

Subject Human Services Policy Omnibus Bill

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Overview

This bill contains various health and human services policy provisions including provisions related to children and family services, community supports, Department of Human Services (DHS) policy proposals, civil commitment, and the Maltreatment of Minors Act reorganization.

Article 1: Children and Family Services

This article contains provisions related to the child care assistance program, child care licensing, the Cultural and Ethnic Communities Leadership Council, child foster care, family assets for independence, and the birth to age eight pilot program.

Section	Description
1	Provider. Amends § 119B.011, subd. 19. Modifies the definition of provider by adding a provider operated under the jurisdiction of the federal government. Provides a July 1, 2020 effective date.
2	Enrollment of a student in foster care. Proposes coding for § 120A.21. Requires a student in foster care to be enrolled in school within seven school days of being placed in a foster home. Allows a student already enrolled in a district to remain enrolled in that district, even if the student's foster home is in another district.
3	Variations. Amends § 245A.04, subd. 9. Adds a requirement that, beginning January 1, 2021, counties must use a uniform application form developed by the commissioner for variance requests by family child care license holders.
4	Delegation of authority to agencies. Amends §245A.16, subd. 1. Requires a county agency designated to issue variances to family child care providers to:

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- 1) publish the agency's policies and criteria for issuing variances on the county's public website and update the information as necessary; and
- 2) annually distribute the agency's policies and criteria to all family child care license holders in the county.

Provides a January 1, 2021 effective date.

5 Cultural and Ethnic Communities Leadership Council.

Amends § 256.041. Makes several clarifying changes to the Cultural and Ethnic Communities Leadership Council. Changes include:

- allowing the chairs and ranking minority members on the council to choose a designee;
- requiring the commissioner of human services to accept council recommendations when appointing a chair; allowing for multiple chairs;
- modifying when appointee terms end;
- requiring the commissioner to actively engage with the council;
- modifying language to ensure equitable and culturally responsive models of program implementation;
- requiring the department to advise on progress and accountability measures for addressing inequities;
- adding more duties for the commissioner, including: reviewing and implementing equity policy with action plans and resources for implementation; supporting interagency collaboration for increased equity; addressing the council at least twice per year; and supporting member participation in the council;
- adding council duty to advance legislative proposals to improve racial and health equity outcomes, with community input;
- modifying council legislative report requirements;
- specifying that council members may not be absent from meetings more than three times per year;
- adding council member duty to participate in work groups; and
- removing current June 30, 2020, expiration date.

6 Family assets for independence.

Amends § 256E.35.

Subd. 1. Establishment. Adds vehicles to the list of assets for which incentives may be provided under the FAIM program.

Subd. 2. Definitions. Modifies the definition of "permissible use" by adding acquisition costs of a personal vehicle.

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Subd. 3. Grants awarded. Removes a requirement that fiduciary organizations document the capacity to raise the private match.

Subd. 4. Duties. No changes.

Subd. 4a. Financial coaching. Requires financial coaches to provide asset-specific training related to buying a vehicle to program participants.

Subd. 5. Household eligibility; participation. Makes a technical change.

Subd. 6. Withdrawal; matching; permissible uses. Removes language related to nonstate matching contributions and increases the lifetime limit on contributions from state grant or TANF funds from \$3,000 to \$6,000 (the current statutory lifetime limit is \$6,000—\$3,000 from state grant or TANF funds and \$3,000 from nonstate funds).

Subd. 7. Program reporting. Includes the number of vehicles paid for with money from FAIM accounts in fiscal agent quarterly reporting requirements.

Provides an immediate effective date.

7 Annual report.

Amends § 257.0725. Requires the commissioner of human services to report on school enrollments within seven days of a student being placed in a foster home.

8 Agency responsibilities for parents and children in placement.

Amends § 260C.219 by adding subdivisions. Makes organizational changes to section 260C.291, governing agency responsibilities for parents and children in placement.

Adds subdivision 6, requiring the responsible social services agency to attempt to coordinate an initial phone call between foster care providers and parents of children in foster care, to share any information regarding the child that would facilitate the child's adjustment to the foster care setting and improve outcomes for the child. Requires that the call be coordinated as soon as is practicable, or within 72 hours of the child's placement in foster care. Allows for delays under certain circumstances, and requires specific documentation. Specifies that the agency is not required to attempt to coordinate the call if the call would pose a danger to the mental or physical health of the child or foster parent.

Adds subdivision 7, requiring the responsible social services agency to coordinate a prenatal alcohol exposure screening for any child who enters foster care. Requires the screening as soon as is practicable, or within 45 days of the child's removal from their home, if the agency determines that the child has not previously been screened or identified as having been prenatally exposed to alcohol. Requires the agency to

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ensure that the screening is conducted according to best practice guidelines and criteria developed by a statewide organization that focuses solely on fetal alcohol spectrum disorder prevention and intervention.

Makes this section effective for children entering foster care on or after August 1, 2020, except that subdivision 6 is effective for children entering out-of-home placement or changing placements on or after November 1, 2020.

9 Direction to commissioners; income and asset exclusions.

Amends Laws 2016, ch. 189, art. 15, § 29. Modifies dates related to the income and child development in the first three years of life demonstration project by changing the current expiration date for the income-related prohibitions to January 1, 2026, and the deadline by which the commissioner must report to the legislature to January 1, 2027.

10 Pilot design and goals.

Amends Laws 2017, First Special Session ch. 6, art. 7, § 33, subd. 2. Modifies terminology and goals for the birth to age eight pilot program. Provides an immediate effective date.

11 Program participants in target population.

Amends Laws 2017, First Special Session ch. 6, art. 7, § 33, subd. 3. Modifies the target population for the birth to age eight pilot program and reorganizes language. Provides an immediate effective date.

12 Direction to commissioner of human services; uniform family child care variance application form.

By October 1, 2020, directs the commissioner of human services, in consultation with the Family Child Care Task Force and others, to develop a uniform application form for family child care variance requests. Directs the commissioner to issue any necessary guidance or training for the counties to use the form. Provides an immediate effective date.

13 Direction to commissioner; initial foster care phone call training.

Requires the commissioner of human services to issue written guidance by August 1, 2020, to implement the initial foster care phone call requirements. Makes this section effective upon final enactment.

Article 2: Community Supports Administration.

This article contains provisions related to certified community behavioral health clinics, corporate foster care licensing, home and community-based services standards, psychiatric residential treatment facilities, MA excess income, MnCHOICES 90-day notice to lead agencies for PCA assessments, home care services, and codification of consumer-directed community supports.

Section	Description
1	Certified community behavioral health clinics. Amends § 245.735, subd. 3. Removes language prohibiting a county share when MA pays the CCBHC prospective payment.
2	Adult foster care and community residential setting license capacity. Amends § 245A.11, subd. 2a. Modifies adult foster care licensing by extending the exception allowing certain facilities to have a fifth bed.
3	Sexual violence. Amends § 245D.02, by adding subd. 32a. Defines “sexual violence” in the chapter of statutes governing home and community-based services standards.
4	Assessment and initial service planning. Amends § 245D.071, subd. 3. Modifies the timeline to meet and persons included in the service planning meeting with the license holder under the home and community-based services standards. Adds to the list of items that must be determined based on information obtained from assessments, a person’s identified needs in a coordinated service and support plan, and other sources by including opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences, opportunities for community access, participation, and inclusion in preferred community activities, opportunities to develop and strengthen personal relationships with other persons of the person’s choice in the community, and opportunities to seek competitive employment and work at competitively paying jobs in the community.
5	Coordination and evaluation of individual service delivery. Amends § 245D.081, subd. 2. Allows the designated coordinator to delegate the direct observation and competency assessment of the service delivery activities of direct support staff to an individual whom the designated coordinator has previously deemed competent in those activities.
6	Orientation to program requirements. Amends § 245D.09, subd. 4. Adds strategies to minimize the risk of sexual violence to the list of orientation items on which license holders must train direct support staff.

Section	Description
7	Orientation to individual service recipient needs. Amends § 245D.09, subd. 4a. Makes a conforming technical change.
8	Annual training. Amends § 245D.09, subd. 5. Makes a conforming technical change.
9	Self-directed caregiver grants. Amends § 256.975, subd. 12. Modifies self-directed caregiver grants by: (1) requiring the Minnesota Board on Aging to consult with area agencies on aging and other community caregiver stakeholders on the administration of the program; (2) removing a requirement that the Board on Aging give priority to consumers who receive long-term care options counseling and use an unpaid caregiver; and (3) requiring an annual legislative report on the self-directed caregiver grant program.
10	Excess income standard. Amends § 256B.056, subd. 5c. Sets the MA spenddown standard that will take effect July 1, 2022, for persons who are age 65 or older, blind, or have disabilities at the current MA income limit for those groups, rather than at a specific percentage of the federal poverty guidelines. The current MA income limit for these groups is 100 percent of FPG, which is the FPG percentage stricken in the language, so this provision will not have the effect of increasing the spenddown standard, unless the legislature also chooses to increase the MA income limit for these groups.
11	Certified community behavioral health clinic services. Amends § 256B.0625, subd. 5m. Prohibits a county share when MA pays the CCBHC prospective payment. Removes language allowing the commissioner to limit the number of CCBHCs for the prospective payment system. Requires the commissioner to seek federal approval for a CCBHC rate methodology that allows for rate modifications based on changes in scope for an individual CCBHC. Requires managed care plans and county-based purchasing plans to reimburse CCBHC providers at the prospective rate. Specifies duties of the commissioner, managed care plans, and county-based purchasing plans if federal approval is not received.
12	Officer-involved community-based care coordination. Amends § 256B.0625, subd. 56a. Updates terminology related to post-arrest community-based service coordination for individuals with mental illness or substance use disorder. Adds language including Indian health service facilities, and adds qualified alcohol and drug counselors and recovery peer specialists to those who may provide care coordination under this section.

Section	Description
13	Skilled nurse visit services. Amends § 256B.0653, subd. 4. Modifies the list of professionals who are able to order skilled nurse visit services to be consistent with other home health services. Provides an immediate effective date.
14	Home care therapies. Amends § 256B.0653, subd. 5. Modifies the list of professionals who are able to order home care therapies by including nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants. This change is necessary to conform to federal law changes included in the federal CARES Act. Provides an immediate effective date.
15	Face-to-face encounter. Amends § 256B.0653, subd. 7. Makes technical and conforming changes. Provides an immediate effective date.
16	Definitions. Amends § 256B.0654, subd. 1. Modifies the definition of “home care nursing” by modifying the list of professionals who are able to order home care nursing services. Provides an immediate effective date.
17	Home care nursing services. Amends § 256B.0654, subd. 2a. Makes conforming changes. Provides an immediate effective date.
18	Definitions. Amends § 256B.0711, subd. 1. Makes technical changes and corrects terminology in the definition of “covered program.”
19	Assessment and support planning. Amends § 256B.0911, subd. 3. Requires the commissioner to provide at least a 90-day notice to lead agencies for PCA assessments. This is reinstating a requirement that was inadvertently stricken in a bill enacted in 2019. Provides an immediate effective date.
20	Eligibility. Amends § 256B.0941, subd. 1. Removes the requirement to involve the state medical review agent in determining and documenting the need for PRTF services. Adds a paragraph requiring department oversight and utilization reviews of PRTF referrals and admissions, and to coordinate a statewide list of children who meet PRTF medical necessity criteria and are awaiting admission.

<u>Section</u>	<u>Description</u>
21	<p>Per diem rate.</p> <p>Amends § 256B.0941, subd. 3. Modifies PRTF per diem rate to be per provider rather than a statewide average rate. Allows for billing by either the facility or the licensed professional who provided the services. Removes reference to prior authorization by the state medical review agent.</p>
22	<p>Services and supports.</p> <p>Amends § 256B.49, subd. 16. Makes technical changes, removes obsolete language, and corrects terminology related to CDCS.</p>
23	<p>Consumer-directed community supports (CDCS).</p> <p>Creates § 256B.4911. The language in this section is being removed from Minnesota Laws (see the repealer in section 27) and codified in the chapter of statutes governing Medical Assistance.</p> <p>Subd. 1. Federal authority. Specifies CDCS provisions are governed, in whole, by the federally-approved waiver plans for home and community-based services.</p> <p>Subd. 2. Costs associated with physical activities. Provides for costs associated with physical activities under CDCS.</p> <p>Subd. 3. Expansion and increase of budget exceptions. Provides for budget exceptions under CDCS.</p> <p>Subd. 4. Budget exception for persons leaving institutions and crisis residential settings. Provides for a budget exception process under CDCS for persons leaving institutions and crisis residential settings.</p> <p>Subd. 5. Shared services. Provides for shared services under CDCS.</p> <p>Provides an immediate effective date, except for subdivision 5, paragraphs (a) to (i), which are effective the day following final enactment or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>
24	<p>Immunity; consumer-directed community supports.</p> <p>Amends § 256S.01, subd. 6. Corrects terminology related to CDCS.</p>
25	<p>Calculation of monthly conversion budget cap with consumer-directed community supports.</p> <p>Amends § 256S.19, subd. 4. Corrects terminology related to CDCS.</p>

Section	Description
26	<p>Treatment of previously obtained federal approvals.</p> <p>Specifies the commissioner does not need to seek federal approval for CDCS provisions for which the commissioner has already received approval. Federal approvals the commissioner previously obtained for CDCS provisions repealed in section 27 survive and apply to the corresponding subdivisions of Minnesota Statutes, section 256B.4911. Provides an immediate effective date.</p>
27	<p>Repealer.</p> <p>Repeals various Minnesota Laws related to CDCS that are codified in Minnesota Statutes, section 256B.4911. Provides an immediate effective date.</p>

Article 3: Department of Human Services Policy Proposals

This article includes provisions related to child care, child protection and placement, child support, DHS operations and background studies, community-based services termination, and community supports and administration.

Section	Description
1	<p>Child care services grants.</p> <p>Amends § 119B.21.</p> <p>Subd. 1. Distribution of grant funds. Changes the name of the grants to “child care services grants” and specifies how the grants are to be used.</p> <p>Subd. 1a. Eligible programs. Creates a new subdivision specifying the types of entities that may receive a child care services grant. The recipients are similar to those specified in current law, with additional clarification around child care centers and family or group family child care homes, and the addition of tribally licensed child care programs and other programs as determined by the commissioner of human services.</p> <p>Subd. 3. Child care district proposal review committees. Modifies how the child care resource and referral district programs may reimburse committee members for their participation in the grant review process.</p> <p>Subd. 5. Child care services grants. Modifies the list of what child care services grants can be used for to specify “facility improvements...” and other uses approved by the commissioner.</p>

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Strikes the \$1,000 cap on grant awards and the list of allowed activities for family child care providers. Directs the commissioner to determine a maximum grant award for each type of program (not just family child care providers).

Strikes language specifying the types of programs that may receive grants (a modified version of this language is added under subdivision 1a).

Removes the requirement that child care centers that receive a child services grant provide a 25 percent local match.

Removes the requirement that child care centers and family child care providers are “increasingly awarded” for specified uses of the grants.

2 Authority to waiver requirements during disaster periods.

Amends § 119B.26. Allows the commissioner to waive the requirements under chapter 119B retroactively from the date of the disaster. Modifies when the commissioner has to report to the legislature about the waiver from ten days before the effective date of the waiver to within five business days after the waiver is granted.

3 Responsible social services agency.

Amends § 245.4871 by adding subd. 32a. Defines “responsible social service agency” for purposes of the Children’s Mental Health Act. Makes this section effective September 30, 2021.

4 Admission criteria.

Amends § 245.4885, subd. 1. Modifies provisions related to admission or placement for treatment of severe emotional disturbance in a treatment foster care setting, residential treatment facility, or regional treatment center.

Paragraph (a) makes clarifying changes.

Paragraph (b) specifies that the responsible social services agency must determine the appropriate level of care for a child when the county pays for services or placement in a qualified residential treatment facility. Requires a juvenile treatment screening team to conduct a screening before recommending whether to place a child in a qualified residential treatment program.

Paragraph (c) requires the responsible social services agency to make the level of care determination available to the juvenile treatment screening team, to inform the screening team’s process and assessment when considering whether to place a child in a qualified residential treatment program. Specifies process for when the

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responsible social services agency is not involved in determining the child's placement.

Paragraph (d) makes clarifying changes to the level of care determination process.

Paragraph (f) requires the responsible social services agency to engage the child's parents in case planning, unless a court terminates the parent's rights or otherwise restricts parental participation.

Paragraph (g) makes a clarifying change.

Makes this section effective September 30, 2021.

5 Establishment and authority.

Amends § 245.4889, subd. 1. Clarifies that respite care grants may be used to provide services for children with emotional disturbance, and that case management services are not required to receive respite care services.

6 Annual or annually; family child care provider training requirements.

Amends § 245A.02, subdivision 2c. Applies the subdivision's definition of "annual" and "annually" to all of section 245A.50, relating to family child care training requirements, and to sections 245A.51, 245A.52, and 245A.53.

Makes this section effective September 30, 2020.

7 Supervision of family child care license holder's own child.

Amends § 245A.149. Adds that a family child care license holder must give consent in order for an individual who is exempt from specified training and supervision requirements to be allowed to supervise the license holder's child in the licensed space. Expands who may supervise a license holder's child in a licensed space to include: (1) an individual related to the license holder's child; or (2) a household member who the license holder has reported to a county agency.

Makes this section effective September 30, 2020.

8 In-service.

Amends § 245A.40, subdivision 7. Changes the in-service training requirements that substitutes and unsupervised volunteers at child care centers must complete.

Makes this section effective the day following enactment.

9 Family child care training requirements.

Amends § 245A.50.

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Subd. 1. Initial training. Adds a requirement for family child care license holders to train adult caregivers and substitutes on emergency preparedness and allergy prevention and response before the adult caregivers and substitutes care for children. Modifies the current law application of the training requirements in the subdivision to apply to “adult caregivers” rather than “caregivers.”

Subd. 1a. Definitions and general provisions. Adds a new subdivision that defines terms for the entire section and identifies training courses that do not fulfil the requirements of the section. The following terms are defined: “adult caregiver,” “helper,” and “substitute.”

Subd. 2. Child development and learning and behavior guidance training. Identifies the courses license holders and adult caregivers can take to meet the current law requirements for initial and ongoing training in child development and learning and behavior guidance. Provides that individual who have taken specified coursework must meet requirements for ongoing training in child development and learning and behavior guidance. Under current law, these individuals are exempt from complying with initial and ongoing training requirements in this area.

Subd. 3. First aid. Modifies current law first aid requirements by requiring license holders, adult caregivers, and substitutes to complete pediatric first aid training before licensure or caring for children and at least every two years thereafter. Under current law, at least one staff person trained in first aid must be present in a licensed space, that person must repeat first aid training every two years, and substitute caregivers who provide less than 30 hours of care during any 12 month period are exempt from first aid training requirements.

Subd. 4. Cardiopulmonary resuscitation. Modifies current law CPR requirements by requiring license holders, adult caregivers, and substitutes to complete pediatric CPR training before licensure or caring for children and at least every two years thereafter. Under current law, at least one staff person trained in CPR must be present in a licensed space, that person must repeat CPR training every two years, and substitute caregivers who provide less than 30 hours of care during any 12 month period are exempt from CPR training requirements.

Subd. 5. Sudden unexpected infant death and abusive head trauma training. Specifies that license holders, adult caregivers, substitutes, and helpers must all receive the current law training about reducing sudden unexpected infant death and the risk of abusive head trauma before caring for infants or children under school age.

Subd. 6. Child passenger restraint systems; training requirement. Specifies that a license holder must ensure that any adult caregiver, substitute, or helper who

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places a child under age nine in a passenger restraint has successfully completed the training required under current law.

Subd. 7. Training requirements for family and group family child care. Applies the requirement for license holders to complete 16 hours of ongoing training each year to adult caregivers, as well.

Subd. 9. Supervising for safety; training requirement. Requires that substitutes, before caring for a child and at least every three years thereafter, complete the four-hour Basics of Licensed Family Child Care for Substitutes course. Identifies the health and safety topics that must be covered in courses required under the subdivision.

Makes this section effective September 30, 2020.

10 Background study.

Amends § 245C.02, subd. 5. Adds children’s residential facilities and foster residence settings to background study definition.

11 Foster family setting.

Amends § 245C.02 by adding subd. 11a. Defines “foster family setting” for purposes of background studies.

12 Foster residence setting.

Amends § 245C.02 by adding subd. 11b. Defines “foster residence setting” for purposes of background studies.

13 Title IV-E eligible.

Amends § 245C.02 by adding subd. 21. Defines “Title IV-E eligible” in relation to children’s residential facilities or foster residence settings, for purposes of background studies.

14 Licensed programs.

Amends § 245C.03, subd. 1. Adds adults working in foster residence settings to list of DHS background study subjects.

15 Licensed programs; other child care programs.

Amends § 245C.04, subd. 1. Modifies terminology from “foster care” to “foster family setting” for background study requirements; removes paragraph addressing requirements for child foster care when the applicant or license holder does not reside in the home.

Section	Description
16	<p>Children’s residential facilities and foster residence settings.</p> <p>Amends § 245C.04 by adding subd. 11. Specifies background study requirements for children’s residential facilities and foster residence settings.</p>
17	<p>Electronic transmission.</p> <p>Amends § 245C.05, subd. 4. Clarifies that DHS background study results for child foster care are transmitted only to counties.</p>
18	<p>Background studies conducted by Department of Human Services.</p> <p>Amends § 245C.08, subd. 1. Adds foster residence settings and modifies terminology from “foster care” to “foster family setting.”</p>
19	<p>Activities pending completion of background study.</p> <p>Amends § 245C.13, subd. 2. Modifies terminology and references; adds provisions specifying that an applicant from a Title IV-E eligible children’s residential facility or foster residence setting cannot work in the facility until a background study is completed.</p>
20	<p>Disqualification from working in children’s residential facilities and foster residence settings.</p> <p>Amends § 245C.14 by adding subd. 3. Paragraph (a) specifies that if an individual is disqualified from direct contact after a background study affiliated with a children’s residential facility or foster residence setting, the person is disqualified from working in the setting in any capacity, and must not have access to any persons receiving services in the setting.</p> <p>Paragraph (b) prohibits an individual from working in a Title IV-E eligible children’s residential facility or foster residence setting after disqualification until the commissioner issues a notice that: (1) the individual is not disqualified; (2) the disqualification has been set aside; or (3) a variance was granted.</p>
21	<p>Determining immediate risk of harm.</p> <p>Amends § 245C.16, subd. 1. Adds children’s residential facilities and foster residence settings to provision allowing immediate removal of an individual from work if the individual has a disqualification that is a permanent bar.</p>
22	<p>Findings.</p> <p>Amends § 245C.16, subd. 2. Adds provision prohibiting the commissioner from making certain findings related to an individual’s risk of harm, for Title IV-E eligible children’s residential facilities and foster residence settings.</p>

Section	Description
23	<p>Time frame for notice of study results and auditing system access.</p> <p>Amends § 245C.17, subd. 1. Adds children’s residential facilities and foster residence settings to provision requiring an order for immediate removal from a position after a background study.</p>
24	<p>Disqualification notice to children’s residential facilities and foster residence settings.</p> <p>Amends § 245C.17 by adding subd. 7. For children’s residential facilities and foster residence settings, requires notice of immediate removal from direct contact to also order removal of individual from any position in the program or setting. Specifies that for Title IV-E eligible children’s residential facilities and foster residence settings, notices must not allow work under supervision.</p>
25	<p>Obligation to remove disqualified individual from direct contact and from working in a program, facility, or setting.</p> <p>Amends § 245C.18. Requires the children’s residential facility or foster residence setting license holder to remove the disqualified individual from the program, facility, or setting upon receipt of notice from the commissioner. Requires the same for Title IV-E eligible facilities and settings, unless and until the commissioner issues a notice that: (1) the individual is not disqualified; (2) the disqualification has been set aside; or (3) a variance was granted.</p>
26	<p>Protection-related rights.</p> <p>Amends § 245D.04, subd. 3. Modifies a person’s protection-related rights under the home and community-based services (HCBS) standards to specify the person’s right to associate with other persons of the person’s choice is the right to associate in the community.</p>
27	<p>Environment and safety.</p> <p>Amends § 245D.06, subd. 2. Requires the license holder to ensure that sharpened and metal knives are not accessible to an individual residing in a state-operated community-based program who has been provisionally discharged from a commitment as mentally ill and dangerous, if the individual’s provisional discharge plan restricts access to inherently dangerous instruments. Allows access to knives if unsupervised access is approved by the individual, case manager, and support team; requires such approval to be documented. Specifies that this provision does not apply to individuals fully discharged from commitment.</p>
28	<p>Service termination.</p> <p>Amends § 245D.19, subd. 3a. Makes clarifying changes and specifies that state-operated community-based services for individuals with complex behavioral needs</p>

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must not be terminated unless the individual no longer demonstrates complex behavioral needs that cannot be met by private community-based providers.

In order to provide notice of service termination, requires state-operated community-based services terminating services to engage in consultation with a person's support team or expanded support team to: (1) identify that the person no longer demonstrates complex behavioral needs that cannot be met by private community-based providers; (2) provide notice of intent to terminate services to the lead agency; (3) assist the lead agency and case manager in developing a transition plan; and (4) coordinate with the lead agency to ensure that the private community-based service provider is able to meet the person's needs.

Requires noticed of proposed service termination at least 90 days prior to termination of state-operated community-based services.

Provides additional notice requirements for state-operated community-based services for individuals with complex behavioral needs. Requires state-operated community-based services to prioritize capacity for individuals with complex behavioral needs.

29 **Clinically managed program.**

Amends § 245F.02, subd. 7. Updates cross-reference and modifies terminology from "medical professional" to "licensed practitioner" for withdrawal management staffing provision.

30 **Medically monitored program.**

Amends § 245F.02, subd. 14. Updates cross-reference, modifies terminology from "medical director" to "licensed practitioner," and requires the practitioner to be available rather than on site seven days per week.

31 **Comprehensive assessment and assessment summary.**

Amends § 245F.06, subd. 2. Adds assessment summary requirement.

32 **Services provided at clinically managed programs.**

Amends § 245F.12, subd. 2. Modifies terminology from "qualified medical professional" to "licensed practitioner."

33 **Services provided at medically monitored programs.**

Amends § 245F.12, subd. 3. Modifies terminology from "qualified medical professional" to "licensed practitioner."

Section	Description
34	Exemption from license requirement. Amends § 245G.02, subd. 2. Specifies that screening, brief intervention, and referral to treatment (SBIRT) services are exempt from other statutory SUD assessment requirements.
35	Client records required. Amends § 245G.09, subd. 1. Requires a licensed nonresidential SUD treatment program to identify and document clients designated as receiving SBIRT services.
36	Rules for substance use disorder care. Amends § 254A.03, subd. 3. Specifies that SBIRT services are exempt from other statutory SUD assessment requirements.
37	Licensure required. Amends § 254B.05, subd. 1. Adds a cross reference to the definition for “licensed professional in private practice” to SUD assessment and treatment services section and clarifies treatment services a licensed professional may provide.
38	Contracts for child foster care services. Amends § 256.0112, subd. 10. Removes “facility” from Northstar foster care maintenance payments provision. Makes this section effective September 30, 2021.
39	Foster care maintenance payments. Amends § 256.82, subd. 2. Adds initiative tribes to foster care maintenance payments provision; specifies that the state must approve child care institutions for federal title IV-E reimbursement, and that any facility must be licensed. Makes this section effective September 30, 2021.
40	Disclosure prohibited. Amends § 256.87, subd. 8. Makes clarifying changes; adds “the joint child” to the prohibition on the release of private data on the location of a party to an action against parents for public assistance furnished, under certain circumstances.
41	Imposition of monetary recovery and sanctions. Amends § 256B.064, subd. 2. Adds cross-references to chapters 254B and 245G, to allow DHS to expand fining authority for violations of substance use disorder treatment statutes and regulations.

Section	Description
42	<p>Authorization for foster care setting.</p> <p>Amends § 256B.0652, subd. 10. Modifies the list of MA home care services the commissioner is prohibited from authorizing when those services are provided in a foster care setting. Provides an immediate effective date.</p>
43	<p>Definitions.</p> <p>Amends § 256B.0949, subd. 2. Modifies the definitions of “autism spectrum disorder or a related condition” and “early intensive developmental and behavioral intervention (EIDBI) benefit” under the statute governing the MA EIDBI benefit.</p>
44	<p>Comprehensive multidisciplinary evaluation (CMDE).</p> <p>Amends § 256B.0949, subd. 5. Requires the CMDE provider to confirm the person has an eligible diagnosis and that the diagnostic assessment meets statutory requirements.</p>
45	<p>Individual treatment plan.</p> <p>Amends § 256B.0949, subd. 6. Modifies the list of items that must be specified in the individual treatment plan by removing specialized equipment or material and makes technical and conforming changes.</p>
46	<p>Revision of treatment options.</p> <p>Amends § 256B.0949, subd. 9. Modifies terminology.</p>
47	<p>Covered services.</p> <p>Amends § 256B.0949, subd. 13. Paragraph (a) modifies the items EIDBI service must address.</p> <p>Paragraph (b) requires EIDBI treatment to be delivered consistent with the standards of an approved modality.</p> <p>Paragraph (c) removes language that was moved to paragraph (b).</p> <p>Paragraph (d) requires each qualified EIDBI provider to identify and provide assurance of qualifications for professional licensure certification, or training in evidence-based treatment methods, and to document the required qualifications.</p> <p>Paragraph (f) makes terminology and grammatical changes and removes language describing EIDBI intervention observation and direction.</p> <p>Paragraph (g) requires intervention services to be provided under the direction of a qualified service provider. Allows interventions to take place across multiple settings.</p>

Section	Description
	<p>Specifies how the frequency and intensity of intervention services are provided. Allows intervention services to be provided individually or in a group.</p> <p>Paragraph (h) makes grammatical and terminology changes.</p> <p>Paragraphs (i) and (j) make conforming terminology changes.</p> <p>Paragraph (l) removes a limit on MA coverage of telemedicine services.</p>
48	<p>Person’s rights.</p> <p>Amends § 256B.0949, subd. 14. Modifies a person’s rights under EIDBI by requiring the person be free of all restricted procedures such as use of restraints.</p>
49	<p>EIDBI provider qualifications.</p> <p>Amends § 256B.0949, subd. 15. Makes a grammatical change and modifies qualifications for a level III provider by requiring completion of all required EIDBI training within six months of employment.</p>
50	<p>Agency duties.</p> <p>Amends § 256B.0949, subd. 16. Allows agencies delivering EIDBI services to have an office located in a border state (currently, agencies must have an office located in Minnesota).</p>
51	<p>Professional certification.</p> <p>Amends § 256D.02, subd. 17. Modifies the definition of “qualified professional” under the chapter of statutes governing general assistance by cross-referencing a new definition (the current definition is being removed in this bill).</p>
52	<p>Housing support.</p> <p>Amends § 256I.03, subd. 3. Makes terminology and technical changes.</p>
53	<p>Qualified professional.</p> <p>Amends § 256I.03, subd. 14. Modifies the definition of “qualified professional” under the chapter of statutes governing housing support by cross-referencing a new definition (the current definition is being removed in this bill).</p>
54	<p>Housing support agreements.</p> <p>Amends § 256I.04, subd. 2b. Makes terminology changes to conform to the change in the name of the program (housing support used to be called group residential housing).</p>

Section	Description
55	Rate increases. Amends 256I.05, subd. 1c. Modifies language related to prior approval of absences to instead require advance reporting of absences.
56	Supplemental rate; Mahnomen county. Amends § 256I.05, subd. 1n. Makes a terminology change to conform to the change in the name of the program (housing support used to be called group residential housing).
57	State participation. Amends § 256I.05, subd. 8. Makes terminology changes to conform to the change in the name of the program (housing support used to be called group residential housing).
58	Time of payment. Amends § 256I.06, subd. 2. Makes conforming terminology changes.
59	Correction of overpayments and underpayments. Amends § 256I.06, by adding subd. 10. Requires the agency to make an adjustment to housing support payments issued to individuals consistent with requirements of federal law and regulation and state law and rule and to issue or recover benefits as appropriate. Specifies a recipient or former recipient is not responsible for overpayments due to agency error, unless the amount of the overpayment is large enough that a reasonable person would know it is an error.
60	Qualified professional. Amends § 256J.08, subd. 73a. Removes the definition of “qualified professional” under the chapter of statutes governing MFIP and adds a cross-reference to a new definition under the chapter of statutes governing public assistance simplification.
61	Minor consent to homeless and sexually exploited youth services. Proposes coding for § 256K.451. Allows any minor living separate and apart from a parent or legal guardian to give consent to receive homeless youth and sexually exploited youth services. Specifies that this section does not affect legal custody.
62	Licensed child foster parent. Amends § 256N.02, subd. 14a. Removes foster residence settings from the definition of “licensed child foster parent;” makes clarifying changes. Makes this section effective September 30, 2021.

Section	Description
63	<p>Placement in foster care.</p> <p>Amends § 256N.21, subd. 2. Clarifies that Northstar foster care benefits are available if a child is placed with a licensed foster parent who resides with the child. Makes this section effective September 30, 2021.</p>
64	<p>Excluded activities.</p> <p>Amends § 256N.21, subd. 5. Removes facilities and foster residence settings from Northstar foster care benefit provision. Makes this section effective September 30, 2021.</p>
65	<p>Extraordinary levels.</p> <p>Amends § 256.24, subd. 4. Removes foster residence setting from Northstar foster care benefit assessment levels provision. Makes this section effective September 30, 2021.</p>
66	<p>Qualified professional.</p> <p>Amends § 256P.01, by adding subd. 6a. Defines “qualified professional” in the chapter of statutes governing public assistance.</p>
67	<p>Hearings and records; confidentiality.</p> <p>Amends § 257.70. Makes changes in the Parentage Act so the language matches section 256.87, subdivision 8, as amended in this bill.</p>
68	<p>County and tribal agreements; maltreatment assessments and investigations of Indian children.</p> <p>Proposes coding for § 260.7611. Allows tribes and counties to enter into written agreements transferring screening and initial response responsibilities for maltreatment reports involving Indian children from the county to the tribe. Requires that agreements made under this subdivision specify which entity is responsible for ongoing case management.</p>
69	<p>Family and permanency team.</p> <p>Amends § 260C.007 by adding subd. 16a. Defines “family and permanency team,” consisting of the child’s parent or legal custodian, relatives, foster care providers, and professionals who are resources to the child’s family. Specifies that for an Indian child, the team includes tribal representatives, delegates, and cultural resources. Specifies that a child age 14 or older should select two team members who are not caseworkers or foster parents. Allows the responsible social services agency reject an individual the child chooses, for good cause. Makes this section effective September 30, 2021.</p>

Section	Description
70	<p>Family foster home.</p> <p>Amends § 260C.007 by adding subd. 16b. Defines “family foster home” to exclude foster residence settings and include emergency unlicensed relative placements. Makes this section effective September 30, 2021.</p>
71	<p>Legal authority to place the child.</p> <p>Amends § 260C.007, subd. 21a. Defines “legal authority to place the child,” meaning that the agency has legal responsibility for the care and control of the child while the child is in foster care. Specifies that this can occur through a court order through a voluntary placement agreement or tribal court order. Makes this section effective September 30, 2021.</p>
72	<p>Permanency plan.</p> <p>Amends § 260C.007 by adding subd. 25a. Defines “permanency plan” and specifies four permanency goals for children. Makes this section effective September 30, 2021.</p>
73	<p>Qualified individual.</p> <p>Amends § 260C.007 by adding subd. 26c. Defines “qualified individual,” a trained professional or licensed clinician, including a mental health professional, who is not affiliated with a placement setting or employed by the responsible social services agency. Makes this section effective September 30, 2021.</p>
74	<p>Qualified residential treatment program.</p> <p>Amends § 260C.007 by adding subd. 26d. Defines “qualified residential treatment program” for purposes of juvenile safety and placement. Makes this section effective September 30, 2021.</p>
75	<p>Residential treatment facility.</p> <p>Amends § 260C.007 by adding subd. 27b. Defines “residential treatment facility” for the purposes of juvenile safety and placement; specifies that it does not include a psychiatric residential treatment facility or family foster home.</p>
76	<p>Juvenile treatment screening team.</p> <p>Amends § 260C.157, subd. 3.</p> <p>Paragraph (a) requires a juvenile treatment screening team to screen a child for treatment in a residential treatment facility for emotional disturbance, developmental disability, or related condition. Specifies that a screening team is not required for other listed residential settings, or in a crisis or emergency situation.</p> <p>Paragraph (b) makes clarifying changes, and modifies the composition of the juvenile treatment screening team. Specifies that the team may also include the child’s</p>

Section Description

relatives, foster care providers, and professionals who are resources to the child's family. Requires consultation with the child if age 14 or older, the child's parents, and the child's tribe, if applicable.

Paragraph (c) specifies screening team requirements and procedures for when the child screened is an Indian child.

Paragraph (d) modifies procedures for when a court proposes residential treatment. Requires the responsible social services agency to conduct a screening, and if residential treatment is recommended in a qualified residential treatment program, to follow statutory requirements. Specifies procedure for when the child is and Indian child.

Paragraph (e) requires the assessment, required processes, and relative search to begin without delay when a screening team recommends placement in residential treatment. Specifies assessment and consultation procedures and that a child or child's parents may request a culturally competent qualified individual to conduct the assessment. Specifies that the assessment cannot be delayed for the purpose of having it completed by a specific qualified individual.

Paragraph (f) specifies documentation requirements if the screening team determines that placement in a qualified residential treatment program is not required.

Paragraph (h) requires the responsible social services agency to conduct and document screenings in a format approved by the commissioner.

Makes this section effective September 30, 2021.

77 Court review of foster care.

Amends § 260C.202. Adds evidence and documentation requirements for when a child is placed in a qualified residential treatment program. Makes this section effective September 30, 2021.

78 Permanency progress review for children in foster care for six months.

Amends § 260C.204. Adds evidence and documentation requirements for when a child is placed in a qualified residential treatment program. Makes this section effective September 30, 2021.

79 Out-of-home placement; plan.

Amends § 260C.212, subd. 1. Specifies additional out-of-home placement plan requirements for when a child is placed in a qualified residential treatment program.

Section	Description
80	<p>Out of home placement plan update.</p> <p>Amends § 260C.212 by adding subd. 1a. Specifies requirements for an out-of-home placement plan to be updated and filed with the court. Provides required timelines and procedures for plan updates when a child’s placement is changed, when the agency places a child in a qualified residential treatment program, and when the agency places a child with the child's parent in a licensed residential family-based substance use disorder treatment program. Makes this section effective September 30, 2021.</p>
81	<p>Placement decisions based on best interests of the child.</p> <p>Amends § 260C.212, subd. 2. Requires the agency to establish a juvenile treatment screening team to determine the appropriateness of placement in a qualified residential treatment program. Makes this section effective September 30, 2021.</p>
82	<p>Monthly caseworker visits.</p> <p>Amends § 260C.212, subd. 4a. Allows the responsible social services agency to designate another person for monthly case visits. Defines “another person” for purposes of this section. Makes this section effective September 30, 2021.</p>
83	<p>Voluntary foster care; required court review.</p> <p>Amends § 260C.227. Specifies requirements for voluntary foster care placement in a qualified residential treatment program. Makes this section effective September 30, 2021.</p>
84	<p>Payment for residential placements.</p> <p>Amends § 260C.4412. Paragraph (a) adds foster residence settings and children’s residential facilities as eligible settings for foster care maintenance payments as child care institutions.</p> <p>Paragraph (b) requires the commissioner to determine federal Title IV-E administrative procedures for residential programs, including qualified residential treatment programs, other specialized settings, residential care for children and youth sex trafficking victims, residential substance use disorder treatment programs, and supervised independent living settings.</p> <p>Makes this section effective September 30, 2021.</p>
85	<p>Qualified residential treatment program; permanency hearing requirements.</p> <p>Amends § 260C.503 by adding subd. 4. Clarifies that when a child is placed in a qualified residential treatment facility, the responsible social services agency must submit evidence to the court at the permanency hearing documenting the required</p>

Section	Description
	assessments, services, and agency efforts. Makes this section effective September 30, 2021.
86	<p>Citation.</p> <p>Proposes coding for § 260C.70. States that sections 260C.70 to 260C.714 may be cited as “Placements in Qualified Residential Treatment Programs,” and that the sections implement the requirements of the federal Family First Prevention Services Act of 2018, applying to children for whom a juvenile treatment screening team has recommended placement in a qualified residential treatment program. Makes this section effective September 30, 2021.</p>
87	<p>Requirements for placements in qualified residential treatment programs.</p> <p>Proposes coding for § 260C.702. Specifies requirements for a responsible social services agency to place a child in a qualified residential treatment program. Makes this section effective September 30, 2021.</p>
88	<p>Requirements for the qualified individual’s assessment of the child for placement in a qualified residential treatment program.</p> <p>Proposes coding for § 260C.704. Requires a qualified individual to complete an assessment of the child prior to or within 30 days of the child’s placement in a qualified residential treatment program; specifies what the assessment must include. Allows the child and the child’s parents to request a specific culturally competent qualified individual for the assessment, when appropriate.</p> <p>Requires the qualified individual to provide the completed assessment to the responsible social services agency, and other specified parties.</p> <p>Allows the agency to share the assessment results with identified parties, if permitted under statute and court rules; allows for sharing of private medical data under specified circumstances. Specifies requirements for when the child is an Indian child.</p> <p>Lists requirements for the contents of the qualified individual’s assessment determination.</p> <p>Requires the agency to move the child out of the qualified residential treatment program and transition the child to a less restrictive setting within 30 days of a qualified individual’s determination that a less restrictive placement may meet the child’s needs.</p> <p>Makes this section effective September 30, 2021.</p>

Section	Description
89	<p>Family and permanency team requirements.</p> <p>Proposes coding for § 260C.706. Requires the responsible social services agency to assemble a family and permanency team within ten days of a juvenile screening team’s recommendation of placement in qualified residential treatment program.</p> <p>Specifies requirements and procedures for identifying and assembling the family and permanency team, under various circumstances. Requires the team to meet to determine the appropriateness and necessity of placement in a qualified residential treatment program, and to participate in case planning. Requires the agency to invite the family and permanency team to participate in case planning and to provide notice of court reviews. Makes this section effective September 30, 2021.</p>
90	<p>Out-of-home placement plan for qualified residential treatment program placements.</p> <p>Proposes coding for § 260C.708. Specifies requirements for the out-of-home placement plan when the responsible social services agency places a child in a qualified residential treatment program. Makes this section effective September 30, 2021.</p>
91	<p>Court approval requirements.</p> <p>Proposes coding for § 260C.71. Requires the court, within 60 days of the start of a placement in a qualified residential treatment program, to: (1) consider the qualified individual’s assessment; (2) determine whether a family foster home can meet the child’s needs, whether placement in a qualified residential treatment program is necessary and appropriate and the least restrictive possible environment, and whether the placement is consistent with goals specified in the permanency plan; and (3) approve or disapprove of the placement. Requires documentation of the court’s approval or disapproval. Makes this section effective September 30, 2021.</p>
92	<p>Ongoing reviews and permanency hearing requirements.</p> <p>Proposes coding for § 260C.712. Requires the responsible social services agency to submit evidence at each administrative review, court review, and permanency hearing while a child remains in a qualified residential treatment program. Specifies what the evidence must demonstrate and document. Makes this section effective September 30, 2021.</p>
93	<p>Review of extended qualified residential treatment program placements.</p> <p>Proposes coding for § 260C.714. Specifies agency requirements for when a child is placed in a qualified residential treatment program for more than 12 consecutive months or 18 nonconsecutive months, or more than six months for a child under age 13. Requires the commissioner to specify procedures and requirements for agency</p>

Section	Description
	review and approval of extended qualified residential treatment program placements. Makes this section effective September 30, 2021.
94	Prohibited disclosure. Amends § 518.005, subd. 5. Makes changes in marriage dissolution rules and requirements so the language matches section 256.87, subdivision 8, as amended in this bill.
95	Lump-sum payments. Amends § 518A.53, subd. 11. Deletes exception from the Consumer Credit Protection Act withholding limits for lump-sum collections for child support obligations, in order to comply with federal law.
96	Recreational license suspension. Amends § 518A.68. Removes language specifying service requirements for a motion to suspend or bar an obligor's recreational license for nonpayment of child support. Adds a motion to reinstate a recreational license, lists circumstances under which the motion may be granted.
97	Consumer reporting agency; reporting arrears. Amends § 518A.685. Deletes paragraph requiring reporting of child support arrears to a consumer reporting agency, in order to comply with national consumer reporting standards.
98	Motion to transfer to tribal court. Proposes coding for § 518A.80. Creates authority for a state court to transfer a post-judgment child support, custody, or parenting time action to a tribal court when the district court and tribal court have concurrent jurisdiction, the tribal IV-D child support agency is providing services, and no party or agency files an objection. Establishes court procedures; requires transfer to Red Lake Nation Tribal Court under certain circumstances. Makes this section effective the day following final enactment.
99	Instruction to commissioner. Requires the commissioner of human services to confer with named agencies and stakeholders to make recommendations to the legislature regarding payment for the cost of treatment and care for residential treatment services for children currently served under chapter 260D (voluntary foster care for treatment). Specifies what the recommendations must include; requires a report to the legislature by January 15, 2021.

Section	Description
100	<p>Direction to the commissioner; evaluation of continuous licenses.</p> <p>Directs the commissioner of human services, by January 1, 2021, to consult with family child care license holders and county agencies to determine whether family child care licenses should automatically renew. If the commissioner determines that licenses should automatically renew, the commissioner must propose legislation for automatic renewal for the 2021 legislative session.</p> <p>Makes this section effective the day following enactment.</p>
101	<p>Repealer.</p> <p>Repeals Minnesota Statutes, section 245F.02, subd. 20 (qualified medical professional).</p>

Article 4: Civil Commitment

This article updates chapter 253B and some provisions of chapter 253D, governing civil commitment. The article makes technical changes, updates terminology and references, clarifies existing provisions, adds engagement services, and aims to update the chapter to more accurately reflect current civil commitment processes and treatment.

Section	Description
1	<p>Community-based treatment program.</p> <p>Amends § 253B.02, subd. 4b. Clarifies and adds services to the definition of “community-based treatment program.”</p>
2	<p>Examiner.</p> <p>Amends § 253B.02, subd. 7. Modifies definition of “examiner” by clarifying and expanding the list of who may serve as an examiner.</p>
3	<p>Court examiner.</p> <p>Amends § 253B.02 by adding subd. 7a. Adds definition of “court examiner.”</p>
4	<p>Head of the facility or program.</p> <p>Amends § 253B.02, subd. 8. Clarifies definition and changes terminology to “head of the facility or program.”</p>
5	<p>Health officer.</p> <p>Amends § 253B.02, subd. 9. Clarifies and expands the list of individuals who may qualify as a health officer.</p>

Section	Description
6	Interested person. Amends § 253B.02, subd. 10. Clarifies definition of “interested person” and adds health care and mental health providers to the definition.
7	Person who poses a risk of harm due to a mental illness. Amends § 253B.02, subd. 13. Clarifies definition and modifies terminology.
8	Peace officer. Amends § 253B.02, subd. 16. Adds deputy sheriffs to the definition of “peace officer.”
9	Person who has a mental illness and is dangerous to the public. Amends § 253B.02, subd. 17. Clarifies definition and changes terminology; includes definition of mental illness; removes paragraph (b) regarding persons committed as sexually dangerous or as having a sexual psychopathic personality.
10	State-operated treatment program. Amends § 253B.02, subd. 18. Updates definition and modifies terminology; clarifies programs included in definition.
11	Treatment facility. Amends § 253B.02, subd. 19. Updates terminology and clarifies facilities included in definition.
12	Pass. Amends § 253B.02, subd. 21. Updates terminology.
13	Pass plan. Amends § 253B.02, subd. 22. Updates terminology.
14	Pass-eligible status. Amends § 253B.02, subd. 23. Updates terminology.
15	Restraints. Amends § 253B.03, subd. 1. Updates terminology; adds the head of the state-operated treatment program, for clarity.
16	Correspondence. Amends § 253B.03, subd. 2. Updates terminology; adds the head of the state-operated treatment program, for clarity.

Section	Description
17	Visitors and phone calls. Amends § 253B.03, subd. 3. Adds the head of the state-operated treatment program, for clarity.
18	Disclosure of patient's admission. Amends § 253B.03, subd. 4a. Updates terminology; adds the head of the state-operated treatment program, for clarity.
19	Periodic assessment. Amends § 253B.03, subd. 5. Updates terminology, makes clarifying changes.
20	Consent for medical procedure. Amends § 253B.03, subd. 6. Updates terminology, makes clarifying and organizational changes; adds language for power of attorney and health care directives.
21	Consent for mental health treatment. Amends § 253B.03, subd. 6b. Updates terminology.
22	Adult mental health treatment. Amends § 253B.03, subd. 6d. Updates terminology; clarifies that a declaration of preferences or instructions may include health care or psychiatric directives; removes duplicative language.
23	Treatment plan. Amends § 253B.03, subd. 7. Updates terminology; adds the head of the state-operated or community-based treatment program; clarifies requirements for development and review of treatment plans.
24	Notification. Amends § 253B.03, subd. 10. Updates terminology; clarifies that notification requirements apply to persons temporarily confined.
25	Voluntary admission and treatment. Amends § 253B.04, subd. 1. Updates terminology and references; adds professional organizations whose inpatient admission standards may be used.
26	Voluntary treatment or admission for persons with a mental illness. Amends § 253B.04, subd. 1a. Updates terminology, makes clarifying changes.

Section	Description
27	<p>Release.</p> <p>Amends § 253B.04, subd. 2. Updates terminology, makes clarifying changes.</p>
28	<p>Services for engagement in treatment.</p> <p>Proposes coding for § 253B.041.</p> <p>Subd. 1. Eligibility. (a) Describes the purpose of engagement services; allows an interested person to apply to the person’s county for engagement services, to avoid the need for civil commitment.</p> <p>(b) Lists eligibility requirements for engagement services.</p> <p>Subd. 2. Administration. (a) Requires the county prepetition screening team to determine whether an individual is eligible for engagement services.</p> <p>(b) Requires engagement services to begin if the individual is eligible; lists engagement services.</p> <p>(c) Specifies that engagement services must consider patient preferences; allows counties to contract with other agencies to provide services; specifies staff requirements.</p> <p>(d) Requires engagement services staff to facilitate referrals for mental health treatment, assist patients with obtaining health insurance, and conduct outreach efforts.</p> <p>Subd. 3. Commitment. Allows for engagement services to be stopped if a patient is in need of commitment; specifies procedures for this scenario.</p> <p>Subd. 4. Evaluation. Allows, but does not require, counties to provide engagement services. Allows the commissioner of human services to conduct an engagement services pilot project evaluation.</p>
29	<p>Facilities.</p> <p>Amends § 253B.045, subd. 2. Updates terminology and references; removes provision related to costs for temporary confinement in a Department of Corrections facility, which cites repealed subdivision.</p>
30	<p>Cost of care.</p> <p>Amends § 253B.045, subd. 3. Updates terminology.</p>

Section	Description
31	<p>Health plan company; definition.</p> <p>Amends § 253B.045, subd. 5. Removes children’s mental health collaboratives from definition of “health plan company.”</p>
32	<p>Coverage.</p> <p>Amends § 253B.045, subd. 6. Removes provisions related to the requirement that health plan companies provide coverage for court-ordered mental health services, simplifying the requirements.</p>
33	<p>Emergency admission.</p> <p>Proposes coding for § 253B.051. Replaces, reorganizes, and updates provisions of § 253B.05 related to emergency admission that are repealed in this bill.</p> <p>Subd. 1. Peace officer or health officer authority. (a) Specifies the circumstances under which a peace officer or health officer may take a person into custody and transport the person to an examiner or treatment program or facility, or to the person’s home.</p> <p>(b) Specifies that an examiner’s written statement under subdivision 2 is sufficient authority for a peace officer or health officer to take a person into custody and transport the person to a treatment facility or program.</p> <p>(c) Requires a peace officer or health officer who takes a person into custody and transports that person to make a written application for that person’s admission; specifies what the written application must include.</p> <p>(d) Requires a copy of the examiner’s written statement to be made available to the person taken into custody.</p> <p>(e) Allows the officer to personally provide transportation or arrange for other suitable transportation; specifies that, if possible, the officer must not be in uniform and must not use a visibly marked law enforcement vehicle.</p> <p>Subd. 2. Emergency hold. (a) Allows a treatment facility, state-operated treatment program, or community-based treatment program, other than a Minnesota Sex Offender Program (MSOP) facility, to admit or hold a patient for emergency care and treatment under specified circumstances.</p> <p>(b) Specifies requirements for an examiner’s written statement to hold a patient.</p> <p>(c) If applicable, requires the examiner to make a good faith effort to obtain and consider information from a person who previously brought the person to a treatment program or facility, prior to writing the statement for an emergency</p>

Section Description

hold. Specifies what the statement must include. Requires the examiner to inquire about health care and advance psychiatric directives.

(d) Requires the facility or program to give a copy of the written statement to the patient immediately upon initiating the emergency hold, and to maintain a copy. Requires the facility or program to provide notice to the patient in writing of the right to leave after 72 hours, the right to a medical examination within 48 hours, and the right to request a change to voluntary status.

(e) Prohibits the facility or program from allowing or requiring the patient's consent to participate in a clinical drug trial during an emergency admission or hold. Specifies that this does not apply to a clinical drug trial in which the patient was participating at the time the emergency admission or hold was initiated.

Subd. 3. Duration of hold, release procedures, and change of status.

(a) Requires a determination about the need for an emergency hold as soon as possible, or within 12 hours of the person's arrival at a treatment facility or program.

Specifies that the peace officer or health officer hold ends upon whichever of the following occurs first: (1) initiation of an emergency hold under subdivision 2; (2) voluntary admission; (3) an examiner's decision not to admit the person; or (4) 12 hours after the person's arrival.

(b) Allows a facility or program to hold a patient for up to 72 hours after the examiner signs the written statement for an emergency hold. Requires release unless the facility or program obtains a court order to hold the patient, but prohibits a consecutive emergency hold.

(c) Allows a court to issue a judicial hold if the interested person files a petition to civilly commit a person.

(d) Prohibits a court from releasing a patient under a 72-hour hold unless the court receives a written petition for release and holds a summary hearing.

(e) Specifies what the written petition for release must include, and the procedures the court must follow upon receiving such petition.

(f) Requires the head of the treatment facility or program to immediately notify the agency that employs the peace officer or health officer who initiated the emergency hold if: (1) a facility or program releases a patient during the 72-hour hold; (2) the examiner does not admit the patient; or (3) the patient leaves without consent.

Section	Description
	(g) Exempts a treatment facility or program from the notice requirement in paragraph (f), unless notice is requested, if a patient is held for detoxification and is no longer a danger to self or others.
	(h) Requires a patient's status change to voluntary upon the patient's written request and the head of the facility or program's consent.
34	Persons with mental illness or developmental disability. Amends § 253B.06, subd. 1. Updates terminology, makes clarifying changes.
35	Chemically dependent persons. Amends § 253B.06, subd. 2. Updates terminology, makes clarifying changes.
36	Discharge. Amends § 253B.06, subd. 3. Updates terminology and references, makes clarifying changes.
37	Prepetition screening. Amends § 253B.07, subd. 1. Updates terminology and references, makes clarifying changes to the requirements for prepetition screenings. Specifies that in-person interviews are preferred, if practicable, but not required.
38	The petition. Amends § 253B.07, subd. 2. Updates terminology, makes clarifying changes.
39	Petition originating from criminal proceedings. Amends § 253B.07, subd. 2a. Adds paragraph (b), which specifies that only a court examiner may conduct an assessment as described in the Minnesota Rules of Criminal Procedure. Adds paragraph (c), which specifies that when a county is ordered to consider civil commitment following an incompetency determination, the county in which the criminal matter is pending is responsible for conducting the prepetition screening and filing the commitment petition, if applicable, unless otherwise agreed to.
40	Apprehend and hold orders. Amends § 253B.07, subd. 2b. Updates terminology and references.
41	Change of venue. Amends § 253B.07, subd. 2d. Adds requirements for notice of and response to a motion for change of venue.

Section	Description
42	Court-appointed examiners. Amends § 253B.07, subd. 3. Updates terminology.
43	Prehearing examination; report. Amends § 253B.07, subd. 5. Updates terminology.
44	Preliminary hearing. Amends § 253B.07, subd. 7. Updates terminology.
45	Time for commitment hearing. Amends § 253B.08, subd. 1. Updates terminology.
46	Place of hearing. Amends § 253B.08, subd. 2a. Updates terminology.
47	Absence permitted. Amends § 253B.08, subd. 5. Updates terminology.
48	Witnesses. Amends § 253B.08, subd. 5a. Updates terminology.
49	Standard of proof. Amends § 253B.09, subd. 1. Updates terminology. Adds paragraph (c) allowing for commitment to both a treatment facility or program and to the commissioner of human services, in case a state-operated treatment program becomes the least restrictive alternative. Outlines requirements for when a patient's level of care needs change, including provisional discharge procedures.
50	Findings. Amends § 253B.09, subd. 2. Clarifies that a suitable location may be a person's home.
51	Reporting judicial commitments; private treatment program or facility. Amends § 253B.09, subd. 3a. Updates terminology; requires the court to send a copy of the commitment order to the commissioner, if a patient is committed to a state-operated treatment program.
52	Initial commitment period. Amends § 253B.09, subd. 5. Updates terminology.

Section	Description
53	Administration of neuroleptic medication. Amends § 253B.092. Updates terminology and references, makes clarifying changes. Allows for a treating medical practitioner to continue administering a neuroleptic medication to the patient through a hearing date or court order under certain circumstances. Specifies that only injectable medications may be used if physical force is required to administer the medication, and specifies related requirements. Prohibits the use of a nasogastric tube to administer medication.
54	Access to medical records. Amends § 253B.0921. Updates terminology.
55	Duration. Amends § 253B.095, subd. 3. Updates terminology, makes clarifying change.
56	Findings. Amends § 253B.097, subd. 1. Updates terminology.
57	Case manager. Amends § 253B.097, subd. 2. Updates terminology.
58	Reports. Amends § 253B.097, subd. 3. Makes clarifying change.
59	Immunity from liability. Amends § 253B.097, subd. 6. Updates terminology.
60	Procedures upon commitment. Amends § 253B.10. Subd. 1. Administrative requirements. Updates terminology; removes specific requirement for information sharing by the head of the treatment facility or program. Subd. 2. Transportation. Updates terminology; allows for patient transport via protected transport provider. Subd. 3. Notice of admission. Updates terminology. Subd. 3a. Interim custody and treatment of committed person. Adds new subdivision specifying that if a patient is residing in a facility or program, a commitment order constitutes authority for the facility or program to confine

Section	Description
	and provide treatment to the patient until the patient is transferred to the facility or program to which the patient has been committed.
	Subd. 4. Private treatment. Updates terminology.
	Subd. 5. Transfer to voluntary status. Updates terminology.
61	Reports. Amends § 253B.12, subd. 1. Updates terminology, makes clarifying changes. Adds a paragraph specifying procedures for when a written report from the head of the treatment facility or program is not filed within the required time.
62	Examination. Amends § 253B.12, subd. 3. Updates terminology
63	Hearing; standard of proof. Amends § 253B.12, subd. 4. Updates terminology.
64	Record required. Amends § 253B.12, subd. 7. Makes clarifying changes; adds requirement that a copy of a final order for continued commitment be given to a patient who has been provisionally discharged and the agency responsible for monitoring the provisional discharge.
65	Persons with mental illness or chemical dependency. Amends § 253B.13, subd. 1. Updates terminology; adds provision allowing for a commitment to be extended for up to 14 days so a hearing for a continued commitment can be completed, under specified circumstances.
66	Transfer of committed persons. Amends § 253B.14. Updates terminology.
67	Authority to detain and transport a missing patient. Amends § 253B.141. Updates terminology, makes clarifying changes.
68	Provisional discharge. Amends § 253B.15, subd. 1. Updates terminology and makes clarifying changes. Adds provision allowing the head of a non-state-operated treatment facility or program to provisionally discharge a patient. Requires provisional discharge plan to be developed with input from the patient and the designated agency.

Section	Description
69	Representative of designated agency. Amends § 253B.15, subd. 1a. Updates terminology.
70	Revocation of provisional discharge. Amends § 253B.15, subd. 2. Clarifies provisions governing circumstances for provisional discharge revocation.
71	Procedure; notice. Amends § 253B.15, subd. 3. Makes clarifying changes.
72	Report to the court. Amends § 253B.15, subd. 3a. Makes clarifying changes.
73	Review. Amends § 253B.15, subd. 3b. Makes clarifying changes.
74	Hearing. Amends § 253B.15, subd. 3c. Makes clarifying changes.
75	Return to facility. Amends § 253B.15, subd. 5. Updates terminology, makes clarifying changes.
76	Modification and extension of provisional discharge. Amends § 253B.15, subd. 7. Updates terminology; clarifies the required procedures for a designated agency to extend a provisional discharge; allows for patient input.
77	Provisional discharge extension. Amends § 253B.15 by adding subd. 8a. Specifies that a provisional discharge automatically continues for the duration of a new or extended commitment, if a court extends the commitment or issues a new commitment order, unless otherwise provided by the order or the provisional discharge is revoked.
78	Expiration of provisional discharge. Amends § 253B.15, subd. 9. Makes clarifying changes.
79	Voluntary return. Amends § 253B.15, subd. 10. Updates terminology.
80	Discharge of committed persons. Amends § 253B.16. Updates terminology, makes clarifying changes.

Section	Description
81	Release; judicial determination. Amends § 253B.17. Updates terminology, makes clarifying changes.
82	Procedure. Amends § 253B.18, subd. 1. Updates terminology.
83	Review; hearing. Amends § 253B.18, subd. 2. Updates terminology.
84	Indeterminate commitment. Amends § 253B.18, subd. 3. Updates terminology.
85	Release on pass; notification. Amends § 253B.18, subd. 4a. Updates terminology.
86	Pass-eligible; notification. Amends § 253B.18, subd. 4b. Updates terminology and organization.
87	Special review board. Amends § 253B.18, subd. 4c. Updates terminology.
88	Petition; notice of hearing; attendance; order. Amends § 253B.18, subd. 5. Updates terminology, makes clarifying change.
89	Victim notification of petition and release; right to release statement. Amends § 253B.18, subd. 5a. Updates terminology.
90	Transfer. Amends § 253B.118, subd. 6. Updates terminology and organization.
91	Provisional discharge. Amends § 253B.18, subd. 7. Updates terminology and organization.
92	Provisional discharge plan. Amends § 253B.18, subd. 8. Updates terminology and makes clarifying change.
93	Provisional discharge; revocation. Amends § 253B.18, subd. 10. Updates terminology and organization, makes clarifying changes.

Section	Description
94	Exceptions. Amends § 253B.18, subd. 11. Updates terminology, makes clarifying changes.
95	Return of patient. Amends § 253B.18, subd. 12. Updates terminology, makes clarifying changes.
96	Voluntary readmission. Amends § 253B.18, subd. 14. Updates terminology.
97	Discharge. Amends § 253B.18, subd. 15. Updates terminology and organization.
98	Petition; hearing. Amends § 253B.19, subd. 2. Updates terminology.
99	Notice to court. Amends § 253B.20, subd. 1. Updates terminology.
100	Necessities. Amends § 253B.20, subd. 2. Updates terminology.
101	Notice to designated agency. Amends § 253B.20, subd. 3. Updates terminology.
102	Aftercare services. Amends § 253B.20, subd. 4. Updates terminology, specifies that a mental health professional (rather than “physician”) may be included in establishing an aftercare services plan.
103	Notice to mental health professional. Amends § 253B.20, subd. 6. Updates terminology; requires notice of discharge for a patient’s mental health professional (rather than “physician”).
104	Administrative procedures. Amends § 253B.21, subd. 1. Updates terminology.
105	Applicable regulations. Amends § 253B.21, subd. 2. Updates terminology.

Section	Description
106	Powers. Amends § 253B.21, subd. 3. Updates terminology.
107	Cost of care; commitment by tribal court order; Red Lake Band of Chippewa Indians. Amends § 253B.212, subd. 1. Updates terminology and cross-reference.
108	Cost of care; commitment by tribal court order; White Earth Band of Ojibwe Indians. Amends § 253B.212, subd. 1a. Updates terminology and cross-reference.
109	Cost of care; commitment by tribal court order; any federally recognized Indian tribe within the state of Minnesota. Amends § 253B.212, subd. 1b. Updates terminology and cross-reference.
110	Effect given to tribal commitment order. Amends § 253B.212, subd. 2. Updates terminology.
111	Establishment. Amends § 253B.22, subd. 1. Specifies state-operated treatment facilities and programs for which review boards must be established; makes clarifying change.
112	Right to appear. Amends § 253B.22, subd. 2. Updates terminology and makes clarifying change.
113	Notice. Amends § 253B.22, subd. 3. Updates terminology, makes clarifying changes.
114	Review. Amends § 253B.22, subd. 4. Updates terminology.
115	Costs of hearings. Amends § 253B.23, subd. 1. Updates terminology.
116	Responsibility for conducting prepetition screening and filing commitment petitions. Amends § 253B.23, subd. 1b. Removes references to early intervention (changed to engagement services in this bill).
117	Legal results of commitment status. Amends § 253B.23, subd. 2. Updates terminology.

Section	Description
118	Transmittal of data to national instant criminal background check system. Amends § 253B.24. Updates terminology.
119	Court examiner. Amends § 253D.02, subd. 6. Updates terminology.
120	Petition. Amends § 253D.07, subd. 2. Makes clarifying changes.
121	Correctional facilities. Amends § 253D.10, subd. 2. Adds a paragraph assigning county and DHS financial responsibility for costs of temporary confinement in a correctional facility as allowed for sex offender civil commitment under this section.
122	Procedure. Amends § 253D.28, subd. 2. Updates terminology.
123	Revisor instruction. Instructs the revisor to renumber subdivisions in the definitions section to make them alphabetical, and correct cross-references as necessary.
124	Repealer. Repeals sections 253B.02, subds. 6 and 12a (“emergency treatment” and “mental illness” definitions); 253B.05, subdivisions 1, 2, 2b, 3, and 4 (emergency admission); 253B.064 (early intervention); 253B.065 (early intervention); 253B.066 (early intervention); 253B.09, subdivision 3 (patient financial determination); 253B.12, subd. 2 (basis for discharge); 253B.15, subdivision 11 (partial institutionalization); and 253B.20, subdivision 7 (request for services after discharge).

Article 5: Maltreatment of Minors Act Reorganization

This article reorganizes and recodifies the provisions of Minnesota Statutes, section 626.556, the reporting of maltreatment of minors, into a new chapter, 260E.01. The article makes corresponding changes to terms and references, and adds definitions using existing statutory language for “egregious harm,” “maltreatment,” “person in a current or recent position of authority,” and “significant relationship.” The article also makes clarifying changes throughout the chapter. The new chapter also includes the provisions of Minnesota Statutes, sections 626.5561; 626.5562; 626.558; 626.559; 626.5591; and 626.561, all of which are repealed in this article.

The article also removes the requirement for health care and social services professionals (who are mandated reporters of suspected child maltreatment) to report a woman's use of a controlled substance for a nonmedical purpose or excessive consumption of alcohol during pregnancy to the local welfare agency, if the professional is providing the woman with prenatal care or other health care services.

Article 6: Maltreatment of Minors Act Conforming Changes

This article makes necessary conforming changes throughout Minnesota statutes, based on the reorganization and recodification of the Maltreatment of Minors Act.



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