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Page 1, line 10, delete "the following"	
Page 1, after line 21, insert:	
"(d) For children eligible for medical assistance, the commissioner shall reimbu	ırse
counties for all costs incurred for children receiving children's residential crisis stabi	lization
services, including room and board costs."	
Page 2, line 7, after "includes" insert "when"	
Page 2, line 8, delete "who"	
Page 3, after line 26, insert:	
"Sec [245A.26] CHILDREN'S RESIDENTIAL FACILITY CRISIS	
STABILIZATION SERVICES.	
Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in	n this
subdivision have the meanings given them.	
(b) "Clinical trainee" means a staff person who is qualified under section 245I.0	)4 <u>,</u>
subdivision 6.	
(c) "License holder" means an individual, organization, or government entity the	at was
issued a license by the commissioner of human services under this chapter for resid	lential
mental health treatment for children with emotional disturbance according to Minn	esota
Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter care s	services
according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510 to 296	0.0530
(d) "Mental health professional" means an individual who is qualified under sec 2451.04, subdivision 2.	

..... moves to amend H.F. No. 4021 as follows:

1.1

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2.1	Subd. 2. Scope and applicability. (a) This section establishes additional licensing
2.2	requirements for a children's residential facility to provide children's residential crisis
2.3	stabilization services to a child who is experiencing a mental health crisis and is in need of
2.4	residential treatment services.
2.5	(b) A children's residential facility may provide residential crisis stabilization services
2.6	only if the facility is licensed to provide:
2.7	(1) residential mental health treatment for children with emotional disturbance according
2.8	to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700; or
2.9	(2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120
2.10	and 2960.0510 to 2960.0530.
2.11	(c) If a child receives residential crisis stabilization services for 35 days or fewer in a
2.12	facility licensed according to paragraph (b), clause (1), the facility is not required to complete
2.13	a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart
2.14	2, and part 2960.0600.
2.15	(d) If a child receives residential crisis stabilization services for 35 days or fewer in a
2.16	facility licensed according to paragraph (b), clause (2), the facility is not required to develop
2.17	a plan for meeting the child's immediate needs under Minnesota Rules, part 2960.0520,
2.18	subpart 3.
2.19	Subd. 3. Eligibility for services. An individual is eligible for children's residential crisis
2.20	stabilization services if the individual is under 19 years of age and meets the eligibility
2.21	criteria for crisis services under section 256B.0624, subdivision 3.
2.22	Subd. 4. Required services; providers. (a) A license holder providing residential crisis
2.23	stabilization services must continually follow a child's individual crisis treatment plan, to
2.24	improve the child's functioning.
2.25	(b) The license holder must offer and have the capacity to directly provide the following
2.26	treatment services to a child:
2.27	(1) crisis stabilization services as described in section 256B.0624, subdivision 7;
2.28	(2) mental health services as specified in child's individual crisis treatment plan, according
2.29	to the child's treatment needs;
2.30	(3) health services and medication administration, if applicable; and
2.31	(4) referrals for the child to community-based treatment providers and support services
2.32	for the child's transition from residential crisis stabilization to another treatment setting.

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(c) Children's residential crisis stabilization services must be provided by a qualified 3.1 staff person listed in section 256B.0624, subdivision 8, according to the scope of practice 3.2 for the individual staff person's position. 3.3 Subd. 5. Assessment and treatment planning. (a) Within 24 hours of a child's admission 3.4 for residential crisis stabilization, the license holder must assess the child and document the 3.5 child's immediate needs, including the child's: 3.6 (1) health and safety, including the need for crisis assistance; and 3.7 (2) need for connection to family and other natural supports. 3.8 (b) Within 24 hours of a child's admission for residential crisis stabilization, the license 3.9 holder must complete a crisis treatment plan for the child, according to the requirements 3.10 for a crisis treatment plan under section 256B.0624, subdivision 11. The license holder must 3.11 base the child's crisis treatment plan on the child's referral information and the assessment 3.12 of the child's immediate needs under paragraph (a). A mental health professional or a clinical 3.13 trainee under the supervision of a mental health professional must complete the crisis 3.14 treatment plan. A crisis treatment plan completed by a clinical trainee must contain 3.15 documentation of approval, as defined in section 245I.02, subdivision 2, by a mental health 3.16 professional within five business days of initial completion by the clinical trainee. 3.17 (c) A mental health professional must review a child's crisis treatment plan each week 3.18 and document the weekly reviews in the child's client file. 3.19 (d) For a client receiving children's residential crisis stabilization services who is 18 3.20 years of age or older, the license holder must complete an individual abuse prevention plan 3.21 for the client, pursuant to section 245A.65, subdivision 2, as part of the client's crisis 3.22 treatment plan. 3.23 Subd. 6. Staffing requirements. Staff members of facilities providing services under 3.24 3.25 this section must have access to a mental health professional or clinical trainee within 30 minutes, either in person or by telephone. The license holder must maintain a current schedule 3.26 of available mental health professionals or clinical trainees and include contact information 3.27 for each mental health professional or clinical trainee. The schedule must be readily available 3.28 to all staff members." 3.29 Renumber the sections in sequence 3.30 Amend the title accordingly 3.31

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