

1.1 ..... moves to amend H.F. No. 3138, the delete everything amendment  
1.2 (A18-0776), as follows:

1.3 Page 101, after line 26, insert:

1.4 "Section 1. Minnesota Statutes 2017 Supplement, section 245A.03, subdivision 7, is  
1.5 amended to read:

1.6 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license  
1.7 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
1.8 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
1.9 for a physical location that will not be the primary residence of the license holder for the  
1.10 entire period of licensure. If a license is issued during this moratorium, and the license  
1.11 holder changes the license holder's primary residence away from the physical location of  
1.12 the foster care license, the commissioner shall revoke the license according to section  
1.13 245A.07. The commissioner shall not issue an initial license for a community residential  
1.14 setting licensed under chapter 245D. When approving an exception under this paragraph,  
1.15 the commissioner shall consider the resource need determination process in paragraph (h),  
1.16 the availability of foster care licensed beds in the geographic area in which the licensee  
1.17 seeks to operate, the results of a person's choices during their annual assessment and service  
1.18 plan review, and the recommendation of the local county board. The determination by the  
1.19 commissioner is final and not subject to appeal. Exceptions to the moratorium include:

1.20 (1) foster care settings that are required to be registered under chapter 144D;

1.21 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or  
1.22 community residential setting licenses replacing adult foster care licenses in existence on  
1.23 December 31, 2013, and determined to be needed by the commissioner under paragraph  
1.24 (b);

2.1 (3) new foster care licenses or community residential setting licenses determined to be  
2.2 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
2.3 or regional treatment center; restructuring of state-operated services that limits the capacity  
2.4 of state-operated facilities; or allowing movement to the community for people who no  
2.5 longer require the level of care provided in state-operated facilities as provided under section  
2.6 256B.092, subdivision 13, or 256B.49, subdivision 24;

2.7 (4) new foster care licenses or community residential setting licenses determined to be  
2.8 needed by the commissioner under paragraph (b) for persons requiring hospital level care;

2.9 (5) new foster care licenses or community residential setting licenses determined to be  
2.10 needed by the commissioner for the transition of people from personal care assistance to  
2.11 the home and community-based services;

2.12 (6) new foster care licenses or community residential setting licenses determined to be  
2.13 needed by the commissioner for the transition of people from the residential care waiver  
2.14 services to foster care services. This exception applies only when:

2.15 (i) the person's case manager provided the person with information about the choice of  
2.16 service, service provider, and location of service to help the person make an informed choice;  
2.17 and

2.18 (ii) the person's foster care services are less than or equal to the cost of the person's  
2.19 services delivered in the residential care waiver service setting as determined by the lead  
2.20 agency; ~~or~~

2.21 (7) new foster care licenses or community residential setting licenses for people receiving  
2.22 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and  
2.23 for which a license is required. This exception does not apply to people living in their own  
2.24 home. For purposes of this clause, there is a presumption that a foster care or community  
2.25 residential setting license is required for services provided to three or more people in a  
2.26 dwelling unit when the setting is controlled by the provider. A license holder subject to this  
2.27 exception may rebut the presumption that a license is required by seeking a reconsideration  
2.28 of the commissioner's determination. The commissioner's disposition of a request for  
2.29 reconsideration is final and not subject to appeal under chapter 14. The exception is available  
2.30 until June 30, ~~2018~~ 2019. This exception is available when:

2.31 (i) the person's case manager provided the person with information about the choice of  
2.32 service, service provider, and location of service, including in the person's home, to help  
2.33 the person make an informed choice; and

3.1 (ii) the person's services provided in the licensed foster care or community residential  
3.2 setting are less than or equal to the cost of the person's services delivered in the unlicensed  
3.3 setting as determined by the lead agency; or

3.4 (8) a vacancy in a setting granted an exception under clause (7), may receive an exception  
3.5 created by a person receiving services under chapter 245D and residing in the unlicensed  
3.6 setting between January 1, 2017, and May 1, 2017, for which a vacancy occurs between  
3.7 January 1, 2017, and the date of the exception request. This exception is available when the  
3.8 lead agency provides documentation to the commissioner on the eligibility criteria being  
3.9 met. This exception is available until June 30, 2019.

3.10 (b) The commissioner shall determine the need for newly licensed foster care homes or  
3.11 community residential settings as defined under this subdivision. As part of the determination,  
3.12 the commissioner shall consider the availability of foster care capacity in the area in which  
3.13 the licensee seeks to operate, and the recommendation of the local county board. The  
3.14 determination by the commissioner must be final. A determination of need is not required  
3.15 for a change in ownership at the same address.

3.16 (c) When an adult resident served by the program moves out of a foster home that is not  
3.17 the primary residence of the license holder according to section 256B.49, subdivision 15,  
3.18 paragraph (f), or the adult community residential setting, the county shall immediately  
3.19 inform the Department of Human Services Licensing Division. The department may decrease  
3.20 the statewide licensed capacity for adult foster care settings.

3.21 (d) Residential settings that would otherwise be subject to the decreased license capacity  
3.22 established in paragraph (c) shall be exempt if the license holder's beds are occupied by  
3.23 residents whose primary diagnosis is mental illness and the license holder is certified under  
3.24 the requirements in subdivision 6a or section 245D.33.

3.25 (e) A resource need determination process, managed at the state level, using the available  
3.26 reports required by section 144A.351, and other data and information shall be used to  
3.27 determine where the reduced capacity determined under section 256B.493 will be  
3.28 implemented. The commissioner shall consult with the stakeholders described in section  
3.29 144A.351, and employ a variety of methods to improve the state's capacity to meet the  
3.30 informed decisions of those people who want to move out of corporate foster care or  
3.31 community residential settings, long-term service needs within budgetary limits, including  
3.32 seeking proposals from service providers or lead agencies to change service type, capacity,  
3.33 or location to improve services, increase the independence of residents, and better meet

4.1 needs identified by the long-term services and supports reports and statewide data and  
4.2 information.

4.3 (f) At the time of application and reapplication for licensure, the applicant and the license  
4.4 holder that are subject to the moratorium or an exclusion established in paragraph (a) are  
4.5 required to inform the commissioner whether the physical location where the foster care  
4.6 will be provided is or will be the primary residence of the license holder for the entire period  
4.7 of licensure. If the primary residence of the applicant or license holder changes, the applicant  
4.8 or license holder must notify the commissioner immediately. The commissioner shall print  
4.9 on the foster care license certificate whether or not the physical location is the primary  
4.10 residence of the license holder.

4.11 (g) License holders of foster care homes identified under paragraph (f) that are not the  
4.12 primary residence of the license holder and that also provide services in the foster care home  
4.13 that are covered by a federally approved home and community-based services waiver, as  
4.14 authorized under section 256B.0915, 256B.092, or 256B.49, must inform the human services  
4.15 licensing division that the license holder provides or intends to provide these waiver-funded  
4.16 services.

4.17 (h) The commissioner may adjust capacity to address needs identified in section  
4.18 144A.351. Under this authority, the commissioner may approve new licensed settings or  
4.19 delicense existing settings. Delicensing of settings will be accomplished through a process  
4.20 identified in section 256B.493. Annually, by August 1, the commissioner shall provide  
4.21 information and data on capacity of licensed long-term services and supports, actions taken  
4.22 under the subdivision to manage statewide long-term services and supports resources, and  
4.23 any recommendations for change to the legislative committees with jurisdiction over the  
4.24 health and human services budget.

4.25 (i) The commissioner must notify a license holder when its corporate foster care or  
4.26 community residential setting licensed beds are reduced under this section. The notice of  
4.27 reduction of licensed beds must be in writing and delivered to the license holder by certified  
4.28 mail or personal service. The notice must state why the licensed beds are reduced and must  
4.29 inform the license holder of its right to request reconsideration by the commissioner. The  
4.30 license holder's request for reconsideration must be in writing. If mailed, the request for  
4.31 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
4.32 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
4.33 reconsideration is made by personal service, it must be received by the commissioner within  
4.34 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

5.1 (j) The commissioner shall not issue an initial license for children's residential treatment  
5.2 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
5.3 for a program that Centers for Medicare and Medicaid Services would consider an institution  
5.4 for mental diseases. Facilities that serve only private pay clients are exempt from the  
5.5 moratorium described in this paragraph. The commissioner has the authority to manage  
5.6 existing statewide capacity for children's residential treatment services subject to the  
5.7 moratorium under this paragraph and may issue an initial license for such facilities if the  
5.8 initial license would not increase the statewide capacity for children's residential treatment  
5.9 services subject to the moratorium under this paragraph.

5.10 Sec. 2. Minnesota Statutes 2017 Supplement, section 245A.11, subdivision 2a, is amended  
5.11 to read:

5.12 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)  
5.13 The commissioner shall issue adult foster care and community residential setting licenses  
5.14 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,  
5.15 except that the commissioner may issue a license with a capacity of five beds, including  
5.16 roomers and boarders, according to paragraphs (b) to (g).

5.17 (b) The license holder may have a maximum license capacity of five if all persons in  
5.18 care are age 55 or over and do not have a serious and persistent mental illness or a  
5.19 developmental disability.

5.20 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a  
5.21 licensed capacity of up to five persons to admit an individual under the age of 55 if the  
5.22 variance complies with section 245A.04, subdivision 9, and approval of the variance is  
5.23 recommended by the county in which the licensed facility is located.

5.24 (d) The commissioner may grant variances to paragraph (a) to allow the use of an  
5.25 additional bed, up to five, for emergency crisis services for a person with serious and  
5.26 persistent mental illness or a developmental disability, regardless of age, if the variance  
5.27 complies with section 245A.04, subdivision 9, and approval of the variance is recommended  
5.28 by the county in which the licensed facility is located.

5.29 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an  
5.30 additional bed, up to five, for respite services, as defined in section 245A.02, for persons  
5.31 with disabilities, regardless of age, if the variance complies with sections 245A.03,  
5.32 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended  
5.33 by the county in which the licensed facility is located. Respite care may be provided under  
5.34 the following conditions:

6.1 (1) staffing ratios cannot be reduced below the approved level for the individuals being  
6.2 served in the home on a permanent basis;

6.3 (2) no more than two different individuals can be accepted for respite services in any  
6.4 calendar month and the total respite days may not exceed 120 days per program in any  
6.5 calendar year;

6.6 (3) the person receiving respite services must have his or her own bedroom, which could  
6.7 be used for alternative purposes when not used as a respite bedroom, and cannot be the  
6.8 room of another person who lives in the facility; and

6.9 (4) individuals living in the facility must be notified when the variance is approved. The  
6.10 provider must give 60 days' notice in writing to the residents and their legal representatives  
6.11 prior to accepting the first respite placement. Notice must be given to residents at least two  
6.12 days prior to service initiation, or as soon as the license holder is able if they receive notice  
6.13 of the need for respite less than two days prior to initiation, each time a respite client will  
6.14 be served, unless the requirement for this notice is waived by the resident or legal guardian.

6.15 (f) The commissioner may issue an adult foster care or community residential setting  
6.16 license with a capacity of five adults if the fifth bed does not increase the overall statewide  
6.17 capacity of licensed adult foster care or community residential setting beds in homes that  
6.18 are not the primary residence of the license holder, as identified in a plan submitted to the  
6.19 commissioner by the county, when the capacity is recommended by the county licensing  
6.20 agency of the county in which the facility is located and if the recommendation verifies  
6.21 that:

6.22 (1) the facility meets the physical environment requirements in the adult foster care  
6.23 licensing rule;

6.24 (2) the five-bed living arrangement is specified for each resident in the resident's:

6.25 (i) individualized plan of care;

6.26 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

6.27 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,  
6.28 subpart 19, if required;

6.29 (3) the license holder obtains written and signed informed consent from each resident  
6.30 or resident's legal representative documenting the resident's informed choice to remain  
6.31 living in the home and that the resident's refusal to consent would not have resulted in  
6.32 service termination; and

7.1 (4) the facility was licensed for adult foster care before ~~March 1, 2011~~ June 30, 2016.

7.2 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)  
7.3 after June 30, ~~2019~~ 2021. The commissioner shall allow a facility with an adult foster care  
7.4 license issued under paragraph (f) before June 30, ~~2019~~ 2021, to continue with a capacity  
7.5 of five adults if the license holder continues to comply with the requirements in paragraph  
7.6 (f).

7.7 Sec. 3. Minnesota Statutes 2017 Supplement, section 245D.03, subdivision 1, is amended  
7.8 to read:

7.9 Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home  
7.10 and community-based services to persons with disabilities and persons age 65 and older  
7.11 pursuant to this chapter. The licensing standards in this chapter govern the provision of  
7.12 basic support services and intensive support services.

7.13 (b) Basic support services provide the level of assistance, supervision, and care that is  
7.14 necessary to ensure the health and welfare of the person and do not include services that  
7.15 are specifically directed toward the training, treatment, habilitation, or rehabilitation of the  
7.16 person. Basic support services include:

7.17 (1) in-home and out-of-home respite care services as defined in section 245A.02,  
7.18 subdivision 15, and under the brain injury, community alternative care, community access  
7.19 for disability inclusion, developmental disability, and elderly waiver plans, excluding  
7.20 out-of-home respite care provided to children in a family child foster care home licensed  
7.21 under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care license  
7.22 holder complies with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8,  
7.23 or successor provisions; and section 245D.061 or successor provisions, which must be  
7.24 stipulated in the statement of intended use required under Minnesota Rules, part 2960.3000,  
7.25 subpart 4;

7.26 (2) adult companion services as defined under the brain injury, community access for  
7.27 disability inclusion, community alternative care, and elderly waiver plans, excluding adult  
7.28 companion services provided under the Corporation for National and Community Services  
7.29 Senior Companion Program established under the Domestic Volunteer Service Act of 1973,  
7.30 Public Law 98-288;

7.31 (3) personal support as defined under the developmental disability waiver plan;

7.32 (4) 24-hour emergency assistance, personal emergency response as defined under the  
7.33 community access for disability inclusion and developmental disability waiver plans;

8.1 (5) night supervision services as defined under the brain injury, community access for  
8.2 disability inclusion, community alternative care, and developmental disability waiver plan  
8.3 plans;

8.4 (6) homemaker services as defined under the community access for disability inclusion,  
8.5 brain injury, community alternative care, developmental disability, and elderly waiver plans,  
8.6 excluding providers licensed by the Department of Health under chapter 144A and those  
8.7 providers providing cleaning services only; and

8.8 (7) individual community living support under section 256B.0915, subdivision 3j.

8.9 (c) Intensive support services provide assistance, supervision, and care that is necessary  
8.10 to ensure the health and welfare of the person and services specifically directed toward the  
8.11 training, habilitation, or rehabilitation of the person. Intensive support services include:

8.12 (1) intervention services, including:

8.13 (i) ~~behavioral~~ positive support services as defined under the brain injury ~~and~~, community  
8.14 access for disability inclusion, community alternative care, and developmental disability  
8.15 waiver plans;

8.16 (ii) in-home or out-of-home crisis respite services as defined under the brain injury,  
8.17 community access for disability inclusion, community alternative care, and developmental  
8.18 disability waiver plan plans; and

8.19 (iii) specialist services as defined under the current brain injury, community access for  
8.20 disability inclusion, community alternative care, and developmental disability waiver plan  
8.21 plans;

8.22 (2) in-home support services, including:

8.23 (i) in-home family support and supported living services as defined under the  
8.24 developmental disability waiver plan;

8.25 (ii) independent living services training as defined under the brain injury and community  
8.26 access for disability inclusion waiver plans;

8.27 (iii) semi-independent living services; and

8.28 (iv) individualized home supports services as defined under the brain injury, community  
8.29 alternative care, and community access for disability inclusion waiver plans;

8.30 (3) residential supports and services, including:



9.1 (i) supported living services as defined under the developmental disability waiver plan  
9.2 provided in a family or corporate child foster care residence, a family adult foster care  
9.3 residence, a community residential setting, or a supervised living facility;

9.4 (ii) foster care services as defined in the brain injury, community alternative care, and  
9.5 community access for disability inclusion waiver plans provided in a family or corporate  
9.6 child foster care residence, a family adult foster care residence, or a community residential  
9.7 setting; and

9.8 (iii) residential services provided to more than four persons with developmental  
9.9 disabilities in a supervised living facility, including ICFs/DD;

9.10 (4) day services, including:

9.11 (i) structured day services as defined under the brain injury waiver plan;

9.12 (ii) day training and habilitation services under sections 252.41 to 252.46, and as defined  
9.13 under the developmental disability waiver plan; and

9.14 (iii) prevocational services as defined under the brain injury and community access for  
9.15 disability inclusion waiver plans; and

9.16 (5) employment exploration services as defined under the brain injury, community  
9.17 alternative care, community access for disability inclusion, and developmental disability  
9.18 waiver plans;

9.19 (6) employment development services as defined under the brain injury, community  
9.20 alternative care, community access for disability inclusion, and developmental disability  
9.21 waiver plans; and

9.22 (7) employment support services as defined under the brain injury, community alternative  
9.23 care, community access for disability inclusion, and developmental disability waiver plans.

9.24 Sec. 4. Minnesota Statutes 2016, section 245D.071, subdivision 5, is amended to read:

9.25 Subd. 5. **Service plan review and evaluation.** (a) The license holder must give the  
9.26 person or the person's legal representative and case manager an opportunity to participate  
9.27 in the ongoing review and development of the service plan and the methods used to support  
9.28 the person and accomplish outcomes identified in subdivisions 3 and 4. At least once per  
9.29 year, or within 30 days of a written request by the person, the person's legal representative,  
9.30 or the case manager, the license holder, in coordination with the person's support team or  
9.31 expanded support team, must meet with the person, the person's legal representative, and  
9.32 the case manager, and participate in service plan review meetings following stated timelines

10.1 established in the person's coordinated service and support plan or coordinated service and  
10.2 support plan addendum ~~or within 30 days of a written request by the person, the person's~~  
10.3 ~~legal representative, or the case manager, at a minimum of once per year.~~ The purpose of  
10.4 the service plan review is to determine whether changes are needed to the service plan based  
10.5 on the assessment information, the license holder's evaluation of progress towards  
10.6 accomplishing outcomes, or other information provided by the support team or expanded  
10.7 support team.

10.8 (b) At least once per year, the license holder, in coordination with the person's support  
10.9 team or expanded support team, must meet with the person, the person's legal representative,  
10.10 and the case manager to discuss how technology might be used to meet the person's desired  
10.11 outcomes. The coordinated service and support plan or support plan addendum must include  
10.12 a summary of this discussion. The summary must include a statement regarding any decision  
10.13 made related to the use of technology and a description of any further research that must  
10.14 be completed before a decision regarding the use of technology can be made. Nothing in  
10.15 this paragraph requires the coordinated service and support plan to include the use of  
10.16 technology for the provision of services.

10.17 ~~(b)~~ (c) The license holder must summarize the person's status and progress toward  
10.18 achieving the identified outcomes and make recommendations and identify the rationale  
10.19 for changing, continuing, or discontinuing implementation of supports and methods identified  
10.20 in subdivision 4 in a report available at the time of the progress review meeting. The report  
10.21 must be sent at least five working days prior to the progress review meeting if requested by  
10.22 the team in the coordinated service and support plan or coordinated service and support  
10.23 plan addendum.

10.24 ~~(c)~~ (d) The license holder must send the coordinated service and support plan addendum  
10.25 to the person, the person's legal representative, and the case manager by mail within ten  
10.26 working days of the progress review meeting. Within ten working days of the mailing of  
10.27 the coordinated service and support plan addendum, the license holder must obtain dated  
10.28 signatures from the person or the person's legal representative and the case manager to  
10.29 document approval of any changes to the coordinated service and support plan addendum.

10.30 ~~(d)~~ (e) If, within ten working days of submitting changes to the coordinated service and  
10.31 support plan and coordinated service and support plan addendum, the person or the person's  
10.32 legal representative or case manager has not signed and returned to the license holder the  
10.33 coordinated service and support plan or coordinated service and support plan addendum or  
10.34 has not proposed written modifications to the license holder's submission, the submission  
10.35 is deemed approved and the coordinated service and support plan addendum becomes

11.1 effective and remains in effect until the legal representative or case manager submits a  
11.2 written request to revise the coordinated service and support plan addendum.

11.3 Sec. 5. Minnesota Statutes 2016, section 245D.091, subdivision 2, is amended to read:

11.4 Subd. 2. **Behavior Positive support professional qualifications.** A ~~behavior~~ positive  
11.5 support professional providing ~~behavioral~~ positive support services as identified in section  
11.6 245D.03, subdivision 1, paragraph (c), clause (1), item (i), must have competencies in the  
11.7 following areas as required under the brain injury ~~and~~ community access for disability  
11.8 inclusion, community alternative care, and developmental disability waiver plans or successor  
11.9 plans:

11.10 (1) ethical considerations;

11.11 (2) functional assessment;

11.12 (3) functional analysis;

11.13 (4) measurement of behavior and interpretation of data;

11.14 (5) selecting intervention outcomes and strategies;

11.15 (6) behavior reduction and elimination strategies that promote least restrictive approved  
11.16 alternatives;

11.17 (7) data collection;

11.18 (8) staff and caregiver training;

11.19 (9) support plan monitoring;

11.20 (10) co-occurring mental disorders or neurocognitive disorder;

11.21 (11) demonstrated expertise with populations being served; and

11.22 (12) must be a:

11.23 (i) psychologist licensed under sections 148.88 to 148.98, who has stated to the Board  
11.24 of Psychology competencies in the above identified areas;

11.25 (ii) clinical social worker licensed as an independent clinical social worker under chapter  
11.26 148D, or a person with a master's degree in social work from an accredited college or  
11.27 university, with at least 4,000 hours of post-master's supervised experience in the delivery  
11.28 of clinical services in the areas identified in clauses (1) to (11);

12.1 (iii) physician licensed under chapter 147 and certified by the American Board of  
 12.2 Psychiatry and Neurology or eligible for board certification in psychiatry with competencies  
 12.3 in the areas identified in clauses (1) to (11);

12.4 (iv) licensed professional clinical counselor licensed under sections 148B.29 to 148B.39  
 12.5 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical  
 12.6 services who has demonstrated competencies in the areas identified in clauses (1) to (11);

12.7 (v) person with a master's degree from an accredited college or university in one of the  
 12.8 behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised  
 12.9 experience in the delivery of clinical services with demonstrated competencies in the areas  
 12.10 identified in clauses (1) to (11); ~~or~~

12.11 (vi) person with a master's degree or PhD in one of the behavioral sciences or related  
 12.12 field with demonstrated expertise in positive support services, as determined by the person's  
 12.13 case manager based on the person's needs as outlined in the person's community support  
 12.14 plan; or

12.15 (vii) registered nurse who is licensed under sections 148.171 to 148.285, and who is  
 12.16 certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and  
 12.17 mental health nursing by a national nurse certification organization, or who has a master's  
 12.18 degree in nursing or one of the behavioral sciences or related fields from an accredited  
 12.19 college or university or its equivalent, with at least 4,000 hours of post-master's supervised  
 12.20 experience in the delivery of clinical services.

12.21 Sec. 6. Minnesota Statutes 2016, section 245D.091, subdivision 3, is amended to read:

12.22 Subd. 3. ~~Behavior~~ **Positive support analyst qualifications.** (a) A ~~behavior~~ positive  
 12.23 support analyst providing behavioral positive support services as identified in section  
 12.24 245D.03, subdivision 1, paragraph (c), clause (1), item (i), must have competencies in the  
 12.25 following areas as required under the brain injury and community access for disability  
 12.26 inclusion, community alternative care, and developmental disability waiver plans or successor  
 12.27 plans:

12.28 (1) have obtained a baccalaureate degree, master's degree, or PhD in a social services  
 12.29 discipline; ~~or~~

12.30 (2) meet the qualifications of a mental health practitioner as defined in section 245.462,  
 12.31 subdivision 17; or

12.32 (3) be a board certified behavior analyst or board certified assistant behavior analyst by  
 12.33 the Behavior Analyst Certification Board, Incorporated.

- 13.1 (b) In addition, a behavior positive support analyst must:
- 13.2 (1) have four years of supervised experience ~~working with individuals who exhibit~~  
13.3 ~~challenging behaviors as well as co-occurring mental disorders or neurocognitive disorder~~  
13.4 conducting functional behavior assessments and designing, implementing, and evaluating  
13.5 effectiveness of positive practices behavior support strategies for people who exhibit  
13.6 challenging behaviors as well as co-occurring mental disorders and neurocognitive disorder;
- 13.7 (2) have received ~~ten hours of instruction in functional assessment and functional analysis;~~  
13.8 training prior to hire or within 90 calendar days of hire that includes:
- 13.9 (i) ten hours of instruction in functional assessment and functional analysis;
- 13.10 (ii) 20 hours of instruction in the understanding of the function of behavior;
- 13.11 (iii) ten hours of instruction on design of positive practices behavior support strategies;
- 13.12 (iv) 20 hours of instruction preparing written intervention strategies, designing data  
13.13 collection protocols, training other staff to implement positive practice strategies,  
13.14 summarizing and reporting program evaluation data, analyzing program evaluation data to  
13.15 identify design flaws in behavioral interventions or failures in implementation fidelity, and  
13.16 recommending enhancements based on evaluation data; and
- 13.17 (v) eight hours of instruction on principles of person-centered thinking;
- 13.18 ~~(3) have received 20 hours of instruction in the understanding of the function of behavior;~~
- 13.19 ~~(4) have received ten hours of instruction on design of positive practices behavior support~~  
13.20 ~~strategies;~~
- 13.21 ~~(5) have received 20 hours of instruction on the use of behavior reduction approved~~  
13.22 ~~strategies used only in combination with behavior positive practices strategies;~~
- 13.23 ~~(6)~~ (3) be determined by a behavior positive support professional to have the training  
13.24 and prerequisite skills required to provide positive practice strategies as well as behavior  
13.25 reduction approved and permitted intervention to the person who receives behavioral positive  
13.26 support; and
- 13.27 ~~(7)~~ (4) be under the direct supervision of a behavior positive support professional.
- 13.28 (c) Meeting the qualifications for a positive support professional under subdivision 2  
13.29 shall substitute for meeting the qualifications listed in paragraph (b).

14.1 Sec. 7. Minnesota Statutes 2016, section 245D.091, subdivision 4, is amended to read:

14.2 Subd. 4. ~~Behavior~~ **Positive support specialist qualifications.** (a) A ~~behavior~~ positive  
 14.3 support specialist providing ~~behavioral~~ positive support services as identified in section  
 14.4 245D.03, subdivision 1, paragraph (c), clause (1), item (i), must have competencies in the  
 14.5 following areas as required under the brain injury ~~and~~ community access for disability  
 14.6 inclusion, community alternative care, and developmental disability waiver plans or successor  
 14.7 plans:

14.8 (1) have an associate's degree in a social services discipline; or

14.9 (2) have two years of supervised experience working with individuals who exhibit  
 14.10 challenging behaviors as well as co-occurring mental disorders or neurocognitive disorder.

14.11 (b) In addition, a behavior specialist must:

14.12 (1) have received training prior to hire or within 90 calendar days of hire that includes:

14.13 (i) a minimum of four hours of training in functional assessment;

14.14 ~~(2) have received~~ (ii) 20 hours of instruction in the understanding of the function of  
 14.15 behavior;

14.16 ~~(3) have received~~ (iii) ten hours of instruction on design of positive practices behavioral  
 14.17 support strategies; and

14.18 (iv) eight hours of instruction on principles of person-centered thinking;

14.19 ~~(4) (2)~~ be determined by a ~~behavior~~ positive support professional to have the training  
 14.20 and prerequisite skills required to provide positive practices strategies as well as behavior  
 14.21 reduction approved intervention to the person who receives ~~behavioral~~ positive support;  
 14.22 and

14.23 ~~(5) (3)~~ be under the direct supervision of a ~~behavior~~ positive support professional.

14.24 (c) Meeting the qualifications for a positive support professional under subdivision 2  
 14.25 shall substitute for meeting the qualifications listed in paragraphs (a) and (b)."

14.26 Page 106, after line 2, insert:

14.27 "Sec. .... Minnesota Statutes 2017 Supplement, section 256B.4914, subdivision 3, is  
 14.28 amended to read:

14.29 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's  
 14.30 home and community-based services waivers under sections 256B.092 and 256B.49,

- 15.1 including the following, as defined in the federally approved home and community-based  
15.2 services plan:
- 15.3 (1) 24-hour customized living;
- 15.4 (2) adult day care;
- 15.5 (3) adult day care bath;
- 15.6 ~~(4) behavioral programming;~~
- 15.7 ~~(5)~~ (4) companion services;
- 15.8 ~~(6)~~ (5) customized living;
- 15.9 ~~(7)~~ (6) day training and habilitation;
- 15.10 (7) employment development services;
- 15.11 (8) employment exploration services;
- 15.12 (9) employment support services;
- 15.13 ~~(8)~~ (10) housing access coordination;
- 15.14 ~~(9)~~ (11) independent living skills;
- 15.15 (12) independent living skills specialist services;
- 15.16 (13) individualized home supports;
- 15.17 ~~(10)~~ (14) in-home family support;
- 15.18 ~~(11)~~ (15) night supervision;
- 15.19 ~~(12)~~ (16) personal support;
- 15.20 (17) positive support service;
- 15.21 ~~(13)~~ (18) prevocational services;
- 15.22 ~~(14)~~ (19) residential care services;
- 15.23 ~~(15)~~ (20) residential support services;
- 15.24 ~~(16)~~ (21) respite services;
- 15.25 ~~(17)~~ (22) structured day services;
- 15.26 ~~(18)~~ (23) supported employment services;
- 15.27 ~~(19)~~ (24) supported living services;

- 16.1 ~~(20)~~ (25) transportation services;
- 16.2 ~~(21) individualized home supports;~~
- 16.3 ~~(22) independent living skills specialist services;~~
- 16.4 ~~(23) employment exploration services;~~
- 16.5 ~~(24) employment development services;~~
- 16.6 ~~(25) employment support services;~~ and
- 16.7 (26) other services as approved by the federal government in the state home and
- 16.8 community-based services plan."
- 16.9 Renumber the sections in sequence and correct the internal references
- 16.10 Amend the title accordingly