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Section

Article 1: Children and Families Services

Overview

This article modifies provisions related to the Northstar Care for Children program.

- 1 **Financially responsible agency.** Amends § 256N.02, subd. 10. Makes technical corrections. Makes this section effective the day following final enactment.
- 2 **Permanent legal and physical custody.** Amends § 256N.02, subd. 16. Modifies the definition of “permanent legal and physical custody” to be consistent within statutes. Clarifies that for kinship assistance eligibility, permanent legal and physical custody does not include joint legal and/or physical custody between a parent and a relative custodian. Makes this section effective the day following final enactment.
- 3 **Reassessment.** Amends § 256N.02, subd. 17. Makes technical correction to program name. Makes this section effective the day following final enactment.
- 4 **Relative.** Amends § 256N.02, subd. 18. Adds legal parent, guardian, or custodian of the child’s sibling to definition of “relative.” Makes this section effective the day following final enactment.

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- 5 **General eligibility requirements.** Amends § 256N.22, subd. 1. Clarifies that a relative custodian who is not a parent and does not share custody with a parent is eligible for Northstar kinship assistance. Makes this section effective the day following final enactment.
- 6 **Exclusions.** Amends § 256N.23, subd. 6. Allows the commissioner to enter into an adoption assistance agreement with a relative custodian currently receiving Northstar kinship assistance payments. Makes this section effective the day following final enactment.
- 7 **Assessment.** Amends § 256N.24, subd. 1. Removes the assessment requirement for a child eligible for Northstar kinship assistance, requiring assessment only for a child eligible for adoption assistance. Makes this section effective the day following final enactment.
- 8 **Completing the special assessment.** Amends § 256N.24, subd. 8. Removes a provision automatically assigning a known at-risk child to assessment level A. Makes this section effective the day following final enactment.
- 9 **Completion of reassessment.** Amends § 256N.24, subd. 11. Removes reference to Northstar kinship assistance. Makes this section effective the day following final enactment.
- 10 **Approval of initial assessments, special assessments, and reassessments.** Amends § 256N.24, subd. 11. Replaces “guardian assistance” with “Northstar kinship assistance.” Makes this section effective the day following final enactment.
- 11 **Assessment tool determines rate of benefits.** Amends § 256N.24, subd. 14. Replaces “guardian assistance” with “Northstar kinship assistance.” Makes this section effective the day following final enactment.
- 12 **Appeals and fair hearings.** Amends § 256N.28, subd. 6. Removes language regarding details of caregiver appeal rights. Removes examples of extenuating circumstances. Makes this section effective the day following final enactment.

Article 2: Chemical and Mental Health Services

Overview

This article modifies provisions related to adult mental health and children’s mental health, adds a section providing mental health crisis services, and makes necessary corresponding changes.

- 1 **Community support services program.** Amends § 245.462, subd. 6. Modifies the definition of “community support services program,” to include crisis planning. Makes this section effective August 1, 2017.
- 2 **Emergency services.** Amends § 245.462, subd. 11. Clarifies definition of adult mental health emergency services. Makes this section effective August 1, 2017.
- 3 **Priorities.** Amends § 245.464, subd. 2. Corrects cross-references to new sections for mental health crisis priorities. Makes this section effective August 1, 2017.
- 4 **Adult mental health services.** Amends § 245.466, subd. 2. Corrects cross-references to new mental health crisis sections. Makes this section effective August 1, 2017.

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- 5** **Specific requirements.** Amends § 245.470, subd. 2. Corrects cross-reference to new mental health crisis section. Makes this section effective August 1, 2017.
- 6** **Crisis planning.** Amends § 245.4871, subd. 9a. Defines crisis planning and distinguishes crisis planning from crisis assistance for the children’s mental health act. Makes this section effective August 1, 2017.
- 7** **Emergency services.** Amends § 245.4871, subd. 14. Clarifies definition of children’s mental health emergency services. Makes this section effective August 1, 2017.
- 8** **Children’s mental health services.** Amends § 245.4875, subd. 2. Corrects a cross-reference to a new mental health crisis section. Makes this section effective August 1, 2017.
- 9** **Specific requirements.** Amends § 245.488, subd. 2. Corrects a cross-reference to a new mental health crisis section. Makes this section effective August 1, 2017.
- 10** **Certified community behavioral health clinics.** Amends § 245.735, subd. 3. Corrects a cross-reference to a new mental health crisis section. Makes this section effective August 1, 2017.
- 11** **Scope.** Amends § 245.8261, subd. 1. Corrects a cross-reference to a new mental health crisis section. Makes this section effective August 1, 2017.
- 12** **Mental health crisis services.** Creates § 245.991.

Subd. 1. Availability of crisis services. Paragraph (a) requires a county board to provide or contract for 24/7 mental health crisis services for children and adults by August 1, 2017. Requires a provider to seek reimbursement under the recipient’s health insurance, or if uninsured, allows a provider to charge a recipient a fee for service. Prohibits a provider of crisis services from delaying service due to fees. Specifies that recipient services include screening, assessment, intervention, and appropriate case disposition and stabilization. Specifies that a tribal authority that accepts crisis grant funding has the same requirements as a county.

Paragraph (b) specifies requirements for crisis services.

Subd. 2. Definitions. Defines the following terms:

- (a) Adult
- (b) Assessment
- (c) Certified family peer specialist
- (d) Certified peer specialist
- (e) Commissioner
- (f) Crisis
- (g) Intervention service
- (h) Mental health practitioner
- (i) Mental health professional
- (j) Screening

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(k) Stabilization services

(l) Warm handoff

Subd. 3. Eligibility. Paragraph (a) states that crisis services are available to all ages.

Paragraph (b) specifies that a person who is screened as potentially experiencing a crisis is eligible for an assessment.

Paragraph (c) specifies that a person who is assessed as experiencing a crisis and in need of intervention is eligible for intervention services.

Paragraph (d) specifies that a person who is assessed as experiencing a crisis and in need of stabilization is eligible for stabilization services.

Paragraph (e) specifies that an adult who is assessed as experiencing a crisis and in need of residential stabilization is eligible for residential stabilization services.

Subd. 4. Provider entity standards. Paragraph (a) requires the commissioner to establish a certification and recertification process to determine whether a provider entity meets requirements.

Paragraph (b) requires the commissioner to establish a process for provider decertification and require corrective action, MA repayment, or decertification for a provider that no longer meets statutory requirements, clinical quality standards, or administrative standards.

Paragraph (c) specifies that a provider entity is (1) operated by a county board; (2) under contract with the county board and must directly provide or maintain responsibility for service and billing; (3) an Indian or tribal health service facility.

Paragraph (d) requires the commissioner to certify that a provider entity has the ability to perform listed functions.

Paragraph (e) specifies that a crisis provider certified before August 1, 2017 may continue to operate under existing standards, until certified by the commissioner under this section or until January 1, 2019, whichever is earlier. Paragraph (e) expires January 1, 2019.

Subd. 5. Crisis team. Paragraph (a) specifies that a crisis team is comprised of at least two members, one of whom is a qualified mental health professional, and one of whom is either a qualified mental health practitioner or professional.

Paragraph (b) specifies that additional staff for a crisis team must be qualified as a mental health professional, mental health practitioner, certified peer specialist, or certified family peer specialist.

Paragraph (c) requires that assessment and intervention services be led by a mental health professional or practitioner under supervision of a mental health professional.

Paragraph (d) requires that at least one member of the crisis team provide assessment and intervention services. Requires crisis team members to have experience in certain relevant areas, and have knowledge of local services and resources.

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Subd. 6. Screening standards. Paragraph (a) requires a crisis team to conduct a screening, available by telephone or other appropriate alternate means, to determine the need for further services.

Paragraph (b) establishes requirements for a provider entity conducting a screening.

Paragraph (c) requires that the following circumstances indicate a positive screening unless the provider documents why crisis response was not appropriate:

- (1) Recipient presented in emergency or urgent care setting and health care team requested crisis services;
- (2) A peace officer requested crisis services for a recipient who may be subject to transportation for a mental health crisis.

Paragraph (d) specifies that direct contact with the recipient is not required before initiating an assessment or intervention, and that a crisis team may gather information from a third party at the scene.

Paragraph (e) requires a crisis team to offer to connect a recipient to a crisis team serving the recipient's location, if the call is outside the team's service area.

Paragraph (f) requires a crisis team to consider input from a recipient whenever possible.

Subd. 7. Assessment. Paragraph (a) requires an assessment if screening indicates a potential crisis, evaluating immediate needs for services. Specifies what an assessment should include, when feasible.

Paragraph (b) requires a face-to-face assessment by a crisis team outside of an inpatient hospital setting, provided promptly and at the recipient's location, if possible. Requires crisis team to coordinate with other health care providers, as clinically appropriate.

Paragraph (c) requires the crisis team to consider input from the recipient whenever possible.

Paragraph (d) requires a crisis team member who participated in the assessment to contact the provider entity and consult with intake staff where a recipient is referred to an acute setting. Requires crisis team member to communicate key findings or concerns that led to the referral, with the recipient's consent or legal guardian's consent.

Subd. 8. Intervention. Paragraph (a) requires prompt intervention services if an assessment determines that they are needed, provided by at least one crisis team member, face-to-face, and with required supervision and approval.

Paragraph (b) requires crisis team to develop a crisis intervention treatment plan as soon as possible, but no later than 24-hours after the initial intervention. Specifies that the treatment plan must:

- (1) Address the recipient's needs and problems noted in assessment;
- (2) Include measurable short-term goals;

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- (3) Address cultural considerations;
- (4) Specify frequency and type of services to be provided;
- (5) Be updated as needed.

Paragraph (c) requires a crisis team member to send a copy of the crisis intervention treatment plan to the provider, if a recipient is referred to an acute setting, with consent.

Paragraph (d) requires crisis team to document when a recipient meets short-term goals and no further crisis services are required.

Paragraph (e) requires a “warm handoff” if a recipient is stabilized but needs referral to another service. Requires planning with case manager if recipient has one.

Paragraph (f) requires case manager or crisis team to offer to work with the recipient to develop an advance directive, if the recipient is stabilized and does not have one.

Subd. 9. Stabilization services. Paragraph (a) requires stabilization services to be provided by qualified staff in various permitted locations. Specifies that stabilization services include family psychoeducation, and meet the following requirements:

- (1) Include a stabilization treatment plan;
- (2) Qualified staff;
- (3) Service delivered according to the treatment plan with face-to-face contact by qualified staff for further assessment, referrals, treatment plan updates, supportive counseling, skills training, and collaboration with other community service providers.

Paragraph (b) requires daily face-to-face contact with a qualified mental health practitioner or professional if services are provided in a supervised, licensed residential setting.

Paragraph (c) requires that for services provided in a supervised, licensed residential setting serving no more than 4 residents with 1 or more receiving stabilization services, the residential staff must include at least one qualified staff member for at least 8 hours per day.

Paragraph (d) requires that for services provided in a supervised, licensed residential setting serving more than 4 residents with 1 or more receiving stabilization services, the residential staff must include at least one qualified staff member for 24 hours per day. During the first 48 hours an adult receiving stabilization services is in the residential setting, the program must have at least two staff members for 24 hours a day.

Subd. 10. Stabilization staff qualifications. Paragraph (a) lists staff members qualified to provide stabilization services, including: (1) mental health professionals; (2) mental health practitioners; (3) certified peer specialists; (4) certified family peer specialists; or (5) mental health rehabilitation workers who meet certain criteria and work under clinical supervision.

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Paragraph (b) specifies that, except for mental health professionals, stabilization staff must have completed at least 30 hours of relevant training during the past two years.

Subd. 11. Supervision. Requires certain clinical supervision requirements for a mental health practitioner to provide assessment and intervention services.

Subd 12. Recipient file. Paragraph (a) requires a provider entity to maintain a file for each recipient of crisis services that complies with commissioner requirements lists what the file must contain.

Paragraph (b) requires a provider entity to also maintain a copy of the stabilization treatment plan.

Subd. 13. Stabilization treatment plan. Paragraph (a) requires a written stabilization treatment plan, developed by a mental health professional or practitioner, to be completed within 24 hours of beginning services. Lists what the stabilization treatment plan must include.

Paragraph (b) requires the recipient's (or legal guardian's) signature on the stabilization treatment plan, or reason for refusal to sign. Requires that a copy be given to the recipient or legal guardian, and that the mental health professional approve and sign any treatment plan.

Subd. 14. Crisis service infrastructure. Requires the commissioner to:

- (1) develop a central crisis phone number;
- (2) Provide 24-hour telephone consultation to a crisis team serving a person with traumatic brain injury or intellectual disability experiencing a crisis;
- (3) Expand crisis services statewide;
- (4) Examine access to crisis service by population;
- (5) Establish and implement statewide crisis services standards.

- 13** **Mental health crisis intervention team.** Amends § 245D.02, subd. 20. Corrects cross-reference to new mental health crisis section. Makes this section effective August 1, 2017.
- 14** **Health officer.** Amends § 253B.02, subd. 9. Broadens definition of "health officer" to include mental health professionals and mental health practitioners providing crisis services, as defined in statute. Makes this section effective August 1, 2017.
- 15** **Mental health certified peer specialist.** Amends § 256B.0615. Clarifies role of peer support specialists. Makes this section effective the day following the final enactment.
- 16** **Mental health certified family peer specialist.** Amends § 256B.0616. Clarifies definition, duties, and training of certified family peer specialists. Makes this section effective the day following the final enactment.
- 17** **Definitions.** Amends § 256B.0622, subd. 2. Corrects cross-reference to new mental health crisis section. Makes this section effective August 1, 2017.

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- 18 Assertive community treatment team staff requirements and roles.** § 256B.0622, subd. 7a. Adds a definition, qualifications, and responsibilities for a “lead mental health professional” within an Assertive Community Treatment (ACT) team.
- 19 Definitions.** Amends § 256B.0623, subd. 2. Specifies that adult rehabilitative mental health services include crisis planning. Makes this section effective August 1, 2017.
- 20 Scope.** Amends § 256B.0624, subd. 1. Adds cross references to new mental health crisis section in MA chapter, includes both child and adult mental health crisis response services. Makes this section effective August 1, 2017.
- 21 Definitions.** Amends § 256B.0624, subd. 2. Replaces definitions with those meanings given in new mental health crisis section. Makes this section effective August 1, 2017.
- 22 Eligibility.** Amends § 256B.0624, subd. 3. Replaces definition of “eligible recipient” with definitions for “eligible adult recipient” and “eligible child recipient” for mental health crisis services paid through MA. Specifies that a mental health crisis is determined by a physician, mental health professional, or mental health practitioner on a crisis team, with input from the recipient if possible. Makes this section effective August 1, 2017.
- 23 Provider entity standards.** Amends § 256B.0624, subd. 4. Replaces listed provider standards with reference to standards in new mental health crisis section, and requires a provider to be currently enrolled as a medical assistance provider. Makes this section effective August 1, 2017.
- 24 Children’s mental health crisis response services.** Amends § 256B.0625, subd. 35a. Corrects cross-reference. Makes this section effective August 1, 2017.
- 25 Reduce avoidable behavioral crisis emergency room admissions, psychiatric inpatient hospitalizations, and commitments to institutions.** Amends § 256B.092, subd. 14. Corrects cross-references to new mental health crisis services section. Makes this section effective August 1, 2017.
- 26 Definitions.** Amends § 256B.0943, subd. 1. Replaces “crisis assistance” definition with “crisis planning” definition. Makes this section effective August 1, 2017.
- 27 Covered service components of children’s therapeutic services and supports.** Amends § 256B.0943, subd. 2. Replaces “crisis assistance” with “crisis planning.” Makes this section effective August 1, 2017.
- 28 Provider entity certification.** Amends § 256B.0943, subd. 4. Replaces “crisis assistance” with “crisis planning;” corrects cross-reference. Makes this section effective August 1, 2017.
- 29 Qualifications of individual and team providers.** Amends § 256B.0943, subd. 7. Makes technical changes. Makes this section effective the day following the final enactment.
- 30 Service delivery criteria.** Amends § 256B.0943, subd. 9. Replaces “crisis assistance” with “crisis planning.” Makes this section effective August 1, 2017.
- 31 Required covered service components.** Amends § 256B.0946, subd. 1. Replaces “crisis assistance” with “crisis planning.” Makes this section effective August 1, 2017.

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- 32** **Definitions.** Amends § 256B.0946, subd. 1a. Replaces “crisis assistance” definition with “crisis planning” definition. Makes this section effective August 1, 2017.
- 33** **Service delivery payment requirements.** § 256B.0946, subd. 4. Adds cross-reference to new mental health crisis section and modifies language accordingly. Makes this section effective August 1, 2017.
- 34** **Excluded services.** Amends § 256B.0946, subd. 6. Corrects cross-reference to MA-covered children’s mental health crisis services. Makes this section effective August 1, 2017.
- 35** **Required service components.** Amends § 256B.0947, subd. 3a. Replaces “crisis assistance” with “crisis planning;” corrects cross-references to new mental health crisis section. Makes this section effective August 1, 2017.
- 36** **Medical assistance payment and rate setting.** Amends § 256B.0947, subd. 7. Corrects cross-reference to new mental health crisis section, for MA-covered children’s crisis services. Makes this section effective August 1, 2017.
- 37** **Reduce avoidable behavioral crisis emergency room admissions, psychiatric inpatient hospitalizations, and commitments to institutions.** Amends § 256B.49, subd. 25. Corrects cross-references to new mental health crisis services section. Makes this section effective August 1, 2017.
- 38** **American Indian contracting provisions.** Amends § 256B.84. Corrects cross-reference to new mental health crisis section. Makes this section effective August 1, 2017.
- 39** **Revisor’s instruction.** Instructs revisor to make necessary conforming technical changes.
- 40** **Repealer.** Repeals §§ 245.439; 256B.0624, subds. 4a, 5, 6, 7, 8, 9, 10, 11; 256B.0944.

Article 3: Operations

Overview

This article modifies provisions related to licensing, operations for certain services under medical assistance, and fair hearing appeals.

- 1** **Limits on receiving public funds.** Amends § 245.095. Prohibits an excluded provider, vendor, or individual who is enrolled, registered, licensed, or receiving grant funds under one DHS program from enrolling in another DHS program. Broadens definition of “excluded.” Makes this section effective the day following final enactment.
- 2** **Authorized agent.** Amends § 245A.02, adding subd. 3b. Defines “authorized agent” as a controlling individual designated by the license holder to communicate with DHS and receive service of all notices and orders. Makes this section effective August 1, 2017.
- 3** **Controlling individual.** Amends § 245A.02, subd. 5a. Clarifies definition of “controlling individual,” to include the owner of a licensed program, each officer of the organization, each authorized agent, each compliance officer, and each managerial official with decision-making authority related to program operation. Makes this section effective August 1, 2017.

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- 4 **License.** Amends § 245A.02, subd. 8. Adds cross-reference to the section under which licenses are issued. Makes this section effective August 1, 2017.
- 5 **License holder.** Amends § 245A.02, subd. 9. Clarifies definition of “license holder.” Makes this section effective August 1, 2017.
- 6 **Organization.** Amends § 245A.02, adding subd. 10b. Defines “organization” as various types of ownership structures, and any other legal or commercial entity, excluding government entities. Makes this section effective August 1, 2017.
- 7 **Private agency.** Amends § 245A.02, subd. 12. Modifies definition of “private agency.” Makes this section effective August 1, 2017.
- 8 **Provisional license.** Amends § 245A.02, adding subd. 12a. Defines “provisional license” as a license of limited duration not to exceed 15 months. Makes this section effective August 1, 2017.
- 9 **License required.** Amends § 245A.03 subd. 1. Clarifies which entities must not engage in activities unless licensed by the commissioner. Makes this section effective August 1, 2017.
- 10 **Notification of affected municipality.** Amends § 245A.04, subd. 2. Allows the commissioner to provide notice of license issuance to an affected municipality via electronic means. Makes this section effective August 1, 2017.
- 11 **Inspections; waiver.** Amends § 245A.04, subd. 4. Makes clarifying changes. Makes this section effective August 1, 2017.
- 12 **Commissioner’s evaluation.** Amends § 245A.04, subd. 6. Requires commissioner to consider the statute and rule requirements applicable to the program or service, and the applicant’s ability to demonstrate competent knowledge of applicable laws or rules, when evaluating a license application. Makes this section effective August 1, 2017.
- 13 **Grant of license; license extension.** Amends § 245A.04, subd. 7. Allows commissioner to issue a temporary change of ownership license or provisional license. Prohibits commissioner from issuing or reissuing a license if the applicant had been denied a license, including a license following expiration of a provisional license, within the past two years. Makes this section effective August 1, 2017.
- 14 **Notification required.** Amends § 245A.04, adding subd. 7a. Paragraph (a) requires a license holder to notify the commissioner and obtain approval before making any changes that would alter the license information.
- Paragraph (b) requires a license holder to notify the commissioner at least 30 days before the change is effective, in writing, of certain listed changes.
- Paragraph (c) requires a license holder to provide amended articles of incorporation or other documents reflecting a change to business structure or services. Makes this section effective August 1, 2017.
- 15 **Adoption agency; additional requirements.** Amends § 245A.04, subd. 10. Makes clarifying changes. Makes this section effective August 1, 2017.

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16 License application after a change of ownership. Adds § 245A.043.

Subd. 1. Transfer prohibited. Specifies that a license is not transferable or assignable.

Subd. 2. Change of ownership. Requires submission of a new license application when the commissioner determines that a change in ownership will occur. Specifies what constitutes a change in ownership.

Subd. 3. Sale of a program. Paragraph (a) requires written notice to the commissioner of any proposed sale or change of ownership at least 60 days prior to the anticipated change, when the new owner intends to assume operation without interruption.

Paragraph (b) requires a prospective new owner or operator to submit a license application at least 30 days prior to the change, and comply with all statutory requirements.

Paragraph (c) allows the commissioner to develop application procedures for when the applicant is a current license holder, and the program is currently licensed by DHS and in substantial compliance.

Paragraph (d) specifies that the existing license holder is responsible for operating the program until a license is issued to the new owner or operator.

Paragraph (e) allows the commissioner to waive a new owner or operator's licensing inspection, under certain circumstances.

Paragraph (f) requires a new owner or operator to submit a letter identifying how they will resolve any outstanding correction orders, if applicable.

Paragraph (g) specifies that any licensing actions taken against the existing license holder when the new owner or operator is applying for a license will remain in effect until the grounds for the action are corrected or no longer exist.

Paragraph (h) requires the commissioner to evaluate a license application according to statute.

Paragraph (i) allows the commissioner to deny an application according to statute, and allows for appeals.

Paragraph (j) specifies that this subdivision does not apply to a home-based program or service.

Subd. 4. Temporary change of ownership license. Establishes a temporary change of ownership license, for a new owner or operator while the commissioner evaluates the new owner or operator's license application. Allows commissioner to establish criteria for issuing such licenses.

Makes this section effective August 1, 2017.

17 Provisional license. Adds § 245A.045.

Subd. 1. When a provisional license shall be required. Paragraph (a) requires the commissioner to issue a provisional license for up to 15 months, before issuing a license under § 245A.04, subd. 7, if the applicant:

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- (1) is not currently licensed;
- (2) is licensed but in a different service class;
- (3) was licensed in the same service class for less than 12 months;
- (4) was in substantial, but not complete compliance with applicable licensure requirements, but demonstrates potential to comply and does not endanger a client's health, welfare, or safety;
- (5) is a buyer of a program that was licensed for less than 12 months, has an outstanding correction or revocation order, operates under a conditional license, or is currently under a provisional license.

Paragraph (b) permits the commissioner to place terms and conditions on the license until the applicant achieves full compliance. Specifies that a decision to issue a provisional license may not be appealed.

Paragraph (c) requires the commissioner to conduct at least one unannounced inspection before the provisional license expires. Requires provisional license holder to apply for a license at least 60 days before the provisional license expires.

Subd. 2. Sanctions for provisional license. Paragraph (a) lists possible sanctions the commissioner may issue to a provisional license holder.

Paragraph (b) lists the reasons for which the commissioner may revoke a provisional license.

Paragraph (c) requires the commissioner to consider several factors when deciding to revoke a provisional license.

Paragraph (d) requires the commissioner to notify a license holder of the revocation by certified mail or personal service, and state the reason for revocation.

Paragraph (e) specifies that the notice of revocation must inform the license holder of the procedures to appeal the decision. Specifies appeal processes.

Subd. 3. Exclusions. Specifies that this section does not apply to family child care, child foster care, adult day services, adult foster care, and community residential settings.

Makes this section effective August 1, 2017.

- 18 Denial of application.** Amends § 245A.05. Allows commissioner to deny a license to applicants who fail to demonstrate competent knowledge, have a history of noncompliance, or who are prohibited by statute from holding a license. Makes this section effective August 1, 2017.
- 19 Temporary immediate suspension.** Amends § 245A.07, subd. 2. Permits commissioner to specify the means by which an appeal of a temporary immediate license suspension may be made. Makes this section effective August 1, 2017.

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- 20 Program simplification and uniformity advisory committee.** Amends § 256.01, adding subd. 2c. Paragraph (a) establishes the Program Simplification and Uniformity Advisory Committee, to advise the commissioner on policies and procedures. Requires the committee to meet at least quarterly and annually elect a chair. Requires commissioner or designee to attend each meeting.
- Paragraph (b) requires the committee to advise and make recommendations to the commissioner on policies and strategies that will accomplish listed goals, focused on simplifying and aligning agency programs and service delivery.
- Paragraph (c) specifies that the committee will be comprised of human services program participants, legislators, county representatives, and state agency management.
- Paragraph (d) prohibits a voting committee member from being employed by the state, except legislators. Prohibits compensation for committee work.
- Makes this section effective the day following final enactment, sunsets June 30, 2020.
- 21 Vendor of medical care.** Amends § 256B.02, subd. 7. Adds health services to the definition of vendor medical care; includes a person or entity providing a good or service eligible for MA or federal waiver payments. Makes this section effective the day following final enactment.
- 22 Provider enrollment.** Amends § 256B.04, subd. 21. Modifies surety bond requirements for durable medical equipment providers and suppliers enrolled in MA. Makes this section effective the day following final enactment.
- 23 Mental health provider travel time.** Amends § 256B.0625, subd. 43. Makes clarifying changes and adds specific requirements for documenting and calculating mental health provider travel time for MA coverage and billing. Makes this section effective the day following final enactment.
- 24 Sanctions available.** Amends § 256B.064, subd. 1b. Requires the commissioner to suspend a vendor's participation in the MA program for a minimum of 5 years, if the vendor is convicted of a crime, received a stay of adjudication, or entered a court-ordered diversion program for a health-related offense or health care fraud. Makes this section effective the day following final enactment.
- 25 Recipient protection.** Amends § 256B.0651, subd. 17. Permits commissioner to notify a home care services recipient when the service provider will have payments withheld or the provider will be suspended from participating in MA. Makes this section effective the day following final enactment.
- 26 Personal care assistance services not covered.** Amends § 256B.0659, subd. 3. Eliminates personal care assistance eligibility for MA payment when services are not provided within the required frequency. Makes this section effective the day following final enactment.
- 27 Documentation of personal care assistance services provided.** Amends § 256B.0659, subd. 12. Requires a personal care service recipient's MA ID number or date of birth on a personal care assistant time sheet. Makes this section effective the day following final enactment.

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- 28** **Qualified health professional; duties.** Amends § 256B.0659, subd. 14. Requires qualified professionals to document the date, duration, and total time for each visit or call with a personal care service recipient. Makes this section effective the day following final enactment.
- 29** **Requirements for provider enrollment of personal care assistance provider agencies.** Amends § 256B.0659, subd. 21. Modifies surety bond requirements for personal care assistance providers enrolled in MA. Makes this section effective the day following final enactment.
- 30** **Service documentation and billing requirements.** Amends § 256B.4912, adding subd. 11. Specifies that only services provided in a federally approved waiver plan are eligible for payment. Requires documentation for payment for home and community-based services provided. Allows for recovery of payments made for services not documented. Adds specific requirements for how services must be documented and what must be included for different services. Makes this section effective the day following final enactment.
- 31** **Additional coverage.** Amends § 256G.01, subd. 4. Clarifies that programs referenced are “financial assistance” programs. Makes this section effective the day following final enactment.
- 32** **County of financial responsibility.** Amends § 256G.02, subd. 4. Specifies that a financial assistance program case does not attach to an open social services case. Makes this section effective the day following final enactment.
- 33** **Financial disputes.** Amends § 256G.09, subd. 2. Clarifies the financial dispute resolution for counties. Require a department resolution form and an application or commitment date for the program in dispute. Prohibits department from issuing an advisory opinion, and prohibits a county from submitting a case to the department under the dispute resolution process until the local agency has made an initial determination and services have been initiated. Makes this section effective the day following final enactment.
- 34** **Derivative settlement.** Amends § 256G.10. Clarifies what constitutes a child’s county of residency for derivative settlement purposes. Makes this section effective the day following final enactment.
- 35** **Disclosure to commissioner of human services.** Amends § 270B.14, subd. 1. Authorizes commissioner of revenue to disclose information to the commissioner of human services as necessary for MA income verification. Makes this section effective the day following final enactment.

Section

Article 4: Health Care

Overview

This article modifies provisions related to the state medical review team (SMRT) and the personal care assistance (PCA) program.

- 1 State medical review team.** Amends § 256.01, subd. 29. Makes technical corrections to cross-references and removes language related to the county role in the SMRT process to align with current practice. Makes this section effective the day following final enactment.
- 2 Requirements for provider enrollment of personal care assistance provider agencies.** Amends § 256B.0659, subd. 21. Requires PCA provider agencies to have certain agency staff complete certain training requirements before the agency submits an application for enrollment as an MA provider. Makes this section effective the day following final enactment.
- 3 Enrollment requirements following termination.** Amends § 256B.0659, subd. 23. Specifies that the two year ban on enrollment following termination of a provider does not apply to PCA provider agencies terminated solely for failure to timely and completely comply with revalidation requirements. Makes this section effective the day following final enactment.

Article 5: Community Supports

Overview

This article makes changes to various community supports programs and services including adult foster care, home and community-based services standards, personal care assistance, home and community-based (HCBS) waivers, the disability waiver rate system (DWRS), and community first services and supports (CFSS).

- 1 Contents of contract.** Amends § 144D.04, subd. 2. Makes a grammatical correction. Makes this section effective the day following final enactment.
- 2 Additional contract requirements.** Amends § 144D.04, by adding subd. 2a. Adds additional housing with services contract requirements for residents receiving one or more health-related services. Allows a restriction of EW, CAC, CADI, and BI waiver recipients' rights only if determined necessary for the residents' health, safety, and well-being and requires restrictions to be documented. Lists information the contract must include. Makes this section effective the day following final enactment.
- 3 Licensing moratorium.** Amends § 245A.03, subd. 7. Modifies the commissioner's authority to manage corporate foster care. Removes obsolete language. Requires the commissioner to notify a license holder when its corporate foster care or community residential setting licensed beds are reduced, state the reason for the reduction, and inform the license holder of the right to request reconsideration by the commissioner. Specifies

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requirements related to requesting a reconsideration. Makes this section effective the day following final enactment.

- 4 **Policies and procedures for program administration required and enforceable.** Amends § 245A.04, subd. 14. Requires adult foster care providers that provide foster care services to EW residents to annually provide a copy of the resident termination policy to a resident covered by the policy.
- 5 **Adult foster care bedrooms.** Amends § 245A.11, by adding subd. 9. Requires foster care residents to have a choice of roommates. Makes the license holder responsible for notifying residents of the right to request a change of roommate. Requires license holders to provide a lock for each resident's bedroom door, unless otherwise indicated for the resident's health, safety, or well-being. Requires documentation of restrictions on the use of the lock in the resident's individual abuse prevention plan. Requires the case manager to be part of an EW resident's interdisciplinary team. Makes this section effective the day following final enactment.
- 6 **Adult foster care resident rights.** Amends § 245A.11, by adding subd. 10. Lists the information license holders must provide to a resident and a resident's legal representative at admission. Lists adult foster care resident rights. Allows restrictions on resident rights only if determined necessary to ensure the health, safety, and well-being of the resident. Requires any restriction of a resident's right to be documented in the resident's individual abuse prevention plan. Requires the case manager to be part of an EW resident's interdisciplinary team. Requires restrictions to be implemented in the least restrictive manner necessary to protect the resident. Makes this section effective the day following final enactment.
- 7 **Adult foster care service termination for elderly waiver participants.** Amends § 245A.11, by adding subd. 11. Specifies adult foster care license requirements for EW residents. Requires the license holder to establish policies and procedures for service termination that promote continuity of care and service coordination. Lists requirements that the license holder must meet. Makes this section effective the day following final enactment.
- 8 **Applicability.** Amends § 245D.03, subd. 1. Applies the home and community-based standards to a new service called individualized home supports services. Makes this section effective the day following final enactment.
- 9 **Protection-related rights.** Amends § 245D.04, subd. 3. Modifies the list of protection-related rights under the home and community-based standards. Makes this section effective the day following final enactment.
- 10 **Requirements for intensive support services.** Amends § 245D.071, subd. 1. Corrects cross-references. Makes this section effective the day following final enactment.
- 11 **Assessment and initial service planning.** Amends § 245D.071, subd. 3. Requires documentation of how the provider will support the person to have control of the person's schedule. Makes this section effective the day following final enactment.

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- 12** **Alternative sources of training.** Amends § 245D.09, subd. 5a. Allows the commissioner to approve online training and competency-based assessments in place of a specific number of hours of training in certain topics. Makes this section effective the day following final enactment.
- 13** **Admission criteria.** Amends § 245D.11, subd. 4. Requires a signed and dated residency agreement between the license holder and the person or the person's legal representative. Requires the residency agreement to include service termination requirements and to be reviewed annually. Makes this section effective the day following final enactment.
- 14** **Bedrooms.** Amends § 245D.24, subd. 3. Requires each person receiving services to have a choice of roommate and be allowed to lock his or her bedroom door. Requires license holders to document risk factors that require using locked doors, and the actions taken to minimize the safety risk to a person receiving services at the site.
- 15** **State agency hearings.** Amends § 256.045, subd. 3. Updates the appeal statute to allow for a state agency hearing on the termination of service for corporate foster care. Makes conforming changes to cross-references. Makes this section effective the day following final enactment.
- 16** **Personal care assistance provider agency; general duties.** Amends § 256B.0659, subd. 24. Adds to the duties of PCA provider agencies by requiring agencies to provide 30 day written notice to a recipient, with certain exceptions, before service termination becomes effective. Makes this section effective the day following final enactment.
- 17** **Assessment and support planning.** Amends § 256B.0911, subd. 3a. Requires the written community support plan to include service options provided in a non-disability-specific setting. Makes this section effective the day following final enactment.
- 18** **Case management services.** Amends § 256B.092, subd. 1a. Requires developmental disability waiver case managers to assist the person in the identification of providers and services provided in non-disability-specific settings. Makes this section effective the day following final enactment.
- 19** **Case management.** Amends § 256B.49, subd. 13. Requires CAC, CADI, and BI waiver case managers to assist in the identification of providers and services provided in non-disability-specific settings. Makes this section effective the day following final enactment.
- 20** **New services.** Amends § 256B.4913, by adding subd. 7. States a service added to the DWRS after January 1, 2014, is not subject to rate stabilization adjustment.
- 21** **Applicable services.** Amends § 256B.4914, subd. 3. Adds individualized home supports to the DWRS rate setting methodology. Makes this section effective the day following final enactment.
- 22** **Base wage index and standard component values.** Amends § 256B.4914, subd. 5. Establishes a base wage index calculation for individualized home supports services staff. Makes this section effective the day following final enactment.
- 23** **Payments for unit-based services with programming.** Amends § 256B.4914, subd. 8. Adds individualized home supports to the unit-based services with programming category. Makes this section effective the day following final enactment.

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- 24** **Budget neutrality adjustments.** Amends § 256B.4914, subd. 16. States the individualized home supports service rate is not subject to budget neutrality adjustments. Makes this section effective the day following final enactment.
- 25** **CFSS agency-provider requirements; notice regarding termination of services.** Amends § 256B.85, subd. 12b. Extends the number of days in which the provider must notify the recipient prior to termination of services. Makes a technical correction. Makes this section effective the day following final enactment.
- 26** **Repealer.** Repeals Minnesota Rules, part 9555.6255 (resident’s rights). Makes this section effective the day following final enactment.

Article 6: Technical Corrections

Overview

This article makes technical corrections to eleven sections of statute, provides a revisor’s instruction to correct certain cross-references and make other necessary changes, and repeals section 119B.125, subd. 8, and Minnesota Rules, parts 9555.7100, 9555.7200, and 9555.7600.