

370.15

**ARTICLE 8**

370.16

**COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY**

370.17 Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is  
370.18 amended to read:

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

370.21 (b) "Distant site" means a site at which a health care provider is located while providing  
370.22 health care services or consultations by means of telehealth.

370.23 (c) "Health care provider" means a health care professional who is licensed or registered  
370.24 by the state to perform health care services within the provider's scope of practice and in  
370.25 accordance with state law. A health care provider includes a mental health professional ~~as~~  
370.26 ~~defined under section 245.462, subdivision 18, or 245.4871, subdivision 27, 245I.04,~~  
370.27 ~~subdivision 2; a mental health practitioner as defined under section 245.462, subdivision~~  
370.28 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section  
370.29 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an  
370.30 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under  
370.31 section 245G.11, subdivision 8.

371.1 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

371.2 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan  
371.3 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental  
371.4 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed  
371.5 to pay benefits directly to the policy holder.

371.6 (f) "Originating site" means a site at which a patient is located at the time health care  
371.7 services are provided to the patient by means of telehealth. For purposes of store-and-forward  
371.8 technology, the originating site also means the location at which a health care provider  
371.9 transfers or transmits information to the distant site.

371.10 (g) "Store-and-forward technology" means the asynchronous electronic transfer or  
371.11 transmission of a patient's medical information or data from an originating site to a distant  
371.12 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

371.13 (h) "Telehealth" means the delivery of health care services or consultations through the  
371.14 use of real time two-way interactive audio and visual communications to provide or support  
371.15 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,  
371.16 education, and care management of a patient's health care. Telehealth includes the application  
371.17 of secure video conferencing, store-and-forward technology, and synchronous interactions  
371.18 between a patient located at an originating site and a health care provider located at a distant  
371.19 site. Until July 1, 2023, telehealth also includes audio-only communication between a health  
371.20 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does

169.23

**ARTICLE 8**

169.24

**COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY**

169.25 Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is  
169.26 amended to read:

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

169.29 (b) "Distant site" means a site at which a health care provider is located while providing  
169.30 health care services or consultations by means of telehealth.

170.1 (c) "Health care provider" means a health care professional who is licensed or registered  
170.2 by the state to perform health care services within the provider's scope of practice and in  
170.3 accordance with state law. A health care provider includes a mental health professional ~~as~~  
170.4 ~~defined under section 245.462, subdivision 18, or 245.4871, subdivision 27, 245I.04,~~  
170.5 ~~subdivision 2; a mental health practitioner as defined under section 245.462, subdivision~~  
170.6 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section  
170.7 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an  
170.8 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under  
170.9 section 245G.11, subdivision 8.

170.10 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

170.11 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan  
170.12 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental  
170.13 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed  
170.14 to pay benefits directly to the policy holder.

170.15 (f) "Originating site" means a site at which a patient is located at the time health care  
170.16 services are provided to the patient by means of telehealth. For purposes of store-and-forward  
170.17 technology, the originating site also means the location at which a health care provider  
170.18 transfers or transmits information to the distant site.

170.19 (g) "Store-and-forward technology" means the asynchronous electronic transfer or  
170.20 transmission of a patient's medical information or data from an originating site to a distant  
170.21 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

170.22 (h) "Telehealth" means the delivery of health care services or consultations through the  
170.23 use of real time two-way interactive audio and visual communications to provide or support  
170.24 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,  
170.25 education, and care management of a patient's health care. Telehealth includes the application  
170.26 of secure video conferencing, store-and-forward technology, and synchronous interactions  
170.27 between a patient located at an originating site and a health care provider located at a distant  
170.28 site. Until July 1, 2023, telehealth also includes audio-only communication between a health  
170.29 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does

371.21 not include communication between health care providers that consists solely of a telephone  
371.22 conversation, e-mail, or facsimile transmission. Telehealth does not include communication  
371.23 between a health care provider and a patient that consists solely of an e-mail or facsimile  
371.24 transmission. Telehealth does not include telemonitoring services as defined in paragraph  
371.25 (i).

371.26 (i) "Telemonitoring services" means the remote monitoring of clinical data related to  
371.27 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits  
371.28 the data electronically to a health care provider for analysis. Telemonitoring is intended to  
371.29 collect an enrollee's health-related data for the purpose of assisting a health care provider  
371.30 in assessing and monitoring the enrollee's medical condition or status.

371.31 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
371.32 whichever is later. The commissioner of human services shall notify the revisor of statutes  
371.33 when federal approval is obtained.

372.1 Sec. 2. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended  
372.2 to read:

372.3 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of  
372.4 other professions or occupations from performing functions for which they are qualified or  
372.5 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;  
372.6 licensed practical nurses; licensed psychologists and licensed psychological practitioners;  
372.7 members of the clergy provided such services are provided within the scope of regular  
372.8 ministries; American Indian medicine men and women; licensed attorneys; probation officers;  
372.9 licensed marriage and family therapists; licensed social workers; social workers employed  
372.10 by city, county, or state agencies; licensed professional counselors; licensed professional  
372.11 clinical counselors; licensed school counselors; registered occupational therapists or  
372.12 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders  
372.13 (UMICAD) certified counselors when providing services to Native American people; city,  
372.14 county, or state employees when providing assessments or case management under Minnesota  
372.15 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~  
372.16 ~~(1) to (6); staff persons~~ providing co-occurring substance use disorder treatment in adult  
372.17 mental health rehabilitative programs certified or licensed by the Department of Human  
372.18 Services under section 245I.23, 256B.0622, or 256B.0623.

372.19 (b) Nothing in this chapter prohibits technicians and resident managers in programs  
372.20 licensed by the Department of Human Services from discharging their duties as provided  
372.21 in Minnesota Rules, chapter 9530.

372.22 (c) Any person who is exempt from licensure under this section must not use a title  
372.23 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug  
372.24 counselor" or otherwise hold himself or herself out to the public by any title or description  
372.25 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,  
372.26 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless  
372.27 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice

170.30 not include communication between health care providers that consists solely of a telephone  
170.31 conversation, e-mail, or facsimile transmission. Telehealth does not include communication  
170.32 between a health care provider and a patient that consists solely of an e-mail or facsimile  
170.33 transmission. Telehealth does not include telemonitoring services as defined in paragraph  
170.34 (i).

171.1 (i) "Telemonitoring services" means the remote monitoring of clinical data related to  
171.2 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits  
171.3 the data electronically to a health care provider for analysis. Telemonitoring is intended to  
171.4 collect an enrollee's health-related data for the purpose of assisting a health care provider  
171.5 in assessing and monitoring the enrollee's medical condition or status.

171.6 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
171.7 whichever is later. The commissioner of human services shall notify the revisor of statutes  
171.8 when federal approval is obtained.

171.9 Sec. 2. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended  
171.10 to read:

171.11 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of  
171.12 other professions or occupations from performing functions for which they are qualified or  
171.13 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;  
171.14 licensed practical nurses; licensed psychologists and licensed psychological practitioners;  
171.15 members of the clergy provided such services are provided within the scope of regular  
171.16 ministries; American Indian medicine men and women; licensed attorneys; probation officers;  
171.17 licensed marriage and family therapists; licensed social workers; social workers employed  
171.18 by city, county, or state agencies; licensed professional counselors; licensed professional  
171.19 clinical counselors; licensed school counselors; registered occupational therapists or  
171.20 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders  
171.21 (UMICAD) certified counselors when providing services to Native American people; city,  
171.22 county, or state employees when providing assessments or case management under Minnesota  
171.23 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~  
171.24 ~~(1) to (6); staff persons~~ providing co-occurring substance use disorder treatment in adult  
171.25 mental health rehabilitative programs certified or licensed by the Department of Human  
171.26 Services under section 245I.23, 256B.0622, or 256B.0623.

171.27 (b) Nothing in this chapter prohibits technicians and resident managers in programs  
171.28 licensed by the Department of Human Services from discharging their duties as provided  
171.29 in Minnesota Rules, chapter 9530.

171.30 (c) Any person who is exempt from licensure under this section must not use a title  
171.31 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug  
171.32 counselor" or otherwise hold himself or herself out to the public by any title or description  
171.33 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,  
171.34 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless  
172.1 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice

372.28 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the  
372.29 use of one of the titles in paragraph (a).

372.30 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
372.31 whichever is later. The commissioner of human services shall notify the revisor of statutes  
372.32 when federal approval is obtained.

373.1 Sec. 3. Minnesota Statutes 2020, section 245.462, subdivision 4, is amended to read:

373.2 Subd. 4. **Case management service provider.** (a) "Case management service provider"  
373.3 means a case manager or case manager associate employed by the county or other entity  
373.4 authorized by the county board to provide case management services specified in section  
373.5 245.4711.

373.6 (b) A case manager must:

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

373.8 (2) be knowledgeable about local community resources and how to use those resources  
373.9 for the benefit of the client;

373.10 (3) be a mental health practitioner as defined in section 245I.04, subdivision 4, or have  
373.11 a bachelor's degree in one of the behavioral sciences or related fields including, but not  
373.12 limited to, social work, psychology, or nursing from an accredited college or university ~~or~~.  
373.13 A case manager who is not a mental health practitioner and who does not have a bachelor's  
373.14 degree in one of the behavioral sciences or related fields must meet the requirements of  
373.15 paragraph (c); and

373.16 (4) meet the supervision and continuing education requirements described in paragraphs  
373.17 (d), (e), and (f), as applicable.

373.18 (c) Case managers without a bachelor's degree must meet one of the requirements in  
373.19 clauses (1) to (3):

373.20 (1) have three or four years of experience as a case manager associate as defined in this  
373.21 section;

373.22 (2) be a registered nurse without a bachelor's degree and have a combination of  
373.23 specialized training in psychiatry and work experience consisting of community interaction  
373.24 and involvement or community discharge planning in a mental health setting totaling three  
373.25 years; or

373.26 (3) be a person who qualified as a case manager under the 1998 Department of Human  
373.27 Service waiver provision and meet the continuing education and mentoring requirements  
373.28 in this section.

373.29 (d) A case manager with at least 2,000 hours of supervised experience in the delivery  
373.30 of services to adults with mental illness must receive regular ongoing supervision and clinical  
373.31 supervision totaling 38 hours per year of which at least one hour per month must be clinical

172.2 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the  
172.3 use of one of the titles in paragraph (a).

172.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
172.5 whichever is later. The commissioner of human services shall notify the revisor of statutes  
172.6 when federal approval is obtained.

- 373.32 supervision regarding individual service delivery with a case management supervisor. The  
374.1 remaining 26 hours of supervision may be provided by a case manager with two years of  
374.2 experience. Group supervision may not constitute more than one-half of the required  
374.3 supervision hours. Clinical supervision must be documented in the client record.
- 374.4 (e) A case manager without 2,000 hours of supervised experience in the delivery of  
374.5 services to adults with mental illness must:
- 374.6 (1) receive clinical supervision regarding individual service delivery from a mental  
374.7 health professional at least one hour per week until the requirement of 2,000 hours of  
374.8 experience is met; and
- 374.9 (2) complete 40 hours of training approved by the commissioner in case management  
374.10 skills and the characteristics and needs of adults with serious and persistent mental illness.
- 374.11 (f) A case manager who is not licensed, registered, or certified by a health-related  
374.12 licensing board must receive 30 hours of continuing education and training in mental illness  
374.13 and mental health services every two years.
- 374.14 (g) A case manager associate (CMA) must:
- 374.15 (1) work under the direction of a case manager or case management supervisor;
- 374.16 (2) be at least 21 years of age;
- 374.17 (3) have at least a high school diploma or its equivalent; and
- 374.18 (4) meet one of the following criteria:
- 374.19 (i) have an associate of arts degree in one of the behavioral sciences or human services;
- 374.20 (ii) be a certified peer specialist under section 256B.0615;
- 374.21 (iii) be a registered nurse without a bachelor's degree;
- 374.22 (iv) within the previous ten years, have three years of life experience with serious and  
374.23 persistent mental illness as defined in subdivision 20; or as a child had severe emotional  
374.24 disturbance as defined in section 245.4871, subdivision 6; or have three years life experience  
374.25 as a primary caregiver to an adult with serious and persistent mental illness within the  
374.26 previous ten years;
- 374.27 (v) have 6,000 hours work experience as a nondegreed state hospital technician; or
- 374.28 (vi) have at least 6,000 hours of supervised experience in the delivery of services to  
374.29 persons with mental illness.
- 374.30 Individuals meeting one of the criteria in items (i) to (v) may qualify as a case manager  
374.31 after four years of supervised work experience as a case manager associate. Individuals  
375.1 meeting the criteria in item (vi) may qualify as a case manager after three years of supervised  
375.2 experience as a case manager associate.

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

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

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

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

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

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

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

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

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

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

375.26 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended  
375.27 to read:

375.28 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this  
375.29 section must complete a diagnostic assessment of a client according to the standards of  
375.30 section 245I.10, subdivisions 4 to 6.

376.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
376.2 whichever is later. The commissioner of human services shall notify the revisor of statutes  
376.3 when federal approval is obtained.

172.7 Sec. 3. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended  
172.8 to read:

172.9 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this  
172.10 section must complete a diagnostic assessment of a client according to the standards of  
172.11 section 245I.10, subdivisions 4 to 6.

172.12 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
172.13 whichever is later. The commissioner of human services shall notify the revisor of statutes  
172.14 when federal approval is obtained.

376.4 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended  
376.5 to read:

376.6 Subd. 3. **Individual treatment plans. Providers** A provider of services governed by  
376.7 this section must complete an individual treatment plan for a client according to the standards  
376.8 of section 245I.10, subdivisions 7 and 8.

376.9 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
376.10 whichever is later. The commissioner of human services shall notify the revisor of statutes  
376.11 when federal approval is obtained.

376.12 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended  
376.13 to read:

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

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

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

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

376.25 (3) identify goals and objectives of treatment, treatment strategy, a schedule for  
376.26 accomplishing treatment goals and objectives, and the individuals responsible for providing  
376.27 treatment to the child with an emotional disturbance.

376.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
376.29 whichever is later. The commissioner of human services shall notify the revisor of statutes  
376.30 when federal approval is obtained.

377.1 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended  
377.2 to read:

377.3 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this  
377.4 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards  
377.5 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing  
377.6 a diagnostic assessment in section 245I.10, a children's residential facility licensed under  
377.7 Minnesota Rules, chapter 2960, that provides mental health services to children must, within  
377.8 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)  
377.9 review and update the client's diagnostic assessment with a summary of the child's current  
377.10 mental health status and service needs if a diagnostic assessment is available that was

172.15 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended  
172.16 to read:

172.17 Subd. 3. **Individual treatment plans. Providers** A provider of services governed by  
172.18 this section must complete an individual treatment plan for a client according to the standards  
172.19 of section 245I.10, subdivisions 7 and 8.

172.20 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
172.21 whichever is later. The commissioner of human services shall notify the revisor of statutes  
172.22 when federal approval is obtained.

172.23 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended  
172.24 to read:

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

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

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

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

173.5 (3) identify goals and objectives of treatment, treatment strategy, a schedule for  
173.6 accomplishing treatment goals and objectives, and the individuals responsible for providing  
173.7 treatment to the child with an emotional disturbance.

173.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
173.9 whichever is later. The commissioner of human services shall notify the revisor of statutes  
173.10 when federal approval is obtained.

173.11 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended  
173.12 to read:

173.13 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this  
173.14 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards  
173.15 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing  
173.16 a diagnostic assessment in section 245I.10, a children's residential facility licensed under  
173.17 Minnesota Rules, chapter 2960, that provides mental health services to children must, within  
173.18 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)  
173.19 review and update the client's diagnostic assessment with a summary of the child's current  
173.20 mental health status and service needs if a diagnostic assessment is available that was

377.11 completed within 180 days preceding admission and the client's mental health status has  
377.12 not changed markedly since the diagnostic assessment.

377.13 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
377.14 whichever is later. The commissioner of human services shall notify the revisor of statutes  
377.15 when federal approval is obtained.

377.16 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended  
377.17 to read:

377.18 Subd. 3. **Individual treatment plans. Providers** A provider of services governed by  
377.19 this section ~~shall~~ must complete an individual treatment plan for a client according to the  
377.20 standards of section 2451.10, subdivisions 7 and 8. A children's residential facility licensed  
377.21 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section  
377.22 2451.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's  
377.23 family in all phases of developing and implementing the individual treatment plan to the  
377.24 extent appropriate and must review the individual treatment plan every 90 days after intake.

377.25 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
377.26 whichever is later. The commissioner of human services shall notify the revisor of statutes  
377.27 when federal approval is obtained.

377.28 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended  
377.29 to read:

377.30 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall  
377.31 establish a state certification process for certified community behavioral health clinics  
377.32 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this  
377.33 section to be eligible for reimbursement under medical assistance, without service area  
378.1 limits based on geographic area or region. The commissioner shall consult with CCBHC  
378.2 stakeholders before establishing and implementing changes in the certification process and  
378.3 requirements. Entities that choose to be CCBHCs must:

378.4 (1) comply with state licensing requirements and other requirements issued by the  
378.5 commissioner;

378.6 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,  
378.7 including licensed mental health professionals and licensed alcohol and drug counselors,  
378.8 and staff who are culturally and linguistically trained to meet the needs of the population  
378.9 the clinic serves;

378.10 (3) ensure that clinic services are available and accessible to individuals and families of  
378.11 all ages and genders and that crisis management services are available 24 hours per day;

378.12 (4) establish fees for clinic services for individuals who are not enrolled in medical  
378.13 assistance using a sliding fee scale that ensures that services to patients are not denied or  
378.14 limited due to an individual's inability to pay for services;

173.21 completed within 180 days preceding admission and the client's mental health status has  
173.22 not changed markedly since the diagnostic assessment.

173.23 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
173.24 whichever is later. The commissioner of human services shall notify the revisor of statutes  
173.25 when federal approval is obtained.

173.26 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended  
173.27 to read:

173.28 Subd. 3. **Individual treatment plans. Providers** A provider of services governed by  
173.29 this section ~~shall~~ must complete an individual treatment plan for a client according to the  
173.30 standards of section 2451.10, subdivisions 7 and 8. A children's residential facility licensed  
173.31 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section  
173.32 2451.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's  
174.1 family in all phases of developing and implementing the individual treatment plan to the  
174.2 extent appropriate and must review the individual treatment plan every 90 days after intake.

174.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
174.4 whichever is later. The commissioner of human services shall notify the revisor of statutes  
174.5 when federal approval is obtained.

174.6 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended  
174.7 to read:

174.8 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall  
174.9 establish a state certification process for certified community behavioral health clinics  
174.10 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this  
174.11 section to be eligible for reimbursement under medical assistance, without service area  
174.12 limits based on geographic area or region. The commissioner shall consult with CCBHC  
174.13 stakeholders before establishing and implementing changes in the certification process and  
174.14 requirements. Entities that choose to be CCBHCs must:

174.15 (1) comply with state licensing requirements and other requirements issued by the  
174.16 commissioner;

174.17 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,  
174.18 including licensed mental health professionals and licensed alcohol and drug counselors,  
174.19 and staff who are culturally and linguistically trained to meet the needs of the population  
174.20 the clinic serves;

174.21 (3) ensure that clinic services are available and accessible to individuals and families of  
174.22 all ages and genders and that crisis management services are available 24 hours per day;

174.23 (4) establish fees for clinic services for individuals who are not enrolled in medical  
174.24 assistance using a sliding fee scale that ensures that services to patients are not denied or  
174.25 limited due to an individual's inability to pay for services;

378.15 (5) comply with quality assurance reporting requirements and other reporting  
378.16 requirements, including any required reporting of encounter data, clinical outcomes data,  
378.17 and quality data;

378.18 (6) provide crisis mental health and substance use services, withdrawal management  
378.19 services, emergency crisis intervention services, and stabilization services through existing  
378.20 mobile crisis services; screening, assessment, and diagnosis services, including risk  
378.21 assessments and level of care determinations; person- and family-centered treatment planning;  
378.22 outpatient mental health and substance use services; targeted case management; psychiatric  
378.23 rehabilitation services; peer support and counselor services and family support services;  
378.24 and intensive community-based mental health services, including mental health services  
378.25 for members of the armed forces and veterans. CCBHCs must directly provide the majority  
378.26 of these services to enrollees, but may coordinate some services with another entity through  
378.27 a collaboration or agreement, pursuant to paragraph (b);

378.28 (7) provide coordination of care across settings and providers to ensure seamless  
378.29 transitions for individuals being served across the full spectrum of health services, including  
378.30 acute, chronic, and behavioral needs. Care coordination may be accomplished through  
378.31 partnerships or formal contracts with:

379.1 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified  
379.2 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or  
379.3 community-based mental health providers; and

379.4 (ii) other community services, supports, and providers, including schools, child welfare  
379.5 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally  
379.6 licensed health care and mental health facilities, urban Indian health clinics, Department of  
379.7 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,  
379.8 and hospital outpatient clinics;

379.9 (8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~  
379.10 245I.20;

379.11 (9) comply with standards established by the commissioner relating to CCBHC  
379.12 screenings, assessments, and evaluations;

379.13 (10) be licensed to provide substance use disorder treatment under chapter 245G;

379.14 (11) be certified to provide children's therapeutic services and supports under section  
379.15 256B.0943;

379.16 (12) be certified to provide adult rehabilitative mental health services under section  
379.17 256B.0623;

379.18 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section  
379.19 256B.0624 and 256B.0944;

174.26 (5) comply with quality assurance reporting requirements and other reporting  
174.27 requirements, including any required reporting of encounter data, clinical outcomes data,  
174.28 and quality data;

174.29 (6) provide crisis mental health and substance use services, withdrawal management  
174.30 services, emergency crisis intervention services, and stabilization services through existing  
174.31 mobile crisis services; screening, assessment, and diagnosis services, including risk  
174.32 assessments and level of care determinations; person- and family-centered treatment planning;  
174.33 outpatient mental health and substance use services; targeted case management; psychiatric  
175.1 rehabilitation services; peer support and counselor services and family support services;  
175.2 and intensive community-based mental health services, including mental health services  
175.3 for members of the armed forces and veterans. CCBHCs must directly provide the majority  
175.4 of these services to enrollees, but may coordinate some services with another entity through  
175.5 a collaboration or agreement, pursuant to paragraph (b);

175.6 (7) provide coordination of care across settings and providers to ensure seamless  
175.7 transitions for individuals being served across the full spectrum of health services, including  
175.8 acute, chronic, and behavioral needs. Care coordination may be accomplished through  
175.9 partnerships or formal contracts with:

175.10 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified  
175.11 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or  
175.12 community-based mental health providers; and

175.13 (ii) other community services, supports, and providers, including schools, child welfare  
175.14 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally  
175.15 licensed health care and mental health facilities, urban Indian health clinics, Department of  
175.16 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,  
175.17 and hospital outpatient clinics;

175.18 (8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~  
175.19 245I.20;

175.20 (9) comply with standards established by the commissioner relating to CCBHC  
175.21 screenings, assessments, and evaluations;

175.22 (10) be licensed to provide substance use disorder treatment under chapter 245G;

175.23 (11) be certified to provide children's therapeutic services and supports under section  
175.24 256B.0943;

175.25 (12) be certified to provide adult rehabilitative mental health services under section  
175.26 256B.0623;

175.27 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section  
175.28 256B.0624 and 256B.0944;



379.20 (14) be enrolled to provide mental health targeted case management under section  
379.21 256B.0625, subdivision 20;

379.22 (15) comply with standards relating to mental health case management in Minnesota  
379.23 Rules, parts 9520.0900 to 9520.0926;

379.24 (16) provide services that comply with the evidence-based practices described in  
379.25 paragraph (e); and

379.26 (17) comply with standards relating to peer services under sections 256B.0615,  
379.27 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer  
379.28 services are provided.

379.29 (b) If a certified CCBHC is unable to provide one or more of the services listed in  
379.30 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the  
379.31 required authority to provide that service and that meets the following criteria as a designated  
379.32 collaborating organization:

380.1 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the  
380.2 services under paragraph (a), clause (6);

380.3 (2) the entity provides assurances that it will provide services according to CCBHC  
380.4 service standards and provider requirements;

380.5 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical  
380.6 and financial responsibility for the services that the entity provides under the agreement;  
380.7 and

380.8 (4) the entity meets any additional requirements issued by the commissioner.

380.9 (c) Notwithstanding any other law that requires a county contract or other form of county  
380.10 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets  
380.11 CCBHC requirements may receive the prospective payment under section 256B.0625,  
380.12 subdivision 5m, for those services without a county contract or county approval. As part of  
380.13 the certification process in paragraph (a), the commissioner shall require a letter of support  
380.14 from the CCBHC's host county confirming that the CCBHC and the county or counties it  
380.15 serves have an ongoing relationship to facilitate access and continuity of care, especially  
380.16 for individuals who are uninsured or who may go on and off medical assistance.

380.17 (d) When the standards listed in paragraph (a) or other applicable standards conflict or  
380.18 address similar issues in duplicative or incompatible ways, the commissioner may grant  
380.19 variances to state requirements if the variances do not conflict with federal requirements  
380.20 for services reimbursed under medical assistance. If standards overlap, the commissioner  
380.21 may substitute all or a part of a licensure or certification that is substantially the same as  
380.22 another licensure or certification. The commissioner shall consult with stakeholders, as  
380.23 described in subdivision 4, before granting variances under this provision. For the CCBHC  
380.24 that is certified but not approved for prospective payment under section 256B.0625,

175.29 (14) be enrolled to provide mental health targeted case management under section  
175.30 256B.0625, subdivision 20;

175.31 (15) comply with standards relating to mental health case management in Minnesota  
175.32 Rules, parts 9520.0900 to 9520.0926;

176.1 (16) provide services that comply with the evidence-based practices described in  
176.2 paragraph (e); and

176.3 (17) comply with standards relating to peer services under sections 256B.0615,  
176.4 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer  
176.5 services are provided.

176.6 (b) If a certified CCBHC is unable to provide one or more of the services listed in  
176.7 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the  
176.8 required authority to provide that service and that meets the following criteria as a designated  
176.9 collaborating organization:

176.10 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the  
176.11 services under paragraph (a), clause (6);

176.12 (2) the entity provides assurances that it will provide services according to CCBHC  
176.13 service standards and provider requirements;

176.14 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical  
176.15 and financial responsibility for the services that the entity provides under the agreement;  
176.16 and

176.17 (4) the entity meets any additional requirements issued by the commissioner.

176.18 (c) Notwithstanding any other law that requires a county contract or other form of county  
176.19 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets  
176.20 CCBHC requirements may receive the prospective payment under section 256B.0625,  
176.21 subdivision 5m, for those services without a county contract or county approval. As part of  
176.22 the certification process in paragraph (a), the commissioner shall require a letter of support  
176.23 from the CCBHC's host county confirming that the CCBHC and the county or counties it  
176.24 serves have an ongoing relationship to facilitate access and continuity of care, especially  
176.25 for individuals who are uninsured or who may go on and off medical assistance.

176.26 (d) When the standards listed in paragraph (a) or other applicable standards conflict or  
176.27 address similar issues in duplicative or incompatible ways, the commissioner may grant  
176.28 variances to state requirements if the variances do not conflict with federal requirements  
176.29 for services reimbursed under medical assistance. If standards overlap, the commissioner  
176.30 may substitute all or a part of a licensure or certification that is substantially the same as  
176.31 another licensure or certification. The commissioner shall consult with stakeholders, as  
176.32 described in subdivision 4, before granting variances under this provision. For the CCBHC  
176.33 that is certified but not approved for prospective payment under section 256B.0625,

380.25 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance  
380.26 does not increase the state share of costs.

380.27 (e) The commissioner shall issue a list of required evidence-based practices to be  
380.28 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.  
380.29 The commissioner may update the list to reflect advances in outcomes research and medical  
380.30 services for persons living with mental illnesses or substance use disorders. The commissioner  
380.31 shall take into consideration the adequacy of evidence to support the efficacy of the practice,  
380.32 the quality of workforce available, and the current availability of the practice in the state.  
380.33 At least 30 days before issuing the initial list and any revisions, the commissioner shall  
380.34 provide stakeholders with an opportunity to comment.

381.1 (f) The commissioner shall recertify CCBHCs at least every three years. The  
381.2 commissioner shall establish a process for decertification and shall require corrective action,  
381.3 medical assistance repayment, or decertification of a CCBHC that no longer meets the  
381.4 requirements in this section or that fails to meet the standards provided by the commissioner  
381.5 in the application and certification process.

381.6 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
381.7 whichever is later. The commissioner of human services shall notify the revisor of statutes  
381.8 when federal approval is obtained.

381.9 Sec. 10. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended  
381.10 to read:

381.11 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license  
381.12 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
381.13 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
381.14 for a physical location that will not be the primary residence of the license holder for the  
381.15 entire period of licensure. If a family child foster care home or family adult foster care home  
381.16 license is issued during this moratorium, and the license holder changes the license holder's  
381.17 primary residence away from the physical location of the foster care license, the  
381.18 commissioner shall revoke the license according to section 245A.07. The commissioner  
381.19 shall not issue an initial license for a community residential setting licensed under chapter  
381.20 245D. When approving an exception under this paragraph, the commissioner shall consider  
381.21 the resource need determination process in paragraph (h), the availability of foster care  
381.22 licensed beds in the geographic area in which the licensee seeks to operate, the results of a  
381.23 person's choices during their annual assessment and service plan review, and the  
381.24 recommendation of the local county board. The determination by the commissioner is final  
381.25 and not subject to appeal. Exceptions to the moratorium include:

381.26 (1) foster care settings where at least 80 percent of the residents are 55 years of age or  
381.27 older;

381.28 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or  
381.29 community residential setting licenses replacing adult foster care licenses in existence on

177.1 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance  
177.2 does not increase the state share of costs.

177.3 (e) The commissioner shall issue a list of required evidence-based practices to be  
177.4 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.  
177.5 The commissioner may update the list to reflect advances in outcomes research and medical  
177.6 services for persons living with mental illnesses or substance use disorders. The commissioner  
177.7 shall take into consideration the adequacy of evidence to support the efficacy of the practice,  
177.8 the quality of workforce available, and the current availability of the practice in the state.  
177.9 At least 30 days before issuing the initial list and any revisions, the commissioner shall  
177.10 provide stakeholders with an opportunity to comment.

177.11 (f) The commissioner shall recertify CCBHCs at least every three years. The  
177.12 commissioner shall establish a process for decertification and shall require corrective action,  
177.13 medical assistance repayment, or decertification of a CCBHC that no longer meets the  
177.14 requirements in this section or that fails to meet the standards provided by the commissioner  
177.15 in the application and certification process.

177.16 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
177.17 whichever is later. The commissioner of human services shall notify the revisor of statutes  
177.18 when federal approval is obtained.

177.19 Sec. 9. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended  
177.20 to read:

177.21 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license  
177.22 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
177.23 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
177.24 for a physical location that will not be the primary residence of the license holder for the  
177.25 entire period of licensure. If a family child foster care home or family adult foster care home  
177.26 license is issued during this moratorium, and the license holder changes the license holder's  
177.27 primary residence away from the physical location of the foster care license, the  
177.28 commissioner shall revoke the license according to section 245A.07. The commissioner  
177.29 shall not issue an initial license for a community residential setting licensed under chapter  
177.30 245D. When approving an exception under this paragraph, the commissioner shall consider  
177.31 the resource need determination process in paragraph (h), the availability of foster care  
177.32 licensed beds in the geographic area in which the licensee seeks to operate, the results of a  
177.33 person's choices during their annual assessment and service plan review, and the  
178.1 recommendation of the local county board. The determination by the commissioner is final  
178.2 and not subject to appeal. Exceptions to the moratorium include:

178.3 (1) foster care settings where at least 80 percent of the residents are 55 years of age or  
178.4 older;

178.5 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or  
178.6 community residential setting licenses replacing adult foster care licenses in existence on

381.30 December 31, 2013, and determined to be needed by the commissioner under paragraph  
381.31 (b);

381.32 (3) new foster care licenses or community residential setting licenses determined to be  
381.33 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
381.34 or regional treatment center; restructuring of state-operated services that limits the capacity  
382.1 of state-operated facilities; or allowing movement to the community for people who no  
382.2 longer require the level of care provided in state-operated facilities as provided under section  
382.3 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

382.7 ~~(5) new foster care licenses or community residential setting licenses for people receiving~~  
382.8 ~~services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and~~  
382.9 ~~for which a license is required. This exception does not apply to people living in their own~~  
382.10 ~~home. For purposes of this clause, there is a presumption that a foster care or community~~  
382.11 ~~residential setting license is required for services provided to three or more people in a~~  
382.12 ~~dwelling unit when the setting is controlled by the provider. A license holder subject to this~~  
382.13 ~~exception may rebut the presumption that a license is required by seeking a reconsideration~~  
382.14 ~~of the commissioner's determination. The commissioner's disposition of a request for~~  
382.15 ~~reconsideration is final and not subject to appeal under chapter 14. The exception is available~~  
382.16 ~~until June 30, 2018. This exception is available when:~~

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

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

382.23 ~~(6) (5) new foster care licenses or community residential setting licenses for people~~  
382.24 ~~receiving customized living or 24-hour customized living services under the brain injury~~  
382.25 ~~or community access for disability inclusion waiver plans under section 256B.49 and residing~~  
382.26 ~~in the customized living setting before July 1, 2022, for which a license is required. A~~  
382.27 ~~customized living service provider subject to this exception may rebut the presumption that~~  
382.28 ~~a license is required by seeking a reconsideration of the commissioner's determination. The~~  
382.29 ~~commissioner's disposition of a request for reconsideration is final and not subject to appeal~~  
382.30 ~~under chapter 14. The exception is available until June 30, 2023. This exception is available~~  
382.31 ~~when:~~

382.32 (i) the person's customized living services are provided in a customized living service  
382.33 setting serving four or fewer people under the brain injury or community access for disability

178.7 December 31, 2013, and determined to be needed by the commissioner under paragraph  
178.8 (b);

178.9 (3) new foster care licenses or community residential setting licenses determined to be  
178.10 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
178.11 or regional treatment center; restructuring of state-operated services that limits the capacity  
178.12 of state-operated facilities; or allowing movement to the community for people who no  
178.13 longer require the level of care provided in state-operated facilities as provided under section  
178.14 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

178.18 ~~(5) new foster care licenses or community residential setting licenses for people receiving~~  
178.19 ~~services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and~~  
178.20 ~~for which a license is required. This exception does not apply to people living in their own~~  
178.21 ~~home. For purposes of this clause, there is a presumption that a foster care or community~~  
178.22 ~~residential setting license is required for services provided to three or more people in a~~  
178.23 ~~dwelling unit when the setting is controlled by the provider. A license holder subject to this~~  
178.24 ~~exception may rebut the presumption that a license is required by seeking a reconsideration~~  
178.25 ~~of the commissioner's determination. The commissioner's disposition of a request for~~  
178.26 ~~reconsideration is final and not subject to appeal under chapter 14. The exception is available~~  
178.27 ~~until June 30, 2018. This exception is available when:~~

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

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

179.1 ~~(6) (5) new foster care licenses or community residential setting licenses for people~~  
179.2 ~~receiving customized living or 24-hour customized living services under the brain injury~~  
179.3 ~~or community access for disability inclusion waiver plans under section 256B.49 and residing~~  
179.4 ~~in the customized living setting before July 1, 2022, for which a license is required. A~~  
179.5 ~~customized living service provider subject to this exception may rebut the presumption that~~  
179.6 ~~a license is required by seeking a reconsideration of the commissioner's determination. The~~  
179.7 ~~commissioner's disposition of a request for reconsideration is final and not subject to appeal~~  
179.8 ~~under chapter 14. The exception is available until June 30, 2023. This exception is available~~  
179.9 ~~when:~~

179.10 (i) the person's customized living services are provided in a customized living service  
179.11 setting serving four or fewer people under the brain injury or community access for disability

383.1 inclusion waiver plans under section 256B.49 in a single-family home operational on or  
383.2 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

383.3 (ii) the person's case manager provided the person with information about the choice of  
383.4 service, service provider, and location of service, including in the person's home, to help  
383.5 the person make an informed choice; and

383.6 (iii) the person's services provided in the licensed foster care or community residential  
383.7 setting are less than or equal to the cost of the person's services delivered in the customized  
383.8 living setting as determined by the lead agency.

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

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

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

383.24 (e) A resource need determination process, managed at the state level, using the available  
383.25 reports required by section 144A.351, and other data and information shall be used to  
383.26 determine where the reduced capacity determined under section 256B.493 will be  
383.27 implemented. The commissioner shall consult with the stakeholders described in section  
383.28 144A.351, and employ a variety of methods to improve the state's capacity to meet the  
383.29 informed decisions of those people who want to move out of corporate foster care or  
383.30 community residential settings, long-term service needs within budgetary limits, including  
383.31 seeking proposals from service providers or lead agencies to change service type, capacity,  
383.32 or location to improve services, increase the independence of residents, and better meet  
383.33 needs identified by the long-term services and supports reports and statewide data and  
383.34 information.

384.1 (f) At the time of application and reapplication for licensure, the applicant and the license  
384.2 holder that are subject to the moratorium or an exclusion established in paragraph (a) are  
384.3 required to inform the commissioner whether the physical location where the foster care  
384.4 will be provided is or will be the primary residence of the license holder for the entire period  
384.5 of licensure. If the primary residence of the applicant or license holder changes, the applicant

179.12 inclusion waiver plans under section 256B.49 in a single-family home operational on or  
179.13 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

179.14 (ii) the person's case manager provided the person with information about the choice of  
179.15 service, service provider, and location of service, including in the person's home, to help  
179.16 the person make an informed choice; and

179.17 (iii) the person's services provided in the licensed foster care or community residential  
179.18 setting are less than or equal to the cost of the person's services delivered in the customized  
179.19 living setting as determined by the lead agency.

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

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

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

180.1 (e) A resource need determination process, managed at the state level, using the available  
180.2 reports required by section 144A.351, and other data and information shall be used to  
180.3 determine where the reduced capacity determined under section 256B.493 will be  
180.4 implemented. The commissioner shall consult with the stakeholders described in section  
180.5 144A.351, and employ a variety of methods to improve the state's capacity to meet the  
180.6 informed decisions of those people who want to move out of corporate foster care or  
180.7 community residential settings, long-term service needs within budgetary limits, including  
180.8 seeking proposals from service providers or lead agencies to change service type, capacity,  
180.9 or location to improve services, increase the independence of residents, and better meet  
180.10 needs identified by the long-term services and supports reports and statewide data and  
180.11 information.

180.12 (f) At the time of application and reapplication for licensure, the applicant and the license  
180.13 holder that are subject to the moratorium or an exclusion established in paragraph (a) are  
180.14 required to inform the commissioner whether the physical location where the foster care  
180.15 will be provided is or will be the primary residence of the license holder for the entire period  
180.16 of licensure. If the primary residence of the applicant or license holder changes, the applicant

384.6 or license holder must notify the commissioner immediately. The commissioner shall print  
384.7 on the foster care license certificate whether or not the physical location is the primary  
384.8 residence of the license holder.

384.9 (g) License holders of foster care homes identified under paragraph (f) that are not the  
384.10 primary residence of the license holder and that also provide services in the foster care home  
384.11 that are covered by a federally approved home and community-based services waiver, as  
384.12 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human  
384.13 services licensing division that the license holder provides or intends to provide these  
384.14 waiver-funded services.

384.15 (h) The commissioner may adjust capacity to address needs identified in section  
384.16 144A.351. Under this authority, the commissioner may approve new licensed settings or  
384.17 delicense existing settings. Delicensing of settings will be accomplished through a process  
384.18 identified in section 256B.493. Annually, by August 1, the commissioner shall provide  
384.19 information and data on capacity of licensed long-term services and supports, actions taken  
384.20 under the subdivision to manage statewide long-term services and supports resources, and  
384.21 any recommendations for change to the legislative committees with jurisdiction over the  
384.22 health and human services budget.

384.23 (i) The commissioner must notify a license holder when its corporate foster care or  
384.24 community residential setting licensed beds are reduced under this section. The notice of  
384.25 reduction of licensed beds must be in writing and delivered to the license holder by certified  
384.26 mail or personal service. The notice must state why the licensed beds are reduced and must  
384.27 inform the license holder of its right to request reconsideration by the commissioner. The  
384.28 license holder's request for reconsideration must be in writing. If mailed, the request for  
384.29 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
384.30 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
384.31 reconsideration is made by personal service, it must be received by the commissioner within  
384.32 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

384.33 (j) The commissioner shall not issue an initial license for children's residential treatment  
384.34 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
384.35 for a program that Centers for Medicare and Medicaid Services would consider an institution  
385.1 for mental diseases. Facilities that serve only private pay clients are exempt from the  
385.2 moratorium described in this paragraph. The commissioner has the authority to manage  
385.3 existing statewide capacity for children's residential treatment services subject to the  
385.4 moratorium under this paragraph and may issue an initial license for such facilities if the  
385.5 initial license would not increase the statewide capacity for children's residential treatment  
385.6 services subject to the moratorium under this paragraph.

385.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

180.17 or license holder must notify the commissioner immediately. The commissioner shall print  
180.18 on the foster care license certificate whether or not the physical location is the primary  
180.19 residence of the license holder.

180.20 (g) License holders of foster care homes identified under paragraph (f) that are not the  
180.21 primary residence of the license holder and that also provide services in the foster care home  
180.22 that are covered by a federally approved home and community-based services waiver, as  
180.23 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human  
180.24 services licensing division that the license holder provides or intends to provide these  
180.25 waiver-funded services.

180.26 (h) The commissioner may adjust capacity to address needs identified in section  
180.27 144A.351. Under this authority, the commissioner may approve new licensed settings or  
180.28 delicense existing settings. Delicensing of settings will be accomplished through a process  
180.29 identified in section 256B.493. Annually, by August 1, the commissioner shall provide  
180.30 information and data on capacity of licensed long-term services and supports, actions taken  
180.31 under the subdivision to manage statewide long-term services and supports resources, and  
180.32 any recommendations for change to the legislative committees with jurisdiction over the  
180.33 health and human services budget.

180.34 (i) The commissioner must notify a license holder when its corporate foster care or  
180.35 community residential setting licensed beds are reduced under this section. The notice of  
181.1 reduction of licensed beds must be in writing and delivered to the license holder by certified  
181.2 mail or personal service. The notice must state why the licensed beds are reduced and must  
181.3 inform the license holder of its right to request reconsideration by the commissioner. The  
181.4 license holder's request for reconsideration must be in writing. If mailed, the request for  
181.5 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
181.6 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
181.7 reconsideration is made by personal service, it must be received by the commissioner within  
181.8 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

181.9 (j) The commissioner shall not issue an initial license for children's residential treatment  
181.10 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
181.11 for a program that Centers for Medicare and Medicaid Services would consider an institution  
181.12 for mental diseases. Facilities that serve only private pay clients are exempt from the  
181.13 moratorium described in this paragraph. The commissioner has the authority to manage  
181.14 existing statewide capacity for children's residential treatment services subject to the  
181.15 moratorium under this paragraph and may issue an initial license for such facilities if the  
181.16 initial license would not increase the statewide capacity for children's residential treatment  
181.17 services subject to the moratorium under this paragraph.

181.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

181.19 Sec. 10. Minnesota Statutes 2020, section 245A.11, subdivision 2, is amended to read:

181.20 Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a  
181.21 licensed capacity of six or fewer persons shall be considered a permitted single-family  
181.22 residential use of property for the purposes of zoning and other land use regulations, except  
181.23 that a residential program whose primary purpose is to treat juveniles who have violated  
181.24 criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis  
181.25 of conduct in violation of criminal statutes relating to sex offenses shall not be considered  
181.26 a permitted use. This exception shall not apply to residential programs licensed before July  
181.27 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by  
181.28 operation of restrictive covenants or similar restrictions, regardless of when entered into,  
181.29 which cannot be met because of the nature of the licensed program, including provisions  
181.30 which require the home's occupants be related, and that the home must be occupied by the  
181.31 owner, or similar provisions.

181.32 (b) Unless otherwise provided in any town, municipal, or county zoning regulation, a  
181.33 licensed residential program in an intermediate care facility for persons with developmental  
181.34 disabilities with a licensed capacity of seven to eight persons shall be considered a permitted  
182.1 single-family residential use of property for the purposes of zoning and other land use  
182.2 regulations. A town, municipal, or county zoning authority may require a conditional use  
182.3 or special use permit to assure proper maintenance and operation of the residential program.  
182.4 Conditions imposed on the residential program must not be more restrictive than those  
182.5 imposed on other conditional uses or special uses of residential property in the same zones,  
182.6 unless the additional conditions are necessary to protect the health and safety of the persons  
182.7 being served by the program.

182.8 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
182.9 of human services shall notify the revisor of statutes when federal approval is obtained.

182.10 Sec. 11. Minnesota Statutes 2020, section 245A.11, subdivision 2a, is amended to read:

182.11 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)  
182.12 The commissioner shall issue adult foster care and community residential setting licenses  
182.13 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,  
182.14 except that the commissioner may issue a license with a capacity of ~~five~~ up to six beds,  
182.15 including roomers and boarders, according to paragraphs (b) to ~~(g)~~ (f).

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

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

- 182.23 (d) The commissioner may grant variances to paragraph (a) to allow the use of an  
182.24 additional bed, up to five, for emergency crisis services for a person with serious and  
182.25 persistent mental illness or a developmental disability, regardless of age, if the variance  
182.26 complies with section 245A.04, subdivision 9, and approval of the variance is recommended  
182.27 by the county in which the licensed facility is located.
- 182.28 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an  
182.29 additional bed, up to ~~five~~ six, for respite services, as defined in section 245A.02, for persons  
182.30 with disabilities, regardless of age, if the variance complies with sections 245A.03,  
182.31 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended  
182.32 by the county in which the licensed facility is located. Respite care may be provided under  
182.33 the following conditions:
- 183.1 (1) staffing ratios cannot be reduced below the approved level for the individuals being  
183.2 served in the home on a permanent basis;
- 183.3 (2) no more than two different individuals can be accepted for respite services in any  
183.4 calendar month and the total respite days may not exceed 120 days per program in any  
183.5 calendar year;
- 183.6 (3) the person receiving respite services must have his or her own bedroom, which could  
183.7 be used for alternative purposes when not used as a respite bedroom, and cannot be the  
183.8 room of another person who lives in the facility; and
- 183.9 (4) individuals living in the facility must be notified when the variance is approved. The  
183.10 provider must give 60 days' notice in writing to the residents and their legal representatives  
183.11 prior to accepting the first respite placement. Notice must be given to residents at least two  
183.12 days prior to service initiation, or as soon as the license holder is able if they receive notice  
183.13 of the need for respite less than two days prior to initiation, each time a respite client will  
183.14 be served, unless the requirement for this notice is waived by the resident or legal guardian.
- 183.15 (f) The commissioner ~~may issue~~ shall increase the licensed capacity of an adult foster  
183.16 care or community residential setting license ~~with up to~~ a capacity of ~~five~~ six adults if the  
183.17 ~~fifth or sixth~~ bed does not increase the overall statewide capacity of licensed adult foster  
183.18 care or community residential setting beds in homes that are not the primary residence of  
183.19 the license holder, as identified in a plan submitted to the commissioner by the county, when  
183.20 the capacity is recommended by the county licensing agency of the county in which the  
183.21 facility is located and if the recommendation verifies that:
- 183.22 (1) the facility meets the physical environment requirements in the adult foster care  
183.23 licensing rule or the community residential settings requirements in chapter 245D;
- 183.24 (2) the ~~five-bed~~ or six-bed living arrangement is specified for each resident in the  
183.25 resident's:
- 183.26 (i) individualized plan of care;
- 183.27 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

183.28 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,  
183.29 subpart 19, if required; and

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

184.1 (4) the facility was licensed for adult foster care before March 1, 2016.

184.2 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)  
184.3 after December 31, 2020. The commissioner shall allow a facility with an adult foster care  
184.4 license issued under paragraph (f) before December 31, 2020, to continue with an increased  
184.5 capacity of five adults if the license holder continues to comply with the requirements in  
184.6 this paragraph (f).

184.7 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
184.8 of human services shall notify the revisor of statutes when federal approval is obtained.

184.9 Sec. 12. Minnesota Statutes 2020, section 245A.11, is amended by adding a subdivision  
184.10 to read:

184.11 Subd. 2c. **Residential programs in intermediate care facilities; license**  
184.12 **capacity.** Notwithstanding subdivision 4 and section 252.28, subdivision 3, for a licensed  
184.13 residential program in an intermediate care facility for persons with developmental disabilities  
184.14 located in a single-family home and in a town, municipal, or county zoning authority that  
184.15 will permit a licensed capacity of seven or eight persons in a single-family home, the  
184.16 commissioner may increase the licensed capacity of the program to seven or eight if the  
184.17 seventh or eighth bed does not increase the overall statewide capacity in intermediate care  
184.18 facilities for persons with developmental disabilities. If the licensed capacity of a residential  
184.19 program in an intermediate care facility for persons with developmental disabilities is  
184.20 increased under this subdivision, the capacity of the license may remain at the increased  
184.21 number of persons.

184.22 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
184.23 of human services shall notify the revisor of statutes when federal approval is obtained.

184.24 Sec. 13. Minnesota Statutes 2020, section 245A.19, is amended to read:

184.25 **245A.19 HIV TRAINING IN CHEMICAL DEPENDENCY SUBSTANCE USE**  
184.26 **DISORDER TREATMENT PROGRAM.**

184.27 (a) Applicants and license holders for chemical dependency substance use disorder  
184.28 residential and nonresidential programs must demonstrate compliance with HIV minimum  
184.29 standards prior to before their application being is complete. The HIV minimum standards  
184.30 contained in the HIV-1 Guidelines for chemical dependency substance use disorder treatment  
184.31 and care programs in Minnesota are not subject to rulemaking.



385.8 Sec. 11. Minnesota Statutes 2020, section 245D.12, is amended to read:

385.9 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**  
385.10 **REPORT.**

385.11 (a) The license holder providing integrated community support, as defined in section  
385.12 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to  
385.13 the commissioner to ensure the identified location of service delivery meets the criteria of  
385.14 the home and community-based service requirements as specified in section 256B.492.

385.15 (b) The license holder shall provide the setting capacity report on the forms and in the  
385.16 manner prescribed by the commissioner. The report must include:

385.17 (1) the address of the multifamily housing building where the license holder delivers  
385.18 integrated community supports and owns, leases, or has a direct or indirect financial  
385.19 relationship with the property owner;

385.20 (2) the total number of living units in the multifamily housing building described in  
385.21 clause (1) where integrated community supports are delivered;

385.22 (3) the total number of living units in the multifamily housing building described in  
385.23 clause (1), including the living units identified in clause (2); ~~and~~

185.1 ~~(b) Ninety days after April 29, 1992, The applicant or license holder shall orient all~~  
185.2 ~~chemical dependency substance use disorder treatment staff and clients to the HIV minimum~~  
185.3 ~~standards. Thereafter, Orientation shall be provided to all staff and clients, within 72 hours~~  
185.4 ~~of employment or admission to the program. In-service training shall be provided to all staff~~  
185.5 ~~on at least an annual basis and the license holder shall maintain records of training and~~  
185.6 ~~attendance.~~

185.7 (c) The license holder shall maintain a list of referral sources for the purpose of making  
185.8 necessary referrals of clients to HIV-related services. The list of referral services shall be  
185.9 updated at least annually.

185.10 (d) Written policies and procedures, consistent with HIV minimum standards, shall be  
185.11 developed and followed by the license holder. All policies and procedures concerning HIV  
185.12 minimum standards shall be approved by the commissioner. The commissioner ~~shall provide~~  
185.13 ~~training on HIV minimum standards to applicants~~ must outline the content required for the  
185.14 annual staff training under paragraph (b).

185.15 (e) The commissioner may permit variances from the requirements in this section. License  
185.16 holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

SEC. 14. MINNESOTA STATUTES 2020, SECTION 245D.10, SUBDIVISION  
3A, AMENDMENT MOVED TO MATCH UES4410-2, ARTICLE 9, SECTION  
2.

189.1 Sec. 15. Minnesota Statutes 2020, section 245D.12, is amended to read:

189.2 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**  
189.3 **REPORT.**

189.4 (a) The license holder providing integrated community support, as defined in section  
189.5 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to  
189.6 the commissioner to ensure the identified location of service delivery meets the criteria of  
189.7 the home and community-based service requirements as specified in section 256B.492.

189.8 (b) The license holder shall provide the setting capacity report on the forms and in the  
189.9 manner prescribed by the commissioner. The report must include:

189.10 (1) the address of the multifamily housing building where the license holder delivers  
189.11 integrated community supports and owns, leases, or has a direct or indirect financial  
189.12 relationship with the property owner;

189.13 (2) the total number of living units in the multifamily housing building described in  
189.14 clause (1) where integrated community supports are delivered;

189.15 (3) the total number of living units in the multifamily housing building described in  
189.16 clause (1), including the living units identified in clause (2); ~~and~~

385.24 (4) the total number of people who could reside in the living units in the multifamily  
385.25 housing building described in clause (2) and receive integrated community supports; and  
385.26 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the  
385.27 multifamily housing building by dividing clause (2) by clause (3).  
385.28 (c) Only one license holder may deliver integrated community supports at the address  
385.29 of the multifamily housing building.  
385.30 **EFFECTIVE DATE.** This section is effective the day following final enactment.

189.17 (4) the total number of people who could reside in the living units in the multifamily  
189.18 housing building described in clause (2) and receive integrated community supports; and  
189.19 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the  
189.20 multifamily housing building by dividing clause (2) by clause (3).  
189.21 (c) Only one license holder may deliver integrated community supports at the address  
189.22 of the multifamily housing building.  
189.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.  
189.24 Sec. 16. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:  
189.25 Subdivision 1. **General application and license requirements.** An applicant for licensure  
189.26 as a clinically managed withdrawal management program or medically monitored withdrawal  
189.27 management program must meet the following requirements, except where otherwise noted.  
189.28 All programs must comply with federal requirements and the general requirements in sections  
189.29 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management  
189.30 program must be located in a hospital licensed under sections 144.50 to 144.581, or must  
189.31 be a supervised living facility with a class A or B license from the Department of Health  
189.32 under Minnesota Rules, parts 4665.0100 to 4665.9900.  
190.1 Sec. 17. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision  
190.2 to read:  
190.3 Subd. 13b. **Guest speaker.** "Guest speaker" means an individual who works under the  
190.4 direct observation of the license holder to present to clients on topics in which the guest  
190.5 speaker has expertise and that the license holder has determined to be beneficial to a client's  
190.6 recovery. Tribally licensed programs have autonomy to identify the qualifications of their  
190.7 guest speakers.  
190.8 Sec. 18. Minnesota Statutes 2020, section 245G.12, is amended to read:  
190.9 **245G.12 PROVIDER POLICIES AND PROCEDURES.**  
190.10 A license holder must develop a written policies and procedures manual, indexed  
190.11 according to section 245A.04, subdivision 14, paragraph (c), that provides staff members  
190.12 immediate access to all policies and procedures and provides a client and other authorized  
190.13 parties access to all policies and procedures. The manual must contain the following  
190.14 materials:  
190.15 (1) assessment and treatment planning policies, including screening for mental health  
190.16 concerns and treatment objectives related to the client's identified mental health concerns  
190.17 in the client's treatment plan;  
190.18 (2) policies and procedures regarding HIV according to section 245A.19;

386.1 Sec. 12. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended  
386.2 to read:

386.3 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care  
386.4 decision support tool appropriate to the client's age. For a client five years of age or younger,  
386.5 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For  
386.6 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service  
386.7 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment  
386.8 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)  
386.9 or another tool authorized by the commissioner.

386.10 Sec. 13. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended  
386.11 to read:

386.12 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license  
386.13 holder's direction or under a contract with a license holder. Staff person includes an intern,  
386.14 consultant, contractor, individual who works part-time, and an individual who does not  
386.15 provide direct contact services to clients but does have physical access to clients. Staff  
386.16 person includes a volunteer who provides treatment services to a client or a volunteer whom

190.19 (3) the license holder's methods and resources to provide information on tuberculosis  
190.20 and tuberculosis screening to each client and to report a known tuberculosis infection  
190.21 according to section 144.4804;

190.22 (4) personnel policies according to section 245G.13;

190.23 (5) policies and procedures that protect a client's rights according to section 245G.15;

190.24 (6) a medical services plan according to section 245G.08;

190.25 (7) emergency procedures according to section 245G.16;

190.26 (8) policies and procedures for maintaining client records according to section 245G.09;

190.27 (9) procedures for reporting the maltreatment of minors according to chapter 260E, and  
190.28 vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

190.29 (10) a description of treatment services that: (i) includes the amount and type of services  
190.30 provided; (ii) identifies which services meet the definition of group counseling under section  
190.31 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups and topics on which a guest  
191.1 speaker could provide services under the direct observation of a licensed alcohol and drug  
191.2 counselor; and (iv) defines the program's treatment week;

191.3 (11) the methods used to achieve desired client outcomes;

191.4 (12) the hours of operation; and

191.5 (13) the target population served.

191.6 Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended  
191.7 to read:

191.8 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care  
191.9 decision support tool appropriate to the client's age. For a client five years of age or younger,  
191.10 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For  
191.11 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service  
191.12 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment  
191.13 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)  
191.14 or another tool authorized by the commissioner.

191.15 Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended  
191.16 to read:

191.17 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license  
191.18 holder's direction or under a contract with a license holder. Staff person includes an intern,  
191.19 consultant, contractor, individual who works part-time, and an individual who does not  
191.20 provide direct contact services to clients but does have physical access to clients. Staff  
191.21 person includes a volunteer who provides treatment services to a client or a volunteer whom

386.17 the license holder regards as a staff person for the purpose of meeting staffing or service  
386.18 delivery requirements. A staff person must be 18 years of age or older.

386.19 Sec. 14. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended  
386.20 to read:

386.21 Subd. 9. **Volunteers.** ~~A~~ If a license holder uses volunteers, the license holder must have  
386.22 policies and procedures for using volunteers, including when a the license holder must  
386.23 submit a background study for a volunteer, and the specific tasks that a volunteer may  
386.24 perform.

386.25 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
386.26 whichever is later. The commissioner of human services shall notify the revisor of statutes  
386.27 when federal approval is obtained.

386.28 Sec. 15. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended  
386.29 to read:

386.30 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified  
386.31 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health  
386.32 practitioner.

387.1 (b) An individual is qualified as a mental health practitioner through relevant coursework  
387.2 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral  
387.3 sciences or related fields and:

387.4 (1) has at least 2,000 hours of experience providing services to individuals with:

387.5 (i) a mental illness or a substance use disorder; or

387.6 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
387.7 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
387.8 contact services to a client;

387.9 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent  
387.10 of the individual's clients belong, and completes the additional training described in section  
387.11 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

387.12 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or  
387.13 256B.0943; ~~or~~

387.14 (4) has completed a practicum or internship that (i) required direct interaction with adult  
387.15 clients or child clients, and (ii) was focused on behavioral sciences or related fields; ~~or~~

387.16 (5) is in the process of completing a practicum or internship as part of a formal  
387.17 undergraduate or graduate training program in social work, psychology, or counseling.

387.18 (c) An individual is qualified as a mental health practitioner through work experience  
387.19 if the individual:

191.22 the license holder regards as a staff person for the purpose of meeting staffing or service  
191.23 delivery requirements. A staff person must be 18 years of age or older.

191.24 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended  
191.25 to read:

191.26 Subd. 9. **Volunteers.** ~~A~~ If a license holder uses volunteers, the license holder must have  
191.27 policies and procedures for using volunteers, including when a the license holder must  
191.28 submit a background study for a volunteer, and the specific tasks that a volunteer may  
191.29 perform.

192.1 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
192.2 whichever is later. The commissioner of human services shall notify the revisor of statutes  
192.3 when federal approval is obtained.

192.4 Sec. 22. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended  
192.5 to read:

192.6 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified  
192.7 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health  
192.8 practitioner.

192.9 (b) An individual is qualified as a mental health practitioner through relevant coursework  
192.10 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral  
192.11 sciences or related fields and:

192.12 (1) has at least 2,000 hours of experience providing services to individuals with:

192.13 (i) a mental illness or a substance use disorder; or

192.14 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
192.15 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
192.16 contact services to a client;

192.17 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent  
192.18 of the individual's clients belong, and completes the additional training described in section  
192.19 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

192.20 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or  
192.21 256B.0943; ~~or~~

192.22 (4) has completed a practicum or internship that (i) required direct interaction with adult  
192.23 clients or child clients, and (ii) was focused on behavioral sciences or related fields; ~~or~~

192.24 (5) is in the process of completing a practicum or internship as part of a formal  
192.25 undergraduate or graduate training program in social work, psychology, or counseling.

192.26 (c) An individual is qualified as a mental health practitioner through work experience  
192.27 if the individual:

387.20 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:  
387.21 (i) a mental illness or a substance use disorder; or  
387.22 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
387.23 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
387.24 contact services to clients; or  
387.25 (2) receives treatment supervision at least once per week until meeting the requirement  
387.26 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing  
387.27 services to individuals with:  
387.28 (i) a mental illness or a substance use disorder; or  
387.29 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
387.30 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
387.31 contact services to clients.  
388.1 (d) An individual is qualified as a mental health practitioner if the individual has a  
388.2 master's or other graduate degree in behavioral sciences or related fields.  
388.3 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
388.4 whichever is later. The commissioner of human services shall notify the revisor of statutes  
388.5 when federal approval is obtained.  
388.6 Sec. 16. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended  
388.7 to read:  
388.8 Subd. 3. **Initial training.** (a) A staff person must receive training about:  
388.9 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and  
388.10 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E  
388.11 within 72 hours of first providing direct contact services to a client.  
388.12 (b) Before providing direct contact services to a client, a staff person must receive training  
388.13 about:  
388.14 (1) client rights and protections under section 245I.12;  
388.15 (2) the Minnesota Health Records Act, including client confidentiality, family engagement  
388.16 under section 144.294, and client privacy;  
388.17 (3) emergency procedures that the staff person must follow when responding to a fire,  
388.18 inclement weather, a report of a missing person, and a behavioral or medical emergency;  
388.19 (4) specific activities and job functions for which the staff person is responsible, including  
388.20 the license holder's program policies and procedures applicable to the staff person's position;  
388.21 (5) professional boundaries that the staff person must maintain; and

192.28 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:  
192.29 (i) a mental illness or a substance use disorder; or  
193.1 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
193.2 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
193.3 contact services to clients; or  
193.4 (2) receives treatment supervision at least once per week until meeting the requirement  
193.5 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing  
193.6 services to individuals with:  
193.7 (i) a mental illness or a substance use disorder; or  
193.8 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
193.9 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
193.10 contact services to clients.  
193.11 (d) An individual is qualified as a mental health practitioner if the individual has a  
193.12 master's or other graduate degree in behavioral sciences or related fields.  
193.13 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
193.14 whichever is later. The commissioner of human services shall notify the revisor of statutes  
193.15 when federal approval is obtained.  
193.16 Sec. 23. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended  
193.17 to read:  
193.18 Subd. 3. **Initial training.** (a) A staff person must receive training about:  
193.19 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and  
193.20 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E  
193.21 within 72 hours of first providing direct contact services to a client.  
193.22 (b) Before providing direct contact services to a client, a staff person must receive training  
193.23 about:  
193.24 (1) client rights and protections under section 245I.12;  
193.25 (2) the Minnesota Health Records Act, including client confidentiality, family engagement  
193.26 under section 144.294, and client privacy;  
193.27 (3) emergency procedures that the staff person must follow when responding to a fire,  
193.28 inclement weather, a report of a missing person, and a behavioral or medical emergency;  
193.29 (4) specific activities and job functions for which the staff person is responsible, including  
193.30 the license holder's program policies and procedures applicable to the staff person's position;  
193.31 (5) professional boundaries that the staff person must maintain; and

388.22 (6) specific needs of each client to whom the staff person will be providing direct contact  
388.23 services, including each client's developmental status, cognitive functioning, and physical  
388.24 and mental abilities.

388.25 (c) Before providing direct contact services to a client, a mental health rehabilitation  
388.26 worker, mental health behavioral aide, or mental health practitioner ~~qualified under required~~  
388.27 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours  
388.28 of training about:

388.29 (1) mental illnesses;

388.30 (2) client recovery and resiliency;

389.1 (3) mental health de-escalation techniques;

389.2 (4) co-occurring mental illness and substance use disorders; and

389.3 (5) psychotropic medications and medication side effects.

389.4 (d) Within 90 days of first providing direct contact services to an adult client, a clinical  
389.5 trainee, mental health practitioner, mental health certified peer specialist, or mental health  
389.6 rehabilitation worker must receive training about:

389.7 (1) trauma-informed care and secondary trauma;

389.8 (2) person-centered individual treatment plans, including seeking partnerships with  
389.9 family and other natural supports;

389.10 (3) co-occurring substance use disorders; and

389.11 (4) culturally responsive treatment practices.

389.12 (e) Within 90 days of first providing direct contact services to a child client, a clinical  
389.13 trainee, mental health practitioner, mental health certified family peer specialist, mental  
389.14 health certified peer specialist, or mental health behavioral aide must receive training about  
389.15 the topics in clauses (1) to (5). This training must address the developmental characteristics  
389.16 of each child served by the license holder and address the needs of each child in the context  
389.17 of the child's family, support system, and culture. Training topics must include:

389.18 (1) trauma-informed care and secondary trauma, including adverse childhood experiences  
389.19 (ACEs);

389.20 (2) family-centered treatment plan development, including seeking partnership with a  
389.21 child client's family and other natural supports;

389.22 (3) mental illness and co-occurring substance use disorders in family systems;

389.23 (4) culturally responsive treatment practices; and

389.24 (5) child development, including cognitive functioning, and physical and mental abilities.

194.1 (6) specific needs of each client to whom the staff person will be providing direct contact  
194.2 services, including each client's developmental status, cognitive functioning, and physical  
194.3 and mental abilities.

194.4 (c) Before providing direct contact services to a client, a mental health rehabilitation  
194.5 worker, mental health behavioral aide, or mental health practitioner ~~qualified under required~~  
194.6 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours  
194.7 of training about:

194.8 (1) mental illnesses;

194.9 (2) client recovery and resiliency;

194.10 (3) mental health de-escalation techniques;

194.11 (4) co-occurring mental illness and substance use disorders; and

194.12 (5) psychotropic medications and medication side effects.

194.13 (d) Within 90 days of first providing direct contact services to an adult client, a clinical  
194.14 trainee, mental health practitioner, mental health certified peer specialist, or mental health  
194.15 rehabilitation worker must receive training about:

194.16 (1) trauma-informed care and secondary trauma;

194.17 (2) person-centered individual treatment plans, including seeking partnerships with  
194.18 family and other natural supports;

194.19 (3) co-occurring substance use disorders; and

194.20 (4) culturally responsive treatment practices.

194.21 (e) Within 90 days of first providing direct contact services to a child client, a clinical  
194.22 trainee, mental health practitioner, mental health certified family peer specialist, mental  
194.23 health certified peer specialist, or mental health behavioral aide must receive training about  
194.24 the topics in clauses (1) to (5). This training must address the developmental characteristics  
194.25 of each child served by the license holder and address the needs of each child in the context  
194.26 of the child's family, support system, and culture. Training topics must include:

194.27 (1) trauma-informed care and secondary trauma, including adverse childhood experiences  
194.28 (ACEs);

194.29 (2) family-centered treatment plan development, including seeking partnership with a  
194.30 child client's family and other natural supports;

194.31 (3) mental illness and co-occurring substance use disorders in family systems;

195.1 (4) culturally responsive treatment practices; and

195.2 (5) child development, including cognitive functioning, and physical and mental abilities.

389.25 (f) For a mental health behavioral aide, the training under paragraph (e) must include  
389.26 parent team training using a curriculum approved by the commissioner.

389.27 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
389.28 whichever is later. The commissioner of human services shall notify the revisor of statutes  
389.29 when federal approval is obtained.

390.1 Sec. 17. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended  
390.2 to read:

390.3 Subd. 4. **Progress notes.** A license holder must use a progress note to document each  
390.4 occurrence of a mental health service that a staff person provides to a client. A progress  
390.5 note must include the following:

390.6 (1) the type of service;

390.7 (2) the date of service;

390.8 (3) the start and stop time of the service unless the license holder is licensed as a  
390.9 residential program;

390.10 (4) the location of the service;

390.11 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the  
390.12 intervention that the staff person provided to the client and the methods that the staff person  
390.13 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future  
390.14 actions, including changes in treatment that the staff person will implement if the intervention  
390.15 was ineffective; and (v) the service modality;

390.16 (6) the signature, ~~printed name~~, and credentials of the staff person who provided the  
390.17 service to the client;

390.18 (7) the mental health provider travel documentation required by section 256B.0625, if  
390.19 applicable; and

390.20 (8) significant observations by the staff person, if applicable, including: (i) the client's  
390.21 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with  
390.22 or referrals to other professionals, family, or significant others; and (iv) changes in the  
390.23 client's mental or physical symptoms.

390.24 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
390.25 whichever is later. The commissioner of human services shall notify the revisor of statutes  
390.26 when federal approval is obtained.

390.27 Sec. 18. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended  
390.28 to read:

390.29 Subd. 2. **Record retention.** A license holder must retain client records of a discharged  
390.30 client for a minimum of five years from the date of the client's discharge. A license holder

195.3 (f) For a mental health behavioral aide, the training under paragraph (e) must include  
195.4 parent team training using a curriculum approved by the commissioner.

195.5 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
195.6 whichever is later. The commissioner of human services shall notify the revisor of statutes  
195.7 when federal approval is obtained.

195.8 Sec. 24. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended  
195.9 to read:

195.10 Subd. 4. **Progress notes.** A license holder must use a progress note to document each  
195.11 occurrence of a mental health service that a staff person provides to a client. A progress  
195.12 note must include the following:

195.13 (1) the type of service;

195.14 (2) the date of service;

195.15 (3) the start and stop time of the service unless the license holder is licensed as a  
195.16 residential program;

195.17 (4) the location of the service;

195.18 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the  
195.19 intervention that the staff person provided to the client and the methods that the staff person  
195.20 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future  
195.21 actions, including changes in treatment that the staff person will implement if the intervention  
195.22 was ineffective; and (v) the service modality;

195.23 (6) the signature, ~~printed name~~, and credentials of the staff person who provided the  
195.24 service to the client;

195.25 (7) the mental health provider travel documentation required by section 256B.0625, if  
195.26 applicable; and

195.27 (8) significant observations by the staff person, if applicable, including: (i) the client's  
195.28 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with  
195.29 or referrals to other professionals, family, or significant others; and (iv) changes in the  
195.30 client's mental or physical symptoms.

196.1 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
196.2 whichever is later. The commissioner of human services shall notify the revisor of statutes  
196.3 when federal approval is obtained.

196.4 Sec. 25. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended  
196.5 to read:

196.6 Subd. 2. **Record retention.** A license holder must retain client records of a discharged  
196.7 client for a minimum of five years from the date of the client's discharge. A license holder

390.31 who ceases to provide treatment services to a client closes a program must retain the a  
390.32 client's records for a minimum of five years from the date that the license holder stopped  
391.1 providing services to the client and must notify the commissioner of the location of the  
391.2 client records and the name of the individual responsible for storing and maintaining the  
391.3 client records.

391.4 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
391.5 whichever is later. The commissioner of human services shall notify the revisor of statutes  
391.6 when federal approval is obtained.

391.7 Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended  
391.8 to read:

391.9 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or  
391.10 crisis assessment to determine a client's eligibility for mental health services, except as  
391.11 provided in this section.

391.12 (b) Prior to completing a client's initial diagnostic assessment, a license holder may  
391.13 provide a client with the following services:

391.14 (1) an explanation of findings;

391.15 (2) neuropsychological testing, neuropsychological assessment, and psychological  
391.16 testing;

391.17 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and  
391.18 family psychoeducation sessions not to exceed three sessions;

391.19 (4) crisis assessment services according to section 256B.0624; and

391.20 (5) ten days of intensive residential treatment services according to the assessment and  
391.21 treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

391.22 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,  
391.23 a license holder may provide a client with the following services:

391.24 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;  
391.25 and

391.26 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family  
391.27 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions  
391.28 within a 12-month period without prior authorization.

391.29 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder  
391.30 may provide a client with any combination of psychotherapy sessions, group psychotherapy  
391.31 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed  
392.1 ten sessions within a 12-month period without prior authorization for any new client or for  
392.2 an existing client who the license holder projects will need fewer than ten sessions during  
392.3 the next 12 months.

196.8 who ceases to provide treatment services to a client closes a program must retain the a  
196.9 client's records for a minimum of five years from the date that the license holder stopped  
196.10 providing services to the client and must notify the commissioner of the location of the  
196.11 client records and the name of the individual responsible for storing and maintaining the  
196.12 client records.

196.13 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
196.14 whichever is later. The commissioner of human services shall notify the revisor of statutes  
196.15 when federal approval is obtained.

196.16 Sec. 26. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended  
196.17 to read:

196.18 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or  
196.19 crisis assessment to determine a client's eligibility for mental health services, except as  
196.20 provided in this section.

196.21 (b) Prior to completing a client's initial diagnostic assessment, a license holder may  
196.22 provide a client with the following services:

196.23 (1) an explanation of findings;

196.24 (2) neuropsychological testing, neuropsychological assessment, and psychological  
196.25 testing;

196.26 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and  
196.27 family psychoeducation sessions not to exceed three sessions;

196.28 (4) crisis assessment services according to section 256B.0624; and

196.29 (5) ten days of intensive residential treatment services according to the assessment and  
196.30 treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

197.1 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,  
197.2 a license holder may provide a client with the following services:

197.3 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;  
197.4 and

197.5 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family  
197.6 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions  
197.7 within a 12-month period without prior authorization.

197.8 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder  
197.9 may provide a client with any combination of psychotherapy sessions, group psychotherapy  
197.10 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed  
197.11 ten sessions within a 12-month period without prior authorization for any new client or for  
197.12 an existing client who the license holder projects will need fewer than ten sessions during  
197.13 the next 12 months.



392.4 (e) Based on the client's needs that a hospital's medical history and presentation  
392.5 examination identifies, a license holder may provide a client with:

392.6 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family  
392.7 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions  
392.8 within a 12-month period without prior authorization for any new client or for an existing  
392.9 client who the license holder projects will need fewer than ten sessions during the next 12  
392.10 months; and

392.11 (2) up to five days of day treatment services or partial hospitalization.

392.12 (f) A license holder must complete a new standard diagnostic assessment of a client:

392.13 (1) when the client requires services of a greater number or intensity than the services  
392.14 that paragraphs (b) to (e) describe;

392.15 (2) at least annually following the client's initial diagnostic assessment if the client needs  
392.16 additional mental health services and the client does not meet the criteria for a brief  
392.17 assessment;

392.18 (3) when the client's mental health condition has changed markedly since the client's  
392.19 most recent diagnostic assessment; or

392.20 (4) when the client's current mental health condition does not meet the criteria of the  
392.21 client's current diagnosis.

392.22 (g) For an existing client, the license holder must ensure that a new standard diagnostic  
392.23 assessment includes a written update containing all significant new or changed information  
392.24 about the client, and an update regarding what information has not significantly changed,  
392.25 including a discussion with the client about changes in the client's life situation, functioning,  
392.26 presenting problems, and progress with achieving treatment goals since the client's last  
392.27 diagnostic assessment was completed.

392.28 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
392.29 whichever is later. The commissioner of human services shall notify the revisor of statutes  
392.30 when federal approval is obtained.

393.1 Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended  
393.2 to read:

393.3 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health  
393.4 professional or a clinical trainee may complete a standard diagnostic assessment of a client.  
393.5 A standard diagnostic assessment of a client must include a face-to-face interview with a  
393.6 client and a written evaluation of the client. The assessor must complete a client's standard  
393.7 diagnostic assessment within the client's cultural context.

197.14 (e) Based on the client's needs that a hospital's medical history and presentation  
197.15 examination identifies, a license holder may provide a client with:

197.16 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family  
197.17 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions  
197.18 within a 12-month period without prior authorization for any new client or for an existing  
197.19 client who the license holder projects will need fewer than ten sessions during the next 12  
197.20 months; and

197.21 (2) up to five days of day treatment services or partial hospitalization.

197.22 (f) A license holder must complete a new standard diagnostic assessment of a client:

197.23 (1) when the client requires services of a greater number or intensity than the services  
197.24 that paragraphs (b) to (e) describe;

197.25 (2) at least annually following the client's initial diagnostic assessment if the client needs  
197.26 additional mental health services and the client does not meet the criteria for a brief  
197.27 assessment;

197.28 (3) when the client's mental health condition has changed markedly since the client's  
197.29 most recent diagnostic assessment; or

197.30 (4) when the client's current mental health condition does not meet the criteria of the  
197.31 client's current diagnosis.

198.1 (g) For an existing client, the license holder must ensure that a new standard diagnostic  
198.2 assessment includes a written update containing all significant new or changed information  
198.3 about the client, and an update regarding what information has not significantly changed,  
198.4 including a discussion with the client about changes in the client's life situation, functioning,  
198.5 presenting problems, and progress with achieving treatment goals since the client's last  
198.6 diagnostic assessment was completed.

198.7 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
198.8 whichever is later. The commissioner of human services shall notify the revisor of statutes  
198.9 when federal approval is obtained.

198.10 Sec. 27. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended  
198.11 to read:

198.12 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health  
198.13 professional or a clinical trainee may complete a standard diagnostic assessment of a client.  
198.14 A standard diagnostic assessment of a client must include a face-to-face interview with a  
198.15 client and a written evaluation of the client. The assessor must complete a client's standard  
198.16 diagnostic assessment within the client's cultural context.

393.8 (b) When completing a standard diagnostic assessment of a client, the assessor must  
393.9 gather and document information about the client's current life situation, including the  
393.10 following information:

393.11 (1) the client's age;

393.12 (2) the client's current living situation, including the client's housing status and household  
393.13 members;

393.14 (3) the status of the client's basic needs;

393.15 (4) the client's education level and employment status;

393.16 (5) the client's current medications;

393.17 (6) any immediate risks to the client's health and safety;

393.18 (7) the client's perceptions of the client's condition;

393.19 (8) the client's description of the client's symptoms, including the reason for the client's  
393.20 referral;

393.21 (9) the client's history of mental health treatment; and

393.22 (10) cultural influences on the client.

393.23 (c) If the assessor cannot obtain the information that this ~~subdivision paragraph~~ requires  
393.24 without retraumatizing the client or harming the client's willingness to engage in treatment,  
393.25 the assessor must identify which topics will require further assessment during the course  
393.26 of the client's treatment. The assessor must gather and document information related to the  
393.27 following topics:

393.28 (1) the client's relationship with the client's family and other significant personal  
393.29 relationships, including the client's evaluation of the quality of each relationship;

393.30 (2) the client's strengths and resources, including the extent and quality of the client's  
393.31 social networks;

394.1 (3) important developmental incidents in the client's life;

394.2 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

394.3 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

394.4 (6) the client's health history and the client's family health history, including the client's  
394.5 physical, chemical, and mental health history.

394.6 (d) When completing a standard diagnostic assessment of a client, an assessor must use  
394.7 a recognized diagnostic framework.

198.17 (b) When completing a standard diagnostic assessment of a client, the assessor must  
198.18 gather and document information about the client's current life situation, including the  
198.19 following information:

198.20 (1) the client's age;

198.21 (2) the client's current living situation, including the client's housing status and household  
198.22 members;

198.23 (3) the status of the client's basic needs;

198.24 (4) the client's education level and employment status;

198.25 (5) the client's current medications;

198.26 (6) any immediate risks to the client's health and safety;

198.27 (7) the client's perceptions of the client's condition;

198.28 (8) the client's description of the client's symptoms, including the reason for the client's  
198.29 referral;

198.30 (9) the client's history of mental health treatment; and

198.31 (10) cultural influences on the client.

199.1 (c) If the assessor cannot obtain the information that this ~~subdivision paragraph~~ requires  
199.2 without retraumatizing the client or harming the client's willingness to engage in treatment,  
199.3 the assessor must identify which topics will require further assessment during the course  
199.4 of the client's treatment. The assessor must gather and document information related to the  
199.5 following topics:

199.6 (1) the client's relationship with the client's family and other significant personal  
199.7 relationships, including the client's evaluation of the quality of each relationship;

199.8 (2) the client's strengths and resources, including the extent and quality of the client's  
199.9 social networks;

199.10 (3) important developmental incidents in the client's life;

199.11 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

199.12 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

199.13 (6) the client's health history and the client's family health history, including the client's  
199.14 physical, chemical, and mental health history.

199.15 (d) When completing a standard diagnostic assessment of a client, an assessor must use  
199.16 a recognized diagnostic framework.

394.8 (1) When completing a standard diagnostic assessment of a client who is five years of  
394.9 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic  
394.10 Classification of Mental Health and Development Disorders of Infancy and Early Childhood  
394.11 published by Zero to Three.

394.12 (2) When completing a standard diagnostic assessment of a client who is six years of  
394.13 age or older, the assessor must use the current edition of the Diagnostic and Statistical  
394.14 Manual of Mental Disorders published by the American Psychiatric Association.

394.15 (3) When completing a standard diagnostic assessment of a client who is five years of  
394.16 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument  
394.17 (ECSII) to the client and include the results in the client's assessment.

394.18 (4) When completing a standard diagnostic assessment of a client who is six to 17 years  
394.19 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument  
394.20 (CASII) to the client and include the results in the client's assessment.

394.21 (5) When completing a standard diagnostic assessment of a client who is 18 years of  
394.22 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria  
394.23 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders  
394.24 published by the American Psychiatric Association to screen and assess the client for a  
394.25 substance use disorder.

394.26 (e) When completing a standard diagnostic assessment of a client, the assessor must  
394.27 include and document the following components of the assessment:

394.28 (1) the client's mental status examination;

394.29 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;  
394.30 vulnerabilities; safety needs, including client information that supports the assessor's findings  
394.31 after applying a recognized diagnostic framework from paragraph (d); and any differential  
394.32 diagnosis of the client;

395.1 (3) an explanation of: (i) how the assessor diagnosed the client using the information  
395.2 from the client's interview, assessment, psychological testing, and collateral information  
395.3 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;  
395.4 and (v) the client's responsivity factors.

395.5 (f) When completing a standard diagnostic assessment of a client, the assessor must  
395.6 consult the client and the client's family about which services that the client and the family  
395.7 prefer to treat the client. The assessor must make referrals for the client as to services required  
395.8 by law.

395.9 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
395.10 whichever is later. The commissioner of human services shall notify the revisor of statutes  
395.11 when federal approval is obtained.

199.17 (1) When completing a standard diagnostic assessment of a client who is five years of  
199.18 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic  
199.19 Classification of Mental Health and Development Disorders of Infancy and Early Childhood  
199.20 published by Zero to Three.

199.21 (2) When completing a standard diagnostic assessment of a client who is six years of  
199.22 age or older, the assessor must use the current edition of the Diagnostic and Statistical  
199.23 Manual of Mental Disorders published by the American Psychiatric Association.

199.24 (3) When completing a standard diagnostic assessment of a client who is five years of  
199.25 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument  
199.26 (ECSII) to the client and include the results in the client's assessment.

199.27 (4) When completing a standard diagnostic assessment of a client who is six to 17 years  
199.28 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument  
199.29 (CASII) to the client and include the results in the client's assessment.

199.30 (5) When completing a standard diagnostic assessment of a client who is 18 years of  
199.31 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria  
199.32 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders  
200.1 published by the American Psychiatric Association to screen and assess the client for a  
200.2 substance use disorder.

200.3 (e) When completing a standard diagnostic assessment of a client, the assessor must  
200.4 include and document the following components of the assessment:

200.5 (1) the client's mental status examination;

200.6 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;  
200.7 vulnerabilities; safety needs, including client information that supports the assessor's findings  
200.8 after applying a recognized diagnostic framework from paragraph (d); and any differential  
200.9 diagnosis of the client;

200.10 (3) an explanation of: (i) how the assessor diagnosed the client using the information  
200.11 from the client's interview, assessment, psychological testing, and collateral information  
200.12 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;  
200.13 and (v) the client's responsivity factors.

200.14 (f) When completing a standard diagnostic assessment of a client, the assessor must  
200.15 consult the client and the client's family about which services that the client and the family  
200.16 prefer to treat the client. The assessor must make referrals for the client as to services required  
200.17 by law.

200.18 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
200.19 whichever is later. The commissioner of human services shall notify the revisor of statutes  
200.20 when federal approval is obtained.

395.12 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended  
395.13 to read:

395.14 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain  
395.15 responsible for each client's case. The certification holder must document the name of the  
395.16 mental health professional responsible for each case and the dates that the mental health  
395.17 professional is responsible for the client's case from beginning date to end date. The  
395.18 certification holder must assign each client's case for assessment, diagnosis, and treatment  
395.19 services to a treatment team member who is competent in the assigned clinical service, the  
395.20 recommended treatment strategy, and in treating the client's characteristics.

395.21 (b) Treatment supervision of mental health practitioners and clinical trainees required  
395.22 by section 245I.06 must include case reviews as described in this paragraph. Every two  
395.23 months, a mental health professional must complete and document a case review of each  
395.24 client assigned to the mental health professional when the client is receiving clinical services  
395.25 from a mental health practitioner or clinical trainee. The case review must include a  
395.26 consultation process that thoroughly examines the client's condition and treatment, including:  
395.27 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and  
395.28 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome  
395.29 of treatment provided to the client; and (3) treatment recommendations.

396.1 Sec. 22. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended  
396.2 to read:

396.3 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies  
396.4 and procedures in section 245I.03, the license holder must establish, enforce, and maintain  
396.5 the policies and procedures in this subdivision.

396.6 (b) The license holder must have policies and procedures for receiving referrals and  
396.7 making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15  
396.8 to 17.

396.9 (c) The license holder must have policies and procedures for discharging clients under  
396.10 subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff  
396.11 persons who are authorized to discharge clients from the program.

396.12 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
396.13 whichever is later. The commissioner of human services shall notify the revisor of statutes  
396.14 when federal approval is obtained.

200.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended  
200.22 to read:

200.23 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain  
200.24 responsible for each client's case. The certification holder must document the name of the  
200.25 mental health professional responsible for each case and the dates that the mental health  
200.26 professional is responsible for the client's case from beginning date to end date. The  
200.27 certification holder must assign each client's case for assessment, diagnosis, and treatment  
200.28 services to a treatment team member who is competent in the assigned clinical service, the  
200.29 recommended treatment strategy, and in treating the client's characteristics.

200.30 (b) Treatment supervision of mental health practitioners and clinical trainees required  
200.31 by section 245I.06 must include case reviews as described in this paragraph. Every two  
200.32 months, a mental health professional must complete and document a case review of each  
200.33 client assigned to the mental health professional when the client is receiving clinical services  
201.1 from a mental health practitioner or clinical trainee. The case review must include a  
201.2 consultation process that thoroughly examines the client's condition and treatment, including:  
201.3 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and  
201.4 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome  
201.5 of treatment provided to the client; and (3) treatment recommendations.

201.6 Sec. 29. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended  
201.7 to read:

201.8 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies  
201.9 and procedures in section 245I.03, the license holder must establish, enforce, and maintain  
201.10 the policies and procedures in this subdivision.

201.11 (b) The license holder must have policies and procedures for receiving referrals and  
201.12 making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15  
201.13 to 17.

201.14 (c) The license holder must have policies and procedures for discharging clients under  
201.15 subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff  
201.16 persons who are authorized to discharge clients from the program.

201.17 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
201.18 whichever is later. The commissioner of human services shall notify the revisor of statutes  
201.19 when federal approval is obtained.

201.20 Sec. 30. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
201.21 to read:

201.22 Subd. 6a. **Minnesota Certification Board.** "Minnesota Certification Board" means the  
201.23 nonprofit agency member board of the International Certification and Reciprocity Consortium

201.24 that sets the policies and procedures for alcohol and other drug professional certifications  
201.25 in Minnesota, including peer recovery specialists.

201.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

201.27 Sec. 31. Minnesota Statutes 2020, section 254B.05, subdivision 1, is amended to read:

201.28 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are  
201.29 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,  
201.30 notwithstanding the provisions of section 245A.03. American Indian programs that provide  
202.1 substance use disorder treatment, extended care, transitional residence, or outpatient treatment  
202.2 services, and are licensed by tribal government are eligible vendors.

202.3 (b) A licensed professional in private practice as defined in section 245G.01, subdivision  
202.4 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible  
202.5 vendor of a comprehensive assessment and assessment summary provided according to  
202.6 section 245G.05, and treatment services provided according to sections 245G.06 and  
202.7 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses  
202.8 (1) to (6).

202.9 (c) A county is an eligible vendor for a comprehensive assessment and assessment  
202.10 summary when provided by an individual who meets the staffing credentials of section  
202.11 245G.11, subdivisions 1 and 5, and completed according to the requirements of section  
202.12 245G.05. A county is an eligible vendor of care coordination services when provided by an  
202.13 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and  
202.14 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),  
202.15 clause (5).

202.16 (d) A recovery community organization that meets certification requirements identified  
202.17 by the commissioner, the definition in section 254B.01, subdivision 8, and one of the  
202.18 following certification requirements, is an eligible vendor of peer recovery support services  
202.19 under section 254B.05, subdivision 5, paragraph (b), clause (4):

202.20 (1) the recovery community organization is certified by the Minnesota Certification  
202.21 Board as defined in section 254B.01, subdivision 6a;

202.22 (2) the recovery community organization was certified as of July 1, 2022, by an  
202.23 organization previously authorized by the commissioner to certify recovery community  
202.24 organizations; or

202.25 (3) the recovery community organization is certified by an organization authorized by  
202.26 the commissioner, provided that organization does not require additional certification  
202.27 requirements beyond the recovery community organization meeting the definition under  
202.28 section 254B.01, subdivision 8.

202.29 (e) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to  
202.30 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or  
202.31 nonresidential substance use disorder treatment or withdrawal management program by the

202.32 commissioner or by tribal government or do not meet the requirements of subdivisions 1a  
202.33 and 1b are not eligible vendors.

203.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

396.15 Sec. 23. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended  
396.16 to read:

396.17 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance  
396.18 use disorder services and service enhancements funded under this chapter.

396.19 (b) Eligible substance use disorder treatment services include:

396.20 (1) outpatient treatment services that are licensed according to sections 245G.01 to  
396.21 245G.17, or applicable tribal license;

396.22 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),  
396.23 and 245G.05;

396.24 (3) care coordination services provided according to section 245G.07, subdivision 1,  
396.25 paragraph (a), clause (5);

396.26 (4) peer recovery support services provided according to section 245G.07, subdivision  
396.27 2, clause (8);

396.28 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management  
396.29 services provided according to chapter 245F;

396.30 (6) medication-assisted therapy services that are licensed according to sections 245G.01  
396.31 to 245G.17 and 245G.22, or applicable tribal license;

397.1 (7) medication-assisted therapy plus enhanced treatment services that meet the  
397.2 requirements of clause (6) and provide nine hours of clinical services each week;

397.3 (8) high, medium, and low intensity residential treatment services that are licensed  
397.4 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which  
397.5 provide, respectively, 30, 15, and five hours of clinical services each week;

397.6 (9) hospital-based treatment services that are licensed according to sections 245G.01 to  
397.7 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to  
397.8 144.56;

397.9 (10) adolescent treatment programs that are licensed as outpatient treatment programs  
397.10 according to sections 245G.01 to 245G.18 or as residential treatment programs according  
397.11 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or  
397.12 applicable tribal license;

397.13 (11) high-intensity residential treatment services that are licensed according to sections  
397.14 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of  
397.15 clinical services each week provided by a state-operated vendor or to clients who have been

- 397.16 civilly committed to the commissioner, present the most complex and difficult care needs,  
397.17 and are a potential threat to the community; and
- 397.18 (12) room and board facilities that meet the requirements of subdivision 1a.
- 397.19 (c) The commissioner shall establish higher rates for programs that meet the requirements  
397.20 of paragraph (b) and one of the following additional requirements:
- 397.21 (1) programs that serve parents with their children if the program:
- 397.22 (i) provides on-site child care during the hours of treatment activity that:
- 397.23 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter  
397.24 9503; or
- 397.25 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph  
397.26 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or
- 397.27 (ii) arranges for off-site child care during hours of treatment activity at a facility that is  
397.28 licensed under chapter 245A as:
- 397.29 (A) a child care center under Minnesota Rules, chapter 9503; or
- 397.30 (B) a family child care home under Minnesota Rules, chapter 9502;
- 398.1 (2) culturally specific or culturally responsive programs as defined in section 254B.01,  
398.2 subdivision 4a;
- 398.3 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 398.4 (4) programs that offer medical services delivered by appropriately credentialed health  
398.5 care staff in an amount equal to two hours per client per week if the medical needs of the  
398.6 client and the nature and provision of any medical services provided are documented in the  
398.7 client file; or
- 398.8 (5) programs that offer services to individuals with co-occurring mental health and  
398.9 chemical dependency problems if:
- 398.10 (i) the program meets the co-occurring requirements in section 245G.20;
- 398.11 (ii) 25 percent of the counseling staff are licensed mental health professionals, ~~as defined~~  
398.12 ~~in section 245.462, subdivision 18, clauses (1) to (6) under section 245I.04, subdivision 2,~~  
398.13 or are students or licensing candidates under the supervision of a licensed alcohol and drug  
398.14 counselor supervisor and ~~licensed~~ licensed mental health professional under section 245I.04,  
398.15 subdivision 2, except that no more than 50 percent of the mental health staff may be students  
398.16 or licensing candidates with time documented to be directly related to provisions of  
398.17 co-occurring services;
- 398.18 (iii) clients scoring positive on a standardized mental health screen receive a mental  
398.19 health diagnostic assessment within ten days of admission;

398.20 (iv) the program has standards for multidisciplinary case review that include a monthly  
398.21 review for each client that, at a minimum, includes a licensed mental health professional  
398.22 and licensed alcohol and drug counselor, and their involvement in the review is documented;

398.23 (v) family education is offered that addresses mental health and substance abuse disorders  
398.24 and the interaction between the two; and

398.25 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder  
398.26 training annually.

398.27 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program  
398.28 that provides arrangements for off-site child care must maintain current documentation at  
398.29 the chemical dependency facility of the child care provider's current licensure to provide  
398.30 child care services. Programs that provide child care according to paragraph (c), clause (1),  
398.31 must be deemed in compliance with the licensing requirements in section 245G.19.

399.1 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,  
399.2 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements  
399.3 in paragraph (c), clause (4), items (i) to (iv).

399.4 (f) Subject to federal approval, substance use disorder services that are otherwise covered  
399.5 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,  
399.6 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to  
399.7 the condition and needs of the person being served. Reimbursement shall be at the same  
399.8 rates and under the same conditions that would otherwise apply to direct face-to-face services.

399.9 (g) For the purpose of reimbursement under this section, substance use disorder treatment  
399.10 services provided in a group setting without a group participant maximum or maximum  
399.11 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.  
399.12 At least one of the attending staff must meet the qualifications as established under this  
399.13 chapter for the type of treatment service provided. A recovery peer may not be included as  
399.14 part of the staff ratio.

399.15 (h) Payment for outpatient substance use disorder services that are licensed according  
399.16 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless  
399.17 prior authorization of a greater number of hours is obtained from the commissioner.

399.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
399.19 whichever is later. The commissioner of human services shall notify the revisor of statutes  
399.20 when federal approval is obtained.

SEC. 32. MINNESOTA STATUTES 2020, SECTION 256.01, AMENDMENT  
MOVED TO MATCH UES4410-2, ARTICLE 9, SECTION 3.

SEC. 33. MINNESOTA STATUTES 2020, SECTION 256.045, SUBDIVISION  
3, AMENDMENT MOVED TO MATCH UES4410-2, ARTICLE 9, SECTION 4.



399.21 Sec. 24. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is  
399.22 amended to read:

399.23 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the  
399.24 meanings given them.

399.25 (b) "ACT team" means the group of interdisciplinary mental health staff who work as  
399.26 a team to provide assertive community treatment.

399.27 (c) "Assertive community treatment" means intensive nonresidential treatment and  
399.28 rehabilitative mental health services provided according to the assertive community treatment  
399.29 model. Assertive community treatment provides a single, fixed point of responsibility for  
399.30 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per  
399.31 day, seven days per week, in a community-based setting.

399.32 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions  
399.33 7 and 8.

400.1 (e) "Crisis assessment and intervention" means ~~mental health mobile~~ crisis response  
400.2 services ~~as defined in under~~ section 256B.0624, ~~subdivision 2~~.

400.3 (f) "Individual treatment team" means a minimum of three members of the ACT team  
400.4 who are responsible for consistently carrying out most of a client's assertive community  
400.5 treatment services.

400.6 (g) "Primary team member" means the person who leads and coordinates the activities  
400.7 of the individual treatment team and is the individual treatment team member who has  
400.8 primary responsibility for establishing and maintaining a therapeutic relationship with the  
400.9 client on a continuing basis.

400.10 (h) "Certified rehabilitation specialist" means a staff person who is qualified according  
400.11 to section 245I.04, subdivision 8.

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

400.14 (j) "Mental health certified peer specialist" means a staff person who is qualified  
400.15 according to section 245I.04, subdivision 10.

400.16 (k) "Mental health practitioner" means a staff person who is qualified according to section  
400.17 245I.04, subdivision 4.

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

400.20 (m) "Mental health rehabilitation worker" means a staff person who is qualified according  
400.21 to section 245I.04, subdivision 14.

208.17 Sec. 34. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is  
208.18 amended to read:

208.19 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the  
208.20 meanings given them.

208.21 (b) "ACT team" means the group of interdisciplinary mental health staff who work as  
208.22 a team to provide assertive community treatment.

208.23 (c) "Assertive community treatment" means intensive nonresidential treatment and  
208.24 rehabilitative mental health services provided according to the assertive community treatment  
208.25 model. Assertive community treatment provides a single, fixed point of responsibility for  
208.26 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per  
208.27 day, seven days per week, in a community-based setting.

208.28 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions  
208.29 7 and 8.

208.30 (e) "Crisis assessment and intervention" means ~~mental health mobile~~ crisis response  
208.31 services ~~as defined in under~~ section 256B.0624, ~~subdivision 2~~.

209.1 (f) "Individual treatment team" means a minimum of three members of the ACT team  
209.2 who are responsible for consistently carrying out most of a client's assertive community  
209.3 treatment services.

209.4 (g) "Primary team member" means the person who leads and coordinates the activities  
209.5 of the individual treatment team and is the individual treatment team member who has  
209.6 primary responsibility for establishing and maintaining a therapeutic relationship with the  
209.7 client on a continuing basis.

209.8 (h) "Certified rehabilitation specialist" means a staff person who is qualified according  
209.9 to section 245I.04, subdivision 8.

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

209.12 (j) "Mental health certified peer specialist" means a staff person who is qualified  
209.13 according to section 245I.04, subdivision 10.

209.14 (k) "Mental health practitioner" means a staff person who is qualified according to section  
209.15 245I.04, subdivision 4.

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

209.18 (m) "Mental health rehabilitation worker" means a staff person who is qualified according  
209.19 to section 245I.04, subdivision 14.

400.22 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
400.23 whichever is later. The commissioner of human services shall notify the revisor of statutes  
400.24 when federal approval is obtained.

NOTE: SECTION 256B.0625, SUBDIVISION 3B, IS ALSO AMENDED BY  
UES4410-2, ARTICLE 4, SECTION 7.

400.25 Sec. 25. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is  
400.26 amended to read:

400.27 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services  
400.28 and consultations delivered by a health care provider through telehealth in the same manner  
400.29 as if the service or consultation was delivered through in-person contact. Services or  
400.30 consultations delivered through telehealth shall be paid at the full allowable rate.

401.1 (b) The commissioner may establish criteria that a health care provider must attest to in  
401.2 order to demonstrate the safety or efficacy of delivering a particular service through  
401.3 telehealth. The attestation may include that the health care provider:

401.4 (1) has identified the categories or types of services the health care provider will provide  
401.5 through telehealth;

401.6 (2) has written policies and procedures specific to services delivered through telehealth  
401.7 that are regularly reviewed and updated;

401.8 (3) has policies and procedures that adequately address patient safety before, during,  
401.9 and after the service is delivered through telehealth;

401.10 (4) has established protocols addressing how and when to discontinue telehealth services;  
401.11 and

401.12 (5) has an established quality assurance process related to delivering services through  
401.13 telehealth.

401.14 (c) As a condition of payment, a licensed health care provider must document each  
401.15 occurrence of a health service delivered through telehealth to a medical assistance enrollee.  
401.16 Health care service records for services delivered through telehealth must meet the  
401.17 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must  
401.18 document:

401.19 (1) the type of service delivered through telehealth;

401.20 (2) the time the service began and the time the service ended, including an a.m. and p.m.  
401.21 designation;

401.22 (3) the health care provider's basis for determining that telehealth is an appropriate and  
401.23 effective means for delivering the service to the enrollee;

209.20 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
209.21 whichever is later. The commissioner of human services shall notify the revisor of statutes  
209.22 when federal approval is obtained.

209.23 Sec. 35. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is  
209.24 amended to read:

209.25 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services  
209.26 and consultations delivered by a health care provider through telehealth in the same manner  
209.27 as if the service or consultation was delivered through in-person contact. Services or  
209.28 consultations delivered through telehealth shall be paid at the full allowable rate.

209.29 (b) The commissioner may establish criteria that a health care provider must attest to in  
209.30 order to demonstrate the safety or efficacy of delivering a particular service through  
209.31 telehealth. The attestation may include that the health care provider:

210.1 (1) has identified the categories or types of services the health care provider will provide  
210.2 through telehealth;

210.3 (2) has written policies and procedures specific to services delivered through telehealth  
210.4 that are regularly reviewed and updated;

210.5 (3) has policies and procedures that adequately address patient safety before, during,  
210.6 and after the service is delivered through telehealth;

210.7 (4) has established protocols addressing how and when to discontinue telehealth services;  
210.8 and

210.9 (5) has an established quality assurance process related to delivering services through  
210.10 telehealth.

210.11 (c) As a condition of payment, a licensed health care provider must document each  
210.12 occurrence of a health service delivered through telehealth to a medical assistance enrollee.  
210.13 Health care service records for services delivered through telehealth must meet the  
210.14 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must  
210.15 document:

210.16 (1) the type of service delivered through telehealth;

210.17 (2) the time the service began and the time the service ended, including an a.m. and p.m.  
210.18 designation;

210.19 (3) the health care provider's basis for determining that telehealth is an appropriate and  
210.20 effective means for delivering the service to the enrollee;

401.24 (4) the mode of transmission used to deliver the service through telehealth and records  
401.25 evidencing that a particular mode of transmission was utilized;

401.26 (5) the location of the originating site and the distant site;

401.27 (6) if the claim for payment is based on a physician's consultation with another physician  
401.28 through telehealth, the written opinion from the consulting physician providing the telehealth  
401.29 consultation; and

401.30 (7) compliance with the criteria attested to by the health care provider in accordance  
401.31 with paragraph (b).

402.1 (d) Telehealth visits, as described in this subdivision provided through audio and visual  
402.2 communication, or accessible video-based platforms may be used to satisfy the face-to-face  
402.3 requirement for reimbursement under the payment methods that apply to a federally qualified  
402.4 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified  
402.5 community behavioral health clinic, if the service would have otherwise qualified for  
402.6 payment if performed in person. Beginning July 1, 2021, visits provided through telephone  
402.7 may satisfy the face-to-face requirement for reimbursement under these payment methods  
402.8 if the service would have otherwise qualified for payment if performed in person until the  
402.9 COVID-19 federal public health emergency ends or July 1, 2023, whichever is earlier.

402.10 (e) For mental health services or assessments delivered through telehealth that are based  
402.11 on an individual treatment plan, the provider may document the client's verbal approval or  
402.12 electronic written approval of the treatment plan or change in the treatment plan in lieu of  
402.13 the client's signature in accordance with Minnesota Rules, part 9505.0371.

402.14 (f) (c) For purposes of this subdivision, unless otherwise covered under this chapter:

402.15 (1) "telehealth" means the delivery of health care services or consultations through the  
402.16 use of real-time two-way interactive audio and visual communication to provide or support  
402.17 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,  
402.18 education, and care management of a patient's health care. Telehealth includes the application  
402.19 of secure video conferencing, store-and-forward technology, and synchronous interactions  
402.20 between a patient located at an originating site and a health care provider located at a distant  
402.21 site. Telehealth does not include communication between health care providers, or between  
402.22 a health care provider and a patient that consists solely of an audio-only communication,  
402.23 e-mail, or facsimile transmission or as specified by law;

402.24 (2) "health care provider" means a health care provider as defined under section 62A.673,  
402.25 a community paramedic as defined under section 144E.001, subdivision 5f, a community  
402.26 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health  
402.27 certified peer specialist under section ~~256B.0615, subdivision 5~~ 245I.04, subdivision 10, a  
402.28 mental health certified family peer specialist under section ~~256B.0616, subdivision 5~~ 245I.04,  
402.29 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623, subdivision~~  
402.30 ~~5, paragraph (a), clause (4), and paragraph (b)~~ 245I.04, subdivision 14, a mental health  
402.31 behavioral aide under section ~~256B.0943, subdivision 7, paragraph (b), clause (3)~~ 245I.04,

210.21 (4) the mode of transmission used to deliver the service through telehealth and records  
210.22 evidencing that a particular mode of transmission was utilized;

210.23 (5) the location of the originating site and the distant site;

210.24 (6) if the claim for payment is based on a physician's consultation with another physician  
210.25 through telehealth, the written opinion from the consulting physician providing the telehealth  
210.26 consultation; and

210.27 (7) compliance with the criteria attested to by the health care provider in accordance  
210.28 with paragraph (b).

210.29 (d) Telehealth visits, as described in this subdivision provided through audio and visual  
210.30 communication, or accessible video-based platforms may be used to satisfy the face-to-face  
210.31 requirement for reimbursement under the payment methods that apply to a federally qualified  
210.32 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified  
211.1 community behavioral health clinic, if the service would have otherwise qualified for  
211.2 payment if performed in person.

211.3 (e) For mental health services or assessments delivered through telehealth that are based  
211.4 on an individual treatment plan, the provider may document the client's verbal approval or  
211.5 electronic written approval of the treatment plan or change in the treatment plan in lieu of  
211.6 the client's signature in accordance with Minnesota Rules, part 9505.0371.

211.7 (f) (c) For purposes of this subdivision, unless otherwise covered under this chapter:

211.8 (1) "telehealth" means the delivery of health care services or consultations through the  
211.9 use of real-time two-way interactive audio and visual communication to provide or support  
211.10 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,  
211.11 education, and care management of a patient's health care. Telehealth includes the application  
211.12 of secure video conferencing, store-and-forward technology, and synchronous interactions  
211.13 between a patient located at an originating site and a health care provider located at a distant  
211.14 site. Telehealth does not include communication between health care providers, or between  
211.15 a health care provider and a patient that consists solely of an audio-only communication,  
211.16 e-mail, or facsimile transmission or as specified by law;

211.17 (2) "health care provider" means a health care provider as defined under section 62A.673,  
211.18 a community paramedic as defined under section 144E.001, subdivision 5f, a community  
211.19 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health  
211.20 certified peer specialist under section ~~256B.0615, subdivision 5~~ 245I.04, subdivision 10, a  
211.21 mental health certified family peer specialist under section ~~256B.0616, subdivision 5~~ 245I.04,  
211.22 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623, subdivision~~  
211.23 ~~5, paragraph (a), clause (4), and paragraph (b)~~ 245I.04, subdivision 14, a mental health  
211.24 behavioral aide under section ~~256B.0943, subdivision 7, paragraph (b), clause (3)~~ 245I.04,

402.32 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol  
402.33 and drug counselor under section 245G.11, subdivision 5, or a recovery peer under section  
402.34 245G.11, subdivision 8; and

403.1 (3) "originating site," "distant site," and "store-and-forward technology" have the  
403.2 meanings given in section 62A.673, subdivision 2.

403.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
403.4 whichever is later, except that the amendment to paragraph (d) is effective retroactively  
403.5 from July 1, 2021, and expires when the COVID-19 federal public health emergency ends  
403.6 or July 1, 2023, whichever is earlier. The commissioner of human services shall notify the  
403.7 revisor of statutes when federal approval is obtained and when the amendments to paragraph  
403.8 (d) expire.

403.9 Sec. 26. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

403.10 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under  
403.11 personal care assistance choice, the recipient or responsible party shall:

403.12 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms  
403.13 of the written agreement required under subdivision 20, paragraph (a);

403.14 (2) develop a personal care assistance care plan based on the assessed needs and  
403.15 addressing the health and safety of the recipient with the assistance of a qualified professional  
403.16 as needed;

403.17 (3) orient and train the personal care assistant with assistance as needed from the qualified  
403.18 professional;

403.19 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the  
403.20 qualified professional, who is required to visit the recipient at least every 180 days;

403.21 (5) monitor and verify in writing and report to the personal care assistance choice agency  
403.22 the number of hours worked by the personal care assistant and the qualified professional;

403.23 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to  
403.24 determine continuing eligibility and service authorization; and

403.25 (7) use the same personal care assistance choice provider agency if shared personal  
403.26 assistance care is being used.

403.27 (b) The personal care assistance choice provider agency shall:

403.28 (1) meet all personal care assistance provider agency standards;

403.29 (2) enter into a written agreement with the recipient, responsible party, and personal  
403.30 care assistants;

404.1 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal  
404.2 care assistant; and

211.25 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol  
211.26 and drug counselor under section 245G.11, subdivision 5, a recovery peer under section  
211.27 245G.11, subdivision 8; and

211.28 (3) "originating site," "distant site," and "store-and-forward technology" have the  
211.29 meanings given in section 62A.673, subdivision 2.

211.30 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
211.31 whichever is later. The commissioner of human services shall notify the revisor of statutes  
211.32 when federal approval is obtained.

212.1 Sec. 36. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

212.2 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under  
212.3 personal care assistance choice, the recipient or responsible party shall:

212.4 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms  
212.5 of the written agreement required under subdivision 20, paragraph (a);

212.6 (2) develop a personal care assistance care plan based on the assessed needs and  
212.7 addressing the health and safety of the recipient with the assistance of a qualified professional  
212.8 as needed;

212.9 (3) orient and train the personal care assistant with assistance as needed from the qualified  
212.10 professional;

212.11 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the  
212.12 qualified professional, who is required to visit the recipient at least every 180 days;

212.13 (5) monitor and verify in writing and report to the personal care assistance choice agency  
212.14 the number of hours worked by the personal care assistant and the qualified professional;

212.15 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to  
212.16 determine continuing eligibility and service authorization; and

212.17 (7) use the same personal care assistance choice provider agency if shared personal  
212.18 assistance care is being used.

212.19 (b) The personal care assistance choice provider agency shall:

212.20 (1) meet all personal care assistance provider agency standards;

212.21 (2) enter into a written agreement with the recipient, responsible party, and personal  
212.22 care assistants;

212.23 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal  
212.24 care assistant; and

404.3 (4) ensure arm's-length transactions without undue influence or coercion with the recipient  
404.4 and personal care assistant.

404.5 (c) The duties of the personal care assistance choice provider agency are to:

404.6 (1) be the employer of the personal care assistant and the qualified professional for  
404.7 employment law and related regulations including; but not limited to; purchasing and  
404.8 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,  
404.9 and liability insurance, and submit any or all necessary documentation including; but not  
404.10 limited to; workers' compensation, unemployment insurance, and labor market data required  
404.11 under section 256B.4912, subdivision 1a;

404.12 (2) bill the medical assistance program for personal care assistance services and qualified  
404.13 professional services;

404.14 (3) request and complete background studies that comply with the requirements for  
404.15 personal care assistants and qualified professionals;

404.16 (4) pay the personal care assistant and qualified professional based on actual hours of  
404.17 services provided;

404.18 (5) withhold and pay all applicable federal and state taxes;

404.19 (6) verify and keep records of hours worked by the personal care assistant and qualified  
404.20 professional;

404.21 (7) make the arrangements and pay taxes and other benefits, if any, and comply with  
404.22 any legal requirements for a Minnesota employer;

404.23 (8) enroll in the medical assistance program as a personal care assistance choice agency;  
404.24 and

404.25 (9) enter into a written agreement as specified in subdivision 20 before services are  
404.26 provided.

404.27 Sec. 27. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is  
404.28 amended to read:

404.29 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance  
404.30 covers intensive mental health outpatient treatment for dialectical behavior therapy for  
404.31 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts  
405.1 to report individual client outcomes to the commissioner using instruments and protocols  
405.2 that are approved by the commissioner.

405.3 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a  
405.4 mental health professional or clinical trainee provides to a client or a group of clients in an  
405.5 intensive outpatient treatment program using a combination of individualized rehabilitative  
405.6 and psychotherapeutic interventions. A dialectical behavior therapy program involves:

212.25 (4) ensure arm's-length transactions without undue influence or coercion with the recipient  
212.26 and personal care assistant.

212.27 (c) The duties of the personal care assistance choice provider agency are to:

212.28 (1) be the employer of the personal care assistant and the qualified professional for  
212.29 employment law and related regulations including; but not limited to; purchasing and  
212.30 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,  
212.31 and liability insurance, and submit any or all necessary documentation including; but not  
213.1 limited to; workers' compensation, unemployment insurance, and labor market data required  
213.2 under section 256B.4912, subdivision 1a;

213.3 (2) bill the medical assistance program for personal care assistance services and qualified  
213.4 professional services;

213.5 (3) request and complete background studies that comply with the requirements for  
213.6 personal care assistants and qualified professionals;

213.7 (4) pay the personal care assistant and qualified professional based on actual hours of  
213.8 services provided;

213.9 (5) withhold and pay all applicable federal and state taxes;

213.10 (6) verify and keep records of hours worked by the personal care assistant and qualified  
213.11 professional;

213.12 (7) make the arrangements and pay taxes and other benefits, if any, and comply with  
213.13 any legal requirements for a Minnesota employer;

213.14 (8) enroll in the medical assistance program as a personal care assistance choice agency;  
213.15 and

213.16 (9) enter into a written agreement as specified in subdivision 20 before services are  
213.17 provided.

213.18 Sec. 37. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is  
213.19 amended to read:

213.20 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance  
213.21 covers intensive mental health outpatient treatment for dialectical behavior therapy for  
213.22 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts  
213.23 to report individual client outcomes to the commissioner using instruments and protocols  
213.24 that are approved by the commissioner.

213.25 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a  
213.26 mental health professional or clinical trainee provides to a client or a group of clients in an  
213.27 intensive outpatient treatment program using a combination of individualized rehabilitative  
213.28 and psychotherapeutic interventions. A dialectical behavior therapy program involves:

405.7 individual dialectical behavior therapy, group skills training, telephone coaching, and team  
405.8 consultation meetings.

405.9 (c) To be eligible for dialectical behavior therapy, a client must:

405.10 ~~(1)~~ be 18 years of age or older;

405.11 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet  
405.12 or that the client must receive concurrently with other community-based services;

405.13 ~~(3)~~ (2) have either:

405.14 (i) a diagnosis of borderline personality disorder; or

405.15 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or  
405.16 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe  
405.17 dysfunction in multiple areas of the client's life;

405.18 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an  
405.19 intensive therapy program and be able and willing to follow program policies and rules to  
405.20 ensure the safety of the client and others; and

405.21 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive  
405.22 dialectical behavior therapy:

405.23 (i) having a mental health crisis;

405.24 (ii) requiring a more restrictive setting such as hospitalization;

405.25 (iii) decompensating; or

405.26 (iv) engaging in intentional self-harm behavior.

405.27 (d) Individual dialectical behavior therapy combines individualized rehabilitative and  
405.28 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors  
405.29 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional  
405.30 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental  
405.31 health professional or clinical trainee providing dialectical behavior therapy to a client must:

406.1 (1) identify, prioritize, and sequence the client's behavioral targets;

406.2 (2) treat the client's behavioral targets;

406.3 (3) assist the client in applying dialectical behavior therapy skills to the client's natural  
406.4 environment through telephone coaching outside of treatment sessions;

406.5 (4) measure the client's progress toward dialectical behavior therapy targets;

406.6 (5) help the client manage mental health crises and life-threatening behaviors; and

213.29 individual dialectical behavior therapy, group skills training, telephone coaching, and team  
213.30 consultation meetings.

213.31 (c) To be eligible for dialectical behavior therapy, a client must:

214.1 ~~(1)~~ be 18 years of age or older;

214.2 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet  
214.3 or that the client must receive concurrently with other community-based services;

214.4 ~~(3)~~ (2) have either:

214.5 (i) a diagnosis of borderline personality disorder; or

214.6 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or  
214.7 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe  
214.8 dysfunction in multiple areas of the client's life;

214.9 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an  
214.10 intensive therapy program and be able and willing to follow program policies and rules to  
214.11 ensure the safety of the client and others; and

214.12 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive  
214.13 dialectical behavior therapy:

214.14 (i) having a mental health crisis;

214.15 (ii) requiring a more restrictive setting such as hospitalization;

214.16 (iii) decompensating; or

214.17 (iv) engaging in intentional self-harm behavior.

214.18 (d) Individual dialectical behavior therapy combines individualized rehabilitative and  
214.19 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors  
214.20 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional  
214.21 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental  
214.22 health professional or clinical trainee providing dialectical behavior therapy to a client must:

214.23 (1) identify, prioritize, and sequence the client's behavioral targets;

214.24 (2) treat the client's behavioral targets;

214.25 (3) assist the client in applying dialectical behavior therapy skills to the client's natural  
214.26 environment through telephone coaching outside of treatment sessions;

214.27 (4) measure the client's progress toward dialectical behavior therapy targets;

214.28 (5) help the client manage mental health crises and life-threatening behaviors; and

406.7 (6) help the client learn and apply effective behaviors when working with other treatment  
406.8 providers.

406.9 (e) Group skills training combines individualized psychotherapeutic and psychiatric  
406.10 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and  
406.11 other dysfunctional coping behaviors and restore function. Group skills training must teach  
406.12 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal  
406.13 effectiveness; (3) emotional regulation; and (4) distress tolerance.

406.14 (f) Group skills training must be provided by two mental health professionals or by a  
406.15 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.  
406.16 Individual skills training must be provided by a mental health professional, a clinical trainee,  
406.17 or a mental health practitioner.

406.18 (g) Before a program provides dialectical behavior therapy to a client, the commissioner  
406.19 must certify the program as a dialectical behavior therapy provider. To qualify for  
406.20 certification as a dialectical behavior therapy provider, a provider must:

406.21 (1) allow the commissioner to inspect the provider's program;

406.22 (2) provide evidence to the commissioner that the program's policies, procedures, and  
406.23 practices meet the requirements of this subdivision and chapter 245I;

406.24 (3) be enrolled as a MHCP provider; and

406.25 (4) have a manual that outlines the program's policies, procedures, and practices that  
406.26 meet the requirements of this subdivision.

406.27 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
406.28 whichever is later. The commissioner of human services shall notify the revisor of statutes  
406.29 when federal approval is obtained.

214.29 (6) help the client learn and apply effective behaviors when working with other treatment  
214.30 providers.

215.1 (e) Group skills training combines individualized psychotherapeutic and psychiatric  
215.2 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and  
215.3 other dysfunctional coping behaviors and restore function. Group skills training must teach  
215.4 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal  
215.5 effectiveness; (3) emotional regulation; and (4) distress tolerance.

215.6 (f) Group skills training must be provided by two mental health professionals or by a  
215.7 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.  
215.8 Individual skills training must be provided by a mental health professional, a clinical trainee,  
215.9 or a mental health practitioner.

215.10 (g) Before a program provides dialectical behavior therapy to a client, the commissioner  
215.11 must certify the program as a dialectical behavior therapy provider. To qualify for  
215.12 certification as a dialectical behavior therapy provider, a provider must:

215.13 (1) allow the commissioner to inspect the provider's program;

215.14 (2) provide evidence to the commissioner that the program's policies, procedures, and  
215.15 practices meet the requirements of this subdivision and chapter 245I;

215.16 (3) be enrolled as a MHCP provider; and

215.17 (4) have a manual that outlines the program's policies, procedures, and practices that  
215.18 meet the requirements of this subdivision.

215.19 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
215.20 whichever is later. The commissioner of human services shall notify the revisor of statutes  
215.21 when federal approval is obtained.

215.22 Sec. 38. Minnesota Statutes 2020, section 256B.0757, subdivision 1, is amended to read:

215.23 Subdivision 1. **Provision of coverage.** (a) The commissioner shall provide medical  
215.24 assistance coverage of behavioral health home services for eligible individuals with chronic  
215.25 conditions who select a designated provider as the individual's behavioral health home.

215.26 (b) The commissioner shall implement this section in compliance with the requirements  
215.27 of the state option to provide behavioral health homes for enrollees with chronic conditions,  
215.28 as provided under the Patient Protection and Affordable Care Act, Public Law 111-148,  
215.29 sections 2703 and 3502. Terms used in this section have the meaning provided in that act.

215.30 (c) The commissioner shall establish behavioral health homes to serve populations with  
215.31 serious mental illness who meet the eligibility requirements described under subdivision 2.  
216.1 The behavioral health home services provided by behavioral health homes shall focus on  
216.2 both the behavioral and the physical health of these populations.

- 216.3 Sec. 39. Minnesota Statutes 2020, section 256B.0757, subdivision 2, is amended to read:
- 216.4 Subd. 2. **Eligible individual.** (a) The commissioner may elect to develop behavioral
- 216.5 health home models in accordance with United States Code, title 42, section 1396w-4.
- 216.6 (b) An individual is eligible for behavioral health home services under this section if
- 216.7 the individual is eligible for medical assistance under this chapter and has a condition that
- 216.8 meets the definition of mental illness as described in section 245.462, subdivision 20,
- 216.9 paragraph (a), or emotional disturbance as defined in section 245.4871, subdivision 15,
- 216.10 clause (2). The commissioner shall establish criteria for determining continued eligibility.
- 216.11 Sec. 40. Minnesota Statutes 2020, section 256B.0757, subdivision 3, is amended to read:
- 216.12 Subd. 3. **Behavioral health home services.** (a) Behavioral health home services means
- 216.13 comprehensive and timely high-quality services that are provided by a behavioral health
- 216.14 home. These services include:
- 216.15 (1) comprehensive care management;
- 216.16 (2) care coordination and health promotion;
- 216.17 (3) comprehensive transitional care, including appropriate follow-up, from inpatient to
- 216.18 other settings;
- 216.19 (4) patient and family support, including authorized representatives;
- 216.20 (5) referral to community and social support services, if relevant; and
- 216.21 (6) use of health information technology to link services, as feasible and appropriate.
- 216.22 (b) The commissioner shall maximize the number and type of services included in this
- 216.23 subdivision to the extent permissible under federal law, including physician, outpatient,
- 216.24 mental health treatment, and rehabilitation services necessary for comprehensive transitional
- 216.25 care following hospitalization.
- 216.26 Sec. 41. Minnesota Statutes 2020, section 256B.0757, subdivision 4, is amended to read:
- 216.27 Subd. 4. **Designated provider.** Behavioral health home services are voluntary and an
- 216.28 eligible individual may choose any designated provider. The commissioner shall establish
- 216.29 designated providers to serve as behavioral health homes and provide the services described
- 216.30 in subdivision 3 to individuals eligible under subdivision 2. The commissioner shall apply
- 217.1 for grants as provided under section 3502 of the Patient Protection and Affordable Care Act
- 217.2 to establish behavioral health homes and provide capitated payments to designated providers.
- 217.3 For purposes of this section, "designated provider" means a provider, clinical practice or
- 217.4 clinical group practice, rural clinic, community health center, community mental health
- 217.5 center, or any other entity that is determined by the commissioner to be qualified to be a
- 217.6 behavioral health home for eligible individuals. This determination must be based on
- 217.7 documentation evidencing that the designated provider has the systems and infrastructure
- 217.8 in place to provide behavioral health home services and satisfies the qualification standards



407.1 Sec. 28. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is  
407.2 amended to read:

407.3 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services  
407.4 planning, or other assistance intended to support community-based living, including persons  
407.5 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,  
407.6 must be visited by a long-term care consultation team within 20 calendar days after the date  
407.7 on which an assessment was requested or recommended. Upon statewide implementation  
407.8 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person  
407.9 requesting personal care assistance services. The commissioner shall provide at least a  
407.10 90-day notice to lead agencies prior to the effective date of this requirement. Assessments  
407.11 must be conducted according to paragraphs (b) to (r).

407.12 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified  
407.13 assessors to conduct the assessment. For a person with complex health care needs, a public  
407.14 health or registered nurse from the team must be consulted.

407.15 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must  
407.16 be used to complete a comprehensive, conversation-based, person-centered assessment.  
407.17 The assessment must include the health, psychological, functional, environmental, and  
407.18 social needs of the individual necessary to develop a person-centered community support  
407.19 plan that meets the individual's needs and preferences.

407.20 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified  
407.21 assessor in a face-to-face conversational interview with the person being assessed. The  
407.22 person's legal representative must provide input during the assessment process and may do  
407.23 so remotely if requested. At the request of the person, other individuals may participate in  
407.24 the assessment to provide information on the needs, strengths, and preferences of the person  
407.25 necessary to develop a community support plan that ensures the person's health and safety.  
407.26 Except for legal representatives or family members invited by the person, persons

217.9 established by the commissioner in consultation with stakeholders and approved by the  
217.10 Centers for Medicare and Medicaid Services.

217.11 Sec. 42. Minnesota Statutes 2020, section 256B.0757, subdivision 8, is amended to read:

217.12 Subd. 8. **Evaluation and continued development.** (a) For continued certification under  
217.13 this section, behavioral health homes must meet process, outcome, and quality standards  
217.14 developed and specified by the commissioner. The commissioner shall collect data from  
217.15 behavioral health homes as necessary to monitor compliance with certification standards.

217.16 (b) The commissioner may contract with a private entity to evaluate patient and family  
217.17 experiences, health care utilization, and costs.

217.18 (c) The commissioner shall utilize findings from the implementation of behavioral health  
217.19 homes to determine populations to serve under subsequent health home models for individuals  
217.20 with chronic conditions.

217.21 Sec. 43. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is  
217.22 amended to read:

217.23 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services  
217.24 planning, or other assistance intended to support community-based living, including persons  
217.25 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,  
217.26 must be visited by a long-term care consultation team within 20 calendar days after the date  
217.27 on which an assessment was requested or recommended. Upon statewide implementation  
217.28 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person  
217.29 requesting personal care assistance services. The commissioner shall provide at least a  
217.30 90-day notice to lead agencies prior to the effective date of this requirement. Assessments  
217.31 must be conducted according to paragraphs (b) to (r).

218.1 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified  
218.2 assessors to conduct the assessment. For a person with complex health care needs, a public  
218.3 health or registered nurse from the team must be consulted.

218.4 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must  
218.5 be used to complete a comprehensive, conversation-based, person-centered assessment.  
218.6 The assessment must include the health, psychological, functional, environmental, and  
218.7 social needs of the individual necessary to develop a person-centered community support  
218.8 plan that meets the individual's needs and preferences.

218.9 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified  
218.10 assessor in a face-to-face conversational interview with the person being assessed. The  
218.11 person's legal representative must provide input during the assessment process and may do  
218.12 so remotely if requested. At the request of the person, other individuals may participate in  
218.13 the assessment to provide information on the needs, strengths, and preferences of the person  
218.14 necessary to develop a community support plan that ensures the person's health and safety.  
218.15 Except for legal representatives or family members invited by the person, persons

407.27 participating in the assessment may not be a provider of service or have any financial interest  
407.28 in the provision of services. For persons who are to be assessed for elderly waiver customized  
407.29 living or adult day services under chapter 256S, with the permission of the person being  
407.30 assessed or the person's designated or legal representative, the client's current or proposed  
407.31 provider of services may submit a copy of the provider's nursing assessment or written  
407.32 report outlining its recommendations regarding the client's care needs. The person conducting  
407.33 the assessment must notify the provider of the date by which this information is to be  
407.34 submitted. This information shall be provided to the person conducting the assessment prior  
407.35 to the assessment. For a person who is to be assessed for waiver services under section  
408.1 256B.092 or 256B.49, with the permission of the person being assessed or the person's  
408.2 designated legal representative, the person's current provider of services may submit a  
408.3 written report outlining recommendations regarding the person's care needs the person  
408.4 completed in consultation with someone who is known to the person and has interaction  
408.5 with the person on a regular basis. The provider must submit the report at least 60 days  
408.6 before the end of the person's current service agreement. The certified assessor must consider  
408.7 the content of the submitted report prior to finalizing the person's assessment or reassessment.

408.8 (e) The certified assessor and the individual responsible for developing the coordinated  
408.9 service and support plan must complete the community support plan and the coordinated  
408.10 service and support plan no more than 60 calendar days from the assessment visit. The  
408.11 person or the person's legal representative must be provided with a written community  
408.12 support plan within the timelines established by the commissioner, regardless of whether  
408.13 the person is eligible for Minnesota health care programs.

408.14 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider  
408.15 who submitted information under paragraph (d) shall receive the final written community  
408.16 support plan when available and the Residential Services Workbook.

408.17 (g) The written community support plan must include:

408.18 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

408.19 (2) the individual's options and choices to meet identified needs, including:

408.20 (i) all available options for case management services and providers;

408.21 (ii) all available options for employment services, settings, and providers;

408.22 (iii) all available options for living arrangements;

408.23 (iv) all available options for self-directed services and supports, including self-directed  
408.24 budget options; and

408.25 (v) service provided in a non-disability-specific setting;

218.16 participating in the assessment may not be a provider of service or have any financial interest  
218.17 in the provision of services. For persons who are to be assessed for elderly waiver customized  
218.18 living services under chapter 256S or section 256B.49 or adult day services under chapter  
218.19 256S, with the permission of the person being assessed or the person's designated or legal  
218.20 representative, the client's current or proposed provider of services may submit a copy of  
218.21 the provider's nursing assessment or written report outlining its recommendations regarding  
218.22 the client's care needs. The person conducting the assessment must notify the provider of  
218.23 the date by which this information is to be submitted. This information shall be provided  
218.24 to the person conducting the assessment prior to the assessment. The certified assessor must  
218.25 consider the content of the submitted nursing assessment or report prior to finalizing the  
218.26 person's assessment or reassessment. For a person who is to be assessed for waiver services  
218.27 under section 256B.092 or 256B.49, with the permission of the person being assessed or  
218.28 the person's designated legal representative, the person's current provider of services may  
218.29 submit a written report outlining recommendations regarding the person's care needs the  
218.30 person completed in consultation with someone who is known to the person and has  
218.31 interaction with the person on a regular basis. The provider must submit the report at least  
218.32 60 days before the end of the person's current service agreement. The certified assessor  
218.33 must consider the content of the submitted report prior to finalizing the person's assessment  
218.34 or reassessment.

219.1 (e) The certified assessor and the individual responsible for developing the coordinated  
219.2 service and support plan must complete the community support plan and the coordinated  
219.3 service and support plan no more than 60 calendar days from the assessment visit. The  
219.4 person or the person's legal representative must be provided with a written community  
219.5 support plan within the timelines established by the commissioner, regardless of whether  
219.6 the person is eligible for Minnesota health care programs.

219.7 (f) For a person being assessed for elderly waiver services under chapter 256S or  
219.8 customized living services under section 256B.49, a provider who submitted information  
219.9 under paragraph (d) shall receive the final written community support plan when available  
219.10 and the Residential Services Workbook or customized living tool.

219.11 (g) The written community support plan must include:

219.12 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

219.13 (2) the individual's options and choices to meet identified needs, including:

219.14 (i) all available options for case management services and providers;

219.15 (ii) all available options for employment services, settings, and providers;

219.16 (iii) all available options for living arrangements;

219.17 (iv) all available options for self-directed services and supports, including self-directed  
219.18 budget options; and

219.19 (v) service provided in a non-disability-specific setting;

408.26 (3) identification of health and safety risks and how those risks will be addressed,  
408.27 including personal risk management strategies;

408.28 (4) referral information; and

408.29 (5) informal caregiver supports, if applicable.

409.1 For a person determined eligible for state plan home care under subdivision 1a, paragraph  
409.2 (b), clause (1), the person or person's representative must also receive a copy of the home  
409.3 care service plan developed by the certified assessor.

409.4 (h) A person may request assistance in identifying community supports without  
409.5 participating in a complete assessment. Upon a request for assistance identifying community  
409.6 support, the person must be transferred or referred to long-term care options counseling  
409.7 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for  
409.8 telephone assistance and follow up.

409.9 (i) The person has the right to make the final decision:

409.10 (1) between institutional placement and community placement after the recommendations  
409.11 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);

409.12 (2) between community placement in a setting controlled by a provider and living  
409.13 independently in a setting not controlled by a provider;

409.14 (3) between day services and employment services; and

409.15 (4) regarding available options for self-directed services and supports, including  
409.16 self-directed funding options.

409.17 (j) The lead agency must give the person receiving long-term care consultation services  
409.18 or the person's legal representative, materials, and forms supplied by the commissioner  
409.19 containing the following information:

409.20 (1) written recommendations for community-based services and consumer-directed  
409.21 options;

409.22 (2) documentation that the most cost-effective alternatives available were offered to the  
409.23 individual. For purposes of this clause, "cost-effective" means community services and  
409.24 living arrangements that cost the same as or less than institutional care. For an individual  
409.25 found to meet eligibility criteria for home and community-based service programs under  
409.26 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally  
409.27 approved waiver plan for each program;

409.28 (3) the need for and purpose of preadmission screening conducted by long-term care  
409.29 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects  
409.30 nursing facility placement. If the individual selects nursing facility placement, the lead  
409.31 agency shall forward information needed to complete the level of care determinations and

219.20 (3) identification of health and safety risks and how those risks will be addressed,  
219.21 including personal risk management strategies;

219.22 (4) referral information; and

219.23 (5) informal caregiver supports, if applicable.

219.24 For a person determined eligible for state plan home care under subdivision 1a, paragraph  
219.25 (b), clause (1), the person or person's representative must also receive a copy of the home  
219.26 care service plan developed by the certified assessor.

219.27 (h) A person may request assistance in identifying community supports without  
219.28 participating in a complete assessment. Upon a request for assistance identifying community  
219.29 support, the person must be transferred or referred to long-term care options counseling  
219.30 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for  
219.31 telephone assistance and follow up.

220.1 (i) The person has the right to make the final decision:

220.2 (1) between institutional placement and community placement after the recommendations  
220.3 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);

220.4 (2) between community placement in a setting controlled by a provider and living  
220.5 independently in a setting not controlled by a provider;

220.6 (3) between day services and employment services; and

220.7 (4) regarding available options for self-directed services and supports, including  
220.8 self-directed funding options.

220.9 (j) The lead agency must give the person receiving long-term care consultation services  
220.10 or the person's legal representative, materials, and forms supplied by the commissioner  
220.11 containing the following information:

220.12 (1) written recommendations for community-based services and consumer-directed  
220.13 options;

220.14 (2) documentation that the most cost-effective alternatives available were offered to the  
220.15 individual. For purposes of this clause, "cost-effective" means community services and  
220.16 living arrangements that cost the same as or less than institutional care. For an individual  
220.17 found to meet eligibility criteria for home and community-based service programs under  
220.18 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally  
220.19 approved waiver plan for each program;

220.20 (3) the need for and purpose of preadmission screening conducted by long-term care  
220.21 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects  
220.22 nursing facility placement. If the individual selects nursing facility placement, the lead  
220.23 agency shall forward information needed to complete the level of care determinations and

409.32 screening for developmental disability and mental illness collected during the assessment  
409.33 to the long-term care options counselor using forms provided by the commissioner;

410.1 (4) the role of long-term care consultation assessment and support planning in eligibility  
410.2 determination for waiver and alternative care programs, and state plan home care, case  
410.3 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),  
410.4 and (b);

410.5 (5) information about Minnesota health care programs;

410.6 (6) the person's freedom to accept or reject the recommendations of the team;

410.7 (7) the person's right to confidentiality under the Minnesota Government Data Practices  
410.8 Act, chapter 13;

410.9 (8) the certified assessor's decision regarding the person's need for institutional level of  
410.10 care as determined under criteria established in subdivision 4e and the certified assessor's  
410.11 decision regarding eligibility for all services and programs as defined in subdivision 1a,  
410.12 paragraphs (a), clause (6), and (b);

410.13 (9) the person's right to appeal the certified assessor's decision regarding eligibility for  
410.14 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and  
410.15 (8), and (b), and incorporating the decision regarding the need for institutional level of care  
410.16 or the lead agency's final decisions regarding public programs eligibility according to section  
410.17 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right  
410.18 to the person and must visually point out where in the document the right to appeal is stated;  
410.19 and

410.20 (10) documentation that available options for employment services, independent living,  
410.21 and self-directed services and supports were described to the individual.

410.22 (k) An assessment that is completed as part of an eligibility determination for multiple  
410.23 programs for the alternative care, elderly waiver, developmental disabilities, community  
410.24 access for disability inclusion, community alternative care, and brain injury waiver programs  
410.25 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish  
410.26 service eligibility for no more than 60 calendar days after the date of the assessment.

410.27 (l) The effective eligibility start date for programs in paragraph (k) can never be prior  
410.28 to the date of assessment. If an assessment was completed more than 60 days before the  
410.29 effective waiver or alternative care program eligibility start date, assessment and support  
410.30 plan information must be updated and documented in the department's Medicaid Management  
410.31 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of  
410.32 state plan services, the effective date of eligibility for programs included in paragraph (k)  
410.33 cannot be prior to the date the most recent updated assessment is completed.

411.1 (m) If an eligibility update is completed within 90 days of the previous assessment and  
411.2 documented in the department's Medicaid Management Information System (MMIS), the

220.24 screening for developmental disability and mental illness collected during the assessment  
220.25 to the long-term care options counselor using forms provided by the commissioner;

220.26 (4) the role of long-term care consultation assessment and support planning in eligibility  
220.27 determination for waiver and alternative care programs, and state plan home care, case  
220.28 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),  
220.29 and (b);

220.30 (5) information about Minnesota health care programs;

220.31 (6) the person's freedom to accept or reject the recommendations of the team;

221.1 (7) the person's right to confidentiality under the Minnesota Government Data Practices  
221.2 Act, chapter 13;

221.3 (8) the certified assessor's decision regarding the person's need for institutional level of  
221.4 care as determined under criteria established in subdivision 4e and the certified assessor's  
221.5 decision regarding eligibility for all services and programs as defined in subdivision 1a,  
221.6 paragraphs (a), clause (6), and (b);

221.7 (9) the person's right to appeal the certified assessor's decision regarding eligibility for  
221.8 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and  
221.9 (8), and (b), and incorporating the decision regarding the need for institutional level of care  
221.10 or the lead agency's final decisions regarding public programs eligibility according to section  
221.11 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right  
221.12 to the person and must visually point out where in the document the right to appeal is stated;  
221.13 and

221.14 (10) documentation that available options for employment services, independent living,  
221.15 and self-directed services and supports were described to the individual.

221.16 (k) An assessment that is completed as part of an eligibility determination for multiple  
221.17 programs for the alternative care, elderly waiver, developmental disabilities, community  
221.18 access for disability inclusion, community alternative care, and brain injury waiver programs  
221.19 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish  
221.20 service eligibility for no more than 60 calendar days after the date of the assessment.

221.21 (l) The effective eligibility start date for programs in paragraph (k) can never be prior  
221.22 to the date of assessment. If an assessment was completed more than 60 days before the  
221.23 effective waiver or alternative care program eligibility start date, assessment and support  
221.24 plan information must be updated and documented in the department's Medicaid Management  
221.25 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of  
221.26 state plan services, the effective date of eligibility for programs included in paragraph (k)  
221.27 cannot be prior to the date the most recent updated assessment is completed.

221.28 (m) If an eligibility update is completed within 90 days of the previous assessment and  
221.29 documented in the department's Medicaid Management Information System (MMIS), the

411.3 effective date of eligibility for programs included in paragraph (k) is the date of the previous  
411.4 face-to-face assessment when all other eligibility requirements are met.

411.5 (n) If a person who receives home and community-based waiver services under section  
411.6 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer  
411.7 a hospital, institution of mental disease, nursing facility, intensive residential treatment  
411.8 services program, transitional care unit, or inpatient substance use disorder treatment setting,  
411.9 the person may return to the community with home and community-based waiver services  
411.10 under the same waiver, without requiring an assessment or reassessment under this section,  
411.11 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall  
411.12 change annual long-term care consultation reassessment requirements, payment for  
411.13 institutional or treatment services, medical assistance financial eligibility, or any other law.

411.14 (o) At the time of reassessment, the certified assessor shall assess each person receiving  
411.15 waiver residential supports and services currently residing in a community residential setting,  
411.16 licensed adult foster care home that is either not the primary residence of the license holder  
411.17 or in which the license holder is not the primary caregiver, family adult foster care residence,  
411.18 customized living setting, or supervised living facility to determine if that person would  
411.19 prefer to be served in a community-living setting as defined in section 256B.49, subdivision  
411.20 23, in a setting not controlled by a provider, or to receive integrated community supports  
411.21 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified  
411.22 assessor shall offer the person, through a person-centered planning process, the option to  
411.23 receive alternative housing and service options.

411.24 (p) At the time of reassessment, the certified assessor shall assess each person receiving  
411.25 waiver day services to determine if that person would prefer to receive employment services  
411.26 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified  
411.27 assessor shall describe to the person through a person-centered planning process the option  
411.28 to receive employment services.

411.29 (q) At the time of reassessment, the certified assessor shall assess each person receiving  
411.30 non-self-directed waiver services to determine if that person would prefer an available  
411.31 service and setting option that would permit self-directed services and supports. The certified  
411.32 assessor shall describe to the person through a person-centered planning process the option  
411.33 to receive self-directed services and supports.

412.1 (r) All assessments performed according to this subdivision must be face-to-face unless  
412.2 the assessment is a reassessment meeting the requirements of this paragraph. Remote  
412.3 reassessments conducted by interactive video or telephone may substitute for face-to-face  
412.4 reassessments. For services provided by the developmental disabilities waiver under section  
412.5 256B.092, and the community access for disability inclusion, community alternative care,  
412.6 and brain injury waiver programs under section 256B.49, remote reassessments may be  
412.7 substituted for two consecutive reassessments if followed by a face-to-face reassessment.  
412.8 For services provided by alternative care under section 256B.0913, essential community  
412.9 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote  
412.10 reassessments may be substituted for one reassessment if followed by a face-to-face

221.30 effective date of eligibility for programs included in paragraph (k) is the date of the previous  
221.31 face-to-face assessment when all other eligibility requirements are met.

221.32 (n) If a person who receives home and community-based waiver services under section  
221.33 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer  
221.34 a hospital, institution of mental disease, nursing facility, intensive residential treatment  
222.1 services program, transitional care unit, or inpatient substance use disorder treatment setting,  
222.2 the person may return to the community with home and community-based waiver services  
222.3 under the same waiver, without requiring an assessment or reassessment under this section,  
222.4 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall  
222.5 change annual long-term care consultation reassessment requirements, payment for  
222.6 institutional or treatment services, medical assistance financial eligibility, or any other law.

222.7 (o) At the time of reassessment, the certified assessor shall assess each person receiving  
222.8 waiver residential supports and services currently residing in a community residential setting,  
222.9 licensed adult foster care home that is either not the primary residence of the license holder  
222.10 or in which the license holder is not the primary caregiver, family adult foster care residence,  
222.11 customized living setting, or supervised living facility to determine if that person would  
222.12 prefer to be served in a community-living setting as defined in section 256B.49, subdivision  
222.13 23, in a setting not controlled by a provider, or to receive integrated community supports  
222.14 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified  
222.15 assessor shall offer the person, through a person-centered planning process, the option to  
222.16 receive alternative housing and service options.

222.17 (p) At the time of reassessment, the certified assessor shall assess each person receiving  
222.18 waiver day services to determine if that person would prefer to receive employment services  
222.19 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified  
222.20 assessor shall describe to the person through a person-centered planning process the option  
222.21 to receive employment services.

222.22 (q) At the time of reassessment, the certified assessor shall assess each person receiving  
222.23 non-self-directed waiver services to determine if that person would prefer an available  
222.24 service and setting option that would permit self-directed services and supports. The certified  
222.25 assessor shall describe to the person through a person-centered planning process the option  
222.26 to receive self-directed services and supports.

222.27 (r) All assessments performed according to this subdivision must be face-to-face unless  
222.28 the assessment is a reassessment meeting the requirements of this paragraph. Remote  
222.29 reassessments conducted by interactive video or telephone may substitute for face-to-face  
222.30 reassessments. For services provided by the developmental disabilities waiver under section  
222.31 256B.092, and the community access for disability inclusion, community alternative care,  
222.32 and brain injury waiver programs under section 256B.49, remote reassessments may be  
222.33 substituted for two consecutive reassessments if followed by a face-to-face reassessment.  
222.34 For services provided by alternative care under section 256B.0913, essential community  
222.35 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote  
223.1 reassessments may be substituted for one reassessment if followed by a face-to-face

412.11 reassessment. A remote reassessment is permitted only if the person being reassessed, ~~or~~  
412.12 ~~the person's legal representative, and the lead agency case manager both agree that there is~~  
412.13 ~~no change in the person's condition, there is no need for a change in service, and that a~~  
412.14 ~~remote reassessment is appropriate~~ or the person's legal representative provide informed  
412.15 choice for a remote assessment. The person being reassessed, or the person's legal  
412.16 representative, has the right to refuse a remote reassessment at any time. During a remote  
412.17 reassessment, if the certified assessor determines a face-to-face reassessment is necessary  
412.18 ~~in order~~ to complete the assessment, the lead agency shall schedule a face-to-face  
412.19 reassessment. All other requirements of a face-to-face reassessment shall apply to a remote  
412.20 reassessment, including updates to a person's support plan.

223.2 reassessment. A remote reassessment is permitted only if the person being reassessed, ~~or~~  
223.3 ~~the person's legal representative, and the lead agency case manager both agree that there is~~  
223.4 ~~no change in the person's condition, there is no need for a change in service, and that a~~  
223.5 ~~remote reassessment is appropriate~~ makes an informed choice for a remote assessment. The  
223.6 person being reassessed, or the person's legal representative, has the right to refuse a remote  
223.7 reassessment at any time. During a remote reassessment, if the certified assessor determines  
223.8 a face-to-face reassessment is necessary in order to complete the assessment, the lead agency  
223.9 shall schedule a face-to-face reassessment. All other requirements of a face-to-face  
223.10 reassessment shall apply to a remote reassessment, including updates to a person's support  
223.11 plan.

223.12 Sec. 44. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3f, is  
223.13 amended to read:

223.14 Subd. 3f. **Long-term care reassessments and community support plan updates.** (a)  
223.15 Prior to a reassessment, the certified assessor must review the person's most recent  
223.16 assessment. Reassessments must be tailored using the professional judgment of the assessor  
223.17 to the person's known needs, strengths, preferences, and circumstances. Reassessments  
223.18 provide information to support the person's informed choice and opportunities to express  
223.19 choice regarding activities that contribute to quality of life, as well as information and  
223.20 opportunity to identify goals related to desired employment, community activities, and  
223.21 preferred living environment. Reassessments require a review of the most recent assessment,  
223.22 review of the current coordinated service and support plan's effectiveness, monitoring of  
223.23 services, and the development of an updated person-centered community support plan.  
223.24 Reassessments must verify continued eligibility, offer alternatives as warranted, and provide  
223.25 an opportunity for quality assurance of service delivery. Reassessments must be conducted  
223.26 annually or as required by federal and state laws and rules. For reassessments, the certified  
223.27 assessor and the individual responsible for developing the coordinated service and support  
223.28 plan must ensure the continuity of care for the person receiving services and complete the  
223.29 updated community support plan and the updated coordinated service and support plan no  
223.30 more than 60 days from the reassessment visit.

223.31 (b) The commissioner shall develop mechanisms for providers and case managers to  
223.32 share information with the assessor to facilitate a reassessment and support planning process  
223.33 tailored to the person's current needs and preferences.

224.1 (c) Concurrently with a reassessment, a lead agency must at its expense provide each  
224.2 individual an opportunity to provide a confidential performance assessment of the person's  
224.3 case manager if the person is receiving case management services from an agency under a  
224.4 contract with the lead agency.

NOTE: SEC. 50. MINNESOTA STATUTES 2021 SUPPLEMENT, SECTION 256B.0946, SUBDIVISION 1, AMENDMENT MOVED FROM S4410-3, ARTICLE 4, SECTION 50, TO MATCH UES4410-3, ARTICLE 8, SECTION 29.

412.21 Sec. 29. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is  
412.22 amended to read:

412.23 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,  
412.24 medical assistance covers medically necessary intensive treatment services when the services  
412.25 are provided by a provider entity certified under and meeting the standards in this section.  
412.26 The provider entity must make reasonable and good faith efforts to report individual client  
412.27 outcomes to the commissioner, using instruments and protocols approved by the  
412.28 commissioner.

412.29 (b) Intensive treatment services to children with mental illness residing in foster family  
412.30 settings that comprise specific required service components provided in clauses (1) to (6)  
412.31 are reimbursed by medical assistance when they meet the following standards:

412.32 (1) psychotherapy provided by a mental health professional or a clinical trainee;  
412.33 (2) crisis planning;

413.1 (3) individual, family, and group psychoeducation services provided by a mental health  
413.2 professional or a clinical trainee;

413.3 (4) clinical care consultation provided by a mental health professional or a clinical  
413.4 trainee;

413.5 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~  
413.6 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

413.7 (6) service delivery payment requirements as provided under subdivision 4.

413.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
413.9 whichever is later. The commissioner of human services shall notify the revisor of statutes  
413.10 when federal approval is obtained.

413.11 Sec. 30. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is  
413.12 amended to read:

413.13 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings  
413.14 given them.

413.15 (a) "Intensive nonresidential rehabilitative mental health services" means child  
413.16 rehabilitative mental health services as defined in section 256B.0943, except that these  
413.17 services are provided by a multidisciplinary staff using a total team approach consistent  
413.18 with assertive community treatment, as adapted for youth, and are directed to recipients  
413.19 who are eight years of age or older and under 26 years of age who require intensive services  
413.20 to prevent admission to an inpatient psychiatric hospital or placement in a residential

137.8 Sec. 50. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is  
137.9 amended to read:

137.10 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,  
137.11 medical assistance covers medically necessary intensive treatment services when the services  
137.12 are provided by a provider entity certified under and meeting the standards in this section.  
137.13 The provider entity must make reasonable and good faith efforts to report individual client  
137.14 outcomes to the commissioner, using instruments and protocols approved by the  
137.15 commissioner.

137.16 (b) Intensive treatment services to children with mental illness residing in foster family  
137.17 settings that comprise specific required service components provided in clauses (1) to (6)  
137.18 are reimbursed by medical assistance when they meet the following standards:

137.19 (1) psychotherapy provided by a mental health professional or a clinical trainee;  
137.20 (2) crisis planning;

137.21 (3) individual, family, and group psychoeducation services provided by a mental health  
137.22 professional or a clinical trainee;

137.23 (4) clinical care consultation provided by a mental health professional or a clinical  
137.24 trainee;

137.25 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~  
137.26 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

137.27 (6) service delivery payment requirements as provided under subdivision 4.

137.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
137.29 whichever is later. The commissioner of human services shall notify the revisor of statutes  
137.30 when federal approval is obtained.

224.5 Sec. 45. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is  
224.6 amended to read:

224.7 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings  
224.8 given them.

224.9 (a) "Intensive nonresidential rehabilitative mental health services" means child  
224.10 rehabilitative mental health services as defined in section 256B.0943, except that these  
224.11 services are provided by a multidisciplinary staff using a total team approach consistent  
224.12 with assertive community treatment, as adapted for youth, and are directed to recipients  
224.13 who are eight years of age or older and under 26 years of age who require intensive services  
224.14 to prevent admission to an inpatient psychiatric hospital or placement in a residential

413.21 treatment facility or who require intensive services to step down from inpatient or residential  
413.22 care to community-based care.

413.23 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of  
413.24 at least one form of mental illness and at least one substance use disorder. Substance use  
413.25 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

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

413.28 (d) "Medication education services" means services provided individually or in groups,  
413.29 which focus on:

413.30 (1) educating the client and client's family or significant nonfamilial supporters about  
413.31 mental illness and symptoms;

413.32 (2) the role and effects of medications in treating symptoms of mental illness; and

414.1 (3) the side effects of medications.

414.2 Medication education is coordinated with medication management services and does not  
414.3 duplicate it. Medication education services are provided by physicians, pharmacists, or  
414.4 registered nurses with certification in psychiatric and mental health care.

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

414.7 (f) "Provider agency" means a for-profit or nonprofit organization established to  
414.8 administer an assertive community treatment for youth team.

414.9 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic  
414.10 and statistical manual of mental disorders, current edition.

414.11 (h) "Transition services" means:

414.12 (1) activities, materials, consultation, and coordination that ensures continuity of the  
414.13 client's care in advance of and in preparation for the client's move from one stage of care  
414.14 or life to another by maintaining contact with the client and assisting the client to establish  
414.15 provider relationships;

414.16 (2) providing the client with knowledge and skills needed posttransition;

414.17 (3) establishing communication between sending and receiving entities;

414.18 (4) supporting a client's request for service authorization and enrollment; and

414.19 (5) establishing and enforcing procedures and schedules.

414.20 ~~A youth's transition from the children's mental health system and services to the adult~~  
414.21 ~~mental health system and services and return to the client's home and entry or re-entry into~~

224.15 treatment facility or who require intensive services to step down from inpatient or residential  
224.16 care to community-based care.

224.17 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of  
224.18 at least one form of mental illness and at least one substance use disorder. Substance use  
224.19 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

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

224.22 (d) "Medication education services" means services provided individually or in groups,  
224.23 which focus on:

224.24 (1) educating the client and client's family or significant nonfamilial supporters about  
224.25 mental illness and symptoms;

224.26 (2) the role and effects of medications in treating symptoms of mental illness; and

224.27 (3) the side effects of medications.

224.28 Medication education is coordinated with medication management services and does not  
224.29 duplicate it. Medication education services are provided by physicians, pharmacists, or  
224.30 registered nurses with certification in psychiatric and mental health care.

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

225.1 (f) "Provider agency" means a for-profit or nonprofit organization established to  
225.2 administer an assertive community treatment for youth team.

225.3 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic  
225.4 and statistical manual of mental disorders, current edition.

225.5 (h) "Transition services" means:

225.6 (1) activities, materials, consultation, and coordination that ensures continuity of the  
225.7 client's care in advance of and in preparation for the client's move from one stage of care  
225.8 or life to another by maintaining contact with the client and assisting the client to establish  
225.9 provider relationships;

225.10 (2) providing the client with knowledge and skills needed posttransition;

225.11 (3) establishing communication between sending and receiving entities;

225.12 (4) supporting a client's request for service authorization and enrollment; and

225.13 (5) establishing and enforcing procedures and schedules.

225.14 ~~A youth's transition from the children's mental health system and services to the adult~~  
225.15 ~~mental health system and services and return to the client's home and entry or re-entry into~~



414.22 ~~community-based mental health services following discharge from an out-of-home placement~~  
414.23 ~~or inpatient hospital stay.~~

414.24 (i) "Treatment team" means all staff who provide services to recipients under this section.

414.25 (j) "Family peer specialist" means a staff person who is qualified under section  
414.26 256B.0616.

414.27 Sec. 31. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is  
414.28 amended to read:

414.29 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive  
414.30 nonresidential rehabilitative mental health services.

415.1 (a) The treatment team must use team treatment, not an individual treatment model.

415.2 (b) Services must be available at times that meet client needs.

415.3 (c) Services must be age-appropriate and meet the specific needs of the client.

415.4 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and  
415.5 functional assessment as defined in section 245I.02, subdivision 17, must be updated at  
415.6 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes  
415.7 first.

415.8 (e) The treatment team must complete an individual treatment plan for each client,  
415.9 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

415.10 (1) be completed in consultation with the client's current therapist and key providers and  
415.11 provide for ongoing consultation with the client's current therapist to ensure therapeutic  
415.12 continuity and to facilitate the client's return to the community. For clients under the age of  
415.13 18, the treatment team must consult with parents and guardians in developing the treatment  
415.14 plan;

415.15 (2) if a need for substance use disorder treatment is indicated by validated assessment:

415.16 (i) identify goals, objectives, and strategies of substance use disorder treatment;

415.17 (ii) develop a schedule for accomplishing substance use disorder treatment goals and  
415.18 objectives; and

415.19 (iii) identify the individuals responsible for providing substance use disorder treatment  
415.20 services and supports; and

415.21 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental  
415.22 health services by defining the team's actions to assist the client and subsequent providers  
415.23 in the transition to less intensive or "stepped down" services; ~~and~~.

225.16 ~~community-based mental health services following discharge from an out-of-home placement~~  
225.17 ~~or inpatient hospital stay.~~

225.18 (i) "Treatment team" means all staff who provide services to recipients under this section.

225.19 (j) "Family peer specialist" means a staff person who is qualified under section  
225.20 256B.0616.

225.21 Sec. 46. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is  
225.22 amended to read:

225.23 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive  
225.24 nonresidential rehabilitative mental health services.

225.25 (a) The treatment team must use team treatment, not an individual treatment model.

225.26 (b) Services must be available at times that meet client needs.

225.27 (c) Services must be age-appropriate and meet the specific needs of the client.

225.28 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and  
225.29 functional assessment as defined in section 245I.02, subdivision 17, must be updated at  
226.1 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes  
226.2 first.

226.3 (e) The treatment team must complete an individual treatment plan for each client,  
226.4 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

226.5 (1) be completed in consultation with the client's current therapist and key providers and  
226.6 provide for ongoing consultation with the client's current therapist to ensure therapeutic  
226.7 continuity and to facilitate the client's return to the community. For clients under the age of  
226.8 18, the treatment team must consult with parents and guardians in developing the treatment  
226.9 plan;

226.10 (2) if a need for substance use disorder treatment is indicated by validated assessment:

226.11 (i) identify goals, objectives, and strategies of substance use disorder treatment;

226.12 (ii) develop a schedule for accomplishing substance use disorder treatment goals and  
226.13 objectives; and

226.14 (iii) identify the individuals responsible for providing substance use disorder treatment  
226.15 services and supports; and

226.16 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental  
226.17 health services by defining the team's actions to assist the client and subsequent providers  
226.18 in the transition to less intensive or "stepped down" services; ~~and~~.

415.24 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~  
415.25 ~~and revised to document treatment progress or, if progress is not documented, to document~~  
415.26 ~~changes in treatment.~~

415.27 (f) The treatment team shall actively and assertively engage the client's family members  
415.28 and significant others by establishing communication and collaboration with the family and  
415.29 significant others and educating the family and significant others about the client's mental  
415.30 illness, symptom management, and the family's role in treatment, unless the team knows or  
415.31 has reason to suspect that the client has suffered or faces a threat of suffering any physical  
415.32 or mental injury, abuse, or neglect from a family member or significant other.

416.1 (g) For a client age 18 or older, the treatment team may disclose to a family member,  
416.2 other relative, or a close personal friend of the client, or other person identified by the client,  
416.3 the protected health information directly relevant to such person's involvement with the  
416.4 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the  
416.5 client is present, the treatment team shall obtain the client's agreement, provide the client  
416.6 with an opportunity to object, or reasonably infer from the circumstances, based on the  
416.7 exercise of professional judgment, that the client does not object. If the client is not present  
416.8 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment  
416.9 team may, in the exercise of professional judgment, determine whether the disclosure is in  
416.10 the best interests of the client and, if so, disclose only the protected health information that  
416.11 is directly relevant to the family member's, relative's, friend's, or client-identified person's  
416.12 involvement with the client's health care. The client may orally agree or object to the  
416.13 disclosure and may prohibit or restrict disclosure to specific individuals.

416.14 (h) The treatment team shall provide interventions to promote positive interpersonal  
416.15 relationships.

416.16 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
416.17 whichever is later. The commissioner of human services shall notify the revisor of statutes  
416.18 when federal approval is obtained.

416.19 Sec. 32. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is  
416.20 amended to read:

416.21 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this  
416.22 subdivision.

416.23 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs  
416.24 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide  
416.25 EIDBI services and that has the legal responsibility to ensure that its employees or contractors  
416.26 carry out the responsibilities defined in this section. Agency includes a licensed individual  
416.27 professional who practices independently and acts as an agency.

416.28 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"  
416.29 means either autism spectrum disorder (ASD) as defined in the current version of the  
416.30 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found

226.19 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~  
226.20 ~~and revised to document treatment progress or, if progress is not documented, to document~~  
226.21 ~~changes in treatment.~~

226.22 (f) The treatment team shall actively and assertively engage the client's family members  
226.23 and significant others by establishing communication and collaboration with the family and  
226.24 significant others and educating the family and significant others about the client's mental  
226.25 illness, symptom management, and the family's role in treatment, unless the team knows or  
226.26 has reason to suspect that the client has suffered or faces a threat of suffering any physical  
226.27 or mental injury, abuse, or neglect from a family member or significant other.

226.28 (g) For a client age 18 or older, the treatment team may disclose to a family member,  
226.29 other relative, or a close personal friend of the client, or other person identified by the client,  
226.30 the protected health information directly relevant to such person's involvement with the  
226.31 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the  
226.32 client is present, the treatment team shall obtain the client's agreement, provide the client  
226.33 with an opportunity to object, or reasonably infer from the circumstances, based on the  
227.1 exercise of professional judgment, that the client does not object. If the client is not present  
227.2 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment  
227.3 team may, in the exercise of professional judgment, determine whether the disclosure is in  
227.4 the best interests of the client and, if so, disclose only the protected health information that  
227.5 is directly relevant to the family member's, relative's, friend's, or client-identified person's  
227.6 involvement with the client's health care. The client may orally agree or object to the  
227.7 disclosure and may prohibit or restrict disclosure to specific individuals.

227.8 (h) The treatment team shall provide interventions to promote positive interpersonal  
227.9 relationships.

227.10 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,  
227.11 whichever is later. The commissioner of human services shall notify the revisor of statutes  
227.12 when federal approval is obtained.

227.13 Sec. 47. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is  
227.14 amended to read:

227.15 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this  
227.16 subdivision.

227.19 ~~(b)~~(c) "Agency" means the legal entity that is enrolled with Minnesota health care  
227.20 programs as a medical assistance provider according to Minnesota Rules, part 9505.0195,  
227.21 to provide EIDBI services and that has the legal responsibility to ensure that its employees  
227.22 or contractors carry out the responsibilities defined in this section. Agency includes a licensed  
227.23 individual professional who practices independently and acts as an agency.

227.24 ~~(c)~~(d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"  
227.25 means either autism spectrum disorder (ASD) as defined in the current version of the  
227.26 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found

416.31 to be closely related to ASD, as identified under the current version of the DSM, and meets  
416.32 all of the following criteria:

416.33 (1) is severe and chronic;

417.1 (2) results in impairment of adaptive behavior and function similar to that of a person  
417.2 with ASD;

417.3 (3) requires treatment or services similar to those required for a person with ASD; and

417.4 (4) results in substantial functional limitations in three core developmental deficits of  
417.5 ASD: social or interpersonal interaction; functional communication, including nonverbal  
417.6 or social communication; and restrictive or repetitive behaviors or hyperreactivity or  
417.7 hyporeactivity to sensory input; and may include deficits or a high level of support in one  
417.8 or more of the following domains:

417.9 (i) behavioral challenges and self-regulation;

417.10 (ii) cognition;

417.11 (iii) learning and play;

417.12 (iv) self-care; or

417.13 (v) safety.

417.14 ~~(d)~~ "Person" means a person under 21 years of age.

417.15 ~~(e)~~ "Clinical supervision" means the overall responsibility for the control and direction  
417.16 of EIDBI service delivery, including individual treatment planning, staff supervision,  
417.17 individual treatment plan progress monitoring, and treatment review for each person. Clinical  
417.18 supervision is provided by a qualified supervising professional (QSP) who takes full  
417.19 professional responsibility for the service provided by each supervisee.

417.20 ~~(f)~~ "Commissioner" means the commissioner of human services, unless otherwise  
417.21 specified.

417.22 ~~(g)~~ "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive  
417.23 evaluation of a person to determine medical necessity for EIDBI services based on the  
417.24 requirements in subdivision 5.

417.25 ~~(h)~~ "Department" means the Department of Human Services, unless otherwise specified.

417.26 ~~(i)~~ "Early intensive developmental and behavioral intervention benefit" or "EIDBI  
417.27 benefit" means a variety of individualized, intensive treatment modalities approved and  
417.28 published by the commissioner that are based in behavioral and developmental science  
417.29 consistent with best practices on effectiveness.

227.27 to be closely related to ASD, as identified under the current version of the DSM, and meets  
227.28 all of the following criteria:

227.29 (1) is severe and chronic;

227.30 (2) results in impairment of adaptive behavior and function similar to that of a person  
227.31 with ASD;

227.32 (3) requires treatment or services similar to those required for a person with ASD; and

228.1 (4) results in substantial functional limitations in three core developmental deficits of  
228.2 ASD: social or interpersonal interaction; functional communication, including nonverbal  
228.3 or social communication; and restrictive or repetitive behaviors or hyperreactivity or  
228.4 hyporeactivity to sensory input; and may include deficits or a high level of support in one  
228.5 or more of the following domains:

228.6 (i) behavioral challenges and self-regulation;

228.7 (ii) cognition;

228.8 (iii) learning and play;

228.9 (iv) self-care; or

228.10 (v) safety.

228.11 ~~(e)~~ ~~(e)~~ "Person" means a person under 21 years of age.

228.12 ~~(e)~~ ~~(f)~~ "Clinical supervision" means the overall responsibility for the control and direction  
228.13 of EIDBI service delivery, including individual treatment planning, staff supervision,  
228.14 individual treatment plan progress monitoring, and treatment review for each person. Clinical  
228.15 supervision is provided by a qualified supervising professional (QSP) who takes full  
228.16 professional responsibility for the service provided by each supervisee.

228.17 ~~(f)~~ ~~(g)~~ "Commissioner" means the commissioner of human services, unless otherwise  
228.18 specified.

228.19 ~~(g)~~ ~~(h)~~ "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive  
228.20 evaluation of a person to determine medical necessity for EIDBI services based on the  
228.21 requirements in subdivision 5.

228.22 ~~(h)~~ ~~(i)~~ "Department" means the Department of Human Services, unless otherwise  
228.23 specified.

228.24 ~~(i)~~ ~~(j)~~ "Early intensive developmental and behavioral intervention benefit" or "EIDBI  
228.25 benefit" means a variety of individualized, intensive treatment modalities approved and  
228.26 published by the commissioner that are based in behavioral and developmental science  
228.27 consistent with best practices on effectiveness.

417.30 (j) "Generalizable goals" means results or gains that are observed during a variety of  
417.31 activities over time with different people, such as providers, family members, other adults,  
418.1 and people, and in different environments including, but not limited to, clinics, homes,  
418.2 schools, and the community.

418.3 (k) "Incident" means when any of the following occur:  
418.4 (1) an illness, accident, or injury that requires first aid treatment;  
418.5 (2) a bump or blow to the head; or  
418.6 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,  
418.7 including a person leaving the agency unattended.

418.8 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written  
418.9 plan of care that integrates and coordinates person and family information from the CMDE  
418.10 for a person who meets medical necessity for the EIDBI benefit. An individual treatment  
418.11 plan must meet the standards in subdivision 6.

418.12 (m) "Legal representative" means the parent of a child who is under 18 years of age, a  
418.13 court-appointed guardian, or other representative with legal authority to make decisions  
418.14 about service for a person. For the purpose of this subdivision, "other representative with  
418.15 legal authority to make decisions" includes a health care agent or an attorney-in-fact  
418.16 authorized through a health care directive or power of attorney.

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

418.19 (o) "Person-centered" means a service that both responds to the identified needs, interests,  
418.20 values, preferences, and desired outcomes of the person or the person's legal representative  
418.21 and respects the person's history, dignity, and cultural background and allows inclusion and  
418.22 participation in the person's community.

418.23 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or  
418.24 level III treatment provider.

418.25 (q) "Advanced certification" means a person who has completed advanced certification  
418.26 in an approved modality under subdivision 13, paragraph (b).

228.28 ~~(j)~~(k) "Generalizable goals" means results or gains that are observed during a variety  
228.29 of activities over time with different people, such as providers, family members, other adults,  
228.30 and people, and in different environments including, but not limited to, clinics, homes,  
228.31 schools, and the community.

228.32 ~~(k)~~(l) "Incident" means when any of the following occur:  
229.1 (1) an illness, accident, or injury that requires first aid treatment;  
229.2 (2) a bump or blow to the head; or  
229.3 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,  
229.4 including a person leaving the agency unattended.

229.5 ~~(l)~~(m) "Individual treatment plan" or "ITP" means the person-centered, individualized  
229.6 written plan of care that integrates and coordinates person and family information from the  
229.7 CMDE for a person who meets medical necessity for the EIDBI benefit. An individual  
229.8 treatment plan must meet the standards in subdivision 6.

229.9 ~~(m)~~(n) "Legal representative" means the parent of a child who is under 18 years of age,  
229.10 a court-appointed guardian, or other representative with legal authority to make decisions  
229.11 about service for a person. For the purpose of this subdivision, "other representative with  
229.12 legal authority to make decisions" includes a health care agent or an attorney-in-fact  
229.13 authorized through a health care directive or power of attorney.

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

229.16 ~~(o)~~(p) "Person-centered" means a service that both responds to the identified needs,  
229.17 interests, values, preferences, and desired outcomes of the person or the person's legal  
229.18 representative and respects the person's history, dignity, and cultural background and allows  
229.19 inclusion and participation in the person's community.

229.20 ~~(p)~~(q) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II,  
229.21 or level III treatment provider.

227.17 (b) "Advanced certification" means a person who has completed advanced certification  
227.18 in an approved modality under subdivision 13, paragraph (b).

229.22 Sec. 48. Minnesota Statutes 2020, section 256B.0949, subdivision 8, is amended to read:  
229.23 Subd. 8. **Refining the benefit with stakeholders.** Before making revisions to the EIDBI  
229.24 benefit or proposing statutory changes to this section, the commissioner must refine the  
229.25 details of the benefit in consultation consult with stakeholders and consider recommendations  
229.26 from the Department of Human Services Early Intensive Developmental and Behavioral  
229.27 Intervention Advisory Council, the early intensive developmental and behavioral intervention  
229.28 learning collaborative, and the Departments of Health, Education, Employment and Economic

229.29 ~~Development, and Human Services. The details must~~ Revisions and proposed statutory  
229.30 ~~changes subject to this subdivision include, but are not limited to, the following components:~~

229.31 (1) a definition of the qualifications, standards, and roles of the treatment team, including  
229.32 recommendations after stakeholder consultation on whether board-certified behavior analysts  
230.1 and other professionals certified in other treatment approaches recognized by the department  
230.2 or trained in ASD or a related condition and child development should be added as  
230.3 professionals qualified to provide EIDBI clinical supervision or other functions under  
230.4 medical assistance;

230.5 (2) refinement of uniform parameters for CMDE and ongoing ITP progress monitoring  
230.6 standards;

230.7 (3) the design of an effective and consistent process for assessing the person's and the  
230.8 person's legal representative's and the person's caregiver's preferences and options to  
230.9 participate in the person's early intervention treatment and efficacy of methods to involve  
230.10 and educate the person's legal representative and caregiver in the treatment of the person;

230.11 (4) formulation of a collaborative process in which professionals have opportunities to  
230.12 collectively inform provider standards and qualifications; standards for CMDE; medical  
230.13 necessity determination; efficacy of treatment apparatus, including modality, intensity,  
230.14 frequency, and duration; and ITP progress monitoring processes to support quality  
230.15 improvement of EIDBI services;

230.16 (5) coordination of this benefit and its interaction with other services provided by the  
230.17 Departments of Human Services, Health, Employment and Economic Development, and  
230.18 Education;

230.19 (6) evaluation, on an ongoing basis, of EIDBI services outcomes and efficacy of treatment  
230.20 modalities provided to people under this benefit; and

230.21 (7) as provided under subdivision 17, determination of the availability of qualified EIDBI  
230.22 providers with necessary expertise and training in ASD or a related condition throughout  
230.23 the state to assess whether there are sufficient professionals to provide timely access and  
230.24 prevent delay in the CMDE and treatment of a person with ASD or a related condition.

230.25 Sec. 49. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is  
230.26 amended to read:

230.27 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are  
230.28 eligible for reimbursement by medical assistance under this section. Services must be  
230.29 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must  
230.30 address the person's medically necessary treatment goals and must be targeted to develop,  
230.31 enhance, or maintain the individual developmental skills of a person with ASD or a related  
230.32 condition to improve functional communication, including nonverbal or social  
230.33 communication, social or interpersonal interaction, restrictive or repetitive behaviors,

418.27 Sec. 33. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is  
418.28 amended to read:

418.29 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are  
418.30 eligible for reimbursement by medical assistance under this section. Services must be  
418.31 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must  
418.32 address the person's medically necessary treatment goals and must be targeted to develop,  
419.1 enhance, or maintain the individual developmental skills of a person with ASD or a related  
419.2 condition to improve functional communication, including nonverbal or social  
419.3 communication, social or interpersonal interaction, restrictive or repetitive behaviors,

419.4 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,  
419.5 cognition, learning and play, self-care, and safety.

419.6 (b) EIDBI treatment must be delivered consistent with the standards of an approved  
419.7 modality, as published by the commissioner. EIDBI modalities include:

419.8 (1) applied behavior analysis (ABA);

419.9 (2) developmental individual-difference relationship-based model (DIR/Floortime);

419.10 (3) early start Denver model (ESDM);

419.11 (4) PLAY project;

419.12 (5) relationship development intervention (RDI); or

419.13 (6) additional modalities not listed in clauses (1) to (5) upon approval by the  
419.14 commissioner.

419.15 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),  
419.16 clauses (1) to (5), as the primary modality for treatment as a covered service, or several  
419.17 EIDBI modalities in combination as the primary modality of treatment, as approved by the  
419.18 commissioner. An EIDBI provider that identifies and provides assurance of qualifications  
419.19 for a single specific treatment modality, including an EIDBI provider with advanced  
419.20 certification overseeing implementation, must document the required qualifications to meet  
419.21 fidelity to the specific model in a manner determined by the commissioner.

419.22 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications  
419.23 for professional licensure certification, or training in evidence-based treatment methods,  
419.24 and must document the required qualifications outlined in subdivision 15 in a manner  
419.25 determined by the commissioner.

419.26 (e) CMDE is a comprehensive evaluation of the person's developmental status to  
419.27 determine medical necessity for EIDBI services and meets the requirements of subdivision  
419.28 5. The services must be provided by a qualified CMDE provider.

419.29 (f) EIDBI intervention observation and direction is the clinical direction and oversight  
419.30 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,  
419.31 including developmental and behavioral techniques, progress measurement, data collection,  
419.32 function of behaviors, and generalization of acquired skills for the direct benefit of a person.  
420.1 EIDBI intervention observation and direction informs any modification of the current  
420.2 treatment protocol to support the outcomes outlined in the ITP.

420.3 (g) Intervention is medically necessary direct treatment provided to a person with ASD  
420.4 or a related condition as outlined in their ITP. All intervention services must be provided  
420.5 under the direction of a QSP. Intervention may take place across multiple settings. The  
420.6 frequency and intensity of intervention services are provided based on the number of  
420.7 treatment goals, person and family or caregiver preferences, and other factors. Intervention

231.1 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,  
231.2 cognition, learning and play, self-care, and safety.

231.3 (b) EIDBI treatment must be delivered consistent with the standards of an approved  
231.4 modality, as published by the commissioner. EIDBI modalities include:

231.5 (1) applied behavior analysis (ABA);

231.6 (2) developmental individual-difference relationship-based model (DIR/Floortime);

231.7 (3) early start Denver model (ESDM);

231.8 (4) PLAY project;

231.9 (5) relationship development intervention (RDI); or

231.10 (6) additional modalities not listed in clauses (1) to (5) upon approval by the  
231.11 commissioner.

231.12 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),  
231.13 clauses (1) to (5), as the primary modality for treatment as a covered service, or several  
231.14 EIDBI modalities in combination as the primary modality of treatment, as approved by the  
231.15 commissioner. An EIDBI provider that identifies and provides assurance of qualifications  
231.16 for a single specific treatment modality, including an EIDBI provider with advanced  
231.17 certification overseeing implementation, must document the required qualifications to meet  
231.18 fidelity to the specific model in a manner determined by the commissioner.

231.19 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications  
231.20 for professional licensure certification, or training in evidence-based treatment methods,  
231.21 and must document the required qualifications outlined in subdivision 15 in a manner  
231.22 determined by the commissioner.

231.23 (e) CMDE is a comprehensive evaluation of the person's developmental status to  
231.24 determine medical necessity for EIDBI services and meets the requirements of subdivision  
231.25 5. The services must be provided by a qualified CMDE provider.

231.26 (f) EIDBI intervention observation and direction is the clinical direction and oversight  
231.27 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,  
231.28 including developmental and behavioral techniques, progress measurement, data collection,  
231.29 function of behaviors, and generalization of acquired skills for the direct benefit of a person.  
231.30 EIDBI intervention observation and direction informs any modification of the current  
231.31 treatment protocol to support the outcomes outlined in the ITP.

232.1 (g) Intervention is medically necessary direct treatment provided to a person with ASD  
232.2 or a related condition as outlined in their ITP. All intervention services must be provided  
232.3 under the direction of a QSP. Intervention may take place across multiple settings. The  
232.4 frequency and intensity of intervention services are provided based on the number of  
232.5 treatment goals, person and family or caregiver preferences, and other factors. Intervention

420.8 services may be provided individually or in a group. Intervention with a higher provider  
420.9 ratio may occur when deemed medically necessary through the person's ITP.

420.10 (1) Individual intervention is treatment by protocol administered by a single qualified  
420.11 EIDBI provider delivered to one person.

420.12 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI  
420.13 providers, delivered to at least two people who receive EIDBI services.

420.14 (3) Higher provider ratio intervention is treatment with protocol modification provided  
420.15 by two or more qualified EIDBI providers delivered to one person in an environment that  
420.16 meets the person's needs and under the direction of the QSP or level I provider.

420.17 (h) ITP development and ITP progress monitoring is development of the initial, annual,  
420.18 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents  
420.19 provide oversight and ongoing evaluation of a person's treatment and progress on targeted  
420.20 goals and objectives and integrate and coordinate the person's and the person's legal  
420.21 representative's information from the CMDE and ITP progress monitoring. This service  
420.22 must be reviewed and completed by the QSP, and may include input from a level I provider  
420.23 or a level II provider.

420.24 (i) Family caregiver training and counseling is specialized training and education for a  
420.25 family or primary caregiver to understand the person's developmental status and help with  
420.26 the person's needs and development. This service must be provided by the QSP, level I  
420.27 provider, or level II provider.

420.28 (j) A coordinated care conference is a voluntary meeting with the person and the person's  
420.29 family to review the CMDE or ITP progress monitoring and to integrate and coordinate  
420.30 services across providers and service-delivery systems to develop the ITP. This service  
420.31 ~~must be provided by the QSP and~~ may include the CMDE provider ~~or, QSP,~~ a level I  
420.32 provider, or a level II provider.

421.1 (k) Travel time is allowable billing for traveling to and from the person's home, school,  
421.2 a community setting, or place of service outside of an EIDBI center, clinic, or office from  
421.3 a specified location to provide in-person EIDBI intervention, observation and direction, or  
421.4 family caregiver training and counseling. The person's ITP must specify the reasons the  
421.5 provider must travel to the person.

421.6 (l) Medical assistance covers medically necessary EIDBI services and consultations  
421.7 delivered ~~by a licensed health care provider~~ via telehealth, as defined under section  
421.8 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered  
421.9 in person.

232.6 services may be provided individually or in a group. Intervention with a higher provider  
232.7 ratio may occur when deemed medically necessary through the person's ITP.

232.8 (1) Individual intervention is treatment by protocol administered by a single qualified  
232.9 EIDBI provider delivered to one person.

232.10 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI  
232.11 providers, delivered to at least two people who receive EIDBI services.

232.12 (3) Higher provider ratio intervention is treatment with protocol modification provided  
232.13 by two or more qualified EIDBI providers delivered to one person in an environment that  
232.14 meets the person's needs and under the direction of the QSP or level I provider.

232.15 (h) ITP development and ITP progress monitoring is development of the initial, annual,  
232.16 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents  
232.17 provide oversight and ongoing evaluation of a person's treatment and progress on targeted  
232.18 goals and objectives and integrate and coordinate the person's and the person's legal  
232.19 representative's information from the CMDE and ITP progress monitoring. This service  
232.20 must be reviewed and completed by the QSP, and may include input from a level I provider  
232.21 or a level II provider.

232.22 (i) Family caregiver training and counseling is specialized training and education for a  
232.23 family or primary caregiver to understand the person's developmental status and help with  
232.24 the person's needs and development. This service must be provided by the QSP, level I  
232.25 provider, or level II provider.

232.26 (j) A coordinated care conference is a voluntary meeting with the person and the person's  
232.27 family to review the CMDE or ITP progress monitoring and to integrate and coordinate  
232.28 services across providers and service-delivery systems to develop the ITP. This service  
232.29 ~~must be provided by the QSP and~~ may include the CMDE provider ~~or, QSP,~~ a level I  
232.30 provider, or a level II provider.

232.31 (k) Travel time is allowable billing for traveling to and from the person's home, school,  
232.32 a community setting, or place of service outside of an EIDBI center, clinic, or office from  
232.33 a specified location to provide in-person EIDBI intervention, observation and direction, or  
233.1 family caregiver training and counseling. The person's ITP must specify the reasons the  
233.2 provider must travel to the person.

233.3 (l) Medical assistance covers medically necessary EIDBI services and consultations  
233.4 delivered ~~by a licensed health care provider~~ via telehealth, as defined under section  
233.5 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered  
233.6 in person.

233.7 Sec. 50. Minnesota Statutes 2020, section 256B.49, subdivision 23, is amended to read:

233.8 Subd. 23. Community-living settings. (a) For the purposes of this chapter,  
233.9 "community-living settings" means a single-family home or multifamily dwelling unit where  
233.10 a service recipient or a service recipient's family owns or rents, and maintains control over

- 233.11 the individual unit as demonstrated by a lease agreement. Community-living settings does  
233.12 not include a home or dwelling unit that the service provider owns, operates, or leases or  
233.13 in which the service provider has a direct or indirect financial interest.
- 233.14 (b) To ensure a service recipient or the service recipient's family maintains control over  
233.15 the home or dwelling unit, community-living settings are subject to the following  
233.16 requirements:
- 233.17 (1) service recipients must not be required to receive services or share services;
- 233.18 (2) service recipients must not be required to have a disability or specific diagnosis to  
233.19 live in the community-living setting;
- 233.20 (3) service recipients may hire service providers of their choice;
- 233.21 (4) service recipients may choose whether to share their household and with whom;
- 233.22 (5) the home or multifamily dwelling unit must include living, sleeping, bathing, and  
233.23 cooking areas;
- 233.24 (6) service recipients must have lockable access and egress;
- 233.25 (7) service recipients must be free to receive visitors and leave the settings at times and  
233.26 for durations of their own choosing;
- 233.27 (8) leases must comply with chapter 504B;
- 233.28 (9) landlords must not charge different rents to tenants who are receiving home and  
233.29 community-based services; and
- 233.30 (10) access to the greater community must be easily facilitated based on the service  
233.31 recipient's needs and preferences.
- 234.1 (c) Nothing in this section prohibits a service recipient from having another person or  
234.2 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits  
234.3 a service recipient, during any period in which a service provider has cosigned the service  
234.4 recipient's lease, from modifying services with an existing cosigning service provider and,  
234.5 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.  
234.6 Nothing in this section prohibits a service recipient, during any period in which a service  
234.7 provider has cosigned the service recipient's lease, from terminating services with the  
234.8 cosigning service provider, receiving services from a new service provider, and, subject to  
234.9 the approval of the landlord, maintaining a lease cosigned by the new service provider.
- 234.10 (d) A lease cosigned by a service provider meets the requirements of paragraph (a) if  
234.11 the service recipient and service provider develop and implement a transition plan which  
234.12 must provide that, within two years of cosigning the initial lease, the service provider shall  
234.13 transfer the lease to the service recipient and other cosigners, if any.



234.14 (e) In the event the landlord has not approved the transfer of the lease within two years  
234.15 of the service provider cosigning the initial lease, the service provider must submit a  
234.16 time-limited extension request to the commissioner of human services to continue the  
234.17 cosigned lease arrangement. The extension request must include:

234.18 (1) the reason the landlord denied the transfer;

234.19 (2) the plan to overcome the denial to transfer the lease;

234.20 (3) the length of time needed to successfully transfer the lease, not to exceed an additional  
234.21 two years;

234.22 (4) a description of the information provided to the person to help the person make an  
234.23 informed choice about entering into a time-limited cosigned lease extension with the service  
234.24 provider;

234.25 ~~(4)~~ (5) a description of how the transition plan was followed, what occurred that led to  
234.26 the landlord denying the transfer, and what changes in circumstances or condition, if any,  
234.27 the service recipient experienced; and

234.28 ~~(5)~~ (6) a revised transition plan to transfer the cosigned lease between the service provider  
234.29 and the service recipient to the service recipient.

234.30 The commissioner must approve an extension within sufficient time to ensure the continued  
234.31 occupancy by the service recipient.

234.32 (f) In the event the landlord has not approved the transfer of the lease within the timelines  
234.33 of an approved time-limited extension request, the service provider must submit another  
235.1 time-limited extension request to the commissioner of human services to continue the  
235.2 cosigned lease arrangement. A time-limited extension request submitted under this paragraph  
235.3 must include the same information required for an initial time-limited extension request  
235.4 under paragraph (e). The commissioner must approve or deny an extension within 60 days.

235.5 (g) The commissioner may grant a service recipient no more than three additional  
235.6 time-limited extensions under paragraph (f).

235.7 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,  
235.8 whichever is later. The commissioner of human services shall notify the revisor of statutes  
235.9 when federal approval is obtained.

235.10 Sec. 51. Minnesota Statutes 2021 Supplement, section 256B.49, subdivision 28, is amended  
235.11 to read:

235.12 Subd. 28. **Customized living moratorium for brain injury and community access**  
235.13 **for disability inclusion waivers.** (a) Notwithstanding section 245A.03, subdivision 2,  
235.14 paragraph (a), clause (23), to prevent new development of customized living settings that  
235.15 otherwise meet the residential program definition under section 245A.02, subdivision 14,  
235.16 the commissioner shall not enroll new customized living settings serving four or fewer

235.17 people in a single-family home to deliver customized living services as defined under the  
235.18 brain injury or community access for disability inclusion waiver plans under this section.

235.19 (b) The commissioner may approve an exception to paragraph (a) when:

235.20 (1) an existing customized living setting changes ownership at the same address; or

235.21 (2) an existing customized living setting relocates under the same ownership to a different  
235.22 address, provided the setting to which the customized services are relocated complies with  
235.23 the home and community-based services rule requirements. The exception under this clause  
235.24 is available until March 16, 2023, unless federal approval is obtained to permanently allow  
235.25 this exception.

235.26 (c) Customized living settings operational on or before June 30, 2021, are considered  
235.27 existing customized living settings.

235.28 (d) For any new customized living settings serving four or fewer people in a single-family  
235.29 home to deliver customized living services as defined in paragraph (a) ~~and~~ that was not  
235.30 operational on or before June 30, 2021, or that was operational on or before June 30, 2021,  
235.31 but relocated under the same ownership to a different address without receiving an exception  
235.32 under paragraph (b), clause (2), the authorizing lead agency is financially responsible for  
235.33 all home and community-based service payments in the setting.

236.1 (e) For purposes of this subdivision, "operational" means customized living services are  
236.2 authorized and delivered to a person in the customized living setting.

236.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

236.4 Sec. 52. Minnesota Statutes 2020, section 256G.02, subdivision 6, is amended to read:

236.5 Subd. 6. **Excluded time.** "Excluded time" means:

236.6 (1) any period an applicant spends in a hospital, sanitarium, nursing home, shelter other  
236.7 than an emergency shelter, halfway house, foster home, community residential setting  
236.8 licensed under chapter 245D, semi-independent living domicile or services program,  
236.9 residential facility offering care, board and lodging facility or other institution for the  
236.10 hospitalization or care of human beings, as defined in section 144.50, 144A.01, or 245A.02,  
236.11 subdivision 14; maternity home, battered women's shelter, or correctional facility; or any  
236.12 facility based on an emergency hold under section 253B.05, subdivisions 1 and 2;

236.13 (2) any period an applicant spends on a placement basis in a training and habilitation  
236.14 program, including: a rehabilitation facility or work or employment program as defined in  
236.15 section 268A.01; semi-independent living services provided under section 252.275, and  
236.16 chapter 245D; or day training and habilitation programs ~~and~~;

236.17 (3) any period an applicant is receiving assisted living services, integrated community  
236.18 supports, or day support services; and

421.10 Sec. 34. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

421.11 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners  
421.12 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,  
421.13 Tribes, providers, and funders of supportive housing and services, shall develop application  
421.14 requirements and make funds available according to this section, with the goal of providing  
421.15 maximum flexibility in program design.

421.16 Sec. 35. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

421.17 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

421.18 (1) reduce the number of Minnesota individuals and families that experience long-term  
421.19 homelessness;

421.20 (2) increase the number of housing opportunities with supportive services;

421.21 (3) develop integrated, cost-effective service models that address the multiple barriers  
421.22 to obtaining housing stability faced by people experiencing long-term homelessness,  
421.23 including abuse, neglect, chemical dependency, disability, chronic health problems, or other  
421.24 factors including ethnicity and race that may result in poor outcomes or service disparities;

421.25 (4) encourage partnerships among counties, Tribes, community agencies, schools, and  
421.26 other providers so that the service delivery system is seamless for people experiencing  
421.27 long-term homelessness;

421.28 (5) increase employability, self-sufficiency, and other social outcomes for individuals  
421.29 and families experiencing long-term homelessness; and

422.1 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~  
422.2 ~~substance use disorder treatment~~, foster care, child protection, corrections, and similar  
422.3 services used by people experiencing long-term homelessness.

422.4 Sec. 36. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

422.5 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services  
422.6 needed to maintain households in permanent supportive housing, as determined by the  
422.7 ~~county or counties~~ or Tribes administering the project or projects.

422.8 Sec. 37. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended  
422.9 to read:

422.10 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified  
422.11 professional" means a licensed physician, physician assistant, advanced practice registered  
422.12 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their  
422.13 scope of practice.

236.19 ~~(4) any placement for a person with an indeterminate commitment, including~~  
236.20 ~~independent living.~~

236.21 Sec. 53. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

236.22 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners  
236.23 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,  
236.24 Tribes, providers and funders of supportive housing and services, shall develop application  
236.25 requirements and make funds available according to this section, with the goal of providing  
236.26 maximum flexibility in program design.

236.27 Sec. 54. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

236.28 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

236.29 (1) reduce the number of Minnesota individuals and families that experience long-term  
236.30 homelessness;

237.1 (2) increase the number of housing opportunities with supportive services;

237.2 (3) develop integrated, cost-effective service models that address the multiple barriers  
237.3 to obtaining housing stability faced by people experiencing long-term homelessness,  
237.4 including abuse, neglect, chemical dependency, disability, chronic health problems, or other  
237.5 factors including ethnicity and race that may result in poor outcomes or service disparities;

237.6 (4) encourage partnerships among counties, Tribes, community agencies, schools, and  
237.7 other providers so that the service delivery system is seamless for people experiencing  
237.8 long-term homelessness;

237.9 (5) increase employability, self-sufficiency, and other social outcomes for individuals  
237.10 and families experiencing long-term homelessness; and

237.11 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~  
237.12 ~~substance use disorder treatment~~, foster care, child protection, corrections, and similar  
237.13 services used by people experiencing long-term homelessness.

237.14 Sec. 55. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

237.15 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services  
237.16 needed to maintain households in permanent supportive housing, as determined by the  
237.17 ~~county or counties~~ or Tribes administering the project or projects.

237.18 Sec. 56. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended  
237.19 to read:

237.20 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified  
237.21 professional" means a licensed physician, physician assistant, advanced practice registered  
237.22 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their  
237.23 scope of practice.

422.14 (b) For developmental disability, learning disability, and intelligence testing, a "qualified  
422.15 professional" means a licensed physician, physician assistant, advanced practice registered  
422.16 nurse, licensed independent clinical social worker, licensed psychologist, certified school  
422.17 psychologist, or certified psychometrist working under the supervision of a licensed  
422.18 psychologist.

422.19 (c) For mental health, a "qualified professional" means a licensed physician, advanced  
422.20 practice registered nurse, or qualified mental health professional under section 245I.04,  
422.21 subdivision 2.

422.22 (d) For substance use disorder, a "qualified professional" means a licensed physician, a  
422.23 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~  
422.24 ~~(6) 245I.04, subdivision 2~~, or an individual as defined in section 245G.11, subdivision 3,  
422.25 4, or 5.

422.26 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
422.27 whichever is later. The commissioner of human services shall notify the revisor of statutes  
422.28 when federal approval is obtained.

423.1 Sec. 38. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision  
423.2 to read:

423.3 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible  
423.4 individual's own ABLÉ account, an ABLÉ account may be established on behalf of the  
423.5 eligible individual by the eligible individual's agent under a power of attorney or, if none,  
423.6 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or  
423.7 grandparent or a representative payee appointed for the eligible individual by the Social  
423.8 Security Administration, in that order.

423.9 **EFFECTIVE DATE.** This section is effective the day following final enactment.

423.10 Sec. 39. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended  
423.11 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

423.12 Subdivision 1. **Waivers and modifications; federal funding extension.** When the  
423.13 peacetime emergency declared by the governor in response to the COVID-19 outbreak  
423.14 expires, is terminated, or is rescinded by the proper authority, the following waivers and  
423.15 modifications to human services programs issued by the commissioner of human services  
423.16 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~  
423.17 may remain in effect for the time period set out in applicable federal law or for the time  
423.18 period set out in any applicable federally approved waiver or state plan amendment,  
423.19 whichever is later:

423.20 (1) CV15: allowing telephone or video visits for waiver programs;

423.21 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

237.24 (b) For developmental disability, learning disability, and intelligence testing, a "qualified  
237.25 professional" means a licensed physician, physician assistant, advanced practice registered  
237.26 nurse, licensed independent clinical social worker, licensed psychologist, certified school  
237.27 psychologist, or certified psychometrist working under the supervision of a licensed  
237.28 psychologist.

237.29 (c) For mental health, a "qualified professional" means a licensed physician, advanced  
237.30 practice registered nurse, or qualified mental health professional under section 245I.04,  
237.31 subdivision 2.

238.1 (d) For substance use disorder, a "qualified professional" means a licensed physician, a  
238.2 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~  
238.3 ~~(6) 245I.04, subdivision 2~~, or an individual as defined in section 245G.11, subdivision 3,  
238.4 4, or 5.

238.5 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
238.6 whichever is later. The commissioner of human services shall notify the revisor of statutes  
238.7 when federal approval is obtained.

238.8 Sec. 57. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision  
238.9 to read:

238.10 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible  
238.11 individual's own ABLÉ account, an ABLÉ account may be established on behalf of the  
238.12 eligible individual by the eligible individual's agent under a power of attorney or, if none,  
238.13 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or  
238.14 grandparent or a representative payee appointed for the eligible individual by the Social  
238.15 Security Administration, in that order.

238.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.

238.17 Sec. 58. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended  
238.18 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

238.19 Subdivision 1. **Waivers and modifications; federal funding extension.** When the  
238.20 peacetime emergency declared by the governor in response to the COVID-19 outbreak  
238.21 expires, is terminated, or is rescinded by the proper authority, the following waivers and  
238.22 modifications to human services programs issued by the commissioner of human services  
238.23 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~  
238.24 may remain in effect for the time period set out in applicable federal law or for the time  
238.25 period set out in any applicable federally approved waiver or state plan amendment,  
238.26 whichever is later:

238.27 (1) CV15: allowing telephone or video visits for waiver programs;

238.28 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

423.22 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance  
423.23 Program;  
423.24 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;  
423.25 (5) CV24: allowing telephone or video use for targeted case management visits;  
423.26 (6) CV30: expanding telemedicine in health care, mental health, and substance use  
423.27 disorder settings;  
423.28 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance  
423.29 Program;  
423.30 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance  
423.31 Program;  
424.1 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance  
424.2 Program;  
424.3 (10) CV43: expanding remote home and community-based waiver services;  
424.4 (11) CV44: allowing remote delivery of adult day services;  
424.5 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance  
424.6 Program;  
424.7 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services  
424.8 Program; and  
424.9 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and  
424.10 Minnesota Family Investment Program maximum food benefits.

238.29 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance  
238.30 Program;  
238.31 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;  
239.1 (5) CV24: allowing telephone or video use for targeted case management visits;  
239.2 (6) CV30: expanding telemedicine in health care, mental health, and substance use  
239.3 disorder settings;  
239.4 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance  
239.5 Program;  
239.6 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance  
239.7 Program;  
239.8 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance  
239.9 Program;  
239.10 (10) CV43: expanding remote home and community-based waiver services;  
239.11 (11) CV44: allowing remote delivery of adult day services;  
239.12 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance  
239.13 Program;  
239.14 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services  
239.15 Program; and  
239.16 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and  
239.17 Minnesota Family Investment Program maximum food benefits.  
239.18 Sec. 59. **Laws 2021, First Special Session chapter 7, article 11, section 38, is amended to**  
239.19 **read:**  
239.20 **Sec. 38. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**  
239.21 **TREATMENT PAPERWORK REDUCTION.**  
239.22 (a) **The commissioner of human services, in consultation with counties, tribes, managed**  
239.23 **care organizations, substance use disorder treatment professional associations, and other**  
239.24 **relevant stakeholders, shall develop, assess, and recommend systems improvements to**  
239.25 **minimize regulatory paperwork and improve systems for substance use disorder programs**  
239.26 **licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,**  
239.27 **chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner**  
239.28 **of human services shall make available any resources needed from other divisions within**  
239.29 **the department to implement systems improvements.**  
239.30 (b) **The commissioner of health shall make available needed information and resources**  
239.31 **from the Division of Health Policy.**

240.1 (c) The Office of MN.IT Services shall provide advance consultation and implementation  
240.2 of the changes needed in data systems.

240.3 (d) The commissioner of human services shall contract with a vendor that has experience  
240.4 with developing statewide system changes for multiple states at the payer and provider  
240.5 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a  
240.6 vendor with the requisite qualifications, the commissioner may select the best qualified  
240.7 vendor available. When developing recommendations, the commissioner shall consider  
240.8 input from all stakeholders. The commissioner's recommendations shall maximize benefits  
240.9 for clients and utility for providers, regulatory agencies, and payers.

240.10 (e) The commissioner of human services and the contracted vendor shall follow the  
240.11 recommendations from the report issued in response to Laws 2019, First Special Session  
240.12 chapter 9, article 6, section 76.

240.13 (f) ~~By December 15, 2022~~ Within two years of contracting with a qualified vendor  
240.14 according to paragraph (d), the commissioner of human services shall take steps to implement  
240.15 paperwork reductions and systems improvements within the commissioner's authority and  
240.16 submit to the chairs and ranking minority members of the legislative committees with  
240.17 jurisdiction over health and human services a report that includes recommendations for  
240.18 changes in statutes that would further enhance systems improvements to reduce paperwork.  
240.19 The report shall include a summary of the approaches developed and assessed by the  
240.20 commissioner of human services and stakeholders and the results of any assessments  
240.21 conducted.

240.22 Sec. 60. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
240.23 **INFORMED CHOICE UPON CLOSURE.**

240.24 The commissioner of human services shall direct department staff, lead agency staff,  
240.25 and lead agency partners to ensure that solutions to workforce shortages in licensed home  
240.26 and community-based disability settings are consistent with the state's policy priority of  
240.27 informed choice and the integration mandate under the state's Olmstead Plan. Specifically,  
240.28 the commissioner shall direct department staff, lead agency staff, and lead agency partners  
240.29 to ensure that when a licensed setting cannot continue providing services as a result of  
240.30 staffing shortages, a person who had been receiving services in that setting is not discharged  
240.31 to a more restrictive setting than the person was in previously and the person receives an  
240.32 informed choice process about how and where the person will receive services following  
240.33 the suspension or closure of the program or setting in which the person had previously been  
240.34 receiving services.

241.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

241.2 Sec. 61. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; HOME**  
241.3 **AND COMMUNITY-BASED SERVICES RULE STATEWIDE TRANSITION PLAN.**

241.4 By September 1, 2022, the commissioner of human services shall submit for approval  
241.5 an amendment to Minnesota's home and community-based services rule statewide transition

424.11 Sec. 40. **REVISOR INSTRUCTION.**

424.12 In Minnesota Statutes and Minnesota Rules, the revisor of statutes shall change the term  
424.13 "chemical dependency" or similar terms to "substance use disorder." The revisor may make  
424.14 grammatical changes related to the term change.

424.15 Sec. 41. **REPEALER.**

424.16 (a) Minnesota Statutes 2020, sections 254A.04; and 254B.14, subdivisions 1, 2, 3, 4,  
424.17 and 6, are repealed.  
424.18 (b) Minnesota Statutes 2021 Supplement, section 254B.14, subdivision 5, is repealed.

241.6 plan to modify the residential tiered standards for BI, CAC, CADI, and DD waivers to  
241.7 specify that an existing customized living setting that relocates under the same ownership  
241.8 to a different address must be treated as a Tier 1 customized living setting, provided the  
241.9 setting to which the customized services are relocated complies with the home and  
241.10 community-based services rule requirements. The commissioner shall inform the revisor  
241.11 of statutes when federal approval is obtained.

241.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.

241.13 Sec. 62. **REVISOR INSTRUCTION.**

241.14 The revisor of statutes shall change the term "chemical dependency" or similar terms to  
241.15 "substance use disorder" wherever the term appears in Minnesota Statutes. The revisor may  
241.16 make grammatical changes related to the term change.

241.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

241.18 Sec. 63. **REPEALER.**

241.19 (a) Minnesota Statutes 2020, sections 254A.04; and 254B.14, subdivisions 1, 2, 3, 4,  
241.20 and 6, are repealed.  
241.21 (b) Minnesota Statutes 2021 Supplement, section 254B.14, subdivision 5, is repealed.