdivision  
353.20 20, or 245.4871, subdivision 15. The services are time-limited interventions that are delivered  
353.21 using various treatment modalities and combinations of services designed to reach treatment  
353.22 outcomes identified in the individual treatment plan.

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

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

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

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

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

354.11 (h) "Direction of mental health behavioral aide" means the activities of a mental health  
354.12 professional, clinical trainee, or mental health practitioner in guiding the mental health  
354.13 behavioral aide in providing services to a client. The direction of a mental health behavioral

244.10 aide must be based on the client's individual treatment plan and meet the requirements in  
244.11 subdivision 6, paragraph (b), clause (7).

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

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

244.15 ~~(k)~~ (j) "Mental health behavioral aide services" means medically necessary one-on-one  
244.16 activities performed by a mental health behavioral aide qualified according to section  
244.17 245I.04, subdivision 16, to assist a child retain or generalize psychosocial skills as previously  
244.18 trained by a mental health professional, clinical trainee, or mental health practitioner and  
244.19 as described in the child's individual treatment plan and individual behavior plan. Activities  
244.20 involve working directly with the child or child's family as provided in subdivision 9,  
244.21 paragraph (b), clause (4).

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

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

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

244.28 ~~(o)~~ (n) "Mental health service plan development" includes:

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

244.30 (2) administering and reporting standardized outcome measurements approved by the  
244.31 commissioner, as periodically needed to evaluate the effectiveness of treatment.

245.1 ~~(p)~~ (o) "Mental illness," ~~for persons at least age 18 but under age 21,~~ has the meaning  
245.2 given in section 245.462, subdivision 20, paragraph (a), ~~for persons at least age 18 but under~~  
245.3 ~~age 21, and has the meaning given in section 245.4871, subdivision 15, for children under~~  
245.4 ~~18 years of age.~~

245.5 ~~(q)~~ (p) "Psychotherapy" means the treatment described in section 256B.0671, subdivision  
245.6 11.

245.7 ~~(r)~~ (q) "Rehabilitative services" or "psychiatric rehabilitation services" means  
245.8 interventions to: (1) restore a child or adolescent to an age-appropriate developmental  
245.9 trajectory that had been disrupted by a psychiatric illness; or (2) enable the child to  
245.10 self-monitor, compensate for, cope with, counteract, or replace psychosocial skills deficits  
245.11 or maladaptive skills acquired over the course of a psychiatric illness. Psychiatric  
245.12 rehabilitation services for children combine coordinated psychotherapy to address internal  
245.13 psychological, emotional, and intellectual processing deficits, and skills training to restore

354.14 aide must be based on the client's individual treatment plan and meet the requirements in  
354.15 subdivision 6, paragraph (b), clause (7).

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

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

354.19 ~~(k)~~ (j) "Mental health behavioral aide services" means medically necessary one-on-one  
354.20 activities performed by a mental health behavioral aide qualified according to section  
354.21 245I.04, subdivision 16, to assist a child retain or generalize psychosocial skills as previously  
354.22 trained by a mental health professional, clinical trainee, or mental health practitioner and  
354.23 as described in the child's individual treatment plan and individual behavior plan. Activities  
354.24 involve working directly with the child or child's family as provided in subdivision 9,  
354.25 paragraph (b), clause (4).

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

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

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

354.32 ~~(o)~~ (n) "Mental health service plan development" includes:

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

355.1 (2) administering and reporting standardized outcome measurements approved by the  
355.2 commissioner, as periodically needed to evaluate the effectiveness of treatment.

355.3 ~~(p)~~ (o) "Mental illness," ~~for persons at least age 18 but under age 21,~~ has the meaning  
355.4 given in section 245.462, subdivision 20, paragraph (a), ~~for persons at least age 18 but under~~  
355.5 ~~age 21, and has the meaning given in section 245.4871, subdivision 15,~~  
355.6 ~~for children under 18 years of age.~~

355.7 ~~(q)~~ (p) "Psychotherapy" means the treatment described in section 256B.0671, subdivision  
355.8 11.

355.9 ~~(r)~~ (q) "Rehabilitative services" or "psychiatric rehabilitation services" means  
355.10 interventions to: (1) restore a child or adolescent to an age-appropriate developmental  
355.11 trajectory that had been disrupted by a psychiatric illness; or (2) enable the child to  
355.12 self-monitor, compensate for, cope with, counteract, or replace psychosocial skills deficits  
355.13 or maladaptive skills acquired over the course of a psychiatric illness. Psychiatric  
355.14 rehabilitation services for children combine coordinated psychotherapy to address internal  
355.15 psychological, emotional, and intellectual processing deficits, and skills training to restore

245.14 personal and social functioning. Psychiatric rehabilitation services establish a progressive  
245.15 series of goals with each achievement building upon a prior achievement.

245.16 ~~(s)~~ (r) "Skills training" means individual, family, or group training, delivered by or under  
245.17 the supervision of a mental health professional, designed to facilitate the acquisition of  
245.18 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate  
245.19 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child  
245.20 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or  
245.21 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject  
245.22 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

245.23 ~~(s)~~ (s) "Standard diagnostic assessment" means the assessment described in section  
245.24 245I.10, subdivision 6.

245.25 ~~(s)~~ (t) "Treatment supervision" means the supervision described in section 245I.06.

245.26 Sec. 61. Minnesota Statutes 2024, section 256B.0943, subdivision 3, is amended to read:

245.27 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's  
245.28 therapeutic services and supports under this section shall be determined based on a standard  
245.29 diagnostic assessment by a mental health professional or a clinical trainee that is performed  
245.30 within one year before the initial start of service and updated as required under section  
245.31 245I.10, subdivision 2. The standard diagnostic assessment must:

246.1 (1) determine whether a child under age 18 has a diagnosis of ~~emotional disturbance~~  
246.2 mental illness or, if the person is between the ages of 18 and 21, whether the person has a  
246.3 mental illness;

246.4 (2) document children's therapeutic services and supports as medically necessary to  
246.5 address an identified disability, functional impairment, and the individual client's needs and  
246.6 goals; and

246.7 (3) be used in the development of the individual treatment plan.

246.8 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to  
246.9 five days of day treatment under this section based on a hospital's medical history and  
246.10 presentation examination of the client.

246.11 (c) Children's therapeutic services and supports include development and rehabilitative  
246.12 services that support a child's developmental treatment needs.

246.13 Sec. 62. Minnesota Statutes 2024, section 256B.0943, subdivision 9, is amended to read:

246.14 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified  
246.15 provider entity must ensure that:

246.16 (1) the provider's caseload size should reasonably enable the provider to play an active  
246.17 role in service planning, monitoring, and delivering services to meet the client's and client's  
246.18 family's needs, as specified in each client's individual treatment plan;

355.16 personal and social functioning. Psychiatric rehabilitation services establish a progressive  
355.17 series of goals with each achievement building upon a prior achievement.

355.18 ~~(s)~~ (r) "Skills training" means individual, family, or group training, delivered by or under  
355.19 the supervision of a mental health professional, designed to facilitate the acquisition of  
355.20 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate  
355.21 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child  
355.22 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or  
355.23 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject  
355.24 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

355.25 ~~(s)~~ (s) "Standard diagnostic assessment" means the assessment described in section  
355.26 245I.10, subdivision 6.

355.27 ~~(s)~~ (t) "Treatment supervision" means the supervision described in section 245I.06.

355.28 Sec. 63. Minnesota Statutes 2024, section 256B.0943, subdivision 3, is amended to read:

355.29 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's  
355.30 therapeutic services and supports under this section shall be determined based on a standard  
355.31 diagnostic assessment by a mental health professional or a clinical trainee that is performed  
355.32 within one year before the initial start of service and updated as required under section  
355.33 245I.10, subdivision 2. The standard diagnostic assessment must:

356.1 (1) determine whether a child under age 18 has a diagnosis of ~~emotional disturbance~~  
356.2 mental illness or, if the person is between the ages of 18 and 21, whether the person has a  
356.3 mental illness;

356.4 (2) document children's therapeutic services and supports as medically necessary to  
356.5 address an identified disability, functional impairment, and the individual client's needs and  
356.6 goals; and

356.7 (3) be used in the development of the individual treatment plan.

356.8 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to  
356.9 five days of day treatment under this section based on a hospital's medical history and  
356.10 presentation examination of the client.

356.11 (c) Children's therapeutic services and supports include development and rehabilitative  
356.12 services that support a child's developmental treatment needs.

356.13 Sec. 64. Minnesota Statutes 2024, section 256B.0943, subdivision 9, is amended to read:

356.14 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified  
356.15 provider entity must ensure that:

356.16 (1) the provider's caseload size should reasonably enable the provider to play an active  
356.17 role in service planning, monitoring, and delivering services to meet the client's and client's  
356.18 family's needs, as specified in each client's individual treatment plan;

246.19 (2) site-based programs, including day treatment programs, provide staffing and facilities  
246.20 to ensure the client's health, safety, and protection of rights, and that the programs are able  
246.21 to implement each client's individual treatment plan; and

246.22 (3) a day treatment program is provided to a group of clients by a team under the treatment  
246.23 supervision of a mental health professional. The day treatment program must be provided  
246.24 in and by: (i) an outpatient hospital accredited by the Joint Commission on Accreditation  
246.25 of Health Organizations and licensed under sections 144.50 to 144.55; (ii) a community  
246.26 mental health center under section 245.62; or (iii) an entity that is certified under subdivision  
246.27 4 to operate a program that meets the requirements of section 245.4884, subdivision 2, and  
246.28 Minnesota Rules, parts 9505.0170 to 9505.0475. The day treatment program must stabilize  
246.29 the client's mental health status while developing and improving the client's independent  
246.30 living and socialization skills. The goal of the day treatment program must be to reduce or  
246.31 relieve the effects of mental illness and provide training to enable the client to live in the  
246.32 community. The remainder of the structured treatment program may include patient and/or  
246.33 family or group psychotherapy, and individual or group skills training, if included in the  
247.1 client's individual treatment plan. Day treatment programs are not part of inpatient or  
247.2 residential treatment services. When a day treatment group that meets the minimum group  
247.3 size requirement temporarily falls below the minimum group size because of a member's  
247.4 temporary absence, medical assistance covers a group session conducted for the group  
247.5 members in attendance. A day treatment program may provide fewer than the minimally  
247.6 required hours for a particular child during a billing period in which the child is transitioning  
247.7 into, or out of, the program.

247.8 (b) To be eligible for medical assistance payment, a provider entity must deliver the  
247.9 service components of children's therapeutic services and supports in compliance with the  
247.10 following requirements:

247.11 (1) psychotherapy to address the child's underlying mental health disorder must be  
247.12 documented as part of the child's ongoing treatment. A provider must deliver or arrange for  
247.13 medically necessary psychotherapy unless the child's parent or caregiver chooses not to  
247.14 receive it or the provider determines that psychotherapy is no longer medically necessary.  
247.15 When a provider determines that psychotherapy is no longer medically necessary, the  
247.16 provider must update required documentation, including but not limited to the individual  
247.17 treatment plan, the child's medical record, or other authorizations, to include the  
247.18 determination. When a provider determines that a child needs psychotherapy but  
247.19 psychotherapy cannot be delivered due to a shortage of licensed mental health professionals  
247.20 in the child's community, the provider must document the lack of access in the child's  
247.21 medical record;

247.22 (2) individual, family, or group skills training is subject to the following requirements:

247.23 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide  
247.24 skills training;

356.19 (2) site-based programs, including day treatment programs, provide staffing and facilities  
356.20 to ensure the client's health, safety, and protection of rights, and that the programs are able  
356.21 to implement each client's individual treatment plan; and

356.22 (3) a day treatment program is provided to a group of clients by a team under the treatment  
356.23 supervision of a mental health professional. The day treatment program must be provided  
356.24 in and by: (i) an outpatient hospital accredited by the Joint Commission on Accreditation  
356.25 of Health Organizations and licensed under sections 144.50 to 144.55; (ii) a community  
356.26 mental health center under section 245.62; or (iii) an entity that is certified under subdivision  
356.27 4 to operate a program that meets the requirements of section 245.4884, subdivision 2, and  
356.28 Minnesota Rules, parts 9505.0170 to 9505.0475. The day treatment program must stabilize  
356.29 the client's mental health status while developing and improving the client's independent  
356.30 living and socialization skills. The goal of the day treatment program must be to reduce or  
356.31 relieve the effects of mental illness and provide training to enable the client to live in the  
356.32 community. The remainder of the structured treatment program may include patient and/or  
356.33 family or group psychotherapy, and individual or group skills training, if included in the  
357.1 client's individual treatment plan. Day treatment programs are not part of inpatient or  
357.2 residential treatment services. When a day treatment group that meets the minimum group  
357.3 size requirement temporarily falls below the minimum group size because of a member's  
357.4 temporary absence, medical assistance covers a group session conducted for the group  
357.5 members in attendance. A day treatment program may provide fewer than the minimally  
357.6 required hours for a particular child during a billing period in which the child is transitioning  
357.7 into, or out of, the program.

357.8 (b) To be eligible for medical assistance payment, a provider entity must deliver the  
357.9 service components of children's therapeutic services and supports in compliance with the  
357.10 following requirements:

357.11 (1) psychotherapy to address the child's underlying mental health disorder must be  
357.12 documented as part of the child's ongoing treatment. A provider must deliver or arrange for  
357.13 medically necessary psychotherapy unless the child's parent or caregiver chooses not to  
357.14 receive it or the provider determines that psychotherapy is no longer medically necessary.  
357.15 When a provider determines that psychotherapy is no longer medically necessary, the  
357.16 provider must update required documentation, including but not limited to the individual  
357.17 treatment plan, the child's medical record, or other authorizations, to include the  
357.18 determination. When a provider determines that a child needs psychotherapy but  
357.19 psychotherapy cannot be delivered due to a shortage of licensed mental health professionals  
357.20 in the child's community, the provider must document the lack of access in the child's  
357.21 medical record;

357.22 (2) individual, family, or group skills training is subject to the following requirements:

357.23 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide  
357.24 skills training;

247.25 (ii) skills training delivered to a child or the child's family must be targeted to the specific  
247.26 deficits or maladaptations of the child's mental health disorder and must be prescribed in  
247.27 the child's individual treatment plan;

247.28 (iii) group skills training may be provided to multiple recipients who, because of the  
247.29 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from  
247.30 interaction in a group setting, which must be staffed as follows:

247.31 (A) one mental health professional, clinical trainee, or mental health practitioner must  
247.32 work with a group of three to eight clients; or

248.1 (B) any combination of two mental health professionals, clinical trainees, or mental  
248.2 health practitioners must work with a group of nine to 12 clients;

248.3 (iv) a mental health professional, clinical trainee, or mental health practitioner must have  
248.4 taught the psychosocial skill before a mental health behavioral aide may practice that skill  
248.5 with the client; and

248.6 (v) for group skills training, when a skills group that meets the minimum group size  
248.7 requirement temporarily falls below the minimum group size because of a group member's  
248.8 temporary absence, the provider may conduct the session for the group members in  
248.9 attendance;

248.10 (3) crisis planning to a child and family must include development of a written plan that  
248.11 anticipates the particular factors specific to the child that may precipitate a psychiatric crisis  
248.12 for the child in the near future. The written plan must document actions that the family  
248.13 should be prepared to take to resolve or stabilize a crisis, such as advance arrangements for  
248.14 direct intervention and support services to the child and the child's family. Crisis planning  
248.15 must include preparing resources designed to address abrupt or substantial changes in the  
248.16 functioning of the child or the child's family when sudden change in behavior or a loss of  
248.17 usual coping mechanisms is observed, or the child begins to present a danger to self or  
248.18 others;

248.19 (4) mental health behavioral aide services must be medically necessary treatment services,  
248.20 identified in the child's individual treatment plan.

248.21 To be eligible for medical assistance payment, mental health behavioral aide services must  
248.22 be delivered to a child who has been diagnosed with ~~an emotional disturbance or~~ a mental  
248.23 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must  
248.24 document the delivery of services in written progress notes. Progress notes must reflect  
248.25 implementation of the treatment strategies, as performed by the mental health behavioral  
248.26 aide and the child's responses to the treatment strategies; and

248.27 (5) mental health service plan development must be performed in consultation with the  
248.28 child's family and, when appropriate, with other key participants in the child's life by the  
248.29 child's treating mental health professional or clinical trainee or by a mental health practitioner  
248.30 and approved by the treating mental health professional. Treatment plan drafting consists

357.25 (ii) skills training delivered to a child or the child's family must be targeted to the specific  
357.26 deficits or maladaptations of the child's mental health disorder and must be prescribed in  
357.27 the child's individual treatment plan;

357.28 (iii) group skills training may be provided to multiple recipients who, because of the  
357.29 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from  
357.30 interaction in a group setting, which must be staffed as follows:

357.31 (A) one mental health professional, clinical trainee, or mental health practitioner must  
357.32 work with a group of three to eight clients; or

358.1 (B) any combination of two mental health professionals, clinical trainees, or mental  
358.2 health practitioners must work with a group of nine to 12 clients;

358.3 (iv) a mental health professional, clinical trainee, or mental health practitioner must have  
358.4 taught the psychosocial skill before a mental health behavioral aide may practice that skill  
358.5 with the client; and

358.6 (v) for group skills training, when a skills group that meets the minimum group size  
358.7 requirement temporarily falls below the minimum group size because of a group member's  
358.8 temporary absence, the provider may conduct the session for the group members in  
358.9 attendance;

358.10 (3) crisis planning to a child and family must include development of a written plan that  
358.11 anticipates the particular factors specific to the child that may precipitate a psychiatric crisis  
358.12 for the child in the near future. The written plan must document actions that the family  
358.13 should be prepared to take to resolve or stabilize a crisis, such as advance arrangements for  
358.14 direct intervention and support services to the child and the child's family. Crisis planning  
358.15 must include preparing resources designed to address abrupt or substantial changes in the  
358.16 functioning of the child or the child's family when sudden change in behavior or a loss of  
358.17 usual coping mechanisms is observed, or the child begins to present a danger to self or  
358.18 others;

358.19 (4) mental health behavioral aide services must be medically necessary treatment services,  
358.20 identified in the child's individual treatment plan.

358.21 To be eligible for medical assistance payment, mental health behavioral aide services must  
358.22 be delivered to a child who has been diagnosed with ~~an emotional disturbance or~~ a mental  
358.23 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must  
358.24 document the delivery of services in written progress notes. Progress notes must reflect  
358.25 implementation of the treatment strategies, as performed by the mental health behavioral  
358.26 aide and the child's responses to the treatment strategies; and

358.27 (5) mental health service plan development must be performed in consultation with the  
358.28 child's family and, when appropriate, with other key participants in the child's life by the  
358.29 child's treating mental health professional or clinical trainee or by a mental health practitioner  
358.30 and approved by the treating mental health professional. Treatment plan drafting consists

248.31 of development, review, and revision by face-to-face or electronic communication. The  
248.32 provider must document events, including the time spent with the family and other key  
248.33 participants in the child's life to approve the individual treatment plan. Medical assistance  
248.34 covers service plan development before completion of the child's individual treatment plan.  
249.1 Service plan development is covered only if a treatment plan is completed for the child. If  
249.2 upon review it is determined that a treatment plan was not completed for the child, the  
249.3 commissioner shall recover the payment for the service plan development.

249.4 Sec. 63. Minnesota Statutes 2024, section 256B.0943, subdivision 12, is amended to read:

249.5 Subd. 12. **Excluded services.** The following services are not eligible for medical  
249.6 assistance payment as children's therapeutic services and supports:

249.7 (1) service components of children's therapeutic services and supports simultaneously  
249.8 provided by more than one provider entity unless prior authorization is obtained;

249.9 (2) treatment by multiple providers within the same agency at the same clock time,  
249.10 unless one service is delivered to the child and the other service is delivered to the child's  
249.11 family or treatment team without the child present;

249.12 (3) children's therapeutic services and supports provided in violation of medical assistance  
249.13 policy in Minnesota Rules, part 9505.0220;

249.14 (4) mental health behavioral aide services provided by a personal care assistant who is  
249.15 not qualified as a mental health behavioral aide and employed by a certified children's  
249.16 therapeutic services and supports provider entity;

249.17 (5) service components of CTSS that are the responsibility of a residential or program  
249.18 license holder, including foster care providers under the terms of a service agreement or  
249.19 administrative rules governing licensure; and

249.20 (6) adjunctive activities that may be offered by a provider entity but are not otherwise  
249.21 covered by medical assistance, including:

249.22 (i) a service that is primarily recreation oriented or that is provided in a setting that is  
249.23 not medically supervised. This includes sports activities, exercise groups, activities such as  
249.24 craft hours, leisure time, social hours, meal or snack time, trips to community activities,  
249.25 and tours;

249.26 (ii) a social or educational service that does not have or cannot reasonably be expected  
249.27 to have a therapeutic outcome related to the client's ~~emotional disturbance~~ mental illness;

249.28 (iii) prevention or education programs provided to the community; and

249.29 (iv) treatment for clients with primary diagnoses of alcohol or other drug abuse.

358.31 of development, review, and revision by face-to-face or electronic communication. The  
358.32 provider must document events, including the time spent with the family and other key  
358.33 participants in the child's life to approve the individual treatment plan. Medical assistance  
358.34 covers service plan development before completion of the child's individual treatment plan.  
359.1 Service plan development is covered only if a treatment plan is completed for the child. If  
359.2 upon review it is determined that a treatment plan was not completed for the child, the  
359.3 commissioner shall recover the payment for the service plan development.

359.4 Sec. 65. Minnesota Statutes 2024, section 256B.0943, subdivision 12, is amended to read:

359.5 Subd. 12. **Excluded services.** The following services are not eligible for medical  
359.6 assistance payment as children's therapeutic services and supports:

359.7 (1) service components of children's therapeutic services and supports simultaneously  
359.8 provided by more than one provider entity unless prior authorization is obtained;

359.9 (2) treatment by multiple providers within the same agency at the same clock time,  
359.10 unless one service is delivered to the child and the other service is delivered to the child's  
359.11 family or treatment team without the child present;

359.12 (3) children's therapeutic services and supports provided in violation of medical assistance  
359.13 policy in Minnesota Rules, part 9505.0220;

359.14 (4) mental health behavioral aide services provided by a personal care assistant who is  
359.15 not qualified as a mental health behavioral aide and employed by a certified children's  
359.16 therapeutic services and supports provider entity;

359.17 (5) service components of CTSS that are the responsibility of a residential or program  
359.18 license holder, including foster care providers under the terms of a service agreement or  
359.19 administrative rules governing licensure; and

359.20 (6) adjunctive activities that may be offered by a provider entity but are not otherwise  
359.21 covered by medical assistance, including:

359.22 (i) a service that is primarily recreation oriented or that is provided in a setting that is  
359.23 not medically supervised. This includes sports activities, exercise groups, activities such as  
359.24 craft hours, leisure time, social hours, meal or snack time, trips to community activities,  
359.25 and tours;

359.26 (ii) a social or educational service that does not have or cannot reasonably be expected  
359.27 to have a therapeutic outcome related to the client's ~~emotional disturbance~~ mental illness;

359.28 (iii) prevention or education programs provided to the community; and

359.29 (iv) treatment for clients with primary diagnoses of alcohol or other drug abuse.



250.1 Sec. 64. Minnesota Statutes 2024, section 256B.0943, subdivision 13, is amended to read:

250.2 Subd. 13. **Exception to excluded services.** Notwithstanding subdivision 12, up to 15  
250.3 hours of children's therapeutic services and supports provided within a six-month period to  
250.4 a child with ~~severe emotional disturbance~~ serious mental illness who is residing in a hospital;  
250.5 a residential treatment facility licensed under Minnesota Rules, parts 2960.0580 to 2960.0690;  
250.6 a psychiatric residential treatment facility under section 256B.0625, subdivision 45a; a  
250.7 regional treatment center; or other institutional group setting or who is participating in a  
250.8 program of partial hospitalization are eligible for medical assistance payment if part of the  
250.9 discharge plan.

250.10 Sec. 65. Minnesota Statutes 2024, section 256B.0945, subdivision 1, is amended to read:

250.11 Subdivision 1. **Residential services; provider qualifications.** (a) Counties must arrange  
250.12 to provide residential services for children with ~~severe emotional disturbance~~ serious mental  
250.13 illness according to sections 245.4882, 245.4885, and this section.

250.14 (b) Services must be provided by a facility that is licensed according to section 245.4882  
250.15 and administrative rules promulgated thereunder, and under contract with the county.

250.16 (c) Eligible service costs may be claimed for a facility that is located in a state that  
250.17 borders Minnesota if:

250.18 (1) the facility is the closest facility to the child's home, providing the appropriate level  
250.19 of care; and

250.20 (2) the commissioner of human services has completed an inspection of the out-of-state  
250.21 program according to the interagency agreement with the commissioner of corrections under  
250.22 section 260B.198, subdivision 11, paragraph (b), and the program has been certified by the  
250.23 commissioner of corrections under section 260B.198, subdivision 11, paragraph (a), to  
250.24 substantially meet the standards applicable to children's residential mental health treatment  
250.25 programs under Minnesota Rules, chapter 2960. Nothing in this section requires the  
250.26 commissioner of human services to enforce the background study requirements under chapter  
250.27 245C or the requirements related to prevention and investigation of alleged maltreatment  
250.28 under section 626.557 or chapter 260E. Complaints received by the commissioner of human  
250.29 services must be referred to the out-of-state licensing authority for possible follow-up.

250.30 (d) Notwithstanding paragraph (b), eligible service costs may be claimed for an  
250.31 out-of-state inpatient treatment facility if:

250.32 (1) the facility specializes in providing mental health services to children who are deaf,  
250.33 deafblind, or hard-of-hearing and who use American Sign Language as their first language;

251.1 (2) the facility is licensed by the state in which it is located; and

251.2 (3) the state in which the facility is located is a member state of the Interstate Compact  
251.3 on Mental Health.

360.1 Sec. 66. Minnesota Statutes 2024, section 256B.0943, subdivision 13, is amended to read:

360.2 Subd. 13. **Exception to excluded services.** Notwithstanding subdivision 12, up to 15  
360.3 hours of children's therapeutic services and supports provided within a six-month period to  
360.4 a child with ~~severe emotional disturbance~~ serious mental illness who is residing in a hospital;  
360.5 a residential treatment facility licensed under Minnesota Rules, parts 2960.0580 to 2960.0690;  
360.6 a psychiatric residential treatment facility under section 256B.0625, subdivision 45a; a  
360.7 regional treatment center; or other institutional group setting or who is participating in a  
360.8 program of partial hospitalization are eligible for medical assistance payment if part of the  
360.9 discharge plan.

360.10 Sec. 67. Minnesota Statutes 2024, section 256B.0945, subdivision 1, is amended to read:

360.11 Subdivision 1. **Residential services; provider qualifications.** (a) Counties must arrange  
360.12 to provide residential services for children with ~~severe emotional disturbance~~ serious mental  
360.13 illness according to sections 245.4882, 245.4885, and this section.

360.14 (b) Services must be provided by a facility that is licensed according to section 245.4882  
360.15 and administrative rules promulgated thereunder, and under contract with the county.

360.16 (c) Eligible service costs may be claimed for a facility that is located in a state that  
360.17 borders Minnesota if:

360.18 (1) the facility is the closest facility to the child's home, providing the appropriate level  
360.19 of care; and

360.20 (2) the commissioner of human services has completed an inspection of the out-of-state  
360.21 program according to the interagency agreement with the commissioner of corrections under  
360.22 section 260B.198, subdivision 11, paragraph (b), and the program has been certified by the  
360.23 commissioner of corrections under section 260B.198, subdivision 11, paragraph (a), to  
360.24 substantially meet the standards applicable to children's residential mental health treatment  
360.25 programs under Minnesota Rules, chapter 2960. Nothing in this section requires the  
360.26 commissioner of human services to enforce the background study requirements under chapter  
360.27 245C or the requirements related to prevention and investigation of alleged maltreatment  
360.28 under section 626.557 or chapter 260E. Complaints received by the commissioner of human  
360.29 services must be referred to the out-of-state licensing authority for possible follow-up.

360.30 (d) Notwithstanding paragraph (b), eligible service costs may be claimed for an  
360.31 out-of-state inpatient treatment facility if:

360.32 (1) the facility specializes in providing mental health services to children who are deaf,  
360.33 deafblind, or hard-of-hearing and who use American Sign Language as their first language;

361.1 (2) the facility is licensed by the state in which it is located; and

361.2 (3) the state in which the facility is located is a member state of the Interstate Compact  
361.3 on Mental Health.

251.4       Sec. 66. Minnesota Statutes 2024, section 256B.0946, subdivision 6, is amended to read:

251.5           Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this

251.6 section and are not eligible for medical assistance payment as components of children's

251.7 intensive behavioral health services, but may be billed separately:

251.8           (1) inpatient psychiatric hospital treatment;

251.9           (2) mental health targeted case management;

251.10          (3) partial hospitalization;

251.11          (4) medication management;

251.12          (5) children's mental health day treatment services;

251.13          (6) crisis response services under section 256B.0624;

251.14          (7) transportation; and

251.15          (8) mental health certified family peer specialist services under section 256B.0616.

251.16          (b) Children receiving intensive behavioral health services are not eligible for medical

251.17 assistance reimbursement for the following services while receiving children's intensive

251.18 behavioral health services:

251.19           (1) psychotherapy and skills training components of children's therapeutic services and

251.20 supports under section 256B.0943;

251.21           (2) mental health behavioral aide services as defined in section 256B.0943, subdivision

251.22 1, paragraph ~~(h)~~ (j);

251.23           (3) home and community-based waiver services;

251.24           (4) mental health residential treatment; and

251.25           (5) medical assistance room and board rate, as defined in section 256B.056, subdivision

251.26 5d.

252.1       Sec. 67. Minnesota Statutes 2024, section 256B.0947, subdivision 3a, is amended to read:

252.2           Subd. 3a. **Required service components.** (a) Intensive nonresidential rehabilitative

252.3 mental health services, supports, and ancillary activities that are covered by a single daily

252.4 rate per client must include the following, as needed by the individual client:

252.5           (1) individual, family, and group psychotherapy;

252.6           (2) individual, family, and group skills training, as defined in section 256B.0943,

252.7 subdivision 1, paragraph ~~(r)~~ (r);

252.8           (3) crisis planning as defined in section 245.4871, subdivision 9a;

361.4       Sec. 68. Minnesota Statutes 2024, section 256B.0946, subdivision 6, is amended to read:

361.5           Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this

361.6 section and are not eligible for medical assistance payment as components of children's

361.7 intensive behavioral health services, but may be billed separately:

361.8           (1) inpatient psychiatric hospital treatment;

361.9           (2) mental health targeted case management;

361.10          (3) partial hospitalization;

361.11          (4) medication management;

361.12          (5) children's mental health day treatment services;

361.13          (6) crisis response services under section 256B.0624;

361.14          (7) transportation; and

361.15          (8) mental health certified family peer specialist services under section 256B.0616.

361.16          (b) Children receiving intensive behavioral health services are not eligible for medical

361.17 assistance reimbursement for the following services while receiving children's intensive

361.18 behavioral health services:

361.19           (1) psychotherapy and skills training components of children's therapeutic services and

361.20 supports under section 256B.0943;

361.21           (2) mental health behavioral aide services as defined in section 256B.0943, subdivision

361.22 1, paragraph ~~(h)~~ (j);

361.23           (3) home and community-based waiver services;

361.24           (4) mental health residential treatment; and

361.25           (5) medical assistance room and board rate, as defined in section 256B.056, subdivision

361.26 5d.

362.1       Sec. 69. Minnesota Statutes 2024, section 256B.0947, subdivision 3a, is amended to read:

362.2           Subd. 3a. **Required service components.** (a) Intensive nonresidential rehabilitative

362.3 mental health services, supports, and ancillary activities that are covered by a single daily

362.4 rate per client must include the following, as needed by the individual client:

362.5           (1) individual, family, and group psychotherapy;

362.6           (2) individual, family, and group skills training, as defined in section 256B.0943,

362.7 subdivision 1, paragraph ~~(r)~~ (r);

362.8           (3) crisis planning as defined in section 245.4871, subdivision 9a;

252.9 (4) medication management provided by a physician, an advanced practice registered  
252.10 nurse with certification in psychiatric and mental health care, or a physician assistant;

252.11 (5) mental health case management as provided in section 256B.0625, subdivision 20;

252.12 (6) medication education services as defined in this section;

252.13 (7) care coordination by a client-specific lead worker assigned by and responsible to the  
252.14 treatment team;

252.15 (8) psychoeducation of and consultation and coordination with the client's biological,  
252.16 adoptive, or foster family and, in the case of a youth living independently, the client's  
252.17 immediate nonfamilial support network;

252.18 (9) clinical consultation to a client's employer or school or to other service agencies or  
252.19 to the courts to assist in managing the mental illness or co-occurring disorder and to develop  
252.20 client support systems;

252.21 (10) coordination with, or performance of, crisis intervention and stabilization services  
252.22 as defined in section 256B.0624;

252.23 (11) transition services;

252.24 (12) co-occurring substance use disorder treatment as defined in section 245I.02,  
252.25 subdivision 11; and

252.26 (13) housing access support that assists clients to find, obtain, retain, and move to safe  
252.27 and adequate housing. Housing access support does not provide monetary assistance for  
252.28 rent, damage deposits, or application fees.

252.29 (b) The provider shall ensure and document the following by means of performing the  
252.30 required function or by contracting with a qualified person or entity: client access to crisis  
253.1 intervention services, as defined in section 256B.0624, and available 24 hours per day and  
253.2 seven days per week.

253.3 Sec. 68. Minnesota Statutes 2024, section 256B.69, subdivision 23, is amended to read:

253.4 Subd. 23. **Alternative services; elderly persons and persons with a disability.** (a) The  
253.5 commissioner may implement demonstration projects to create alternative integrated delivery  
253.6 systems for acute and long-term care services to elderly persons and persons with disabilities  
253.7 as defined in section 256B.77, subdivision 7a, that provide increased coordination, improve  
253.8 access to quality services, and mitigate future cost increases. The commissioner may seek  
253.9 federal authority to combine Medicare and Medicaid capitation payments for the purpose  
253.10 of such demonstrations and may contract with Medicare-approved special needs plans that  
253.11 are offered by a demonstration provider or by an entity that is directly or indirectly wholly  
253.12 owned or controlled by a demonstration provider to provide Medicaid services. Medicare  
253.13 funds and services shall be administered according to the terms and conditions of the federal  
253.14 contract and demonstration provisions. For the purpose of administering medical assistance

362.9 (4) medication management provided by a physician, an advanced practice registered  
362.10 nurse with certification in psychiatric and mental health care, or a physician assistant;

362.11 (5) mental health case management as provided in section 256B.0625, subdivision 20;

362.12 (6) medication education services as defined in this section;

362.13 (7) care coordination by a client-specific lead worker assigned by and responsible to the  
362.14 treatment team;

362.15 (8) psychoeducation of and consultation and coordination with the client's biological,  
362.16 adoptive, or foster family and, in the case of a youth living independently, the client's  
362.17 immediate nonfamilial support network;

362.18 (9) clinical consultation to a client's employer or school or to other service agencies or  
362.19 to the courts to assist in managing the mental illness or co-occurring disorder and to develop  
362.20 client support systems;

362.21 (10) coordination with, or performance of, crisis intervention and stabilization services  
362.22 as defined in section 256B.0624;

362.23 (11) transition services;

362.24 (12) co-occurring substance use disorder treatment as defined in section 245I.02,  
362.25 subdivision 11; and

362.26 (13) housing access support that assists clients to find, obtain, retain, and move to safe  
362.27 and adequate housing. Housing access support does not provide monetary assistance for  
362.28 rent, damage deposits, or application fees.

362.29 (b) The provider shall ensure and document the following by means of performing the  
362.30 required function or by contracting with a qualified person or entity: client access to crisis  
363.1 intervention services, as defined in section 256B.0624, and available 24 hours per day and  
363.2 seven days per week.

363.3 Sec. 70. Minnesota Statutes 2024, section 256B.69, subdivision 23, is amended to read:

363.4 Subd. 23. **Alternative services; elderly persons and persons with a disability.** (a) The  
363.5 commissioner may implement demonstration projects to create alternative integrated delivery  
363.6 systems for acute and long-term care services to elderly persons and persons with disabilities  
363.7 as defined in section 256B.77, subdivision 7a, that provide increased coordination, improve  
363.8 access to quality services, and mitigate future cost increases. The commissioner may seek  
363.9 federal authority to combine Medicare and Medicaid capitation payments for the purpose  
363.10 of such demonstrations and may contract with Medicare-approved special needs plans that  
363.11 are offered by a demonstration provider or by an entity that is directly or indirectly wholly  
363.12 owned or controlled by a demonstration provider to provide Medicaid services. Medicare  
363.13 funds and services shall be administered according to the terms and conditions of the federal  
363.14 contract and demonstration provisions. For the purpose of administering medical assistance

253.15 funds, demonstrations under this subdivision are subject to subdivisions 1 to 22. The  
253.16 provisions of Minnesota Rules, parts 9500.1450 to 9500.1464, apply to these demonstrations,  
253.17 with the exceptions of parts 9500.1452, subpart 2, item B; and 9500.1457, subpart 1, items  
253.18 B and C, which do not apply to persons enrolling in demonstrations under this section. All  
253.19 enforcement and rulemaking powers available under chapters 62D, 62M, and 62Q are hereby  
253.20 granted to the commissioner of health with respect to Medicare-approved special needs  
253.21 plans with which the commissioner contracts to provide Medicaid services under this section.  
253.22 An initial open enrollment period may be provided. Persons who disenroll from  
253.23 demonstrations under this subdivision remain subject to Minnesota Rules, parts 9500.1450  
253.24 to 9500.1464. When a person is enrolled in a health plan under these demonstrations and  
253.25 the health plan's participation is subsequently terminated for any reason, the person shall  
253.26 be provided an opportunity to select a new health plan and shall have the right to change  
253.27 health plans within the first 60 days of enrollment in the second health plan. Persons required  
253.28 to participate in health plans under this section who fail to make a choice of health plan  
253.29 shall not be randomly assigned to health plans under these demonstrations. Notwithstanding  
253.30 section 256L.12, subdivision 5, and Minnesota Rules, part 9505.5220, subpart 1, item A,  
253.31 if adopted, for the purpose of demonstrations under this subdivision, the commissioner may  
253.32 contract with managed care organizations, including counties, to serve only elderly persons  
253.33 eligible for medical assistance, elderly persons with a disability, or persons with a disability  
253.34 only. For persons with a primary diagnosis of developmental disability, serious and persistent  
253.35 mental illness, or serious ~~emotional disturbance~~ mental illness in children, the commissioner  
254.1 must ensure that the county authority has approved the demonstration and contracting design.  
254.2 Enrollment in these projects for persons with disabilities shall be voluntary. The  
254.3 commissioner shall not implement any demonstration project under this subdivision for  
254.4 persons with a primary diagnosis of developmental disabilities, serious and persistent mental  
254.5 illness, or serious ~~emotional disturbance~~ mental illness in children without approval of the  
254.6 county board of the county in which the demonstration is being implemented.

254.7 (b) MS 2009 Supplement [Expired, 2003 c 47 s 4; 2007 c 147 art 7 s 60]

254.8 (c) Before implementation of a demonstration project for persons with a disability, the  
254.9 commissioner must provide information to appropriate committees of the house of  
254.10 representatives and senate and must involve representatives of affected disability groups in  
254.11 the design of the demonstration projects.

254.12 (d) A nursing facility reimbursed under the alternative reimbursement methodology in  
254.13 section 256B.434 may, in collaboration with a hospital, clinic, or other health care entity  
254.14 provide services under paragraph (a). The commissioner shall amend the state plan and seek  
254.15 any federal waivers necessary to implement this paragraph.

254.16 (e) The commissioner, in consultation with the commissioners of commerce and health,  
254.17 may approve and implement programs for all-inclusive care for the elderly (PACE) according  
254.18 to federal laws and regulations governing that program and state laws or rules applicable  
254.19 to participating providers. A PACE provider is not required to be licensed or certified as a  
254.20 health plan company as defined in section 62Q.01, subdivision 4. Persons age 55 and older

363.15 funds, demonstrations under this subdivision are subject to subdivisions 1 to 22. The  
363.16 provisions of Minnesota Rules, parts 9500.1450 to 9500.1464, apply to these demonstrations,  
363.17 with the exceptions of parts 9500.1452, subpart 2, item B; and 9500.1457, subpart 1, items  
363.18 B and C, which do not apply to persons enrolling in demonstrations under this section. All  
363.19 enforcement and rulemaking powers available under chapters 62D, 62M, and 62Q are hereby  
363.20 granted to the commissioner of health with respect to Medicare-approved special needs  
363.21 plans with which the commissioner contracts to provide Medicaid services under this section.  
363.22 An initial open enrollment period may be provided. Persons who disenroll from  
363.23 demonstrations under this subdivision remain subject to Minnesota Rules, parts 9500.1450  
363.24 to 9500.1464. When a person is enrolled in a health plan under these demonstrations and  
363.25 the health plan's participation is subsequently terminated for any reason, the person shall  
363.26 be provided an opportunity to select a new health plan and shall have the right to change  
363.27 health plans within the first 60 days of enrollment in the second health plan. Persons required  
363.28 to participate in health plans under this section who fail to make a choice of health plan  
363.29 shall not be randomly assigned to health plans under these demonstrations. Notwithstanding  
363.30 section 256L.12, subdivision 5, and Minnesota Rules, part 9505.5220, subpart 1, item A,  
363.31 if adopted, for the purpose of demonstrations under this subdivision, the commissioner may  
363.32 contract with managed care organizations, including counties, to serve only elderly persons  
363.33 eligible for medical assistance, elderly persons with a disability, or persons with a disability  
363.34 only. For persons with a primary diagnosis of developmental disability, serious and persistent  
363.35 mental illness, or serious ~~emotional disturbance~~ mental illness in children, the commissioner  
364.1 must ensure that the county authority has approved the demonstration and contracting design.  
364.2 Enrollment in these projects for persons with disabilities shall be voluntary. The  
364.3 commissioner shall not implement any demonstration project under this subdivision for  
364.4 persons with a primary diagnosis of developmental disabilities, serious and persistent mental  
364.5 illness, or serious ~~emotional disturbance~~ mental illness in children without approval of the  
364.6 county board of the county in which the demonstration is being implemented.

364.7 (b) MS 2009 Supplement [Expired, 2003 c 47 s 4; 2007 c 147 art 7 s 60]

364.8 (c) Before implementation of a demonstration project for persons with a disability, the  
364.9 commissioner must provide information to appropriate committees of the house of  
364.10 representatives and senate and must involve representatives of affected disability groups in  
364.11 the design of the demonstration projects.

364.12 (d) A nursing facility reimbursed under the alternative reimbursement methodology in  
364.13 section 256B.434 may, in collaboration with a hospital, clinic, or other health care entity  
364.14 provide services under paragraph (a). The commissioner shall amend the state plan and seek  
364.15 any federal waivers necessary to implement this paragraph.

364.16 (e) The commissioner, in consultation with the commissioners of commerce and health,  
364.17 may approve and implement programs for all-inclusive care for the elderly (PACE) according  
364.18 to federal laws and regulations governing that program and state laws or rules applicable  
364.19 to participating providers. A PACE provider is not required to be licensed or certified as a  
364.20 health plan company as defined in section 62Q.01, subdivision 4. Persons age 55 and older

254.21 who have been screened by the county and found to be eligible for services under the elderly  
254.22 waiver or community access for disability inclusion or who are already eligible for Medicaid  
254.23 but meet level of care criteria for receipt of waiver services may choose to enroll in the  
254.24 PACE program. Medicare and Medicaid services will be provided according to this  
254.25 subdivision and federal Medicare and Medicaid requirements governing PACE providers  
254.26 and programs. PACE enrollees will receive Medicaid home and community-based services  
254.27 through the PACE provider as an alternative to services for which they would otherwise be  
254.28 eligible through home and community-based waiver programs and Medicaid State Plan  
254.29 Services. The commissioner shall establish Medicaid rates for PACE providers that do not  
254.30 exceed costs that would have been incurred under fee-for-service or other relevant managed  
254.31 care programs operated by the state.

254.32 (f) The commissioner shall seek federal approval to expand the Minnesota disability  
254.33 health options (MnDHO) program established under this subdivision in stages, first to  
254.34 regional population centers outside the seven-county metro area and then to all areas of the  
255.1 state. Until July 1, 2009, expansion for MnDHO projects that include home and  
255.2 community-based services is limited to the two projects and service areas in effect on March  
255.3 1, 2006. Enrollment in integrated MnDHO programs that include home and community-based  
255.4 services shall remain voluntary. Costs for home and community-based services included  
255.5 under MnDHO must not exceed costs that would have been incurred under the fee-for-service  
255.6 program. Notwithstanding whether expansion occurs under this paragraph, in determining  
255.7 MnDHO payment rates and risk adjustment methods, the commissioner must consider the  
255.8 methods used to determine county allocations for home and community-based program  
255.9 participants. If necessary to reduce MnDHO rates to comply with the provision regarding  
255.10 MnDHO costs for home and community-based services, the commissioner shall achieve  
255.11 the reduction by maintaining the base rate for contract year 2010 for services provided under  
255.12 the community access for disability inclusion waiver at the same level as for contract year  
255.13 2009. The commissioner may apply other reductions to MnDHO rates to implement decreases  
255.14 in provider payment rates required by state law. Effective January 1, 2011, enrollment and  
255.15 operation of the MnDHO program in effect during 2010 shall cease. The commissioner may  
255.16 reopen the program provided all applicable conditions of this section are met. In developing  
255.17 program specifications for expansion of integrated programs, the commissioner shall involve  
255.18 and consult the state-level stakeholder group established in subdivision 28, paragraph (d),  
255.19 including consultation on whether and how to include home and community-based waiver  
255.20 programs. Plans to reopen MnDHO projects shall be presented to the chairs of the house of  
255.21 representatives and senate committees with jurisdiction over health and human services  
255.22 policy and finance prior to implementation.

255.23 (g) Notwithstanding section 256B.0621, health plans providing services under this section  
255.24 are responsible for home care targeted case management and relocation targeted case  
255.25 management. Services must be provided according to the terms of the waivers and contracts  
255.26 approved by the federal government.

364.21 who have been screened by the county and found to be eligible for services under the elderly  
364.22 waiver or community access for disability inclusion or who are already eligible for Medicaid  
364.23 but meet level of care criteria for receipt of waiver services may choose to enroll in the  
364.24 PACE program. Medicare and Medicaid services will be provided according to this  
364.25 subdivision and federal Medicare and Medicaid requirements governing PACE providers  
364.26 and programs. PACE enrollees will receive Medicaid home and community-based services  
364.27 through the PACE provider as an alternative to services for which they would otherwise be  
364.28 eligible through home and community-based waiver programs and Medicaid State Plan  
364.29 Services. The commissioner shall establish Medicaid rates for PACE providers that do not  
364.30 exceed costs that would have been incurred under fee-for-service or other relevant managed  
364.31 care programs operated by the state.

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364.33 health options (MnDHO) program established under this subdivision in stages, first to  
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365.1 state. Until July 1, 2009, expansion for MnDHO projects that include home and  
365.2 community-based services is limited to the two projects and service areas in effect on March  
365.3 1, 2006. Enrollment in integrated MnDHO programs that include home and community-based  
365.4 services shall remain voluntary. Costs for home and community-based services included  
365.5 under MnDHO must not exceed costs that would have been incurred under the fee-for-service  
365.6 program. Notwithstanding whether expansion occurs under this paragraph, in determining  
365.7 MnDHO payment rates and risk adjustment methods, the commissioner must consider the  
365.8 methods used to determine county allocations for home and community-based program  
365.9 participants. If necessary to reduce MnDHO rates to comply with the provision regarding  
365.10 MnDHO costs for home and community-based services, the commissioner shall achieve  
365.11 the reduction by maintaining the base rate for contract year 2010 for services provided under  
365.12 the community access for disability inclusion waiver at the same level as for contract year  
365.13 2009. The commissioner may apply other reductions to MnDHO rates to implement decreases  
365.14 in provider payment rates required by state law. Effective January 1, 2011, enrollment and  
365.15 operation of the MnDHO program in effect during 2010 shall cease. The commissioner may  
365.16 reopen the program provided all applicable conditions of this section are met. In developing  
365.17 program specifications for expansion of integrated programs, the commissioner shall involve  
365.18 and consult the state-level stakeholder group established in subdivision 28, paragraph (d),  
365.19 including consultation on whether and how to include home and community-based waiver  
365.20 programs. Plans to reopen MnDHO projects shall be presented to the chairs of the house of  
365.21 representatives and senate committees with jurisdiction over health and human services  
365.22 policy and finance prior to implementation.

365.23 (g) Notwithstanding section 256B.0621, health plans providing services under this section  
365.24 are responsible for home care targeted case management and relocation targeted case  
365.25 management. Services must be provided according to the terms of the waivers and contracts  
365.26 approved by the federal government.

255.27 Sec. 69. Minnesota Statutes 2024, section 256B.77, subdivision 7a, is amended to read:

255.28 Subd. 7a. **Eligible individuals.** (a) Persons are eligible for the demonstration project as  
255.29 provided in this subdivision.

255.30 (b) "Eligible individuals" means those persons living in the demonstration site who are  
255.31 eligible for medical assistance and are disabled based on a disability determination under  
255.32 section 256B.055, subdivisions 7 and 12, or who are eligible for medical assistance and  
255.33 have been diagnosed as having:

255.34 (1) serious and persistent mental illness as defined in section 245.462, subdivision 20;

256.1 (2) ~~severe emotional disturbance~~ serious mental illness as defined in section 245.4871,  
256.2 subdivision 6; or

256.3 (3) developmental disability, or being a person with a developmental disability as defined  
256.4 in section 252A.02, or a related condition as defined in section 256B.02, subdivision 11.

256.5 Other individuals may be included at the option of the county authority based on agreement  
256.6 with the commissioner.

256.7 (c) Eligible individuals include individuals in excluded time status, as defined in chapter  
256.8 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time  
256.9 status as long as they live in the demonstration site and shall be eligible for 90 days after  
256.10 placement outside the demonstration site if they move to excluded time status in a county  
256.11 within Minnesota other than their county of financial responsibility.

256.12 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,  
256.13 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision  
256.14 16, is excluded from enrollment in the demonstration project.

256.15 Sec. 70. Minnesota Statutes 2024, section 260B.157, subdivision 3, is amended to read:

256.16 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall  
256.17 establish a juvenile treatment screening team to conduct screenings and prepare case plans  
256.18 under this subdivision. The team, which may be the team constituted under section 245.4885  
256.19 or 256B.092 or chapter 254B, shall consist of social workers, juvenile justice professionals,  
256.20 and persons with expertise in the treatment of juveniles who are emotionally disabled,  
256.21 chemically dependent, or have a developmental disability. The team shall involve parents  
256.22 or guardians in the screening process as appropriate. The team may be the same team as  
256.23 defined in section 260C.157, subdivision 3.

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

256.25 (1) for the primary purpose of treatment for ~~an emotional disturbance~~ mental illness,  
256.26 and residential placement is consistent with section 260.012, a developmental disability, or  
256.27 chemical dependency in a residential treatment facility out of state or in one which is within  
256.28 the state and licensed by the commissioner of human services under chapter 245A; or

365.27 Sec. 71. Minnesota Statutes 2024, section 256B.77, subdivision 7a, is amended to read:

365.28 Subd. 7a. **Eligible individuals.** (a) Persons are eligible for the demonstration project as  
365.29 provided in this subdivision.

365.30 (b) "Eligible individuals" means those persons living in the demonstration site who are  
365.31 eligible for medical assistance and are disabled based on a disability determination under  
365.32 section 256B.055, subdivisions 7 and 12, or who are eligible for medical assistance and  
365.33 have been diagnosed as having:

365.34 (1) serious and persistent mental illness as defined in section 245.462, subdivision 20;

366.1 (2) ~~severe emotional disturbance~~ serious mental illness as defined in section 245.4871,  
366.2 subdivision 6; or

366.3 (3) developmental disability, or being a person with a developmental disability as defined  
366.4 in section 252A.02, or a related condition as defined in section 256B.02, subdivision 11.

366.5 Other individuals may be included at the option of the county authority based on agreement  
366.6 with the commissioner.

366.7 (c) Eligible individuals include individuals in excluded time status, as defined in chapter  
366.8 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time  
366.9 status as long as they live in the demonstration site and shall be eligible for 90 days after  
366.10 placement outside the demonstration site if they move to excluded time status in a county  
366.11 within Minnesota other than their county of financial responsibility.

366.12 (d) A person who is a sexual psychopathic personality as defined in section 253D.02,  
366.13 subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision  
366.14 16, is excluded from enrollment in the demonstration project.

366.15 Sec. 72. Minnesota Statutes 2024, section 260B.157, subdivision 3, is amended to read:

366.16 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall  
366.17 establish a juvenile treatment screening team to conduct screenings and prepare case plans  
366.18 under this subdivision. The team, which may be the team constituted under section 245.4885  
366.19 or 256B.092 or chapter 254B, shall consist of social workers, juvenile justice professionals,  
366.20 and persons with expertise in the treatment of juveniles who are emotionally disabled,  
366.21 chemically dependent, or have a developmental disability. The team shall involve parents  
366.22 or guardians in the screening process as appropriate. The team may be the same team as  
366.23 defined in section 260C.157, subdivision 3.

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

366.25 (1) for the primary purpose of treatment for ~~an emotional disturbance~~ mental illness,  
366.26 and residential placement is consistent with section 260.012, a developmental disability, or  
366.27 chemical dependency in a residential treatment facility out of state or in one which is within  
366.28 the state and licensed by the commissioner of human services under chapter 245A; or

256.29 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a  
256.30 post-dispositional placement in a facility licensed by the commissioner of corrections or  
256.31 human services, the court shall notify the county welfare agency. The county's juvenile  
256.32 treatment screening team must either:

257.1 (i) screen and evaluate the child and file its recommendations with the court within 14  
257.2 days of receipt of the notice; or

257.3 (ii) elect not to screen a given case, and notify the court of that decision within three  
257.4 working days.

257.5 (c) If the screening team has elected to screen and evaluate the child, the child may not  
257.6 be placed for the primary purpose of treatment for ~~an emotional disturbance~~ mental illness,  
257.7 a developmental disability, or chemical dependency, in a residential treatment facility out  
257.8 of state nor in a residential treatment facility within the state that is licensed under chapter  
257.9 245A, unless one of the following conditions applies:

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

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

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

257.22 Sec. 71. Minnesota Statutes 2024, section 260C.007, subdivision 16, is amended to read:

257.23 Subd. 16. ~~Emotionally-disturbed Mental illness.~~ "Emotionally-disturbed Mental illness"  
257.24 means ~~emotional disturbance~~ a mental illness as described in section 245.4871, subdivision  
257.25 15.

257.26 Sec. 72. Minnesota Statutes 2024, section 260C.007, subdivision 26d, is amended to read:

257.27 Subd. 26d. **Qualified residential treatment program.** "Qualified residential treatment  
257.28 program" means a children's residential treatment program licensed under chapter 245A or  
257.29 licensed or approved by a tribe that is approved to receive foster care maintenance payments  
257.30 under section 142A.418 that:

257.31 (1) has a trauma-informed treatment model designed to address the needs of children  
257.32 with serious emotional or behavioral disorders or disturbances or mental illnesses;

366.29 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a  
366.30 post-dispositional placement in a facility licensed by the commissioner of corrections or  
366.31 human services, the court shall notify the county welfare agency. The county's juvenile  
366.32 treatment screening team must either:

367.1 (i) screen and evaluate the child and file its recommendations with the court within 14  
367.2 days of receipt of the notice; or

367.3 (ii) elect not to screen a given case, and notify the court of that decision within three  
367.4 working days.

367.5 (c) If the screening team has elected to screen and evaluate the child, the child may not  
367.6 be placed for the primary purpose of treatment for ~~an emotional disturbance~~ mental illness,  
367.7 a developmental disability, or chemical dependency, in a residential treatment facility out  
367.8 of state nor in a residential treatment facility within the state that is licensed under chapter  
367.9 245A, unless one of the following conditions applies:

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

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

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

367.22 Sec. 73. Minnesota Statutes 2024, section 260C.007, subdivision 16, is amended to read:

367.23 Subd. 16. ~~Emotionally-disturbed Mental illness.~~ "Emotionally-disturbed Mental illness"  
367.24 means ~~emotional disturbance as described~~ has the meaning given in section 245.4871,  
367.25 subdivision 15.

367.26 Sec. 74. Minnesota Statutes 2024, section 260C.007, subdivision 26d, is amended to read:

367.27 Subd. 26d. **Qualified residential treatment program.** "Qualified residential treatment  
367.28 program" means a children's residential treatment program licensed under chapter 245A or  
367.29 licensed or approved by a tribe that is approved to receive foster care maintenance payments  
367.30 under section 142A.418 that:

367.31 (1) has a trauma-informed treatment model designed to address the needs of children  
367.32 with serious emotional or behavioral disorders or disturbances or mental illnesses;

258.1 (2) has registered or licensed nursing staff and other licensed clinical staff who:  
258.2 (i) provide care within the scope of their practice; and  
258.3 (ii) are available 24 hours per day and seven days per week;  
258.4 (3) is accredited by any of the following independent, nonprofit organizations: the  
258.5 Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission  
258.6 on Accreditation of Healthcare Organizations (JCAHO), and the Council on Accreditation  
258.7 (COA), or any other nonprofit accrediting organization approved by the United States  
258.8 Department of Health and Human Services;  
258.9 (4) if it is in the child's best interests, facilitates participation of the child's family members  
258.10 in the child's treatment programming consistent with the child's out-of-home placement  
258.11 plan under sections 260C.212, subdivision 1, and 260C.708;  
258.12 (5) facilitates outreach to family members of the child, including siblings;  
258.13 (6) documents how the facility facilitates outreach to the child's parents and relatives,  
258.14 as well as documents the child's parents' and other relatives' contact information;  
258.15 (7) documents how the facility includes family members in the child's treatment process,  
258.16 including after the child's discharge, and how the facility maintains the child's sibling  
258.17 connections; and  
258.18 (8) provides the child and child's family with discharge planning and family-based  
258.19 aftercare support for at least six months after the child's discharge. Aftercare support may  
258.20 include clinical care consultation under section 256B.0671, subdivision 7, and mental health  
258.21 certified family peer specialist services under section 256B.0616.  
258.22 Sec. 73. Minnesota Statutes 2024, section 260C.007, subdivision 27b, is amended to read:  
258.23 Subd. 27b. **Residential treatment facility.** "Residential treatment facility" means a  
258.24 24-hour-a-day program that provides treatment for children with ~~emotional disturbance~~  
258.25 mental illness, consistent with section 245.4871, subdivision 32, and includes a licensed  
258.26 residential program specializing in caring 24 hours a day for children with a developmental  
258.27 delay or related condition. A residential treatment facility does not include a psychiatric  
258.28 residential treatment facility under section 256B.0941 or a family foster home as defined  
258.29 in section 260C.007, subdivision 16b.  
259.1 Sec. 74. Minnesota Statutes 2024, section 260C.157, subdivision 3, is amended to read:  
259.2 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency  
259.3 shall establish a juvenile treatment screening team to conduct screenings under this chapter  
259.4 and chapter 260D, for a child to receive treatment for ~~an emotional disturbance~~ a mental  
259.5 illness, ~~a~~ developmental disability, or related condition in a residential treatment facility  
259.6 licensed by the commissioner of human services under chapter 245A, or licensed or approved  
259.7 by a tribe. A screening team is not required for a child to be in: (1) a residential facility

368.1 (2) has registered or licensed nursing staff and other licensed clinical staff who:  
368.2 (i) provide care within the scope of their practice; and  
368.3 (ii) are available 24 hours per day and seven days per week;  
368.4 (3) is accredited by any of the following independent, nonprofit organizations: the  
368.5 Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission  
368.6 on Accreditation of Healthcare Organizations (JCAHO), and the Council on Accreditation  
368.7 (COA), or any other nonprofit accrediting organization approved by the United States  
368.8 Department of Health and Human Services;  
368.9 (4) if it is in the child's best interests, facilitates participation of the child's family members  
368.10 in the child's treatment programming consistent with the child's out-of-home placement  
368.11 plan under sections 260C.212, subdivision 1, and 260C.708;  
368.12 (5) facilitates outreach to family members of the child, including siblings;  
368.13 (6) documents how the facility facilitates outreach to the child's parents and relatives,  
368.14 as well as documents the child's parents' and other relatives' contact information;  
368.15 (7) documents how the facility includes family members in the child's treatment process,  
368.16 including after the child's discharge, and how the facility maintains the child's sibling  
368.17 connections; and  
368.18 (8) provides the child and child's family with discharge planning and family-based  
368.19 aftercare support for at least six months after the child's discharge. Aftercare support may  
368.20 include clinical care consultation under section 256B.0671, subdivision 7, and mental health  
368.21 certified family peer specialist services under section 256B.0616.  
368.22 Sec. 75. Minnesota Statutes 2024, section 260C.007, subdivision 27b, is amended to read:  
368.23 Subd. 27b. **Residential treatment facility.** "Residential treatment facility" means a  
368.24 24-hour-a-day program that provides treatment for children with ~~emotional disturbance~~  
368.25 mental illness, consistent with section 245.4871, subdivision 32, and includes a licensed  
368.26 residential program specializing in caring 24 hours a day for children with a developmental  
368.27 delay or related condition. A residential treatment facility does not include a psychiatric  
368.28 residential treatment facility under section 256B.0941 or a family foster home as defined  
368.29 in section 260C.007, subdivision 16b.  
369.1 Sec. 76. Minnesota Statutes 2024, section 260C.157, subdivision 3, is amended to read:  
369.2 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency  
369.3 shall establish a juvenile treatment screening team to conduct screenings under this chapter  
369.4 and chapter 260D, for a child to receive treatment for ~~an emotional disturbance~~ a mental  
369.5 illness, ~~a~~ developmental disability, or related condition in a residential treatment facility  
369.6 licensed by the commissioner of human services under chapter 245A, or licensed or approved  
369.7 by a tribe. A screening team is not required for a child to be in: (1) a residential facility



259.8 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in  
259.9 high-quality residential care and supportive services to children and youth who have been  
259.10 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)  
259.11 supervised settings for youth who are 18 years of age or older and living independently; or  
259.12 (4) a licensed residential family-based treatment facility for substance abuse consistent with  
259.13 section 260C.190. Screenings are also not required when a child must be placed in a facility  
259.14 due to an emotional crisis or other mental health emergency.

259.15 (b) The responsible social services agency shall conduct screenings within 15 days of a  
259.16 request for a screening, unless the screening is for the purpose of residential treatment and  
259.17 the child is enrolled in a prepaid health program under section 256B.69, in which case the  
259.18 agency shall conduct the screening within ten working days of a request. The responsible  
259.19 social services agency shall convene the juvenile treatment screening team, which may be  
259.20 constituted under section 245.4885, 254B.05, or 256B.092. The team shall consist of social  
259.21 workers; persons with expertise in the treatment of juveniles who are emotionally disturbed,  
259.22 chemically dependent, or have a developmental disability; and the child's parent, guardian,  
259.23 or permanent legal custodian. The team may include the child's relatives as defined in section  
259.24 260C.007, subdivisions 26b and 27, the child's foster care provider, and professionals who  
259.25 are a resource to the child's family such as teachers, medical or mental health providers,  
259.26 and clergy, as appropriate, consistent with the family and permanency team as defined in  
259.27 section 260C.007, subdivision 16a. Prior to forming the team, the responsible social services  
259.28 agency must consult with the child's parents, the child if the child is age 14 or older, and,  
259.29 if applicable, the child's tribe to obtain recommendations regarding which individuals to  
259.30 include on the team and to ensure that the team is family-centered and will act in the child's  
259.31 best interests. If the child, child's parents, or legal guardians raise concerns about specific  
259.32 relatives or professionals, the team should not include those individuals. This provision  
259.33 does not apply to paragraph (c).

259.34 (c) If the agency provides notice to tribes under section 260.761, and the child screened  
259.35 is an Indian child, the responsible social services agency must make a rigorous and concerted  
260.1 effort to include a designated representative of the Indian child's tribe on the juvenile  
260.2 treatment screening team, unless the child's tribal authority declines to appoint a  
260.3 representative. The Indian child's tribe may delegate its authority to represent the child to  
260.4 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.  
260.5 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections  
260.6 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to  
260.7 260.835, apply to this section.

260.8 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes  
260.9 to place a child with ~~an emotional disturbance or a mental illness~~, developmental disability,  
260.10 or related condition in residential treatment, the responsible social services agency must  
260.11 conduct a screening. If the team recommends treating the child in a qualified residential  
260.12 treatment program, the agency must follow the requirements of sections 260C.70 to  
260.13 260C.714.

369.8 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in  
369.9 high-quality residential care and supportive services to children and youth who have been  
369.10 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)  
369.11 supervised settings for youth who are 18 years of age or older and living independently; or  
369.12 (4) a licensed residential family-based treatment facility for substance abuse consistent with  
369.13 section 260C.190. Screenings are also not required when a child must be placed in a facility  
369.14 due to an emotional crisis or other mental health emergency.

369.15 (b) The responsible social services agency shall conduct screenings within 15 days of a  
369.16 request for a screening, unless the screening is for the purpose of residential treatment and  
369.17 the child is enrolled in a prepaid health program under section 256B.69, in which case the  
369.18 agency shall conduct the screening within ten working days of a request. The responsible  
369.19 social services agency shall convene the juvenile treatment screening team, which may be  
369.20 constituted under section 245.4885, 254B.05, or 256B.092. The team shall consist of social  
369.21 workers; persons with expertise in the treatment of juveniles who are emotionally disturbed,  
369.22 chemically dependent, or have a developmental disability; and the child's parent, guardian,  
369.23 or permanent legal custodian. The team may include the child's relatives as defined in section  
369.24 260C.007, subdivisions 26b and 27, the child's foster care provider, and professionals who  
369.25 are a resource to the child's family such as teachers, medical or mental health providers,  
369.26 and clergy, as appropriate, consistent with the family and permanency team as defined in  
369.27 section 260C.007, subdivision 16a. Prior to forming the team, the responsible social services  
369.28 agency must consult with the child's parents, the child if the child is age 14 or older, and,  
369.29 if applicable, the child's tribe to obtain recommendations regarding which individuals to  
369.30 include on the team and to ensure that the team is family-centered and will act in the child's  
369.31 best interests. If the child, child's parents, or legal guardians raise concerns about specific  
369.32 relatives or professionals, the team should not include those individuals. This provision  
369.33 does not apply to paragraph (c).

369.34 (c) If the agency provides notice to tribes under section 260.761, and the child screened  
369.35 is an Indian child, the responsible social services agency must make a rigorous and concerted  
370.1 effort to include a designated representative of the Indian child's tribe on the juvenile  
370.2 treatment screening team, unless the child's tribal authority declines to appoint a  
370.3 representative. The Indian child's tribe may delegate its authority to represent the child to  
370.4 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.  
370.5 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections  
370.6 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to  
370.7 260.835, apply to this section.

370.8 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes  
370.9 to place a child with ~~an emotional disturbance or a mental illness~~, developmental disability,  
370.10 or related condition in residential treatment, the responsible social services agency must  
370.11 conduct a screening. If the team recommends treating the child in a qualified residential  
370.12 treatment program, the agency must follow the requirements of sections 260C.70 to  
370.13 260C.714.

260.14 The court shall ascertain whether the child is an Indian child and shall notify the  
260.15 responsible social services agency and, if the child is an Indian child, shall notify the Indian  
260.16 child's tribe as paragraph (c) requires.

260.17 (e) When the responsible social services agency is responsible for placing and caring  
260.18 for the child and the screening team recommends placing a child in a qualified residential  
260.19 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)  
260.20 begin the assessment and processes required in section 260C.704 without delay; and (2)  
260.21 conduct a relative search according to section 260C.221 to assemble the child's family and  
260.22 permanency team under section 260C.706. Prior to notifying relatives regarding the family  
260.23 and permanency team, the responsible social services agency must consult with the child's  
260.24 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's  
260.25 tribe to ensure that the agency is providing notice to individuals who will act in the child's  
260.26 best interests. The child and the child's parents may identify a culturally competent qualified  
260.27 individual to complete the child's assessment. The agency shall make efforts to refer the  
260.28 assessment to the identified qualified individual. The assessment may not be delayed for  
260.29 the purpose of having the assessment completed by a specific qualified individual.

260.30 (f) When a screening team determines that a child does not need treatment in a qualified  
260.31 residential treatment program, the screening team must:

260.32 (1) document the services and supports that will prevent the child's foster care placement  
260.33 and will support the child remaining at home;

261.1 (2) document the services and supports that the agency will arrange to place the child  
261.2 in a family foster home; or

261.3 (3) document the services and supports that the agency has provided in any other setting.

261.4 (g) When the Indian child's tribe or tribal health care services provider or Indian Health  
261.5 Services provider proposes to place a child for the primary purpose of treatment for ~~an~~  
261.6 ~~emotional disturbance~~ a mental illness, a developmental disability, or co-occurring ~~emotional~~  
261.7 ~~disturbance~~ mental illness and chemical dependency, the Indian child's tribe or the tribe  
261.8 delegated by the child's tribe shall submit necessary documentation to the county juvenile  
261.9 treatment screening team, which must invite the Indian child's tribe to designate a  
261.10 representative to the screening team.

261.11 (h) The responsible social services agency must conduct and document the screening in  
261.12 a format approved by the commissioner of human services.

261.13 Sec. 75. Minnesota Statutes 2024, section 260C.201, subdivision 1, is amended to read:

261.14 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection  
261.15 or services or neglected and in foster care, the court shall enter an order making any of the  
261.16 following dispositions of the case:

370.14 The court shall ascertain whether the child is an Indian child and shall notify the  
370.15 responsible social services agency and, if the child is an Indian child, shall notify the Indian  
370.16 child's tribe as paragraph (c) requires.

370.17 (e) When the responsible social services agency is responsible for placing and caring  
370.18 for the child and the screening team recommends placing a child in a qualified residential  
370.19 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)  
370.20 begin the assessment and processes required in section 260C.704 without delay; and (2)  
370.21 conduct a relative search according to section 260C.221 to assemble the child's family and  
370.22 permanency team under section 260C.706. Prior to notifying relatives regarding the family  
370.23 and permanency team, the responsible social services agency must consult with the child's  
370.24 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's  
370.25 tribe to ensure that the agency is providing notice to individuals who will act in the child's  
370.26 best interests. The child and the child's parents may identify a culturally competent qualified  
370.27 individual to complete the child's assessment. The agency shall make efforts to refer the  
370.28 assessment to the identified qualified individual. The assessment may not be delayed for  
370.29 the purpose of having the assessment completed by a specific qualified individual.

370.30 (f) When a screening team determines that a child does not need treatment in a qualified  
370.31 residential treatment program, the screening team must:

370.32 (1) document the services and supports that will prevent the child's foster care placement  
370.33 and will support the child remaining at home;

371.1 (2) document the services and supports that the agency will arrange to place the child  
371.2 in a family foster home; or

371.3 (3) document the services and supports that the agency has provided in any other setting.

371.4 (g) When the Indian child's tribe or tribal health care services provider or Indian Health  
371.5 Services provider proposes to place a child for the primary purpose of treatment for ~~an~~  
371.6 ~~emotional disturbance~~ mental illness, a developmental disability, or co-occurring ~~emotional~~  
371.7 ~~disturbance~~ mental illness and chemical dependency, the Indian child's tribe or the tribe  
371.8 delegated by the child's tribe shall submit necessary documentation to the county juvenile  
371.9 treatment screening team, which must invite the Indian child's tribe to designate a  
371.10 representative to the screening team.

371.11 (h) The responsible social services agency must conduct and document the screening in  
371.12 a format approved by the commissioner of human services.

371.13 Sec. 77. Minnesota Statutes 2024, section 260C.201, subdivision 1, is amended to read:

371.14 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection  
371.15 or services or neglected and in foster care, the court shall enter an order making any of the  
371.16 following dispositions of the case:

261.17 (1) place the child under the protective supervision of the responsible social services  
261.18 agency or child-placing agency in the home of a parent of the child under conditions  
261.19 prescribed by the court directed to the correction of the child's need for protection or services:

261.20 (i) the court may order the child into the home of a parent who does not otherwise have  
261.21 legal custody of the child, however, an order under this section does not confer legal custody  
261.22 on that parent;

261.23 (ii) if the court orders the child into the home of a father who is not adjudicated, the  
261.24 father must cooperate with paternity establishment proceedings regarding the child in the  
261.25 appropriate jurisdiction as one of the conditions prescribed by the court for the child to  
261.26 continue in the father's home; and

261.27 (iii) the court may order the child into the home of a noncustodial parent with conditions  
261.28 and may also order both the noncustodial and the custodial parent to comply with the  
261.29 requirements of a case plan under subdivision 2; or

261.30 (2) transfer legal custody to one of the following:

261.31 (i) a child-placing agency; or

262.1 (ii) the responsible social services agency. In making a foster care placement of a child  
262.2 whose custody has been transferred under this subdivision, the agency shall make an  
262.3 individualized determination of how the placement is in the child's best interests using the  
262.4 placement consideration order for relatives and the best interest factors in section 260C.212,  
262.5 subdivision 2, and may include a child colocated with a parent in a licensed residential  
262.6 family-based substance use disorder treatment program under section 260C.190; or

262.7 (3) order a trial home visit without modifying the transfer of legal custody to the  
262.8 responsible social services agency under clause (2). Trial home visit means the child is  
262.9 returned to the care of the parent or guardian from whom the child was removed for a period  
262.10 not to exceed six months. During the period of the trial home visit, the responsible social  
262.11 services agency:

262.12 (i) shall continue to have legal custody of the child, which means that the agency may  
262.13 see the child in the parent's home, at school, in a child care facility, or other setting as the  
262.14 agency deems necessary and appropriate;

262.15 (ii) shall continue to have the ability to access information under section 260C.208;

262.16 (iii) shall continue to provide appropriate services to both the parent and the child during  
262.17 the period of the trial home visit;

262.18 (iv) without previous court order or authorization, may terminate the trial home visit in  
262.19 order to protect the child's health, safety, or welfare and may remove the child to foster care;

371.17 (1) place the child under the protective supervision of the responsible social services  
371.18 agency or child-placing agency in the home of a parent of the child under conditions  
371.19 prescribed by the court directed to the correction of the child's need for protection or services:

371.20 (i) the court may order the child into the home of a parent who does not otherwise have  
371.21 legal custody of the child, however, an order under this section does not confer legal custody  
371.22 on that parent;

371.23 (ii) if the court orders the child into the home of a father who is not adjudicated, the  
371.24 father must cooperate with paternity establishment proceedings regarding the child in the  
371.25 appropriate jurisdiction as one of the conditions prescribed by the court for the child to  
371.26 continue in the father's home; and

371.27 (iii) the court may order the child into the home of a noncustodial parent with conditions  
371.28 and may also order both the noncustodial and the custodial parent to comply with the  
371.29 requirements of a case plan under subdivision 2; or

371.30 (2) transfer legal custody to one of the following:

371.31 (i) a child-placing agency; or

372.1 (ii) the responsible social services agency. In making a foster care placement of a child  
372.2 whose custody has been transferred under this subdivision, the agency shall make an  
372.3 individualized determination of how the placement is in the child's best interests using the  
372.4 placement consideration order for relatives and the best interest factors in section 260C.212,  
372.5 subdivision 2, and may include a child colocated with a parent in a licensed residential  
372.6 family-based substance use disorder treatment program under section 260C.190; or

372.7 (3) order a trial home visit without modifying the transfer of legal custody to the  
372.8 responsible social services agency under clause (2). Trial home visit means the child is  
372.9 returned to the care of the parent or guardian from whom the child was removed for a period  
372.10 not to exceed six months. During the period of the trial home visit, the responsible social  
372.11 services agency:

372.12 (i) shall continue to have legal custody of the child, which means that the agency may  
372.13 see the child in the parent's home, at school, in a child care facility, or other setting as the  
372.14 agency deems necessary and appropriate;

372.15 (ii) shall continue to have the ability to access information under section 260C.208;

372.16 (iii) shall continue to provide appropriate services to both the parent and the child during  
372.17 the period of the trial home visit;

372.18 (iv) without previous court order or authorization, may terminate the trial home visit in  
372.19 order to protect the child's health, safety, or welfare and may remove the child to foster care;

262.20 (v) shall advise the court and parties within three days of the termination of the trial  
262.21 home visit when a visit is terminated by the responsible social services agency without a  
262.22 court order; and

262.23 (vi) shall prepare a report for the court when the trial home visit is terminated whether  
262.24 by the agency or court order that describes the child's circumstances during the trial home  
262.25 visit and recommends appropriate orders, if any, for the court to enter to provide for the  
262.26 child's safety and stability. In the event a trial home visit is terminated by the agency by  
262.27 removing the child to foster care without prior court order or authorization, the court shall  
262.28 conduct a hearing within ten days of receiving notice of the termination of the trial home  
262.29 visit by the agency and shall order disposition under this subdivision or commence  
262.30 permanency proceedings under sections 260C.503 to 260C.515. The time period for the  
262.31 hearing may be extended by the court for good cause shown and if it is in the best interests  
262.32 of the child as long as the total time the child spends in foster care without a permanency  
262.33 hearing does not exceed 12 months;

263.1 (4) if the child has been adjudicated as a child in need of protection or services because  
263.2 the child is in need of special services or care to treat or ameliorate a physical or mental  
263.3 disability or ~~emotional disturbance~~ a mental illness as defined in section 245.4871,  
263.4 subdivision 15, the court may order the child's parent, guardian, or custodian to provide it.  
263.5 The court may order the child's health plan company to provide mental health services to  
263.6 the child. Section 62Q.535 applies to an order for mental health services directed to the  
263.7 child's health plan company. If the health plan, parent, guardian, or custodian fails or is  
263.8 unable to provide this treatment or care, the court may order it provided. Absent specific  
263.9 written findings by the court that the child's disability is the result of abuse or neglect by  
263.10 the child's parent or guardian, the court shall not transfer legal custody of the child for the  
263.11 purpose of obtaining special treatment or care solely because the parent is unable to provide  
263.12 the treatment or care. If the court's order for mental health treatment is based on a diagnosis  
263.13 made by a treatment professional, the court may order that the diagnosing professional not  
263.14 provide the treatment to the child if it finds that such an order is in the child's best interests;  
263.15 or

263.16 (5) if the court believes that the child has sufficient maturity and judgment and that it is  
263.17 in the best interests of the child, the court may order a child 16 years old or older to be  
263.18 allowed to live independently, either alone or with others as approved by the court under  
263.19 supervision the court considers appropriate, if the county board, after consultation with the  
263.20 court, has specifically authorized this dispositional alternative for a child.

263.21 (b) If the child was adjudicated in need of protection or services because the child is a  
263.22 runaway or habitual truant, the court may order any of the following dispositions in addition  
263.23 to or as alternatives to the dispositions authorized under paragraph (a):

263.24 (1) counsel the child or the child's parents, guardian, or custodian;

263.25 (2) place the child under the supervision of a probation officer or other suitable person  
263.26 in the child's own home under conditions prescribed by the court, including reasonable rules

372.20 (v) shall advise the court and parties within three days of the termination of the trial  
372.21 home visit when a visit is terminated by the responsible social services agency without a  
372.22 court order; and

372.23 (vi) shall prepare a report for the court when the trial home visit is terminated whether  
372.24 by the agency or court order that describes the child's circumstances during the trial home  
372.25 visit and recommends appropriate orders, if any, for the court to enter to provide for the  
372.26 child's safety and stability. In the event a trial home visit is terminated by the agency by  
372.27 removing the child to foster care without prior court order or authorization, the court shall  
372.28 conduct a hearing within ten days of receiving notice of the termination of the trial home  
372.29 visit by the agency and shall order disposition under this subdivision or commence  
372.30 permanency proceedings under sections 260C.503 to 260C.515. The time period for the  
372.31 hearing may be extended by the court for good cause shown and if it is in the best interests  
372.32 of the child as long as the total time the child spends in foster care without a permanency  
372.33 hearing does not exceed 12 months;

373.1 (4) if the child has been adjudicated as a child in need of protection or services because  
373.2 the child is in need of special services or care to treat or ameliorate a physical or mental  
373.3 disability or ~~emotional disturbance~~ mental illness as defined in section 245.4871, subdivision  
373.4 15, the court may order the child's parent, guardian, or custodian to provide it. The court  
373.5 may order the child's health plan company to provide mental health services to the child.  
373.6 Section 62Q.535 applies to an order for mental health services directed to the child's health  
373.7 plan company. If the health plan, parent, guardian, or custodian fails or is unable to provide  
373.8 this treatment or care, the court may order it provided. Absent specific written findings by  
373.9 the court that the child's disability is the result of abuse or neglect by the child's parent or  
373.10 guardian, the court shall not transfer legal custody of the child for the purpose of obtaining  
373.11 special treatment or care solely because the parent is unable to provide the treatment or care.  
373.12 If the court's order for mental health treatment is based on a diagnosis made by a treatment  
373.13 professional, the court may order that the diagnosing professional not provide the treatment  
373.14 to the child if it finds that such an order is in the child's best interests; or

373.15 (5) if the court believes that the child has sufficient maturity and judgment and that it is  
373.16 in the best interests of the child, the court may order a child 16 years old or older to be  
373.17 allowed to live independently, either alone or with others as approved by the court under  
373.18 supervision the court considers appropriate, if the county board, after consultation with the  
373.19 court, has specifically authorized this dispositional alternative for a child.

373.20 (b) If the child was adjudicated in need of protection or services because the child is a  
373.21 runaway or habitual truant, the court may order any of the following dispositions in addition  
373.22 to or as alternatives to the dispositions authorized under paragraph (a):

373.23 (1) counsel the child or the child's parents, guardian, or custodian;

373.24 (2) place the child under the supervision of a probation officer or other suitable person  
373.25 in the child's own home under conditions prescribed by the court, including reasonable rules

263.27 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for  
263.28 the physical, mental, and moral well-being and behavior of the child;

263.29 (3) subject to the court's supervision, transfer legal custody of the child to one of the  
263.30 following:

263.31 (i) a reputable person of good moral character. No person may receive custody of two  
263.32 or more unrelated children unless licensed to operate a residential program under sections  
263.33 245A.01 to 245A.16; or

264.1 (ii) a county probation officer for placement in a group foster home established under  
264.2 the direction of the juvenile court and licensed pursuant to section 241.021;

264.3 (4) require the child to pay a fine of up to \$100. The court shall order payment of the  
264.4 fine in a manner that will not impose undue financial hardship upon the child;

264.5 (5) require the child to participate in a community service project;

264.6 (6) order the child to undergo a chemical dependency evaluation and, if warranted by  
264.7 the evaluation, order participation by the child in a drug awareness program or an inpatient  
264.8 or outpatient chemical dependency treatment program;

264.9 (7) if the court believes that it is in the best interests of the child or of public safety that  
264.10 the child's driver's license or instruction permit be canceled, the court may order the  
264.11 commissioner of public safety to cancel the child's license or permit for any period up to  
264.12 the child's 18th birthday. If the child does not have a driver's license or permit, the court  
264.13 may order a denial of driving privileges for any period up to the child's 18th birthday. The  
264.14 court shall forward an order issued under this clause to the commissioner, who shall cancel  
264.15 the license or permit or deny driving privileges without a hearing for the period specified  
264.16 by the court. At any time before the expiration of the period of cancellation or denial, the  
264.17 court may, for good cause, order the commissioner of public safety to allow the child to  
264.18 apply for a license or permit, and the commissioner shall so authorize;

264.19 (8) order that the child's parent or legal guardian deliver the child to school at the  
264.20 beginning of each school day for a period of time specified by the court; or

264.21 (9) require the child to perform any other activities or participate in any other treatment  
264.22 programs deemed appropriate by the court.

264.23 To the extent practicable, the court shall enter a disposition order the same day it makes  
264.24 a finding that a child is in need of protection or services or neglected and in foster care, but  
264.25 in no event more than 15 days after the finding unless the court finds that the best interests  
264.26 of the child will be served by granting a delay. If the child was under eight years of age at  
264.27 the time the petition was filed, the disposition order must be entered within ten days of the  
264.28 finding and the court may not grant a delay unless good cause is shown and the court finds  
264.29 the best interests of the child will be served by the delay.

373.26 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for  
373.27 the physical, mental, and moral well-being and behavior of the child;

373.28 (3) subject to the court's supervision, transfer legal custody of the child to one of the  
373.29 following:

373.30 (i) a reputable person of good moral character. No person may receive custody of two  
373.31 or more unrelated children unless licensed to operate a residential program under sections  
373.32 245A.01 to 245A.16; or

373.33 (ii) a county probation officer for placement in a group foster home established under  
373.34 the direction of the juvenile court and licensed pursuant to section 241.021;

374.1 (4) require the child to pay a fine of up to \$100. The court shall order payment of the  
374.2 fine in a manner that will not impose undue financial hardship upon the child;

374.3 (5) require the child to participate in a community service project;

374.4 (6) order the child to undergo a chemical dependency evaluation and, if warranted by  
374.5 the evaluation, order participation by the child in a drug awareness program or an inpatient  
374.6 or outpatient chemical dependency treatment program;

374.7 (7) if the court believes that it is in the best interests of the child or of public safety that  
374.8 the child's driver's license or instruction permit be canceled, the court may order the  
374.9 commissioner of public safety to cancel the child's license or permit for any period up to  
374.10 the child's 18th birthday. If the child does not have a driver's license or permit, the court  
374.11 may order a denial of driving privileges for any period up to the child's 18th birthday. The  
374.12 court shall forward an order issued under this clause to the commissioner, who shall cancel  
374.13 the license or permit or deny driving privileges without a hearing for the period specified  
374.14 by the court. At any time before the expiration of the period of cancellation or denial, the  
374.15 court may, for good cause, order the commissioner of public safety to allow the child to  
374.16 apply for a license or permit, and the commissioner shall so authorize;

374.17 (8) order that the child's parent or legal guardian deliver the child to school at the  
374.18 beginning of each school day for a period of time specified by the court; or

374.19 (9) require the child to perform any other activities or participate in any other treatment  
374.20 programs deemed appropriate by the court.

374.21 To the extent practicable, the court shall enter a disposition order the same day it makes  
374.22 a finding that a child is in need of protection or services or neglected and in foster care, but  
374.23 in no event more than 15 days after the finding unless the court finds that the best interests  
374.24 of the child will be served by granting a delay. If the child was under eight years of age at  
374.25 the time the petition was filed, the disposition order must be entered within ten days of the  
374.26 finding and the court may not grant a delay unless good cause is shown and the court finds  
374.27 the best interests of the child will be served by the delay.

264.30 (c) If a child who is 14 years of age or older is adjudicated in need of protection or  
264.31 services because the child is a habitual truant and truancy procedures involving the child  
264.32 were previously dealt with by a school attendance review board or county attorney mediation  
264.33 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial  
265.1 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th  
265.2 birthday.

265.3 (d) In the case of a child adjudicated in need of protection or services because the child  
265.4 has committed domestic abuse and been ordered excluded from the child's parent's home,  
265.5 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing  
265.6 to provide an alternative safe living arrangement for the child as defined in paragraph (f).

265.7 (e) When a parent has complied with a case plan ordered under subdivision 6 and the  
265.8 child is in the care of the parent, the court may order the responsible social services agency  
265.9 to monitor the parent's continued ability to maintain the child safely in the home under such  
265.10 terms and conditions as the court determines appropriate under the circumstances.

265.11 (f) For the purposes of this subdivision, "alternative safe living arrangement" means a  
265.12 living arrangement for a child proposed by a petitioning parent or guardian if a court excludes  
265.13 the minor from the parent's or guardian's home that is separate from the victim of domestic  
265.14 abuse and safe for the child respondent. A living arrangement proposed by a petitioning  
265.15 parent or guardian is presumed to be an alternative safe living arrangement absent information  
265.16 to the contrary presented to the court. In evaluating any proposed living arrangement, the  
265.17 court shall consider whether the arrangement provides the child with necessary food, clothing,  
265.18 shelter, and education in a safe environment. Any proposed living arrangement that would  
265.19 place the child in the care of an adult who has been physically or sexually violent is presumed  
265.20 unsafe.

265.21 Sec. 76. Minnesota Statutes 2024, section 260C.201, subdivision 2, is amended to read:

265.22 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section  
265.23 shall contain written findings of fact to support the disposition and case plan ordered and  
265.24 shall also set forth in writing the following information:

265.25 (1) why the best interests and safety of the child are served by the disposition and case  
265.26 plan ordered;

265.27 (2) what alternative dispositions or services under the case plan were considered by the  
265.28 court and why such dispositions or services were not appropriate in the instant case;

265.29 (3) when legal custody of the child is transferred, the appropriateness of the particular  
265.30 placement made or to be made by the placing agency using the relative and sibling placement  
265.31 considerations and best interest factors in section 260C.212, subdivision 2, or the  
265.32 appropriateness of a child colocated with a parent in a licensed residential family-based  
265.33 substance use disorder treatment program under section 260C.190;

374.28 (c) If a child who is 14 years of age or older is adjudicated in need of protection or  
374.29 services because the child is a habitual truant and truancy procedures involving the child  
374.30 were previously dealt with by a school attendance review board or county attorney mediation  
374.31 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial  
374.32 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th  
374.33 birthday.

375.1 (d) In the case of a child adjudicated in need of protection or services because the child  
375.2 has committed domestic abuse and been ordered excluded from the child's parent's home,  
375.3 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing  
375.4 to provide an alternative safe living arrangement for the child as defined in paragraph (f).

375.5 (e) When a parent has complied with a case plan ordered under subdivision 6 and the  
375.6 child is in the care of the parent, the court may order the responsible social services agency  
375.7 to monitor the parent's continued ability to maintain the child safely in the home under such  
375.8 terms and conditions as the court determines appropriate under the circumstances.

375.9 (f) For the purposes of this subdivision, "alternative safe living arrangement" means a  
375.10 living arrangement for a child proposed by a petitioning parent or guardian if a court excludes  
375.11 the minor from the parent's or guardian's home that is separate from the victim of domestic  
375.12 abuse and safe for the child respondent. A living arrangement proposed by a petitioning  
375.13 parent or guardian is presumed to be an alternative safe living arrangement absent information  
375.14 to the contrary presented to the court. In evaluating any proposed living arrangement, the  
375.15 court shall consider whether the arrangement provides the child with necessary food, clothing,  
375.16 shelter, and education in a safe environment. Any proposed living arrangement that would  
375.17 place the child in the care of an adult who has been physically or sexually violent is presumed  
375.18 unsafe.

375.19 Sec. 78. Minnesota Statutes 2024, section 260C.201, subdivision 2, is amended to read:

375.20 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section  
375.21 shall contain written findings of fact to support the disposition and case plan ordered and  
375.22 shall also set forth in writing the following information:

375.23 (1) why the best interests and safety of the child are served by the disposition and case  
375.24 plan ordered;

375.25 (2) what alternative dispositions or services under the case plan were considered by the  
375.26 court and why such dispositions or services were not appropriate in the instant case;

375.27 (3) when legal custody of the child is transferred, the appropriateness of the particular  
375.28 placement made or to be made by the placing agency using the relative and sibling placement  
375.29 considerations and best interest factors in section 260C.212, subdivision 2, or the  
375.30 appropriateness of a child colocated with a parent in a licensed residential family-based  
375.31 substance use disorder treatment program under section 260C.190;

266.1 (4) whether reasonable efforts to finalize the permanent plan for the child consistent  
266.2 with section 260.012 were made including reasonable efforts:

266.3 (i) to prevent the child's placement and to reunify the child with the parent or guardian  
266.4 from whom the child was removed at the earliest time consistent with the child's safety.  
266.5 The court's findings must include a brief description of what preventive and reunification  
266.6 efforts were made and why further efforts could not have prevented or eliminated the  
266.7 necessity of removal or that reasonable efforts were not required under section 260.012 or  
266.8 260C.178, subdivision 1;

266.9 (ii) to identify and locate any noncustodial or nonresident parent of the child and to  
266.10 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,  
266.11 provide services necessary to enable the noncustodial or nonresident parent to safely provide  
266.12 day-to-day care of the child as required under section 260C.219, unless such services are  
266.13 not required under section 260.012 or 260C.178, subdivision 1. The court's findings must  
266.14 include a description of the agency's efforts to:

266.15 (A) identify and locate the child's noncustodial or nonresident parent;

266.16 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of  
266.17 the child; and

266.18 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident  
266.19 parent to safely provide the child's day-to-day care, including efforts to engage the  
266.20 noncustodial or nonresident parent in assuming care and responsibility of the child;

266.21 (iii) to make the diligent search for relatives and provide the notices required under  
266.22 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the  
266.23 agency has made diligent efforts to conduct a relative search and has appropriately engaged  
266.24 relatives who responded to the notice under section 260C.221 and other relatives, who came  
266.25 to the attention of the agency after notice under section 260C.221 was sent, in placement  
266.26 and case planning decisions fulfills the requirement of this item;

266.27 (iv) to identify and make a foster care placement of the child, considering the order in  
266.28 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,  
266.29 according to the requirements of section 142B.06, a licensed relative, or other licensed foster  
266.30 care provider, who will commit to being the permanent legal parent or custodian for the  
266.31 child in the event reunification cannot occur, but who will actively support the reunification  
266.32 plan for the child. If the court finds that the agency has not appropriately considered relatives  
266.33 for placement of the child, the court shall order the agency to comply with section 260C.212,  
267.1 subdivision 2, paragraph (a). The court may order the agency to continue considering  
267.2 relatives for placement of the child regardless of the child's current placement setting; and

267.3 (v) to place siblings together in the same home or to ensure visitation is occurring when  
267.4 siblings are separated in foster care placement and visitation is in the siblings' best interests  
267.5 under section 260C.212, subdivision 2, paragraph (d); and

375.32 (4) whether reasonable efforts to finalize the permanent plan for the child consistent  
375.33 with section 260.012 were made including reasonable efforts:

376.1 (i) to prevent the child's placement and to reunify the child with the parent or guardian  
376.2 from whom the child was removed at the earliest time consistent with the child's safety.  
376.3 The court's findings must include a brief description of what preventive and reunification  
376.4 efforts were made and why further efforts could not have prevented or eliminated the  
376.5 necessity of removal or that reasonable efforts were not required under section 260.012 or  
376.6 260C.178, subdivision 1;

376.7 (ii) to identify and locate any noncustodial or nonresident parent of the child and to  
376.8 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,  
376.9 provide services necessary to enable the noncustodial or nonresident parent to safely provide  
376.10 day-to-day care of the child as required under section 260C.219, unless such services are  
376.11 not required under section 260.012 or 260C.178, subdivision 1. The court's findings must  
376.12 include a description of the agency's efforts to:

376.13 (A) identify and locate the child's noncustodial or nonresident parent;

376.14 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of  
376.15 the child; and

376.16 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident  
376.17 parent to safely provide the child's day-to-day care, including efforts to engage the  
376.18 noncustodial or nonresident parent in assuming care and responsibility of the child;

376.19 (iii) to make the diligent search for relatives and provide the notices required under  
376.20 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the  
376.21 agency has made diligent efforts to conduct a relative search and has appropriately engaged  
376.22 relatives who responded to the notice under section 260C.221 and other relatives, who came  
376.23 to the attention of the agency after notice under section 260C.221 was sent, in placement  
376.24 and case planning decisions fulfills the requirement of this item;

376.25 (iv) to identify and make a foster care placement of the child, considering the order in  
376.26 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,  
376.27 according to the requirements of section 142B.06, a licensed relative, or other licensed foster  
376.28 care provider, who will commit to being the permanent legal parent or custodian for the  
376.29 child in the event reunification cannot occur, but who will actively support the reunification  
376.30 plan for the child. If the court finds that the agency has not appropriately considered relatives  
376.31 for placement of the child, the court shall order the agency to comply with section 260C.212,  
376.32 subdivision 2, paragraph (a). The court may order the agency to continue considering  
376.33 relatives for placement of the child regardless of the child's current placement setting; and

377.1 (v) to place siblings together in the same home or to ensure visitation is occurring when  
377.2 siblings are separated in foster care placement and visitation is in the siblings' best interests  
377.3 under section 260C.212, subdivision 2, paragraph (d); and

267.6 (5) if the child has been adjudicated as a child in need of protection or services because  
267.7 the child is in need of special services or care to treat or ameliorate a mental disability or  
267.8 ~~emotional disturbance~~ a mental illness as defined in section 245.4871, subdivision 15, the  
267.9 written findings shall also set forth:

267.10 (i) whether the child has mental health needs that must be addressed by the case plan;

267.11 (ii) what consideration was given to the diagnostic and functional assessments performed  
267.12 by the child's mental health professional and to health and mental health care professionals'  
267.13 treatment recommendations;

267.14 (iii) what consideration was given to the requests or preferences of the child's parent or  
267.15 guardian with regard to the child's interventions, services, or treatment; and

267.16 (iv) what consideration was given to the cultural appropriateness of the child's treatment  
267.17 or services.

267.18 (b) If the court finds that the social services agency's preventive or reunification efforts  
267.19 have not been reasonable but that further preventive or reunification efforts could not permit  
267.20 the child to safely remain at home, the court may nevertheless authorize or continue the  
267.21 removal of the child.

267.22 (c) If the child has been identified by the responsible social services agency as the subject  
267.23 of concurrent permanency planning, the court shall review the reasonable efforts of the  
267.24 agency to develop a permanency plan for the child that includes a primary plan that is for  
267.25 reunification with the child's parent or guardian and a secondary plan that is for an alternative,  
267.26 legally permanent home for the child in the event reunification cannot be achieved in a  
267.27 timely manner.

267.28 Sec. 77. Minnesota Statutes 2024, section 260C.301, subdivision 4, is amended to read:

267.29 Subd. 4. **Current foster care children.** Except for cases where the child is in placement  
267.30 due solely to the child's developmental disability or ~~emotional disturbance~~ a mental illness,  
267.31 where custody has not been transferred to the responsible social services agency, and where  
267.32 the court finds compelling reasons to continue placement, the county attorney shall file a  
268.1 termination of parental rights petition or a petition to transfer permanent legal and physical  
268.2 custody to a relative under section 260C.515, subdivision 4, for all children who have been  
268.3 in out-of-home care for 15 of the most recent 22 months. This requirement does not apply  
268.4 if there is a compelling reason approved by the court for determining that filing a termination  
268.5 of parental rights petition or other permanency petition would not be in the best interests  
268.6 of the child or if the responsible social services agency has not provided reasonable efforts  
268.7 necessary for the safe return of the child, if reasonable efforts are required.

377.4 (5) if the child has been adjudicated as a child in need of protection or services because  
377.5 the child is in need of special services or care to treat or ameliorate a mental disability or  
377.6 ~~emotional disturbance~~ mental illness as defined in section 245.4871, subdivision 15, the  
377.7 written findings shall also set forth:

377.8 (i) whether the child has mental health needs that must be addressed by the case plan;

377.9 (ii) what consideration was given to the diagnostic and functional assessments performed  
377.10 by the child's mental health professional and to health and mental health care professionals'  
377.11 treatment recommendations;

377.12 (iii) what consideration was given to the requests or preferences of the child's parent or  
377.13 guardian with regard to the child's interventions, services, or treatment; and

377.14 (iv) what consideration was given to the cultural appropriateness of the child's treatment  
377.15 or services.

377.16 (b) If the court finds that the social services agency's preventive or reunification efforts  
377.17 have not been reasonable but that further preventive or reunification efforts could not permit  
377.18 the child to safely remain at home, the court may nevertheless authorize or continue the  
377.19 removal of the child.

377.20 (c) If the child has been identified by the responsible social services agency as the subject  
377.21 of concurrent permanency planning, the court shall review the reasonable efforts of the  
377.22 agency to develop a permanency plan for the child that includes a primary plan that is for  
377.23 reunification with the child's parent or guardian and a secondary plan that is for an alternative,  
377.24 legally permanent home for the child in the event reunification cannot be achieved in a  
377.25 timely manner.

377.26 Sec. 79. Minnesota Statutes 2024, section 260C.301, subdivision 4, is amended to read:

377.27 Subd. 4. **Current foster care children.** Except for cases where the child is in placement  
377.28 due solely to the child's developmental disability or ~~emotional disturbance~~ mental illness,  
377.29 where custody has not been transferred to the responsible social services agency, and where  
377.30 the court finds compelling reasons to continue placement, the county attorney shall file a  
377.31 termination of parental rights petition or a petition to transfer permanent legal and physical  
377.32 custody to a relative under section 260C.515, subdivision 4, for all children who have been  
377.33 in out-of-home care for 15 of the most recent 22 months. This requirement does not apply  
378.1 if there is a compelling reason approved by the court for determining that filing a termination  
378.2 of parental rights petition or other permanency petition would not be in the best interests  
378.3 of the child or if the responsible social services agency has not provided reasonable efforts  
378.4 necessary for the safe return of the child, if reasonable efforts are required.



268.8 Sec. 78. Minnesota Statutes 2024, section 260D.01, is amended to read:

268.9 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

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

268.12 (b) The juvenile court has original and exclusive jurisdiction over a child in voluntary  
268.13 foster care for treatment upon the filing of a report or petition required under this chapter.  
268.14 All obligations of the responsible social services agency to a child and family in foster care  
268.15 contained in chapter 260C not inconsistent with this chapter are also obligations of the  
268.16 agency with regard to a child in foster care for treatment under this chapter.

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

268.22 (1) establishes voluntary foster care through a voluntary foster care agreement as the  
268.23 means for an agency and a parent to provide needed treatment when the child must be in  
268.24 foster care to receive necessary treatment for ~~an emotional disturbance or~~ a mental illness,  
268.25 developmental disability, or related condition;

268.26 (2) establishes court review requirements for a child in voluntary foster care for treatment  
268.27 due to ~~emotional disturbance or~~ a mental illness, developmental disability, or a related  
268.28 condition;

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

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

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

269.5 (ii) due to a determination regarding the level of services needed by the child by the  
269.6 responsible social services agency's screening team under section 256B.092, and Minnesota  
269.7 Rules, parts 9525.0004 to 9525.0016; and

269.8 (5) includes the requirements for a child's placement in sections 260C.70 to 260C.714,  
269.9 when the juvenile treatment screening team recommends placing a child in a qualified  
269.10 residential treatment program, except as modified by this chapter.

378.5 Sec. 80. Minnesota Statutes 2024, section 260D.01, is amended to read:

378.6 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

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

378.9 (b) The juvenile court has original and exclusive jurisdiction over a child in voluntary  
378.10 foster care for treatment upon the filing of a report or petition required under this chapter.  
378.11 All obligations of the responsible social services agency to a child and family in foster care  
378.12 contained in chapter 260C not inconsistent with this chapter are also obligations of the  
378.13 agency with regard to a child in foster care for treatment under this chapter.

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

378.19 (1) establishes voluntary foster care through a voluntary foster care agreement as the  
378.20 means for an agency and a parent to provide needed treatment when the child must be in  
378.21 foster care to receive necessary treatment for ~~an emotional disturbance or~~ a mental illness,  
378.22 developmental disability, or related condition;

378.23 (2) establishes court review requirements for a child in voluntary foster care for treatment  
378.24 due to ~~emotional disturbance or~~ a mental illness, developmental disability, or a related  
378.25 condition;

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

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

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

379.3 (ii) due to a determination regarding the level of services needed by the child by the  
379.4 responsible social services agency's screening team under section 256B.092, and Minnesota  
379.5 Rules, parts 9525.0004 to 9525.0016; and

379.6 (5) includes the requirements for a child's placement in sections 260C.70 to 260C.714,  
379.7 when the juvenile treatment screening team recommends placing a child in a qualified  
379.8 residential treatment program, except as modified by this chapter.

269.11 (d) This chapter does not apply when there is a current determination under chapter  
269.12 260E that the child requires child protective services or when the child is in foster care for  
269.13 any reason other than treatment for the child's ~~emotional disturbance or mental illness,~~  
269.14 developmental disability<sub>2</sub> or related condition. When there is a determination under chapter  
269.15 260E that the child requires child protective services based on an assessment that there are  
269.16 safety and risk issues for the child that have not been mitigated through the parent's  
269.17 engagement in services or otherwise, or when the child is in foster care for any reason other  
269.18 than the child's ~~emotional disturbance or mental illness,~~ developmental disability<sub>2</sub> or related  
269.19 condition, the provisions of chapter 260C apply.

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

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

269.25 (2) to preserve and strengthen the child's family ties whenever possible and in the child's  
269.26 best interests, approving the child's placement away from the child's parents only when the  
269.27 child's need for care or treatment requires out-of-home placement and the child cannot be  
269.28 maintained in the home of the parent; and

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

270.3 (f) The legal parent-child relationship shall be supported under this chapter by maintaining  
270.4 the parent's legal authority and responsibility for ongoing planning for the child and by the  
270.5 agency's assisting the parent, when necessary, to exercise the parent's ongoing right and  
270.6 obligation to visit or to have reasonable contact with the child. Ongoing planning means:

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

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

270.11 (3) planning to meet the child's need for safety, stability, and permanency, and the child's  
270.12 need to stay connected to the child's family and community;

270.13 (4) engaging with the responsible social services agency to ensure that the family and  
270.14 permanency team under section 260C.706 consists of appropriate family members. For  
270.15 purposes of voluntary placement of a child in foster care for treatment under chapter 260D,

379.9 (d) This chapter does not apply when there is a current determination under chapter  
379.10 260E that the child requires child protective services or when the child is in foster care for  
379.11 any reason other than treatment for the child's ~~emotional disturbance or mental illness,~~  
379.12 developmental disability<sub>2</sub> or related condition. When there is a determination under chapter  
379.13 260E that the child requires child protective services based on an assessment that there are  
379.14 safety and risk issues for the child that have not been mitigated through the parent's  
379.15 engagement in services or otherwise, or when the child is in foster care for any reason other  
379.16 than the child's ~~emotional disturbance or mental illness,~~ developmental disability<sub>2</sub> or related  
379.17 condition, the provisions of chapter 260C apply.

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

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

379.23 (2) to preserve and strengthen the child's family ties whenever possible and in the child's  
379.24 best interests, approving the child's placement away from the child's parents only when the  
379.25 child's need for care or treatment requires out-of-home placement and the child cannot be  
379.26 maintained in the home of the parent; and

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

380.1 (f) The legal parent-child relationship shall be supported under this chapter by maintaining  
380.2 the parent's legal authority and responsibility for ongoing planning for the child and by the  
380.3 agency's assisting the parent, when necessary, to exercise the parent's ongoing right and  
380.4 obligation to visit or to have reasonable contact with the child. Ongoing planning means:

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

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

380.9 (3) planning to meet the child's need for safety, stability, and permanency, and the child's  
380.10 need to stay connected to the child's family and community;

380.11 (4) engaging with the responsible social services agency to ensure that the family and  
380.12 permanency team under section 260C.706 consists of appropriate family members. For  
380.13 purposes of voluntary placement of a child in foster care for treatment under chapter 260D,

270.16 prior to forming the child's family and permanency team, the responsible social services  
270.17 agency must consult with the child's parent or legal guardian, the child if the child is 14  
270.18 years of age or older, and, if applicable, the child's Tribe to obtain recommendations regarding  
270.19 which individuals to include on the team and to ensure that the team is family-centered and  
270.20 will act in the child's best interests. If the child, child's parents, or legal guardians raise  
270.21 concerns about specific relatives or professionals, the team should not include those  
270.22 individuals unless the individual is a treating professional or an important connection to the  
270.23 youth as outlined in the case or crisis plan; and

270.24 (5) for a voluntary placement under this chapter in a qualified residential treatment  
270.25 program, as defined in section 260C.007, subdivision 26d, for purposes of engaging in a  
270.26 relative search as provided in section 260C.221, the county agency must consult with the  
270.27 child's parent or legal guardian, the child if the child is 14 years of age or older, and, if  
270.28 applicable, the child's Tribe to obtain recommendations regarding which adult relatives the  
270.29 county agency should notify. If the child, child's parents, or legal guardians raise concerns  
270.30 about specific relatives, the county agency should not notify those relatives.

270.31 (g) The provisions of section 260.012 to ensure placement prevention, family  
270.32 reunification, and all active and reasonable effort requirements of that section apply.

271.1 Sec. 79. Minnesota Statutes 2024, section 260D.02, subdivision 5, is amended to read:

271.2 Subd. 5. **Child in voluntary foster care for treatment.** "Child in voluntary foster care  
271.3 for treatment" means a child with ~~emotional disturbance~~ a mental illness or developmental  
271.4 disability; or who has a related condition and is in foster care under a voluntary foster care  
271.5 agreement between the child's parent and the agency due to concurrence between the agency  
271.6 and the parent when it is determined that foster care is medically necessary:

271.7 (1) due to a determination by the agency's screening team based on its review of the  
271.8 diagnostic and functional assessment under section 245.4885; or

271.9 (2) due to a determination by the agency's screening team under section 256B.092 and  
271.10 Minnesota Rules, parts 9525.0004 to 9525.0016.

271.11 A child is not in voluntary foster care for treatment under this chapter when there is a  
271.12 current determination under chapter 260E that the child requires child protective services  
271.13 or when the child is in foster care for any reason other than the child's ~~emotional or mental~~  
271.14 illness, developmental disability, or related condition.

271.15 Sec. 80. Minnesota Statutes 2024, section 260D.02, subdivision 9, is amended to read:

271.16 Subd. 9. ~~Emotional disturbance~~ **Mental illness.** "~~Emotional disturbance~~ Mental illness"  
271.17 means emotional disturbance a mental illness as described in section 245.4871, subdivision  
271.18 15.

380.14 prior to forming the child's family and permanency team, the responsible social services  
380.15 agency must consult with the child's parent or legal guardian, the child if the child is 14  
380.16 years of age or older, and, if applicable, the child's Tribe to obtain recommendations regarding  
380.17 which individuals to include on the team and to ensure that the team is family-centered and  
380.18 will act in the child's best interests. If the child, child's parents, or legal guardians raise  
380.19 concerns about specific relatives or professionals, the team should not include those  
380.20 individuals unless the individual is a treating professional or an important connection to the  
380.21 youth as outlined in the case or crisis plan; and

380.22 (5) for a voluntary placement under this chapter in a qualified residential treatment  
380.23 program, as defined in section 260C.007, subdivision 26d, for purposes of engaging in a  
380.24 relative search as provided in section 260C.221, the county agency must consult with the  
380.25 child's parent or legal guardian, the child if the child is 14 years of age or older, and, if  
380.26 applicable, the child's Tribe to obtain recommendations regarding which adult relatives the  
380.27 county agency should notify. If the child, child's parents, or legal guardians raise concerns  
380.28 about specific relatives, the county agency should not notify those relatives.

380.29 (g) The provisions of section 260.012 to ensure placement prevention, family  
380.30 reunification, and all active and reasonable effort requirements of that section apply.

380.31 Sec. 81. Minnesota Statutes 2024, section 260D.02, subdivision 5, is amended to read:

380.32 Subd. 5. **Child in voluntary foster care for treatment.** "Child in voluntary foster care  
380.33 for treatment" means a child with ~~emotional disturbance~~ a mental illness or developmental  
381.1 disability; or who has a related condition and is in foster care under a voluntary foster care  
381.2 agreement between the child's parent and the agency due to concurrence between the agency  
381.3 and the parent when it is determined that foster care is medically necessary:

381.4 (1) due to a determination by the agency's screening team based on its review of the  
381.5 diagnostic and functional assessment under section 245.4885; or

381.6 (2) due to a determination by the agency's screening team under section 256B.092 and  
381.7 Minnesota Rules, parts 9525.0004 to 9525.0016.

381.8 A child is not in voluntary foster care for treatment under this chapter when there is a  
381.9 current determination under chapter 260E that the child requires child protective services  
381.10 or when the child is in foster care for any reason other than the child's ~~emotional or mental~~  
381.11 illness, developmental disability, or related condition.

381.12 Sec. 82. Minnesota Statutes 2024, section 260D.02, subdivision 9, is amended to read:

381.13 Subd. 9. ~~Emotional disturbance~~ **Mental illness.** "~~Emotional disturbance~~ Mental illness"  
381.14 means emotional disturbance as described has the meaning given in section 245.4871,  
381.15 subdivision 15.

271.19 Sec. 81. Minnesota Statutes 2024, section 260D.03, subdivision 1, is amended to read:

271.20 Subdivision 1. **Voluntary foster care.** When the agency's screening team, based upon  
271.21 the diagnostic and functional assessment under section 245.4885 or medical necessity  
271.22 screenings under section 256B.092, subdivision 7, determines the child's need for treatment  
271.23 due to ~~emotional disturbance or a mental illness~~, developmental disability, or related condition  
271.24 requires foster care placement of the child, a voluntary foster care agreement between the  
271.25 child's parent and the agency gives the agency legal authority to place the child in foster  
271.26 care.

272.1 Sec. 82. Minnesota Statutes 2024, section 260D.04, is amended to read:

272.2 **260D.04 REQUIRED INFORMATION FOR A CHILD IN VOLUNTARY FOSTER**  
272.3 **CARE FOR TREATMENT.**

272.4 An agency with authority to place a child in voluntary foster care for treatment due to  
272.5 ~~emotional disturbance or a mental illness~~, developmental disability, or related condition;  
272.6 shall inform the child, age 12 or older, of the following:

272.7 (1) the child has the right to be consulted in the preparation of the out-of-home placement  
272.8 plan required under section 260C.212, subdivision 1, and the administrative review required  
272.9 under section 260C.203;

272.10 (2) the child has the right to visit the parent and the right to visit the child's siblings as  
272.11 determined safe and appropriate by the parent and the agency;

272.12 (3) if the child disagrees with the foster care facility or services provided under the  
272.13 out-of-home placement plan required under section 260C.212, subdivision 1, the agency  
272.14 shall include information about the nature of the child's disagreement and, to the extent  
272.15 possible, the agency's understanding of the basis of the child's disagreement in the information  
272.16 provided to the court in the report required under section 260D.06; and

272.17 (4) the child has the rights established under Minnesota Rules, part 2960.0050, as a  
272.18 resident of a facility licensed by the state.

272.19 Sec. 83. Minnesota Statutes 2024, section 260D.06, subdivision 2, is amended to read:

272.20 Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial review  
272.21 by reporting to the court according to the following procedures:

272.22 (a) A written report shall be forwarded to the court within 165 days of the date of the  
272.23 voluntary placement agreement. The written report shall contain or have attached:

272.24 (1) a statement of facts that necessitate the child's foster care placement;

272.25 (2) the child's name, date of birth, race, gender, and current address;

272.26 (3) the names, race, date of birth, residence, and post office addresses of the child's  
272.27 parents or legal custodian;

381.16 Sec. 83. Minnesota Statutes 2024, section 260D.03, subdivision 1, is amended to read:

381.17 Subdivision 1. **Voluntary foster care.** When the agency's screening team, based upon  
381.18 the diagnostic and functional assessment under section 245.4885 or medical necessity  
381.19 screenings under section 256B.092, subdivision 7, determines the child's need for treatment  
381.20 due to ~~emotional disturbance or a mental illness~~, developmental disability, or related condition  
381.21 requires foster care placement of the child, a voluntary foster care agreement between the  
381.22 child's parent and the agency gives the agency legal authority to place the child in foster  
381.23 care.

381.24 Sec. 84. Minnesota Statutes 2024, section 260D.04, is amended to read:

381.25 **260D.04 REQUIRED INFORMATION FOR A CHILD IN VOLUNTARY FOSTER**  
381.26 **CARE FOR TREATMENT.**

381.27 An agency with authority to place a child in voluntary foster care for treatment due to  
381.28 ~~emotional disturbance or a mental illness~~, developmental disability, or related condition;  
381.29 shall inform the child, age 12 or older, of the following:

382.1 (1) the child has the right to be consulted in the preparation of the out-of-home placement  
382.2 plan required under section 260C.212, subdivision 1, and the administrative review required  
382.3 under section 260C.203;

382.4 (2) the child has the right to visit the parent and the right to visit the child's siblings as  
382.5 determined safe and appropriate by the parent and the agency;

382.6 (3) if the child disagrees with the foster care facility or services provided under the  
382.7 out-of-home placement plan required under section 260C.212, subdivision 1, the agency  
382.8 shall include information about the nature of the child's disagreement and, to the extent  
382.9 possible, the agency's understanding of the basis of the child's disagreement in the information  
382.10 provided to the court in the report required under section 260D.06; and

382.11 (4) the child has the rights established under Minnesota Rules, part 2960.0050, as a  
382.12 resident of a facility licensed by the state.

382.13 Sec. 85. Minnesota Statutes 2024, section 260D.06, subdivision 2, is amended to read:

382.14 Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial review  
382.15 by reporting to the court according to the following procedures:

382.16 (a) A written report shall be forwarded to the court within 165 days of the date of the  
382.17 voluntary placement agreement. The written report shall contain or have attached:

382.18 (1) a statement of facts that necessitate the child's foster care placement;

382.19 (2) the child's name, date of birth, race, gender, and current address;

382.20 (3) the names, race, date of birth, residence, and post office addresses of the child's  
382.21 parents or legal custodian;

272.28 (4) a statement regarding the child's eligibility for membership or enrollment in an Indian  
272.29 tribe and the agency's compliance with applicable provisions of sections 260.751 to 260.835;

272.30 (5) the names and addresses of the foster parents or chief administrator of the facility in  
272.31 which the child is placed, if the child is not in a family foster home or group home;

273.1 (6) a copy of the out-of-home placement plan required under section 260C.212,  
273.2 subdivision 1;

273.3 (7) a written summary of the proceedings of any administrative review required under  
273.4 section 260C.203;

273.5 (8) evidence as specified in section 260C.712 when a child is placed in a qualified  
273.6 residential treatment program as defined in section 260C.007, subdivision 26d; and

273.7 (9) any other information the agency, parent or legal custodian, the child or the foster  
273.8 parent, or other residential facility wants the court to consider.

273.9 (b) In the case of a child in placement due to ~~emotional disturbance~~ a mental illness, the  
273.10 written report shall include as an attachment, the child's individual treatment plan developed  
273.11 by the child's treatment professional, as provided in section 245.4871, subdivision 21, or  
273.12 the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph  
273.13 (e).

273.14 (c) In the case of a child in placement due to developmental disability or a related  
273.15 condition, the written report shall include as an attachment, the child's individual service  
273.16 plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan,  
273.17 as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan;  
273.18 or the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph  
273.19 (e).

273.20 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster  
273.21 parent or foster care facility of the reporting and court review requirements of this section  
273.22 and of their right to submit information to the court:

273.23 (1) if the child or the child's parent or the foster care provider wants to send information  
273.24 to the court, the agency shall advise those persons of the reporting date and the date by  
273.25 which the agency must receive the information they want forwarded to the court so the  
273.26 agency is timely able submit it with the agency's report required under this subdivision;

273.27 (2) the agency must also inform the child, age 12 or older, the child's parent, and the  
273.28 foster care facility that they have the right to be heard in person by the court and how to  
273.29 exercise that right;

273.30 (3) the agency must also inform the child, age 12 or older, the child's parent, and the  
273.31 foster care provider that an in-court hearing will be held if requested by the child, the parent,  
273.32 or the foster care provider; and

382.22 (4) a statement regarding the child's eligibility for membership or enrollment in an Indian  
382.23 tribe and the agency's compliance with applicable provisions of sections 260.751 to 260.835;

382.24 (5) the names and addresses of the foster parents or chief administrator of the facility in  
382.25 which the child is placed, if the child is not in a family foster home or group home;

382.26 (6) a copy of the out-of-home placement plan required under section 260C.212,  
382.27 subdivision 1;

382.28 (7) a written summary of the proceedings of any administrative review required under  
382.29 section 260C.203;

382.30 (8) evidence as specified in section 260C.712 when a child is placed in a qualified  
382.31 residential treatment program as defined in section 260C.007, subdivision 26d; and

383.1 (9) any other information the agency, parent or legal custodian, the child or the foster  
383.2 parent, or other residential facility wants the court to consider.

383.3 (b) In the case of a child in placement due to ~~emotional disturbance~~ mental illness, the  
383.4 written report shall include as an attachment, the child's individual treatment plan developed  
383.5 by the child's treatment professional, as provided in section 245.4871, subdivision 21, or  
383.6 the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph  
383.7 (e).

383.8 (c) In the case of a child in placement due to developmental disability or a related  
383.9 condition, the written report shall include as an attachment, the child's individual service  
383.10 plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan,  
383.11 as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan;  
383.12 or the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph  
383.13 (e).

383.14 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster  
383.15 parent or foster care facility of the reporting and court review requirements of this section  
383.16 and of their right to submit information to the court:

383.17 (1) if the child or the child's parent or the foster care provider wants to send information  
383.18 to the court, the agency shall advise those persons of the reporting date and the date by  
383.19 which the agency must receive the information they want forwarded to the court so the  
383.20 agency is timely able submit it with the agency's report required under this subdivision;

383.21 (2) the agency must also inform the child, age 12 or older, the child's parent, and the  
383.22 foster care facility that they have the right to be heard in person by the court and how to  
383.23 exercise that right;

383.24 (3) the agency must also inform the child, age 12 or older, the child's parent, and the  
383.25 foster care provider that an in-court hearing will be held if requested by the child, the parent,  
383.26 or the foster care provider; and

274.1 (4) if, at the time required for the report under this section, a child, age 12 or older,  
274.2 disagrees about the foster care facility or services provided under the out-of-home placement  
274.3 plan required under section 260C.212, subdivision 1, the agency shall include information  
274.4 regarding the child's disagreement, and to the extent possible, the basis for the child's  
274.5 disagreement in the report required under this section.

274.6 (e) After receiving the required report, the court has jurisdiction to make the following  
274.7 determinations and must do so within ten days of receiving the forwarded report, whether  
274.8 a hearing is requested:

274.9 (1) whether the voluntary foster care arrangement is in the child's best interests;

274.10 (2) whether the parent and agency are appropriately planning for the child; and

274.11 (3) in the case of a child age 12 or older, who disagrees with the foster care facility or  
274.12 services provided under the out-of-home placement plan, whether it is appropriate to appoint  
274.13 counsel and a guardian ad litem for the child using standards and procedures under section  
274.14 260C.163.

274.15 (f) Unless requested by a parent, representative of the foster care facility, or the child,  
274.16 no in-court hearing is required in order for the court to make findings and issue an order as  
274.17 required in paragraph (e).

274.18 (g) If the court finds the voluntary foster care arrangement is in the child's best interests  
274.19 and that the agency and parent are appropriately planning for the child, the court shall issue  
274.20 an order containing explicit, individualized findings to support its determination. The  
274.21 individualized findings shall be based on the agency's written report and other materials  
274.22 submitted to the court. The court may make this determination notwithstanding the child's  
274.23 disagreement, if any, reported under paragraph (d).

274.24 (h) The court shall send a copy of the order to the county attorney, the agency, parent,  
274.25 child, age 12 or older, and the foster parent or foster care facility.

274.26 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or  
274.27 representative of the foster care facility notice of the permanency review hearing required  
274.28 under section 260D.07, paragraph (e).

274.29 (j) If the court finds continuing the voluntary foster care arrangement is not in the child's  
274.30 best interests or that the agency or the parent are not appropriately planning for the child,  
274.31 the court shall notify the agency, the parent, the foster parent or foster care facility, the child,  
274.32 age 12 or older, and the county attorney of the court's determinations and the basis for the  
275.1 court's determinations. In this case, the court shall set the matter for hearing and appoint a  
275.2 guardian ad litem for the child under section 260C.163, subdivision 5.

383.27 (4) if, at the time required for the report under this section, a child, age 12 or older,  
383.28 disagrees about the foster care facility or services provided under the out-of-home placement  
383.29 plan required under section 260C.212, subdivision 1, the agency shall include information  
383.30 regarding the child's disagreement, and to the extent possible, the basis for the child's  
383.31 disagreement in the report required under this section.

384.1 (e) After receiving the required report, the court has jurisdiction to make the following  
384.2 determinations and must do so within ten days of receiving the forwarded report, whether  
384.3 a hearing is requested:

384.4 (1) whether the voluntary foster care arrangement is in the child's best interests;

384.5 (2) whether the parent and agency are appropriately planning for the child; and

384.6 (3) in the case of a child age 12 or older, who disagrees with the foster care facility or  
384.7 services provided under the out-of-home placement plan, whether it is appropriate to appoint  
384.8 counsel and a guardian ad litem for the child using standards and procedures under section  
384.9 260C.163.

384.10 (f) Unless requested by a parent, representative of the foster care facility, or the child,  
384.11 no in-court hearing is required in order for the court to make findings and issue an order as  
384.12 required in paragraph (e).

384.13 (g) If the court finds the voluntary foster care arrangement is in the child's best interests  
384.14 and that the agency and parent are appropriately planning for the child, the court shall issue  
384.15 an order containing explicit, individualized findings to support its determination. The  
384.16 individualized findings shall be based on the agency's written report and other materials  
384.17 submitted to the court. The court may make this determination notwithstanding the child's  
384.18 disagreement, if any, reported under paragraph (d).

384.19 (h) The court shall send a copy of the order to the county attorney, the agency, parent,  
384.20 child, age 12 or older, and the foster parent or foster care facility.

384.21 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or  
384.22 representative of the foster care facility notice of the permanency review hearing required  
384.23 under section 260D.07, paragraph (e).

384.24 (j) If the court finds continuing the voluntary foster care arrangement is not in the child's  
384.25 best interests or that the agency or the parent are not appropriately planning for the child,  
384.26 the court shall notify the agency, the parent, the foster parent or foster care facility, the child,  
384.27 age 12 or older, and the county attorney of the court's determinations and the basis for the  
384.28 court's determinations. In this case, the court shall set the matter for hearing and appoint a  
384.29 guardian ad litem for the child under section 260C.163, subdivision 5.

275.3 Sec. 84. Minnesota Statutes 2024, section 260D.07, is amended to read:

275.4 **260D.07 REQUIRED PERMANENCY REVIEW HEARING.**

275.5 (a) When the court has found that the voluntary arrangement is in the child's best interests  
275.6 and that the agency and parent are appropriately planning for the child pursuant to the report  
275.7 submitted under section 260D.06, and the child continues in voluntary foster care as defined  
275.8 in section 260D.02, subdivision 10, for 13 months from the date of the voluntary foster care  
275.9 agreement, or has been in placement for 15 of the last 22 months, the agency must:

275.10 (1) terminate the voluntary foster care agreement and return the child home; or

275.11 (2) determine whether there are compelling reasons to continue the voluntary foster care  
275.12 arrangement and, if the agency determines there are compelling reasons, seek judicial  
275.13 approval of its determination; or

275.14 (3) file a petition for the termination of parental rights.

275.15 (b) When the agency is asking for the court's approval of its determination that there are  
275.16 compelling reasons to continue the child in the voluntary foster care arrangement, the agency  
275.17 shall file a "Petition for Permanency Review Regarding a Child in Voluntary Foster Care  
275.18 for Treatment" and ask the court to proceed under this section.

275.19 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care  
275.20 for Treatment" shall be drafted or approved by the county attorney and be under oath. The  
275.21 petition shall include:

275.22 (1) the date of the voluntary placement agreement;

275.23 (2) whether the petition is due to the child's developmental disability or ~~emotional~~  
275.24 ~~disturbance~~ mental illness;

275.25 (3) the plan for the ongoing care of the child and the parent's participation in the plan;

275.26 (4) a description of the parent's visitation and contact with the child;

275.27 (5) the date of the court finding that the foster care placement was in the best interests  
275.28 of the child, if required under section 260D.06, or the date the agency filed the motion under  
275.29 section 260D.09, paragraph (b);

275.30 (6) the agency's reasonable efforts to finalize the permanent plan for the child, including  
275.31 returning the child to the care of the child's family;

276.1 (7) a citation to this chapter as the basis for the petition; and

276.2 (8) evidence as specified in section 260C.712 when a child is placed in a qualified  
276.3 residential treatment program as defined in section 260C.007, subdivision 26d.

276.4 (d) An updated copy of the out-of-home placement plan required under section 260C.212,  
276.5 subdivision 1, shall be filed with the petition.

385.1 Sec. 86. Minnesota Statutes 2024, section 260D.07, is amended to read:

385.2 **260D.07 REQUIRED PERMANENCY REVIEW HEARING.**

385.3 (a) When the court has found that the voluntary arrangement is in the child's best interests  
385.4 and that the agency and parent are appropriately planning for the child pursuant to the report  
385.5 submitted under section 260D.06, and the child continues in voluntary foster care as defined  
385.6 in section 260D.02, subdivision 10, for 13 months from the date of the voluntary foster care  
385.7 agreement, or has been in placement for 15 of the last 22 months, the agency must:

385.8 (1) terminate the voluntary foster care agreement and return the child home; or

385.9 (2) determine whether there are compelling reasons to continue the voluntary foster care  
385.10 arrangement and, if the agency determines there are compelling reasons, seek judicial  
385.11 approval of its determination; or

385.12 (3) file a petition for the termination of parental rights.

385.13 (b) When the agency is asking for the court's approval of its determination that there are  
385.14 compelling reasons to continue the child in the voluntary foster care arrangement, the agency  
385.15 shall file a "Petition for Permanency Review Regarding a Child in Voluntary Foster Care  
385.16 for Treatment" and ask the court to proceed under this section.

385.17 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care  
385.18 for Treatment" shall be drafted or approved by the county attorney and be under oath. The  
385.19 petition shall include:

385.20 (1) the date of the voluntary placement agreement;

385.21 (2) whether the petition is due to the child's developmental disability or ~~emotional~~  
385.22 ~~disturbance~~ mental illness;

385.23 (3) the plan for the ongoing care of the child and the parent's participation in the plan;

385.24 (4) a description of the parent's visitation and contact with the child;

385.25 (5) the date of the court finding that the foster care placement was in the best interests  
385.26 of the child, if required under section 260D.06, or the date the agency filed the motion under  
385.27 section 260D.09, paragraph (b);

385.28 (6) the agency's reasonable efforts to finalize the permanent plan for the child, including  
385.29 returning the child to the care of the child's family;

385.30 (7) a citation to this chapter as the basis for the petition; and

386.1 (8) evidence as specified in section 260C.712 when a child is placed in a qualified  
386.2 residential treatment program as defined in section 260C.007, subdivision 26d.

386.3 (d) An updated copy of the out-of-home placement plan required under section 260C.212,  
386.4 subdivision 1, shall be filed with the petition.

276.6 (e) The court shall set the date for the permanency review hearing no later than 14 months  
276.7 after the child has been in placement or within 30 days of the petition filing date when the  
276.8 child has been in placement 15 of the last 22 months. The court shall serve the petition  
276.9 together with a notice of hearing by United States mail on the parent, the child age 12 or  
276.10 older, the child's guardian ad litem, if one has been appointed, the agency, the county  
276.11 attorney, and counsel for any party.

276.12 (f) The court shall conduct the permanency review hearing on the petition no later than  
276.13 14 months after the date of the voluntary placement agreement, within 30 days of the filing  
276.14 of the petition when the child has been in placement 15 of the last 22 months, or within 15  
276.15 days of a motion to terminate jurisdiction and to dismiss an order for foster care under  
276.16 chapter 260C, as provided in section 260D.09, paragraph (b).

276.17 (g) At the permanency review hearing, the court shall:

276.18 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review  
276.19 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,  
276.20 and whether the parent agrees to the continued voluntary foster care arrangement as being  
276.21 in the child's best interests;

276.22 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to  
276.23 finalize the permanent plan for the child, including whether there are services available and  
276.24 accessible to the parent that might allow the child to safely be with the child's family;

276.25 (3) inquire of the parent if the parent consents to the court entering an order that:

276.26 (i) approves the responsible agency's reasonable efforts to finalize the permanent plan  
276.27 for the child, which includes ongoing future planning for the safety, health, and best interests  
276.28 of the child; and

276.29 (ii) approves the responsible agency's determination that there are compelling reasons  
276.30 why the continued voluntary foster care arrangement is in the child's best interests; and

276.31 (4) inquire of the child's guardian ad litem and any other party whether the guardian or  
276.32 the party agrees that:

277.1 (i) the court should approve the responsible agency's reasonable efforts to finalize the  
277.2 permanent plan for the child, which includes ongoing and future planning for the safety,  
277.3 health, and best interests of the child; and

277.4 (ii) the court should approve of the responsible agency's determination that there are  
277.5 compelling reasons why the continued voluntary foster care arrangement is in the child's  
277.6 best interests.

277.7 (h) At a permanency review hearing under this section, the court may take the following  
277.8 actions based on the contents of the sworn petition and the consent of the parent:

386.5 (e) The court shall set the date for the permanency review hearing no later than 14 months  
386.6 after the child has been in placement or within 30 days of the petition filing date when the  
386.7 child has been in placement 15 of the last 22 months. The court shall serve the petition  
386.8 together with a notice of hearing by United States mail on the parent, the child age 12 or  
386.9 older, the child's guardian ad litem, if one has been appointed, the agency, the county  
386.10 attorney, and counsel for any party.

386.11 (f) The court shall conduct the permanency review hearing on the petition no later than  
386.12 14 months after the date of the voluntary placement agreement, within 30 days of the filing  
386.13 of the petition when the child has been in placement 15 of the last 22 months, or within 15  
386.14 days of a motion to terminate jurisdiction and to dismiss an order for foster care under  
386.15 chapter 260C, as provided in section 260D.09, paragraph (b).

386.16 (g) At the permanency review hearing, the court shall:

386.17 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review  
386.18 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,  
386.19 and whether the parent agrees to the continued voluntary foster care arrangement as being  
386.20 in the child's best interests;

386.21 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to  
386.22 finalize the permanent plan for the child, including whether there are services available and  
386.23 accessible to the parent that might allow the child to safely be with the child's family;

386.24 (3) inquire of the parent if the parent consents to the court entering an order that:

386.25 (i) approves the responsible agency's reasonable efforts to finalize the permanent plan  
386.26 for the child, which includes ongoing future planning for the safety, health, and best interests  
386.27 of the child; and

386.28 (ii) approves the responsible agency's determination that there are compelling reasons  
386.29 why the continued voluntary foster care arrangement is in the child's best interests; and

386.30 (4) inquire of the child's guardian ad litem and any other party whether the guardian or  
386.31 the party agrees that:

387.1 (i) the court should approve the responsible agency's reasonable efforts to finalize the  
387.2 permanent plan for the child, which includes ongoing and future planning for the safety,  
387.3 health, and best interests of the child; and

387.4 (ii) the court should approve of the responsible agency's determination that there are  
387.5 compelling reasons why the continued voluntary foster care arrangement is in the child's  
387.6 best interests.

387.7 (h) At a permanency review hearing under this section, the court may take the following  
387.8 actions based on the contents of the sworn petition and the consent of the parent:



277.9 (1) approve the agency's compelling reasons that the voluntary foster care arrangement  
277.10 is in the best interests of the child; and

277.11 (2) find that the agency has made reasonable efforts to finalize the permanent plan for  
277.12 the child.

277.13 (i) A child, age 12 or older, may object to the agency's request that the court approve its  
277.14 compelling reasons for the continued voluntary arrangement and may be heard on the reasons  
277.15 for the objection. Notwithstanding the child's objection, the court may approve the agency's  
277.16 compelling reasons and the voluntary arrangement.

277.17 (j) If the court does not approve the voluntary arrangement after hearing from the child  
277.18 or the child's guardian ad litem, the court shall dismiss the petition. In this case, either:

277.19 (1) the child must be returned to the care of the parent; or

277.20 (2) the agency must file a petition under section 260C.141, asking for appropriate relief  
277.21 under sections 260C.301 or 260C.503 to 260C.521.

277.22 (k) When the court approves the agency's compelling reasons for the child to continue  
277.23 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts  
277.24 to finalize a permanent plan for the child, the court shall approve the continued voluntary  
277.25 foster care arrangement, and continue the matter under the court's jurisdiction for the purposes  
277.26 of reviewing the child's placement every 12 months while the child is in foster care.

277.27 (l) A finding that the court approves the continued voluntary placement means the agency  
277.28 has continued legal authority to place the child while a voluntary placement agreement  
277.29 remains in effect. The parent or the agency may terminate a voluntary agreement as provided  
277.30 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is  
277.31 governed by section 260.765, subdivision 4.

278.1 Sec. 85. Minnesota Statutes 2024, section 260E.11, subdivision 3, is amended to read:

278.2 Subd. 3. **Report to medical examiner or coroner; notification to local agency and**  
278.3 **law enforcement; report ombudsman.** (a) A person mandated to report maltreatment who  
278.4 knows or has reason to believe a child has died as a result of maltreatment shall report that  
278.5 information to the appropriate medical examiner or coroner instead of the local welfare  
278.6 agency, police department, or county sheriff.

278.7 (b) The medical examiner or coroner shall notify the local welfare agency, police  
278.8 department, or county sheriff in instances in which the medical examiner or coroner believes  
278.9 that the child has died as a result of maltreatment. The medical examiner or coroner shall  
278.10 complete an investigation as soon as feasible and report the findings to the police department  
278.11 or county sheriff and the local welfare agency.

278.12 (c) If the child was receiving services or treatment for mental illness, developmental  
278.13 disability, or substance use disorder, ~~or emotional disturbance~~ from an agency, facility, or

387.9 (1) approve the agency's compelling reasons that the voluntary foster care arrangement  
387.10 is in the best interests of the child; and

387.11 (2) find that the agency has made reasonable efforts to finalize the permanent plan for  
387.12 the child.

387.13 (i) A child, age 12 or older, may object to the agency's request that the court approve its  
387.14 compelling reasons for the continued voluntary arrangement and may be heard on the reasons  
387.15 for the objection. Notwithstanding the child's objection, the court may approve the agency's  
387.16 compelling reasons and the voluntary arrangement.

387.17 (j) If the court does not approve the voluntary arrangement after hearing from the child  
387.18 or the child's guardian ad litem, the court shall dismiss the petition. In this case, either:

387.19 (1) the child must be returned to the care of the parent; or

387.20 (2) the agency must file a petition under section 260C.141, asking for appropriate relief  
387.21 under sections 260C.301 or 260C.503 to 260C.521.

387.22 (k) When the court approves the agency's compelling reasons for the child to continue  
387.23 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts  
387.24 to finalize a permanent plan for the child, the court shall approve the continued voluntary  
387.25 foster care arrangement, and continue the matter under the court's jurisdiction for the purposes  
387.26 of reviewing the child's placement every 12 months while the child is in foster care.

387.27 (l) A finding that the court approves the continued voluntary placement means the agency  
387.28 has continued legal authority to place the child while a voluntary placement agreement  
387.29 remains in effect. The parent or the agency may terminate a voluntary agreement as provided  
387.30 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is  
387.31 governed by section 260.765, subdivision 4.

388.1 Sec. 87. Minnesota Statutes 2024, section 260E.11, subdivision 3, is amended to read:

388.2 Subd. 3. **Report to medical examiner or coroner; notification to local agency and**  
388.3 **law enforcement; report ombudsman.** (a) A person mandated to report maltreatment who  
388.4 knows or has reason to believe a child has died as a result of maltreatment shall report that  
388.5 information to the appropriate medical examiner or coroner instead of the local welfare  
388.6 agency, police department, or county sheriff.

388.7 (b) The medical examiner or coroner shall notify the local welfare agency, police  
388.8 department, or county sheriff in instances in which the medical examiner or coroner believes  
388.9 that the child has died as a result of maltreatment. The medical examiner or coroner shall  
388.10 complete an investigation as soon as feasible and report the findings to the police department  
388.11 or county sheriff and the local welfare agency.

388.12 (c) If the child was receiving services or treatment for mental illness, developmental  
388.13 disability, or substance use disorder, ~~or emotional disturbance~~ from an agency, facility, or

278.14 program as defined in section 245.91, the medical examiner or coroner shall also notify and  
278.15 report findings to the ombudsman established under sections 245.91 to 245.97.

278.16 Sec. 86. Minnesota Statutes 2024, section 295.50, subdivision 9b, is amended to read:

278.17 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services  
278.18 and other goods and services provided by hospitals, surgical centers, or health care providers.  
278.19 They include the following health care goods and services provided to a patient or consumer:

278.20 (1) bed and board;

278.21 (2) nursing services and other related services;

278.22 (3) use of hospitals, surgical centers, or health care provider facilities;

278.23 (4) medical social services;

278.24 (5) drugs, biologicals, supplies, appliances, and equipment;

278.25 (6) other diagnostic or therapeutic items or services;

278.26 (7) medical or surgical services;

278.27 (8) items and services furnished to ambulatory patients not requiring emergency care;  
278.28 and

278.29 (9) emergency services.

278.30 (b) "Patient services" does not include:

279.1 (1) services provided to nursing homes licensed under chapter 144A;

279.2 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,  
279.3 litigation, and employment, including reviews of medical records for those purposes;

279.4 (3) services provided to and by community residential mental health facilities licensed  
279.5 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by  
279.6 residential treatment programs for children with ~~severe emotional disturbance~~ a serious  
279.7 mental illness licensed or certified under chapter 245A;

279.8 (4) services provided under the following programs: day treatment services as defined  
279.9 in section 245.462, subdivision 8; assertive community treatment as described in section  
279.10 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;  
279.11 crisis response services as described in section 256B.0624; and children's therapeutic services  
279.12 and supports as described in section 256B.0943;

279.13 (5) services provided to and by community mental health centers as defined in section  
279.14 245.62, subdivision 2;

279.15 (6) services provided to and by assisted living programs and congregate housing  
279.16 programs;

388.14 program as defined in section 245.91, the medical examiner or coroner shall also notify and  
388.15 report findings to the ombudsman established under sections 245.91 to 245.97.

388.16 Sec. 88. Minnesota Statutes 2024, section 295.50, subdivision 9b, is amended to read:

388.17 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services  
388.18 and other goods and services provided by hospitals, surgical centers, or health care providers.  
388.19 They include the following health care goods and services provided to a patient or consumer:

388.20 (1) bed and board;

388.21 (2) nursing services and other related services;

388.22 (3) use of hospitals, surgical centers, or health care provider facilities;

388.23 (4) medical social services;

388.24 (5) drugs, biologicals, supplies, appliances, and equipment;

388.25 (6) other diagnostic or therapeutic items or services;

388.26 (7) medical or surgical services;

388.27 (8) items and services furnished to ambulatory patients not requiring emergency care;  
388.28 and

388.29 (9) emergency services.

388.30 (b) "Patient services" does not include:

389.1 (1) services provided to nursing homes licensed under chapter 144A;

389.2 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,  
389.3 litigation, and employment, including reviews of medical records for those purposes;

389.4 (3) services provided to and by community residential mental health facilities licensed  
389.5 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by  
389.6 residential treatment programs for children with ~~severe emotional disturbance~~ a serious  
389.7 mental illness licensed or certified under chapter 245A;

389.8 (4) services provided under the following programs: day treatment services as defined  
389.9 in section 245.462, subdivision 8; assertive community treatment as described in section  
389.10 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;  
389.11 crisis response services as described in section 256B.0624; and children's therapeutic services  
389.12 and supports as described in section 256B.0943;

389.13 (5) services provided to and by community mental health centers as defined in section  
389.14 245.62, subdivision 2;

389.15 (6) services provided to and by assisted living programs and congregate housing  
389.16 programs;

279.17 (7) hospice care services;

279.18 (8) home and community-based waived services under chapter 256S and sections

279.19 256B.49 and 256B.501;

279.20 (9) targeted case management services under sections 256B.0621; 256B.0625,

279.21 subdivisions 20, 20a, 33, and 44; and 256B.094; and

279.22 (10) services provided to the following: supervised living facilities for persons with

279.23 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;

279.24 housing with services establishments required to be registered under chapter 144D; board

279.25 and lodging establishments providing only custodial services that are licensed under chapter

279.26 157 and registered under section 157.17 to provide supportive services or health supervision

279.27 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training

279.28 and habilitation services for adults with developmental disabilities as defined in section

279.29 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;

279.30 adult day care services as defined in section 245A.02, subdivision 2a; and home health

279.31 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under

279.32 chapter 144A.

389.17 (7) hospice care services;

389.18 (8) home and community-based waived services under chapter 256S and sections

389.19 256B.49 and 256B.501;

389.20 (9) targeted case management services under sections 256B.0621; 256B.0625,

389.21 subdivisions 20, 20a, 33, and 44; and 256B.094; and

389.22 (10) services provided to the following: supervised living facilities for persons with

389.23 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;

389.24 housing with services establishments required to be registered under chapter 144D; board

389.25 and lodging establishments providing only custodial services that are licensed under chapter

389.26 157 and registered under section 157.17 to provide supportive services or health supervision

389.27 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training

389.28 and habilitation services for adults with developmental disabilities as defined in section

389.29 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;

389.30 adult day care services as defined in section 245A.02, subdivision 2a; and home health

389.31 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under

389.32 chapter 144A.