

HOUSE RESEARCH

Bill Summary

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Article 1: Children and Families Policy Provisions

Overview

This article relates to the Department of Human Services' children and family services policy. Conforming amendments are made so that Minnesota Statutes are consistent with federal requirements. There is statutory reorganization so that procedures related to adoption of children under the guardianship of the commissioner are placed in one chapter. The exception to the civil judgment statute of limitations for child support which was enacted in 2010 is stricken.

- 1** **Maltreatment review panels.** Amends § 13.461, subd. 17. Strikes language and statutory reference related to child maltreatment review panels.
- 2** **Adoptive parent.** Amends § 13.465 by adding subd. 5a. Provides that data may be released to adoptive parents according to the provisions of section 260C.613, subd. 2.
- 3** **Definitions.** Amends § 256.998, subd. 1. Requires an employer to report an individual as a new hire if that person has had a lapse in employment of 60 days.
- 4** **Report contents.** Amends § 256.998, subd. 5. Strikes references to specific information that must be contained in employer reports under the child support work reporting system. New language is added to state that reports must contain all information required by federal law.
- 5** **MFIP transitional standard.** Amends § 256J.24, subd. 5. Strikes specific dollar amounts for the MFIP transitional standard and adds that the amount for the MFIP transition standard is the amount published annually by the department. The MFIP transitional standard is based in part on the annual federal cost of living increase for the food support program. Because of this the statutory amount is incorrect for much of the year.
- 6** **Persons who may be adopted.** Amends § 259.22, subd. 2. Strikes references to the commissioner of human services.

- 7 **Venue.** Amends § 259.23, subd. 1. Strikes language related to children under the guardianship of the commissioner of human services. Adds a cross-reference to the new statutory section related to adoption of children who are under the guardianship of the commissioner.
- 8 **Exceptions.** Amends § 259.24, subd. 1. Strikes references to consent to adoption by the commissioner of human services when no parent or guardian is qualified to consent.
- 9 **Child.** Amends § 259.24, subd. 3. Strikes language prohibiting a child who is under the guardianship of the commissioner from refusing placement in an adoptive home. This provision is moved to a new statutory section in chapter 260C.
- 10 **Execution.** Amends § 259.24, subd. 5. Strikes references to the commissioner. Adds new language to the notice provided to all parents who consent to an adoption.
- 11 **Withdrawal of consent.** Amends § 259.24, subd. 6a. Strikes language related to withdrawal of consent to adoption for children who are being placed under the guardianship of the commissioner. The withdrawal of consent for children under the commissioner's guardianship is moved to a new statutory section in chapter 260C. Specifies the agency that must receive written notice if a parent chooses to withdraw consent for adoption.
- 12 **Withholding consent; reason.** Amends § 259.24, subd. 7. Strikes a reference to the commissioner.
- 13 **Placement with relative or friend.** Amends § 259.29, subd. 2. Provides that a child placing agency must honor a parent's request that placement of the child with a specific relative or friend not be considered if that request is in the best interest of the child and is consistent with the relative search criteria in sections 260C.212, subdivision 2, and 260C.221.
- 14 **Best interest of the child in foster care.** Amends § 260C.193, subd. 3. Requires consideration of whether the benefits of placing siblings separately outweigh the benefits of placing the children together and maintaining their sibling connection.
- 15 **Permanency progress review for children in foster care for six months.** Amends § 260C.201, subd. 11a. Paragraph (a) requires a six month permanency progress review of foster care placement for all children in out of home placement. Current law requires a six month review for children under age eight. Adds that the review must include parent's progress on the case plan or out-of-home placement plan, the agency's efforts to reunify the child with the parent, the agency's efforts to finalize permanent placement of the child, and in the case of an Indian child, the active efforts to prevent the breakup of the Indian family.
- Paragraph (b) requires notice of the permanency hearing to be sent to certain relatives.
- Paragraph (c) allows the court at the six month review to order the local agency to develop a plan for permanent placement of the child if the parent is not complying with the case plan or is not maintaining regular contact with the child.
- Paragraph (d) requires that if a petition has been filed under this subdivision for the transfer of permanent custody to a relative or for termination of parental rights, the trial must be held within 60 days of the filing of the petition. Current law requires the trial to be held within 90 days.
- 16 **Out-of-home placement; plan.** Amends § 260C.212, subd. 1. Strikes the term "residential" and substitutes "foster care." Clarifies that efforts must be made for the child to remain in the same school even though the foster care placement may change. Requires an independent living plan for a child age 16 and older. As part of the plan, requires the agency to provide the child with the child's consumer credit report annually.

- 17 Placement decisions based on best interest of the child.** Amends § 260C.212, subd. 2. Makes technical changes to clarify that the child's medical needs and educational needs are separate considerations in selecting an appropriate placement for the child.
- 18 Relative search.** Amends § 260C.212, subd. 5. Allows relatives to receive notice of permanency progress review hearings as long as the relatives provide their current address to the responsible social service agency and the court. Creates an exception to the relative search requirement when there is past family or domestic violence and the court finds that contacting a specific relative would endanger any family member.
- 19 Administrative or court review of placements.** Amends § 260C.212, subd. 7. Requires the responsible social service agency, when developing a transition plan with a youth, to provide a copy of the youth's consumer credit report. Requires the agency to help the youth interpret the report and resolve inaccuracies in the report.
- 20 Order; retention of jurisdiction.** Amends § 260C.317, subd. 3. Strikes language related to judicial review of children under the guardianship of the commissioner and language related to long-term foster care. Provides a citation to the new statutory section containing these provisions. Clarifies that the court retains jurisdiction over children under the guardianship of the commissioner until the child is adopted, through the child's minority, or up to age 21 as long as the child remains in or returns to foster care.
- 21 Rights of terminated parent.** Amends § 260C.317, subd. 4. Provides that a parent whose parental rights have been terminated can enter into a communication or contact agreement if the court finds this is in the best interest of the child.
- 22 Guardianship.** Amends § 260C.325, subd. 1. Strikes unnecessary language. Specifies the conditions under which the court can order the commissioner to become the child's guardian.
- 23 Both parents deceased.** Amends § 260C.325, subd. 3. Provides that when the child's parent or parents are deceased the court can order guardianship of the child transferred to the commissioner or an individual capable of assuming responsibility for the child. Strikes language permitting the court to transfer guardianship to a licensed child placing agency.
- 24 Guardian's responsibilities.** Amends § 260C.325, subd. 4. Specifies that the guardian of the child has the right to visit the child at any time prior to adoption finalization. Makes the guardian responsible for making all major decisions affecting the child, and clarifies that this does not include guardianship of the estate of the child. Adds that the guardian of the child has a duty to make reasonable efforts to finalize an adoption of the child.
- 25 Change of guardian; termination of guardianship.** Amends § 260C.328. Strikes the provision allowing the court to discharge the guardianship when a child is found to be emancipated. Strikes language allowing the foster parents to be appointed as guardian for children in their care who are age 14 and older. Provides that guardianship ends when the child turns 18, but a child who has been under guardianship and has not been adopted may continue in foster care, or reenter care, until age 21 and the social service agency continues to have legal responsibility for the child.
- 26 Adoption of children under guardianship of commissioner.** Creates § 260C.601.
- Subd. 1. Review and finalization requirements; adoption procedures.** Provides that §§ 260C.601 to 260C.635 govern procedures for judicial review and finalization of adoption for children under the guardianship of the commissioner. Clarifies that all other adoption proceedings are governed by chapter 259.
- Subd. 2. Duty of responsible agency.** States that the responsible social service agency must

make reasonable efforts to finalize the adoption of children under the guardianship of the commissioner.

Subd. 3. Background study. Requires a background study to be completed before adoptive placement of the child.

27 Definitions. Creates § 260C.603. Defines the terms "adopting parent," "adoption placement agreement," "adoptive parent," "adoptive placement," "commissioner," "guardianship," and "prospective adoptive parent."

28 Reasonable efforts to finalize an adoption. Creates § 260C.605.

Subd. 1. Requirements. Provides that the responsible social service agency must make reasonable efforts to finalize the adoption of a child under the guardianship of the commissioner. Provides that efforts to find a permanent placement for the child may be concurrent with attempts to reunify the child with the parent. Lists the components of reasonable efforts.

Subd. 2. No waiver. Paragraph (a) requires the agency to make reasonable efforts to place the child for adoption until an adoption is finalized or until the child is no longer under the guardianship of the commissioner.

Paragraph (b) provides that a child cannot waive the agency's efforts to make an adoptive placement.

Paragraph (c) bars the court from relieving the agency of its duty to make reasonable efforts to find an adoptive placement for the child.

29 Review of progress toward adoption. Creates § 260C.607.

Subd. 1. Review hearings. Requires the court to review efforts to finalize adoptive placement of the child at least every 90 days.

Subd. 2. Notice. Lists the individuals and entities that must receive notice of review hearings.

Subd. 3. Right to participate. Grants the right to participate in the review hearings to the individuals and entities listed in subdivision 2.

Subd. 4. Content of review. Lists the issues and activities that must be reviewed by the court.

Subd. 5. Required placement by responsible social service agency. Paragraph (a) provides that the adoptive placement must be made by the responsible social service agency.

Paragraph (b) allows any relative or foster parent who believes the agency has not reasonably considered their request to be considered as an adoptive placement for the child, to bring this matter before the court during a review hearing. Allows the child and child's guardian ad litem to bring this request as well.

Subd. 6. Motion and hearing to order adoptive placement. Sets out the procedure for a relative or child's foster parent to file a motion for an order of adoptive placement, the court's responsibilities, and the agency's responsibilities.

Subd. 7. Changing adoptive plan when parent has consented to adoption. Provides that a court order must find that finalization of the agreed adoptive placement is impossible to achieve within 12 months of the parent's execution of consent to adopt.

Subd. 8. Timing modified. Allows the court to hold review hearings more often than every 90

days. Under specified conditions allows the court to hold reviews less often than every 90 days, but in no case less than once every six months.

30 Social and medical history. Creates § 260C.609. Requires the social service agency to compile and retain a comprehensive social and medical history for each foster child.

31 Adoption study required. Creates § 260C.611. Requires an adoption study to be completed on the home of the adoptive parent prior to placement of the child.

32 Social services agency as commissioner's agent. Creates § 260C.613.

Subd. 1. Adoptive placement decisions. Provides that the responsible social service agency has exclusive authority to make adoptive placements for children under the guardianship of the commissioner.

Subd. 2. Disclosure of data permitted to identify adoptive parent. Allows the agency to disclose private data to prospective adoptive parents for the purpose of identifying a parent willing and able to meet the child's needs.

Subd. 3. Siblings placed together. Lists the conditions under which siblings can be separated for adoptive placements.

Subd. 4. Other considerations. Prohibits the delay or denial of placement based on the race, color, or national origin of a child or the prospective adoptive parent.

Subd. 5. Required record keeping. Lists what information must be documented in the child's records and how long the records must be retained.

Subd. 6. Death notification. Provides the requirements for notification of the death of the adopted child or of members of the child's birth family.

Subd. 7. Terminal illness notification. Allows the birth parent or the child to request notification of the terminal illness of the other party.

Subd. 8. Postadoption search services. Requires the responsible social service agency to respond to requests for social and medical history, including genetic health conditions, from adopted persons age 19 and over, adoptive parents of a minor child, and birth parents.

33 Duties of the commissioner. Creates § 260C.615.

Subd. 1. Duties. Paragraph (a) provides that for children under the guardianship of the commissioner, the commissioner has exclusive rights to consent to DNR orders and to anatomical donations from the child to another person while the child is living.

Paragraph (b) imposes on the commissioner the duty to process any Interstate Compact requests, process any requests for adoption assistance, execute the adoption placement agreement, and maintain required records.

Paragraph (c) provides that duties not reserved to the commissioner under this section are delegated to the responsible social service agency.

Subd. 2. Duties not reserved. Provides that the responsible social services agency has all duties not reserved to the commissioner.

34 Sibling placement. Creates § 260C.617. Requires that reasonable efforts be made to place siblings together for adoption. Allows the court to make a determination that the siblings may be separated for adoption.

- 35** **Communication and contact agreements.** Creates § 260C.619. Allows an adopting parent and a relative or foster parent of the child to enter into an agreement regarding communication and contact with the child. Sets out the conditions and requirements for the agreement.
- 36** **Jurisdiction and venue.** Creates § 260C.621.
- Subd. 1. Jurisdiction.** Provides the juvenile court with jurisdiction for all adoption proceedings, including when a child is placed outside the state and the adoption petition is filed in Minnesota. For cases in which the child is placed outside the state, when the receiving state has approved the adopting home, that state also has jurisdiction to conduct an adoption proceeding.
- Subd. 2. Venue.** Provides that venue is the county of the court conducting adoptive placement reviews, except under certain conditions the adoption petition may be filed in the county where the adoptive parent resides.
- 37** **Adoption petition.** Creates § 260C.623.
- Subd. 1. Who may petition.** Allows the responsible social service agency or the adopting parent to file the adoption petition. Requires the adopting parent to be at least 21 years of age unless the individual is related to the child.
- Subd. 2. Time for filing petition.** Requires the adoption petition to be filed no later than nine months after the adoption placement agreement has been executed. Allows this time to be extended for certain circumstances.
- Subd. 3. Requirements of petition.** Lists the information that must be included in the verified petition.
- Subd. 4. Attachments to the petition.** Lists the documents that must be filed with the petition.
- 38** **Documents filed by social services agency.** Creates § 260C.625. Lists the information that must be filed by the social services agency prior to finalization of the adoption.
- 39** **Notice of adoption proceedings.** Creates § 260C.627.
- Subd. 1. To whom given.** Paragraph (a) provides that notice shall not be given to a parent whose rights have been terminated or who has consented to the adoption.
- Paragraph (b) lists the individuals who must receive notice of the adoption proceedings.
- Paragraph (c) requires the petition to be attached to the notice of hearing.
- Subd. 2. Method of service.** Provides that service can be by mail or any other method approved by the Rules of Adoption Procedure.
- 40** **Finalization hearing.** Creates § 260C.629.
- Subd. 1. Consent.** Paragraph (a) requires a parent to consent to the child's adoption if the parent's rights have not been terminated; provides that this consent is irrevocable when accepted by the court. Provides that when a parent of an Indian child consents to an adoption that consent may be withdrawn at any time prior to finalization of the adoption.
- Paragraph (b) requires a child, age 14 and older, to consent to the adoption in writing.
- Paragraph (c) provides consent by the commissioner or the social service agency is not

required.

Subd. 2. Required documents. Lists the records that must be contained in the court file before an adoption decree can be issued.

- 41 Judgment and decree.** Creates § 260C.631. Provides that after taking testimony from the social services agency and the adopting parent, the court may issue the adoption decree if the court finds it is in the best interests of the child to do so. Requires a copy of the decree to be mailed to the commissioner.
- 42 Adoption denied.** Creates § 260C.633. Requires the court to deny the adoption petition when the court finds that the proposed adoption is not in the best interests of the child. Instructs the social service agency to take action for the safety and protection of the child.
- 43 Effect of adoption.** Creates § 260C.635.
- Subd. 1. Legal effect.** Provides that upon adoption:
- a legal parent and child relation is created between the child and adoptive parent;
 - the child shall inherit from the adoptive parents and their relatives, and the adoptive parents and relatives shall inherit from the child;
 - the birth parents are relieved of all parental responsibilities, except the duty of support that accrued prior to the order for guardianship to the commissioner; and
 - the child has no legal duty to the birth parents or their relatives nor shall the child inherit from the birth parent or their relatives unless otherwise provided in a will.
- Subd. 2. Enrollment in American Indian tribe.** Adoption of an Indian child does not change the child's enrollment in that tribe.
- Subd. 3. Communication or contact agreements.** This section does not prohibit communication or contact agreements.
- 44 Access to original birth record information.** Creates §260C.637. Allows an adopted person to request original birth record information according to section 259.89.
- 45 Judgments, ten years.** Amends § 541.04. Repeals the child support exception to the statute of limitations on civil judgments. Makes this section effective retroactive from April 15, 2010.
- 46 Entry and docketing; survival of judgment.** Amends § 548.09, subd. 1. Repeals the child support exception to the statute of limitations on civil judgments. Makes this section effective retroactive from April 15, 2010.
- 47 Definitions.** Amends § 626.556, subd. 2. Provides that if, through information contained in birth records, the department learns the parent of a newborn child has been previously known to the child protection system, then a report of threatened harm will be sent to the local social service agency to conduct an assessment or investigation to determine whether the child is safe. Allows the agency to take action to ensure the safety of the child.
- 48 Notice of determination.** Amends § 626.556, subd. 10f. Strikes a statutory cross-reference to the child maltreatment review panel.
- 49 Administrative reconsideration; review panel.** Amends § 626.556, subd. 10i. Strikes language related to the child maltreatment review panel.
- 50 Records.** Amends § 626.556, subd. 11. Strikes language related to the child maltreatment review panel.

51 Repealer. Repeals § 256.022, the child maltreatment review panel.

52 Effective date. This article is effective August 2, 2012.

Article 2: Safe Place for Newborns

Overview

This article expands the definition of "safe place." It permits an infant born within seven days to be left with an employee of a safe place.

1 Give life a chance; safe place for newborns duties; immunity. Amends § 145.902.

Subd. 1. General. Paragraph (a) provides that for purposes of this section, a "safe place" is a hospital licensed under section 144.50 to 144.56, a health care provider who provides 24-hour urgent care medical services, or an ambulance service licensed under chapter 144E dispatched in response to a 911 call.

Paragraph (b) provides that newborns may be left with an employee of a safe place during the first seven days of the infant's life. Current law limits the timeframe to within 72 hours of birth.

Paragraph (c) makes conforming changes.

Paragraph (d) instructs an urgent care provider to contact 911 and ask for an ambulance to be dispatched. Provides that an ambulance must transport the newborn to a hospital for care.

Subd. 2. Reporting. Requires the hospital to inform the responsible social service agency within 24 hours of the time the hospital receives the newborn. Requires the hospital to provide necessary care for the newborn. Prohibits the hospital from contacting the social service agency in the presence of the mother or person leaving the infant at the hospital.

Subd. 3. Immunity. Makes technical changes.

2 Give life a chance; safe place for newborns. Amends § 260C.217.

Subd. 1. Duty to attempt reunification, duty to search for relatives, and preferences not applicable. Provides that the social service agency that accepts responsibility for a child left at a safe place is not required to attempt to reunify the child with the child's parents.

Subd. 1a. Definitions. Provides that for purposes of this section, "safe place" has the meaning given in section 145.902.

Subd. 2. Status of child. Provides that an infant left at a safe place is considered an abandoned child for purposes of adoption proceedings.

Subd. 3. Relinquishment of a newborn. Allows a mother or any person with the mother's permission to bring a newborn to a safe place and leave the infant in the care of an employee of the safe place. Allows a mother or a person with the mother's permission to call 911 and ask for an ambulance to be dispatched to an agreed upon location to relinquish the newborn.

Subd. 4. Placement of newborn. Requires the social service agency to place the infant in foster care for 72 hours while a petition is filed with the court. Requires the agency to immediately begin planning for adoptive placement.

3 Unharmed newborns left at a safe place; avoidance of prosecution. Makes changes to conform to

the new definition of "safe place" and the new seven day timeframe under which a newborn can be left with an employee of a safe place.

Article 3: Adoption Assistance

Overview

This article updates adoption assistance procedures and ensures this program is targeted to meet the needs of special needs children who are under the guardianship of the commissioner.

- 1 **Definitions.** Creates § 259A.01. Provides definitions for "adoption assistance," "adoptive parent," "AFDC," "assessment," "at-risk child," "basic maintenance payment," "child," "child-placing agency," "child under guardianship of the commissioner of human services," "commissioner," "consent of parent to adoption under chapter 260C," "department," "disability," "foster care," "guardian," "guardianship," "Indian child," "legal custodian," "medical assistance," "parent," "permanent legal and physical custody," "preadoptive parent," "reassessment," "relative," "relative search," "sibling," "social and medical history," "supplemental needs payment," and "termination of parental rights."
- 2 **Program administration.** Creates § 259A.05.
 - Subd. 1. Administration of title IV-E programs.** Requires the IV-E Adoption Assistance program to comply with federal requirements.
 - Subd. 2. Administration responsibilities.** Establishes the administrative process for determining a child's eligibility for adoption assistance. Requires child-placing agencies to assist the commissioner with administering the adoption assistance program. Requires disclosure of the child's eligibility for Medicaid in the state of residence.
 - Subd. 3. Procedures, requirements, and deadlines.** Requires the commissioner to establish procedures, requirements, and deadlines for administration of the adoption assistance program.
 - Subd. 4. Promotion of programs.** Instructs the commissioner to ensure parents who adopt child with special needs are informed of the adoption tax credit. Directs the commissioner to actively seek ways to promote the adoption assistance program.
- 3 **Eligibility requirements.** Creates § 259A.10.
 - Subd. 1. General eligibility requirements.** Paragraph (a) lists the eligibility criteria for a child to be eligible for adoption assistance.

Paragraph (b) provides that the adoptive parents must meet background study requirements.
 - Subd. 2. Special needs determination.** Lists the requirements and procedures that must be met or exhausted in order for a child to be identified as a child with special needs and eligible for adoption assistance.
 - Subd. 3. Citizenship and immigration status.** Paragraph (a) requires that to be eligible for IV-E adoption assistance a child must be a United States citizen or otherwise eligible for federal public benefits.

Paragraph (b) requires that to be eligible for state-funded adoption assistance a child must be a United States citizen or meet the qualified alien requirements.
 - Subd. 4. Background study.** Requires each prospective adoptive parent to have a background study. Lists criminal convictions that would cause a prospective adoptive parent to be

ineligible to receive adoption assistance on behalf of a child.

Subd. 5. Responsibility for determining adoption assistance eligibility. Requires the state to determine eligibility for children under the guardianship of the commissioner, a child not under guardianship of the commissioner but who meets the IV-E requirements and no state agency has responsibility for the child, a child under tribal jurisdiction, and an Indian child being placed in Minnesota who meets IV-E eligibility requirements.

Subd. 6. Exclusions. Provides that an adoption assistance agreement cannot be entered into with a child's biological parent, a child's relative with whom the child lived prior to placement, a child's legal custodian or guardian, an individual adopting a child through a direct adoptive placement, or an individual adopting a child who is not a citizen or resident of the U.S. and was either adopted in another country or brought to this country for the purpose of adoption.

4 Establishment of adoption assistance eligibility. Creates § 259A.15.

Subd. 1. Adoption assistance certification. Requires that documentation from a qualified expert must accompany the child-placing agency's certification that a child meets the special needs criteria. Provides that documentation that a child is an at-risk child must meet the requirements established by the commissioner.

Subd. 2. Adoption assistance agreement. Paragraph (a) states that an adoption assistance agreement is a binding contract.

Paragraph (b) provides that in order for a parent to receive adoption assistance benefits the adoption assistance agreement must be negotiated with the parent. It must be a written agreement signed by the parent, a representative of the child-placing agency, and the commissioner. Disruption or termination of the adoptive placement prior to finalization voids the agreement.

Paragraph (c) lists the mandatory components of the adoption assistance agreement.

Paragraph (d) states the agreement is effective on the date of the adoption decree.

Subd. 3. Assessment tool. Requires that an assessment prescribed by the commissioner must be completed for any child who has a disability that necessitates care beyond that provided in a family setting. The assessment must be submitted with the adoption assistance certification.

5 Benefits and payments. Creates § 259A.20.

Subd. 1. General information. Requires monthly adoption assistance payments to begin when the commissioner receives the adoption decree and are payable only to the parent or parents specified on the adoption agreement. Provides that payment is considered income and a resource attributable to the child.

Subd. 2. Medical assistance eligibility. Provides the criteria for medical assistance eligibility.

Subd. 3. Payments. Provides a detailed schedule of the adoption assistance payment guidelines. Includes the basic maintenance payments and the supplemental needs schedule for children with a disability.

Subd. 4. Reimbursement for special nonmedical expenses. States that reimbursement for nonmedical expenses is available to children, except those who are at-risk children. Requires that adoptive parents must first document that all available resources have been exhausted before reimbursement will be given. Requires prior authorization. Lists the expenses that may be eligible for reimbursement.

6 Determination of adoption assistance benefits and payment. Creates § 259A.25.

Subd. 1. Negotiation of adoption assistance agreement. Requires the adoptive parents and the child-placing agency to negotiate the amount of payment, with consideration given to the needs of the child and the circumstances of the parents. Requires documentation of disability and manifestation of this disability for an at-risk child before the monthly payment will be made.

Subd. 2. Renegotiation of adoption assistance agreement. Permits an adoptive parent to request renegotiation of the amount of the adoption assistance payment when there is a change in the child's needs or the family's circumstances. Requires reassessment of the child. If the renegotiation is for payments for an at-risk child, the adoptive parents must submit documentation from a qualified expert, and a reassessment is required.

Subd. 3. Child income or income attributable to the child. Provides that any income received by the child must be disregarded when determining the adoption assistance payment.

7 Reporting responsibilities. Creates § 259A.30.

Subd. 1. Notification of change. Requires adoptive parents to notify the agency of changes in status or circumstances that would make the child ineligible for adoption assistance. Provides a list of additional changes in status that require the adoptive parents to notify the agency within 30 days.

Subd. 2. Current and true information. Provides that if an adoptive parent knowingly provides false information or fails to notify the commissioner or agency of changes that may affect eligibility, then the adoptive parent may be investigated for theft and face criminal sanctions.

8 Termination of agreement. Creates § 259A.35.

Subd. 1. Reasons for termination. Lists the reasons for termination of an adoption agreement and the circumstances under which the adoptive parent is no longer legally responsible for the child.

Subd. 2. Death of adoptive parent or adoption dissolution. States that the adoption assistance agreement ends upon the death or termination of parent rights of the adoptive parent.

Subd. 3. Termination notice for parent. Requires the commissioner to send written notification of termination of adoption assistance to the adoptive parent.

9 Assignment of adoption assistance agreement. Creates § 259A.40.

Subd. 1. Continuing child's eligibility for title IV-E adoption assistance in a subsequent adoption. Provides that the child remains eligible in a subsequent adoption if the specified criteria are met.

Subd. 2. Assigning a child's adoption assistance to a court-appointed guardian. In cases where a child is eligible for state-funded adoption assistance, the commissioner can consent, for a maximum of six months, to continue paying the assistance to a guardian appointed by the court upon the death of the adoptive parent.

10 Extension of adoption assistance agreement. Creates § 259A.45.

Subd. 1. General requirements. Provides that a child may be eligible for adoption assistance

up to age 21 in limited circumstances. Lists the process for requesting the extension.

Subd. 2. Extension past age 18 for child adopted after 16th birthday. Provides the criteria under which a child who was adopted after their 16th birthday remains eligible for adoption assistance to age 21.

Subd. 3. Extension past age 18 for child adopted prior to 16th birthday. Provides the criteria under which a child who was adopted before their 16th birthday remains eligible for adoption assistance to age 21.

11 Overpayments of adoption assistance. Creates § 259A.50. States that the commissioner is entitled to recover overpayments paid to the adoptive parents even if the overpayment was caused by agency error.

12 Appeals and fair hearings. Creates § 259A.55.

Subd. 1. Appeals for denials, modifications, or terminations. Allows an adoptive parent or a prospective adoptive parent to appeal to the commissioner under specified circumstances.

Subd. 2. Extenuating circumstances. Allows an adoptive parent who believes extenuating circumstances resulted in the adoption being finalized before the adoption assistance agreement was fully executed to request a fair hearing. Places the burden of proof on the adoptive parent.

13 Interstate compact on adoption and medical assistance. Creates § 259A.65.

Subd. 1. Purpose. Provides a purpose and policy statement.

Subd. 2. Definitions. Defines "adoption assistance state," "resident state," and "state."

Subd. 3. Compacts authorized. Grants the commissioner authority to develop, negotiate, and enter into interstate compacts with other states to implement Medicaid for children receiving adoption assistance.

Subd. 4. Contents of compacts. Lists the elements that must be included in the compacts.

Subd. 5. Duties of the commissioner of human services regarding medical assistance. Lists the commissioner's responsibilities in providing medical assistance for children with an adoption assistance agreement.

Subd. 6. Cooperation with Medicaid. Instructs the adoptive parents to abide by Medicaid program requirements.

Subd. 7. Federal participation. Requires the commissioner to comply with state and federal laws.

14 Reimbursement of nonrecurring adoption expenses. Creates § 259A.70. Requires the commissioner to reimburse an adoptive parent for costs incurred in adopting a child with special needs according to section 259A.10, subdivision 2. Provides that reimbursement cannot exceed \$2,000. Sets out the procedures for adoptive parents to receive reimbursement and circumstances under which they are eligible.

15 Reimbursement of certain agency costs; purchase of service contracts. Creates § 259A.75.

Subd. 1. General information. Provides that a Minnesota county or tribal agency shall receive a 100 percent reimbursement from the commissioner for the cost of contracted adoption placement services that are not reimbursed under other federal or state sources.

Allows the commissioner to spend up to \$16,000 for each contract. Instructs the commissioner to set aside an amount not to exceed 5 percent of the fiscal year appropriation for adoption assistance to reimburse placing agencies for child-specific adoption services.

Subd. 2. Child eligibility criteria. Lists the criteria for a child to be the subject of a purchase of service contract.

Subd. 3. Agency eligibility criteria. Requires an agency to be licensed in Minnesota and provides that reimbursement will only be made only for services provided before finalization of the adoption.

Subd. 4. Application and eligibility determination. Requires the agency requesting reimbursement to submit a completed purchase of service application to the commissioner. Provides that the commissioner shall determine eligibility for reimbursement.

Subd. 5. Reimbursement process. Requires the agency providing services to track all billable services. Allows the commissioner to determine whether the requested reimbursement costs are reasonable and appropriate.

Subd. 6. Retention of purchase of service records. Requires agencies to maintain all records related to purchase of service contracts in compliance with the department's record retention schedule.

16 Effective date. Provides an August 1, 2012 effective date.

Article 4: Child Protection

Overview

This article consolidates statutes so that all provisions related to permanency and adoptions are in one chapter. It clarifies permanency requirements.

1 Duty to ensure placement prevention and family reunification; reasonable efforts. Amends § 260.012. Adds that reasonable efforts to prevent placement and for reunification are not required when the parent has committed sexual abuse against the child or another child of the parent, or the parent has committed an offense that requires registration as a predatory offender.

2 Title, intent, and construction. Amends § 260C.001.

Subd. 1. Citation; scope. Changes "child protection" to "juvenile protection." Adds that juvenile protection proceedings include matters involving child in need of services or protection, permanency, postpermanency reviews, and adoption.

Subd. 2. Juvenile protection proceedings. Makes technical changes and adds a cross-reference. Adds that a purpose of juvenile protection proceedings is to ensure appropriate permanency planning for a child in foster care.

Subd. 3. Permanency, termination of parental rights, and adoption. Adds that the purpose of laws related to adoption is to ensure reasonable efforts are made to finalize an adoptive home for a child who is under the guardianship of the commissioner in a timely manner.

Subd. 4. Construction. Makes a technical change.

3 Child. Amends § 260C.007, subd. 4. Adds a cross-reference to chapter 260D.

- 4 Putative father.** Amends § 260C.007, by adding subdivision 26a. Provides that putative father has the meaning given in section 259.21, subdivision 12.
- 5 Responsible social services agency.** Amends § 260C.007, by adding subdivision 27a. Defines responsible social services agency as the county social services agency responsible for public child welfare.
- 6 Sibling.** Amends § 260C.007, by adding subdivision 31. Defines sibling as one of two or more individuals who have one or both parents in common through blood, marriage, or adoption.
- 7 Other matters relating to children.** Amends § 260C.101, subdivision 2. Adds that the juvenile court has jurisdiction over permanency matters. Adds that the court retains jurisdiction of children over age 18 in certain circumstances. Strikes obsolete language.
- 8 Investigation.** Amends § 260C.157, subdivision 1. Adds cross-references to the language on adoption investigations.
- 9 General.** Amends § 260C.163, subdivision 1. Clarifies that adoption proceedings are closed to the public and all records are inaccessible except as provided in the Minnesota Rules of Adoption Procedure. Makes technical changes.
- 10 County attorney.** Amends § 260C.163, subdivision 4. Clarifies that in adoption proceedings the county attorney has the responsibility to advance the public interest in the welfare of the child.
- 11 Hearing and release requirements.** Amends § 260C.178, subdivision 1. Adds that reunification efforts are not required if a parent has committed sexual abuse against the child or another child of the parent or if the parent has committed an offense that requires registration as a predatory offender. Updates cross-references. Adds that when a child has been ordered into an out-of-home placement, the court can order assessments of the parent in order to develop a reunification plan.
- 12 Out-of-home placement plan.** Amends § 260C.178, subdivision 7. Makes technical and clarifying changes.
- 13 Best interest of the child.** Amends § 260C.193, subdivision 3. Requires the court to review the status of an agency's efforts to locate relatives no later than three months after a child has been removed from the home. Clarifies that the best interest standards apply throughout the juvenile protection process.
- 14 Jurisdiction to review foster care to age 21, termination of jurisdiction, jurisdiction to age 18.** Amends § 260C.193, subdivision 6. Corrects cross-references. Adds the circumstances under which the juvenile court retains jurisdiction over a child when the child becomes age 18.
- 15 Written findings.** Amends § 260C.201, subdivision 2. Expands written findings of fact that must be included in the court's dispositional order.
- 16 Court review of foster care.** Amends § 260C.201, subdivision 10. Adds that the court must also review the child's placement during judicial reviews. Corrects cross-references.
- 17 Relative search.** Amends § 260C.212, subdivision 5. Requires ongoing efforts to locate a relative for placement of a child. Allows agencies to use any reasonable means to locate a relative. Adds a requirement for the agency to issue a report to the court within three months after the child's foster care placement on the agency's efforts to locate relatives. Allows the court, when satisfied the agency has exercised due diligence to locate relatives, to find the agency has used reasonable efforts to locate a relative.

- 18 Administrative or court review of placements.** Amends § 260C.212, subdivision 7. Clarifies the responsibility for administrative reviews of placement. Sets out the requirements for a state agency when a child will be discharged from foster care at age 18 or older. Specifies components of the written plan.
- 19 Duties of commissioner.** Amends § 260C.215, subdivision 4. Makes technical and format changes. Lists the practice, training curricula, types of forms, guidance, and consultation that the commissioner is to provide to agencies.
- 20 Duties of child-placing agencies.** Amends § 260C.215, subdivision 6. Deletes references to provisions prohibited by federal law related to recruitment of foster and adoptive parents.
- 21 Voluntary foster care for children over age 18; required court review.** Creates § 260C.229. Sets out the procedures and requirements for voluntary placement and reviews.
- 22 Findings regarding reasonable efforts.** Amends § 260C.301, subdivision 8. Makes clarifying changes.
- 23 Change of guardian; termination of guardianship.** Amends § 260C.328. Strikes language permitting the guardian and the foster child petition the court to discharge the guardian and appoint the foster parents as guardian of the child. Allows a child who has not been adopted to continue in or reenter foster care at age 18 or after.
- 24 Foster care benefits past age 18.** Amends § 260C.451. Clarifies eligibility for individual over age 18 to reenter foster care. Provides that a child who can safely return home, a youth who is receiving adult services due to a developmental disability, or a youth who can be adopted or have a permanent legal home with a relative are ineligible for foster care reentry.
- 25 Permanency proceedings.** Creates § 260C.503.
- Subd. 1. Required permanency proceedings.** Requires permanency proceedings no later than 12 months after the child was placed in care.
- Subd. 2. Termination of parental rights.** Lists the conditions under which the agency must request the county attorney immediately file a petition to terminate parental rights.
- Subd. 3. Calculating time to required permanency proceeding.** Sets out the method of determining the time when permanency hearings are required to be held.
- 26 Petition.** Creates § 260C.505. Establishes the time limits for when a petition must be filed and upon whom it must be served. Provides that a petition is not required if the child is being reunified with the parent.
- 27 Admit-deny hearing.** Creates § 260C.507. Established the time limits for when the admit-deny hearing on a permanency or TPR petition must be held. Requires the court to enter findings.
- 28 Trial.** Creates § 260C.509. Requires a trial to be held in a timely fashion.
- 29 Best interests of the child.** Creates § 260C.511. Provides that in determining the best interests of the child all relevant factors must be considered.
- 30 Permanency dispositions when child cannot return home.** Creates § 260C.513. Provides that if a child cannot return home, the preferred permanency option is TPR and guardianship to the commissioner.
- 31 Permanency disposition orders.** Creates § 260C.515. Lists the options available to the court for

dispositional orders when a child cannot be returned to the home from which the child was removed.

- 32 Findings and content of order for permanency disposition.** Creates § 260C.517. Lists the judicial findings that must be included in an order for out-of-home placement, except for a TPR order.
- 33 Further court hearings.** Creates § 260C.519. Lists when hearings are required after a permanency disposition order has been entered.
- 34 Court reviews after permanency disposition order.** Creates § 260C.521.
- Subd. 1. Child in permanent custody of responsible social services agency.** Requires at least yearly review. Lists the requirements of the review and issues to be examined.
- Subd. 2. Modifying an order for permanent legal and physical custody to a relative.** Requires that the best interests standards must be used in making this modification.
- Subd. 3. Modifying order for permanent custody to agency for placement in foster care.** Allows a parent to file a motion for the child's return home. Allows the responsible social service agency to ask the court to vacate the permanent custody order under specified circumstances.
- 35 Effective date.** Provides an effective date of August 1, 2012.

Article 5: Child Support

Overview

This article makes technical changes related to recognition of parentage forms and to a court's continuing, exclusive jurisdiction over child support cases.

- 1 American Indian child welfare projects.** Amends §256.01, subd. 14b. Provides that an American Indian child is one who is under 21 years old. Current law says under 18 years of age.
- 2 Hospital and Department of Health; recognition form.** Amends § 257.75, subdivision 7. Adds that hospitals and the registrar of vital statistics must help new parents complete recognition of parentage form and provide notary services. Requires hospitals to timely file the form with the registrar of vital statistics. This change is being made to comply with federal requirements.
- 3 Change in child care.** Amends §518A.40, subd. 4. Allows the county agency to suspend collecting child care support if either party tells the agency that no child care costs are being incurred and the obligee verifies this fact or the obligee fails to respond within 30 days of written inquiry from the agency.
- 4 Continuing, exclusive jurisdiction.** Amends § 518C.205. Clarifies that when there is an open child support case, when both parents and the child move from the state of Minnesota, the Minnesota courts do not retain continuing, exclusive jurisdiction over the child support matter.
- 5 Reciprocal agreement; child support enforcement.** Instructs DHS to initiate procedures to enter into a reciprocal child support agreement with Bermuda. Provides that this section is effective upon Bermuda's written acceptance and agreement to enforce Minnesota child support orders. Allows this section to expire October 1, 2013, if Bermuda does not accept and declines to enforce Minnesota orders.
- 6 Effective date.** Provides an August 1, 2012 effective date.

Article 6: Technical and Conforming Amendments

Overview

This article makes technical changes to conform to changes made in article 3, and to conform statutes to requirements of federal law.

- 1 **Records required.** Amends § 257.01. Makes a conforming change to reflect that youth can remain in foster care to age 21.
- 2 **Transfer of funds.** Amends §259.69. Makes technical change from "subsidized adoption account" to "adoption assistance account."
- 3 **Reimbursement of nonrecurring adoption expenses.** Amends § 259.73. Strikes language and makes a cross-reference to section 259A.70.
- 4 **Voluntary and involuntary.** Amends § 260C.301, subdivision 1. Corrects a cross-reference.
- 5 **Annual review.** Amends § 260D.08. Clarifies requirements for judicial reviews of children in voluntary foster care under this chapter.
- 6 **Disposition of child of parent arrested.** Amends § 611.012. Allows a law enforcement officer to release a child to a person designated by the parent unless the child is found in surroundings or conditions that endanger the child.
- 7 **Definitions.** Amends § 626.556, subdivision 2. Conforms the maltreatment of minors act to federal law requiring that a parent's status as a predatory offender be added to the definition of threatened sexual abuse. Adds fetal alcohol syndrome to prenatal substance abuse exposure definition.
- 8 **Duties of local welfare agency and local law enforcement agency upon receipt of report.** Amends § 626.556, subdivision 10. Makes technical changes to reflect the difference between an assessment and an investigation.
- 9 **Determinations.** Amends § 626.556, subdivision 10e. Provides that a child under the age of 10 cannot be classified as the perpetrator of maltreatment.
- 10 **Notice of determinations.** Amends § 626.556, subdivision 10f. Makes technical changes to reflect the difference between an assessment and an investigation.
- 11 **Administrative reconsideration; review panel.** Amends § 626.556, subdivision 10i. Strikes the requirement for the commissioner to establish a panel to review complaints about facility investigations. Clarifies that there is a right to an administrative appeal.
- 12 **Release of certain assessment or investigative records to other counties.** Amends § 626.556, subdivision 10k. Clarifies that investigative and assessment records can be released.
- 13 **Revisor's instruction.** Instructs the Revisor to renumber specific sections and make necessary cross-reference changes.
- 14 **Repealer.** Paragraph (a) repeals Minnesota Statutes, §§ 256.022 (child maltreatment review panel); 259.67 (adoption assistance program); 259.71 (interstate adoption compact; service payments); 260C.201, subd. 11 (review of court-ordered placements; permanent placement determinations); 260C.215, subd. 2 (duties of the commissioner); and 260C.456 (foster care benefits until age 21).

Paragraph (b) repeals Minnesota Rules, parts 9560.0071 (applicability and purpose); 9560.0082 (certification); 9560.0083 (determination of amount of adoption subsidy); 9560.0091 (subsidy

agreement.; 9560.0093 (modification of subsidy), subparts 1 (modification or termination), 3 (appeal), and 4 (local social service agency assistance); 9560.0101 (reimbursement procedures); and 9560.0102 (reimbursement for placing agency).

- 15** **Effective date.** Provides an August 1, 2012 effective date.

Article 7: Child Care

Overview

This article modifies the child care assistance program.

- 1** **Date of eligibility for assistance.** Amends § 119B.09, subd. 7. Changes the date of eligibility for the Basic Sliding Fee child care program from the date of signature to the date of receipt of the application.
- 2** **Fee schedule.** Amends § 119B.12, subd. 1. Changes the parent fee schedule from monthly to biweekly.
- 3** **Parent fee.** Amends § 119B.12, subd. 2. Makes a conforming change related to the change to the parent fee schedule.
- 4** **Background study required.** Amends § 119B.125, subd. 1a. Modifies background study requirements to align background study requirements for legal, nonlicensed providers with the requirements for licensed providers.
- 5** **Persons who cannot be authorized.** Amends § 119B.125, subd. 2. Modifies background study requirements to align background study requirements for legal, nonlicensed providers with the requirements for licensed providers.
- 6** **Record-keeping requirement.** Amends § 119B.125, subd. 6. Requires child care providers receiving child care assistance payments to maintain written attendance records. Specifies the information that must be included in the written records.
- 7** **Subsidy restrictions.** Amends § 119B.13, subd. 1. Changes the frequency of the market rate survey from annual to biennial beginning in 2012.
- 8** **Provider payments.** Amends § 119B.13, subd. 6. Prohibits child care assistance payments to providers who are not in compliance with certain licensing or child care assistance program requirements.
- 9** **Child care assistance program rule change.** Requires the commissioner to amend Minnesota Rules to remove a requirement that child care assistance applications be submitted by mail or delivered to the agency within 15 calendar days after the date of signature. Requires the commissioner to comply with the expedited rulemaking process in adopting the amendment.

Article 8: Simplification of MFIP and DWP

Overview

This article makes changes to simplify MFIP and DWP.

- 1** **Caregiver.** Amends § 256J.08, subd. 11. Modifies the definition of "caregiver" by removing the term "natural parent" and replacing it with "birth parent."
- 2** **Mandatory assistance unit composition.** Amends § 256J.24, subd. 2. Removes the term "natural

parent" and replaces it with "birth parent."

- 3 **Recertification.** Amends § 256J.32, subd. 6. Aligns MFIP redetermination policy with food support policy for employed MFIP participants by removing the requirement to come into the office for a face-to-face visit to redetermine benefits. Makes this section effective October 1, 2011.
- 4 **Purpose.** Amends §256J.575, subd. 1. Clarifies that family stabilization services are designed for families who don't make significant progress in the regular employment and training services provided in the MFIP program.
- 5 **Definitions.** Amends §256J.575, subd. 2. Strikes definitions of "case manager" and "case management." Modifies the definition of "family stabilization services" to include services provided by or through a county agency or employment services agency.
- 6 **Family stabilization plans; services.** Amends §256J.575, subd. 5. Requires the agency to attempt to meet with a new participant within 30 days of eligibility determination in order to develop a family stabilization plan. Requires that family stabilization participants be given access to employment and training services that are available to other MFIP recipients.
- 7 **Cooperation with service requirements.** Amends §256J.575, subd. 6. Requires the participant to engage in family stabilization services based on the needs of the participant and family.
- 8 **Funding.** Amends §256J.575, subd. 8.
- 9 **Work participation cash benefits.** Amends § 256J.621. Removes inconsistent language.
- 10 **Exclusive procedure.** Amends § 256J.68, subd. 7. Modifies the injury protection program to extend third party liability protection to participants.
- 11 **Eligibility for DWP.** Amends § 256J.95, subd. 3. Modifies eligibility for the DWP program by making technical changes and removing two categories of persons from the list of persons excluded from DWP eligibility.

Article 9: Continuing Care

Overview

This article makes changes to nursing facility provisions, adult foster care licensed capacity provisions, and the common entry point designation centralized database, and repeals obsolete nursing facility statutes.

- 1 **Exceptions authorizing increase in beds; hardship areas.** Amends § 144A.071, subd. 3. Specifies that the operating payment rates previously in effect shall remain if, after the approved beds have been added, fewer than 50 percent of the beds in a facility are newly licensed. If, after the approved beds have been added, 50 percent or more of the beds in a facility are newly licensed, operating payment rates will be determined according to interim and settle up operating payment rate rules.
- 2 **Exceptions for replacement beds.** Amends § 144A.071, subd. 4a. Corrects cross-references.
- 3 **Licensing moratorium.** Amends § 245A.03, subd. 7. Removes obsolete language. Provides the commissioner the authority to indicate on a license whether the physical location of a foster care setting is the primary residence of the license holder. Requires license holders to notify the commissioner immediately if their primary residence changes. Specifies notification requirements of license holders who also provide services in the foster care home that are covered by a federally approved home and community-based waiver, specifies that these providers are considered registered under the residential support services provision, and requires this registration status to be identified

on the license.

- 4 **Adult foster care license capacity.** Amends § 245A.11, subd. 2a. Prohibits the commissioner from issuing new corporate adult foster care licenses for five beds after June 30, 2014. Allows facilities licensed for five beds before June 30, 2016, to continue with a capacity of five adults if the license holder continues to comply with the requirements of this section.
- 5 **Community residential setting license.** Amends § 245A.11, subd. 8. Postpones a requirement that the commissioner propose statutory language and an implementation plan for licensing requirements for residential support services to the legislature from January 15, 2011, to January 15, 2012, and makes it part of the quality outcome standards.
- 6 **Support grants.** Amends § 252.32, subd. 1a. Makes families who are receiving services under the home and community-based waivers for persons with disabilities, PCA services, or a consumer support grant ineligible to receive a family support grant.
- 7 **Report by commissioner of human services.** Creates § 252.34. Beginning January 1, 2013, creates one biennial report to the legislature that contains the overarching goals and priorities for individuals with disabilities, including the status of various programs.
- 8 **Rules.** Amends § 252A.21, subd. 2. Removes a requirement that the guardianship rule address quarterly reports for public wards.
- 9 **Consumer support grant program after July 1, 2001.** Amends § 256.476, subd. 11. Modifies the methodology used to calculate the maximum allowable monthly consumer support grant.
- 10 **Nursing home license surcharge.** Amends § 256.9657, subd. 1. Removes an obsolete cross-reference.
- 11 **Personal care.** Amends § 256B.0625, subd. 19c. Clarifies cross-references.
- 12 **Definitions.** Amends § 256B.0659, subd. 1. Modifies the definition of "extended PCA service."
- 13 **Noncovered PCA services.** Amends § 256B.0659, subd. 3. Clarifies language and removes obsolete language.
- 14 **Responsible party; generally.** Amends § 256B.0659, subd. 9. Modifies the list of persons prohibited from being the responsible party.
- 15 **PCA; requirements.** Amends § 256B.0659, subd. 11. Removes obsolete language and makes technical changes.
- 16 **Qualified professional; qualifications.** Amends § 256B.0659, subd. 13. Postpones the effective date, by one year, of certain training requirements for qualified professionals. Makes technical and clarifying changes regarding the requirements of the training. Requires qualified professionals working for a Medicare-certified home health agency to successfully complete the competency test.

Makes this section effective retroactive to July 1, 2011.
- 17 **Qualified professional; duties.** Amends § 256B.0659, subd. 14. Makes technical changes and modifies the list of activities that are not eligible for MA payment as qualified professional services.
- 18 **PCA choice option; qualifications; duties.** Amends § 256B.0659, subd. 19. Modifies the list of PCA choice provider agency requirements by removing a reference to qualified professionals.
- 19 **Requirements for initial enrollment of PCA provider agencies.** Amends § 256B.0659, subd. 21. Modifies requirements related to employee training. Requires Medicare-certified home health agency

owners, supervisors, and managers to successfully complete the competency test.

- 20 Notice of service changes to recipients.** Amends § 256B.0659, subd. 30. Places a sunset date of January 1, 2012 on a requirement to provide notice of changes in MA PCA services to each affected recipient at least 30 days before the effective date of the change.
- Makes this section effective July 1, 2012.
- 21 Annual report by commissioner.** Amends § 256B.0916, subd. 7. Sunsets an annual reporting requirement related to the DD waiver on January 1, 2013. This reporting requirement is replaced by the new report created under section 7.
- 22 Residential support services.** Amends § 256B.092, subd. 11. Makes providers licensed to provide child foster care or adult foster care registered under this section.
- 23 Biennial report.** Amends § 256B.096, subd. 5. Sunsets a biennial reporting requirement related to the quality management, assurance, and improvement system on January 1, 2013. This reporting requirement is replaced by the new report created under section 7.
- 24 External fixed costs.** Amends § 256B.441, subd. 13. Removes an obsolete cross-reference.
- 25 Prior system operating cost payment rate.** Amends § 256B.441, subd. 31. Removes an obsolete cross-reference.
- 26 Calculation of payment rate for external fixed costs.** Amends § 256B.441, subd. 53. Updates cross-references.
- 27 Report.** Amends § 256B.49, subd. 21. Sunsets an annual reporting requirement related to the CAC, CADI, and TBI waivers on January 1, 2013. This reporting requirement is replaced by the new report created under section 7.
- 28 Common entry point designation.** Amends § 626.557, subd. 9. Requires the commissioner of human services to maintain a centralized database for the collection of common entry point data, lead investigative agency data including maltreatment report disposition, and appeals data.
- 29 Lead investigative agency.** Amends § 626.5572, subd. 13. Provides that the county social service agency or its designee is the lead investigative agency for reports involving vulnerable adults receiving home and community-based waived services and subject to chapter 245D.
- 30 Establishing a single set of standards.** Amends Laws 2009, ch. 79, art. 8, § 81 as amended by Laws 2010, ch. 352, art. 1, § 24. Creates an exception for customized living services from the quality outcome standards.
- 31 Disability home and community-based waiver request.** By December 1, 2012, requires the commissioner to request all federal approvals and waiver amendments to the disability home and community-based waivers to allow properly licensed adult foster care homes to provide residential services for up to five individuals. Makes this section effective July 1, 2012.
- 32 Hourly nursing determination matrix.** Requires service providers applying for medical assistance payments for private duty nursing (PDN) services to complete and submit to the commissioner an hourly nursing determination matrix for each recipient of PDN services. Requires the commissioner to collect and analyze data from the hourly nursing determination matrix.
- 33 Repealer.** (a) Repeals Minnesota Statutes 2010, sections 256B.431, subds. 2c (operating costs after July 1, 1986), 2g (required consultants), 2i (operating costs after July 1, 1988), 2j (hospital-attached nursing facility status), 2k (operating costs after July 1, 1989), 2l (inflation adjustments after July 1,

1990), 2o (special payment rates for short-stay nursing facilities), 3c (plant and maintenance costs), 11 (special property rate setting procedures for certain nursing facilities), 14 (limitations on sales of certain nursing facilities), 17b (property-related payment rate), 17f (provisions for specific facilities), 19 (refinancing incentive), 20 (special property rate setting), 25 (changes to nursing facility reimbursement beginning July 1, 1995), 27 (changes to nursing facility reimbursement beginning July 1, 1998), and 29 (facility rate increases effective July 1, 2000); 256B.434, subds. 4a (facility rate increases), 4b (facility rate increases effective July 1, 2000), 4c (facility rate increases effective January 1, 2002), 4d (facility rate increases effective July 1, 2001), 4e (rate increases in effect July 1, 2001), 4g (facility rate increase effective October 1, 2007; Otter Tail County), 4h (nursing facility rate increase effective October 1, 2007; Martin County), 7 (case mix assessments), and 8 (optional higher payments for first 100 days); 256B.435 (July 1, 2001, nursing facility reimbursement system); and 256B.436 (voluntary closures; planning).

(b) Repeals Minnesota Statutes 2011 Supplement, section 245B.431, subd. 26 (changes to nursing facility reimbursement beginning July 1, 1997).

(c) Repeals Minnesota Rules, part 9555.7700 (reports to the state agency).

Article 10: Telephone Equipment Program

Overview

This article makes changes to the telephone equipment distribution (TED) program that provides telecommunications equipment to eligible individuals who have a hearing loss, speech, or physical disability that prevents them from using standard equipment. TED provides equipment only; program participants must pay their own monthly service costs. The proposed changes are to remove obsolete language and modernize the TED program to be able to accommodate the needs of current and future program participants.

- 1** **Definitions.** Amends § 237.50. Updates definitions within the TED program. Removes definitions of "communication device," "exchange," "interexchange service," "inter-LATA interexchange service," "local access and transport area," and "local exchange service." Adds definitions of "deafblind," "telecommunications device," "telecommunications," and "telecommunications services."
- 2** **Telecommunications access Minnesota program administration.** Amends § 237.51. Modernizes terminology and requires devices to be provided to individuals based on assessed need.
- 3** **Telecommunications access Minnesota fund.** Amends § 237.52. Modernizes terminology and clarifies a reference to the Public Utilities Commission.
- 4** **Telecommunications device.** Amends § 237.53. Modernizes terminology, removes a requirement for telephone companies to install outside wiring to certain households, and requires the commissioner to establish policies and procedures for the return of equipment when individuals are no longer eligible for the program.
- 5** **Telecommunications relay services (TRS).** Amends § 237.54. Modernizes terminology and requires TRS providers to comply with all current and subsequent FCC regulations related to TRS and related customer premises equipment for persons with disabilities.
- 6** **Annual report on telecommunications access.** Amends § 237.55. Clarifies a reference to the Public Utilities Commission and modernizes terminology.
- 7** **Adequate service enforcement.** Amends § 237.56. Modernizes terminology and clarifies who may participate in the consumer protection process.

Article 11: Comprehensive Assessment and Case Management Reform

Overview

This article modifies the PCA program to clarify definitions for eligibility and coverage for PCA services that will align with current policy and the comprehensive assessment and clarify who can do PCA assessments, modifies long-term care consultations to define administrative functions for assessment for program and service eligibility determinations and level of care for persons who are in need of long-term care services, modifies case management to define the service of case management or service coordination, eliminates PCA services as an excluded time service for purposes of determining county of financial responsibility, and requires the commissioner to make recommendations for additional changes to the case management system.

- 1** **Medical services coordination.** Amends § 256B.0625, subd. 56. Modifies MA in-reach community-based service coordination.
- 2** **Definitions.** Amends § 256B.0659, subd. 1. Modifies the definition of "self-administered medication."
- 3** **Personal care assistance services; covered services.** Amends § 256B.0659, subd. 2. Clarifies coverage of PCA services to align with current policy and the comprehensive assessment.
- 4** **Assessment; defined.** Amends § 256B.0659, subd. 3a. Clarifies who can do PCA assessments and adds a sunset date to the subdivision. Makes timelines for completing assessments consistent with all assessments identified in the long-term care statute. Makes this subdivision expire when notice is given by the commissioner according to the long-term care consultation statute.
- 5** **Assessment for PCA service eligibility; limitations.** Amends § 256B.0659, subd. 4. Modifies the list of criteria that apply to the PCA assessment for complex health-related needs.
- 6** **Purpose and goal.** Amends § 256B.0911, subd. 1. Makes technical and clarifying changes to the purpose and goal of long-term care consultation services.
- 7** **Definitions.** Amends § 256B.0911, subd. 1a. Modifies the definitions of "long-term care consultation services" and "lead agencies".
- 8** **Certified assessors.** Amends § 256B.0911, subd. 2b. Removes language requiring assessors to be part of a multidisciplinary team and removes requirements related to assessments for persons with complex health care needs. Modifies who may be a certified assessor.
- 9** **Assessor training and certification.** Amends § 256B.0911, subd. 2c. Requires service providers to be certified within timelines specified by the commissioner. Removes obsolete language.
- 10** **Long-term care consultation team.** Amends § 256B.0911, subd. 3. Specifies that certified assessors must be part of a multidisciplinary team and specifies the other professionals that must be part of the team. Adds a reference to tribes. Requires tribes and health plans to provide long-term care consultation services as specified in their contracts with the commissioner. Requires the lead agency to provide the commissioner with an administrative contract.
- 11** **Assessment and support planning.** Amends § 256B.0911, subd. 3a. Modifies the effective date of when the assessment and support planning subdivision applies to PCA and private duty nursing services. Specifies who must be consulted for persons with complex health care needs. Adds language specifying the information that must be included in the written community support plan. Modifies the list of information that must be provided to the person receiving the assessment. Makes

technical changes.

- 12 **Transition assistance.** Amends § 256B.0911, subd. 3b. Makes technical and conforming changes. Modifies lead agency duties related to transition assistance.
- 13 **Preadmission screening activities related to nursing facility admissions.** Amends § 256B.0911, subd. 4a. Makes technical and conforming changes.
- 14 **Screening requirements.** Amends § 256B.0911, subd. 4c. Makes technical and conforming changes.
- 15 **Payment for long-term care consultation services.** Amends § 256B.0911, subd. 6. Adds a cross-reference. Removes a cross-reference. Clarifies that until a new payment methodology is implemented, payment for assessments will continue to be billed as it is currently. Modifies a direction to the commissioner regarding development of a new payment methodology.
- 16 **Case management.** Amends § 256B.0913, subd. 7. Makes technical and conforming changes. Specifies case manager responsibilities.
- 17 **Requirements for individual coordinated service and support plan.** Amends § 256B.0913, subd. 8. Makes technical and conforming changes. Specifies the requirements the coordinated services and support plan must meet.
- 18 **Elderly waiver case management services.** Amends § 256B.0915, subd. 1a. Modifies the activities included in case management services. Requires case managers to collaborate with specified persons in the development and review of the coordinated service and support plan. Requires case management services to be provided by either a public or private agency. Defines "private agency." Lists the activities included under case management services.
- 19 **Provider qualifications and standards.** Amends § 256B.0915, subd. 1b. Makes conforming changes. Requires health plans to arrange or provide for elderly waiver case management services in accordance with contract requirements related to provider standards and qualifications.
- 20 **Service approval and contracting provisions.** Amends § 256B.0915, subd. 3c. Makes a conforming change.
- 21 **Implementation of coordinated service and support plan.** Amends § 256B.0915, subd. 6. Lists the requirements related to coordinated services and support plan.
- 22 **Waiver payment rates; managed care organizations.** Amends § 256B.0915, subd. 10. Corrects a cross-reference.
- 23 **County of financial responsibility; duties.** Amends § 256B.092, subd. 1. Makes technical and conforming changes.
- 24 **Case management services.** Amends § 256B.092, subd. 1a. Removes language related to the administrative functions of case management. Requires home and community-based waiver recipients to be provided case management services by qualified vendors as described in the federally approved waiver application. Modifies the list of case management service activities. Requires case management services to be provided by either a public or private agency. Defines "private agency." Makes technical and conforming changes.
- 25 **Coordinated service and support plan.** Amends § 256B.092, subd. 1b. Requires each recipient of case management services and any legal representative to be provided a written copy of the coordinated service and support plan and specifies requirements of the plans.
- 26 **Coordination, evaluation, and monitoring of services.** Amends § 256B.092, subd. 1e. Makes

technical and conforming changes.

- 27** **Conditions not requiring development of coordinated service and support plan.** Amends § 256B.092, subd. 1g. Makes technical and conforming changes.
- 28** **Medical assistance.** Amends § 256B.092, subd. 2. Makes a conforming change.
- 29** **Authorization and termination of services.** Amends § 256B.092, subd. 3. Makes technical and conforming changes.
- 30** **Federal waivers.** Amends § 256B.092, subd. 5. Makes conforming changes to terminology.
- 31** **Assessments.** Amends § 256B.092, subd. 7. Requires assessments and reassessments to be conducted by certified assessors according to the long-term care consultation statute, and requires assessments and reassessments to incorporate appropriate referrals to determine eligibility for case management. Makes technical and conforming changes. Removes language related to screening teams and case manager responsibilities.
- 32** **Additional certified assessor duties.** Amends § 256B.092, subd. 8. Modifies the certified assessor's duties for persons with developmental disabilities.
- 33** **County notification.** Amends § 256B.092, subd. 8a. Modifies the procedure by which a county of financial responsibility places a person in another county for services. Specifies that this section also applies to the CAC, CADI, and TBI waivers.
- 34** **Reimbursement.** Amends § 256B.092, subd. 9. Makes technical and conforming changes related to changes in terminology.
- 35** **Residential support services.** Amends § 256B.092, subd. 11. Makes technical and conforming changes related to changes in terminology.
- 36** **Notice of potential claim.** Amends § 256B.15, subd. 1c. Modifies the information that must be included in the notice.
- 37** **Agency lien.** Amends § 256B.15, subd. 1f. Modifies the information that must be included in the application for a statement of the amount of lien.
- 38** **Case management.** Amends § 256B.49, subd. 13. Modifies the list of case management service activities for the CAC, CADI, and TBI waivers. Prohibits the case manager from delegating certain duties. Requires case management services to be provided by either a public or private agency. Defines "private agency."
- 39** **Assessment and reassessment.** Amends § 256B.49, subd. 14. Requires assessments and reassessments for CAC, CADI, and TBI services to be conducted by certified assessors according to the long-term care consultation statute.
- 40** **Coordinated service and support plan; comprehensive transitional service plan; maintenance service plan.** Amends § 256B.49, subd. 15. Aligns the coordinated service and support plan requirements for recipients of waivers under this section with the requirements for recipients of the DD waiver.
- 41** **Excluded time.** Amends § 256G.02, subd. 6. Removes a reference to the PCA program from the definition of "excluded time" under the unitary residence and financial responsibility chapter.
- 42** **Recommendations for further case management redesign and study of county and tribal administrative functions.** Requires the commissioner to develop a legislative report with specific recommendations and language for proposed legislation to be effective July 1, 2013, for further case

management redesign. Specifies what must be included in the recommendations and proposed legislation. Directs the commissioner of human services to evaluate county and tribal administrative functions, processes, and reimbursement methodologies for purposes of the administration of home and community-based services and compliance and overnight functions.

Article 12: Chemical and Mental Health

Overview

This article repeals maintenance of effort requirements for Family Services Collaboratives and Children's Mental Health Collaboratives. It allows the commissioner to develop a diagnostic codes list, and also make technical changes.

- 1** **Diagnostic codes list.** Amends § 245.461, by adding subd. 6. Instructs the commissioner to develop a diagnostic codes list to be used to define the range of child and adult mental illness. Requires the commissioner to establish an advisory panel and to notify providers of changes to the list annually.
- 2** **Mental illness.** Amends § 245.462, subd. 20. Strikes references to specific clinical manuals that publish diagnostic codes. Inserts a reference to the diagnostic codes list to be developed by the commissioner.
- 3** **Diagnostic codes list.** Amends § 245.487, by adding subd. 7. Instructs the commissioner to develop a diagnostic codes list to be used to define the range of child and adult mental illness. Requires the commissioner to establish an advisory panel and to notify providers of changes to the list annually.
- 4** **Emotional disturbance.** Amends § 245.4871, subd. 15. Strikes references to specific clinical manuals that publish diagnostic codes. Inserts a reference to the diagnostic codes list to be developed by the commissioner.
- 5** **Collaborative responsibilities.** Amends § 245.4932, subd. 1. Strikes the MOE requirement for children's mental health collaborative.
- 6** **Exception from statute of limitations.** Amends § 246.53, by adding subd. 4. Reinstates a subdivision that was repealed by Laws 2009, chapter 79, article 3, section 19. This provision makes it clear that the commissioner can file a claim to recover the cost of care against the estate of an individual who received services at a state facility operated by the commissioner.
- 7** **Eligibility for treatment.** Amends § 254B.04, subd. 2a. Provides clarification that an individual must score at level 4 on either Dimension 5 related to relapse and continued use or Dimension 6 related to recovery environment to be eligible for residential chemical dependency treatment.
- 8** **Mental health professional.** Amends § 256B.0625, subd. 42. Corrects a cross reference.
- 9** **Federal revenue enhancement.** Amends § 256F.13, subd. 1. Strikes the MOE requirement for family services collaborative.

Article 13: Health Care

Overview

This article contains policy changes related to the Medical Assistance and MinnesotaCare programs.

- 1** **District disclosure of information.** Amends § 125A.21, subd. 7. Strikes language that would allow consent given by a parent or legal representative as part of the MA or MinnesotaCare application process to also serve as consent for a school district to disclose information contained in a student's

individualized education program to a health plan company.

- 2 **Competitive bidding.** Amends § 256B.04, subd. 14. Provides that recipient cost-sharing requirements under MA and MinnesotaCare do not affect contract payments under competitive bidding.
- 3 **Asset limitations for individuals and families.** Amends § 256B.056, subd. 3. Excludes certain assets owned by American Indians from being counted toward the MA asset limit for persons who are aged, blind, or disabled, to conform to requirements in the federal American Recovery and Reinvestment Act of 2009 (ARRA). Provides a retroactive effective date of July 1, 2009.
- 4 **Asset limitations for families and children.** Amends § 256B.056, subd. 3c. Excludes certain assets owned by American Indians from being counted toward the MA asset limit for families and children, to conform to requirements in the ARRA. Provides a retroactive effective date of July 1, 2009.
- 5 **Employed persons with disabilities.** Amends § 256B.057, subd. 9. Exempts American Indians from paying premiums under the MA employed persons with disabilities program, to conform to requirements in the ARRA. Provides a retroactive effective date of July 1, 2009.
- 6 **Period of ineligibility for long-term care services.** Amends § 256B.0595, subd. 2. Eliminates the requirement that assets transferred for less than fair market value be returned within 12 months of the start of the period of ineligibility for MA, in order to eliminate the period of ineligibility.
- 7 **Drugs.** Amends § 256B.0625, subd. 13. Specifies the circumstances under which MA covers selected active pharmaceutical ingredients and excipients used in compounded prescriptions. Also defines active pharmaceutical ingredients and excipients and requires the commissioner to establish a list of these ingredients included in the MA formulary.

Requires over-the-counter drugs to be dispensed in a quantity that is the lower of: (1) the number of dosage units contained in the manufacturer's original package; or (2) the number of dosage units required to complete the patient's course of therapy.
- 8 **Drug formulary.** Amends § 256B.0625, subd. 13d. Adds references to active pharmaceutical ingredients to a section of law specifying the circumstances under which drugs are excluded from the MA formulary.
- 9 **Payment rates.** Amends § 256B.0625, subd. 13e. Strikes language requiring over-the-counter medications to be dispensed in the manufacturer's unopened package.
- 10 **Medication therapy management services.** Amends § 256B.0625, subd. 13h. Allows pharmacists licensed in other states to provide medication therapy management services, by allowing these pharmacists to be licensed in the state in which the service is being performed, rather than being licensed by the Minnesota Board of Pharmacy as under current law.
- 11 **Diagnostic, screening, and preventive services.** Amends § 256B.0625, subd. 14. Corrects terminology related to consent by a parent or guardian for the application of fluoride varnish to the teeth of a minor.
- 12 **Cost-sharing.** Amends § 256B.0631, subd. 1. Eliminates the \$3 MA copayment for glasses (related to the use of competitive bidding for glasses).
- 13 **Exceptions.** Amends § 256B.0631, subd. 2. Exempts services subject to volume purchase through competitive bidding from MA cost-sharing. (Note: clarifying amendment needed.)
- 14 **Additional portion of nonfederal share.** Amends § 256B.19, subd. 1c. Modifies an existing intergovernmental transfer, by replacing a reference to Metropolitan Health Plan with the term

demonstration provider, to reflect Metropolitan Health Plan not receiving a contract under competitive bidding to provide managed care services in Hennepin County.

- 15 Prospective per capita payment.** Amends § 256B.69, subd. 5. Strikes language that delays payments to plans for elderly waiver services by a month.
- 16 Managed care contracts.** Amends § 256B.69, subd. 5a. Specifies criteria for clinical or utilization performance targets that apply to managed care and county-based purchasing plans. Modifies procedures for implementing the various performance targets, by specifying the base year for 2012 and subsequent years, requiring performance measurement to take into account differences in a plan's membership in the baseline year compared to the measurement year, allowing payment of a portion of the withhold to a plan, and making other changes.
- 17 Medicare special needs plans; medical assistance basic health care.** Amends § 256B.69, subd. 28. Allows the commissioner to contract with demonstration providers and current or former sponsors of qualified Medicare-approved special needs plans to provide MA basic health care services to persons with disabilities. Allows the commissioner to contract with demonstration providers and current and former sponsors of qualified Medicare-approved special needs plans to provide basic health care services to persons eligible for both Medicaid and Medicare and to certain Social Security beneficiaries. Also corrects an internal reference.
- 18 Effective date of coverage.** Amends § 256L.05, subd. 3. Specifies the effective date of MinnesotaCare coverage for American Indians who are exempted under § 256L.15, subd. 1 from paying MinnesotaCare premiums.
- 19 Rate setting; performance withholds.** Amends § 256L.12, subd. 9. Specifies criteria for clinical or utilization performance targets that apply to managed care and county-based purchasing plans under MinnesotaCare. Modifies procedures for implementing the various performance targets, by specifying the base year for 2012 and subsequent years, requiring performance measurement to take into account differences in a plan's membership in the baseline year compared to the measurement year, allowing payment of a portion of the withhold to a plan, and making other changes.
- 20 Premium determination.** Amends § 256L.15, subd. 1. Requires the commissioner to waive MinnesotaCare premiums for enrollees who document their status as American Indians, to conform to the requirements in the ARRA. Provides a retroactive effective date of July 1, 2009.
- 21 Contents.** Amends § 514.982, subd. 1. Requires MA lien notices to contain the last four digits of the MA recipient's Social Security number (rather than the entire Social Security number).
- 22 Health services advisory council.** Requires the health services advisory council to review the literature on the efficacy of various treatments for autism spectrum disorder and recommend to the commissioner of human services authorization criteria for services, by December 31, 2012. Allows the council to recommend coverage with ongoing collection of outcomes evidence, in circumstances where evidence is not currently available or the strength of evidence is low.
- 23 Repealer.** Repeals § 256.01, subd. 18b (general language requiring the commissioner of human services to comply with the requirements in section 5006 of the American Recovery and Reinvestment Act related to American Indians).

Article 14: Technical

- 1 Cost estimate of a moratorium exception project.** Amends § 144A.071, subd. 5a. Corrects a cross-reference.

- 2 **Revisor's instruction.** Instructs the revisor to change terminology from "traumatic brain injury" to "brain injury" in the statutes related to home and community-based service waivers.

Article 15: Data Practices

Overview

This article allows certain data to be shared with the public, regulatory boards, and the commissioner.

- 1 **General.** Amends § 13.46, subd. 2. Allows welfare data to be shared with an investigator acting on behalf of a county, state, or federal government.
- 2 **Investigative data.** Amends § 13.46, subd. 3. Provides that the status of an investigation of overpayments of public funds to a provider is public data during the investigation.
- 3 **Licensing data.** Amends § 13.46, subd. 4. Provides that the identity of the applicant or license holder is public data at the time of license denial or licensing sanction when:
- the license holder or applicant is determined to be responsible for maltreatment of a child or vulnerable adult; or
 - the license holder or applicant is disqualified from contact.

For individuals disqualified from contact, the reason for disqualification is public data. If reconsideration of the disqualification is requested and the disqualification is not set aside, the reason for the disqualification and the reason the disqualification was not set aside is public data.

Allows data collected during licensing activities and investigations to be shared with regulatory boards when the information may be relevant to the board's jurisdiction.

Allows background study data to be shared with the commissioner and the commissioner's senior management team for programs operated by the commissioner.

- 4 **Application.** Amends § 13.82, subd. 1. Updates terminology to correspond to program changes at the department.

Article 16: Licensing

Overview

This article amends various licensing statutes. It amends license applicant and application requirements and requires license holders to have a policy for reporting a death in their program. Crib safety requirements are modified to conform to federal law and child passenger restraint requirements are amended to conform to changes in state law. It allows "portability" of background studies between programs of the same license holder.

- 1 **School-age child care licensing moratorium.** Amends § 245A.03, by adding subd. 2c. Provides that school-age child care programs serving only school-age children during out-of-school times are exempt from licensure until July 1, 2014.
- 2 **Application for licensure.** Amends § 245A.04, subd. 1. Provides that when an application is deficient, the commissioner must provide written notice to the applicant identifying the deficiencies and give the applicant 45 days to submit a second complete application. States that the applicant's failure to comply is the basis for denial of a license.

Requires license applicants to demonstrate knowledge of licensing requirements, statutes, and rules. Allows the commissioner, beginning January 1, 2013, to administer a written examination to applicants, except for child foster care.

Requires an individual applicant to provide the individual's Social Security number and a photocopy of a Minnesota drivers' license or identification card or a valid U.S. passport.

Provides that when the applicant is a nonindividual, the applicant must provide a Minnesota tax ID number; the name, address, Social Security number of all controlling individuals, and the date the background study was initiated for each controlling individual; and if an agent is authorized to accept service, specified identifying information.

- 3 **Grant of license; license extension.** Amends § 245A.04, subd. 7. Prohibits the commissioner from granting a license if an applicant has not submitted the required identification information, or has not provided the applicant's Social Security number or documentation of the applicant's qualified alien status.
- 4 **Education program; permitted ages, additional requirement.** Amends § 245A.04, subd. 11. Provides that the commissioner may not issue a license to a residential facility for children, except foster care, until the commissioner of education documents approval of the facility's educational program.

For licensed residential programs serving persons under the age of 21, the facility must assess the risk posed by individuals age 18 and older to other residents of the facility, and develop and implement measures to minimize the risk. Requires programs to ensure that services and living arrangements are appropriate to the age and functioning of the residents.
- 5 **Program policy; reporting a death in the program.** Amends § 245A.04, by adding subd. 16. Provides that licensed programs, including programs licensed to provide services to developmentally disabled individuals, must have a written policy for reporting the death of a service recipient. Requires notification within 24 hours of the death.
- 6 **Child care education plan.** Amends § 245A.04, by adding subd. 17. Makes explicit that child care providers are not required to have an education plan or curriculum approved by the Department of Education as a condition for initial or renewed licensure.
- 7 **Denial of application.** Amends § 245A.05. Allows the commissioner to deny a license to an applicant who fails to submit a substantially complete application after receiving notice from the commissioner or fails to provide the required identification information.
- 8 **License suspension, revocation, or fine.** Amends § 245A.07, subd. 3. Allows the commissioner, after July 1, 2012, to suspend or revoke a license or impose a fine if a license holder fails to submit required identification information. Allows a license holder to avoid a fine under specified circumstances for failing to initiate a background study if the license holder self-corrects the violation.
- 9 **Swimming pools; family day care and group family day care providers.** Amends § 245A.14, subd. 11 to conform to the Abigail Taylor Pool Safety Act.
- 10 **Documentation requirement for license holders.** Amends § 245A.146, subd. 2. Requires licensed programs to comply with federal crib safety requirements by December 28, 2012. Extends the current monthly crib safety inspection requirements to children's residential facilities, chemical dependency programs with children in care, and residential habilitation programs for children with developmental disabilities.

- 11 License holder documentation of cribs.** Amends §245A.146, subd. 3. Instructs license holders to make crib safety inspection documentation available to guardians as well as parents.
- 12 Seat belt and child passenger restraint system use.** Amends §245A.18, subd. 1. Adds a cross-reference to modifications to child passenger restraint requirements in §169.686.
- 13 Provider eligibility for payments from the consolidated chemical dependency treatment fund.** Creates § 245A.191. Requires licensed chemical dependency treatment providers to meet specified criteria in order to be eligible for enhanced funding from the chemical dependency treatment fund.
- 14 Admission.** Amends § 245A.22, subd. 2. Allows the commissioner to grant a variance so that independent living programs can serve clients with chemical use problems.
- 15 Child care centers; risk reduction plan.** Amends § 245A.66, subd. 2. Provides that child care centers must assess risks to children presented by the center's physical plant and environment. Requires development of a risk reduction plan based on this assessment, which must include specific policies and procedures to minimize the risk of harm. Adds that the plan must include a detailed supervision plan to make sure children are supervised at all times.
- 16 Orientation to risk reduction plan and annual review.** Amends § 245A.66, subd. 3. Adds that the license holder must document orientation to the risk reduction plan in each mandated reporter's personnel file. Requires annual review and documentation of this review.
- 17 Licensed programs.** Amends § 245C.03, subd. 1. Clarifies that a background study is not required for foster children living in the foster home.
- 18 Licensed programs.** Amends § 245C.04, subd. 1. Requires a license holder to initiate a new background study when an individual returns to a position after a 180-day absence. Current law requires a new study after a 45-day absence.
- Provides that if an individual was previously granted a set aside and the new study results in no new information that the individual poses a risk of harm, then the set aside remains in effect.
- Requires a substitute caregiver in family child care to have a repeat background study at time of license renewal.
- 19 Applicant, license holder, or other entity.** Amends § 245C.05, subd. 2. Requires license holders to verify that the information provided by the subject of the background study is correct.
- 20 Privacy notice to background study subject.** Amends § 245C.05, by adding subd. 2c. Requires the commissioner to notify the background study subject that if a previous study resulted in a set-aside, that information will be reviewed and specified information may be shared with the agency that initiated the background study.
- 21 Electronic transmission.** Amends § 245C.05, subd. 4. Requires license holders and applicants to use the commissioner's electronic system to submit background study requests unless the commissioner has granted a variance because the area in which the program is located does not have high-speed internet access.
- 22 Probation officer and corrections agent.** Amends § 245C.05, subd. 7. Clarifies that if an individual has been affiliated with a regulated program within the preceding year, the individual's probation officer or corrections agent must notify the commissioner if the individual has been convicted of a disqualifying crime.
- 23 Study subject affiliated with multiple facilities.** Amends § 245C.07. Provides, under specified circumstances, that if a background study was completed on an individual who is employed by a

license holder with multiple programs, the background study is transferable to all of the license holder's programs when the study was completed on an individual related to child foster care. Studies completed related to other types of programs are transferable, but not to child foster care programs. Excludes studies submitted by adoption agencies, supplemental nursing agencies, personnel agencies, educational programs, professional services agencies, and unlicensed personal care provider organizations.

- 24 Background studies conducted by the Department of Human Services.** Amends § 245C.08, subd. 1. Allows the commissioner to require the subject of a background study to provide fingerprints and record check with the national crime information databases when the commissioner has reasonable cause to believe the identity of the subject is uncertain.
- Strikes language allowing the commissioner to have access to certain information that has been expunged unless the court order for expungement was directed to the commissioner.
- 25 Disqualification from access.** Amends § 245C.14, subd. 2. Clarifies that an individual who is disqualified is disqualified from contact and access.
- 26 Determining immediate risk of harm.** Amends § 245C.16, subd. 1. Provides that this section does not apply to background studies for personal care assistants or qualified professionals who are subject to the provisions of § 256B.0659.
- 27 Disqualification notice sent to subject.** Amends § 245C.17, subd. 2. Requires the commissioner to disclose to a background study subject who has been disqualified that if the disqualification is set aside, the person or entity that requested the background study will be told of the reason for the individual's disqualification and the basis for the set-aside. Requires the commissioner to make the same disclosures when there is a subsequent background study.
- 28 Scope of set-aside.** Amends § 245C.22, subd. 5. Adds that if the commissioner has previously set aside an individual's disqualification and the individual is the subject of a subsequent background study for a different program, the commissioner shall determine whether the set aside can be transferred to the new program. Lists the factors the commissioner must consider in making this determination.
- 29 Commissioner's notice of disqualification that is not set aside.** Amends § 245C.23, subd. 2. Requires license holders to place an individual who is appealing disqualification under continuous, direct supervision pending the outcome of the individual's hearing.
- 30 License; permit.** Amends § 471.709. Adds that a massage therapist can work without a license or permit from a municipality when the therapist works for or is an employee of a dental professional. Adds that a massage therapist must exclusively provide treatment in the office of the dental or medical professional, and is not limited to providing treatment to the medical or dental professional's patients.
- 31 Revisor's instruction.** Requires the revisor to renumber a statute and make the necessary cross-reference changes.

Article 17: Program Integrity

Overview

This article contains provisions related fraud investigations. It requires certain license holders to comply with provider enrollment agreements and registration requirements as conditions of holding a license. It requires publicly funded child care, family child care, and adult day programs to maintain daily attendance records for participants whose care is reimbursed by a governmental program.

- 1 **Application for licensure.** Amends § 245A.04, subd. 1. Requires an applicant or license holder who elects to receive public funding to comply with provider enrollment agreements or registration requirements. Provides that failure to comply with these agreements or requirements may be the basis for disciplinary action.

- 2 **Attendance records for publicly funded services.** Amends § 245A.14, by adding subd. 14. Paragraph (a) requires child care centers to maintain daily attendance records for all children whose cost of care is reimbursed by a governmental program. Lists the information that must be included in the record.

Paragraph (b) requires family child care providers to maintain daily attendance records for all children whose cost of care is reimbursed by a governmental program. Lists the information that must be included in the record.

Paragraph (c) requires adult day services programs to maintain attendance records for each service recipient whose cost of care is reimbursed by a governmental program. Lists the information that must be included in the record.

Paragraph (d) prohibits the commissioner from issuing a correction order for attendance record errors that occur prior to August 1, 2013.

- 3 **Public funds program integrity monitoring.** Creates § 245A.167. Requires that an applicant or license holder who elects to receive public funding must comply with the registration or enrollment requirements as licensing standards. Allows the department to review compliance during a licensing inspection or investigation. Provides that noncompliance may result in disciplinary action.

- 4 **Provider enrollment.** Amends § 256B.04, subd. 21. Provides that as a condition of enrollment in medical assistance and of licensure under chapter 245A, a provider must have a designated compliance officer. Lists the duties of the compliance officer.

Article 18: Statewide Provider Enrollment, Performance Standards, and Payment Methodology Development

Overview

This article contains Department of Human Services continuing care policy provisions including establishing statewide home and community-based services provider standards and payment methodologies.

- 1 **Exclusion from licensure.** Amends § 245A.03, subd. 2. Makes conforming changes related to the establishment of licensure standards for home and community-based services.

- 2 **Record retention; license holder requirements.** Amends § 245A.041, by adding subd. 3. Specifies the records that must be retained by a license holder for review by the commissioner. Requires license holders to maintain all records related to the licensed program for five years from the date the provider ceases to provide services. Requires license holders to notify the commissioner of the

location where the licensing records will be stored and the name of the person responsible for maintaining the stored records. Specifies who must maintain records when a license is transferred. Specifies requirements for maintaining records in the event of a contested case.

- 3 Electronic records; license holder use.** Amends § 245A.041, by adding subd. 4. Specifies the requirements that must be met when a license holder uses electronic record keeping or electronic signatures.
- 4 Home and community-based services; additional standards and procedures.** Creates § 245A.042.
- Subd. 1. Standards governing the provision of home and community-based services.** Requires residential and nonresidential programs for persons with disabilities or age 65 and older to obtain a license to provide home and community-based services through the CAC, CADI, DD, EW, or TBI MA waiver programs or the alternative care program. Requires applicants or license holders to demonstrate and maintain compliance with certain requirements as a condition of licensure.
- Subd. 2. Modified application procedures.** Modifies application procedures for certain providers seeking 245D licensure
- Subd. 3. Implementation.** Specifies that implementation of licensure of home and community-based services will be implemented upon authorization of the commissioner to collect licensing fees. Specifies licenses will be issued on or after January 1, 2013. Specifies implementation of compliance monitoring must be phased in after January 1, 2013.
- 5 Consolidation of hearings; reconsideration.** Amends § 245A.085. Adds a cross-reference to administrative duties of the state agency related to MA.
- 6 Emergency.** Amends § 245B.02, by adding subd. 8a. Defines "emergency" for purposes of the services for developmental disabilities statutes.
- 7 Incident.** Amends § 245B.02, subd. 10. Modifies the definition of "incident."
- 8 License holder's responsibility for consumer's rights.** Amends § 245B.04, subd. 1. Requires license holders to provide the consumer or the consumer's legal representative with a copy of the consumer's rights annually.
- 9 Service-related rights.** Amends § 245B.04, subd. 2. Modifies a consumer's service-related rights by providing that the consumer know the license holder's policies and procedures related to initiation and termination.
- 10 Protection-related rights.** Amends § 245B.04, subd. 3. Modifies the consumer's protection-related rights by adding several more rights to the current list. Allows for restriction of certain rights only if determined necessary to ensure the health, safety, and well-being of the person. Requires the need for any restriction to be fully documented in the service plan. Requires written informed consent for the restriction of a protection-related right and specifies the information that must be included in the service plan. Allows approval for a restriction to be withdrawn at any time.
- 11 Environment.** Amends § 245B.05, subd. 1. Modifies license holder requirements related to the environment in which services are provided.
- 12 Staff orientation.** Amends § 245B.07, subd. 5. Modifies license holder requirements related to providing staff orientation to direct service staff.
- 13 Subcontractors.** Amends § 245B.07, by adding subd. 7a. Requires license holders who use

subcontractors to perform licensed services on their behalf to ensure that the subcontractor meets and maintains compliance with all requirements that apply to the services to be provided.

- 14 Availability of current written policies and procedures.** Amends § 245B.07, subd. 9. Modifies license holder requirements related to written policies and procedures. Requires copies of policies and procedures affecting a consumer's rights to be provided upon service initiation.
- 15 Consumer funds.** Amends § 245B.07, subd. 10. Prohibits license holders and program staff from accepting powers-of-attorney or appointment as guardian or conservator from a person receiving services from the license holder. Specifies that this prohibition does not apply to license holders that are Minnesota counties or other units of government.
- 16 Citation.** Creates § 245D.01. Specifies that this chapter may be cited as the "Home and Community-Based Services Standards" or "HCBS Standards."
- 17 Definitions.** Creates § 245D.02. Establishes definitions of "annual and annually," "case manager," "commissioner," "department," "direct contact," "drug," "emergency," "health services," "home and community-based services," "incident," "legal representative," "license," "licensed health professional," "license holder," "medication," "medication administration," "medication assistance," "medication management," "mental health crisis intervention team," "over-the-counter drug," "person," "person with a disability," "prescriber," "prescription drug," "program," "psychotropic medication," "restraint," "seclusion," "service," "service plan," "service site," "staff," "support team," "unit of government," and "volunteer."
- 18 Applicability and effect.** Creates § 245D.03.

Subd. 1. Applicability. Requires the commissioner to regulate the provision of home and community-based services to persons with disabilities and persons age 65 and older pursuant to this chapter. Lists the services governed by the licensing standards in this chapter.

Subd. 2. Relationship to other standards governing home and community-based services. Specifies other standards governing home and community-based services license holders may be required to meet or may be exempt from meeting.

Subd. 3. Variance. Allows the commissioner to grant variances to certain requirements if certain conditions are met.

Subd. 4. License holders with multiple 245D licenses. Exempts license holders from certain requirements when a person changes service from one license to a different license held by the same license holder. Exempts license holders from certain staff orientation requirements under certain conditions.

- 19 Service recipient rights.** Creates § 245D.04.

Subd. 1. License holder responsibility for individual rights of persons served by the program. Specifies license holder requirements related to individual rights of persons served by the program.

Subd. 2. Service-related rights. Specifies a person's service-related rights including the right to participate in the development and evaluation of the services provided to the person and the right to know in advance the limits to the services available from the license holder.

Subd. 3. Protection-related rights. Specifies a person's protection-related rights including the right to be free from maltreatment, be treated with courtesy and respect and receive respectful treatment of personal property, and engage in chosen activities. Specifies protection-related rights for persons residing in a residential site licensed by DHS, or where the license holder is

the owner, lessor, or tenant of the residential service site. Allows for restriction of certain rights only if determined necessary to ensure the health, safety, and well-being of the person. Requires the need for any restriction to be fully documented in the service plan. Requires written informed consent for the restriction of a protection-related right and specifies the information that must be documented in the service plan. Allows approval for a restriction to be withdrawn at anytime.

20 Health services. Creates § 245D.05.

Subd. 1. Health needs. Makes the license holder responsible for providing health services assigned in the service plan and consistent with the person's health needs. Requires the license holder to promptly notify specified persons of changes in a person's health needs affecting assigned health services, when discovered by the license holder. Requires license holders to maintain documentation of how the person's health needs will be met.

Subd. 2. Medication administration. Lists criteria license holders must meet before staff that is not a licensed health professional administers medication or treatment. Lists information that must be documented in the person's medication administration record. Specifies requirements license holders must meet related to the medication administration record.

Subd. 3. Medication assistance. Requires license holders to ensure that certain requirements are met when staff provides assistance to enable a person to self-administer medication when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.

Subd. 4. Reporting medication and treatment issues. Lists medication administration issues that must be reported.

Subd. 5. Injectable medications. Allows injectable medications to be administered according to a prescriber's order and written instructions under certain conditions.

21 Protection standards. Creates § 245D.06.

Subd. 1. Incident response and reporting. Requires the license holder to respond to all incidents that occur while providing services to protect the health and safety of and minimize risk of harm to the person. Requires license holders to maintain information about and report incidents to certain persons within 24 hours of an incident occurring while services are being provided, or within 24 hours of discovery or receipt of information that an incident occurred. Prohibits license holders from disclosing personally identifiable information about any other person when making the report when the incident involves more than one person, unless the license holder has the consent of the person. Requires the license holder to inform the case manager of a report of maltreatment within 24 hours of reporting maltreatment as required under the maltreatment of minors or vulnerable adults statutes. Requires the license holder to report the death or serious injury of the person to certain persons within 24 hours of the occurrence or within 24 hours of receipt of the information. Requires license holders to conduct a review of incident reports for identification of incident patterns and implementation of corrective action as necessary to reduce occurrences.

Subd. 2. Environment and safety. Requires the license holder to meet specified requirements related to the environment in which services are provided.

Subd. 3. Compliance with fire and safety codes. Requires license holders to document compliance with applicable building codes, fire safety codes, health rules, and zoning ordinances, or document that an appropriate waiver has been granted when services are provided at a service site licensed by DHS or where the license holder is the owner, lessor, or

tenant of the service site.

Subd. 4. Funds and property. Requires license holders to have written authorization from the person and case manager to assist a person with the safekeeping of funds or property. Prohibits license holders and program staff from accepting powers-of-attorney or appointment as guardian or conservator from a person receiving services from the license holder. Specifies that this prohibition does not apply to license holders that are Minnesota counties or other units of government or to staff persons employed by license holders who were acting as power-of-attorney, guardian, or conservator prior to enactment of this section.

Subd. 5. Prohibitions. Prohibits license holders from using psychotropic medication as a substitute for adequate staffing, as punishment, for staff convenience, or for any reason other than as prescribed. Prohibits license holders from using restraints or seclusion under any circumstance, unless the commissioner has approved a variance request.

22 Service needs. Creates § 245D.07.

Subd. 1. Provision of services. Requires license holders to provide services as specified in the service plan and assigned to the license holder. Requires provision of services to comply with the requirements of this chapter and the federal waiver plans.

Subd. 2. Service planning. Requires the license holder to participate in support team meetings related to the person following stated timelines established in the person's service plan or as requested by the support team, the person, or the person's legal representative.

Subd. 3. Reports. Requires the license holder to provide written reports regarding the person's progress or status as requested by the person, the person's legal representative, the case manager, or the team.

23 Record requirements. Creates § 245D.08.

Subd. 1. Record-keeping systems. Requires the license holder to ensure that the content and format of service recipient, personnel, and program records are uniform, legible, and in compliance with the requirements of this chapter.

Subd. 2. Service recipient record. Lists requirements license holders must meet related to service recipient records. Lists the information the license holder must maintain for each person.

Subd. 3. Access to service recipient records. Requires the license holder to ensure that specified persons have access to records in accordance with applicable state and federal law, regulation, or rule.

Subd. 4. Personnel records. Requires license holders to maintain a personnel record of each employee, direct service volunteer, and subcontractor to document and verify staff qualifications, orientation, and training. Lists the information that must be included in the personnel record.

24 Staffing standards. Creates § 245D.09.

Subd. 1. Staffing requirements. Requires license holders to provide direct service staff sufficient to ensure the health, safety, and protection of rights of each person and to be able to implement the responsibilities assigned to the license holder in each person's service plan.

Subd. 2. Supervision of staff having direct contact. Requires the license holder to provide adequate supervision of staff providing direct service to ensure the health, safety, and

protection of rights of each person and implementation of the responsibilities assigned to the license holder in each person's service plan.

Subd. 3. Staff qualifications. Requires license holders to verify and maintain evidence of staff competency. Lists documentation of competency license holders must maintain.

Subd. 4. Orientation. Requires license holders to provide and ensure completion of orientation within 90 days of hiring direct service staff. Lists what must be included in the orientation. Requires license holders who provide direct service themselves to complete the orientation. Lists items on which the staff person must review and receive instruction before providing unsupervised direct service to a person served by the program.

Subd. 5. Training. Requires license holders to provide annual training to direct service staff on specified topics. Requires license holders to have a staff person available on site who is trained in basic first aid and, when required in a person's service plan, cardiopulmonary resuscitation, when the license holder is the owner, lessor, or tenant of the service site and whenever a person receiving service is present at the site.

Subd. 6. Subcontractors. Requires license holders who use subcontractors to perform licensed services on their behalf to ensure that the subcontractor meets and maintains compliance with all requirements that apply to the services to be provided.

Subd. 7. Volunteers. Requires license holders to ensure that volunteers who provide direct services to persons served by the program receive the training, orientation, and supervision necessary to fulfill their responsibilities.

25 **Policies and procedures.** Creates § 245D.10.

Subd. 1. Policy and procedure requirements. Requires license holders to establish, enforce, and maintain policies and procedures as required under this chapter.

Subd. 2. Grievances. Requires license holders to establish policies and procedures that provide a simple complaint process for persons served by the program and their authorized representatives to bring a grievance. Lists requirements that must be met in the grievance policies and procedures.

Subd. 3. Service suspension and service termination. Requires license holders to establish policies and procedures for temporary service suspension and service termination that promote continuity of care and service coordination with the person and specified others. Lists requirements the policy must meet.

Subd. 4. Availability of current written policies and procedures. Requires the license holder to review and update, as needed, the written policies and procedures required under this chapter. Requires the license holder to inform the person and case manager of the policies and procedures affecting a person's rights and to provide copies of those policies and procedures within certain timelines. Requires the license holder to provide written notice at least 30 days before implementing any revised policies and procedures affecting a person's rights. Specifies the information that must be contained in the notice. Requires the license holder to inform all employees of revised policies and procedures and to provide training on implementation of the revised policies and procedures.

26 **Home and community-based waivers; providers and payment.** Amends § 256B.4912.

Subd. 1. Provider qualifications. Modifies the provider qualifications established by the commissioner for the home and community-based waivers providing services to seniors and individuals with disabilities.

Subd. 2. Payment methodologies. Replaces "rate-setting" with "payment." Prohibits counties from implementing changes to established processes for rate-setting methodologies using data from research rates.

Subd. 3. Payment requirements. Lists the items the payment methodologies must accommodate, including supervisory costs, staffing patterns, and recipient intensity.

Subd. 4. Payment rate criteria. Requires payment rates to reflect reasonable costs that are ordinary, necessary, and related to service delivery. Lists services that must not be reimbursed by the commissioner.

Subd. 5. County and tribal provider contract elimination. Eliminates county and tribal contracts with providers of home and community-based waiver services effective January 1, 2014.

Subd. 6. Program standards. Requires the commissioner to establish uniform program standards for services for persons with disabilities and people age 65 and older. Requires the commissioner to grant licenses according to the DHS licensing statutes.

Subd. 7. Applicant and license holder training. Requires one-time training on the requirements of providing home and community-based services from a qualified source as determined by the commissioner before a provider is enrolled or a license is issued for an applicant or license holder that is not enrolled as a home and community-based waiver provider at the time of application.

Makes this section effective the day following final enactment.

27 Payment methodology development. Creates § 256B.4913.

Subd. 1. Research period and rates. Paragraph (a) defines "research rate" and "research period."

Paragraph (b) requires the commissioner to determine and publish initial frameworks and values to generate research rates for individuals receiving home and community-based services.

Paragraph (c) directs the commissioner to ensure projected spending under the initial values issued for each service area is equivalent to projected spending under current law in the most recent expenditure forecast.

Paragraph (d) requires the initial values to be based on the most recent information and cost data available. Lists the service areas.

Paragraph (e) directs the commissioner to make available the underlying assessment information, without any identifying information, and the statistical modeling used to generate the initial research rate and calculate budget neutrality.

Subd. 2. Framework values. Paragraph (a) directs the commissioner to propose legislation with the specific payment methodology frameworks, process for calculation, and specific values to populate the frameworks by February 15, 2013.

Paragraph (b) directs the commissioner to provide underlying data and information used to formulate the initial frameworks and values to the existing stakeholder workgroup by January 15, 2013.

Paragraph (c) directs the commissioner to provide recommendations for the final frameworks

and values, and the basis for the recommendations to the legislature by February 15, 2013.

Paragraph (d) directs the commissioner to review specified topics during the research period and propose, as necessary, recommendations to address specified research questions.

Paragraph (e) directs the commissioner to develop a comprehensive plan based on information gathered during the research period that uses statistically reliable and valid assessment data to refine payment methodologies.

Paragraph (f) directs the commissioner to make recommendations and provide underlying data and information used to formulate the research recommendations to the existing stakeholder group by January 15, 2013.

Subd. 3. Data collection. Paragraph (a) requires the commissioner to conduct any necessary research and gather additional data for the further development and refinement of payment methodology components. Lists the payment methodology components.

Paragraph (b) directs the commissioner to provide this information to the existing stakeholder work group by January 15, 2013.

Subd. 4. Rate stabilization adjustment. Beginning January 1, 2014, requires the commissioner to adjust individual rates determined by the new payment methodology so that the new rate varies no more than one percent per year from the rate effective on December 31 of the prior calendar year. Specifies this adjustment is made annually and is effective for three calendar years from the date of implementation. Makes this subdivision expire January 1, 2017.

Subd. 5. Stakeholder consultation. Directs the commissioner to continue consultation on regular intervals with the existing stakeholder group established as part of the rate-setting methodology process.

Subd. 6. Implementation. Gives the commissioner the authority to implement changes no sooner than January 1, 2014, to payment rates for individuals receiving home and community-based waived services after the enactment of legislation that establishes specific payment methodology frameworks, processes for rate calculations, and specific values to populate the payment methodology frameworks.

Makes this section effective the day following final enactment.