

# Chapter 98

2022 Regular Session

Subject Health and Human Services Omnibus Policy Bill

Bill H.F. 4065

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## Article 1: Department of Health

This article makes changes to programs administered by the Department of Health and duties of the commissioner of health. These changes include expansion of the home and community-based services employee scholarship program, modifications to requirements for nursing home and boarding care home resident assessments, changes to nursing home licensure statutes related to changes of ownership, amending the definition of palliative care, changes to statutes governing assisted living facilities, and transferring administration of fetal alcohol spectrum disorders prevention grants from DHS to MDH. This article also modifies background study requirements for health care professionals who are licensed by a health-related licensing board and who provide services in Health Department-licensed facilities or providers, and appropriates money to the commissioner of human services to implement these changes.

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#### 1 Background studies required.

Amends § 144.057, subd. 1. In para. (a), adds license applicants, managerial officials, owners, and controlling individuals of nursing homes or assisted living facilities to the list of individuals for whom the commissioner of health must contract with the commissioner of human services for background studies. A new para. (b) provides that a background study is not required for individuals who provide services in Health Department-licensed health care facilities or providers, if the individuals are licensed by a health-related licensing board and completed the background check requirements as part of that licensure process.

This section is effective the day following final enactment.

#### 2 Resident assessment schedule.

Amends § 144.0724, subd. 4. Amends the schedule of required resident assessments conducted for residents of nursing homes and boarding care homes, to provide that a significant change in status assessment is not required:

- after all speech, occupational, and physical therapies have ended, if the most recent OBRA comprehensive or quarterly assessment completed does not result in a rehabilitation case mix classification; or
- after isolation for an infectious disease has ended, if isolation was not coded on the most recent OBRA comprehensive or quarterly assessment completed.

#### 3 Byproduct material.

Amends § 144.1201, subd. 2. Changes the term defined in this subdivision, from by-product nuclear material to byproduct material, for statutes governing radioactive materials and radiation-producing equipment. Also modifies the definition to include tailings or wastes produced by extraction or concentration of uranium or thorium; any discrete source of radium-226 produced after extraction for a commercial,

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medical, or research activity; and any discrete source of naturally occurring radioactive material.

**4 Radioactive material.**

Amends § 144.1201, subd. 4. Makes a conforming change to a term used in a definition of radioactive material.

**5 Home and community-based services employee scholarship and loan forgiveness program.**

Amends § 144.1503. Expands the HCBS employee scholarship program to allow the commissioner of health to also fund scholarships for individual home and community-based services workers and loan forgiveness for employees of home and community-based services employers. Also expands the professionals eligible for a scholarship or loan forgiveness to include assisted living directors and individuals studying to become an assisted living director.

**Subd. 1. Creation.** Expands the HCBS employee scholarship program, to allow the commissioner of health to fund scholarships for individual home and community-based services workers and loan forgiveness for employees of home and community-based services employers.

**Subd. 1a. Definition.** Defines qualified educational loan.

**Subd. 2. Provision of grants; scholarships; loan forgiveness.** Allows the commissioner to provide scholarships for home and community-based services workers, and to use up to one-third of the annual funding available under this section to establish a loan forgiveness program for HCBS workers.

**Subd. 3. Eligibility.** Provides that assisted living facilities are eligible for grants to provide scholarships to their employees, allows employers to use grant funds to also provide educational programs, and changes the number of hours an employee must work for an employer in order to be eligible for a scholarship, from 16 hours per week to 10. Specifies how employees receiving a scholarship must use scholarship funds. Requires qualifying providers for the loan forgiveness program to be located in Minnesota, allows the commissioner to establish priority areas for loan forgiveness, and requires employees selected for loan forgiveness to agree to work a minimum average of 32 hours per week for at least two years.

**Subd. 4. Duties of participating qualifying providers.** Lists duties of participating qualifying providers.

**Subd. 5. Request for proposals.** Makes a technical change.

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**Subd. 6. Application requirements.** A new para. (b) establishes requirements for applications for loan forgiveness and issuance of loan forgiveness.

**Subd. 7. Selection process.** Modifies a provision governing appropriations, to provide money appropriated for this section does not cancel except that at the end of each biennium, any remaining amount not committed by contract or needed to fulfill existing commitments cancels to the general fund.

**Subd. 8. Reporting requirements.** Establishes requirements to report certain information to the commissioner, for employees who receive scholarships or loan forgiveness from the commissioner.

**6 Career guidance and support services.**

Amends § 144.1911, subd. 4. Allows the commissioner of health to award grants to eligible postsecondary educational institutions to provide career guidance and support services to immigrant international medical graduates. Strikes obsolete language.

**7 Cost.**

Amends § 144.292, subd. 6. Clarifies that a patient is exempt from paying any fee for copies of medical records to appeal a denial of certain federal disability benefits, if the patient is receiving public assistance or is represented by a volunteer attorney or attorney from a civil legal services program (under current law a patient may be exempt from payment of fees only if the patient both receives public assistance and is represented by a volunteer attorney or attorney from a civil legal services program).

**8 ST elevation myocardial infarction.**

Amends § 144.497. Eliminates a requirement that the commissioner of health must annually report to certain legislative committees on improving quality of care and patient outcomes for ST elevation myocardial infarctions. Requires the commissioner of health to post summary information on the department website on ST elevation myocardial infarction response and treatment annually rather than quarterly.

**9 Restricted construction or modification.**

Amends § 144.551, subd. 1. Adds two exceptions to the moratorium on hospital construction or modifications:

- to allow North Shore Health in Grand Marais and Mahnommen Health Center in Mahnommen to add licensed beds, provided the total number of beds after the additions does not exceed 25 beds at each hospital. Specifies that a public interest review is not required for these projects; and

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- to allow Children’s Hospital in St. Paul to add 22 licensed beds for pediatric inpatient behavioral health services. Children’s Hospital may add beds prior to completion of the public interest review, provided the hospital submits its plan by the 2022 deadline and adheres to the timeline for public interest review.

**10 Definitions.**

Amends § 144.565, subd. 4. Amends the definition of diagnostic imaging facility to provide that a dental clinic or office is not a diagnostic imaging facility when it performs diagnostic imaging using dental cone beam computerized tomography. Makes a conforming change to the definition of diagnostic imaging service. This modification exempts dental clinics and offices from annual reporting requirements for diagnostic imaging facilities on utilization, billing, and services and on providers with economic or financial interest in the facility.

**11 Definitions.**

Amends § 144.6502, subd. 1. Clarifies the definition of electronic monitoring for a section governing electronic monitoring in certain long-term care facilities to conform with the section, by removing a requirement that the electronic monitoring device must be placed and used by a resident.

**12 Definitions.**

Amends § 144A.01. Amends the section defining terms for nursing homes and the Board of Executives for Long Term Services and Supports, by:

- changing terms that are defined;
- modifying the definitions of controlling person and managerial official; and
- adding definitions for change of ownership, direct ownership interest, indirect ownership interest, licensee, management agreement, manager, and owner.

This section is effective August 1, 2022.

**13 Forms; requirements.**

Amends § 144A.03, subd. 1. Modifies the information that must be included with an application for a nursing home license, to require names and contact information for individuals connected with the nursing home; licensed bed capacity; the license fee; documentation of compliance with background study requirements for the listed individuals; representative copies of any executed lease agreement, management agreement, and operations transfer agreement; an organizational chart; whether certain individuals have been convicted of certain crimes or found civilly liable for

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certain acts; whether certain individuals have been subject to any revocation or suspension of the specified authority or accreditation; whether certain individuals have a record of defaulting on payments of money collected for others; certain signatures; and identification of all states where the applicant or individual with a five percent or more ownership interest has been subject to certain licensing actions.

This section is effective August 1, 2022.

**14 Controlling person restrictions.**

Amends § 144A.04, subd. 4. States that the commissioner of health has discretion to bar a controlling person of a nursing home if the person was a controlling person of another long-term care facility, health care facility, or agency, and committed certain acts or was in that position at the facility or agency when certain violations occurred. Specifies that a controlling person barred under this subdivision has the right to appeal under chapter 14.

This section is effective August 1, 2022.

**15 Managerial official or licensed administrator; employment prohibitions.**

Amends § 144A.04, subd. 6. Changes a term used, and removes language prohibiting a nursing home from employing a managerial official because the managerial official held a similar position at another nursing home when one or more repeated violations occurred that created an imminent risk to direct resident care or safety.

This section is effective August 1, 2022.

**16 Transfer of license prohibited.**

Amends § 144A.06. Prohibits transfers of nursing home licenses, and specifies circumstances in which a new nursing home license must be obtained due to a change of ownership.

**Subd. 1. Transfers prohibited.** Eliminates language requiring notice to the commissioner of health when a controlling person makes a transfer of interest in a nursing home, and instead states that a nursing home license may not be transferred.

**Subd. 2. New license required; change of ownership.** Requires the commissioner of health to adopt rules prescribing procedures to license nursing homes in cases of a change of ownership. Requires a prospective licensee to apply for a new license before operating a currently licensed nursing home. Requires the licensee to change when one of the listed events occurs.

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**Subd. 3. Compliance.** Requires the commissioner to consult with the commissioner of human services regarding the prospective licensee's history of financial and cost reporting compliance, and the prospective licensee's financial operations in any nursing home in which the prospective licensee has an interest.

**Subd. 4. Facility operation.** Provides that the current licensee remains responsible for the operation of the nursing home until the nursing home is licensed to the prospective licensee.

This section is effective August 1, 2022.

**17 Consideration of applications.**

Adds § 144A.32. Before issuing a license or renewing an existing license, requires the commissioner to consider the applicant's compliance history in providing care in another facility. Specifies what compliance history includes. Lists circumstances under which the commissioner may take a licensing action against the applicant. Provides that if the license is denied, the applicant has reconsideration rights under chapter 14.

This section is effective August 1, 2022.

**18 Membership.**

Amends § 144A.4799, subd. 1. Increases the membership of the Home Care and Assisted Living Program Advisory Council from eight to 13 people, reduces the numbers of public members receiving home care services and home care licensees on the advisory council, and adds as members one person representing the Office of Ombudsman for Mental Health and Developmental Disabilities; two assisted living facility licensees; one organization representing long-term care providers, home care providers, and assisted living facility providers; and two public members, one who lives or has lived in an assisted living facility and one with a family member who lives or has lived in an assisted living facility.

**19 Duties.**

Amends § 144A.4799, subd. 3. Modifies duties of the Home Care and Assisted Living Program Advisory Council to require the advisory council to provide advice regarding the regulation of licensed assisted living providers. Also makes technical changes.

**20 Palliative care.**

Amends § 144A.75, subd. 12. Modifies the definition of palliative care in the hospice provider statutes, to mean specialized medical care for individuals with a serious illness or life-limiting condition and focused on reducing pain, symptoms, and stress

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of a serious illness or condition. Provides that palliative care may be provided with curative treatment.

**21 Serious injury.**

Adds subd. 62a to § 144G.08. Adds a definition of serious injury to the chapter governing licensure of assisted living facilities.

This section is effective August 1, 2022.

**22 Consideration of applications.**

Amends § 144G.15. Specifies that the commissioner must consider the compliance history of an applicant in providing care in Minnesota or any other state, before issuing an assisted living facility license or renewing a license. Allows the commissioner to take an action against an assisted living facility license if an owner, controlling individual, managerial official, or assisted living director has a history of noncompliance with laws that was detrimental to the health, welfare, or safety of a resident or client.

This section is effective August 1, 2022.

**23 License renewal.**

Amends § 144G.17. As a condition of renewing an assisted living facility license, requires a licensee to provide information showing that the licensee provided assisted living services to at least one resident in the preceding license year at the assisted living facility listed on the license.

This section is effective August 1, 2022.

**24 Change of licensee.**

Adds subd. 4 to § 144G.19. Provides that a change in licensee due to a change in ownership does not require a facility to meet the design, Life Safety Code, and plan requirements for assisted living facilities that otherwise apply to new licenses, new construction, modifications, renovations, alterations, changes of use, or additions.

This section is effective August 1, 2022.

**25 Conditions.**

Amends § 144G.20, subd. 1. Authorizes the commissioner to take certain licensing actions if an owner, controlling individual, or employee of an assisted living facility interferes with or impedes access to residents by the Office of Ombudsman for Mental Health and Developmental Disabilities.



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This section is effective August 1, 2022.

**26 Mandatory revocation.**

Amends § 144G.20, subd. 4. If the commissioner revokes an assisted living facility license because a controlling individual is convicted of certain crimes related to facility operations or resident safety or care, requires the commissioner to notify the Office of Ombudsman for Mental Health and Developmental Disabilities 30 days before the revocation.

This section is effective August 1, 2022.

**27 Owners and managerial officials; refusal to grant license.**

Amends § 144G.20, subd. 5. Provides that a prohibition on granting an assisted living facility license to an owner or managerial official whose facility license has been revoked because of noncompliance with applicable laws and rules, applies to individuals whose license was revoked in Minnesota or any other state.

This section is effective August 1, 2022.

**28 Controlling individual restrictions.**

Amends § 144G.20, subd. 8. Expands the commissioner's authority to bar a controlling individual of an assisted living facility if the person was a controlling individual of another provider or setting and incurred certain violations or was convicted of certain crimes, to include having been a controlling individual of a home care provider or having had status as an enrolled PCA provider agency or PCA.

This section is effective August 1, 2022.

**29 Exception to controlling individual restrictions.**

Amends § 144G.20, subd. 9. Extends an exception from being barred as a controlling individual, to provide that the controlling individual restrictions do not apply to a controlling individual of an assisted living facility if the individual lacked legal authority to change decisions related to the operation of the home care that incurred violations. (Under current law this exception applies to controlling individuals of a nursing home or assisted living facility.)

This section is effective August 1, 2022.

**30 Notice to residents.**

Amends § 144G.20, subd. 12. Requires the controlling individual to notify the Office of Ombudsman for Mental Health and Developmental Disabilities, in addition to the other individuals, if the commissioner takes action to revoke or suspend an assisted living facility license. Also requires the Office of Ombudsman for Mental Health and

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Developmental Disabilities to be provided with monthly information on the department's actions and the status of proceedings.

This section is effective August 1, 2022.

**31 Plan required.**

Amends § 144G.20, subd. 15. Adds the Office of Ombudsman for Mental Health and Developmental Disabilities to the list of individuals who must be provided with certain information by an assisted living facility if the facility's license is revoked, not renewed, or suspended. Requires the assisted living facility to cooperate with the Office of Ombudsman for Mental Health and Developmental Disabilities, in addition to other individuals, during the transfer of residents to other facilities and providers.

This section is effective August 1, 2022.

**32 Correction orders.**

Amends § 144G.30, subd. 5. Allows a correction order to be issued when the commissioner finds that an agent of the facility, in addition to other individuals, is not in compliance with the chapter governing assisted living facilities.

This section is effective August 1, 2022.

**33 Fine amounts.**

Amends § 144G.31, subd. 4. Modifies how fines for violations of assisted living provisions are calculated, to:

- require a Level 3 violation to correspond to a fine of \$3,000 per violation, rather than per violation per incident;
- require a Level 4 violation to correspond to a fine of \$4,000 per violation, rather than per incident; and
- require a maltreatment violation to correspond to a fine of \$1,000 per incident or \$5,000 per incident.

This section is effective August 1, 2022.

**34 Deposit of fines.**

Amends § 144G.31, subd. 8. Changes the purpose for which fines collected for violations of assisted living facility statutes may be spent, to require them to be spent to improve resident quality of care and outcomes in assisted living facilities, rather than being spent for special projects to improve home care as in current law.

This section is effective retroactively for fines collected on or after August 1, 2021.

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**35 Resident grievances; reporting maltreatment.**

Amends § 144G.41, subd. 7. Removes a requirement that an assisted living facility must include contact information for both state and applicable regional offices of the Office of Ombudsman for Long-Term Care and Office of Ombudsman for Mental Health and Developmental Disabilities, as part of information that must be posted regarding resident grievance procedures. Also requires the notice to include information about contacting the Office of Health Facility Complaints.

This section is effective August 1, 2022.

**36 Protecting resident rights.**

Amends § 144G.41, subd. 8. Strikes a requirement that assisted living facilities must provide residents with both state and regional contact information for the ombudsman offices, and specifies that one of the advocacy or legal services organizations for which an assisted living facility must provide names and contact information to residents must be the designated protection and advocacy organization that provides advice and representation to individuals with disabilities.

This section is effective August 1, 2022.

**37 Disaster planning and emergency preparedness plan.**

Amends § 144G.42, subd. 10. Makes a technical change.

This section is effective August 1, 2022.

**38 Variance or waiver.**

Amends § 144G.45, subd. 7. Amends a subdivision governing variances or waivers of certain requirements for assisted living facilities, to modify the criteria the commissioner must consider when deciding whether to grant a variance from the requirement that a facility must provide an option for a bath, for assisted living facilities existing as of August 1, 2021.

This section is effective August 1, 2022.

**39 Contract information.**

Amends § 144G.50, subd. 2. Modifies information that must be included in an assisted living contract, to require delineation of the grounds under which residents may have housing terminated or be subject to emergency relocation. Also requires the facility's health facility identification number, rather than license number, to be included on the contract in a conspicuous place and manner.

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This section is effective August 1, 2022, and applies to assisted living contracts executed on or after that date.

**40 Prerequisite to termination of a contract.**

Amends § 144G.52, subd. 2. Requires a facility to notify a resident whose assisted living contract may be terminated that the resident may invite a representative of the Office of Ombudsman for Mental Health and Developmental Disabilities, in addition to the other listed individuals, to a meeting that must be held before an assisted living facility may issue a notice of termination of an assisted living contract. In emergency relocations when an in-person meeting is not possible, requires the facility to hold the meeting via telephone, video, or other electronic means (current law permits the facility to attempt to schedule and participate in the meeting by these means).

This section is effective August 1, 2022.

**41 Content of notice of termination.**

Amends § 144G.52, subd. 8. Requires a notice of termination of an assisted living contract to include information on how to contact the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**42 Emergency relocation.**

Amends § 144G.52, subd. 9. Requires a notice provided to assisted living facility residents in the event of an emergency relocation to include contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**43 Nonrenewal of housing.**

Amends § 144G.53. Requires a notice provided to assisted living facility residents in the event of nonrenewal of housing to include contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**44 Duties of facility.**

Amends § 144G.55, subd. 1. Requires an assisted living facility to ensure a resident's coordinated move to a safe location and service provider if a facility reduces services to the extent that the resident needs to obtain a new service provider or if the facility has its license restricted. Requires a notice provided to assisted living facility residents in the event of a reduction or elimination of services to include contact

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information for the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**45 Relocation required.**

Amends § 144G.55, subd. 3. Clarifies that an assisted living facility must prepare a relocation plan for a resident's move to a safe location or appropriate service provider.

This section is effective August 1, 2022.

**46 Notice required.**

Amends § 144G.56, subd. 3. Requires a notice provided to assisted living facility residents in the event of a facility-initiated transfer to include contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**47 Change in facility operations.**

Amends § 144G.56, subd. 5. Requires the Office of Ombudsman for Mental Health and Developmental Disabilities to be notified in all cases of curtailment, reduction, or capital improvements in an assisted living facility that require residents to be transferred, instead of being notified when appropriate as in current law.

This section is effective August 1, 2022.

**48 Closure plan required.**

Amends § 144G.57, subd. 1. Requires a notice provided to certain individuals in the event an assisted living facility elects to voluntarily close the facility, to also be provided to the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**49 Commissioner's approval required prior to implementation.**

Amends § 144G.57, subd. 3. Permits the commissioner to require an assisted living facility to work with the Office of Ombudsman for Mental Health and Developmental Disabilities, in addition to other listed individuals, to assist in resident relocation if the assisted living facility elects to voluntarily close the facility.

This section is effective August 1, 2022.

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**50 Notice to residents.**

Amends § 144G.57, subd. 5. Requires a notice of assisted living facility closure provided to facility residents to include the contact information for the ombudsman for mental health and developmental disabilities.

This section is effective August 1, 2022.

**51 Initial reviews, assessments, and monitoring.**

Amends § 144G.70, subd. 2. Makes a technical change.

This section is effective August 1, 2022.

**52 Service plan, implementation, and revisions to service plan.**

Amends § 144G.70, subd. 4. Requires an assisted living facility, when providing residents with information about changes to facility fees for services, to also provide information on how to contact the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**53 Demonstrated capacity.**

Amends § 144G.80, subd. 2. Modifies the criteria the commissioner must consider when evaluating an application for licensure as an assisted living facility with dementia care, to require the commissioner to consider the experience of the applicant's assisted living director, managerial official, and clinical nurse supervisor in managing residents with dementia or their previous long-term care experience. Requires a consultant to be employed for the first six months of operation if an applicant's assisted living director and clinical nurse supervisor do not have experience with residents with dementia.

This section is effective August 1, 2022.

**54 Assisted living bill of rights; notification to resident.**

Amends § 144G.90, subd. 1. Makes a technical change to a required notice to assisted living facility residents.

This section is effective August 1, 2022.

**55 Notice to residents.**

Adds subd. 6 to § 144G.90. Specifies content of a notice that must be provided to an assisted living facility resident, legal representative, or designated representative as part of any notice required under chapter 144G or rules to include information on

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the Office of Ombudsman for Long-Term Care or Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**56 Personal and treatment privacy.**

Amends § 144G.91, subd. 13. Removes language from the Assisted Living Bill of Rights providing that assisted living facility staff are not required to knock and seek consent to enter a resident's space when knocking and seeking consent are clearly inadvisable. With this change, staff must still knock and seek consent before entering a resident's space except in an emergency or unless documented in the resident's service plan.

This section is effective August 1, 2022.

**57 Access to counsel and advocacy services.**

Amends § 144G.91, subd. 21. Amends the Assisted Living Bill of Rights, to provide that assisted living facility residents have the right to access to representatives of the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**58 Retaliation prohibited.**

Amends § 144G.92, subd. 1. Prohibits an assisted living facility from retaliating against a resident for seeking assistance from or reporting a crime or concern to the Office of Ombudsman for Mental Health and Developmental Disabilities.

This section is effective August 1, 2022.

**59 Consumer advocacy and legal services.**

Amends § 144G.93. Adds the Office of Ombudsman for Mental Health and Developmental Disabilities to the list of organizations for which an assisted living facility must provide residents with the names and contact information, upon execution of an assisted living contract.

This section is effective August 1, 2022.

**60 Office of Ombudsman for Long-Term Care and Office of Ombudsman for Mental Health and Developmental Disabilities.**

Amends § 144G.95. Provides that the Office of Ombudsman for Mental Health and Developmental Disabilities and its representatives are immune from liability for performing duties specified in law, and states that data collected or received by the

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Office of Ombudsman for Mental Health and Developmental Disabilities are classified in another law.

This section is effective August 1, 2022.

**61 Fetal alcohol spectrum disorders prevention grants.**

Requires the commissioner of health to award a grant to a statewide organization that focuses solely on fetal alcohol spectrum disorders prevention and intervention. That organization must make subgrants to eligible regional collaboratives to reduce the incidence of fetal alcohol spectrum disorders and other prenatal drug-related effects by identifying and serving pregnant women who use or abuse alcohol or other drugs. Defines eligible regional collaboratives. Requires collaboratives to annually report to the grant recipient on services and programs funded by the subgrant, and requires the grant recipient to annually submit a summary report to the commissioner of health. (This language is currently found in section 254A.21 and is being moved to this section, except this section directs the commissioner of health to issue the grant. Section 254A.21 is being repealed.)

This section is effective July 1, 2023.

**62 Facilities serving children or adults licensed or regulated by the Department of Health.**

Amends § 245C.03, subd. 5a. In para. (a), adds license applicants, managerial officials, owners, and controlling individuals of nursing homes or assisted living facilities to the list of individuals for whom the commissioner of human services must conduct background studies. A new para. (b) prohibits the commissioner of human services from conducting background studies on individuals who provide services in Health Department-licensed health care facilities or providers, if the individuals are licensed by a health-related licensing board and completed background check requirements as part of that licensure process. Requires the entity affiliated with these individuals to separate these individuals from the entity's roster for NETStudy 2.0.

This section is effective the day following final enactment.

**63 Board determines disciplinary or corrective action.**

Amends § 245C.31, subd. 1. Requires the commissioner of human services to notify a health-related licensing board if the commissioner determines an individual licensed by the board and included on the board's roster list is responsible for substantiated maltreatment. Requires the board to determine whether to impose disciplinary or corrective action on the individual.

This section is effective February 1, 2023.



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**64 Commissioner's notice to board.**

Amends § 245C.31, subd. 2. Makes changes to conform with the elimination of multiple background study requirements for individuals licensed by a health-related licensing board and affiliated with a facility licensed by the commissioner of health. Strikes a paragraph specifying the content of notices from the commissioner of human services to a health-related licensing board regarding individuals responsible for substantiated maltreatment, and strikes a paragraph requiring the commissioner to send a notice to the subject of the background study.

This section is effective February 1, 2023.

**65 Agreements with health-related licensing boards.**

Adds subd. 3a to § 245.31. Requires the commissioner of human services and each health-related licensing board to enter into an agreement for the board to provide the commissioner with a daily roster list of individuals licensed by the board in active status. Lists information that must be included on the roster list.

This section is effective August 1, 2022.

**66 Maltreatment study; fees.**

Adds subd. 3b to § 245C.31. Allows a health-related licensing board to collect an additional fee from licensees for the board's apportioned cost of the requirement to submit a daily roster list of licensees to the commissioner of human services. Requires the administrative services unit to apportion the cost of submitting a daily roster list to the commissioner of human services, to be paid through the additional fee collected by each board. Specifies how the apportioned amount is determined.

This section is effective August 1, 2022.

**67 Grant programs; chemical dependency treatment support grants.**

Amends Laws 2021, First Special Session ch. 7, art. 16, § 2, subd. 33. Adjusts the base for this Department of Human Services budget activity in fiscal years 2024 and 2025 to account for the transfer of the fetal alcohol spectrum disorders prevention grant program from the commissioner of human services to the commissioner of health.

**68 Health improvement.**

Amends Laws 2021, First Special Session ch. 7, art. 16, § 3, subd. 2. Adjusts the base for this Department of Health budget activity in fiscal years 2024 and 2025 to account for the transfer of the fetal alcohol spectrum disorders prevention grant program from the commissioner of human services to the commissioner of health.

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- 69     **Direction to commissioner of health; J-1 visa waiver program recommendation.**  
In administering the program to issue recommendations for the J-1 visa waiver program, requires the commissioner of health to allow an applicant to submit evidence that the foreign medical graduate for whom a waiver is sought is licensed to practice medicine in Minnesota, instead of evidence that the foreign medical graduate passed steps 1, 2, and 3 of the United States Medical Licensing Examination.
- 70     **Appropriation; elimination of duplicative background studies.**  
Appropriates \$522,000 in fiscal year 2023 from the state government special revenue fund to the commissioner of human services to implement provisions to eliminate duplicative background studies. Sets the base for this appropriation for fiscal years 2024, 2025, 2026, and 2027.
- 71     **Revisor instruction.**  
Directs the revisor of statutes to make any necessary cross-reference changes because of amendments in this article to the listed nursing home licensure statutes.
- 72     **Repealer.**  
Para. (a) repeals § 254A.21 effective July 1, 2023 (fetal alcohol spectrum disorders prevention grants administered by the commissioner of human services; these grants are being transferred to the commissioner of health).  
  
Para. (b) repeals § 144G.07, subd. 6 (provides that § 144G.07 does not affect the rights and remedies available to vulnerable adults under section 626.557. Section 144G.07, subsd. 1 to 5, expired July 31, 2021, and subd. 6 is the only text remaining in that section).

## **Article 2: Health Care**

This article makes changes related to the administration of DHS health care programs. The article also modifies requirements related to the treatment of intractable pain.

**Section Description - Article 2: Health Care**

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- 1     **Consumer information.**  
Amends § 62J.2930, subd. 3. Makes a conforming change, updating a cross-reference to the ombudsperson for managed care.
- 2     **Intractable pain.**  
Amends § 152.125.

**Section Description - Article 2: Health Care**

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**Subd. 1. Definitions.** Provides new definitions of: drug diversion, palliative care, and rare disease. Also modifies the definition of intractable pain to list associated conditions and to allow an advanced practice registered nurse and physician assistant to evaluate patients for intractable pain. Makes various clarifying changes.

**Subd. 1a. Criteria for the evaluation and treatment of intractable pain.** Provides that the evaluation and treatment of intractable pain is governed by the following criteria:

- 1) a diagnosis of intractable pain by a treating physician, advanced practice registered nurse, or physician assistant and by either a physician, advanced practice registered nurse, or physician assistant specializing in pain medicine or a physician, advanced practice registered nurse, or physician assistant treating the part of the body that is the source of pain, is sufficient to meet the definition of intractable pain; and
- 2) the cause of the diagnosis of intractable pain must not interfere with medically necessary treatment, including but not limited to prescribing or administering a controlled substance.

**Subd. 2. Prescription and administration of controlled substances for intractable pain.** (a) Adds references to advanced practice registered nurses and physician assistants prescribing or administering a controlled substance in the course of treatment of intractable pain. Provides that advanced practice registered nurses shall not be subject to disciplinary action by the Board of Nursing for appropriately prescribing or administering a controlled substance for intractable pain if specified conditions are met. Adds as a new condition that physicians, advanced practice registered nurses, and physician assistants enter into a patient-provider agreement.

(b) Provides that a physician, advanced practice registered nurse, or physician assistant, acting in good faith and based on the needs of the patient, shall not be subject to disenrollment or termination by the commissioner of health solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent (MME) dosage recommendations or thresholds specified in state or federal opioid prescribing guidelines or policies. Specifies that these guidelines or policies include, but are not limited to: the Guideline for Prescribing Opioids for Chronic Pain issued by the Center for Disease Control and Prevention and Minnesota opioid prescribing guidelines.

(c) Prohibits a physician, advanced practice registered nurse, or physician assistant treating intractable pain from tapering a patient's controlled substance medication solely to meet a predetermined MME dosage recommendation or threshold, if the patient is stable and compliant with the treatment plan, is not

**Section Description - Article 2: Health Care**

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experiencing serious harm from the level of medication, and is in compliance with the patient-provider agreement.

(d) Provides that a decision to taper a patient's medication dosage must be based on factors other than an MME recommendation or threshold.

(e) Prohibits a pharmacist, health plan company, or pharmacy benefit manager from refusing to fill a prescription for an opiate based solely on the prescription exceeding a predetermined MME dosage recommendation or threshold. Requires health plan companies that participate in MA and MinnesotaCare, and related PBMs, to comply with federal SUPPORT Act requirements related to safety edits and claims review.

**Subd. 3. Limits on applicability.** Provides that the section does not apply to patients known to be using controlled substances for drug diversion. Also makes clarifying and conforming changes.

**Subd. 4. Notice of risks.** Makes conforming changes, adding references to advanced practice registered nurses and physician assistants and the patient-provider agreement. Also requires discussions of treatment for intractable pain using controlled substances to be held with the patient's legal guardian, if applicable.

**Subd. 5. Patient-provider agreement.** (a) Before treating a patient for intractable pain, requires a physician, advanced practice registered nurse, or physician assistant, and the patient or legal guardian if applicable, to mutually agree to the treatment and enter into a patient-provider agreement. Requires the agreement to include a description of the prescriber's and patient's expectations, responsibilities, and rights according to best practices and current standards of care.

(b) Requires the agreement to be signed by the parties, and included in the patient's medical records. Requires a copy of the signed agreement to be provided to the patient.

(c) Requires the agreement to be reviewed by the patient and the provider annually. Specifies requirements related to updated and revised agreements.

(d) Provides that nonadherence with the agreement must not be used as the sole reason to stop a patient's treatment with scheduled drugs, absent clear evidence of drug diversion. Specifies related requirements related to patient evaluation.

(e) States that a patient-provider agreement is not required in an emergency or inpatient hospital setting.

**Section Description - Article 2: Health Care**

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**3 Dental utilization report.**

Amends § 256B.0371, subd. 4, as amended. Requires the annual DHS reports to the legislature on dental utilization to include, beginning with the report due March 15, 2023, the following information on dental provider enrollment:

- 1) the number of dentists enrolled as MA dental providers and the congressional districts each dentist serves;
- 2) the number of enrolled dentists who provided services under fee-for-service within the previous coverage year and the number of patients in specified increments;
- 3) the number of enrolled dentists who provided services through a managed care or county-based purchasing plan within the previous coverage year and the number of patients in specified increments; and
- 4) the number of dentists who provided services to a new patient enrolled in MA or MinnesotaCare within the previous coverage year.

Requires the March 15, 2023, report to include the information listed above for each of the following years: 2017, 2018, 2019, 2020, and 2021.

**4 Subsidized foster children.**

Amends § 256B.055, subd. 2. Clarifies that automatic MA eligibility for children in foster care who are not Title IV-E eligible also applies to those children placed in foster care as determined by Minnesota Statutes or receiving kinship assistance. Provides that this section is effective the day following final enactment.

**5 Treatment of trusts.**

Amends § 256B.056, subd. 3b. Inserts a policy statement related to trusts, that is in a section repealed in the bill (§ 501C.1206), into a new section of law. Provides that the section is effective the day following final enactment.

**6 Asset limitations for families and children.**

Amends § 256B.056, subd. 3c. Moves language in current law that exempts children under age 21 from the MA asset limit to the section of law dealing with asset limits for families and children. The exemption in current law is in a section dealing with persons who have disabilities or are age 65 or older; the bill repeals that section.

**7 Treatment of annuities.**

Amends § 256B.056, subd. 11. Makes a conforming change in a cross-reference to reflect changes made in § 256B.0595, subd. 1. Provides that the section is effective the day following final enactment.

**Section Description - Article 2: Health Care**

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**8 Prohibited transfers.**

Amends § 256B.0595, subd. 1. Strikes language that made certain transfers from annuities subject to the look-back period for purposes of determining MA eligibility (this provision no longer applies due to changes in federal law). Provides that this section is effective the day following final enactment.

**9 Investigational drugs, biological products, devices, and clinical trials.**

Amends § 256B.0625, subd. 64. Strikes language prohibiting MA and the EPSDT program from covering services related to the use of drugs, biological products, or devices that are part of clinical trials. States that MA does not cover items or services provided solely to satisfy data collection and analysis for a clinical trial, that are not for direct clinical management of the enrollee.

**10 Program implementation.**

Amend § 256B.0638, subd. 5. Provides that the commissioner may not disenroll a physician, advanced practice registered nurse, or physician assistant, who is acting in good faith based on the needs of the patient, solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent dosage recommendations.

**11 Annual report on provider reimbursement rates.**

Amends § 256B.69, subd. 9f. Requires the annual DHS report to the legislature on managed care and county-based purchasing plan provider reimbursement rates to include information on reimbursement rates for substance use disorder services.

**12 Ombudsperson for managed care.**

Adds § 256B.6903. Provides updated and more detailed language to govern the operation of the DHS ombudsperson for managed care.

**Subd. 1. Definitions.** Defines terms.

**Subd. 2. Ombudsperson.** Requires the commissioner to designate an ombudsperson to advocate for managed care enrollees. Requires prepaid health plans to inform enrollees at the time of enrollment about the ombudsperson.

**Subd. 3. Duties and cost.** (a) Requires the ombudsperson to ensure that enrollees receive covered services by:

- 1) providing assistance and education to enrollees upon request, related to benefits or services, billing and access, or the grievance, appeal, or state fair hearing process;
- 2) using an informal review process related to benefits, with enrollee permission and at the discretion of the ombudsperson;

**Section Description - Article 2: Health Care**

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- 3) assisting enrollees, when requested, with prepaid health plan grievances, appeals, or the state fair hearing process;
- 4) overseeing, reviewing, and approving enrollee documents related to grievances, appeals, and state fair hearings;
- 5) reviewing state fair hearing and requests for external review; overseeing entities under contract to provide external reviews, processes, and payments; and using aggregated results of external reviews to recommend benefit policy changes; and
- 6) training managed care advocates.

(b) Prohibits the ombudsperson from charging an enrollee for services performed.

**Subd. 4. Powers.** Gives the ombudsperson authority to:

- 1) gather information and evaluate any practice or other action by a prepaid health plan, state human services agency, county, or Tribe; and
- 2) prescribe the methods by which complaints are made, received, and acted upon.

**Subd. 5. Data.** (a) Requires the data analyst employed by the ombudsperson to review and analyze prepaid health plan data on denial, termination, and reduction notices, grievances, appeals, and state fair hearings. Assigns specified duties.

(b) Requires data observations and trends under this subdivision to be shared with the ombudsperson, prepaid health plans, and commissioner's partners.

**Subd. 6. Collaboration and independence.** (a) Requires the ombudsperson to work in collaboration with the commissioner and the commissioner's partners, when this does not interfere with the ombudsperson's duties.

(b) States that the ombudsperson may act independently of the commissioner when providing information or testimony to the legislature, and contacting and making reports to federal and state officials.

**Subd. 7. Civil actions.** Provides that the ombudsperson is not civilly liable for actions under this section, if the action was taken in good faith, within the scope of authority, and did not constitute willful or reckless misconduct.

States that the section is effective the day following final enactment.

**Section Description - Article 2: Health Care**

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**13 Ombudsman.**

Amends § 256B.77, subd. 13. Makes a conforming change, updating a cross-reference to the ombudsperson for managed care.

**14 Direction to the commissioner of human services; enteral nutrition and supplies.**

Prohibits the commissioner of human services from adjusting rates paid for enteral nutrition and supplies, effective from the effective date of this section through June 30, 2023. Provides that the section is effective the day following final enactment.

**15 Temporary telephone-only telehealth authorization.**

Provides that telehealth visits provided through telephone may satisfy the face-to-face requirements for reimbursement under payment methods that apply to federally qualified health centers, rural health clinics, Indian health service, 638 Tribal clinics, and certified community behavioral health clinics, beginning July 1, 2021, and until the end of the COVID-19 federal public health emergency or July 1, 2023, whichever is earlier. States that the section is effective retroactively from July 1, 2021, and expires when the federal public health emergency ends or July 1, 2023, whichever is earlier.

**16 Repealer.**

(a) Repeals § 256B.057, subd. 7 (language exempting children from any MA asset requirement that is placed in a section of law related to persons with disabilities or over age 65), effective July 1, 2022.

(b) Repeals § 256B.69, subd. 20 (ombudsperson for managed care), § 501C.0408, subd. 4 (conforming change to repeal of § 501C.1206), and § 501C.1206, the day following final enactment. This last section contains language that previously functioned to make irrevocable trusts revocable for purposes of determining financial eligibility for MA for long-term care costs. The repeal of this section reflects a 2021 Minnesota Court of Appeals decision that held that federal law, rather than this provision of state law, applied to these eligibility determinations.

## **Article 3: Health-Related Licensing Boards**

This article modifies practice supervision requirements for certain mental health professionals to allow all hours to be completed via telesupervision, modifies certain dental licensure requirements and fees and appropriates money to the Board of Dentistry, and expands the practice of pharmacy to allow pharmacists to administer any prescribed intramuscular or subcutaneous medication and place drug monitoring devices. The article also modifies the date after which completion of a podiatry residency program is required, provides temporary requirements governing ambulance service operations and the provision of emergency medical



services, corrects appropriations to the Emergency Medical Services Regulatory Board, permits a collaborative practice dental hygienist to be employed by a licensed dentist, and permits nurses whose licenses have lapsed to apply for reregistration to work at a nursing home or assisted living facility.

**Section Description - Article 3: Health-Related Licensing Boards**

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- 1 Supervision requirement; postgraduate experience.**  
Amends § 148B.33 by adding subd. 1a. Requires the Board of Marriage and Family Therapy to allow applicants to satisfy supervised postgraduate experience requirements entirely with supervision provided via real-time, two-way interactive audio and visual communication. Provides an immediate effective date.
- 2 Supervision.**  
Amends § 148B.5301, subd. 2. Requires the Board of Behavioral Health and Therapy to allow licensed professional clinical counselor applicants to satisfy supervised professional practice requirements entirely with supervision received via real-time, two-way interactive audio and visual communication. Provides an immediate effective date.
- 3 Types of supervision.**  
Amends § 148E.100, subd. 3. Modifies social worker supervision requirements; requires the Board of Social Work to allow licensed social workers to satisfy supervision requirements entirely with supervision received via eye-to-eye electronic media, while maintaining visual contact. Provides an immediate effective date.
- 4 Types of supervision.**  
Amends § 148E.105, subd. 3. Modifies graduate social worker supervision requirements; requires the Board of Social Work to allow licensed graduate social workers who do not engage in clinical practice to satisfy supervision requirements entirely with supervision received via eye-to-eye electronic media, while maintaining visual contact. Provides an immediate effective date.
- 5 Types of supervision.**  
Amends § 148E.106, subd. 3. Modifies graduate social worker supervision requirements; requires the Board of Social Work to allow licensed graduate social workers engaged in clinical practice to satisfy supervision requirements entirely with supervision received via eye-to-eye electronic media, while maintaining visual contact. Provides an immediate effective date.
- 6 Supervision; clinical social work practice after licensure as licensed independent social worker.**  
Amends § 148E.110, subd. 7. Modifies licensed independent social worker supervision requirements; requires the Board of Social Work to allow licensed

**Section Description - Article 3: Health-Related Licensing Boards**

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independent social workers engaged in clinical practice to satisfy supervision requirements entirely with supervision received via eye-to-eye electronic media, while maintaining visual contact. Provides an immediate effective date.

**7 Specialty dentists.**

Amends § 150A.06, subd. 1c. Removes the following requirements for specialty dentist licensure:

- two character references for each specialty area;
- licensed physician statement attesting to the applicant's physical and mental condition;
- a statement from an ophthalmologist or optometrist attesting to the applicant's visual acuity; and
- a notarized photograph.

**8 Guest license.**

Amends § 150A.06, subd. 2c. Strikes language limiting fees for guest licensure; makes technical changes.

**9 Display of name and certificates.**

Amends § 150A.06, subd. 6. Makes clarifying change to require all licensees and registrants to display renewal certificates.

**10 Licensure by credentials for dental therapy.**

Amends § 150A.06 by adding subd. 12. Adds subdivision allowing dental therapists to apply for licensure based on an evaluation of the applicant's education, experience, and performance record. Allows the board to interview an applicant to determine specified qualifications; allows the board the discretion to waive specific licensure requirements. Specifies when a board must license an applicant or deny an application for licensure; allows a licensure candidate under this subdivision to appeal a denied application.

**11 Licenses or registration certificates.**

Amends § 150A.09. Makes clarifying changes.

**12 Application and initial license or registration fees.**

Amends § 150A.091, subd. 2. Modifies fees by combining existing fees; adds guest license fee; makes clarifying change.

**13 Biennial license or registration renewal fees.**

Amends § 150A.091, subd. 5. Makes clarifying change.

**Section Description - Article 3: Health-Related Licensing Boards**

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- 14      **Duplicate license or certificate fee.**  
Amends § 150A.091, subd. 8. Removes fee for wallet-sized license and renewal certificates.
- 15      **Licensure by credentials.**  
Amends § 150A.091, subd. 9. Modifies fees for licensure by credentials; adds dental therapist licensure by credential fee.
- 16      **Failure to practice with a current license.**  
Amends § 150A.091 by adding subd. 21. Establishes penalty fees and administrative actions for when a licensee practices without a current license and pursues reinstatement.
- 17      **Delegating regulated procedures to an individual with a terminated license.**  
Amends § 150A.091 by adding subd. 22. Establishes penalty fees and administrative actions for when a dentist or dental therapist delegates regulated procedures to another dental professional whose license has been terminated.
- 18      **Collaborative practice authorization for dental hygienists in community settings.**  
Amends §150A.10, subd. 1a. Permits a collaborative practice dental hygienist to be employed by a licensed dentist. Requires the commissioner of human services to annually report to the Board of Dentistry on the services provided by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees during the previous calendar year.
- 19      **Definitions.**  
Amends §150A.105, subd. 8. Modifies cross-reference.
- 20      **Practice of pharmacy.**  
Amends § 151.01, subd. 27. Modifies the definition of “practice of pharmacy” by allowing pharmacists to provide intramuscular and subcutaneous administration of any drug under a prescription drug order, rather than only drugs used for the treatment of alcohol or opioid dependence.  
  
Adds clause (13), allowing pharmacists to participate in the placement of drug monitoring devices under a prescription, protocol, or collaborative practice agreement.
- 21      **License requirements.**  
Amends § 153.16, subd. 1. Modifies podiatry licensing requirements to allow podiatrists who graduated from podiatric medical school before 1990 (previously

**Section Description - Article 3: Health-Related Licensing Boards**

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1986) to be licensed without successful completion of a residency program. Provides an immediate effective date.

**22 Emergency Medical Services Regulatory Board.**

Corrects appropriations to the Emergency Medical Services Regulatory Board, by eliminating fiscal year 2022 and 2023 appropriations for regional grants for continuing education, and instead adding those amounts to the money appropriated in fiscal years 2022 and 2023 for distribution to regional emergency medical services systems for the purposes specified in section 144E.50 and establishing a general fund base for fiscal years 2024 and 2025.

Makes this section effective the day following final enactment.

**23 Temporary requirements governing ambulance service operations and the provision of emergency medical services.**

**Subd. 1. Application.** Allows an ambulance service to operate, and emergency medical technicians, advanced emergency medical technicians, and paramedics to provide, services according to this section, notwithstanding chapter 144E.

**Subd. 2. Definitions.** Defines the following terms for purposes of this section:

- “Advanced emergency medical technician”
- “Advanced life support”
- “Ambulance”
- “Ambulance service personnel”
- “Basic life support”
- “Board”
- “Emergency medical technician”
- “Paramedic”
- “Primary service area”

**Subd. 3. Staffing.** Paragraph (a) allows an ambulance providing basic life support to be staffed with one EMT and a driver, for emergency ambulance calls and interfacility transfers in the ambulance service’s primary service area.

Paragraph (b) allows an ambulance providing advanced life support to be staffed with a driver and one paramedic, registered nurse who meets certain requirements, or physician assistant who meets certain requirements, for emergency ambulance calls and interfacility transfers in the ambulance service’s primary service area.

**Section Description - Article 3: Health-Related Licensing Boards**

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Paragraph (c) requires the ambulance service director and medical director to approve ambulance staffing under this subdivision.

Paragraph (d) requires an ambulance service staffing an ambulance under this subdivision to immediately notify the Emergency Medical Services Regulatory Board (EMSRB); specifies notice requirements.

Paragraph (e) allows the EMSRB to temporarily suspend, prohibit an ambulance driver under this subdivision from driving, or put conditions on the driver's ability to drive, for specified acts committed.

**Subd. 4. Use of expired emergency medications and medical supplies.** Allows ambulance service personnel to use an emergency medication or medical supply for up to six months after the product's expiration date when the ambulance service experiences a shortage, under specified conditions; requires consultation with the Board of Pharmacy and record keeping, with written records submitted to the EMSRB.

**Subd. 5. Provision of emergency medical services after certification expires.** Allows an ambulance service director to authorize an emergency medical technician, advanced emergency medical technician, or paramedic to provide emergency medical services for up to three months after the certification of the emergency medical technician, advanced emergency medical technician, or paramedic expires; requires the ambulance service to notify the EMSRB when such authorization occurs.

**Subd. 6. Reports.** Requires the EMSRB to provide quarterly reports to the legislature on actions taken under this section; specifies dates for reports and information that must be included.

**Subd. 7. Expiration.** Provides a January 1, 2024, expiration for the section.

Provides an immediate effective date.

24 **Expedited reregistration for lapsed nursing licenses.**

Amends § 150A.10, subd. 1a. Permits a collaborative practice dental hygienist to be employed by a licensed dentist. Requires the commissioner of human services to annually report to the Board of Dentistry on the services provided by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees during the previous calendar year.

**Section Description - Article 3: Health-Related Licensing Boards**

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- 25     **Appropriation; Board of Dentistry.**  
Appropriates \$3,000 in fiscal year 2023 in onetime funding from the state government special revenue fund to the Board of Dentistry to process new credential applications and administer fines.
- 26     **Repealer.**  
Repeals § 150A.091, subdivisions 3 (initial license or permit fees), 15 (verification of licensure fee), and 17 (advanced dental therapy examination fee).

**Article 4: Community Supports and Behavioral Health Policy**

This article makes technical, clarifying, and policy changes to various community supports programs including mental health treatment services for children and adults, certified community behavioral health clinics, the corporate foster care moratorium, group home and ICF/DD licensed capacity, integrated community supports, mental health uniform service standards, substance use disorder treatment, assertive community treatment, telehealth services, personal care assistance, long-term care assessment and support planning, intensive treatment in foster care, early intensive developmental and behavioral interventions, and long-term homeless supportive services.

**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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- 1     **Definitions.**  
Amends § 62A.673, subd. 2. Modifies the definition of “health care provider” for purposes of the Minnesota Telehealth Act, by updating cross references and adding mental health clinical trainees.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 2     **Other professionals.**  
Amends § 148F.11, subd. 1. Strikes cross-reference and makes clarifying change.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 3     **Case management service provider.**  
Amends § 245.462, subd. 4. Specifies that a case manager may be a mental health practitioner; clarifies that a case manager who is not a mental health practitioner and who does not have a bachelor’s degree in a specified field must meet additional requirements listed in the subdivision.

**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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- 4 Diagnostic assessment.**  
Amends § 245.467, subd. 2. Makes clarifying changes.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 5 Individual treatment plans.**  
Amends § 245.467, subd. 3. Makes clarifying changes.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 6 Individual treatment plan.**  
Amends § 245.4871, subd. 21. Adds paragraph (b), exempting licensed children’s residential facilities from existing individual treatment plan requirements and providing new requirements for those facilities.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 7 Diagnostic assessment.**  
Amends § 245.4876, subd. 2. Makes clarifying changes; adds diagnostic assessment requirements for licensed children’s residential facilities.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 8 Individual treatment plans.**  
Amends § 245.4876, subd. 3. Makes clarifying changes; exempts licensed children’s residential facilities from existing individual treatment plan requirements and specifies requirements for those facilities.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 9 Certified community behavioral health clinics.**  
Amends § 245.735, subd. 3. Makes technical changes.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 10 Licensing moratorium.**  
Amends § 245A.03, subd. 7. Modifies the corporate foster care moratorium by removing an obsolete exception to the moratorium.  
  
Provides an immediate effective date.

**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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**11 Permitted single-family residential use.**

Amends § 245A.11, subd. 2. Adds a paragraph that allows licensed residential services provided to more than four persons with developmental disabilities in a supervised living facility with a licensed capacity of seven to eight persons to be considered a permitted single-family residential use of property for the purposes of zoning and other land use regulations, unless otherwise provided in any town, municipal, or county zoning regulation. Allows a local zoning authority to require a conditional use or special use permit to assure proper maintenance and operation of the residential program. Prohibits conditions imposed on the residential program from being more restrictive than those imposed on other conditional uses or special uses of residential property in the same zones, unless the additional conditions are necessary to protect the health and safety of the persons being served by the program. Makes this paragraph expire July 1, 2023. Provides a July 1, 2022, effective date.

**12 Adult foster care and community residential setting license capacity.**

Amends § 245A.11, subd. 2a. Increases from five to six the maximum number of beds allowed in adult foster care and community residential settings under existing temporary variances to capacity limits in those settings. Specifies that adult foster care and community residential setting licenses with a capacity of up to six adults are not required to be licensed as an adult mental health program. Provides that this section is effective upon federal approval. Makes the increases in licensed capacity under temporary variances expire 356 calendar days after federal approval is obtained and revives and reenacts the previous limits on capacity as of that date. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**13 Residential programs in intermediate care facilities; license capacity.**

Amends § 245A.11, by adding subd. 2c. Allows the commissioner to increase the licensed capacity for licensed residential services provided to more than four persons with developmental disabilities in a supervised living facility to seven or eight if the seventh or eighth bed does not increase the overall statewide capacity in intermediate care facilities for persons with developmental disabilities. Allows the capacity of the license to remain at the increased number of persons, if the licensed capacity is increased. Makes this subdivision expire July 1, 2023. Provides a July 1, 2022, effective date.

**14 Integrated community supports; setting capacity report.**

Amends § 245D.12. Adds to the information that must be provided in an integrated community support setting capacity report by including information on the total



**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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number of people who could reside in the living units in certain multifamily housing buildings and receive integrated community supports.

Provides an immediate effective date.

**15 Guest speaker.**

Amends §245G.01 by adding subd. 13b. Defines “guest speaker” for purposes of substance use disorder program licensing and requirements.

**16 Use of guest speakers.**

Amends §245G.07 by adding subd. 3a. Outlines requirements for a substance use disorder treatment program license holder to allow a guest speaker to present information to clients as part of a treatment service.

**17 Provider policies and procedures.**

Amends §245G.12. Requires guest speaker service requirements to be included in a license holder’s written manual.

**18 Level of care assessment.**

Amends § 245I.02, subd. 19. Allows a level of care assessment to be completed using another decision support tool authorized by the commissioner.

**19 Staff person.**

Amends § 245I.02, subd. 36. Modifies definition of “staff person” to include a person who does not provide direct contact services to clients, but does have physical access to clients.

Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**20 Health services and medications.**

Modifies cross-reference. Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**21 Volunteers.**

Amends § 245I.03, subd. 9. Clarifies that a license holder must only have policies and procedures for using volunteers if the license holder uses volunteers.

Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**22 Mental health practitioner qualifications.**

Amends § 245I.04, subd. 4. Adds language allowing social work, psychology, or counseling clinical trainees to qualify as mental health practitioners.

**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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- Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 23     **Initial training.**  
Amends § 2451.05, subd. 3. Makes technical change.
- Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 24     **Progress notes.**  
Amends § 2451.08, subd. 4. Removes requirement for printed name of the staff person to be included in a progress note.
- Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 25     **Record retention.**  
Amends § 2451.09, subd. 2. Requires a license holder to retain records for a minimum of five years when the license holder closes a program, rather than when the license holder ceases to provide services to a client.
- Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 26     **Generally.**  
Amends § 2451.10, subd. 2. Modifies cross-reference.
- Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 27     **Standard diagnostic assessment; required elements.**  
Amends § 2451.10, subd. 6. Makes technical change.
- Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 28     **Treatment supervision specified.**  
Amends § 2451.20, subd. 5. Makes clarifying change to require documentation of a case review.
- 29     **Additional policy and procedure requirements.**  
Amends § 2451.23, subd. 22. Modifies cross-references.
- Makes this section effective July 1, 2022, or upon federal approval, whichever is later.
- 30     **Rate requirements.**  
Amends § 254B.05, subd. 5. Modifies cross-references.

**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**31 Definitions.**

Amends § 256B.0622, subd. 2. Makes clarifying changes to assertive community treatment crisis assessment and intervention definition.

Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**32 Telehealth.**

Amends § 256B.0625, subd. 3b. Modifies cross-references and makes clarifying changes. Modifies paragraph (d) to specify that telehealth visits via accessible video-based platforms may satisfy face-to-face reimbursement requirements when services are provided under certain payment methods. Strikes paragraph (e), which allowed for verbal or electronic written approval of a client’s treatment plan in lieu of the client’s signature. Modifies definition of “telehealth” to clarify video requirements. Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**33 Personal care assistance choice option; qualifications; duties.**

Amends § 256B.0659, subd. 19. Removes obsolete language and makes technical changes.

**34 Dialectical behavioral therapy.**

Amends § 256B.0671, subd. 6. Removes age eligibility requirement for dialectical behavioral therapy covered by medical assistance in intensive mental health outpatient treatment.

Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**35 Assessment and support planning.**

Amends § 256B.0911, subd. 3a. Makes technical changes and removes certain limitations on remote long-term care consultation services reassessments.

**36 Case management services.**

Amends § 256B.092, subd. 1a. Requires county agencies that contract for case management services under the MA disability waiver to provide each recipient of home and community-based services who is receiving contracted case management services with the contact information the recipient may use to file a grievance with the county agency about the quality of the contracted services the recipient is receiving from a county-contracted case manager.

**37 Required covered service components.**

Amends § 256B.0946, subd. 1. Modifies cross-reference.

**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**38 Definitions.**

Amends § 256B.0947, subd. 2. Removes paragraph from “transition services” definition for purposes of intensive rehabilitative mental health services.

**39 Service standards.**

Amends § 256B.0947, subd. 6. Modifies required updates for level of care assessments and function assessments from every 90 days to every six months; removes language requiring individual treatment plan review at least every 90 days.

Makes this section effective July 1, 2022, or upon federal approval, whichever is later.

**40 Definitions.**

Amends § 256B.0949, subd. 2. Adds a definition for “advanced certification” under the early intensive developmental and behavioral interventions (EIDBI) program.

**41 Refining the benefit with stakeholders.**

Amends § 256B.0949, subd. 8. Clarifies that the commissioner of human services must continue to consult with stakeholders before making revisions to the EIDBI benefit or making statutory changes.

**42 Covered services.**

Amends § 256B.0949, subd. 13. Requires EIDBI providers with advanced certification overseeing implementation to document required qualifications for the treatment model used in a manner determined by the commissioner. Clarifies the meaning of intervention with a higher provider ratio. Makes qualified supervision professional attendance at a coordinated care conference optional. Removes the limitation that telehealth services must be provided by a licensed health care provider.

**43 Excluded time.**

Amends § 256G.02, subd. 6. Makes clarifying changes to the definition of “excluded time” for purposes of determining the county of financial responsibility for the provision of integrated community supports and day support services.

**44 Implementation.**

Amends § 256K.26, subd. 2. Includes Tribes in the development of application requirements for long-term homeless supportive services.

**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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- 45      **Outcomes.**  
Amends § 256K.26, subd. 6. Clarifies that Tribes may provide long-term homeless supportive services. Updates terminology.
- 46      **Eligible services.**  
Amends § 256K.26, subd. 7. Clarifies that Tribes may provide long-term homeless supportive services.
- 47      **Qualified professional.**  
Amends § 256P.01, subd. 6a. Makes a conforming cross-reference change.  
  
Makes this section effective July 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 48      **Account creation.**  
Amends § 256Q.06, by adding subd. 6. If an eligible individual is unable to establish his or her own Achieving a Better Life Experience (ABLE) account, allows an ABLE account to be established on behalf of the eligible individual by the eligible individual’s agent under power of attorney or, if none, by the eligible individual’s conservator or legal guardian, spouse, parent, sibling, or grandparent or a representative payee appointed for the eligible individual by the SSA, in that order. This change aligns Minnesota’s ABLE statute with final federal IRS rules.  
  
Provides an immediate effective date.
- 49      **Waivers and modifications; federal funding extension.**  
Amends Laws 2020, First Special Session ch. 7, § 1, subd. 1, as amended by Laws 2021, First Special Session ch. 7, art. 2, § 71. Makes a technical change.
- 50      **Direction to the commissioner; substance use disorder treatment paperwork reduction.**  
Amends Laws 2021, First Special Session chapter 7, article 11, section 38. Removes the deadline for the commissioner to implement paperwork reduction and systems improvements, instead requiring implementation within two years of the commissioner contracting with a qualified vendor.
- 51      **Revisor instruction.**  
Instructs the revisor to change the term “chemical dependency” to “substance use disorder” throughout chapters 245G, 253B, 254A, and 254B and make any related grammatical changes.

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**Section Description - Article 4: Community Supports and Behavioral Health Policy**

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**52 Repealer.**

Repeals sections 254A.04 (Alcohol and Other Drug Abuse Advisory Council, expired June 30, 2018) and 254B.14 (chemical dependency continuum of care pilot projects).

## **Article 5: Community Supports**

This article expands the providers and clients who are subject to service termination requirements under the chapter of statutes governing home and community-based services standards, provides for appeals of service terminations for home and community-based services recipients living in own-home settings, and modifies the MA room and board rate under the housing support program.

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**Section Description - Article 5: Community Supports**

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**1 Service termination.**

Amends § 245D.10, subd. 3a. Broadens service providers and recipients that are subject to service termination requirements under the chapter of statutes governing home and community-based services standards.

**2 State agency hearings.**

Amends § 256.045, subd. 3. Provides for appeals of home and community-based service terminations for persons living in own-home settings.

**3 Medical assistance room and board rate.**

Amends § 256I.03, subd. 6. Modifies the definition of “medical assistance room and board rate” for purposes of the housing support program.

## **Article 6: Behavioral Health**

This article establishes the Opioids, Substance Use, and Addiction Subcabinet, the Governor’s Advisory Council on Opioids, Substance Use, and Addiction, and requires the governor to appoint an addiction and recovery director, modifies requirements for disclosure of mental health data and records to law enforcement, clarifies children’s mental health respite services and federal block grant requirements for Tribes, updates certified community behavioral health hospital provisions, modifies psychiatric residential treatment and children’s therapeutic services and supports (CTSS) program and service requirements, modifies the age limit for intensive nonresidential rehabilitative mental health services, updates grant funding, and modifies eligibility for the transition to community initiative.

**Section Description - Article 6: Behavioral Health**

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**1 Opioids, Substance Use, and Addiction Subcabinet.**

Proposes coding for § 4.406. Codifies an executive order issued by the governor, establishing the Opioids, Substance Use, and Addiction Subcabinet; states purposes and duties of the subcabinet; specifies subcabinet membership. Requires the subcabinet to develop and implement a framework to ensure that the subcabinet's agencies and boards conduct public engagement.

Also establishes the Governor's Advisory Council on Opioids, Substance Use, and Addiction, to advise the subcabinet on the listed purposes and duties; specifies advisory council membership and additional requirements.

Requires the governor to appoint an addiction and recovery director, who will serve as the chair of the subcabinet; lists director duties and requirements.

Requires the commissioner of human services to provide staffing and administrative support to the subcabinet, advisory council, and addiction and recovery director.

Makes this section effective the day following final enactment.

**2 Mental health data.**

Amends § 13.46, subd. 7. Requires mental health data to be provided to law enforcement when a client is involved in a mental health crisis that the law enforcement agency has responded to.

**3 Disclosure to law enforcement agency.**

Amends §144.294, subd. 2. Requires a provider to disclose mental health records to law enforcement when the client is involved in a mental health crisis that a law enforcement agency has responded to; specifies what the disclosure may include; requires the law enforcement agency obtaining the health records to inform the patient that the records were obtained.

**4 Establishment and authority.**

Amends § 245.4889, subd. 1. Modifies respite care services grant items to include children in out-of-home placement who are at risk of a placement change or higher level of care, and cites to subdivision with allowable activities.

**5 Covered respite care services.**

Amends § 245.4889 by adding subd. 4. Lists respite care services, activities, and expenses that are covered under children's mental health grants for respite care services. Makes this section effective July 1, 2022.

**Section Description - Article 6: Behavioral Health**

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- 6 Total funds available; allocation.**  
Amends § 245.713, subd. 2. Eliminates requests for proposals requirements for American Indian Tribes receiving federal block grant allocations. Makes this section effective July 1, 2022.
- 7 Certified community behavioral health clinic services.**  
Amends § 256B.0625, subd. 5m. Specifies that MA covers services provided by not-for-profit CCBHCs; modifies reimbursement from a per-visit model using the prospective payment rate to a per-day model using a provider-specific daily bundled rate and makes corresponding changes.
- 8 Sleeping hours.**  
Amends § 256B.0941 by adding subd. 2a. Specifies that psychiatric residential treatment facilities must provide at least one staff person for every six residents during sleeping hours. Requires a provider to adjust staffing levels based on the residents' clinical needs.
- 9 Definitions.**  
Amends § 256B.0943, subd. 1. Removes the definition of "individual behavioral plan" and modifies the definition of "mental health service plan development" for purposes of children's therapeutic services and supports (CTSS). Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 10 Determination of client eligibility.**  
Amends § 256B.0943, subd. 3. Specifies that CTSS includes development and rehabilitative services that support developmental treatment needs. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 11 Provider entity certification.**  
Amends § 256B.0943, subd. 4. Strikes language so that providers are recertified every three years, on the individual's certification anniversary or calendar year end. Allows the commissioner to approve a recertification extension; outlines requirements for certification, recertification, and decertification processes. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 12 Provider entity clinical infrastructure requirements.**  
Amends § 256B.0943, subd. 6. Removes language regarding individual behavior plans and day treatment program conditions, and direction to a mental health behavioral aide. Requires a mental health professional to determine the appropriate level of supervision for a behavioral health aide. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.



**Section Description - Article 6: Behavioral Health**

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- 13      **Qualifications of individual and team providers.**  
Amends § 256B.0943, subd. 7. Removes mental health practitioner language; day treatment team must only include one mental health professional or clinical trainee. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 14      **Service delivery criteria.**  
Amends § 256B.0943, subd. 9. Removes CTSS day treatment program availability and time requirements; removes two requirements related to individual, family, or group skills training; removes requirements related to mental health behavioral aide services; modifies documentation requirements for when a provider determines that psychotherapy is no longer medically necessary. Removes individual behavior plan and mental health behavioral health aide services language. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 15      **Documentation and billing.**  
Amends § 256B.0943, subd. 11. Adds paragraph specifying that required documentation be completed for each day a child receives a CTSS service. Makes this section effective January 1, 2023, or upon federal approval, whichever is later.
- 16      **Definitions.**  
Amends § 256B.0947, subd. 2. Modifies age range for intensive nonresidential rehabilitative mental health services, for federal compliance.
- 17      **Client eligibility.**  
Amends § 256B.0947, subd. 3. Modifies age range for intensive nonresidential rehabilitative mental health services, for federal compliance.
- 18      **Standards for intensive nonresidential rehabilitative providers.**  
Amends § 256B.0947, subd. 5. Modifies age range for intensive nonresidential rehabilitative mental health services, for federal compliance.
- 19      **Establishment of team.**  
Amends § 626.5571, subd. 1. Adds county corrections agencies and local law enforcement agencies or designees to multidisciplinary adult protection teams.
- 20      **Mental health and health records; written policy required.**  
Proposes coding for § 626.8477. Requires law enforcement agencies that seek or use mental health data or records to establish and enforce a written policy for the use of such records and data. Specifies minimum policy requirements.

**Section Description - Article 6: Behavioral Health**

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- 21     **Grant programs; chemical dependency treatment support grants.**  
Amends Laws 2021, First Special Session chapter 7, article 16, § 2, subd. 33. Adds to the base appropriation for a grant to Anoka County for an enhanced SUD treatment program.
- 22     **Eligibility.**  
Amends Laws 2021, First Special Session ch. 7, art. 17, § 1, subd. 2. Modifies eligibility for the transition to community initiative by removing the requirement that a person must be on the waiting list for Anoka Metro Regional Treatment Center; allows a person to be eligible if the person is in a community hospital.
- 23     **Review of human services structure; recommendation for 2023 legislative session.**  
Requires the addiction and recovery director, established under section 1, to contract with a consultant to conduct an independent review of the structure of the Department of Human Services, focusing on behavioral health service delivery and treatment access. Requires the review to be completed by December 31, 2022.  
  
Requires the subcabinet to submit a recommendation to the legislature for creating a permanent Office of Opioid Use, Substance Use, and Addiction, by December 31, 2022.  
  
Makes this section effective the day following final enactment.
- 24     **Impact on executive order.**  
Specifies that sections 1 and 23 supersede the governor’s executive order, from which the provisions were derived.  
  
Makes this section effective the day following final enactment.
- 25     **Revisor instruction.**  
Instructs the revisor to change the terms “medication-assisted treatment” and “medication-assisted therapy” to “substance use disorder treatment with medications for opioid use disorder” throughout statutes and rules.  
  
Also instructs the revisor to change the term “intensive treatment in foster care” to “children’s intensive behavioral health services” throughout statutes and rules.
- 26     **Repealer.**  
Repeals section 256B.0943, subd. 8a (level II mental health behavioral aide).  
  
Makes this section effective July 1, 2022, or upon federal approval.

## Article 7: Continuing Care for Older Adults Policy

This article establishes remote adult day services licensure requirements and modifies nursing facility payment rate statutes.

### Section Description - Article 7: Continuing Care for Older Adults Policy

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**1 Attendance records for publicly funded services.**

Amends § 245A.14, subd. 14. Removes obsolete language and specifies documentation requirements for adult day services programs designated for remote adult day services.

Provides a January 1, 2023, effective date.

**2 Remote adult day services.**

Creates § 245A.70. Defines “adult day care,” “adult day services,” “remote adult day services,” and “live two-way communication.”

**3 Applicability and scope.**

Creates § 245A.71.

**Subd. 1. Licensing requirements.** Requires adult day care centers and adult day services centers to be licensed under the chapter of statutes governing human services licensing.

**Subd. 2. Standards for licensure.** Requires license holders seeking to provide remote adult day services to submit a request in the manner prescribed by the commissioner. Prohibits remote adult day services from being delivered until approved by the commissioner. Specifies the designation to provide remote services is voluntary for license holders and requires such designation to be printed on the center’s license and identified on the commissioner’s public website.

**Subd. 3. Federal requirements.** Requires adult day care centers and adult day services centers that provide remote adult day services to MA waiver participants to comply with federally approved waiver plans.

**Subd. 4. Service limitations.** Requires remote services to be provided during the days and hours of in-person services specified on the center license.

**4 Record requirements.**

Creates § 245A.72. Requires adult day care centers and adult day services centers providing remote services to comply with adult day services participant records requirements. Requires the center to document how remote services will help a participant reach the short- and long-term objectives in the participant’s plan of care.

**Section Description - Article 7: Continuing Care for Older Adults Policy**

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**5 Remote adult day services staff.**

Creates § 245A.73.

**Subd. 1. Staff ratios.** Paragraph (a) requires a staff person who provides remote adult day services without two-way interactive video to only provide services to one participant at a time.

Paragraph (b) limits a staff person who provides remote adult day services through two-way interactive video to providing services to no more than eight participants at one time.

**Subd. 2. Staff training.** Requires adult day services centers to document staff training regarding the provision of remote services in the staff person's record. Requires the training to be provided prior to a staff person delivering remote adult day services without supervision. Lists items the training must include.

**6 Individual service planning.**

Creates § 245A.74.

**Subd. 1. Eligibility.** Paragraph (a) specifies a person must be eligible for and receiving in-person adult day services to receive remote adult day services from the same provider and requires the same provider to deliver both in-person adult day services and remote adult day services to a participant.

Paragraph (b) requires the license holder to update the participant's plan of care.

Paragraph (c) requires the license holder to document in the participant's plan of care the participant's proposed schedule and frequency for receiving both in-person and remote services. Lists other items related to remote services the license holder must document in the participant's plan of care.

**Subd. 2. Participant daily service limitations.** Specifies adult day services daily limits for both in-person and remote services.

**Subd. 3. Minimum in-person requirement.** Requires a participant who receives remote services to receive services in-person as assigned in the participant's plan of care at least quarterly.

**7 Service and program requirements.**

Creates § 245A.75. Requires remote adult day services to be in the scope of adult day services service and program requirements.

Provides a January 1, 2023, effective date.

**Section Description - Article 7: Continuing Care for Older Adults Policy**

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- 8      **Administrative costs.**  
Amends § 256R.02, subd. 4. Modifies the definition of “administrative costs” under the chapter of statutes governing nursing facility rates.
- 9      **Direct care costs.**  
Amends § 256R.02, subd. 17. Modifies the definition of “direct care costs” under the chapter of statutes governing nursing facility rates.
- 10     **Employer health insurance costs.**  
Amends § 256R.02, subd. 18. Modifies the definition of “employer health insurance costs” under the chapter of statutes governing nursing facility rates.
- 11     **Fringe benefit costs.**  
Amends § 256R.02, subd. 22. Modifies the definition of “fringe benefit costs” under the chapter of statutes governing nursing facility rates to include child care costs.
- 12     **Maintenance and plant operations costs.**  
Amends § 256R.02, subd. 29. Modifies the definition of “maintenance and plant operations costs” under the chapter of statutes governing nursing facility rates.
- 13     **Minor equipment.**  
Amends § 256R.02, by adding subd. 32a. Defines “minor equipment” under the chapter of statutes governing nursing facility rates.
- 14     **Real estate taxes.**  
Amends § 256R.02, subd. 42a. Makes a technical change to the definition of “real estate taxes” under the chapter of statutes governing nursing facility rates.
- 15     **Special assessments.**  
Amends § 256R.02, subd. 48a. Modifies the definition of “special assessments” under the chapter of statutes governing nursing facility rates.
- 16     **Vested.**  
Amends § 256R.02, by adding subd. 53. Defines “vested” under the chapter of statutes governing nursing facility rates.
- 17     **Criteria.**  
Amends § 256R.07, subd. 1. Modifies the list of criteria nursing facility documentation must meet in order to be adequate by adding signed and dated position descriptions and making a conforming cross-reference change.

**Section Description - Article 7: Continuing Care for Older Adults Policy**

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- 18      **Documentation of compensation.**  
Amends § 256R.07, subd. 2. Modifies documentation requirements related to salary allocations.
- 19      **Adequate documentation supporting nursing facility payrolls.**  
Amends § 256R.07, subd. 3. Removes obsolete language and allows records to be stored electronically.
- 20      **Reporting of financial statements.**  
Amends § 256R.08, subd. 1. Clarifies that documents or information provided by a nursing facility to the state agency is public unless prohibited by HIPAA or any other federal or state regulation. Specifies data that is confidential data on individuals or protected nonpublic data.
- 21      **Reporting of statistical and cost information.**  
Amends § 256R.09, subd. 2. Makes technical changes.
- 22      **Method of accounting.**  
Amends § 256R.09, subd. 5. For reimbursement purposes, requires a provider to pay an accrued nonpayroll expense within 180 days following the end of the reporting period. Prohibits a provider from reporting on a subsequent cost report an expense disallowed by the commissioner for nonpayment unless the commissioner grants a specific exception to the 180-day rule for a documented contractual arrangement.
- 23      **Employer health insurance costs.**  
Amends § 256R.10, by adding subd. 8. Specifies employer health insurance costs are allowable for all employees and the spouse and dependents of those employees who are employed on average at least 30 hours per week. Specifies requirements facilities must meet in order for employer contributions to employer-sponsored individual coverage health reimbursement arrangements to be treated as allowable costs under nursing facility value-based reimbursement.
- 24      **Extended record retention requirements.**  
Amends § 256R.13, subd. 4. Makes a conforming cross-reference change.
- 25      **Calculation of a quality score.**  
Amends § 256R.16, subd. 1. Modifies the timing for adjusting the quality score calculation by removing language requiring the adjustment to be effective on July 1 of any year.

**Section Description - Article 7: Continuing Care for Older Adults Policy**

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**26 Resident assessment schedule.**

Amends § 256R.17, subd. 3. Clarifies that significant corrections case mix assessments must be effective the first day of the month following the assessment reference date.

**27 Determination of limited undepreciated replacement cost.**

Amends § 256R.26, subd. 1. Makes a technical change.

**28 Equipment allowance per bed value.**

Amends § 256R.261, subd. 13. Modifies the data on which inflationary adjustments to the equipment allowance are made.

**29 Scholarships.**

Amends § 256R.37. Removes obsolete language, specifies how scholarship per diem rates must be calculated, lists allowable scholarship costs, requires the commissioner to provide a scholarship per diem rate equal to the allowable scholarship costs divided by resident days and to compute the scholarship per diem rate annually and to include the per diem rate in the external fixed costs payment rate, and requires facilities to request this rate adjustment annually.

**30 Quality improvement incentive program.**

Amends § 256R.39. Removes obsolete language and makes technical changes.

**31 Customized living services; disproportionate share rate adjustments.**

Amends § 256S.205.

**Subd. 1. Definitions.** Under the statute governing elderly waiver customized living services disproportionate share rate adjustments, removes the definition of “assisted living facility” and adds definitions for “customized living resident,” “facility,” and “rate year.”

**Subd. 2. Rate adjustment application.** Modifies the timeline for facilities to submit applications for designation as a disproportionate share facility and modifies the information that must be included in the application.

**Subd. 3. Rate adjustment eligibility criteria.** Modifies the criteria a facility must meet to be eligible for designation as a disproportionate share facility.

**Subd. 4. Designation as a disproportionate share facility.** Modifies the timeline for the commissioner to designate disproportionate share facilities and specifies that the designation is effective for one rate year.

**Section Description - Article 7: Continuing Care for Older Adults Policy**

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**Subd. 5. Rate adjustment; rate floor.** Modifies the manner in which the commissioner must apply and adjust the customized living rate floor.

**Subd. 6. Budget cap disregard.** No changes.

Provides a September 1, 2022, effective date, or upon federal approval, whichever is later, and specifies this section applies to services provided on or after January 1, 2023, or on or after the date upon which federal approval is obtained, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**32 Repealer.**

Repeals Minnesota Statutes, sections 245A.03, subd. 5 (excluded housing with services programs; right to seek licensure); and 256R.08, subd. 2 (extensions). Repeals Minnesota Rules, part 9555.6255 (adult foster care resident's rights).

## **Article 8: Child and Vulnerable Adult Protection**

This article removes the requirements and makes it permissible for courts and social services agencies to order parents to use income and resources attributable to the child and the parents to reimburse a county for the cost of care, examination, or treatment for a child in out-of-home placement or found to be delinquent. The article also makes extensive changes related to child out-of-home placement and permanency in chapter 260C, modifying duties and requirements at various stages in out-of-home placement and permanency cases, particularly relating to relative notification, engagement, and placement. The article also modifies child maltreatment procedures related to face-to-face contact, child interviews, and documentation; modifies child permanency placement and disposition preferences; requires withheld aid to be transferred and used to enhance training on the ICWA and Minnesota Indian Family Preservation Act; makes clarifying and technical changes and updates related vulnerable adult maltreatment reporting; extends the effective date for the mandated reporter expansion; and modifies the Task Force On Child Protection.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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**1 Dispositions.**

Amends § 242.19, subd. 2. Removes requirement and makes it optional for the juvenile court to order the parents of a child on probation or parole to pay the costs for foster care, if the local social services agency determines that reimbursement is in the child's best interests.



**Section Description - Article 8: Child and Vulnerable Adult Protection**

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- 2 Duty to ensure placement prevention and family reunification; reasonable efforts.**  
Amends § 260.12. Makes clarifying changes throughout, including that a court must ensure that the social services agency engages in culturally appropriate practices to prevent out-of-home placement. Clarifies that “reasonable efforts to prevent placement” means that the efforts are individualized and may include support persons from the child’s extended family, kin, and community. Makes additional clarifying changes.
- Specifies that relatives must be involved in case planning and permanency planning, and that the social services agency must consider placing the child with relatives and important friends, in the order specified in statute. Gives preference to a relative or important friend for a permanency placement.
- Requires the social services agency to demonstrate that it has made reasonable efforts to finalize a child’s permanency plan, and to collaborate with the child’s family and the child, if appropriate, when selecting services.
- Adds two considerations for the court when determining that reasonable efforts were made: (1) whether services were selected in collaboration with the child’s family; and (2) whether services were tailored to the child and family’s individualized needs.
- 3 Care, examination, or treatment.**  
Amends § 260B.311, subd. 1. For delinquency cases, makes it optional for courts and local social services agencies to require parents or custodians to use income and resources attributable to the child or parents to reimburse the county for or contribute to the cost of care, examination, or treatment. Adds factors for the local social services agency to consider when determining whether to require reimbursement; modifies parental expenses that may be considered.
- 4 Permanency, termination of parental rights, and adoption.**  
Amends § 260C.001, subd. 3 by specifying that placement with a relative through adoption or a transfer of permanent legal and physical custody is preferable for children for whom reunification with their parents is not reasonably foreseeable.
- 5 Relative.**  
Amends § 260C.007, subd. 27. Modifies the definition of “relative” to clarify who may qualify as an important friend of the child or the child’s parent or custodian.
- 6 Immediate custody.**  
Amends § 260C.151, subd. 6. Specifies preference for placement with a relative or important friend when a child is taken into immediate custody.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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- 7 Notice to foster parents and preadoptive parents and relatives.**  
Amends § 260C.152, subd. 5. Clarifies that relatives have a right to be heard in any review or hearing relating to a child in placement.
- 8 Notice to parent or custodian and child; emergency placement with relative.**  
Amends § 260C.175, subd. 2. Adds requirement for a peace officer to also notify a child, if the child is ten or older, when notifying a parent or custodian of the ability to request that the child be placed with a relative. Requires a peace officer to coordinate with the responsible social services agency to ensure the child's safety and wellbeing and comply with least restrictive setting requirements when placement with an identified relative is requested.
- 9 Reasons for detention.**  
Amends § 260C.176, subd. 2. Makes a technical change.
- 10 Hearing and release requirements.**  
Amends § 260C.178, subd. 1. Makes clarifying changes; specifies that the court cannot make a reasonable efforts determination unless the court is satisfied that the agency has demonstrated that there were no services or other efforts it could have provided to enable the child to safely remain or return home.
- 11 Least restrictive setting.**  
Amends § 260C.181, subd. 2. Specifies that shelter care facility placement may occur only when placement with a relative is not available.
- 12 Best interests of the child.**  
Amends § 260C.193, subd. 3. Adds order of placement preference to policy statement regarding the best interests of the child. Adds requirements to court review and findings on agency efforts related to relative searches and placements. Requires the court to order the agency to make reasonable efforts if the court finds that the agency did not exercise due diligence to identify. Specifies that a finding that an agency made reasonable efforts does not relieve the agency of its duty to continue notifying, engaging, and considering relatives in placement and case planning decisions.
- Prohibits the court from waiving relative search, notice, and consideration requirements. Requires siblings to be placed together, unless not in the best interests of one or more of the siblings; requires the agency to consider the statute establishing the Foster Care Sibling Bill of Rights. Makes additional clarifying changes.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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- 13      **Dispositions.**  
Amends § 260C.201, subd. 1. Makes clarifying and technical changes.
- 14      **Written findings.**  
Amends § 260C.201, subd. 2. Adds relative and sibling placement considerations and best interest factors to required court review of placement appropriateness. Requires the court to make findings that include a description of specified agency efforts. Specifies placement order of preference; requires the court to order the agency to appropriately consider relatives if the agency has not done so and allows the court to require the agency to continue to do so.
- 15      **Court review of foster care.**  
Amends § 260C.202. Clarifies that the court must review agency efforts to search for and notify relatives; makes additional clarifying changes. Allows the court to order the agency to continue making reasonable efforts to search for, notify, engage, and consider relatives who come to the agency's attention after the initial notice.
- 16      **Administrative or court review of placements.**  
Amends § 260C.203. Makes clarifying changes; clarifies that a placement review must include best interest and relative and sibling placement considerations. Specifies what must be included in the court's review of out-of-home placement plan compliance.
- 17      **Permanency progress review for children in foster care for six months.**  
Amends § 260C.204. Make clarifying changes; adds that a court may base a determination on a parent or guardian's progress or engagement with an out-of-home placement plan, rather than only compliance.
- 18      **Out-of-home placement; plan.**  
Amends § 260C.212, subd. 1. Specifies that an out-of-home placement plan must be individualized; makes clarifying changes. Adds cross-reference; requires documentation of consideration of relatives for adoptive placement.
- 19      **Placement decisions based on best interests of the child.**  
Amends § 260C.212, subd. 2. Makes clarifying changes; clarifies important friend of the child or the child's parent or custodian in the order of placement preference. Adds language regarding current and future needs of a child. Adds paragraph prohibiting the agency from using one best interest factor to the exclusion of all others.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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**20 Monthly caseworker visits.**

Amends §260C.212, subd. 4a. Requires the responsible social services agency and professional staff to make every effort to make monthly child foster care visits by a caseworker outside the presence of the child's parents, foster parents, or facility staff. Requires documentation of the reasons a caseworker visit occurred in the presence of others; lists allowable reasons.

**21 Relative search and engagement; placement consideration.**

Amends § 260C.221. Reorganizes section; adds subdivisions.

**Subd. 1. Relative search requirements.** Adds current caregivers of a child's siblings to adults who must be notified of a child's removal. Makes clarifying changes; specifies that the agency has a continuing responsibility to search for, identify, and notify relatives.

**Subd. 2. Relative notice requirements.** Clarifies that notice to relatives may be oral or written; requires documentation of notice in the child's case record; adds the order or placement preference to the required notice.

Allows a relative to begin receiving notice once they provide a current address, if they had previously failed to do so. Specifies that a relative's decision not to be a placement resource or participate in case planning must not be the sole basis for the court to rule out that relative.

Adds the following to the required relative notice:

- adoption home study requirements
- explanation that the agency is required to establish permanency for a child, regardless of the relative's response
- that if the relative responds to the notice, the relative may receive information about participating in the child's family and permanency team if the child is placed in a qualified residential treatment program

Requires agency to send the required notice to relatives who become known to the agency, except relatives not contacted for safety reasons; requires agency to continue to send notice to relatives.

Specifies that the agency is not required to send notice to relatives who become known after the execution of an adoption placement agreement, but requires the agency to inform a relative who wishes to be considered for adoptive placement that the relative may file a motion for an order for adoptive placement.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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**Subd. 3. Relative engagement requirements.** Adds examples of what constitutes care and planning for a child; requires the agency to make reasonable efforts to contact and engage relatives who respond to the notice; allows the court to conduct a review of reasonable efforts.

**Subd. 4. Placement considerations.** Lists the points at which the agency must consider placing a child with a relative and the required considerations the agency must make. Requires the agency to document relative considerations for out-of-home placement; specifies that any relative who requests to be a placement option has the right to be considered, unless the court finds safety concerns; requires the agency to consider adoptive placement with a relative, if adoption is the permanency goal.

**Subd. 5. Data disclosure; court review.** Makes clarifying changes; requires agency to use other resources to identify relatives, if a parent refuses. Prohibits the court from waiving the agency's reasonable efforts related to relative search, notice, planning, and placement.

Requires the agency to disclose data to the court about certain relatives for the court to review the agency's due diligence; requires the agency to explain why it decided against a relative placement.

Specifies that a finding that the agency exercised due diligence does not absolve the agency from continuing to contact, engage, and consider relatives for placement. Allows the court to order the agency to reopen a relative search at any point.

Removes the agency's ability to ask the court to modify the agency's duty to send the permanency notice to relatives or relieve the agency of its duty to send the notice under certain circumstances. Clarifies that the permanency notice must be sent to relatives who responded to a notice sent any time during the child's case and specifies that a relative's failure to respond or timely respond to the notice is not a basis for ruling out that relative as a permanent placement option or to delay permanency for the child.

**22 Care, examination, or treatment.**

Amends § 260C.311, subd. 1. For out-of-home placement cases, makes it optional for courts and responsible social services agencies to require parents or custodians to use income and resources attributable to the child or parents to reimburse the county for or contribute to the cost of care, examination, or treatment. Adds factors for the responsible social services agency to consider when determining whether to require reimbursement.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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- 23 Permanency dispositions when child cannot return home.**  
Amends § 260C.513. Removes language specifying that termination of parental rights and adoption or consent to adoption are preferred permanency options.  
  
States that a permanency placement with a relative is preferred; specifies that such a placement includes a termination of parental rights and adoption by a relative, guardianship to the commissioner of human services through a consent to adopt with a relative, or a transfer of permanent legal and physical custody to a relative. Requires the court to consider the best interests of the child and statutory placement preference order when making a permanency determination.
- 24 Requirements.**  
Amends § 260C.605, subd. 1. Requires the agency to consider the child’s preference for an adoptive family when making reasonable efforts to finalize an adoption. Removes requirement that relatives indicate an interest in adopting the child or be identified as an adoptive placement resource in order to receive the notice of the need for an adoptive home for the child. Specifies order of placement consideration.
- 25 Notice.**  
Amends § 260C.607, subd. 2. Removes requirement that a relative indicate a willingness to adopt the child in order for the relative to receive notice of review hearings. Makes clarifying change.
- 26 Required placement by responsible social services agency.**  
Amends § 260C.607, subd. 5. Adds cross-reference, clarifying that a child must be legally placed for adoption in order for an adoption petition to be filed.
- 27 Motion and hearing to order adoptive placement.**  
Amends § 260C.607, subd. 6. Allows a relative or foster parent to file a motion for an order for adoptive placement if that relative or foster parent files an affidavit attesting to efforts to complete an adoption home study. Specifies court filing procedures related to adoption home studies and adoptive placement.  
  
Adds required considerations and procedures for the court when granting or considering a party’s motion for adoptive placement. Allows the court to order the agency to place the child with the moving party upon approval of an adoption home study; requires the agency to promote and support ongoing visitation and contact with the moving party until placement; requires the agency to update the court and inform the court of any barriers to approval within certain timeframes; and requires the court to dismiss the order for adoptive placement if the party is unable to obtain an approved adoption home study. Requires the agency to assist the moving party with the adoption home study process.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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**28 Adoptive placement decisions.**

Amends § 260C.613, subd. 1. Makes clarifying changes; specifies order of adoptive placement preferences.

**29 Required record keeping.**

Amends § 260C.613, subd. 5. Requires the responsible social services agency to record the agency's consideration of relatives when documenting the reasons for an adoptive placement decision.

**30 Face-to-face contact.**

Amends § 260E.20, subd. 2. Specifies that, when possible, the responsible agency is not required to give notice before conducting initial face-to-face contact with the child and the child's caregiver, if the screened in report alleges substantial child endangerment or sexual abuse.

**31 Child interview procedure.**

Amends §260E.22, subd. 2. Permits child maltreatment interview to take place outside the presence of the alleged offender and prior to any interviews of the alleged offender, when possible and when the report alleges substantial child endangerment or sexual abuse. Removes language giving preference to requesting permission to interview a child for a family assessment.

**32 Determination after family assessment.**

Amends § 260E.24, subd. 2. Requires the local welfare agency to document family assessment case information in the child or family's case notes.

**33 Transfer of withheld aid amounts.**

Amends §477A.0126 by adding subd. 3a. Requires the commissioner to transfer the total amount of aid reductions to the Board of Regents of the University of Minnesota for the Tribal and Training Certification Partnership at the University of Minnesota, Duluth.

Requires the Tribal Training and Certification Partnership to use the transferred funds to enhance training on the ICWA and Minnesota Indian Family Preservation Act for county workers and state guardians ad litem and build Indigenous child welfare training.

Makes this section effective for aid payable in 2023 and later.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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- 34     **Appropriation.**  
Amends §477A.0126, subd. 7. Adds language to appropriation to account for the transfers required in the new subdivision 3a. Makes this section effective for aid payable in 2023 and later.
- 35     **Best interests of the child.**  
Amends §518.17, subd. 1. Adds developmental disability to factors the court must consider when determining issues of custody and parenting time. Makes this section effective the day following final enactment.
- 36     **General factors.**  
Amends § 518A.43, subd. 1. Requires the court, when setting or modifying a child support obligation in cases involving out-of-home placement, to consider whether ordering and redirecting child support for county reimbursement would compromise the parent’s ability to meet the reunification plan requirements or meet the child’s needs after reunification.
- 37     **Reporting.**  
Amends § 626.557, subd. 4. Removes language regarding reports to the common entry point.
- 38     **Common entry point designation.**  
Amends § 626.557, subd. 9. Removes obsolete language regarding the establishment and designation of a common entry point. Clarifies and adds to information required for the common entry point standard intake form. Removes language requiring the common entry point to immediately identify and locate prior maltreatment reports.
- 39     **Response to reports.**  
Amends § 626.557, subd. 9b. Specifies that when a county is the lead investigative agency, the county must make guidelines publicly available about which reports the county prioritizes for investigation and adult protective services.
- 40     **Lead investigative agency; notifications, dispositions, determinations.**  
Amends § 626.557, subd. 9c. Adds paragraph (b), which specifies that the lead investigative agency, in making an initial disposition of a maltreatment report, may consider previous maltreatment reports, public information, certain records, and information from any person who may have knowledge of the alleged maltreatment.  
  
Adds paragraph (c), specifying that the county agency may offer assistance when the agency does not accept a report for adult protective services or investigation.



**Section Description - Article 8: Child and Vulnerable Adult Protection**

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Adds paragraph (d), requiring the lead investigative agency to coordinate with specified entities while investigating and providing protective services; allows coordination with support persons. Specifies that when DHS is the lead investigative agency, it must provide a copy of the public investigation memorandum within ten calendar days of completing the final disposition, to specified persons.

Paragraph (i) specifies that when DHS or MDH is the lead investigative agency, it must provide a copy of the public investigation memorandum within ten calendar days of completing the final disposition, to specified persons.

Adds paragraph (j), which specifies that when the county is the lead investigative agency, it must provide notification of the final disposition within ten calendar days, to specified persons.

**41 Administrative reconsideration; review panel.**

Amends § 626.557, subd. 9d. Specifies that the Vulnerable Adult Maltreatment Review Panel must not conduct a review of a final disposition if the interested person making the request on behalf of the vulnerable adult is also the individual or facility alleged responsible for the maltreatment of the vulnerable adult.

**42 Duties of county social service agency.**

Amends § 626.557, subd. 10. Makes clarifying changes; adds requirements in paragraphs (b), (c), (d), and (e) for county social service agency investigations and final dispositions.

**43 Investigations; guidelines.**

Amends § 626.557, subd. 10b. Makes clarifying terminology changes; adds paragraph (c) listing activities the lead investigative agency must conduct as appropriate to further an investigation, prevent further maltreatment, or safeguard the vulnerable adult.

Adds paragraph (d) specifying circumstances under which the lead investigative agency may decide not to interview a vulnerable adult, reporter, or witness.

**44 Data management.**

Amends § 626.557, subd. 12b. Makes clarifying changes; clarifies that investigative data are confidential data on individuals or protected nonpublic data as defined under section 13.02. Clarifies that the name of the reporter is confidential. Specifies exceptions to data sharing limitations.

**Section Description - Article 8: Child and Vulnerable Adult Protection**

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- 45      **Establishment of team.**  
Amends § 626.5571, subd. 1. Adds “any other organization with relevant expertise” to list of groups who may serve on a multidisciplinary adult protection team.
- 46      **Duties of team.**  
Amends § 626.5571, subd. 1. Makes clarifying changes.
- 47      **Abuse.**  
Amends § 626.5572, subd. 2. Modifies language regarding the use of aversive or deprivation procedures in the definition of “abuse.”
- 48      **Caregiver.**  
Amends § 626.5572, subd. 4. Modifies the definition of “caregiver.”
- 49      **Neglect.**  
Amends § 626.5572, subd. 17. Modifies definition of “neglect” and defines “caregiver neglect” and “self-neglect.”
- 50      **Effective date.**  
Amends Laws 2021, First Special Session chapter 7, article 10, section 1. Extends the effective date to June 1, 2023, for the expansion of individuals mandated to report known or suspected child maltreatment.
- 51      **Legislative task force; child protection.**  
Amends Laws 2021, First Special Session chapter 7, article 10, section 3. Removes duties of the legislative task force on child protection, so the task force’s duty is to identify areas within the child welfare system that may need to be addressed by the legislature. Extends the dates by one year for introducing legislation, making appointments, and convening meetings, removes the requirement for a final legislative report, and extends the expiration to December 31, 2025.

## **Article 9: Economic Assistance**

This article modifies income eligibility for the SNAP program, clarifies that Tribes are eligible for emergency services grants, requires counties and Tribes to contact MFIP participants by phone or in writing upon receipt of an incomplete household report form, modifies the calculation of income under the public assistance programs, modifies the statute governing employment and economic development data privacy, instructs the revisor to renumber statutes related to food assistance, and repeals obsolete language.

**Section Description - Article 9: Economic Assistance**

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- 1 Asset limitations for SNAP households.**  
Amends § 256D.0515. Increases the SNAP gross income limit from 165 percent of the federal poverty guidelines to 200 percent of the federal poverty guidelines.  
  
Provides a September 1, 2022, effective date.
- 2 Definitions.**  
Amends § 256E.36, subd. 1. Clarifies that federally recognized Tribal Nations are eligible for emergency services grants.
- 3 Participant’s completion of household report form.**  
Amends § 256P.04, subd. 11. Requires the county agency or Tribe to contact the participant by phone or in writing to acquire the necessary information to complete the household report form if the agency or Tribe receives an incomplete form. Under current law, the agency must return the incomplete form and clearly state what the participant must do for the form to be complete.
- 4 Income inclusions.**  
Amends § 256P.06, subd. 3. Modifies the list of items that must be included in determining income for public assistance programs.  
  
Provides a November 1, 2022, effective date.
- 5 Use of data.**  
Amends § 268.19, subd. 1. Includes SNAP, the SNAP employment and training program, and other cash assistance programs in the list of programs for which local and state welfare agencies may use unemployment data to monitor and evaluate data subject eligibility.
- 6 Direction to commissioner; SNAP verification of federal work requirements.**  
No later than December 1, 2022, requires the commissioner of human services to issue guidance to local agencies that administer SNAP regarding local agency responsibilities for verification of federal work requirements for SNAP recipients.
- 7 Revisor instruction.**  
Instructs the revisor of statutes to renumber statutes related to food assistance in the chapter of statutes governing economic assistance and food support and to make necessary grammatical and cross-reference changes consistent with the renumbering.

**Section Description - Article 9: Economic Assistance**

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**8 Repealer.**

Repeals Minn. Stat. § 256D.055 (county design; work focus program).

**Article 10: Direct Care and Treatment Policy**

This article establishes a process for individuals committed as persons with a mental illness and who are dangerous to the public to voluntarily transfer back to a secure treatment facility, modifies mandated report expiration provisions, removes a report requirement, and repeals obsolete sections of statute.

**Section Description - Article 10: Direct Care and Treatment Policy**

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**1 Transfer.**

Amends § 253B.18, subd. 6. Paragraph (c) permits a person who has been committed as a person with a mental illness and who is dangerous to the public to voluntarily transfer back to a secure treatment facility for up to 60 days.

Paragraph (d) specifies that the person's transfer is revoked if the person is not returned to the nonsecure treatment facility within 60 days of the voluntary transfer.

Paragraphs (e) and (f) specify a process for review of the transfer revocation.

Paragraph (g) outlines when the head of the treatment facility may revoke a transfer to a nonsecure treatment facility.

Paragraphs (h) and (i) specify procedural requirements related to a transfer revocation.

Paragraph (j) allows a person whose transfer is revoked to re-petition for a transfer.

Paragraph (k) outlines revocation review petition procedures.

**2 Expiration of report mandates.**

Amends § 256.01, subd. 42. Adds report mandates without expiration dates to the reports that expire in accordance with this section. Adds reports that are mandated more frequently than annually to expiration provisions.

Modifies date by which the commissioner must submit a list to the legislature of all reports set to expire during the following calendar year; specifies that this requirement does not expire.

**Section Description - Article 10: Direct Care and Treatment Policy**

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**3 Forecast and census data.**

Amends Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws 2009, chapter 173, article 2, section 1, subdivision 10. Removes requirement for the commissioner to provide a report on the census and fiscal projections for state-operated services and the sex-offender program with the November and February forecasts.

**4 Repealer.**

Repeals sections 246.0136 (establishing enterprise activities in state-operated services); 252.025, subdivision 7 (Minnesota extended treatment options for people who have developmental disabilities and exhibit severe behaviors); and 252.035 (regional treatment center catchment areas).

## **Article 11: Preventing Homelessness**

This article extends the maximum amount of time homeless persons or families may stay in transitional housing from 24 to 36 months, establishes a provider repair or improvement program under the homeless youth act, and extends the reporting deadline for the Task Force on Shelter.

**Section Description - Article 11: Preventing Homelessness**

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**1 Definitions.**

Amends § 256E.33, subd. 1. Extends the duration of transitional housing, as set in its definition, from 24 to 36 months.

**2 Establishment and administration.**

Amends § 256E.33, subd. 2. Expands the discretion of the commissioner of human services to extend transitional housing beyond the time period prescribed by the definition of transitional housing.

**3 Funding.**

Amends § 256K.45, subd. 6. Makes a conforming cross-reference change.

**4 Provider repair and improvement grants.**

Amends § 256K.45, by adding subd. 7. Allows homeless youth act providers to apply for a grant of up to \$200,000 to make minor or mechanical repairs or improvements to a facility providing services to homeless youth or youth at risk of homelessness. Specifies the information that must be included in the grant application. Prohibits grantees from receiving grant funds under this subdivision for two consecutive years.

**Section Description - Article 11: Preventing Homelessness**

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- 5      **Base level adjustment; provider repair grants.**  
Amends Laws 2021, First Special Session ch. 7, art. 16, § 2, subd. 4. Specifies that the general fund base includes \$1,000,000 in fiscal year 2024 and \$1,000,000 in fiscal year 2025 for homeless youth provider repair or improvement grants.
- 6      **Report.**  
Amends Laws 2021, First Special Session ch. 8, art. 6, § 1, subd. 7. Extends the deadline for the final report of the task force on shelter from August 31, 2022, to December 15, 2022.

## **Article 12: DHS Licensing and Operations Policy**

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**Section Description - Article 12: DHS Licensing and Operations Policy**

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- 1      **Controlling individual.**  
Amends § 245A.02, subd. 5a. Adds an individual designated as the primary provider of care for a special family child care program to the definition of “controlling individual” for the purposes of chapter 245A.  
  
Makes the section effective July 1, 2022.
- 2      **Special family child care homes.**  
Amends § 245A.14, subd. 4. Provides that a primary provider of care in a special family child care home is authorized to communicate with DHS and counties on matters related to licensing.  
  
Makes the section effective July 1, 2022.
- 3      **Substance use disorder treatment licensed programs that serve parents with their children.**  
Amends § 245A.1443. Makes technical corrections in subdivision 1.  
  
Modifies subdivision 2 to require that a license holder use educational material developed by DHS to comply with the requirement to provide education to a child’s parent related to safe bathing and reducing the risk of sudden unexpected infant death and abusive head trauma. Provides that if a parent refuses to comply with the safeguards, then program staff must provide additional education in accordance with the parental supervision plan.

**Section Description - Article 12: DHS Licensing and Operations Policy**

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Makes changes in subdivision 3 to the factors a license holder must consider when documenting a parent's capacity to meet the health and safety needs of a child while on the facility premises. Adds a new paragraph (c), which provides that if a parent refuses to comply with the safeguards in place or is unable to adequately care for a child, then the license holder must develop a parental supervision plan in conjunction with the client.

Makes the section effective January 1, 2023.

**4 Qualifications for all staff who have direct patient contact.**

Amends § 245F.15, subd. 1. For withdrawal management programs, removes requirements related to the amount of time staff must document as being free of substance use problems.

Makes this section effective January 1, 2023.

**5 Policy requirements.**

Amends § 245F.16, subd. 1. For withdrawal management programs, clarifies language regarding disciplinary action for violation of the drug and alcohol policy; adds cross-reference to broader human services licensing drug and alcohol policy requirements.

Makes this section effective January 1, 2023.

**6 Alcohol and drug counselor.**

Amends § 245G.01, subd. 4. For substance use disorder treatment programs, modifies cross-reference for alcohol and drug counselor qualifications.

Provides an immediate effective date.

**7 Licensed professional in private practice.**

Amends § 245G.01, subd. 17. Modifies definition of "licensed professional in private practice" by clarifying what "affiliate" means for purposes of the definition.

Provides an immediate effective date.

**8 Documentation of treatment services.**

Amends § 245G.06 by adding subd. 2a. Specifies streamlined client record documentation requirements for treatment services provided.

Makes this section effective August 1, 2022.

**Section Description - Article 12: DHS Licensing and Operations Policy**

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- 9 Client record documentation requirements.**  
Amends § 245G.06 by adding subd. 2b. Specifies requirements for documenting a significant event in the client record on the day the event occurs; lists events that must be documented.  
  
Makes this section effective August 1, 2022.
- 10 Treatment plan review.**  
Amends § 245G.06, subd. 3. Removes treatment services documentation requirements; specifies that a treatment plan review must be entered in a client's file by the alcohol and drug counselor responsible for the treatment plan. Modifies treatment plan review documentation requirements.  
  
Makes this section effective August 1, 2022.
- 11 Administration of medication and assistance with self-medication.**  
Amends § 245G.08, subd. 5. Specifies that staff members may only administer medications in a method for which the staff member has been trained; adds intranasal and two intramuscular medications.  
  
Provides an immediate effective date.
- 12 Contents.**  
Amends § 245G.09, subd. 3. Modifies client record required contents based on changes in previous sections of this bill.  
  
Makes this section effective August 1, 2022.
- 13 General qualifications.**  
Amends § 245G.11, subd. 1. Removes requirements related to the amount of time staff must attest to being free of problematic substance use.  
  
Makes this section effective January 1, 2023.
- 14 Student interns.**  
Amends § 245G.11, subd. 10. Removes progress notes and adds treatment plan review to items a supervisor must review and sign for a student intern.  
  
Makes this section effective January 1, 2023.



**Section Description - Article 12: DHS Licensing and Operations Policy**

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**15 Personnel policy requirements.**

Amends § 245G.13, subd. 1. Removes personnel policy requirements related to problematic substance use; adds cross-reference to broader human services licensing drug and alcohol policy requirements.

Makes this section effective January 1, 2023.

**16 License holders serving persons with co-occurring disorders.**

Amends § 245G.20. Updates language from progress notes to treatment plan reviews.

Makes this section effective January 1, 2023.

**17 Restrictions for unsupervised use of methadone hydrochloride.**

Amends § 245G.22, subd. 7. Clarifies provision related to the number of unsupervised medication doses a client may receive per week.

Provides an immediate effective date.

**18 Waivers and modifications; extension.**

Amends Laws 2020, First Special Session ch. 7, § 1, subd. 5, as amended. Provides that a COVID-19 waiver issued by the commissioner of human services for background study requirements expires January 1, 2023 (rather than 365 days after the peacetime emergency ended as in current law).

Paragraph (b) additionally continues the waiver to allow the commissioner to permit an individual to work without supervision while the individual's background study is being processed, on a case-by-case basis, during the transition back to fingerprint-based background studies.

Paragraph (c) requires the commissioner to conduct a name and date of birth background study of only Minnesota records for an individual who has provided direct contact services for a program that is not authorized to conduct national criminal history record checks, until necessary federal approval is obtained for the fingerprint-based national criminal history record checks and related NETStudy 2.0 system changes are made. Specifies that a name and date of birth background study conducted under this paragraph will be valid for three months after the commissioner begins conducting national criminal history record checks.

Makes this section effective the day following final enactment.

**Section Description - Article 12: DHS Licensing and Operations Policy**

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- 19     **Child care regulation modernization; pilot projects.**  
Allows DHS to conduct and administer pilot projects to test methods and procedures related to the projects for modernizing child care regulations that were established and funded by the 2021 legislature. Provides that the commissioner may waive enforcement of existing statutes, rules, or standards in one or more counties to carry out the pilot projects, but such a waiver must provide alternative methods and procedures of administration and must not conflict with the basic purposes, coverage, or benefits provided by law. The pilot projects must comply with the requirements of the child care and development fund plan.  
  
Makes the section effective the day following final enactment.
- 20     **Direction to commissioner of human services; amending children’s residential facility and detoxification program rules.**  
Directs the commissioner to amend specified parts and subparts of Minnesota Rules related to children’s residential facilities and detoxification programs.
- 21     **Repealer.**  
Repeals section 245F.15, subd. 2 (withdrawal management programs; continuing employment; no substance use problems) and section 245G.11, subd. 2 (SUD program employment; problematic substance use prohibition).  
  
Repeals Minnesota Rules parts 2960.0460, subpart 2; and 9530.6565, subpart 2 (staff qualifications; continuing employment; free from substance use problems).  
  
Makes this section effective January 1, 2023.

**Article 13: Miscellaneous**

This article modifies the Minnesota Rare Disease Advisory Council, establishes requirements for products that contain cannabinoids derived from hemp, and prohibits organ procurement organizations and health care providers from making decisions about access to anatomical gifts and related services based on a patient’s race or ethnicity.

**Section Description - Article 13: Miscellaneous**

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- 1     **Food.**  
Amends § 34A.01, subd. 4. Amends the definition of food in chapter 34A to provide that an edible cannabinoid product is not a food. (Chapter 34A give the commissioner of agriculture certain inspection and enforcement powers related to food.)

**Section Description - Article 13: Miscellaneous**

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**2 Minnesota Rare Disease Advisory Council.**

Amends § 137.68. Modifies the name of the advisory council, to the Minnesota Rare Disease Advisory Council, and moves the advisory council from the University of Minnesota to the Council on Disability. Lists responsibilities of the Council on Disability and specifies that the Council on Disability does not have authority over the advisory council's work. Transfers authority to appoint public members of the advisory council from the Board of Regents to the governor. Directs legislative members to serve until their successors are appointed. Strikes obsolete language, and allows advisory council members to be reappointed for up to two full additional terms. Provides that public members serve without compensation but may be reimbursed for expenses, and allows legislative members to receive per diem compensation. Makes meetings and meeting notices subject to the Open Meeting Law. Requires the advisory council to elect a chairperson, be governed by an executive committee, and appoint an executive director, and allows the executive committee to appoint subcommittees. Modifies advisory council duties, and prohibits legislative members from deliberating on or voting on decisions related to issuance of grants of state money.

**3 Definitions.**

Amends § 151.72, subd. 1. In a section governing the sale of cannabinoid products, adds definitions of certified hemp, edible cannabinoid product, label, matrix barcode, and nonintoxicating cannabinoid. Modifies the definition of labeling.

**4 Scope.**

Amends § 151.72, subd. 2. Provides that this section applies to any product that contains cannabinoids extracted from hemp and that is an edible cannabinoid product or intended for human or animal consumption. Provides the Board of Pharmacy does not have authority over food products that do not contain cannabinoids derived from hemp.

**5 Sale of cannabinoids derived from hemp.**

Amends § 151.72, subd. 3. Prohibits a product that contains nonintoxicating cannabinoids and is sold for human or animal consumption from containing more than 0.3 percent of any tetrahydrocannabinol, and prohibits an edible cannabinoid product from containing more than 5 milligrams of any tetrahydrocannabinol in a single serving or more than 50 milligrams of any tetrahydrocannabinol per package. Prohibits any other substance derived from hemp from being sold for human consumption to treat or prevent disease in humans or other animals, or to affect the structure or function of the bodies of humans or animals. Prohibits products containing a cannabinoid or tetrahydrocannabinol derived from hemp from being

**Section Description - Article 13: Miscellaneous**

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sold to individuals under 21. States that products governed by this section are not controlled substances.

**6 Testing requirements.**

Amends § 151.72, subd. 4. Modifies testing requirements for products containing cannabinoids, to require testing to confirm that the product does not contain more than trace amounts of mold or solvents or more than 0.3 percent of any tetrahydrocannabinol. States that testing the hemp, or possession of a certificate of analysis for hemp, does not meet the testing requirements for products containing cannabinoids.

**7 Labeling requirements.**

Amends § 151.72, subd. 5. Allows information required to be on the label of a product containing cannabinoids to be on the product's outer package if the product's container is too small to fit the information, or to be provided using a matrix barcode that links to a page on the manufacturer's website with the information required on the label (current law allows use of a QR code). Makes other technical and conforming changes.

**8 Additional requirements for edible cannabinoid products.**

Adds subd. 5a to § 151.72. Para. (a) requires an edible cannabinoid product to comply with this subdivision, in addition to subdivisions 4 and 5.

Para. (b) prohibits an edible cannabinoid product from looking like a person, animal, or fruit; being modeled after a product marketed to children; being made by applying hemp-derived cannabinoid to a commercially available candy or snacks; containing an ingredient, other than hemp-derived cannabinoid, not approved by the FDA for use in food; being packaged to resemble a commercially available food; or having packaging that includes misleading statements.

Para. (c) establishes packaging requirements for edible cannabinoid products.

Para. (d) requires edible cannabinoid products that contain multiple servings to indicate the serving size for individual servings.

Para. (e) lists information that must be included on the label of an edible cannabinoid product.

Para. (f) prohibits an edible cannabinoid product from containing more than 5 milligrams of a tetrahydrocannabinol in a single serving, or more than 50 milligrams of a tetrahydrocannabinol per package.

**Section Description - Article 13: Miscellaneous**

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**9 Enforcement.**

Amends § 151.72, subd. 6. Provides that a product governed by this section is considered an adulterated drug if it contains any food additives found by the FDA to be unsafe for humans or animals, contains more than 0.3 percent of a tetrahydrocannabinol or more than the per-serving and per-package amounts of tetrahydrocannabinol permitted in subdivision 5a, or contains more than trace amounts of mold, solvents, pesticides, fertilizers, or heavy metals.

**10 Schedule I.**

Amends § 152.02, subd. 2. In current law, marijuana and tetrahydrocannabinols are listed in Schedule I of the state controlled substances schedules. This section provides that tetrahydrocannabinols in Schedule I do not include any material, compound, mixture, or preparation that qualifies as industrial hemp.

This section is effective August 1, 2022, and applicable to crimes committed on or after that date.

**11 Nondiscrimination in access to transplants.**

Amends § 363A.50. Prohibits health care providers and organ procurement organizations from limiting an individual's access to anatomical gifts and related services based on an individual's race or ethnicity. Also expands the definition of auxiliary aids and services.

**12 Initial members and first meeting; Minnesota Rare Disease Advisory Council.**

Establishes requirements for terms of initial members on the Minnesota Rare Disease Advisory Council; requires the governor to stagger the expiration of terms for any additional members appointed; and requires initial legislative members to serve until their successors are appointed. Directs the current executive committee chair to convene the first meeting of the advisory council by September 1, 2022.

**13 Appropriations.**

Requires the unexpended balance of money appropriated from the general fund to the Board of Regents for the Advisory Council on Rare Diseases, to be under the control of the Minnesota Rare Disease Advisory Council and the Council on Disability.

**14 Revisor instruction.**

Directs the revisor of statutes to recodify the statute establishing the Rare Disease Advisory Council from chapter 137 to a section in chapter 256.

## Article 14: Mandated Reports

This article exempts certain required legislative reports from automatic expiration, extends certain required legislative reports to specific dates, consolidates certain required legislative reports, and eliminates certain required legislative reports.

### Section Description - Article 14: Mandated Reports

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- 1 Report.**  
Amends § 62J.692, subd. 5. Exempts from the expiration of mandated reports, the commissioner of health’s annual report to the legislature on distribution of medical education (MERC) funds under § 62J.692.
- 2 Human services.**  
Amends § 62Q.37, subd. 7. Eliminates an annual report from the commissioner of human services to the legislature on the number of audits of certain health plan companies performed by a nationally recognized, independent organization that were accepted, partially accepted, or rejected by the commissioner under this section.
- 3 Inventory of biological and health data.**  
Amends § 144.193. Eliminates an annual report by the commissioner of health to certain members of the legislature on the inventory of biological specimens, registries, health data, and databases maintained by the commissioner, and schedules for storage of health data and biological specimens. The commissioner must still make the inventory and schedules available on the department’s website.
- 4 Report.**  
Amends § 144.4199, subd. 8. Exempts from the expiration of mandated reports, the commissioner of health’s annual report to certain members of the legislature on expenditures in the previous calendar year from the public health response contingency account.
- 5 Agency quality improvement program; annual report on survey process.**  
Amends § 144A.10, subd. 17. Exempts from the expiration of mandated reports, the commissioner of health’s annual report to the legislature on the department’s quality improvement program and survey process for nursing homes.
- 6 Report requirements.**  
Amends § 144A.351, subd. 1. Eliminates a biennial report from the commissioner of health and commissioner of human services to the legislature on the status of long-term care services and supports for the elderly and children and adults with disabilities and mental illnesses in Minnesota. The commissioners are still required to

**Section Description - Article 14: Mandated Reports**

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- compile data on these topics and make that data available on at least one of the department websites.
- 7 **Annual legislative report on home care licensing.**  
Amends § 144A.483, subd. 1. Requires the commissioner of health to annually report to the legislature, until October 1, 2027, on the department's quality improvement program for the home care survey and complaint investigation processes.
- 8 **Commissioner's public report.**  
Amends § 145.4134. Eliminates the requirement that the commissioner of health submit an annual report to certain members of the legislature with statistics on abortions. This report must still be compiled and made available to the public.
- 9 **Reports.**  
Amends § 145.928, subd. 13. Eliminates the requirement that the commissioner of health submit an annual report to certain members of the legislature on grants made under the eliminating health disparities program to decrease racial and ethnic disparities in infant mortality rates. The commissioner is still required to prepare this report and make it available to the public.
- 10 **Commissioner duty to report on use of grant funds biennially.**  
Amends § 245.4661, subd. 10. Establishes a January 1, 2032, expiration date for a subdivision that requires the commissioner of human services to biennially report to certain members of the legislature on grants for adult mental health services under section 245.4661.
- 11 **Commissioner duty to report on use of grant funds biennially.**  
Amends § 2145.4889, subd. 3. Establishes a January 1, 2032, expiration date for a subdivision that requires the commissioner of human services to biennially report to certain members of the legislature on children's mental health grants under section 245.4889.
- 12 **Licensing moratorium.**  
Amends § 245A.03, subd. 7. Eliminates a requirement that the commissioner of human services must annually report to certain members of the legislature on the capacity of licensed long-term care services and supports, actions taken to manage resources, and recommendations for legislative changes.

**Section Description - Article 14: Mandated Reports**

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- 13     **State medical review team.**  
Amends § 256.01, subd. 29. Eliminates a requirement that the commissioner of human services annually report to certain members of the legislature on activities of the state medical review team.
- 14     **Report.**  
Amends § 256.021, subd. 3. Establishes a January 1, 2024, expiration date for a subdivision that requires the vulnerable adult maltreatment review panel to submit an annual report to certain members of the legislature on activities of the review panel.
- 15     **Grants.**  
Amends § 256.042, subd. 4, as amended. Changes the date by which the commissioner of human services must submit to certain members of the legislature an annual report on the grants proposed by the Opiate Epidemic Response Advisory Council. Provides that the paragraph requiring the annual report expires upon the expiration of the Opiate Epidemic Response Advisory Council.
- 16     **Reports.**  
Amends § 256.042, subd. 5. Provides that a subdivision establishing requirements for the Opiate Epidemic Response Advisory Council and commissioner of management and budget to report on grants issued and evaluation results to certain members of the legislature, expires upon the expiration of the advisory council.
- 17     **Commissioner's duties.**  
Amends § 256.9657, subd. 8. Amends the frequency with which the commissioner of human services must report to certain members of the legislature on the provider surcharge program, from quarterly to annually, and makes this reporting requirement expire January 1, 2032.
- 18     **Regional and local dementia grants.**  
Amends § 256.975, subd. 11. Eliminates a requirement that the Minnesota Board on Aging must annually report to certain members of the legislature on the dementia grants program.
- 19     **Self-directed caregiver grants.**  
Amends § 256.975, subd. 12. Eliminates a requirement that the Minnesota Board on Aging must annually report to certain members of the legislature on the self-directed caregivers grants program.



**Section Description - Article 14: Mandated Reports**

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**20 Report.**

Amends § 256B.0561, subd. 4. Establishes a January 1, 2027, expiration date for a subdivision requiring the commissioner of human services to report to certain members of the legislature on periodic data matching.

**21 Administrative activity.**

Amends § 256B.0911, subd. 5. Eliminates a requirement that the commissioner of human services annually report to certain members of the legislature on a trend analysis of data from benchmarks used to demonstrate improvement in administrative activities related to long-term care consultation services. The commissioner is still required to collect data on these benchmarks and provide an annual trend analysis of the data to lead agencies.

**22 Provider shortage; authority for exceptions.**

Amends § 256B.0949, subd. 17. Eliminates a requirement that the commissioner of human services annually provide certain members of the legislature with an update on the shortage of early intensive developmental and behavioral intervention providers and exceptions granted by the commissioner to EIDBI provider qualification requirements, MA provider enrollment requirements, and EIDBI provider or agency standards or requirements.

**23 Planned closure process needs determination.**

Amends § 256B.493, subd. 2. Makes a conforming change related to the elimination of the legislative report on the status of long-term care services and supports.

**24 Financial and quality assurance audits.**

Amends § 256B.69, subd. 9d. Eliminates a requirement that the commissioner of human services submit to certain members of the legislature any reports evaluating quality assurance protocols developed by the commissioner for managed care plans and county-based purchasing plans. Eliminates a requirement that the commissioner report to certain members of the legislature on the number of ad hoc audits conducted in the past year of state public health care program administrative and medical expenses reported by managed care plans and county-based purchasing plans.

**25 Evaluation.**

Amends § 256E.28, subd. 6. Provides a January 1, 2032, expiration date for a paragraph requiring the commissioner of human services to submit a biennial evaluation report on child protection grants to address child welfare disparities to the legislative task force on child protection and to certain members of the legislature.

**Section Description - Article 14: Mandated Reports**

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- 26     **Report by commissioner of human services.**  
Amends § 256R.18. Provides a January 1, 2026, expiration date for a section that requires the commissioner of human services to report to certain members of the legislature on the effectiveness of the nursing home reimbursement system in improving quality and restraining costs, and on other features of the system.
- 27     **Annual report.**  
Amends § 257.0725. Provides a January 1, 2032, expiration date for a section requiring the commissioner of human services to publish an annual report on child maltreatment and children in out-of-home placement.
- 28     **Placement records.**  
Amends § 260.775. Requires the commissioner of human services to include an inventory of all Indian children in residential facilities, in the annual report on child maltreatment and children in out-of-home placement required in section 257.0725. Provides a January 1, 2032, expiration date for this section.
- 29     **Required referral to early intervention services.**  
Amends § 260E.24, subd. 6. Strikes a requirement that the commissioner of human services annually report to the legislature on rates by county by which children under age 3 involved in a substantiated maltreatment case are referred for screening under IDEA part C, and instead requires these rates to be included in the annual report on child maltreatment and children in out-of-home placement required in section 257.0725. Provides a January 1, 2032, expiration date for the paragraph requiring rates to be included in the annual child maltreatment report.
- 30     **Report required.**  
Amends § 260E.38, subd. 3. Specifies that the commissioner of human services must include summary information on quality assurance reviews of local welfare agency screening practices and decisions, in the annual report on child maltreatment and children in out-of-home placement required in section 257.0725. Provides a January 1, 2032, expiration date for this subdivision.
- 31     **Guidelines review.**  
Amends § 518A.77. Provides a January 1, 2032, expiration date for a section requiring the Department of Human Services to review child support guidelines every four years.
- 32     **Data management.**  
Amends § 626.557, subd. 12b. Strikes language requiring the commissioner of health and commissioner of human services to biennially report to the legislature and

**Section Description - Article 14: Mandated Reports**

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governor, information on reports of vulnerable adult maltreatment and efforts to improve protection of vulnerable adults.

**33 Repealer.**

Para. (a) repeals the following statutes:

- 62U.10, subd. 3 (obsolete subdivision that required the commissioner of health to calculate the difference between projected and actual total private and public health care spending for state residents);
- 144.1911, subd. 10 (requiring the commissioner of health to annually report to certain members of the legislature on the progress in integrating international medical graduates into the health care delivery system);
- 144.564, subd. 3 (requiring the commissioner of health to monitor and annually report to the legislature on subacute or transitional care services provided in hospitals and nursing homes);
- 144A.483, subd. 2 (requiring a onetime report from the commissioner of health to the legislature and due in 2016 on whether a correction order appeal process should be added to the home care provider regulatory system);
- 245.981 (requiring an annual report from the commissioner of human services to the legislature on compulsive gambling);
- 246.131 (requiring quarterly reports from the commissioner of human services to certain members of the legislature on the Anoka-Metro Regional Treatment Center, the Minnesota Security Hospital, and community behavioral health hospitals);
- 246B.03, subd. 2 (requiring the commissioner of human services to contract with national sex offender experts to annually complete site visits and evaluate the sex offender treatment program);
- 246B.035 (requiring the executive director of the Minnesota Sex Offender Program to annually report to certain members of the legislature on certain topics for the Minnesota Sex Offender Program);
- 256.01, subd. 31 (requiring the commissioner of human services to annually report to the governor and certain members of the legislature, and to publish the report on the department website, on calls made to department help lines and how those calls were resolved or referred);
- 256B.0638, subd. 7 (requiring the commissioner of human services to annually report to the legislature on implementation of the opioid prescribing improvement program in Minnesota health care programs).

Para. (b) repeals Laws 1998, ch. 382, art. 1, § 23 (requiring the commissioner of human services to annually report to the legislature on the commissioner's

**Section Description - Article 14: Mandated Reports**

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evaluation of child support programs and enforcement mechanisms and child support arrearage amounts).

**Article 15: Forecast Adjustments and Carry Forward Authority**

This article adjusts appropriations in fiscal years 2022 and 2023 to the commissioner of human services for forecasted programs, moves a DHS appropriation in fiscal year 2023 to the correct budget activity, and allows unexpended amounts of certain appropriations and allocations to be carried forward to the end of the next fiscal year.

**Section Description - Article 15: Forecast Adjustments and Carry Forward Authority**

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- 1-2 Adjust appropriations from the specified funds to the commissioner of human services in fiscal years 2022 and 2023 for forecasted programs administered by the Department of Human Services.

These sections are effective the day following final enactment.

- 3-4 Move a fiscal year 2023 appropriation of \$1,000,000 for community action grants from the children and community service grants budget activity at the Department of Human Services to the correct budget activity, children and economic support grants.

These sections are effective the day following final enactment.

**5 Grant Programs; Disabilities Grants.**

Amends Laws 2021, First Special Session ch. 7, art. 16, § 2, subd. 29. Makes the unexpended amount in fiscal year 2022 for grants to expand access to child care for children with disabilities available through June 30, 2023.

This section is effective the day following final enactment.

**6 Grant Programs; Adult Mental Health Grants.**

Amends Laws 2021, First Special Session ch. 7, art. 16, § 2, subd. 31. Makes the unexpended amount in fiscal year 2022 for culturally and linguistically appropriate services implementation grants available through June 30, 2023.

This section is effective the day following final enactment.

**Section Description - Article 15: Forecast Adjustments and Carry Forward Authority**

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**7 Grant Programs; Child Mental Health Grants.**

Amends Laws 2021, First Special Session ch. 7, art. 16, § 2, subd. 32. Makes the unexpended amount in fiscal year 2022 for children’s residential facilities available through June 30, 2023.

This section is effective the day following final enactment.

**8 Grant Programs; Chemical Dependency Treatment Support Grants.**

Amends Laws 2021, First Special Session ch. 7, art. 16, § 2, subd. 33. Makes the unexpended amount in fiscal year 2022 for recovery community organization grants available through June 30, 2023.

This section is effective the day following final enactment.

**9 Grants for technology for HCBS recipients.**

Amends Laws 2021, First Special Session ch. 7, art. 17, § 3. Makes the unexpended amount in fiscal year 2022 for grants for technology for HCBS recipients available through June 30, 2023.

This section is effective the day following final enactment.

**10 Transition to community initiative.**

Amends Laws 2021, First Special Session ch. 7, art. 17, § 6. Makes the unexpended amount in fiscal year 2022 for the transition to community initiative available through June 30, 2023.

This section is effective the day following final enactment.

**11 Provider capacity grants for rural and underserved communities.**

Amends Laws 2021, First Special Session ch. 7, art. 17, § 10. Makes the unexpended amount in fiscal year 2022 for provider capacity grants for rural and underserved communities available through June 30, 2023.

This section is effective the day following final enactment.

**12 Expand mobile crisis.**

Amends Laws 2021, First Special Session ch. 7, art. 17, § 11. Makes the unexpended amounts in fiscal years 2022 and 2023 for grants for adult mobile crisis services available through June 30, 2024.

This section is effective the day following final enactment.

**Section Description - Article 15: Forecast Adjustments and Carry Forward Authority**

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**13 Psychiatric residential treatment facility and child and adolescent mobile transition unit.**

Amends Laws 2021, First Special Session ch. 7, art. 17, § 12. Makes the unexpended amount in fiscal year 2022 for children’s mental health transition and support teams available through June 30, 2023.

This section is effective the day following final enactment.

**14 Respite services for older adults grants.**

Amends Laws 2021, First Special Session ch. 7, art. 17, § 17, subd. 3. Makes the unexpended amount in fiscal year 2022 to establish a grant program for respite services for older adults available through June 30, 2023.

This section is effective the day following final enactment.

**15 Centers for independent living HCBS access grant.**

Amends Laws 2021, First Special Session ch. 7, art. 17, § 19. Makes a technical change to this section, and makes the unexpended amount in fiscal year 2022 for home and community-based services access grants available through June 30, 2023.

This section is effective the day following final enactment.

## **Article 16: Long-Term Care Consultation Services Recodification**

This article is the result of a revisor’s instruction that was enacted in Laws 2021, chapter 30, article 12, section 6, paragraph (a). It proposes to reorganize Minnesota Statutes, section 256B.0911. This section of statute governs long-term care consultation services, including MnCHOICES assessments.

This article contains the long-term care consultation services recodification.

This recodification is primarily achieved by repealing the existing long-term care consultation services language and reenacting it as new, reorganized language. The primary purpose of this recodification is to better organize this statute without making any policy or fiscal changes. The draft also renders the statute easier to read.

Obsolete language has been removed and exceptions to the MnCHOICES assessments have been consolidated into a couple of subdivisions. In addition, three subdivisions related to long-term care options counseling are being moved out of Minnesota Statutes, section 256B.0911, and are moved into the section of statute governing the Board on Aging, where the language fits better.

DHS also provided updated terminology that has been incorporated throughout.

Below is a table that shows how the language has been reorganized.

Proposed section coding and headnote	Proposed subdivision coding and headnote	Current coding
256B.0911 Long-term care consultation services	Subd. 1. Purpose and goal	256B.0911, subd. 1
	Subd. 10. Definitions – definitions of “preadmission screening” and “long-term care options counseling for assisted living” are new.	256B.0911, subd. 1a, paras. (a), (c), (d), (e), (f), (g), (h), (i); and subd. 3a, para. (j), clause (2)
	Subd. 11. Long-term care consultation services	256B.0911, subd. 1a, para. (a), clauses (1) to (11), and para. (b), clauses (1) to (4); and subd. 3a, para. (h)
	Subd. 12. Exception to use of MnCHOICES assessment; contracted assessors	256B.0911, subd. 1a, para. (b)
	Subd. 13. MnCHOICES assessor qualifications, training, and certification	256B.0911, subd. 2b, paras. (a), second sentence, and (b); and subd. 2c, first and last sentences only
	Subd. 14. Use of MnCHOICES certified assessors required	256B.0911, subd. 2b, para. (a), first and third sentences; subd. 2c, fourth sentence; subd. 3, paras. (d) and (e)
	Subd. 15. Long-term care consultation team	256B.0911, subd. 3, paras. (a), (b), and (c)
	Subd. 16. MnCHOICES certified assessors; responsibilities	256B.0911, subd. 2b, para. (a), fourth and fifth sentences
	Subd. 17. MnCHOICES assessments	256B.0911, subd. 3a, paras. (a), first and last sentences only, (b), (c), and (d), only the first sentence
	Subd. 18. Exception to use of MnCHOICES assessment; long-term care consultation team visit; notice	256B.0911, subd. 3a, para. (a), second and third sentences
	Subd. 19. MnCHOICES assessments; third-party participation	256B.0911, subd. 3a, para. (d), the second sentence to the end of the para.

Proposed section coding and headnote	Proposed subdivision coding and headnote	Current coding
	Subd. 20. MnCHOICES assessments; duration of validity	256B.0911, subd. 3a, paras. (k), (l), and (m)
	Subd. 21. MnCHOICES assessments; exceptions following institutional stay	256B.0911, subd. 3a, para. (n)
	Subd. 22. MnCHOICES reassessments	256B.0911, subd. 3f
	Subd. 23. MnCHOICES reassessments; option for alternative and self-directed waiver services	256B.0911, subd. 3a, paras. (o), (p), and (q)
	Subd. 24. Remote reassessments	256B.0911, subd. 3a, para. (r)
	Subd. 25. Reassessments for Rule 185 case management	256B.0911, subd. 3g
	Subd. 26. Determination of institutional level of care	256B.0911, subd. 4e
	Subd. 27. Transition assistance	256B.0911, subd. 3b
	Subd. 28. Transition assistance; nursing home residents under 65 years of age	256B.0911, subd. 4d, paras. (c), (d), (e), (f), (g), (h), and (i)
	Subd. 29. Support planning	256B.0911, subd. 3a, paras. (e), (f), (g)
	Subd. 30. Assessment and support planning; supplemental information	256B.0911, subd. 3a, para. (j)
	Subd. 31. Assessment and support planning; right to final decision	256B.0911, subd. 3a, para. (i)
	Subd. 32. Administrative activity	256B.0911, subd. 5
	Subd. 33. Payment for long-term care consultation services	256B.0911, subd. 6
256.975 Minnesota Board on Aging	Subd. 7e. Long-term care options counseling for assisted living	256B.0911, subd. 3c
	Subd. 7f. Exemptions from long-term care options counseling for assisted living	256B.0911, subd. 3d
	Subd. 7g. Long-term care options counseling at hospital discharge	256B.0911, subd. 3e

Repealing the following: Minnesota Statutes, section 256B.0911, subsds. 1a, 2b, 2c, 3, 3a, 3b, 3f, 3g, 4d, 4e, 5, and 6.



Instructing the revisor to renumber the following: Minnesota Statutes, section 256B.0911, subds. 3c, 3d, and 3e.

## **Article 17: Long-Term Care Consultation Services Recodification; Conforming Changes**

This article contains conforming changes to other statutes related to the long-term care consultation services recodification in article 16.



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