

**Subject** Health and Human Services Omnibus

**Authors** Liebling

**Analyst** Randall Chun (articles 1, 5, and 6)  
Sarah Sunderman (articles 2, 4, 9-12, and 14)  
Elisabeth Klarqvist (articles 3, 15, and 16)  
Annie Mach (articles 2, 8, and 14)  
Danyell A. Punelli (articles 7, 13, and 17)

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**Overview**

This bill contains appropriation and policy provisions related to health care and human services programs, licensing and background studies, child care and child protection, and health boards.

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**Article 1: DHS Health Care Programs**

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- 1      **Statewide health information exchange.**  
Amends § 256.01, subd. 28. Gives the commissioner the authority to develop and operate, as part of a statewide health information exchange, an encounter alerting service.
  
- 2      **Performance benchmark for dental access; contingent dental administrator.**  
Adds § 256B.0371.
  - Subd. 1. Benchmark for dental access.** Requires the commissioner, for coverage years 2022 through 2024, to establish a performance benchmark under which at least 55 percent of children and adults continuously enrolled in MA or MinnesotaCare for at least 11 months through a managed care or county-based purchasing plan receive at least one dental visit during the coverage year.
  
  - Subd. 2. Corrective action plan.** For coverage years 2022 through 2024, directs the commissioner to require a managed care or county-based purchasing plan with dental utilization that is 10 percent or more below the performance benchmark to submit a corrective action plan to the commissioner.
  
  - Subd. 3. Contingent contract with dental administrator.** (a) Requires the commissioner to determine if managed care and county-based purchasing plans in the aggregate meet the performance benchmark for coverage year 2024. If the plans fail to meet the benchmark, requires the commissioner, after issuing an RFI and an RFP, to contract with a dental administrator to administer dental services beginning January 1, 2026, for all MA and MinnesotaCare recipients, both fee-for-service and those served through managed care and county-based purchasing.
  
  - (b) Specifies the administrative services that the dental administrator must provide.
  
  - (c) Requires the dental administrator to reimburse dental providers at the MA and MinnesotaCare payment rates specified in law.
  
  - (d) Requires recipients to be given a choice of dental provider, and requires the dental administrator to comply with the network adequacy and geographic

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access requirements that apply to managed care and county-based purchasing plans.

(e) Requires the contract with the administrator to be terminated if the dental administrator fails to meet, by calendar year 2029, a performance benchmark under which at least 55 percent of MA and MinnesotaCare enrollees enrolled continuously for at least 11 months receive at least one dental visit during the calendar year. In the event of termination, requires the commissioner to contract with a new dental administrator as soon as practicable.

(f) Requires the commissioner, when implementing this subdivision, to consult with representatives of providers and managed care and county-based purchasing plans.

**Subd. 4. Dental utilization report.** Requires the commissioner to submit annual reports, beginning March 15, 2022, and ending March 15, 2026, to the legislature on dental utilization, including the percentage of adults and children under both fee-for-service and PMAP receiving at least one dental visit in the most recent complete calendar year. Specifies other report requirements.

**3 Competitive bidding.**

Amends § 256B.04, subd. 14. Allows the commissioner to volume purchase through competitive bidding and negotiation allergen-reducing products as described in section 256B.0625, subd. 67, paragraph (c) or (d). States that the section is effective January 1, 2022, or upon federal approval, whichever is later.

**4 Pregnant women; needy unborn child.**

Amends § 256B.055, subd. 6. Extends MA coverage for pregnant women from 60 days to 12 months postpartum. States that the section is effective July 1, 2022, or upon federal approval, whichever is later.

**5 Eligibility verification.**

Amends § 256B.056, subd. 10. Makes a conforming change related to the extension of MA coverage for pregnant women to 12 months postpartum. States that the section is effective July 1, 2022, or upon federal approval, whichever is later.

**6 Citizenship requirements.**

Amends § 256B.06, subd. 4. Makes a conforming change related to the extension of MA coverage for pregnant women to 12 months postpartum. States that the section is effective July 1, 2022, or upon federal approval, whichever is later, and specifies the effective date if federal approval is not obtained.

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- 7 Dental services.**  
Amends § 256B.0625, subd. 9. Expands MA coverage of dental services for nonpregnant adults, to include coverage of nonsurgical treatment for periodontal disease, including scaling and root planing once every two years for each quadrant, and routine periodontal maintenance procedures. This expansion of coverage also applies to the MinnesotaCare program, through cross-reference elsewhere in statute. Provides that these provisions are effective July 1, 2021.
- 8 Drugs.**  
Amends § 256B.0625, subd. 13. Allows a 90-day supply of a prescription drug to be dispensed under MA, if the drug appears on the 90-day supply list published by the commissioner. Requires the list to be published on the DHS website. Allows the commissioner to modify the list after providing public notice and a 15-day comment period. Provides that the list may include cost-effective generic drugs, but shall not include controlled substances. Provides that these provisions are effective January 1, 2022.
- 9 Formulary Committee.**  
Amends § 256B.0625, subd. 13c. Extends by one year, until June 30, 2023, the expiration date for the Formulary Committee.
- 10 Drug formulary.**  
Amends § 256B.0625, subd. 13d. Allows MA to cover drugs or active pharmaceutical ingredients used for weight loss. Under current law, the MA formulary only covers drugs for weight loss if they are medically necessary lipase inhibitors used by recipients with Type II diabetes. Provides that the section is effective July 1, 2021, or upon federal approval, whichever is later.
- 11 Payment rates.**  
Amends § 256B.0625, subd. 13e. Increases the dispensing fee for prescription drugs from \$10.48 to \$10.77. Also requires the statewide cost of dispensing to be calculated separately for specialty and nonspecialty drugs. Provides that the section is effective January 1, 2022, except that the change related to the statewide cost of dispensing is effective the day following final enactment.
- 12 Preferred drug list.**  
Amends § 256B.0625, subd. 13g. Requires the commissioner, before deleting a drug from the preferred drug list or modifying the inclusion of a drug on the list, to consider any implications the change may have on state public health policies and initiatives and health disparities. Also requires the commissioner to conduct a public hearing and to provide notice and specified information to the public and the

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commissioner of health prior to the hearing. Provides that the section is effective the day following final enactment.

**13 Public transit or taxicab transportation.**

Amends § 256B.0625, subd. 18. Allows the commissioner to provide a monthly public transit pass for the nonemergency medical transportation needs of MA recipients who are well-served by public transit. Provides that recipients are eligible for a transit pass if they are eligible for one public transit trip for a covered service during a month, and have not received a transit pass for that month from another program administered by a county or tribe. These recipients are then not eligible for other modes of transportation, unless an unexpected need arises that cannot be accessed through public transit. Prohibits the commissioner from requiring recipients to select a transit pass, if their transportation needs cannot be served by public transit. States that this section is effective July 1, 2021.

**14 Medical supplies and equipment.**

Amends § 256B.0625, subd. 31. States that allergen-reducing products provided according to subd. 67, paragraph (c) or (d), shall be considered durable medical equipment. States that the section is effective January 1, 2022, or upon federal approval, whichever is later.

**15 Early and periodic screening, diagnosis, and treatment services.**

Amends § 256B.0625, subd. 58. (a) Requires the commissioner, in administering the EPSDT program, to, at a minimum:

- 1) provide information to children and families on the benefits of preventative visits, services available, and assistance in finding a provider, transportation, or interpreter services;
- 2) maintain an up-to-date periodicity schedule in the department policy manual; and
- 3) maintain up-to-date policies for providers on delivering EPSDT services that are in the provider manual on the department website.

(b) Allows the commissioner to contract for the administration of outreach services as required by the EPSDT program.

(c) Allows the commissioner to contract for required EPSDT outreach services, including but not limited to children enrolled in or attributed to an integrated health partnership (IHP) demonstration project. Requires IHPs that choose to provide EPSDT outreach services to receive compensation from the commissioner on a per-member, per-month basis for each child. Specifies related requirements.

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Provides that this section is effective July 1, 2021, except that paragraph (c) is effective January 1, 2022.

**16 Enhanced asthma care services.**

Amends § 256B.0625, by adding subd. 67. (a) States that MA covers enhanced asthma care services and related products provided in children's homes for children with poorly controlled asthma. To be eligible, requires a child:

- 1) to have poorly controlled asthma, defined as having received asthma care from a hospital emergency department at least once in the past year or having been hospitalized for the treatment of asthma at least once in the past year; and
- 2) to have received a referral for services and products under this subdivision from a treating health care provider.

(b) States that covered services include home visits provided by a registered environmental health specialist or lead risk assessor credentialed by the Department of Health or a healthy homes specialist credentialed by the Building Performance Institute.

(c) Requires covered products to be identified and recommended for the child by a registered environmental health specialist, healthy homes specialist, lead risk assessor, certified asthma educator, public health nurse, or other health professional providing asthma care, and proven to reduce asthma triggers. Lists specific products covered.

(d) Requires the commissioner to determine other products that may be covered, as new best practices for asthma are identified.

(e) Defines a home assessment as a home visit to identify asthma triggers and to provide education on trigger-reducing products. Limits a child to two home assessments, except that an additional home assessment may be provided if the child moves to a new home, a new asthma trigger enters the home, or if the child's health care provider identifies a new allergy for the child. Requires the commissioner to determine the frequency with which a child may receive a product listed in paragraph (c) or (d), based on the reasonable expected lifetime of the product.

States that the section is effective January 1, 2022, or upon federal approval, whichever is later.

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- 17 Cost-sharing.**  
Amends § 256B.0631, subd. 1. Sets the copayment at \$1 per prescription for brand-name multisource drugs listed on the preferred drug list. States that the section is effective January 1, 2022.
- 18 Dental fee schedules.**  
Amends § 256B.69, by adding subd. 6f. Requires applicable fee schedules for covered dental services to be provided to individual dental providers upon request.
- 19 Uniform dental credentialing process.**  
Amends § 256B.69, by adding subd. 6g. Requires managed care and county-based purchasing plans, and dental benefit administrators under contract, that provide dental services under MA or MinnesotaCare, to develop by January 1, 2022, a uniform credentialing process for dental providers. Specifies requirements for the process and defines dental benefits administrator. Requires implementation of the subdivision to comply with federal requirements for Medicaid and the Basic Health Program.
- 20 Annual report on provider reimbursement rates.**  
Amends § 256B.69, by adding subd. 9f. (a) Requires the commissioner, by December 15 of each year, beginning December 15, 2021, to report to the legislature on managed care and county-based purchasing plan provider reimbursement rates.  
  
(b) Requires the report to include, for each managed care and county-based purchasing plan, the mean and median provider reimbursement rates by county for the preceding calendar year, for the five most common billing codes statewide across all plans, for the following categories (if there are more than three enrolled providers of the service within the county): (1) physician prenatal services; (2) physician preventive services; (3) physician services other than prenatal or preventive; (4) dental services; (5) inpatient hospital services; (6) outpatient hospital services; and (6) mental health services.  
  
(c) Requires the commissioner to also include in the report: (1) the mean and median reimbursement rates across all plans by county for the preceding calendar year for the billing codes and service categories described in paragraph (b); and (2) the mean and median fee-for-service reimbursement rates by county for the preceding calendar year for the billing codes and service categories described in paragraph (b).
- 21 Hospital outpatient reimbursement.**  
Amends § 256B.75. Directs the commissioner, when implementing prospective payment methodologies for outpatient hospital services, to use general methods and rate calculation parameters similar to the applicable Medicare prospective payment

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systems for outpatient hospital and ambulatory surgical center settings, unless other payment methodologies are specified in state MA law.

**22 Dental reimbursement.**

Amends § 256B.76, subd. 2. (The summary of this subdivision incorporates the amendment in Laws 2021, First Special Session chapter 14, article 11, section 11.)

Sunsets beginning January 1, 2022, the following dental rates: five percent general increase; the 9.65 percent increase for services provided outside of the metro area; and the 23.8 percent increase for services to children. Also strikes obsolete language.

A new paragraph (k) sunsets the 20 percent increase for dental services provided by public health and community health clinics, effective January 1, 2022.

A new paragraph (l) increases payment rates by 98 percent for all dental services. Provides that this increase does not apply to state-operated dental clinics, FQHCs, rural health centers, or Indian health services.

A new paragraph (m) requires managed care and county-based purchasing plans to reimburse dental providers at a rate that is at least equal to the fee-for-service rate. If federal approval is not received for this paragraph for a coverage year, allows the commissioner to adjust capitation rates to reflect removal of the provision and directs the commissioner to not implement this paragraph for subsequent coverage years.

**23 Critical access dental providers.**

Amends § 256B.76, subd. 4. Sunsets existing critical access dental rates under MA effective January 1, 2022. (These rates are 37.5 or 35 percent above the rates that would otherwise be paid, depending upon the provider type.)

A new paragraph (c) sets the critical access dental provider rate at 20 percent above the rate that would otherwise apply, effective January 1, 2022.

A new paragraph (d) requires managed care and county-based purchasing plans to increase rates to critical access dental providers by at least the amount specified in paragraph (c). If federal approval is not received for this paragraph for a coverage year, allows the commissioner to adjust capitation rates to reflect removal of the provision and directs the commissioner to not implement this paragraph for subsequent coverage years.



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- 24     **Definitions.**  
Amends § 256B.79, subd. 1. Modifies the definition of “targeted populations” for the integrated care for high-risk pregnant women grant program, to refer to pregnant MA enrollees residing in “communities” rather than “geographic areas.”
- 25     **Grant awards.**  
Amends § 256B.79, subd. 3. Strikes language that requires integrated perinatal care collaboratives that received grants prior to January 1, 2019, to be given priority when determining subsequent grants.
- 26     **Maternal and infant health report.**  
Adds § 256B.795. Requires the commissioner of human services, in consultation with the commissioner of health, to submit a biennial report beginning April 15, 2022, to the legislature on the effectiveness of state maternal and infant health policies and programs in addressing disparities in prenatal and postpartum health outcomes. Specifies report requirements.
- 27     **Must not have access to employer-subsidized minimum essential coverage.**  
Amends § 256L.07, subd. 2. A new paragraph (b) allows an individual who has access to subsidized health coverage through a spouse’s or parent’s employer that meets the requirements of minimum essential coverage under federal regulations, to be eligible for MinnesotaCare, if the amount the employee pays for employee and dependent coverage exceeds the required income contribution for determining whether employer coverage is affordable under the ACA. Under current law, only the amount paid for employee coverage would be considered when determining affordability.  
  
Provides an effective date of January 1, 2023.
- 28     **Dental providers.**  
Amends § 256L.11, subd. 6a. Effective January 1, 2022, sunsets the 54 percent MinnesotaCare dental provider rate increase. For services provided on or after January 1, 2022, requires MinnesotaCare payment rates to dental providers to reflect the MA payment rates under § 256B.76, subd. 2.
- 29     **Critical access dental providers.**  
Amends § 256L.11, subd. 7. A new paragraph (b) requires managed care and county-based purchasing plans to increase MinnesotaCare rates to critical access dental providers by at least the amount of the critical access dental increase (20 percent above the rate that would otherwise be paid). If federal approval is not received for this paragraph for a coverage year, allows the commissioner to adjust capitation

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- rates to reflect removal of the provision and directs the commissioner to not implement this paragraph for subsequent coverage years. Strikes existing language requiring plans to pass rate increases on to providers.
- 30 **Sliding fee scale; monthly individual or family income.**  
Amends § 256L.15, subd. 2. Requires the commissioner to adjust the MinnesotaCare premium schedule to ensure that MinnesotaCare premiums do not exceed the amount an individual would have been required to pay if they were enrolled in an applicable benchmark plan. States that this section is effective retroactively from January 1, 2021.
- 31 **Federal approval; extension of postpartum coverage.**  
Requires the commissioner of human services to seek all federal waivers and approvals necessary to extend MA postpartum coverage.
- 32 **COVID-19 treatment, testing, and vaccination.**  
Provides that MA covers treatment, testing, and vaccination for COVID-19 as required under and for the time periods specified in the American Rescue Plan Act. States that this section is effective retroactively from March 11, 2021.
- 33 **Dental home demonstration project.**  
Requires the Dental Services Advisory Committee, in collaboration with specified stakeholders, to design a dental home demonstration project and present recommendations by February 1, 2022, to the commissioner and legislature. Specifies requirements for the demonstration projects.
- 34 **Overpayments for durable medical equipment, prosthetics, orthotics, or supplies.**  
Requires the commissioner of human services to repay the federal government any amount owed for payments made in excess to the allowable reimbursement amount for payments made between January 1, 2018, and June 30, 2019, for durable medical equipment.
- 35 **Proposed formulary committee.**  
Requires the commissioner of human services to submit to the legislature an overview of the drug formulary committee, by March 1, 2022. Specifies requirements for the overview.

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- 36 Response to COVID-19 public health emergency.**  
(a) Prohibits the commissioner from collecting any unpaid premium under MA employer persons with disabilities or MinnesotaCare, for a coverage month that occurred during the federal COVID-19 public health emergency.  
  
(b) Allows the commissioner to suspend periodic data matching for up to six months following the last day of the federal COVID-19 public health emergency.  
  
(c) Suspends the requirement that the commissioner issue an annual report on periodic data matching, for one year following the last day of the federal COVID-19 public health emergency.  
  
Provides that this section is effective the day following final enactment.
- 37 Dental program delivery study.**  
Requires the commissioner of human services to review Medicaid dental program delivery systems in states with a dental carve out, and to also analyze dental provider hesitancy to enroll as an MA provider. Requires the commissioner to report to the legislature by February 1, 2022, and allows the commissioner to combine the requirements of this section with the report on the dental home demonstration project.
- 38 Dental rate rebasing.**  
Requires the commissioner of human services to present recommendations on dental rate rebasing to the legislature by February 1, 2022. Specifies criteria for the recommendations.
- 39 Contingent funding related to dental administrator.**  
If managed care and county-based purchasing plans do not meet in the aggregate the dental access performance benchmark for 2024, specifies that the general fund base for the Department of Human Services for the 2026-2027 biennium includes specified amounts for staffing and systems changes necessary to contract with a dental administrator.
- 40 Repealer.**  
(a) Repeals rules related to the EPSDT program, effective July 1, 2021.  
  
(b) Repeals the annual transfer from the health care access fund to the general fund, effective July 1, 2025.

## Article 2: DHS Licensing and Background Studies

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- 1 Background study required.**  
Amends § 62V.05 by adding subd. 4a. Requires the Board of Directors of MNsure to initiate human services background studies of navigators, in-person assisters, and certified application counselors; prohibits any individual from providing services until the board receives notice that the individual is not disqualified, or if a disqualification was set aside. Requires the board or a delegate to review reconsideration requests.
- 2 Background studies.**  
Amends § 122A.18, subd. 8. Modifies terminology for the Professional Educator Licensing and Standards Board (PELSB) and the Board of School Administrators background studies.
- 3 Ombudsperson for family child care providers.**  
Creates § 245.975. Requires the governor to appoint an ombudsperson to assist family child care providers with licensing, compliance, and other issues. Lists the duties of the ombudsperson and requires the ombudsperson to report annually to DHS and the legislature on the ombudsperson's activities. Specifies the ombudsperson's access to state data and requires certain state agencies to provide the ombudsperson with copies of specified data and reports related to family child care. Allows the ombudsperson to act independently of DHS to provide testimony to the legislature, make periodic reports to the legislature, and address areas of concern to family child care providers.
- 4 Denial of application.**  
Amends § 245A.05. Specifies that the commissioner of human services may deny an applicant for a family foster setting license if the applicant has non-disqualifying background study information that reflects on the applicant's ability to safely care for foster children.  
  
Makes this section effective July 1, 2022.
- 5 Sanctions; appeals; license.**  
Amends § 245A.07, subd. 1. Allows the commissioner of human services to take adverse licensing action if a license holder has non-disqualifying background study information that reflects on the applicant's ability to safely care for foster children.  
  
Makes this section effective July 1, 2022.

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**6 License or certification fee for certain programs.**

Amends § 245A.10, subd. 4. Modifies terminology to clarify detoxification and withdrawal management program licensure fees.

**7 Special family child care homes.**

Amends § 245A.14, subd. 4. Paragraph (g) allows the commissioner to issue up to four licenses to certain types of license holders and each license must have its own primary provider of care and must operate as a distinct and separate program.

Paragraph (h) allows the commissioner to approve up to four licenses of specified types of license holders at the same location, provided each license holder demonstrates compliance with applicable rules and laws and operates as a distinct program within the capacity, age, and ratio distributions of its license.

Paragraph (i) provides that for specified types of licenses, the license holder must designate a primary provider of care at the licensed location.

Paragraph (j) provides that for all licenses issued under this section, the license holder must ensure that any caregiver, substitute, or helper who assists in the care of children meets applicable training requirements and background study requirements.

This section is effective July 1, 2022.

**8 Licensed family foster settings.**

Amends § 245A.16 by adding subd. 9. Requires a county agency or private agency to review specified information relating to non-disqualifying background study results before recommending to grant, deny, or revoke a family foster setting license. Lists information that must be reviewed; lists what constitutes “evidence of rehabilitation.”

Requires the commissioner to consider relative relationships as a significant factor in determining a licensing decision; requires the county or private licensing agency to send a summary of the completed review to the commissioner and to include a recommendation for licensing action.

Makes this section effective July 1, 2022.

**9 Training requirements for family and group family child care.**

Amends § 245A.50, subd. 7. Allows a family child care provider to count up to two hours of training instruction toward the provider’s annual 16-hour training requirement.

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- 10 **Supervising for safety; training requirement.**  
Amends § 245A.50, subd. 9. Adds training courses that meet a family child care provider’s active supervision training requirement.
- 11 **Authorized fingerprint collection vendor.**  
Amends § 245C.02, subd. 4a. Allows the commissioner to retain more than one authorized fingerprint collection vendor.
- 12 **Background study.**  
Amends § 245C.02, subd. 5. Adds collection and processing of fingerprints and photograph to definition of background study.
- 13 **Alternative background study.**  
Amends § 245C.02 by adding subd. 5b. Adds definition of “alternative background study” to the human services background studies chapter.
- 14 **Public law background study.**  
Amends § 245C.02 by adding subd. 5c. Adds definition of “public law background study” to the human services background studies chapter.
- 15 **Entity.**  
Amends § 245C.02 by adding subd. 11c. Adds definition of “entity” to the human services background studies chapter.
- 16 **Results.**  
Amends § 245C.02 by adding subd. 16a. Adds definition of “results” to the human services background studies chapter.
- 17 **Background study; individuals to be studied.**  
Amends § 245C.03. Adds and modifies the subdivisions below.
- Subd. 1. Licensed programs.** Adds list of licensed programs to which the subdivision applies.
- Subd. 1a. Procedure.** Clarifies procedural requirements for background studies.
- Subd. 3a. Personal care assistance provider agency; background studies.**  
Establishes background study requirements for personal care assistance provider agencies enrolled to provide personal care assistance services under medical assistance; requires some owners, all managing employees, and all qualified professionals to undergo a background study.

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**Subd. 3b. Exception to personal care assistant; requirements.** Allows a personal care assistant for a recipient to enroll with a different provider agency upon initiation of a new background study, under specified circumstances.

**Subd. 5a. Facilities serving children or adults licensed or regulated by the Department of Health.** Requires the commissioner of health to contract with DHS to conduct background studies for individuals providing direct contact services in a range of entities licensed by the Department of Health, and other employees in certain types of licensed entities facilities. Specifies that if a program is jointly licensed, DHS is solely responsible for the background studies.

**Subd. 5b. Facilities serving children or youth licensed by the Department of Corrections.** Requires DHS to conduct background studies of individuals providing direct contact services in residential and detention facilities, and requires specified individuals and entities to provide DHS with all available criminal conviction data related to individuals to be studied under this subdivision. Requires DHS to notify an individual and the facility of a disqualification, and of the right to request reconsideration through the Department of Corrections. Specifies reconsideration procedures.

**Subd. 6. Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.** Requires the commissioner to conduct background studies of individuals who provide specified direct contact services in federally approved home and community-based waiver plans and consumer-directed community supports.

**Subd. 6a. Legal nonlicensed and certified child care programs.** Makes clarifying changes; specifies that DHS background studies are required for each individual who applies for child care program certification, each member of a provider's household age 13 or older, and a member of a provider's household who is aged 10 to 13, if reasonable cause exists.

**Subd. 7. Children's therapeutic services and supports providers.** Clarifies that all direct service providers and volunteers for children's therapeutic services and supports providers are subject to background studies.

**Subd. 8.** Strikes subdivision relating to self-initiated background studies.

**Subd. 9. Community first services and supports organizations.** Establishes background study requirements for individuals affiliated with Community First Services and Supports (CFSS) agency-providers and Financial Management

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Services (FMS) providers enrolled to provide CFSS services under medical assistance.

**Subd. 9a. Exception to support worker requirements for continuity of services.** Allows a support worker for a participant to enroll with a different CFSS agency-provider or FMS provider upon initiation, rather than completion, of a new background study, under specified circumstances.

**Subd. 10. Providers of group residential housing or supplementary services.** Clarifies which providers of group residential housing, housing support, or supplementary services must undergo a background study; requires compliance with all background study requirements.

**Subd. 11.** Strikes subdivision relating to child protection workers.

**Subd. 12. Providers of special transportation service.** Clarifies which individuals providing special transportation services must undergo a background study. Allows a local or contracted agency authorizing a nonemergency medical transportation service ride by a volunteer driver to initiate a background study under certain circumstances.

**Subd. 13. Providers of housing support services.** Makes clarifying changes.

**Subd. 14. Tribal nursing facilities.** Requires the commissioner to obtain state and national criminal history data for individuals affiliated with a tribally licensed nursing facility.

**Subd. 15. Early intensive developmental and behavioral intervention providers.** Requires the commissioner to conduct a background study when initiated by an early intensive developmental and behavioral intervention provider.

Makes this section effective July 1, 2021, except for specified provisions effective upon federal approval or the day following final enactment.

18 **Background study; alternative background studies.**

Proposes coding for § 245C.031.

**Subd. 1. Alternative background studies.** Requires the commissioner to conduct an alternative background study of individuals listed in this section; establishes required procedures for studies and data destruction.



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**Subd. 2. Access to information.** Requires each entity that submits an alternative background study to enter into an agreement with the commissioner to comply with state and federal law.

**Subd. 3. Child protection workers or social services staff having responsibility for child protective duties.** Requires an alternative background study for these individuals when the study is initiated by a county social services agency or local welfare agency.

**Subd. 4. Applicants, licensees, and other occupations regulated by the commissioner of health.** Requires alternative background studies for applicants for audiologist or speech-language pathologist licenses or renewals or applicants for hearing instrument dispenser initial certification or certification before January 1, 2018. Establishes alternative background study requirements for these individuals.

**Subd. 5. Guardians and conservators.** Requires alternative background studies for court-appointed guardians and conservators, with certain exceptions, to be completed prior to the appointment of the guardian or conservator, unless the best interests of the ward or protected person requires appointment before the study is completed.

**Subd. 6. Guardians and conservators; required checks.** Specifies data to be checked for guardian and conservator alternative background studies.

**Subd. 7. Guardians and conservators; state licensing data.** Requires the commissioner to provide the court with licensing agency data, within 25 working days, for licenses directly related to the responsibilities of a professional fiduciary, if the study subject is or has been affiliated with a listed professional licensing entity. Requires an agreement by each entity to provide the commissioner with electronic access to relevant licensing data and quarterly lists of new sanctions. Establishes additional procedures for providing licensing data to the court for guardian and conservator background studies.

**Subd. 8. Guardians ad litem.** Requires alternative background studies for guardians ad litem once every three years.

**Subd. 9. Guardians ad litem; required checks.** Specifies data to be checked and required procedures for alternative background studies for guardians ad litem.

**Subd. 10. First-time applicants for educator licenses with the Professional Educator Licensing and Standards Board.** Requires PELSB to make eligibility determinations for alternative background studies. Permits alternative

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background studies for all first-time applicants for educator licenses; specifies what the studies must include.

**Subd. 11. First-time applicants for administrator licenses with the Board of School Administrators.** Requires the Board of School Administrators to make eligibility determinations for alternative background studies. Permits alternative background studies for all first-time applicants for administrator licenses; specifies what the studies must include.

**Subd. 12. Occupations regulated by MNsure.** Requires the commissioner to conduct a background study of any individual required to have a background study under section 62V.05.

**19 Public law background studies.**

Proposes coding for § 245C.032. Directs the commissioner to conduct public law background studies for individuals having direct contact with persons served by a licensed sex offender treatment program under chapters 246B and 253D, exclusively in accordance with this section; details how such studies must be conducted, in accordance with current statutory provisions. Provides that all data obtained by the commissioner for a public law background study must be classified as private data.

**20 Individual studied.**

Amends § 245C.05, subd. 1. Clarifies language; requires a background study subject to submit a completed criminal and maltreatment history records check consent form for applicable record checks.

**21 Applicant, license holder, or other entity.**

Amends § 245C.05, subd. 2. Makes clarifying change.

**22 County or private agency.**

Amends § 245C.05, subd. 2a. Makes clarifying change.

**23 County agency to collect and forward information to commissioner.**

Amends § 245C.05, subd. 2b. Makes clarifying changes.

**24 Privacy notice to background study subject.**

Amends § 245C.05, subd. 2c. Removes provision stating that the FBI will only keep fingerprints from national criminal history background checks if the subject has a criminal history; states that the FBI will not retain fingerprints; makes clarifying changes related to fingerprint vendors.

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- 25     **Fingerprint data notification.**  
Amends § 245C.05, subd. 2d. Removes provision stating that the FBI will only keep fingerprints from national criminal history background checks if the subject has a criminal history; states that the FBI will not retain fingerprints.
- 26     **Electronic transmission.**  
Amends § 245C.05, subd. 4. Adds a summary of nondisqualifying background study results and relevant underlying investigative information to the information that DHS must transmit electronically to county and private agencies for child foster care; makes clarifying changes.  
  
Makes this section effective July 1, 2022.
- 27     **Fingerprints and photograph.**  
Amends § 245C.05, subd. 5. Makes conforming changes to recognize that the commissioner may retain more than one authorized fingerprint collection vendor.
- 28     **Arrest and investigative information.**  
Amends § 245C.08, subd. 3. Removes language prohibiting the sharing of national criminal history check information with county agencies.
- 29     **Authorization.**  
Amends § 245C.08 by adding subd. 5. Clarifies that the commissioner is authorized to receive background study information.
- 30     **Background study fees.**  
Amends § 245C.10 by adding subd. 1b. Requires the commissioner to recover the cost of background studies. Provides that the background study fees collected under this section, except as otherwise provided in subdivisions 1c and 1d, must be appropriated to the commissioner for the purpose of conducting background studies under chapter 245C.
- 31     **Fingerprint and photograph processing fees.**  
Amends § 245C.10 by adding subd. 1c. Requires the commissioner to enter into a contract with a qualified vendor or vendors to obtain and process fingerprints and photographs for background study purposes. Outlines payment and reimbursement provisions.
- 32     **National criminal history record check fees.**  
Amends § 245C.10 by adding subd. 1d. Allows the commissioner to increase background study fees as necessary, commensurate with an increase in the national

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criminal history record check fee. Requires the commissioner to report any fee increases under this subdivision to the legislature during the legislative session following the fee increase, so that the legislature may consider amending the fee increase in statute. Specifies that by July 1 of every year, background study fees shall be set at the amount adopted by the legislature under this section.

Makes this section effective July 1, 2021.

**33 Supplemental nursing services agencies.**

Amends § 245C.10, subd. 2. Changes the fee for background studies initiated by supplemental nursing services agencies from no more than \$20 to no more than \$42 per study.

**34 Personal care provider organizations.**

Amends § 245C.10, subd. 3. Changes the fee for background studies initiated by personal care provider organizations from no more than \$20 to no more than \$42 per study.

**35 Temporary personnel agencies, educational programs, and professional services agencies.**

Amends § 245C.10, subd. 4. Changes the fee for background studies initiated by temporary personnel agencies, educational programs, and professional services agencies from no more than \$20 to no more than \$42 per study.

**36 Adult foster care and family adult day services.**

Amends § 245C.10, subd. 5. Changes the fee for background studies for the purposes of adult foster care and family adult day services licensing from no more than \$20 to no more than \$42 per study.

**37 Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.**

Amends § 245C.10, subd. 6. Changes the fee for background studies initiated by unlicensed home and community-based waiver providers of service to senior and individuals with disabilities under section 256B.4912 from no more than \$20 to no more than \$42 per study.

**38 Children's therapeutic services and supports providers.**

Amends § 245C.10, subd. 8. Changes the fee for background studies required under section 245C.03, subd. 7, for purposes of children's therapeutic services and supports under section 256B.0943, from no more than \$20 to no more than \$42 per study.

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- 39      **Human services licensed programs.**  
Amends § 245C.10, subd. 9. Changes the fee for background studies required under section 245C.03, subd 1, with some exceptions, from no more than \$20 to no more than \$42 per study.
- 40      **Child care programs.**  
Amends § 245C.10, subd. 9a. Changes the fee for background studies required for specified child care programs from no more than \$20 to no more than \$42 per study.
- 41      **Community first services and supports organizations.**  
Amends § 245C.10, subd. 10. Changes the fee for background studies initiated by an agency-provider delivering services or a financial management services provider from no more than \$20 to no more than \$42 per study.
- 42      **Providers of housing support.**  
Amends § 245C.10, subd. 11. Changes the fee for background studies initiated by providers of housing support under section 256I.04 from no more than \$20 to no more than \$42 per study.
- 43      **Child protection workers or social services staff having responsibility for child protective duties.**  
Amends § 245C.10, subd. 12. Changes the fee for background studies initiated by county social services agencies and local welfare agencies for individuals who are required to have a background study under section 260E.36, subdivision 3, from no more than \$20 to no more than \$42 per study.
- 44      **Providers of special transportation service.**  
Amends § 245C.10, subd. 13. Changes the fee for background studies initiated by providers of special transportation service from no more than \$20 to no more than \$42 per study.
- 45      **Guardians and conservators.**  
Amends § 245C.10, subd. 15. Modifies requirements for fees to be paid for conducting an alternative background study for appointment of a guardian or conservator.
- 46      **Providers of housing support services.**  
Amends § 245C.10, subd. 16. Changes the fee for background studies initiated by providers of housing support services from no more than \$20 to no more than \$42 per study.

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- 47 Early intensive developmental and behavioral intervention providers.**  
Amends § 245C.10 by adding subd. 17. Establishes fee of no more than \$42 for a background study for the purposes of early intensive developmental and behavioral intervention.  
  
Makes this section effective the day following final enactment.
- 48 Applicants, licensees, and other occupations regulated by commissioner of health.**  
Amends § 245C.10 by adding subd. 18. Specifies that the applicant or license holder is responsible for paying all fees associated with background studies.
- 49 Occupations regulated by MNsure.**  
Amends § 245C.10 by adding subd. 20. Requires the commissioner to set fees to recover background study costs for MNsure-related studies, through an interagency agreement; specifies that fees will be deposited in the special revenue fund for the purpose of conducting background studies.
- 50 Professional Educators Licensing Standards Board.**  
Amends § 245C.10 by adding subd. 20. Establishes a fee of no more than \$51 for a background study initiated by PELSB. Specifies that fees collected under this subdivision are appropriated to the commissioner for the purpose of conducting background studies.
- 51 Board of School Administrators.**  
Amends § 245C.10 by adding subd. 21. Establishes a fee of no more than \$51 for a background study initiated by the Board of School Administrators. Specifies that fees collected under this subdivision are appropriated to the commissioner for the purpose of conducting background studies.
- 52 Activities pending completion of background study.**  
Amends § 245C.13, subd. 2. Adds personal care assistant services to list of activities prohibited prior to receipt of background study results.
- 53 Disqualification from direct contact.**  
Amends § 245C.14, subd. 1. Specifies that the commissioner must disqualify an individual applying for family foster setting licensure from any position allowing direct contact with persons served, if the background study contains disqualifying information, as listed in section 245C.15, subdivision 4a (new subdivision).  
  
Makes this section effective July 1, 2022.

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- 54 Disqualification from working in licensed child care centers or certified license-exempt child care centers.**  
Amends § 245C.14 by adding subd. 4. Specifies that a disqualified individual must be disqualified from working in any position in a licensed child care center or certified license-exempt child care center, until the commissioner issues a notice that: (1) the individual is not disqualified; (2) a disqualification has been set aside; or (3) a variance has been granted.
- 55 Licensed family foster setting disqualifications.**  
Amends § 245C.15, by adding subd. 4a. Paragraph (a) lists felony-level convictions that permanently disqualify an individual applying for a family foster setting license.  
  
Paragraph (b) lists additional crimes or conduct that permanently disqualify an individual applying for a family foster setting license.  
  
Paragraph (c) specifies that an individual whose parental rights have been terminated, under certain circumstances, is disqualified from family foster setting licensure for 20 years.  
  
Paragraph (d) lists felony-level convictions that disqualify an individual applying for a family foster setting license for five years.  
  
Paragraph (e) lists additional crimes or conduct that disqualify an individual applying for a family foster setting license for five years.  
  
Paragraph (f) specifies that for purposes of this subdivision, a disqualification begins from: (1) the date of the alleged violation, if the individual was not convicted; (2) the date of the conviction, if the individual was convicted but not committed to the custody of the commissioner of corrections; or (3) the date of release from prison. Adds clause regarding reincarceration.  
  
Paragraph (g) contains language regarding disqualifications for aiding and abetting, attempt, or conspiracy to commit listed offenses.  
  
Paragraph (h) contains language regarding disqualifications for offenses in other states or countries.  
  
Makes this section effective July 1, 2022.
- 56 Determining immediate risk of harm.**  
Amends § 245C.16, subd. 1. Allows the commissioner to order immediate removal of an individual from any position allowing direct contact with or access to persons receiving services, or from any position in a licensed child care center or certified

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license-exempt child care center, if the individual has a disqualification that is a permanent bar or the individual is a child care background study subject with a felony drug-related offense in the past five years.

**57 Findings.**

Amends § 245C.16, subd. 2. Prohibits the commissioner from making a finding that an individual requires direct, continuous supervision while providing direct contact services during the disqualification reconsideration request period, for a licensed child care center or certified license-exempt child care center.

**58 Time frame for notice of study results and auditing system access.**

Amends § 245C.17, subd. 1. Adds a child care center or certified license-exempt child care center to the list of facilities in which an individual must be immediately removed from direct contact or access, when notice is issued that more time is needed to complete a study.

**59 Disqualification notice to child care centers or certified license-exempt child care centers.**

Amends § 245C.17 by adding subd. 8. Requires an immediate removal notice to also include an order for a license holder to immediately remove the individual from working in any position in a child care center or certified license-exempt child care center.

**60 Obligation to remove disqualified individual from direct contact and from working in a program, facility, setting, or center.**

Amends § 245C.18. Requires a child care center or certified license-exempt child care center license holder to remove a disqualified individual from working in any position in a licensed child care center or certified license-exempt child care center, until the commissioner issues a notice that: (1) the individual is not disqualified; (2) a disqualification has been set aside; or (3) a variance has been granted.

**61 Permanent bar to set aside a disqualification.**

Amends § 245C.24, subd. 2. Prohibits the commissioner from setting aside or granting a variance for a disqualification under section 245C.15, subdivision 4a, paragraphs (a) and (b), for an individual 18 years of age or older. Allows a variance to a disqualification for an individual who is under 18 years of age when the background study is submitted.

Makes this section effective July 1, 2022.



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- 62 Ten-year bar to set aside disqualification.**  
Amends § 245C.24, subd. 3. Removes family foster setting providers from subdivision prohibiting set asides of disqualifications for ten years.  
  
Makes this section effective July 1, 2022.
- 63 Seven-year bar to set aside disqualification.**  
Amends § 245C.24, subd. 4. Removes family foster setting providers from subdivision prohibiting set asides of disqualifications for seven years.  
  
Makes this section effective July 1, 2022.
- 64 Five-year bar to set aside disqualification; family foster setting.**  
Amends § 245C.24 by adding subd. 6. Specifies that that the commissioner must not set aside a disqualification for any of the crimes or actions listed in section 245C.15, subdivision 4a, paragraph (d), committed within the past five years, for anyone 18 or older in connection with a family foster setting license. Allows the commissioner to set aside or grant a variance to a disqualification if the individual is under 18 years of age at the time the background study is submitted.  
  
Makes this section effective July 1, 2022.
- 65 Public law background study variances.**  
Amends § 245C.30 by adding subdivision 1a. Requires a variance related to a public law background study to state the services that may be provided by the disqualified individual and state the conditions with which the license holder or applicant must comply for the variance to remain in effect. Prohibits the variance from stating the reason for the disqualification.
- 66 NETStudy 2.0 system.**  
Amends § 245C.32, subd. 1a. Makes clarifying changes related to fingerprint collection vendors.
- 67 Use.**  
Amends § 245C.32, subd. 2. Changes the fee for background studies for individuals or entities requesting the study from no more than \$20 to no more than \$42 per study.
- 68 Alternative licensing inspections.**  
Proposes coding for § 245G.031. Allows a license holder for a substance use disorder treatment facility who holds a qualifying accreditation to request approval for an alternative licensing inspection by the commissioner, when the standards of the accrediting body are determined by the commissioner to be the same as or similar to

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the standards under chapter 245G. Specifies additional conditions for a request for an alternative licensing inspection; outlines conditions for termination or denial of approvals and for appeals.

Makes the section effective January 1, 2022.

**69 Background studies.**

Amends § 256B.0949 by adding subd. 16a. Specifies that early intensive developmental and behavioral intervention background study requirements must be met through a background study under specified sections of chapter 245C.

Makes this section effective the day following final enactment.

**70 Duties of commissioner.**

Amends § 260C.215, subd. 4. Adds paragraph requiring the commissioner of human services to establish family foster setting licensing guidelines for county and private licensing agencies; specifies that the guidelines are directives of the commissioner.

Makes this section effective July 1, 2023.

**71 Waivers and modifications; federal funding extension.**

Amends Laws 2020, First Special Session chapter 7, section 1, subdivision 1. Adds certain DHS program waivers and modifications that are required to comply with federal law to the list of waivers and modifications that may remain in effect after the peacetime emergency declared by the governor expires, is terminated, or is rescinded by the proper authority. The waivers and modifications may remain in effect for the time period set out in applicable federal law, federally approved waiver, or state plan amendment.

Makes this section effective the day following final enactment.

**72 Waivers and modifications; 60-day transition period.**

Amends Laws 2020, First Special Session chapter 7, section 1, subdivision 3. Provides that DHS program waivers and modifications related to the peacetime emergency declared by the governor in response to the COVID-19 outbreak that are not otherwise extended may remain in effect for no more than 60 days after peacetime emergency declared by the governor expires, is terminated, or is rescinded by the proper authority.

Makes this section effective the day following final enactment.

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- 73 Waivers and modifications; extension for 365 days.**  
Amends Laws 2020, First Special Session chapter 7, section 1, as amended by Laws 2020, Third Special Session chapter 1, section 3, by adding subd. 5. Extends the DHS waiver modifying background study requirements for 365 days after the peacetime emergency declared by the governor expires, is terminated, or is rescinded by the proper authority.  
  
Makes this section effective the day following final enactment.
- 74 Legislative task force; human services background study eligibility.**  
Establishes a legislative task force to review the statutes relating to human services background study eligibility and disqualifications. Identifies the task force’s duties, provides the terms of membership, specifies compensation for public members, and establishes administrative requirements. Requires the task force to submit an interim written report by March 1, 2022, and a final report by December 16, 2022, to the legislative committees with jurisdiction over human services licensing. Specifies that the task force expires upon submission of the final report, or on December 20, 2022, whichever is later.  
  
Makes this section effective the day following final enactment; specifies expiration of December 31, 2022.
- 75 Child care center regulation modernization.**  
Requires DHS to contract with an organization or consultant to: (1) develop a proposal for a risk-based model for monitoring compliance with child care center licensing standards; (2) develop and implement a stakeholder engagement process that solicits input about licensing standards, tiers for violations of the standards, and licensing sanctions for each tier; and (3) solicit input about which child care centers should be eligible for abbreviated inspections. Directs DHS to submit a report and proposed legislation for implementing the new licensing model to the legislature no later than February 1, 2024.
- 76 Child foster care licensing guidelines.**  
Directs the commissioner of human services, in consultation with specified stakeholders, to develop family foster setting licensing guidelines for county and private licensing agencies, by July 1, 2023.

**Section Description - Article 2: DHS Licensing and Background Studies**

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- 77 Direction to commissioner of human services; DHS family child care frequently asked questions website modifications.**  
Directs the commissioner of human services to expand the “frequently asked questions” website for family child care providers to include more answers to submitted questions and a search function by July 1, 2022.
- 78 Direction to commissioner of human services; Family Child Care Task Force recommendations implementation plan.**  
Directs the commissioner of human services to include individuals representing family child care providers in groups that participate in implementing the recommendations of the Family Child Care Task Force.
- 79 Direction to commissioner of human services; family child care one-stop assistance network.**  
Requires DHS to develop a plan for a one-stop regional assistance network to assist individuals with matters relating to starting or sustaining a licensed family child care program. The plan must include an estimated timeline for implementing the assistance network through the child care resource and referral system, an estimated budget for the assistance network, and a strategy to raise awareness about the network. DHS must develop the plan by January 1, 2022, and the child care resource and referral system must begin implementing the plan in accordance with the established timeline.
- 80 Direction to the commissioner of human services; recommended family child care orientation training.**  
Requires DHS to develop recommended, but not required, orientation training materials for family child care license applicants by July 1, 2022. The materials must include basic information about state statutes and rules governing child care licensing.
- 81 Family child care regulation modernization.**  
Requires DHS to contract with an organization or consultant to: (1) develop a proposal for a risk-based model for monitoring compliance with family child care licensing standards; (2) develop a proposal for updated family child care licensing standards; (3) develop and implement a stakeholder engagement process that solicits input about licensing standards, tiers for violations of the standards, and licensing sanctions for each tier; and (4) solicit input about which family child care providers should be eligible for abbreviated inspections. Directs DHS to submit a report and proposed legislation for implementing the new licensing model and the new standards to the legislature no later than February 1, 2024.

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- 82      **Family child care training advisory committee.**  
Establishes a Family Child Care Training Advisory Committee to advise DHS on the training requirements for licensed family child care providers. DHS must report annually by December 15 to the legislature on any recommendations from the advisory committee. The committee expires December 1, 2025.
- 83      **Direction to commissioner of human services; alternative child care licensing models.**  
Directs the commissioner of human services, in consultation with counties, child care providers, and other stakeholders, to review child care models that are not currently allowed under state statutes; consider whether any of them could address the state’s child care needs while protecting children’s safety, health and well-being; and make recommendations for implementing models that meet the criteria. The commissioner must make the recommendations to the legislature by January 1, 2023.
- 84      **Direction to commissioner of human services; federal fund and child care and development block grant allocations.**  
Directs the commissioner of human services to allocate money from the federal fund and the CCDBG for specified purposes.
- 85      **Revisor instruction.**  
Instructs the revisor of statutes to renumber subdivisions in the background study definitions section alphabetically and correct any cross-references.
- 86      **Repealer.**  
Repeals the law providing that when the peacetime emergency declared by the governor in response to the COVID-19 outbreak expires, is terminated, or is rescinded by the proper authority, certain DHS waivers and modifications remain in effect until June 30, 2021.
- Makes this section effective the day following final enactment.

### **Article 3: Health Department**

**Section Description - Article 3: Health Department**

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- 1      **Implementation.**  
Amends § 62J.495, subd. 1. Eliminates language requiring the commissioner of health to provide an update to the legislature on the development of uniform standards for

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interoperable electronic health records systems, as part of an annual report to the legislature.

**2 E-Health Advisory Committee.**

Amends § 62J.495, subd. 2. Eliminates a requirement for the commissioner of health to issue an annual report outlining progress in implementing a statewide health information infrastructure and providing recommendations on the adoption and effective use of health information technology. Also extends this subdivision, which establishes the e-Health Advisory Committee, from June 30, 2021, to June 30, 2031.

This section is effective the day following final enactment.

**3 Coordination with national HIT activities.**

Amends § 62J.495, subd. 4. Eliminates a reference to a specific federal HIT strategic plan with which the statewide interoperable health information infrastructure plan must be consistent and instead requires the state plan to be consistent with updated federal plans. Eliminates duties of the commissioner to help develop and support health information technology regional extension centers, to provide supplemental information on best practices gathered by regional centers, and to monitor and respond to development of quality measures. Also strikes a reference to a report to the legislature being eliminated in another subdivision.

**4 Definitions.**

Amends § 62J.497, subd. 1. In a subdivision defining terms for the electronic prescription drug program, strikes a definition of backward compatible. Amends the definition of NCPDP Formulary and Benefits Standard by removing a reference to the 2005 implementation guide version and instead referring to the most recent version of the standard or to the most recent version adopted by CMS for e-prescribing under Medicare Part D. Also amends the definition of NCPDP SCRIPT Standard by removing a reference to the 2005 implementation guide version.

**5 Standards for electronic prescribing.**

Amends § 62J.497, subd. 3. In a subdivision providing standards for electronic prescribing, strikes a list of specific transactions that must be conducted using the NCPDP SCRIPT Standard.

**6 Support for state health care purchasing and performance measurement.**

Amends § 62J.63, subd. 1. Eliminates language requiring the commissioner of health to establish and administer a Center for Health Care Purchasing Improvement, and retains certain functions of the center for the commissioner of health.

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- 7 Duties; scope.**  
Amends § 62J.63, subd. 2. Eliminates language authorizing the commissioner to appoint staff for the Center for Health Care Purchasing Improvement. Also eliminates the following duties: initiating projects to develop plan designs for state health care purchasing; conducting policy audits of state programs; consulting with the Health Economics Unit regarding reports and assessments of the health care marketplace; consulting with the Department of Commerce regarding regulatory issues and legislative initiatives; working with DHS and CMS to address federal requirements for health care purchasing and conformity issues; assisting MCHA in health care purchasing strategies; and convening agency medical directors for health care purchasing advice and collaboration. Allows the commissioner to evaluate current administrative simplification strategies.
- 8 Encounter data.**  
Amends § 62U.04, subd. 4. Requires health plan companies and third-party administrators to submit encounter data to the all-payer claims database on a monthly basis, rather than every six months as previously required.
- 9 Pricing data.**  
Amends § 62U.04, subd. 5. Requires health plan companies and third-party administrators to submit data on their contract prices with health care providers to the all-payer claims database on a monthly basis, rather than annually as previously required.
- 10 Procedure.**  
Amends § 103H.201, subd. 1. Modifies a provision authorizing the commissioner of health to adopt health risk limits for substances degrading groundwater. For toxicants that are known or probable carcinogens, requires the commissioner to use a quantitative estimate of a chemical's carcinogenic potency either: (1) published by the federal Environmental Protection Agency; or (2) determined by the commissioner to have undergone thorough scientific review. (Previously the quantitative estimate was required to be both published by the EPA and determined by the commissioner to have undergone thorough scientific review.)
- 11 The Vivian Act.**  
Adds § 144.064. Directs the commissioner of health to make available information about congenital CMV (human herpesvirus cytomegalovirus), establish an awareness and education program on CMV, and consider congenital CMV for addition to the newborn screening program.

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- 12      **Resident reimbursement case mix classifications.**  
Amends § 144.0724, subd. 1. Modifies a term used in a subdivision requiring the commissioner of health to establish case mix classifications for residents of nursing homes and boarding care homes.
- 13      **Definitions.**  
Amends § 144.0724, subd. 2. In a subdivision defining terms for a section on case mix classifications, makes a technical change to the definition of minimum data set and modifies the definition of activities of daily living.
- 14      **Resident reimbursement case mix classifications beginning January 1, 2012.**  
Amends § 144.0724, subd. 3a. In a subdivision establishing requirements for case mix classifications, modifies a term used and removes a reference to the Case Mix Classification Manual for Nursing Facilities.
- 15      **Short stays.**  
Amends § 144.0724, subd. 5. Provides that a facility is not required to submit an admission assessment for a resident admitted to and discharged from the facility on the same day. Provides that when an admission assessment is not submitted, the case mix classification is the rate with a case mix index of 1.0.
- 16      **Notice of resident reimbursement case mix classification.**  
Amends § 144.0724, subd. 7. In a subdivision governing notice from the commissioner of health to a nursing facility regarding case mix classifications established for residents, makes technical changes and changes in terminology and requires the notice of modified assessment to be provided to the facility within 3 business days after distribution of the classification notice to the resident.
- 17      **Request for reconsideration of resident classifications.**  
Amends § 144.0724, subd. 8. In a subdivision governing requests for reconsideration of resident classifications, allows reconsideration of any items changed during the audit process, reorganizes the subdivision for requests initiated by the resident or a representative and for requests submitted by the facility, and makes technical changes. For requests initiated by the resident or a representative, eliminates language specifying what must accompany the reconsideration request, reorganizes language specifying what the facility must submit, and specifies the consequence when a facility fails to provide the required information. For requests initiated by the facility, requires the facility to provide the resident or a representative with notice of the request, requires the request to be submitted within a certain timeframe, and permits rather than requires the commissioner to deny the reconsideration request if the facility fails to provide the required information. Establishes requirements for



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transmitting the reconsideration classification notice to the nursing facility and to the resident or representative.

**18 Audit authority.**

Amends § 144.0724, subd. 9. In a subdivision requiring the commissioner to ensure the accuracy of resident assessments through audits, reviews of records, and interviews, strikes language requiring the commissioner to make the results of the audit available to the facility, requires distribution of the audit classification notice to the facility and the resident or representative within certain timeframes if the audit results in a case mix classification change, and specifies what the notice must include.

**19 Appeal of nursing facility level of care determination.**

Amends § 144.0724, subd. 12. Strikes language allowing certain residents to request continued services pending appeal of a nursing facility level of care determination. Also strikes language limiting the effect of a paragraph requiring notice to residents of a change in eligibility for long-term care services due to a nursing facility level of care determination.

**20 Duty to perform testing.**

Amends § 144.125, subd. 1. Increases the per-specimen fee for testing under the newborn screening program from \$135 to \$177. (The newborn screening program tests newborns soon after birth for rare disorders of metabolism, hormones, the immune system, blood, breathing, digestion, hearing, or the heart.)

**21 Dignity in pregnancy and childbirth.**

Adds § 144.1461. Requires hospitals with obstetric care and birth centers to develop or access a continuing education curriculum and make available to staff who routinely care for pregnant or postpartum women, a continuing education course on anti-racism training and implicit bias. Requires the commissioner of health to explore ways to make midwife and doula training more culturally responsive to groups with the most significant disparities in maternal and infant morbidity and mortality; promote racial, ethnic, and cultural diversity in the midwife and doula workforce; and identify ways to make midwife and doula services more available to groups with the most significant disparities in maternal and infant morbidity and mortality.

**22 Definitions.**

Amends § 144.1501, subd. 1. Adds a definition for alcohol and drug counselor to the definitions for the health professional education loan forgiveness program.

This section is effective July 1, 2025.

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**23 Creation of account.**

Amends § 144.1501, subd. 2. Makes alcohol and drug counselors who agree to practice in designated rural areas or underserved urban communities eligible for loan forgiveness under the health professional education loan forgiveness program.

This section is effective July 1, 2025.

**24 Eligibility.**

Amends § 144.1501, subd. 3. Adds persons enrolled in a training or education program to become an alcohol and drug counselor to the list of professions eligible for loan forgiveness under the health professional education loan forgiveness program.

This section is effective July 1, 2025.

**25 Homeless youth.**

Adds subd. 12 to § 144.212. Adds a definition of homeless youth to definitions that apply to vital records sections.

**26 Data about births.**

Amends § 144.225, subd. 2. Under current law, data on the birth of a child born to a woman not married to the child's father when the child was conceived or born is classified as confidential data, but it may be disclosed to certain persons, including to the child if the child is 16 or older. This section allows this data to be disclosed to the child if the child is a homeless youth, and does not require the child to be 16 or older.

**27 Certified birth record for homeless youth.**

Adds § 144.2255. Establishes procedures and documentation requirements for a homeless youth to obtain a certified birth record.

**Subd. 1. Application; certified birth record.** Allows a subject of a birth record who is a homeless youth in this or another state to apply to the state registrar or a local issuance office for a certified birth record. Lists what a homeless youth must submit to the state registrar or local issuance office.

**Subd. 2. Statement verifying subject is a homeless youth.** If a homeless youth submits a statement from another individual to verify that the youth is a homeless youth, lists information that must be included in the statement, and requires the individual providing the statement to also provide a copy of the individual's employment identification.

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**Subd. 3. Expiration; reissuance.** If a subject of a birth record obtains a birth record in part using a statement from another individual to verify that the subject is a homeless youth, makes the birth record expire 6 months after issuance. Allows the subject of such a birth record to surrender the expired record to the state registrar or local issuance office and obtain another birth record. Provides that all birth records obtained under this subdivision expire 6 months after issuance. If the subject does not surrender the expired birth record, requires the subject to apply for a certified birth record according to subdivision 1.

**Subd. 4. Data practices.** Classifies as private data on individuals, a statement from the subject of the birth record that he or she is a homeless youth, and a statement from another individual verifying that the subject of the birth record is a homeless youth.

This section is effective the day following final enactment for applications for and the issuance of certified birth records on or after January 1, 2022.

**28 Transaction fees.**

Adds § 144.226, subd. 7. Allows the state registrar and agents to charge a convenience fee and a transaction fee for electronic transactions and transactions by the telephone or Internet to obtain a vital record. Limits the convenience fee to 3% or less of the charges, and allows agents to retain the transaction fee. Requires notice when convenience fees and transaction fees are charged.

**29 Birth record fees waived for homeless youth.**

Adds subd. 8 to § 144.226. Amends a section governing fees for the issuance of vital records to exempt a homeless youth from payment of fees to obtain a certified birth record or statement of no record found.

This section is effective the day following final enactment for applications for and the issuance of certified birth records on or after January 1, 2022.

**30 Restricted construction or modification.**

Amends § 144.551, subd. 1. Amends an existing exception to the hospital construction moratorium and adds two new exceptions.

The amendment to clause (8) requires hospital beds transferred from a closed hospital to another site or complex in the same hospital corporate system to be used first to replace beds that had been used in the closed hospital for mental health services and substance use disorder services, before remaining available beds are transferred for any other purpose.

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The new clause (29) allows Regions Hospital to add 45 licensed beds upon submission of a plan for public interest review and the addition of 15 inpatient mental health beds authorized in a previous exception.

The new clause (30) allows PrairieCare to add up to 30 licensed beds to its psychiatric hospital for children and adolescents in Brooklyn Park upon submission of a plan for public interest review.

This section is effective the day following final enactment.

**31 Facility or campus closings, relocating services, or ceasing to offer certain services; patient relocations.**

Amends § 144.555. Requires notice to the commissioner of health and the public and a public hearing before a hospital or hospital campus closes, curtails operations, relocates services, or stops offering certain services.

**Subd. 1. Notice of closing or curtailing operations; facilities other than hospitals.** Provides that existing law, requiring notice to the commissioner of health when a facility voluntarily plans to cease or curtail operations, applies to facilities other than hospitals (notice requirements for hospitals are moved to the new subdivision 1a).

**Subd. 1a. Notice of closing, curtailing operations, relocating services, or ceasing to offer certain services; hospitals.** Requires the controlling persons of a hospital or hospital campus to notify the commissioner and the public at least 120 days before the hospital or campus voluntarily ceases operations, curtails operations, relocates health services to another hospital or campus, or stops offering maternity and newborn care services, ICU services, inpatient mental health services, or inpatient substance use disorder treatment services.

**Subd. 1b. Public hearing.** Within 45 days after receiving notice under subdivision 1a, requires the commissioner to conduct a public hearing on the scheduled action. Requires adequate public notice of the hearing, requires controlling persons of the hospital or hospital campus to participate in the hearing, and lists what must be addressed at the hearing.

**Subd. 1c. Exceptions.** When the controlling persons of a hospital or campus take a listed action because of a natural disaster or other emergency or an inability to retain or secure staff, requires notice to the commissioner and the public as soon as practicable after the controlling persons decide to take the action, and requires the public hearing to be held as soon as practicable after the controlling persons decide to take the action.

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**Subd. 2. Penalty.** Adds failure to notify the commissioner under subdivision 1a or 1c and failure to participate in a public hearing to the list of events for which the commissioner may issue a correction order.

This section is effective the day following final enactment.

**32 Lead hazard reduction.**

Amends § 144.9501, subd. 17. Amends a definition of lead hazard reduction to allow it to take place at any location where lead hazards are identified (previous law allowed lead hazard reductions to take place at a residence, child care facility, school, or playground).

**33 Reports of blood lead analysis required.**

Amends § 144.9502, subd. 3. Amends a subdivision establishing requirements for medical clinics, laboratories, and facilities to report results of blood lead analyses to the commissioner, to specify that the commissioner may prescribe the manner in which a clinic, laboratory, or facility must report the results.

**34 Lead risk assessment.**

Amends § 144.9504, subd. 2. Makes the following changes to a subdivision governing lead risk assessments conducted by assessing agencies:

- expands the locations where an assessing agency must conduct a lead risk assessment to include child care facilities, playgrounds, schools, and other locations where lead hazards are suspected (under current law assessing agencies must conduct lead risk assessments of residences);
- requires a lead risk assessment to be conducted within ten working days if a child has a venous blood lead level of ten micrograms of lead per deciliter of blood, rather than 15 micrograms as in previous law;
- requires a lead risk assessment to be conducted within 20 working days if a child or pregnant female at a location where lead hazards are suspected has a venous blood lead level of five micrograms of lead per deciliter of blood; and
- provides that lead risk assessments must be conducted if a child under 18 has one of the listed blood lead levels, rather than if a child age 6 or under has one of the listed blood lead levels as in previous law.

Allows an assessing agency to refer investigations at sites other than a child's or pregnant female's residence to the commissioner.

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- 35     **Lead orders.**  
Amends § 144.9504, subd. 5. Expands an assessing agency's authority to order lead hazard reduction. If an assessing agency finds that a lead hazard at a property originated from another source location, allows the assessing agency to order the responsible person of the source location to: (1) perform lead hazard reduction at the lead risk assessment site; and (2) remediate conditions at the source location that allowed the lead to migrate from the source location.
- 36     **Hospital records.**  
Amends § 145.32, subd. 1. Permits a hospital, upon request, to destroy the medical records of a patient who is a minor when the patient reaches the age of majority or after seven years, whichever occurs last. Provides that a hospital must retain records that are part of the individual's permanent medical record as defined by the commissioner of health.  
  
This section is effective the day following final enactment.
- 37     **Access to data.**  
Amends § 145.901, subd. 2. Amends a subdivision governing access to data for maternal death studies to specify that the commissioner has access to the names of providers, clinics, or other health services where care was received before, during, or related to the pregnancy or death. Also allows the commissioner to access records maintained by medical examiners, coroners, and hospitals and hospital discharge data; allows the commissioner to request from a coroner or medical examiner the names of health care providers that provided prenatal, postpartum, or other health services; allows the commissioner to access DHS data to evaluate welfare systems; and allows the commissioner to request and receive law enforcement reports or incident reports.
- 38     **Classification of data.**  
Amends § 145.901, subd. 4. Amends a subdivision classifying data held by the commissioner for purposes of maternal death studies to state that data provided by the commissioner of human services to the commissioner of health under this section retains the same classification as when held by the commissioner of human services.
- 39     **Maternal Mortality Review Committee.**  
Adds subd. 5 to § 145.901. Requires the commissioner of health to convene a Maternal Mortality Review Committee to conduct maternal death study reviews, make recommendations, and share summary information with the public. Specifies committee membership, authorizes the committee to review data from source

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records, classifies committee proceedings and records as protected nonpublic data, and provides that discovery and introduction into evidence of committee proceedings and records and testimony by certain persons must conform with requirements that apply to the Child Mortality Review Panel.

**40 Identification card for homeless youth.**

Adds subd. 3b to § 171.07. Authorizes a homeless youth to obtain a Minnesota identification card without paying transaction or filing fees. Sets documentation requirements that apply instead of administrative rules requiring proof of identity, Minnesota residency, and lawful presence in the United States.

This section is effective the day following final enactment for identification card issuances starting January 1, 2022.

**41 Lead risk assessments.**

Amends § 256B.0625, subd. 52. Updates a cross-reference to conform with a paragraph relettering in section 144.9504, subdivision 2.

**42 Recommendations on expanding access to data in all-payer claims database.**

Requires the commissioner of health to develop recommendations to expand access to data in the all-payer claims database to additional entities for public health or research purposes, and specifies what the recommendations must address. Also allows the commissioner to consult with the commissioner of human services and address whether the state should participate in a partnership or network to promote research using Medicaid data. Requires preliminary recommendations and final recommendations to be submitted to the chairs and ranking minority members of the legislative committees with jurisdiction over health policy and civil law.

**43 Health professional education loan forgiveness program; temporary addition of certain providers.**

Until June 30, 2025, allows the commissioner of health to award grants under the health professional education loan forgiveness program to alcohol and drug counselors, medical residents, and mental health professionals who agree to deliver at least 25 percent of their patient encounters to patients who are state public health care program enrollees or to patients who receive sliding fee schedule discounts.

**44 Mental health cultural community continuing education grant program.**

Requires the commissioner of health to develop a grant program to fund continuing education for social workers, marriage and family therapists, psychologists, and professional clinical counselors to become supervisors for persons pursuing licensure in mental health professions. Eligible social workers, therapists, psychologists, and counselors must be members of a community of color or underrepresented

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community, work for a community mental health provider, and agree to serve certain patient populations.

**45 Public health infrastructure funds.**

Authorizes the commissioner of health to distribute funds to community health boards and Tribal governments for projects to improve public health services for underserved populations, pilot new models for providing services, and improve the public health system. Requires the commissioner to work with the State Community Health Services Advisory Committee to determine a process for distributing the funds. Requires funds recipients to report data needed for evaluation, prohibits funds from being used to supplant existing county or Tribal public health expenditures, requires the commissioner to assess public health system capacity and oversee improvement efforts, and requires the commissioner to develop and submit recommendations on changes to the organization and funding of Minnesota's public health system.

**46 Revisor instructions.**

Directs the revisor of statutes to modify the headnote for section 62J.63, and to update the per-specimen fee under the newborn screening program if congenital CMV is added to the newborn screening program.

**47 Repealer.**

Repeals the following:

- section 62J.63, subd. 3 (requiring the commissioner of health to annually report to the legislature on the operations and impact of the Center for Health Care Purchasing Improvement; other sections in this article eliminate this center from statutes);
- section 144.0721, subd. 1 (an obsolete subdivision on assessing appropriateness and quality of care and services to private paying residents in nursing homes and certified boarding care homes);
- section 144.0722 (a section governing resident reimbursement classifications for residents of nursing homes and boarding care homes);
- section 144.0724, subd. 10 (a subdivision specifying the statute under which reconsideration requests for case mix classifications are determined); and
- section 144.693 (a section requiring reports from insurers providing health professional liability insurance to the commissioner of health on closed or filed malpractice claims, and requiring annual reports from the commissioner to the legislature on malpractice claims).



## Article 4: Health-Related Licensing Boards

### Section Description - Article 4: Health-Related Licensing Boards

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- 1 Members.**

Amends § 148.90, subd. 2. For the Board of Psychology, requires that, at the time of their appointments, at least two members of the board reside outside of the 7-county metropolitan area, and at least two members are members of a community of color or underrepresented community.
- 2 Continuing education.**

Amends § 148.911. Requires at least four of the required continuing education hours for licensed psychologists to be on increasing knowledge, understanding, self-awareness, and skills to competently address the needs of clients from diverse backgrounds. Lists topics for continuing education.

Makes this section effective July 1, 2023.
- 3 Certified doula.**

Amends § 148.995, subd. 2. Adds the organization Modern Doula Education and organizations designated by the commissioner to the list of organizations whose certifications allows a doula to be listed on the Health Department’s doula registry.
- 4 Qualifications.**

Amends § 148.996, subd. 2. Requires the commissioner to include on the doula registry, an individual certified by an organization designated by the commissioner.
- 5 Renewal.**

Amends § 148.996, subd. 4. Requires a doula to maintain certification with a doula certification organization listed in statute or designed by the commissioner, in order to remain on the doula registry for the three-year period before renewal is required.
- 6 Removal from registry.**

Adds subd. 6 to § 148.996. Requires the commissioner to remove from the doula registry, a doula who is not registered by a doula certification organization listed in statute or approved by the commissioner. Before removing a doula from the registry, requires the commissioner to provide notice to the doula and specify what the doula must do to remain on the registry.
- 7 Designation of doula certification organizations by commissioner.**

Adds § 148.9965. Establishes a process for the commissioner to designate doula certification organizations and remove designations from these organizations.

**Section Description - Article 4: Health-Related Licensing Boards**

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**Subd. 1. Review and designation by commissioner.** Requires the commissioner to periodically review doula certification organizations listed in statute or designated by the commissioner, and allows the commissioner to designate additional organizations and remove designations from organizations previously designated by the commissioner.

**Subd. 2. Designation.** Establishes a process for the commissioner to designate doula certification organizations that satisfy designation criteria established by the commissioner.

**Subd. 3. Removal of designation.** Permits the commissioner to remove the designation of a doula certification organization previously designated by the commissioner, if the commissioner determines the organization does not meet the commissioner's criteria for designation. Requires notice of a designation removal.

**8 Creation.**

Amends § 148B.30, subd. 1. For the Board of Marriage and Family Therapy, requires that, at the time of their appointments, at least two members of the board reside outside of the 7-county metropolitan area, and at least two members are members of a community of color or underrepresented community.

**9 Duties of the board.**

Amends § 148B.31. Requires at least four of the required continuing education hours for licensed marriage and family therapists to be on increasing knowledge, understanding, self-awareness, and skills to serve clients from diverse backgrounds. Lists topics for continuing education.

Makes this section effective July 1, 2023.

**10 Board of Behavioral Health and Therapy.**

Amends § 148B.51. For the Board of Behavioral Health and Therapy, requires that, at the time of their appointments, at least three members of the board reside outside of the 7-county metropolitan area, and at least three members are members of a community of color or underrepresented community.

**11 Continuing education.**

Amends § 148B.54, subd. 2. Requires at least four of the required continuing education hours for licensed professional counselors and licensed professional clinical counselors to be on increasing knowledge, understanding, self-awareness,

**Section Description - Article 4: Health-Related Licensing Boards**

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and skills to serve clients from diverse backgrounds. Lists topics for continuing education.

Makes this section effective July 1, 2023.

**12 Cultural responsiveness.**

Amends § 148E.101 by adding subd. 7f. Defines “cultural responsiveness” for purposes of the Board of Social Work chapter.

**13 Total clock hours required.**

Amends § 148E.130, subd. 1. Adds four hours of cultural responsiveness training to required clock hours for social work continuing education.

**14 New content clock hours required effective July 1, 2021.**

Amends § 148E.130 by adding subd. 1b. Adds effective dates for social work continuing education requirements.

## **Article 5: Prescription Drugs**

**Section Description - Article 5: Prescription Drugs**

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**1 Exceptions.**

Amends § 16A.151, subd. 2. The amendment to paragraph (f) strikes language specifically referring to opioid manufacturers or opioid wholesale drug distributors, so that money from any source resulting from an opioid-related settlement, assurance of discontinuance, or court order on behalf of the state will be deposited into the special account. Also specifies that any investment income or losses attributable to this account must be credited to the account.

A new paragraph (g) requires the commissioner of management and budget to transfer to the opiate epidemic response fund, from any settlement funds received from a consulting firm and deposited into the separate account, an amount that is equal to the loss of revenue to the fund due to the exemption from the opiate registration fee of opiates used for medication-assisted therapy for substance use disorders.

Provides that this section is effective the day following final enactment.

**Section Description - Article 5: Prescription Drugs**

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- 2 Determination of an opiate product registration fee.**  
Amends § 151.066, subd. 3. For purposes of determining whether an opiate manufacturer is required to pay the annual opiate registration fee, exempts from the calculation of opiate units distributed within or into the state any opiate that is used for medication-assisted therapy for substance use disorders.  
  
Provides that this section is effective the day following final enactment.
- 3 Delivery through common carrier; compliance with temperature requirements.**  
Adds § 151.335. Requires mail order or specialty pharmacies that use the U.S. Postal Service or other common carrier to deliver a drug to a patient to ensure that the drug is delivered in compliance with manufacturer temperature requirements. Requires the pharmacy to develop policies and procedures consistent with the U.S. Pharmacopeia and with nationally recognized standards issued by entities recognized by the board through guidance. Requires the policies and procedures to be provided to the board upon request.
- 4 Settlement; sunset.**  
Amends § 256.043, subd. 4. Provides that any funds received by the state as a result of a settlement against a consulting firm working for an opioid manufacturer or wholesaler shall be counted towards the \$250 million amount that triggers the sunset of the opiate licensing fees and the opiate registration fee (this is done by removing language that applied the provision only to settlements against manufacturers and wholesalers).  
  
Provides that this section is effective the day following final enactment.
- 5 Study of temperature monitoring.**  
Requires the Board of Pharmacy to study the appropriateness and feasibility of requiring mail order and specialty pharmacies to enclose in each medication's packaging a method for the patient to detect improper storage and temperature violations. Requires the board to report to the legislature by January 15, 2022.
- 6 Opiate registration fee reduction.**  
For purposes of determining whether an opiate manufacturer is required to pay the opiate registration fee due on June 1, 2021, exempts from the calculation of opiate units distributed within or into the state any injectable opiate product distributed to a hospital or hospital pharmacy. Also requires the commissioner of management and budget to transfer an amount into the opiate epidemic response fund that equals the estimated revenue loss due to this exemption. Provides that this section is effective the day following final enactment.

## Article 6: Telehealth

### Section Description - Article 6: Telehealth

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#### 1 Coverage of services provided through telehealth.

Adds § 62A.673. Establishes requirements for the coverage of telehealth by health carriers. This section incorporates language from telemedicine requirements in sections 62A.67 to 62A.672 (these sections are repealed in the bill) and provisions from Laws 2020, chapter 74, as well as new language.

**Subd. 1. Citation.** States that this section may be cited as the “Minnesota Telehealth Act.”

**Subd. 2. Definitions.** Defines the following terms: distant site, health care provider, health carrier, health plan, originating site, store-and-forward technology, and telehealth. These definitions are modifications of those in current law in § 62A.671. Major differences include:

- The definition of “health care provider” includes mental health practitioners (one of the groups added temporarily in chapter 74) and also treatment coordinators, alcohol and drug counselors, and recovery peers.
- The definition of “telehealth” is a revision of the definition of “telemedicine” in current law. The revised definition specifically includes, until July 1, 2023, “audio-only communication between a health care provider and a patient” if this is a scheduled appointment and the standard of care can be met; this is not explicit in current law.
- Provides a definition of “telemonitoring services;” this term is not defined in current law.

**Subd. 3. Coverage of telehealth.** (a) Requires health plans to cover benefits delivered through telehealth in the same manner as any other benefits, and to comply with this section. (Similar to language in § 62A.672.)

(b) Prohibits coverage of telehealth services from being limited on the basis of geography, location, or distance for travel, subject to the network available to the enrollee. (New provision.)

(c) Prohibits a health carrier from creating a separate provider network to deliver telehealth services, if this network does not include network providers who provide in-person care for the same service. Also prohibits a health carrier from requiring an enrollee to use a specific provider within the network to receive telehealth services. (New provision.)

**Section Description - Article 6: Telehealth**

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(d) Allows a health carrier to include cost-sharing for a service provided through telehealth, if this cost-sharing is not in addition to, and does not exceed, cost-sharing for the same service provided in-person. (Similar to language in § 62A.67.)

(e) States that nothing in this section shall be construed to: (1) require a health carrier to provide coverage for services that are not medically necessary or not covered under the enrollee's health plan; or (2) prohibit a health carrier from:

(i) establishing safety and efficacy criteria for a particular telehealth service for which other providers are not already reimbursed under telehealth;

(ii) establishing reasonable medical management techniques; or

(iii) requiring documentation or billing practices designed to prevent fraudulent claims.

(Item (ii) and the reference in clause (1) to services covered under a health plan are new; the other provisions in this paragraph are similar to language in § 62A.672.)

(f) States that nothing in this section shall be construed to require the use of telehealth when a provider determines this is not appropriate or the enrollee chooses not to receive a health care service through telehealth. (New provision.)

**Subd. 4. Parity between telehealth and in-person services.** (a) Prohibits a health carrier from restricting or denying coverage of a covered health care service solely: (1) because the service is not provided in-person; or (2) based on the communication technology or application used to deliver the service through telehealth, provided the technology or application complies with this section and is appropriate for the particular service. (Clause (1) is similar to language in § 62A.672; clause (2) is new.)

(b) Allows prior authorization to be used for a telehealth service only if it is required when the same service is delivered in-person. (New provision.)

(c) Allows a health carrier to require utilization review for a service delivered through telehealth so long as it is conducted in the same manner and uses the same clinical review criteria as utilization review for the same service delivered in-person. (New provision.)

**Section Description - Article 6: Telehealth**

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(d) Prohibits a health carrier or provider from requiring an enrollee to pay a fee to download a specific communication technology or application. (New provision.)

**Subd. 5. Reimbursement for services delivered through telehealth.** (a) Requires health carriers to reimburse providers for telehealth services on the same basis and at the same rate as would apply had the service been delivered in-person. (Similar to language in § 62A.672.)

(b) Prohibits a health carrier from denying or limiting reimbursement solely because the service was delivered through telehealth rather than in-person. (Similar to temporary language in chapter 74.)

(c) Prohibits a health carrier from denying or limiting reimbursement based solely on the technology and equipment used by the health care provider to deliver the service through telehealth, as long as the technology and equipment meets the requirements of this section and is appropriate for the particular service. (Similar to temporary language in chapter 74.)

**Subd. 6. Telehealth equipment.** (a) Prohibits a health carrier from requiring a provider to use specific telecommunications technology and equipment as a condition of coverage, as long as this technology and equipment complies with current industry interoperable standards and with federal Health Insurance Portability and Accountability Act (HIPAA) standards and regulations, unless authorized under this section.

(b) Requires a health carrier to cover services delivered through telehealth by audio-only telephone communication, if this communication is a result of a scheduled appointment and the standard of care for the particular service can be met through audio-only communication.

(The provisions in this subdivision are new.)

**Subd. 7. Telemonitoring services.** Requires a health carrier to provide coverage for telemonitoring services if: (1) the services are medically appropriate for the enrollee; (2) the enrollee is capable of operating the monitoring device or equipment, or has a caregiver willing and able to assist; and (3) the enrollee resides in a setting suitable for telemonitoring and not in a setting with health care staff on site. (The provisions in this subdivision are new.)

**Subd. 8. Exception.** States that the section does not apply to coverage provided to MA and MinnesotaCare enrollees. (New provision.)

**Section Description - Article 6: Telehealth**

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**2 Practice of telehealth.**

Amends § 147.033. Modifies telehealth provisions in the physician licensure statute.

**Subd. 1. Definition.** Changes terminology from “telemedicine” to “telehealth” and modifies definition to be consistent with the definition in § 62A.673.

**Subd. 2. Physician-patient relationship.** Modifies terminology from “telemedicine” to “telehealth.”

**Subd. 3. Standards of practice and conduct.** Modifies terminology from “telemedicine” to “telehealth.”

**3 Prescribing and filing.**

Amends § 151.37, subd. 2. Reorganizes provision relating to examination requirement for licensed practitioners prescribing certain drugs; specifies drugs for which an examination via telehealth meets the requirements.

**4 Face-to-face.**

Amends § 245G.01, subd. 13. Modifies definition of “face-to-face” in the substance use disorder treatment program licensing chapter, to clarify that services may be delivered via telehealth.

States that this section is effective July 1, 2021, or upon federal approval, whichever is later.

**5 Telehealth.**

Amends § 245G.01, subd. 26. Modifies terminology to “telehealth” and definition for “telemedicine” in the substance use disorder treatment program licensing chapter.

States that this section is effective July 1, 2021, or upon federal approval, whichever is later.

**6 General.**

Amends § 245G.06, subd. 1. Allows an alcohol and drug counselor to document a client’s approval of a treatment plan verbally or electronically, in lieu of a signature, if a client is receiving services or an assessment via telehealth.

States that this section is effective July 1, 2021.

**7 Assessment via telehealth.**

Amends § 254A.19, subd. 5. Adds cross-reference to definition of telehealth.



**Section Description - Article 6: Telehealth**

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- States that this section is effective July 1, 2021, or upon federal approval, whichever is later.
- 8 Rate requirements.**  
Amends § 254B.05, subd. 5. Modifies paragraph (f) to clarify terminology and add a cross-reference to definition of telehealth.  
  
States that this section is effective July 1, 2021, or upon federal approval, whichever is later.
- 9 Payment rates.**  
Amends § 256B.0621, subd. 10. Strikes a reference to a provision related to targeted case management and interactive video that is repealed in this article and adds a new cross-reference to interactive video. States that this section is effective July 1, 2021, or upon federal approval, whichever is later.
- 10 Assertive community treatment team staff requirements and roles.**  
Amends § 256B.0622, subd. 7a. Permits a psychiatric provider who is a member of an assertive community treatment (ACT) team to use telehealth generally, without receiving approval from the commissioner.
- 11 Telehealth services.**  
Amends § 256B.0625, subd. 3b. Modifies MA coverage of telehealth services, to be consistent with changes made to telemedicine coverage requirements for health carriers that are reflected in § 62A.676. Under current law, MA coverage is generally consistent with § 62A.67 to 62A.672 (these sections are repealed in the bill and modified provisions are included in § 62A.676).  
  
The amendment to paragraph (a) eliminates the three visit per enrollee per calendar week limit on the provision of telehealth services and makes conforming changes.  
  
The amendment to paragraph (b) allows the commissioner to establish criteria that health care providers must attest to in order to demonstrate the safety or efficacy of a service delivered through telehealth (this is required of the commissioner under current law). Also makes conforming changes.  
  
The amendment to paragraph (c) makes conforming changes.  
  
(d) Authorizes telehealth visits provided through audio and visual communication to be used to satisfy the face-to-face requirement for reimbursement under methods that apply to FQHCs, rural health clinics, Indian health services, tribal clinics, and

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community behavioral health clinics if the service would have otherwise qualified for payment if performed in person.

(e) Permits a provider to document a client's verbal approval of the treatment plan or change to the treatment plan in lieu of the client's signature when mental health services or assessments are delivered through telehealth and are based on an individual treatment plan.

The amendment to the new paragraph (f) replaces the definition of "telemedicine" with the definition of "telehealth." (This is a similar definition as provided in § 62A.673. The main difference is that the language states that audio-only communication between a provider and patient is not covered; this method of communication is covered through extension of the DHS waiver elsewhere in the article.) The amendment to the new paragraph (f) also makes conforming changes in terminology.

The amendment to the new paragraph (f) also incorporates the definition of "health care provider" used in § 62A.673 (this includes adding mental health practitioners), but expands the definition to also include other mental health and substance use disorder service providers. The amendment also incorporates the definitions of originating site, distant site, and store-and-forward technology used in § 62A.673 into the MA statute. "Distant site" and "store-and-forward technology" had not previously been defined in this section. Community paramedics and community health workers are retained in the MA definition of "health care provider" (these providers are not included in the definition of health care provider used in § 62A.673).

The striking of paragraph (f) of current law makes a conforming change to the elimination of the three visit per week limit on the provision of telehealth services.

States that the section is effective July 1, 2021, or upon federal approval, whichever is later.

**12 Telemonitoring services.**

Amends § 256B.0625, by adding subd. 3h.

(a) Requires medical assistance to cover telemonitoring services if: (1) the service is medically appropriate based on the recipient's medical condition or status; (2) the recipient's provider has identified that telemonitoring services would likely prevent the recipient's admission or readmission to a hospital, emergency room, or nursing facility; (3) the recipient is cognitively and physically capable of operating the device or equipment or has a caregiver who can operate the device or equipment; and (4)

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the recipient resides in a setting that is suitable for telemonitoring and not in a setting that has health care staff on site.

(b) Provides a definition of “telemonitoring services.” The definition specifies the provider types that can assess and monitor the data transmitted by telemonitoring.

States that this section is effective July 1, 2021, or upon federal approval, whichever is later.

**13 Medication therapy management services.**

Amends §256B.0625, subd. 13h.

The amendment to paragraph (b) eliminates the requirement that a pharmacist practice in an ambulatory care setting as part of a multidisciplinary team or have developed a structured patient care process, in order to be eligible for MA reimbursement for medication therapy management services.

The amendment to paragraph (c) eliminates a reference to the commissioner establishing contact requirements between the pharmacist and recipient.

The amendment to paragraph (d) states that medication therapy management services may be provided by telehealth and delivered in a patient’s residence. Strikes current law which provides coverage for the service when provided through two-way interactive video if there are no pharmacists practicing within a reasonable geographic distance. Also strikes language limiting reimbursement to situations in which both the pharmacist and patient are located in an ambulatory care setting, and prohibiting services from being transmitted into the patient’s residence.

Strikes paragraph (e), which specifies requirements for the delivery of medication therapy management services into a patient’s residence through secure interactive video.

States that this section is effective July 1, 2021, or upon federal approval, whichever is later.

**14 Mental health case management.**

Amends § 256B.0625, subd. 20. Allows medical assistance and MinnesotaCare payment for mental health case management provided through interactive video that meets statutory requirements. States that this section is effective July 1, 2021, or upon federal approval, whichever is later.

**Section Description - Article 6: Telehealth**

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**15 Targeted case management through interactive video.**

Amends § 256B.0625, subd. 20b. Allows the face-to-face contact requirements for mental health targeted case management to be met using interactive video, if this is in the best interests of the person and deemed appropriate by the recipient or legal guardian and the case management provider. Makes various clarifying and conforming changes. Also prohibits interactive video from being used to meet face-to-face contact requirements for children who are in out-of-home placement or receiving case management services for child protection reasons. Provides a definition of interactive video.

States that this section is effective July 1, 2021, or upon federal approval, whichever is later.

**16 Mental health telehealth.**

Amends § 256B.0625, subd. 46. Allows mental health services covered by MA as direct face-to-face services to be provided through telehealth (current law allows these services to be provided through two-way interactive video).

**17 Definitions.**

Amends § 256B.0911, subd. 1a. Modifies the definition of “long-term care consultation services” by removing language requiring long-term care consultation assessments to be face-to-face.

**18 Assessment and support planning.**

Amends § 256B.0911, subd. 3a. Adds paragraph (r), which requires all long-term care consultation assessments to be face-to-face unless the assessment is a reassessment that meets specified requirements such as:

- 1) allowing remote reassessments to be conducted by interactive video or telephone for services provided under alternative care, the elderly waiver, the developmental disabilities waiver, the CADI waiver, and the BI waiver;
- 2) allowing remote assessments to substitute for two consecutive reassessments if followed by a face-to-face reassessment; and
- 3) allowing a remote assessment if the person being assessed, the person’s legal representative, and the lead agency case manager all agree that a remote reassessment is appropriate.

Gives the person being reassessed, or the person’s legal representative, the right to refuse a remote reassessment at any time. Requires a certified assessor to suspend a remote reassessment and schedule a face-to-face reassessment if the certified

**Section Description - Article 6: Telehealth**

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assessor determines that a remote reassessment is inappropriate. Applies all other requirements of a face-to-face reassessment to a remote reassessment.

Also makes technical and conforming changes.

States that this section is effective July 1, 2021, or upon federal approval, whichever is later.

**19 Long-term care reassessments and community support plan updates.**

Amends § 256B.0911, subd 3f. Makes conforming changes in the section of statutes governing long-term care consultation services.

**20 Payment for targeted case management.**

Amends § 256B.0924, subd. 6. Allows for medical assistance and MinnesotaCare payment for targeted management for adults provided through interactive video that meets statutory requirements. States that this section is effective July 1, 2021, upon federal approval, whichever is later.

**21 Medical assistance reimbursement of case management services.**

Amends § 256B.094, subd. 6. Allows MA payment for child welfare targeted case management services when contract is through interactive video that meets statutory requirements. States that this section is effective July 1, 2021, or upon federal approval, whichever is later.

**22 Definitions.**

Amends § 256B.0943, subd. 1. Changes terminology within this section (children's therapeutic services) from telemedicine to telehealth and defines telehealth by referencing section 256B.0625, subdivision 3b.

**23 Covered services.**

Amends § 256B.0949, subd. 13. Specifies that travel time is allowable billing for early intensive developmental and behavioral intervention (EIDBI) benefits within providing in-person services. Changes terminology from telemedicine to telehealth.

**24 Assessment and reassessment.**

Amends § 256B.49, subd. 14. Removes language requiring assessments to be face-to-face in the section of statutes governing home and community-based service waivers for persons with disabilities.

**Section Description - Article 6: Telehealth**

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- 25      **Nursing facility level of care determination required.**  
Amends § 256S.05, subd. 2. Makes a conforming change in the chapter of statutes governing the elderly waiver related to the changes in long-term care consultation assessments.
- 26      **Commissioner of human services; extension of COVID-19 human services program modifications.**  
Extends through June 30, 2023, the modifications and waivers issued by the commissioner of human services that involve expanding access to telemedicine services for CHIP, MA, and MinnesotaCare enrollees (including the use of audio-only communication), and allowing telemedicine alternatives to school-linked mental health services.
- 27      **Studies of telehealth expansion and payment parity.**  
(a) Requires the commissioner of health, in consultation with the commissioners of human services and commerce, to study the impact of telehealth expansion and payment parity under this article on the coverage and provision of health care services under private sector health insurance.  
  
(b) Requires the commissioner of human services, in consultation with the commissioners of health and commerce, to study the impact of telehealth expansion and payment parity under this article on the coverage and provision of health care services under public health care programs.  
  
(c) and (d) Require the studies to review and make recommendations on specified issues.  
  
(e) Requires the commissioners to consult with stakeholders and communities, and allows the commissioners to use data from the all-payer claims database and consult with experts. Requires health plan companies to submit requested information to the commissioners.  
  
(f) Requires the commissioners to submit a preliminary report to the legislature by January 15, 2023, and a final report by January 15, 2024. Requires the preliminary report to include recommendations on whether audio-only communication should be allowed as a telehealth option beyond June 30, 2023.
- 28      **Revisor instruction.**  
Directs the revisor to substitute the term “telehealth” for “telemedicine” in Minnesota Statutes and Minnesota Rules, and to substitute “section 62A.673” whenever references to sections 62A.67, 62A.671, and 62A.672 appear.

**Section Description - Article 6: Telehealth**

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**29 Repealer.**

(a) Repeals sections 62A.67, 62A.671, and 62A.672 (current law governing coverage of telemedicine services by health carriers), effective July 1, 2021.

(b) Repeals sections 256B.0956 (county contracts for mental health case management) and 256B.0924, subd. 4a (targeted case management through interactive video), effective July 1, 2021, or upon federal approval, whichever is later.

(c) Repeals Laws 2021, chapter 30, article 17, section 71 (certain changes related to uniform standards), effective the day following final enactment.

## **Article 7: Economic Supports**

**Section Description - Article 7: Economic Supports**

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**1 Eligibility; annual income; calculation.**

Amends § 119B.09, subd. 4. Modifies how self-employment income is calculated under the CCAP program.

Provides a May 1, 2022, effective date.

**2 SNAP employment and training.**

Amends § 256D.051, by adding subd. 20. Requires the commissioner to: (1) implement a SNAP employment and training program that meets federal SNAP employment and training participation requirements; and (2) operate a voluntary SNAP employment and training program. Requires nonexempt SNAP recipients who do not meet federal SNAP work requirements to participate in an employment and training program, unless residing in an area covered by a time-limited waiver. Allows the commissioner to contract with third-party providers for SNAP employment and training services.

Provides an August 1, 2021, effective date.

**3 County and tribal agency duties.**

Amends § 256D.051, by adding subd. 21. Requires county or tribal agencies that administer SNAP to inform adult SNAP recipients about employment and training services and providers in the recipient's area. Allows county or tribal agencies that administer SNAP to subcontract with a public or private entity approved by the commissioner to provide SNAP employment and training services.

**Section Description - Article 7: Economic Supports**

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Provides an August 1, 2021, effective date.

**4 Duties of commissioner.**

Amends § 256D.051, by adding subd. 22. Lists the commissioner's duties related to administering SNAP employment and training services.

Provides an August 1, 2021, effective date.

**5 Participant duties.**

Amends § 256D.051, by adding subd. 23. Requires nonexempt SNAP recipients to meet federal SNAP work requirements to receive SNAP assistance beyond the time limit, unless residing in an area covered by a time-limited waiver.

Provides an August 1, 2021, effective date.

**6 Program funding.**

Amends § 256D.051, by adding subd. 24. With certain exceptions, requires the commissioner to disburse money allocated for federal SNAP employment and training to counties and tribes that administer SNAP based on a formula determined by the commissioner. Requires the commissioner to disburse federal funds the commissioner receives as reimbursement for SNAP employment and training costs to the state agency, county, tribe, or contracted agency that incurred the costs being reimbursed. Allows the commissioner to reallocate unexpended money to county, tribal, or contracted agencies that demonstrate a need for additional funds.

Provides an August 1, 2021, effective date.

**7 Allocation of money.**

Amends § 256E.30, subd. 2. Modifies base funding amounts for community action agencies.

Provides a July 1, 2021, effective date.

**8 Countable income.**

Amends § 256J.08, subd. 15. Modifies the definition of "countable income" under MFIP to be consistent with requirements under the chapter of statutes governing economic assistance eligibility and verification.

Provides an August 1, 2021, effective date.



**Section Description - Article 7: Economic Supports**

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- 9 Lump sum.**  
Amends § 256J.08, subd. 53. Modifies the definition of “lump sum” under MFIP to be consistent with the requirements under the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an August 1, 2021, effective date.
- 10 MFIP eligibility requirements.**  
Amends § 256J.10. Makes income limitations consistent with requirements in the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an August 1, 2021, effective date.
- 11 Initial income test.**  
Amends § 256J.21, subd. 3. Makes changes to MFIP initial eligibility determinations to make the determinations consistent with requirements in the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an August 1, 2021, effective date.
- 12 Distribution of income.**  
Amends § 256J.21, subd. 5. Modifies MFIP distribution of income requirements to be consistent with the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an August 1, 2021, effective date.
- 13 MFIP transitional standard.**  
Amends § 256J.24, subd. 5. Requires the commissioner of human services to adjust the cash portion of the MFIP grant for inflation based on the CPI-U for the prior calendar year on October 1 of each year beginning in fiscal year 2022.
- 14 Determination of eligibility.**  
Amends § 256J.33, subd. 1. Makes income calculations consistent with requirements under the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an August 1, 2021, effective date.

**Section Description - Article 7: Economic Supports**

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- 15 Monthly income test.**  
Amends § 256J.33, subd. 4. Makes MFIP income calculations consistent with requirements under the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an August 1, 2021, effective date.
- 16 Deemed income from ineligible assistance unit members.**  
Amends § 256J.37, subd. 1. Clarifies that SSI or MSA income from an ineligible household member must not be deemed to the household members who are eligible for MFIP.  
  
Provides an August 1, 2021, effective date.
- 17 Deemed income from parents of minor caregivers.**  
Amends § 256J.37, subd. 1b. Clarifies that the income of a stepparent living with a minor caregiver must be counted in determining the minor caregiver's benefits. Removes a cross-reference that is being repealed.  
  
Provides an August 1, 2021, effective date.
- 18 Property and income limitations.**  
Amends § 256J.95, subd. 9. Makes income calculations for DWP consistent with requirements under the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an August 1, 2021, effective date.
- 19 Earned income.**  
Amends § 256P.01, subd. 3. Modifies the definition of "earned income" under the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an August 1, 2021, effective date.
- 20 Exemption.**  
Amends § 256P.02, subd. 1a. Specifies that personal property identified in the economic assistance eligibility and verification chapter of statutes is counted toward the asset limit under CCAP.  
  
Provides a May 1, 2022, effective date.

**Section Description - Article 7: Economic Supports**

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- 21 Personal property limitations.**  
Amends § 256P.02, subd. 2. Includes the full value of business accounts used to pay expenses not related to the business in the list of personal property.  
  
Provides a May 1, 2022, effective date.
- 22 Factors to be verified.**  
Amends § 256P.04, subd. 4. Requires the agency to verify business accounts used to pay expenses not related to the business. Makes conforming cross-reference changes.  
  
Provides a May 1, 2022, effective date for the addition of business account verification. Provides a July 1, 2021, effective date for the cross-reference change.
- 23 Recertification.**  
Amends § 256P.04, subd. 8. Removes the requirement for an interview during the recertification process under the chapter of statutes governing economic assistance eligibility and verification.  
  
Provides an immediate effective date.
- 24 Self-employment earnings.**  
Amends § 256P.05. Modifies CCAP exemptions from self-employment earnings provisions, modifies self-employment income determinations, and removes duplicative language.  
  
Provides a May 1, 2022, effective date.
- 25 Exemptions.**  
Amends § 256P.06, subd. 2. Makes grammatical changes. For individuals who are members of a housing support and MFIP assistance unit, the assistance standard effective January 2020 for a household of one under MFIP shall be counted as income under housing support, and any subsequent increases to unearned income under MFIP are exempt.
- 26 Income inclusions.**  
Amends § 256P.06, subd. 3. Clarifies the list of items that must be included in determining the income of an assistance unit in the chapter of statutes governing economic assistance eligibility and verification.

**Section Description - Article 7: Economic Supports**

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Provides an August 1, 2021, effective date, except the amendment to unemployment insurance income is effective the day following final enactment.

**27 Waivers and modifications.**

Amends Laws 2020, First Special Session ch. 7, § 1, by adding subd. 5. Extends certain DHS program waivers and modifications related to the peacetime emergency declared by the governor in response to the COVID-19 outbreak until December 31, 2021.

Makes this section effective the day following final enactment, or retroactively from the date that the peacetime emergency declared by the governor in response to the COVID-19 outbreak ends, whichever is earlier.

**28 Direction to commissioner; long-term homeless supportive services report.**

Paragraph (a) requires the commissioner of human services to produce information that shows the projects funded under the long-term homeless supportive services program and make the information available on the DHS website by January 15, 2023.

Paragraph (b) requires the report to be updated annually for two additional years and the commissioner to make this information available on the DHS website by January 15, 2024, and January 15, 2025.

**29 2022 report to legislature on runaway and homeless youth.**

**Subd. 1. Report development.** Exempts the commissioner of human services from preparing the 2023 homeless youth report and instead requires the commissioner to update a 2007 legislative report on runaway and homeless youth using existing data, studies, and analysis provided by state, county, and other entities. Lists the data, studies, and analysis that must be included in the development of the report.

**Subd. 2. Key elements; due date.** Paragraph (a) requires the report to include three key elements where significant learning has occurred since the 2007 report, including: (1) unique causes of youth homelessness; (2) targeted responses to youth homelessness; and (3) recommendations based on existing reports and analysis on what is needed to end youth homelessness. Paragraph (b) lists other data that must be included in the report. Paragraph (c) requires the commissioner to consult with community-based providers of homeless youth services and other stakeholders to complete the report and to submit the report to the legislative committees with jurisdiction over youth homelessness by December 15, 2022.

**Section Description - Article 7: Economic Supports**

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**30 Repealer.**

Repeals Minn. Stat. §§ 256D.051, subs. 1 (SNAP employment and training program), 1a (notices and sanctions), 2 (county agency duties), 2a (duties of commissioner), 3 (participant duties), 3a (requirement to register work), 3b (orientation), 6b (federal reimbursement), 6c (program funding), 7 (registrant status), 8 (voluntary quit), 9 (subcontractors), and 18 (work experience placements); 256D.052, subd. 3 (participant literacy transportation costs); 256J.21, subs. 1 (income inclusions) and 2 (income exclusions); and 259A.70 (reimbursement of nonrecurring adoption expenses).

Provides an August 1, 2021, effective date, except the repeal of § 259A.70 is effective July 1, 2021.

## **Article 8: Child Care Assistance**

**Section Description - Article 8: Child Care Assistance**

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**1 Funding priority.**

Creates § 119B.03, subd. 4a. Temporarily modifies how families are prioritized on the basic sliding free program waiting list. The modifications are in effect July 1, 2021, through May 31, 2024.

**2 Allocation formula.**

Amends § 119B.03, subd. 6. Modifies the formula for allocating money to counties for their basic sliding fee programs.

This section is effective January 1, 2022, with the 2022 calendar year a phase-in year for the revised allocation formula.

**3 Recovery of child care assistance overpayments.**

Amends § 119B.11, subd. 2a. Allows the commissioner of human services to initiate efforts to recover child care assistance overpayments from families and providers, and adds a condition under which a family with an outstanding debt is eligible for child care assistance.

New language in paragraph (a) prohibits the commissioner and county agencies from recovering overpayments from families or providers that are the result of agency error.

Paragraph (h) prohibits the commissioner and county agencies from collecting overpayments from families or providers that occurred more than six years prior. The

**Section Description - Article 8: Child Care Assistance**

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prohibition does not apply to overpayments that are the result of fraud, theft, false claims, or a federal crime relating to theft of government funds or fraudulent receipt of benefits.

This section is effective August 1, 2021.

**4 Authorization.**

Amends § 119B.125, subd. 1. Prohibits county agencies from issuing provisional authorization and payment for child care assistance to providers while the agency is determining whether to give the provider final authorization for child care assistance.

This section is effective August 1, 2021.

**5 Subsidy restrictions.**

Amends § 119B.13, subd. 1. Increases the maximum rates paid to providers for child care assistance. Beginning November 15, 2021, the maximum rate is the 40th percentile of the 2021 child care provider rate survey for infants and toddlers and the 30th percentile of the 2021 rate survey for preschoolers and school age children. Beginning in January 2025, the maximum rates will be based on the 2024 child care provider rate survey (but the percentiles for the different age groups will remain the same). Makes corresponding changes to the maximum registration fee for child care assistance.

This section is effective November 15, 2021.

**6 Legal nonlicensed family child care provider rates.**

Amends § 119B.13, subd. 1a. Increases the maximum rate for child care assistance paid to legal, nonlicensed family child care providers from 68 percent to 90 percent of the maximum hourly rate for licensed family child care providers.

This section is effective November 15, 2021.

**7 Provider payments.**

Amends § 119B.13, subd. 6. Paragraph (c) limits retroactive payments to a child care provider under the child care assistance program. A provider that provided care to an eligible family without receiving an authorization of care and a billing form may receive a maximum of three months of retroactive payments. A provider that provided care to a family applying for the program without receiving an authorization of care and a billing form may receive a maximum of six months of retroactive payments.

**Section Description - Article 8: Child Care Assistance**

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Paragraph (d) Adds certified, license-exempt child care providers to the list of providers that may have their child care assistance authorization refused or revoked or payments stopped or refused by a county agency or the commissioner of human services.

Paragraph (g) provides circumstances under which a child care provider must forfeit child care assistance payments to a county agency or the commissioner of human services.

The changes in paragraph (a) are effective July 1, 2021, and the changes in paragraphs (d) and (g) are effective August 1, 2021.

**8 Absent days.**

Amends § 119B.13, subd. 7. Modifies the circumstances under which a family receiving child care assistance is assessed an overpayment for absent days.

This section is effective August 1, 2021.

**9 Child care improvement grants.**

Amends § 119B.25. Directs DHS to give grants to one or more nonprofit corporations under this section. Provides that any nonprofit corporations that receive money under this section may use the money to provide business training and consultation to child care providers and to provide grants to child care providers for facility improvements, renovations, and related equipment and services.

**10 Grounds for and methods of monetary recovery.**

Amends § 245E.07, subd. 1. Adds conforming language that prohibits DHS and county agencies from recovering overpayments from families or providers that are the result of agency error.

This section is effective August 1, 2021.

**11 Direction to commissioner of human services; federal fund and Child Care Development Block Grant allocations.**

Directs the commissioner of human services to allocate money from the federal fund and the CCDBG for specified purposes.

**12 Repealer.**

Repeals § 119B.125, subd. 5, which allows county agencies to issue provisional authorization and payment for child care assistance to providers while the county is determining whether to give the provider final authorization for child care assistance.

**Section Description - Article 8: Child Care Assistance**

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This section is effective August 1, 2021.

**Article 9: Child Protection**

**Section Description - Article 9: Child Protection**

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- 1 Negotiation of agreement.**  
Amends § 256N.25, subd. 2. Removes language relating to offsets for Northstar kinship and adoption payments.
- 2 Renegotiation of agreement.**  
Amends § 256N.25, subd. 3. Removes language relating to circumstances that require the renegotiation of Northstar kinship or adoption assistance agreements.
- 3 Child income or income attributable to the child.**  
Amends § 256N.26, subd. 11. Removes language requiring consideration of income and resources attributable to the child during the negotiation process for Northstar kinship and adoption payment agreements.
- 4 Treatment of retirement survivor's disability insurance, veteran's benefits, railroad retirement benefits, and black lung benefits.**  
Amends § 256N.26, subd. 13. Removes language requiring benefits paid to a child to be considered as offsets to Northstar payment amounts, and removes related language detailing how certain benefit payments must be considered.
- 5 Appointment of counsel.**  
Amends § 260C.163, subd. 3. Requires a court to appoint counsel to represent a parent, guardian, or custodian who wants and is eligible for appointed counsel, for all child protection proceedings where a child may be removed from the care of the child's parent, guardian, or custodian. Removes language requiring court-appointed counsel for a parent, guardian, or custodian retained by a county to meet certain qualifications.  
  
Makes this section effective January 1, 2023.
- 6 Direction to the commissioner; initial implementation of court-appointed counsel in child protection proceedings.**  
Requires the commissioner of human services to consult with counties and court administration on the availability of and process for collecting data on court-appointed counsel in child protection proceedings; lists data to be collected. By July



Section Description - Article 9: Child Protection

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1, 2022, requires the commissioner to report to certain members of the legislature with findings from the consultation and a plan for regular reporting of this data.

## Article 10: Child Protection Policy

Section Description - Article 10: Child Protection Policy

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**1** **Duty to report; private or public youth recreation program.**

Proposes coding for § 260E.055. Establishes a duty for employees and supervisors of public or private youth recreation programs to report certain child abuse to the appropriate local welfare, social services, or law enforcement agency.

**Subd. 1. Definitions.** Defines terms for this section: abuse, adverse action, employee, municipality, and public or private youth recreation program.

**Subd. 2. Duty to report.** Requires an employee or supervisor of a private or public youth recreation program to immediately report to the local welfare agency, assessing or investigating agency, police department, sheriff, Tribal social services agency, or Tribal police department if the employee or supervisor knows or has reason to know that another employee or supervisor abused a child within the past three years, or if a child discloses to the employee or supervisor that the child is being or has been abused within the past three years.

**Subd. 3. Retaliation prohibited.** Prohibits an employer from retaliating against a mandated reporter who reports in good faith, or against a child who is a subject of a report. Makes an employer who retaliates liable for actual damages and a penalty of up to \$10,000.

**Subd. 4. Immunity.** Establishes immunity from civil or criminal liability for: (1) employers and supervisors who report under this section or cooperate with an assessment or investigation; and (2) a municipality or private entity providing a private or public youth recreation program that provides training on making reports, assists in making reports, and cooperates with an assessment or investigation. Specifies that this subdivision does not provide immunity for failing to report or for committing abuse.

**Subd. 5. Penalties for failure to report; false reports.** Makes it a petty misdemeanor if a mandated reporter fails to report under this section. Provides that a person who knowingly or recklessly makes a false report is liable for actual damages suffered by the person so reported and for punitive damages.

**Section Description - Article 10: Child Protection Policy**

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**Subd. 6. Construction with other law.** Provides that reports under this section do not include reports made under section 260E.06, and this section does not govern reports made under section 260E.06.

Makes this section effective June 1, 2022.

**2 Training for reporters.**

Adds § 260E.065. Requires local welfare agencies to offer training to mandated reporters of abuse or maltreatment or to direct reporters to trainings offered by the commissioner of human services. Allows the training to be offered online or in person and specifies what the training must include.

**3 Legislative task force; child protection.**

Creates a legislative task force on child protection to perform the listed functions related to implementing recommendations of a governor’s task force, the child welfare system, maltreatment reports and responses, mandatory reporters, and the intersection of educational neglect and child protection. Requires task force membership to include six members from the House of Representatives and six members from the Senate, and provides for terms, appointments, meetings, and appointment of a chair and vice-chair. Requires the task force to issue a report to the legislature and governor by February 1, 2024, and specifies what the report must contain.

Specifies that the section expires December 31, 2024.

Makes this section effective the day following final enactment.

## **Article 11: Behavioral Health**

**Section Description - Article 11: Behavioral Health**

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**1 Mental health practitioner.**

Amends § 245.462, subd. 17. Expands the definition of “mental health practitioner” to include a student who is completing a practicum or internship as part of a formal undergraduate or graduate social work, psychology, or counseling program.

**2 Individual treatment plans.**

Amends § 245.4876, by adding subd. 3a. Requires specified providers to develop individual treatment plans for each child client, based on a diagnostic assessment, and specifies related requirements.

**Section Description - Article 11: Behavioral Health**

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Makes this section effective September 30, 2021, expiring July 1, 2022.

**3 Availability of residential treatment services.**

Amends § 245.4882, subd. 1. Provides 90-day review for a child's length of stay in residential treatment. Makes this section effective September 30, 2021.

**4 Transition to community.**

Amends § 245.4882, subd. 3. Adds requirements for discharge planning content and timelines for children in residential treatment. Makes this section effective September 30, 2021.

**5 Admission criteria.**

Amends § 245.4885, subd. 1. Makes clarifying changes; specifies that the county board, rather than the responsible social services agency, will determine the appropriate level of care for a child when county funds are used to pay for the child's residential treatment; makes corresponding changes. Deletes references to treatment foster care settings and functional assessments; requires that the child and the child's family be invited to level of care determination or decision making meetings and allows them to invite others. Requires the level of care determination, placement decision, and service recommendations to be made available to the child's family, as appropriate.

Makes this section effective September 30, 2021.

**6 Establishment and authority.**

Amends § 245.4889, subd. 1. Expands services eligible for children's mental health grant funding to include, as part of mental health services for people from cultural and ethnic minorities, supervision of clinical trainees who are Black, indigenous, or people of color.

**7 School-linked behavioral health grants.**

Amends § 245.4901. Modifies terminology and adds substance use disorder needs and services to school-linked behavioral health grant program.

**8 Culturally Informed and Culturally Responsive Mental Health Task Force.**

Proposes coding for § 245.4902. Establishes the Culturally Informed and Culturally Responsive Mental Health Task Force; lists membership, compensation, reimbursement, meeting, and report requirements; specifies a January 1, 2025 expiration date.

**Section Description - Article 11: Behavioral Health**

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- 9 Culturally specific or culturally responsive program.**  
Amends § 254B.01, subd. 4a. Modifies the definition of “culturally specific program” for purposes of chapter 254B, expanding it to include culturally responsive programs. Requires attestation that program requirements are satisfied and adds requirements that must be met for a program to qualify under the definition.  
  
Makes this section effective January 1, 2022, or upon federal approval, whichever is later.
- 10 Disability responsive program.**  
Amends § 254B.01 by adding subd. 4b. Adds a definition of “disability responsive program.”  
  
Makes this section effective January 1, 2022, or upon federal approval, whichever is later.
- 11 Rate requirements.**  
Amends § 254B.05, subd. 5. Removes language establishing higher rates for substance use disorder treatment programs serving special populations; adds “culturally responsive” terminology and disability responsive programs. Updates terminology. Specifies that payment for outpatient services is limited to six hours per day, or 30 hours per week without prior authorization from the commissioner.  
  
Makes this section effective January 1, 2022, or upon federal approval, whichever is later.
- 12 Culturally specific or culturally responsive program and disability responsive program provider rate increase.**  
Amends § 254B.12 by adding subd. 4. Provides a 5% rate increase for substance use disorder treatment services provided by culturally specific or culturally responsive programs, or disability responsive programs, on or after January 1, 2022.  
  
Makes this section effective January 1, 2022, or upon federal approval, whichever is later.
- 13 Substance use disorder community of practice.**  
Proposes coding for § 254B.151. Establishes a substance use disorder of community of practice; specifies the purposes of the community of practice, required participants, meeting and compensation requirements, and duties of the community of practice.

**Section Description - Article 11: Behavioral Health**

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- 14 Grants.**  
Amends § 256.042, subd. 4. Modifies the submission date for the report on the Opiate Epidemic Response Advisory Council’s proposed grants from the upcoming fiscal year to the upcoming calendar year; modifies month for the report; requires the council to determine grant awards and funding based on funds appropriated to the commissioner; increases allowable grant amount percentage for administration from three to ten percent.
- 15 Appropriations from fund.**  
Amends § 256.043, subd. 3. Specifies that grant funds and funds for county and tribal social services agencies from the opiate epidemic response fund will be distributed on a calendar year basis beginning in fiscal year 2022. Modifies references to appropriations from the opiate epidemic response fund.  
  
Specifies that the changes to paragraph (a) are effective July 1, 2024.
- 16 Crisis stabilization services.**  
Amends § 256B.0624, subd. 7. Requires the commissioner to establish a statewide per diem rate for residential crisis stabilization services provided to medical assistance enrollees, for settings that serve no more than four adult residents. Outlines rate and payment requirements, and requires providers to submit annual cost reports, to inform the commissioner’s annual recalculation of the statewide per diem rate.  
  
Makes this section effective January 1, 2022, or upon federal approval.
- 17 Mental health case management.**  
Amends § 256B.0625, subd. 20. Modifies payment requirements for mental health case management provided by vendors who contract with counties and tribes.
- 18 Provider participation.**  
Amends § 256B.0759, subd. 2. Specifies that outpatient substance use disorder treatment providers may participate in the federal substance use disorder demonstration project.  
  
Requires licensed residential treatment programs, withdrawal management programs, and out-of-state residential treatment programs receiving payment under medical assistance to enroll as demonstration project providers by January 1, 2024. Specifies that programs that do not meet the requirements are ineligible for payment.

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Allows tribally licensed programs to participate in the demonstration project and requires DHS to consult with tribal nations.

Specifies rate enhancement applicability and requirements and provides for recoupment by the commissioner.

Makes this section effective July 1, 2021, or upon federal approval, whichever is later; makes paragraph (f) (rate enhancements) effective the day following final enactment.

**19 Provider payment rates.**

Amends § 256B.0759, subd. 4. Adds reference to provider standards and allows the commissioner to temporarily suspend payments if statutory requirements are not met. Increases payment rates for certain services.

Makes this section effective July 1, 2021, or upon federal approval, whichever is later; makes the rate increase changes effective January 1, 2022.

**20 Medium intensity residential program participation.**

Amends § 256B.0759 by adding subd. 6. Specifies base rate and other payment criteria for medium intensity residential programs that qualify to participate in the demonstration project.

Makes this section effective retroactively from July 1, 2020.

**21 Public access.**

Amends § 256B.0759, by adding subd. 7. Requires publication on the state's Medicaid website of documentation, including monitoring reports and evaluations for demonstration project participants, within 30 days of approval of those documents for use in the demonstration project.

Makes this section effective July 1, 2021.

**22 Federal approval; demonstration project extension.**

Amends § 256B.0759 by adding subd. 8. Requires the commissioner to seek a five-year extension of the SUD demonstration project and to receive enhanced federal participation.

Makes this section effective July 1, 2021.

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- 23 Demonstration project evaluation work group.**  
Amends § 256B.0759 by adding subd. 8. Requires the commissioner to assemble a work group of relevant stakeholders to evaluate the long-term sustainability of improvements to quality or access to SUD treatment services caused by participation in the demonstration project. Requires the work group to determine how to implement successful outcomes of the demonstration project.  
  
Makes this section effective July 1, 2021.
- 24 Case management services.**  
Proposes coding for § 256B.076. Outlines state policy for medical assistance coverage of targeted case management services, subject to federal approval. Requires DHS, tribes, counties, providers, and individuals served to propose further modifications to targeted case management services.  
  
Requires the commissioner to develop and implement a statewide rate methodology for any county that subcontracts targeted case management services, paid by medical assistance, to a vendor. Lists what the commissioner must include when setting the rate methodology. Allows a county to request authorization of a rate based on a lower caseload size in certain circumstances; outlines what must be included in such a request.  
  
Sets caseload size limits for county-subcontracted providers of targeted case management services.  
  
Defines “culturally specific program” for purposes of targeted case management.
- 25 Payment for targeted case management.**  
Amends § 256B.0924, subd. 6. Modifies payment provisions for targeted case management services provided by county-contracted vendors to reference requirements in a new statutory section. Removes a provision related to county negotiation.
- 26 Medical assistance reimbursement of case management services.**  
Amends § 256B.094, subd. 6. Modifies payment provisions for case management services provided by county-contracted vendors to reference requirements in a new statutory section. Requires payment for case management services provided by tribe-contracted vendors to be a monthly rate negotiated by the tribe. Removes a provision related to county and tribal social services negotiation.

**Section Description - Article 11: Behavioral Health**

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- 27 Required covered service components.**  
Amends § 256B.0946, subd. 1. Adds individual treatment plan development to the list of MA-reimbursable services for intensive treatment in foster care providers. Makes this section effective July 1, 2021, or upon federal approval, whichever is later.
- 28 Service delivery payment requirements.**  
Amends § 256B.0946, subd. 4. For intensive treatment in foster care, authorizes temporary reduction of weekly service units for no more than 60 days if the provider and family agree, and the reasons for the reduction are documented in the case file. New paragraph (n) requires providing either psychotherapy, crisis assistance, or psychoeducation services to be provided in order to receive a daily per-client encounter rate and allows clinical care consultation and individual treatment plan development to be included in that daily per-client encounter rate.  
  
Makes this section effective July 1, 2021, or upon federal approval, whichever is later.
- 29 Definitions.**  
Amends § 256B.0947, subd. 2. Expands the age range eligibility for intensive nonresidential rehabilitative mental health services from 16 to 20 years old to 8 to 26 years old.
- 30 Client eligibility.**  
Amends § 256B.0947, subd. 3. Expands the age range eligibility for intensive nonresidential rehabilitative mental health services from 16 to 20 years old to 8 to 26 years old.
- 31 Standards for intensive nonresidential rehabilitative providers.**  
Amends § 256B.0947, subd. 5. Requires a treatment team to have specialized training in providing services either to youth aged 8 to 16 years old, or to youth aged 14 to 26 years old.
- 32 Direction to the commissioner; rate recommendations for opioid treatment programs.**  
Requires the commissioner of human services to evaluate the rate structure for opioid treatment programs and report to the legislature.
- 33 Direction to the commissioner; adult mental health initiatives reform.**  
Requires the commissioner of human services to report to the legislature on the new funding formula to reform adult mental health initiatives, prior to implementing the



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- new formula. Requires the commissioner to consult with specified stakeholders in developing the funding formula.
- 34 **Direction to the commissioner; children’s mental health residential treatment work group.**  
Requires the commissioner of human services to organize a work group, in consultation with specified entities and individuals, to develop recommendations on funding room and board costs for children’s mental health residential treatment and how to address systemic barriers in transitioning children into the community. Requires a report to the legislature with recommendations by February 15, 2022.
- 35 **First episode of psychosis grant program; authorized uses of grant funds.**  
Clarifies that first episode of psychosis grant program funds may be used for intensive treatment and support, provider outreach, training, and guidance, ensuring access to services, and housing or travel expenses for individuals receiving services.
- 36 **Direction to commissioner of human services; mental health grant program statute revision.**  
Directs the commissioner of human services to coordinate with nonpartisan legislative staff to enact as statutes the details of each of the grant programs authorized and funded under section 245.4661, subdivision 1. States that the section is effective the day following final enactment.
- 37 **Direction to the commissioner; sober housing program recommendations.**  
Directs the commissioner of human services, in collaboration with stakeholders, to study and recommend a method for increasing access to, promoting person-centered practices and cultural responsiveness in, potential oversight of, and consumer protections for individuals in sober housing programs. The commissioner must complete and submit a report on the study to the legislature by September 1, 2022.
- 38 **Direction to the commissioner; substance use disorder treatment paperwork reduction.**  
Directs the commissioner to consult with relevant stakeholders to develop, assess, and recommend systems improvements in order to minimize paperwork for licensed substance use disorder programs. Requires the commissioner of health to make necessary information available, and requires MN.IT to provide advance consultation and implementation of needed systems changes. Requires the commissioner to contract with a vendor to develop the improvements, to begin implementing the improvements by December 15, 2022, and to submit a report to the legislature.

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- 39 Direction to the commissioner; tribal overpayment protocols.**  
Directs the commissioner, in consultation with tribal nations, to develop protocols to address and attempt to resolve any future overpayment involving tribal nations in Minnesota.
- 40 Direction to commissioner; culturally and linguistically appropriate services.**  
Requires the commissioner of human services to develop a statewide implementation and transition plan for culturally and linguistically appropriate services (CLAS) national standards, in consultation with listed stakeholders. Requires the commissioner to consult with individuals who are Black, indigenous, people of color, and linguistically diverse in developing these plans.
- 41 Substance use disorder treatment pathfinder companion pilot project.**  
Establishes a pilot project, beginning September 1, 2021, for Anoka County, an academic research partner, and the North Metro Mental Health Roundtable, to evaluate the effects of using the Pathfinder Companion technology on treatment outcomes for individuals receiving substance use disorder treatment services. A report on the results of the project is due to the legislature by January 15, 2023.
- 42 - 47 Allocation from federal funds.**  
These sections allocate funding from the federal community mental health services block grant allocation and the federal substance abuse prevention and treatment block grant allocation for specified purposes.
- 48 Opiate Epidemic Response Advisory Council; initial membership terms.**  
Specifies the date on which the initial terms of the members of the advisory council end.
- 49 Repealer.**  
Repeals a provision related to mental health care management, and repeals the “responsible social services agency” definition in the Children’s Mental Health Act.  
  
Makes paragraph (b) effective September 30, 2021.

## Article 12: Direct Care and Treatment

### Section Description - Article 12: Direct Care and Treatment

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- 1 Community behavioral health hospitals.**  
Amends § 246.54, subd. 1b. Adds language to specify that county payments for the cost of care at state-operated community-based behavioral health hospitals apply to care at such hospitals for both adults and children.
  
- 2 Direction to commissioner; safety net services.**  
Requires the commissioner of human services to assess state-operated direct care and treatment services to identify the extent to which the services function as safety net services, and to make recommendations on specific issues. Requires the commissioner to submit a report to the legislature by October 15, 2023, on recommendations for crisis respite, caregiver respite for older adults, crisis stabilization, and community residential short- and long-term stay options. Specifies other report criteria.  
  
Makes this section effective the day following final enactment.

## Article 13: Disability Services and Continuing Care for Older Adults

### Section Description - Article 13: Disability Services and Continuing Care for Older Adults

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- 1 Resident assessment schedule.**  
Amends § 144.0724, subd. 4. Modifies nursing facility resident assessments for purposes of establishing case mix classifications for MA reimbursement.  
  
Specifies this section is effective for all assessments with an assessment reference date of July 1, 2021, or later.
  
- 2 Request for proposals.**  
Amends § 144A.073, subd. 2. Modifies the carry forward for unencumbered nursing home moratorium exception funding.
  
- 3 Moratorium exception funding.**  
Amends § 144A.073, by adding subd. 17. During the biennium beginning July 1, 2021, and during each biennium thereafter, allows the commissioner to approve moratorium exception projects for which the full biennial state share of MA costs does not exceed \$4,000,000, plus any carryover of previous appropriations for this purpose. Defines “biennium” for purposes of this subdivision.

**Section Description - Article 13: Disability Services and Continuing Care for Older Adults**

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**4 Family adult foster care home.**

Amends § 245A.02, subd. 6f. Defines “family adult foster care home” in the chapter of statutes governing human services licensing.

**5 Licensing moratorium.**

Amends § 245A.03, subd. 7. Modifies the corporate foster care licensing moratorium by: (1) making conforming changes to the statutes governing assisted living licensure that go into effect on August 1, 2021; and (2) adding an exception to the corporate foster care licensing moratorium for new foster care licenses or community residential setting licenses for people receiving customized living or 24-hour customized living services under the BI or CADI waivers and residing in the customized living setting before July 1, 2022. Allows a customized living service provider to rebut the presumption that a license is required by seeking a reconsideration of the commissioner’s determination. Makes the commissioner’s disposition of a request for reconsideration final and not subject to appeal. Makes this exception available until June 30, 2023. Specifies circumstances under which this exception is available.

Provides an August 1, 2021, effective date, except the new exception related to customized living services is effective July 1, 2022.

**6 Consumer support grant program after July 1, 2001.**

Amends § 256.476, subd. 11. Increases the monthly consumer support grant level for individuals who are eligible for 10 or more hours of PCA services or CFSS per day by 7.5 percent when the individual uses direct support services provided by a worker who has completed certain training.

Makes this section effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**7 Self-advocacy grants.**

Amends § 256.477. Renames the program the Rick Cardenas Statewide Self-Advocacy Network; expands the duties of the network; allows organizations receiving grants under this section to use a portion of the grant funds for administration and general operating costs; requires the commissioner to make available to a specified organization a grant for subgrants to organizations in Minnesota to conduct outreach to persons working and living in institutional settings to provide information and education about community options; and specifies how subgrant funds must be used.

**Section Description - Article 13: Disability Services and Continuing Care for Older Adults**

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**8 Minnesota Inclusion Initiative Grant.**

Creates § 256.4772. Establishes the Minnesota inclusion initiative grant program to encourage self-advocacy groups of persons with intellectual and developmental disabilities to develop and organize projects that increase the inclusion of persons with intellectual and developmental disabilities in the community, improve community integration outcomes, educate decision-makers and the public about persons with intellectual and developmental disabilities, and advocate for changes that increase access to the formal and informal supports necessary for greater inclusion of persons with intellectual and developmental disabilities in the community.

Specifies administrative duties for the commissioner and a fiscal host.

Specifies grant application requirements.

Specifies uses of grant money.

Requires grant recipients to provide the advisory committee with a report regarding the activities funded by the grant program in a format and at a time specified by the advisory committee. Specifies the information that must be included in the report. Requires the advisory committee to provide the commissioner with a report that describes the activities and outcomes of projects funded by the grant program in a format and at a time determined by the commissioner.

Makes this section effective upon federal approval of Minnesota's initial state spending plan as described in guidance issued by CMS for implementation of section 9817 of the federal American Rescue Plan Act of 2021.

**9 Parent-to-parent peer support.**

Creates § 256.4776. Paragraph (a) requires the commissioner to make a grant to an alliance member of Parent to Parent USA to support the alliance member's parent-to-parent peer support program for families of children with any type of disability or special health care needs. Specifies the requirements the alliance member must meet in order to be eligible for the grant.

Paragraph (b) requires grant recipients to use grant money for purposes in paragraph (a).

Paragraph (c) defines "special health care needs" for purposes of this section.

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Paragraph (d) requires grant recipients to report to the commissioner of human services annually by January 15 about the services and programs funded by this grant. Specifies the information that must be included in the report.

Makes this section effective upon federal approval of Minnesota's initial state spending plan as described in guidance issued by CMS for implementation of section 9817 of the federal American Rescue Plan Act of 2021.

**10 Customized living quality improvement grants.**

Amends § 256.479. Removes obsolete language and modifies eligibility for the grants.

**11 Payment rates for home health agency services.**

Amends § 256B.0653, subd. 8. Requires the commissioner to annually adjust payments for home health agency services to reflect the change in the federal CMS home health agency market basket. Requires the commissioner to use the indices as forecasted for the midpoint of the prior rate year to the midpoint of the current rate year.

Makes this section effective July 1, 2021, or upon federal approval, whichever is later, for services delivered on or after January 1, 2022. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**12 Payment rates for home care nursing services.**

Amends § 256B.0654, subd. 5. Requires the commissioner to annually adjust payments for home care nursing services to reflect the change in the federal CMS home health agency market basket. Requires the commissioner to use the indices as forecasted for the midpoint of the prior rate year to the midpoint of the current rate year.

Makes this section effective July 1, 2021, or upon federal approval, whichever is later, for services delivered on or after January 1, 2022. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**13 Personal care assistant; requirements.**

Amends § 256B.0659, subd. 11. Reduces from 12 to 10 the required hours of service a person needs to qualify for an enhanced PCA service rate.

Makes this section effective January 1, 2022, or upon federal approval, whichever occurs later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

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- 14 Enhanced rate.**  
Amends § 256B.0659, subd. 17a. Reduces from 12 to 10 the required hours of service a person needs to qualify for an enhanced PCA service rate. Clarifies that a change in the eligibility criteria for the enhanced PCA service rate does not constitute a change in term or condition for individual providers and is not subject to the state’s obligation to meet and negotiate under the Public Employment Labor Relations Act.  
  
Makes this section effective January 1, 2022, or upon federal approval, whichever occurs later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 15 Definitions.**  
Amends § 256B.0911, subd. 1a. Modifies the definition of “informed choice” under the section of statutes governing long-term care consultation services.
- 16 Home and community-based services for developmental disabilities.**  
Amends § 256B.092, subd. 4. Removes language under the sections of statutes governing the MA developmental disabilities waiver requiring the commissioner to allocate MA waiver funds to county agencies and requiring county agencies to manage the funds.  
  
Provides a July 1, 2024, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 17 Federal waivers.**  
Amends § 256B.092, subd. 5. Requires the commissioner to seek approval to allow for the reconfiguration of the MA home and community-based waivers to implement a two-waiver program structure and to implement an individual resource allocation methodology.  
  
Provides a July 1, 2024, effective date, or 90 days after federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 18 Residential support services criteria.**  
Amends § 256B.092, by adding subd. 11a. Paragraph (a) defines “residential support services” for purposes of this subdivision.

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Paragraph (b) requires the commissioner to establish and implement criteria to access residential support services. Lists criteria that must be met in order to access residential support services.

Paragraph (c) exempts individuals with active service agreements for residential support services on the date the criteria for accessing residential support services becomes effective from the requirements of this subdivision.

Makes this section effective 90 days following federal approval. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**19 Waiver services statewide priorities.**

Amends § 256B.092, subd. 12. Makes conforming changes related to having the commissioner manage waiver funds rather than county agencies.

Provides a July 1, 2024, effective date, or 90 days after federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**20 Regional quality councils and systems improvement.**

Amends § 256B.097, by adding subd. 7. Requires the commissioner to maintain the regional quality councils and lists duties of the regional quality councils.

**21 Membership and staff.**

Amends § 256B.097, by adding subd. 8. Specifies membership of the regional quality councils and gives each regional quality council the authority to hire staff.

**22 Duties.**

Amends § 256B.097, by adding subd. 9. Lists the duties of each regional quality council and allows each regional quality council to engage in quality improvement initiatives.

**23 Compensation.**

Amends § 256B.097, by adding subd. 10. Provides for compensation for certain regional quality council members and allows regional quality councils to charge fees for their services.

**24 Contact information for consumer surveys for home and community-based services.**

Amends § 256B.439, by adding subd. 3c. Allows the commissioner to request contact information of clients and associated key representatives for purposes of conducting



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consumer surveys for home and community-based services. Requires providers to furnish contact information available to the provider and to provide notice to clients and associated key representatives that their contact information has been provided to the commissioner.

Provides an immediate effective date.

**25 Resident experience survey and family survey for assisted living facilities.**

Amends § 256B.439, by adding subd. 3d. Requires the commissioner to develop and administer a resident experience survey for assisted living facility residents and a family survey for families of assisted living facility residents. Specifies money appropriated to the commissioner to administer the resident experience survey and family survey is available in either fiscal year of the biennium in which it is appropriated.

**26 Authority.**

Amends § 256B.49, subd. 11. Makes clarifying changes. Requires the commissioner to seek approval to allow for the reconfiguration of MA home and community-based waivers to implement a two-waiver program structure and to implement an individual resource allocation methodology.

Provides a July 1, 2024, effective date, or 90 days after federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**27 Waiver services statewide priorities.**

Amends § 256B.49, subd. 11a. Makes conforming changes related to having the commissioner manage waiver funds rather than county agencies.

Provides a July 1, 2024, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**28 Cost of services and supports.**

Amends § 256B.49, subd. 17. Removes language requiring the commissioner to allocate MA waiver funds to counties. Removes obsolete language.

Provides a July 1, 2024, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

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- 29 Customized living moratorium for brain injury and community access for disability inclusion waivers.**  
Amends § 256B.49, by adding subd. 28. Paragraph (a) prohibits the commissioner from enrolling new customized living settings serving four or fewer people in a single-family home to deliver customized living services under the BI or CADI waiver plans to prevent new developments of customized living settings that otherwise meet the definition of “residential program.”
- Paragraph (b) allows the commissioner to approve certain exceptions to the moratorium.
- Paragraph (c) considers customized living settings operational on or before June 30, 2021, as existing customized living settings.
- Paragraph (d) makes the authorizing lead agency responsible for all HCBS payments to any new customized living settings operational on or after July 1, 2021, serving four or fewer people in a single-family home.
- Paragraph (e) defines “operational” for purposes of this subdivision.
- Provides a July 1, 2021, effective date. Specifies this section only applies to customized living services provided under the MA BI and CADI waivers.
- 30 Residential support services criteria.**  
Amends § 256B.49, by adding subd. 29. Paragraph (a) defines “residential support services” for purposes of this subdivision.
- Paragraph (b) requires the commissioner to establish and implement criteria to access residential support services. Lists criteria that must be met in order to access residential support services.
- Paragraph (c) exempts individuals with active service agreements for residential support services on the date the criteria for accessing residential support services becomes effective from the requirements of this subdivision.
- Makes this section effective 90 days following federal approval. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 31 Informed choice.**  
Amends § 256B.4905, by adding subd. 1a. Defines “informed choice” under the section of statutes governing HCBS policy statements.

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- 32     **Informed choice policy.**  
Amends § 256B.4905, by adding subd. 2a. Lays out the state’s informed choice policy related to adults and children who have disabilities.
- 33     **Informed decision making.**  
Amends § 256B.4905, by adding subd. 4a. Lays out state policy for informed choice in employment for working-age individuals who have disabilities.
- 34     **Informed choice in employment policy.**  
Amends § 256B.4905, by adding subd. 4a. Lays out state policy for informed choice in employment for working-age individuals who have disabilities.
- 35     **Employment first implementation for disability waiver services.**  
Amends § 256B.4905, by adding subd. 5a. Requires the commissioner of human services to ensure that: (1) the disability waivers support the presumption that all working-age Minnesotans with disabilities can work and achieve competitive integrated employment with appropriate services and supports, as needed; and (2) each waiver recipient of working age be offered the opportunity to work and earn a competitive wage before being offered exclusively day services.
- 36     **Informed choice in community living policy.**  
Amends § 256B.4905, by adding subd. 7. Lays out state policy relating to informed choice in community living for adults who have disabilities.
- 37     **Independent living first implementation for disability waiver services.**  
Amends § 256B.4905, by adding subd. 8. Specifies items the commissioner of human services must ensure in implementing independent living first for disability waiver services.
- 38     **Informed choice in self-direction policy.**  
Amends § 256B.4905, by adding subd. 9. Lays out state policy related to informed choice in self-direction for adults who have disabilities and families of children who have disabilities.
- 39     **Informed choice in self-direction implementation for disability waiver services.**  
Amends § 256B.4905, by adding subd. 10. Lists items the commissioner of human services must ensure in implementing informed choice in self-direction for disability waiver services.

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- 40 Informed choice in technology policy.**  
Amends § 256B.4905, by adding subd. 11. Lays out state policy related to informed choice in technology for adults who have disabilities and children who have disabilities.
- 41 Informed choice in technology implementation for disability waiver services.**  
Amends § 256B.4905, by adding subd. 12. Lists items the commissioner of human services must ensure in implementing informed choice in technology for disability waiver services.
- 42 Base wage index and standard component values.**  
Amends § 256B.4914, subd. 5. Modifies the automatic inflationary adjustments under DWRS for 2022 and 2024 and requires 80 percent of the 2022 inflationary adjustment to be used to increase compensation-related costs for employees directly employed by the program on or after January 1, 2022. Lists items included in compensation-related costs. Requires provider agencies or individual providers that receive a rate adjustment to: (1) prepare, and upon request submit to the commissioner, a distribution plan that specifies the amount of money the provider expects to receive and how that money will be distributed to increase compensation-related costs for employees; and (2) post the distribution plan and leave it posted for a period of at least six months in an area of the provider's operation to which all direct support professionals have access.  
  
Provides a January 1, 2022, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 43 Payments for residential support services.**  
Amends § 256B.4914, subd. 6. Removes a reference to residential care services. Requires the commissioner to: (1) revise the customized living tool to adjust for regional differences in the cost of providing services; (2) establish acuity-based input limits, based on case mix, for customized living and 24-hour customized living rates determined under DWRS; and (3) limit customized living and 24-hour customized living rates determined under DWRS to 24 hours of support in a daily unit. Makes technical and conforming changes.  
  
Provides a January 1, 2022, effective date, or upon federal approval, whichever is later, except the change related to establishing acuity-based input limits is effective January 1, 2022. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

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**44 ICF/DD rate increases effective January 1, 2022.**

Amends § 256B.5012, by adding subd. 18. For the rate period beginning January 1, 2022, requires the commissioner to increase operating payment rates for each facility equal to five percent of the operating payment rates in effect on December 31, 2021. Specifies the manner in which the commissioner must apply the rate increase.

Makes this section effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.

**45 Variable rate adjustments.**

Amends § 256B.5013, subd. 1. Modifies variable rate adjustments for ICF/DDs and requires the county of financial responsibility to act on a variable rate adjustment request within 30 days and notify the initiator of the request of the county's recommendation in writing. Specifies the information that must be included in a variable rate request.

Makes this section effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.

**46 Commissioner's responsibilities.**

Amends § 256B.5013, subd. 6. Makes conforming changes to the commissioner's responsibilities related to variable rate adjustments.

Makes this section effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.

**47 Services during the day.**

Amends § 256B.5015, subd. 2. Modifies rates for ICF/DD services during the day and lists criteria an individual must meet to qualify for services during the day.

Makes this section effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.

**48 Managed care contracts.**

Amends § 256B.69, subd. 5a, as amended by Laws 2021, ch. 30, art. 13, § 57. By January 30 of each year that follows a PCA or CFSS rate increase, requires managed care plans to inform the commissioner and the chairs and ranking minority members

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of the legislative committees with jurisdiction over rates determined under the new payment rate system of the amount of the rate increase that is paid to each PCA provider agency with which the plan has a contract.

Provides an October 1, 2021, effective date.

**49 Definitions.**

Amends § 256B.85, subd. 2, as amended by Laws 2021, ch. 30, art. 13, § 59. Applies the definitions under the CFSS program to the new payment rate system that is established, makes a grammatical change, and modifies the definition of “instrumental activities of daily living” to include traveling to medical appointments.

Provides a January 1, 2022, effective date, or upon federal approval, whichever is later, except the application of the definitions to the new payment system is effective October 1, 2021, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**50 Enhanced rate.**

Amends § 256B.85, subd. 7a. Reduces from 12 to 10 the required hours of service a person needs to qualify for an enhanced CFSS service rate. Clarifies that a change in the eligibility criteria for the enhanced CFSS service rate does not constitute a change in term or condition for individual providers and is not subject to the state’s obligation to meet and negotiate under the Public Employment Labor Relations Act.

Makes this section effective January 1, 2022, or upon federal approval, whichever occurs later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**51 Agency-provider model.**

Amends § 256B.85, subd. 11, as amended by Laws 2021, ch. 30, art. 13, § 69. Makes the agency provider responsible for ensuring that any worker driving a participant has a valid driver’s license and the vehicle used is registered and insured according to Minnesota Law.

**52 CFSS agency provider requirements; documentation of travel time.**

Amends § 256B.85, by adding subd. 12c. Requires agency providers to ensure that travel and driving is documented and specifies the required documentation.

**53 Participant’s responsibilities.**

Amends § 256B.85, subd. 14. Modifies the list of activities the participant or the participant’s representative is responsible for under CFSS to include ensuring that a

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worker driving the participant has a valid driver's license and the vehicle used is registered and insured according to Minnesota Law.

**54 Support workers requirements.**

Amends § 256B.85, subd. 16. Reduces from 12 to 10 the required hours of service a person needs to qualify for an enhanced CFSS service rate.

Makes this section effective January 1, 2022, or upon federal approval, whichever occurs later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**55 Community first services and supports; payment rates.**

Creates § 256B.851.

**Subd. 1. Application.** Applies the payment methodologies in this section to: (1) CFSS, extended CFSS, and enhanced rate CFSS; and (2) PCA services, extended PCA services, and enhanced rate PCA services. Specifies this section does not change existing PCA program or CFSS policies and procedures.

**Subd. 2. Definitions.** Defines the terms "commissioner," "component value," and "payment rate."

**Subd. 3. Payment rates; base wage index.** Establishes base wage component value calculations for the services covered under this section based on Bureau of Labor Statistics (BLS) standard occupational classifications.

**Subd. 4. Payment rates; total wage index.** Paragraphs (a) to (c) establish the competitive workforce factor and total wage component value for the services covered under this rate methodology.

**Subd. 5. Payment rates; component values.** Paragraph (a) establishes component values for the payment rate methodology.

Paragraph (b) establishes implementation components for the payment rate methodology.

**Subd. 6. Payment rates; rate determination.** Paragraph (a) lays out the payment rate calculation the commissioner must use to determine rates for PCA services, CFSS, extended PCA services, extended CFSS, enhanced rate PCA services, enhanced rate CFSS, qualified professional services, and CFSS worker training and development.

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Paragraph (b) requires the commissioner to publish the total adjusted payment rates.

**Subd. 7. Treatment of rate adjustments provided outside of cost components.** Specifies how rate adjustments applied to the service rates calculated under this section outside of the cost components and rate methodology shall be applied.

**Subd. 8. Provider agency; required reporting of cost data; training.** Paragraph (a) requires agencies enrolled to provide services with rates determined under this section to submit requested cost data to the commissioner. Lists the data the commissioner may request.

Paragraph (b) requires providers to submit the required cost data for a fiscal year that ended not more than 18 months prior to the submission date at least once every three years. Requires the commissioner to provide each provider with a 90-day notice prior to its submission due date and with notices 30 and 60 days after the required submission date for providers who fail to submit required cost data. Requires the commissioner to temporarily suspend payments to a provider if the commissioner has not received the required cost data 90 days after the required submission date and to make withheld payments when the required cost data is received by the commissioner.

Paragraph (c) requires the commissioner to conduct a random validation of data submitted to ensure data accuracy, analyze cost documentation, and provide recommendations for adjustments to cost components.

Paragraph (d) requires the commissioner to develop and implement a process for providing training and technical assistance necessary to support provider submission of cost data.

**Subd. 9. Analysis of costs; recommendations.** Paragraph (a) requires the commissioner to evaluate on an ongoing basis whether the base wage component values and component values appropriately address the cost to provide the service.

Paragraph (b) requires the commissioner to analyze cost data and to submit recommendations on component values, updated base wage component values, and competitive workforce factors to the legislature every two years beginning August 1, 2026. Requires the commissioner to release cost data in aggregate form and prohibits cost data from individual providers from being released except as provided for in current law.



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Paragraph (c) requires the commissioner to report recommendations to the legislature with an update of the base wage index, competitive workforce factors, and component values beginning on August 1, 2024, and every two years thereafter. Specifies adjustments and recommendations the commissioner must make.

**Subd. 10. Payment rate evaluation; reports required.** Requires the commissioner to: (1) assess the long-term impacts of the rate methodology implementation on staff providing services with rates determined under this section, including but not limited to measuring changes in wages, benefits provided, hours worked, and retention; and (2) publish evaluation findings in a report to the legislature by August 1, 2028, and once every two years thereafter.

**Subd. 11. Self-directed services workforce.** Subjects the commissioner's authority over terms and conditions for individual providers to the state's obligation to meet and negotiate under the Public Employment Labor Relations Act, as modified and made applicable to individual providers, and to agreements with any exclusive representative of individual providers. Specifies a change in the rate for services within the covered programs does not constitute a change in a term or condition for individual providers in covered programs and is not subject to the state's obligation to meet and negotiate under the Public Employment Labor Relations Act.

Provides an October 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**56 Rate increases.**

Amends § 256I.05, subd. 1c. Makes grammatical changes and removes language related to housing support absent days. Allows an agency to increase the monthly housing support room and board rate by \$50 for residents in certain settings.

Provides a July 1, 2021, effective date, except the rate increase is effective July 1, 2022.

**57 Rate increases.**

Amends § 256I.05, subd. 1c. Limits housing support payment for absence days to 18 calendar days per incident, not to exceed 60 days in a calendar year. For persons temporarily absent due to admission at a residential behavioral health facility, inpatient hospital, or nursing facility, an agency must continue to pay an additional 74 days per incident, not to exceed a total of 92 days in a calendar year. Allows agencies to request an absence day limit exception in certain circumstances.

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- Provides a July 1, 2021, effective date.
- 58     **Amount of housing support payment.**  
Amends § 256I.06, subd. 8. Makes a conforming cross-reference change.  
Provides a July 1, 2021, effective date.
- 59     **Monthly case mix budget cap exception.**  
Amends § 256S.18, subd. 7. Modifies the monthly case mix budget cap exception under the elderly waiver program by making technical changes, requiring the commissioner to calculate the difference between PCA services and enhanced rate PCA services, and prohibiting the additional budget amount approved under an exception from exceeding this difference.  
Provides a July 1, 2021, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 60     **Customized living services provider requirements.**  
Amends § 256S.20, subd. 1. Makes changes to customized living services provider requirements to conform to the assisted living licensure statutes.  
Provides an August 1, 2021, effective date.
- 61     **Customized living services; managed care rates.**  
Amends § 256S.203. Requires the commissioner to adjust elderly waiver capitation payment rates for disproportionate share facility rate adjustments. Prohibits MA rates paid to customized living providers by managed care organizations from exceeding monthly service rate limits and component rates plus any disproportionate share facility rate adjustments.
- 62     **Customized living services; disproportionate share rate adjustments.**  
Creates § 256S.205.  
**Subd. 1. Definitions.** Defines the terms “application year,” “assisted living facility,” and “disproportionate share facility.”  
**Subd. 2. Rate adjustment application.** Specifies application requirements an assisted living facility must meet to apply for the disproportionate share rate adjustment.

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**Subd. 3. Rate adjustment eligibility criteria.** Specifies eligibility criteria for the disproportionate share rate adjustment.

**Subd. 4. Designation as a disproportionate share facility.** Requires the commissioner to designate as a disproportionate share facility a facility that complies with the application requirements and eligibility criteria under this section.

**Subd. 5. Rate adjustment; rate floor.** Requires the commissioner to: (1) establish a rate floor equal to \$119 per resident day for 24-hour customized living services provided in a designated disproportionate share facility; and (2) adjust the rate floor annually. Prohibits the commissioner from implementing the rate floor if the customized living rates under this chapter will be implemented at 100 percent on January 1 of the year following an application year.

**Subd. 6. Budget cap disregard.** Prohibits the value of the disproportionate share facility rate adjustment from being included in an elderly waiver client's monthly case mix budget cap.

Makes this section effective October 1, 2021, or upon federal approval, whichever is later, and applies to services provided on or after July 1, 2022, or on or after the date upon which federal approval is obtained, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**63 Rate setting; application.**

Amends § 256S.21. Removes elderly waiver residential care from the elderly waiver payment methodology and makes conforming changes.

Makes this section effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**64 Rate setting; phase-in.**

Amends § 256S.2101. Modifies the phase-in for the elderly waiver rate methodology.

Makes this section effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**65 Consumer protections for exempt settings.**

Creates § 325F.722.

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**Subd. 1. Definitions.** Defines “exempt setting” and “resident.”

**Subd. 2. Contracts.** Paragraph (a) requires every exempt setting to execute a written contract with a resident or the resident’s representative and to operate in accordance with the terms of the contract. Requires the resident or resident’s representative to be given a copy of the contract and all supporting documents and attachments.

Paragraphs (b) and (c) list the elements and statements that must be included in the contract or in supporting documents or attachments.

Paragraph (d) specifies when restrictions of a resident’s rights are allowed and requires any restrictions of rights to be documented in the resident’s coordinated service and support plan.

Paragraph (e) requires the exempt setting to maintain contracts and documents in files from the date of execution until three years after a contract is terminated.

**Subd. 3. Termination of contract.** Specifies the information that must be included with a notice of termination of contract.

**Subd. 4. Emergency planning.** Specifies emergency planning requirements each exempt setting must meet.

**Subd. 5. Training in dementia.** Paragraph (a) specifies training requirements exempt setting employees must meet if the exempt setting has a special program or special care unit for residents with Alzheimer’s disease or other dementias.

Paragraph (b) lists areas of required training.

Paragraph (c) requires the exempt setting to provide to residents and prospective residents a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.

**Subd. 6. Manager requirements.** Specifies continuing education requirements for the person primarily responsible for oversight and management of the exempt setting.

**Subd. 7. Restraints.** Requires that residents be free from any mechanical or chemical restraints imposed for purposes of discipline or convenience.

**Subd. 8. Other laws.** Requires exempt settings to comply with landlord and tenant laws and to obtain and maintain all other licenses, permits, registrations,

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or other required governmental approvals. Exempts an exempt setting from needing to obtain a lodging license.

**Subd. 9. Remedy.** Requires a state agency to make a good faith effort to reasonably resolve any dispute with an exempt setting before seeking any additional enforcement actions regarding the exempt setting's compliance with the requirements of this section. Prohibits a private right of action from being maintained.

Provides an August 1, 2021, effective date.

**66 Direction to the commissioner; customized living report.**

Paragraph (a) requires, by January 15, 2022, the commissioner of human services to submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services policy and finance and specifies the information that must be included in the report.

Paragraph (b) requires the commissioner of health to provide the commissioner of human services with the required data to complete the report in paragraph (a) and implement the moratorium on HCBS customized living. Specifies the data that must be included.

**67 PCA enhanced rate for persons who use CDCS.**

Requires the commissioner of human services to increase the annual budgets for participants who use CDCS under alternative care, the disability waivers, and elderly waiver by 7.5 percent for participants who are determined by assessment to be eligible for ten or more hours of PCA services or CFSS per day when the participant uses direct support services provided by a worker employed by the participant who has completed specified training.

Makes this section effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**68 Direction to the commissioner of human services; direct care services during short-term acute hospital visits.**

Requires the commissioner of human services, in consultation with stakeholders, to develop a new MA covered service, or develop modifications to existing covered services, that permits receipt of direct care services in an acute care hospital. By August 1, 2022, requires the commissioner to provide to the legislative committees with jurisdiction over direct care services any draft legislation to implement the new or modified service.

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- 69 Direction to the commissioner; supportive parenting services study.**  
Requires the commissioner of human services to: (1) study the feasibility of developing and providing supportive parenting services and providing adaptive parenting equipment to parents with disabilities and disabling conditions under MA state plan or waiver authority; and (2) submit a report to the legislative committees with jurisdiction over health and human services by February 15, 2023. Specifies the information that must be included in the report.
- Makes this section effective upon federal approval of Minnesota’s initial state spending plan as described in guidance issued by CMS for implementation of section 9817 of the federal American Rescue Plan Act of 2021. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.
- 70 PCA compensation for services provided by a parent or spouse.**  
Allows for PCA compensation for services provided by a parent or spouse. Makes this section expire upon the expiration of the COVID-19 public health emergency declared by the United States Secretary of Health and Human Services.
- Provides an immediate effective date.
- 71 Direction to commissioner; provider standards for customized living services in designated settings.**  
Requires the commissioner of human services to review policies and provider standards for customized living services provided in specified settings in consultation with stakeholders. Allows the commissioner to provide recommendations to the legislature by February 15, 2022, regarding appropriate regulatory oversight and payment policies for customized living services delivered in those settings.
- 72 Rate increase for direct support services workforce.**  
Paragraph (a) requires the commissioner of human services to increase direct support services reimbursement rates, individual budgets, grants, or allocations by specified percentages effective October 1, 2021, or upon federal approval, whichever is later, if the labor agreement between the state and SEIU Healthcare Minnesota is approved.
- Paragraphs (b) and (c) list the programs to which the rate changes apply.
- 73 Waiver reimagine phase II.**  
Paragraph (a) requires the commissioner of human services to implement a two-home and community-based services waiver program structure that serves persons who are determined by a certified assessor to require the levels of care provided in a

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nursing home, hospital, neurobehavioral hospital, or an intermediate care facility for persons with developmental disabilities.

Paragraph (b) requires the commissioner to implement an individualized budget methodology that serves persons who are determined by a certified assessor to require the levels of care provided in a nursing home, hospital, neurobehavioral hospital, or an intermediate care facility for persons with developmental disabilities.

Paragraph (c) allows the commissioner to seek all federal authority necessary to implement this section.

Paragraph (d) requires the commissioner to ensure that: (1) the new waiver service menu and individual budgets allow people to live in their own home, family home, or any home and community-based setting of their choice; and (2) waiver reimagine does not result in unintended service disruptions.

Provides a July 1, 2024, effective date, or 90 days after federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**74 Rate increase for certain home care services.**

Effective January 1, 2022, or upon federal approval, whichever is later, increases payment rates for certain home care services by five percent from the rates in effect on December 31, 2021.

Provides a January 1, 2022, effective date.

**75 Direction to commissioner of human services; waiver reimagine and informed choice stakeholder consultation.**

**Subd. 1. Stakeholder consultation; generally.** Requires the commissioner of human services to consult with stakeholders concerning: (1) potential adjustments to the streamlined service menu from waiver reimagine phase I and to the existing rate exemption criteria and process; and (2) the development and implementation of waiver reimagine phase II.

**Subd. 2. Public stakeholder engagement.** Requires the commissioner to offer a public method to regularly receive input from people with disabilities and their families about waiver reimagine phase II.

**Subd. 3. Waiver Reimagine Advisory Committee.** Requires the commissioner to convene a Waiver Reimagine Advisory Committee and specifies duties of the committee.

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**Subd. 4. Required report.** Requires the commissioner to submit to the legislative committees with jurisdiction over health and human services a report on plans for waiver reimagine phase II.

**Subd. 5. Transition process.** Requires the commissioner to establish a process to assist people who use waiver services and lead agencies to transition to a two-waiver system with an individual budget methodology prior to implementation of waiver reimagine phase II.

**Subd. 6. Online support planning tool.** Requires the commissioner to develop an online support planning and tracking tool for people using disability waiver services, specifies the information that must be available on the tool, and requires the commissioner to seek input from people with disabilities about the online support planning tool prior to its implementation.

**Subd. 7. Curriculum and training.** Requires the commissioner to develop and implement a curriculum and training plan to ensure all lead agency assessors and case managers have the knowledge and skills necessary to comply with informed decision making for people who use MA disability waivers. Requires training and competency evaluations to be completed annually by all staff responsible for case management as described in the MA disability waiver statutes.

**76 Direction to commissioner of human services; residential support services criteria report.**

Requires the commissioner to collect data on the implementation of residential support services under the MA disability waivers and by January 15, 2024, or 18 months after federal approval, whichever is later, submit to the legislative committees with jurisdiction over health and human services a report containing an analysis of the collected data and recommendations. Specifies the information that must be included in the report.

**77 Self-directed worker contract ratification.**

Ratifies the labor agreement between the state of Minnesota and SEIU Healthcare Minnesota that was submitted to the Legislative Coordinating Commission on March 1, 2021.

**78 Revisor instruction.**

Requires the revisor of statutes to change the headnote of a section of statute related to regional quality councils.



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**79 Repealer.**

Paragraph (a) repeals Minn. Stat. §§ 256B.0916, subds. 2 (distribution of funds; partnerships), 3 (failure to develop partnerships or submit a plan), 4 (allowed reserve), 5 (allocation of new diversions and priorities for reassignment of resources for developmental disabilities), 8 (financial and wait-list data reporting), 11 (excess spending), and 12 (use of waiver allocations); and 256B.49, subds. 26 (excess allocations) and 27 (use of waiver allocations), effective July 1, 2024, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

Paragraph (b) repeals Minn. Stat. § 256B.4905, subds. 1 to 6 (HCBS policy statements).

Paragraph (c) repeals Minn. Stat. § 256S.20, subd. 2, effective August 1, 2021.

Paragraph (d) repeals Minn. Stat. § 256B.097, subds. 1 to 6 (state quality assurance, quality improvement, and licensing system).

## **Article 14: Miscellaneous**

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**1 Ombudsperson for American Indian Families.**

Proposes coding for § 3.9215.

**Subd. 1. Scope.** Creates the Office of the Ombudsperson for American Indian Families.

**Subd. 2. Creation.** Specifies that the ombudsperson will operate independently from the Indian Affairs Council and the American Indian Child Welfare Advisory Council.

**Subd. 3. Selection; qualifications.** Requires the ombudsperson to be selected by the American Indian community-specific board. Outlines selection and removal parameters and processes.

**Subd. 4. Appropriation.** Specifies that money appropriated to the ombudsperson from the general fund or other special fund is under the control of the ombudsperson.

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**Subd. 5. Definitions.** Defines the terms “agency,” “American Indian,” “facility,” and “Indian custodian” for purposes of this section.

**Subd. 6. Organization.** Outlines staffing and administrative classifications and requirements.

**Subd. 7. Duties and powers.** Paragraph (a) lists the ombudsperson’s duties. Paragraph (b) lists the ombudsperson’s authority to investigate and powers to carry out that authority. Paragraph (c) allows the ombudsperson to apply for grants and accept gifts, donations, and appropriations for training relating to the duties of the ombudsperson; specifies how funds and gifts may be used.

**Subd. 8. Matters appropriate for review.** Specifies factors the ombudsperson should consider when selecting matters for review; requires the ombudsperson to inform other interested agencies when selecting matters for review.

**Subd. 9. Complaints.** Outlines complaint receipt and review procedures.

**Subd. 10. Recommendations to agency.** Specifies recommendations the ombudsperson may make to an agency, facility, or program, if the ombudsperson determines that a complaint has merit or that an investigation reveals a problem. Allows the ombudsperson to require an agency, facility, or program to inform the ombudsperson of actions taken.

**Subd. 11. Recommendations and public reports.** Allows the ombudsperson to send conclusions and suggestions concerning any matter the ombudsperson reviews to the governor; requires copies of all reports to be provided to the advisory board and other specified groups. Outlines additional report requirements; requires an annual report on the functions of the office.

**Subd. 12. Civil actions.** Specifies civil liability for the ombudsperson and designees.

**Subd. 13. Use of funds.** Allows any funds received by the ombudsperson to be used to compensate members of the American Indian community-specific board for reasonable and necessary expenses incurred in assisting the ombudsperson.

**2 American Indian community-specific board.**

Proposes coding for § 3.9216. Establishes the American Indian community-specific board, consisting of five members who are members of the American Indian community. Outlines board compensation, meeting, and removal and vacancy requirements. Lists duties of the board, including appointing the Ombudsperson for

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American Indian Families and assisting the ombudsperson. Specifies grant and gift requirements and terms and expiration of board membership.

**3 Retaining early educators through attaining incentives now (REETAIN) grant program.**

Creates § 119B.195. Establishes in statute the REETAIN grant program to provide competitive grants to eligible child care providers to incentivize them to remain in the early care and education field. Directs the commissioner of human services to allocate the funding for the REETAIN grant program to a nonprofit organization. The nonprofit organization must annually award grant money to eligible child care providers in an amount determined by the commissioner. By January 1 of each year, the commissioner must report to the legislature on the number of grants awarded and program outcomes.

**4 Quality rating and improvement system.**

Amends § 124D.142. Directs the commissioner of human services to arrange an independent evaluation of Minnesota’s quality rating and improvement system (QRIS), commonly known as Parent Aware. The evaluation must examine Parent Aware’s effectiveness and impact on outcomes, including children’s progress toward school readiness, the quality of the early care and education workforce, and parents’ ability to access and use meaningful information about the quality of early care and education programs. The evaluation findings and the commissioner’s recommendations for revisions and potential future evaluations must be reported to the legislature by December 31, 2024.

Requires DHS to conduct outreach to a racially, ethnically, culturally, and geographically diverse group of early care and education providers to identify any barriers that prevent them from pursuing a Parent Aware rating. DHS must report its findings and a plan for reducing the barriers to the legislature by March 1, 2022.

**5 Program components.**

Amends § 136A.128, subd. 2. Increases the tuition scholarships available under the TEACH grant program from \$5,000 per year to \$10,000 per year and increases the minimum education incentives from \$100 to \$250 for participants in the tuition scholarship program if they complete a year of working in the early care and education field. Adds that applicants may be employed by a public prekindergarten program, modifies the amount scholarship recipients must contribute from 10 percent to at least 10 percent of the total scholarship, and decreases the amount their employer must contribute from 10 percent to at least 5 percent of the total scholarship.

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**6 Administration.**

Amends § 136A.128, subd. 4. Increases the amount a nonprofit organization that receives a TEACH grant may use to administer the program from 5 percent to 10 percent of the grant amount.

**7 Cultural and Ethnic Communities Leadership Council.**

Amends § 256.041. Makes clarifying and policy changes related to the Cultural and Ethnic Communities Leadership Council, including:

- specifying broad membership groups;
- requiring the Commissioner of Human Services to accept council recommendations when appointing a chair;
- removing language regarding initial appointees' terms;
- modifying the timeline for replacing members;
- 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;
- 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;
- extending the expiration date to June 30, 2025; and
- providing compensation, under Minnesota Statutes, section 15.059, subdivision 3.

**8 Creation.**

Amends § 257.0755, subd. 1. Removes reference to the Indian Affairs Council in section relating to the ombudspersons within the Office of Ombudsperson for Families.

**9 Communities of color.**

Amends § 257.076, subd. 3. Modifies definition of “communities of color” for purposes of the ombudspersons within the Office of Ombudsperson for Families, removing “American Indian.”

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- 10      **Family of color.**  
Amends § 257.076, subd. 5. Modifies definition of “family of color” for purposes of the ombudspersons within the Office of Ombudsperson for Families, removing “American Indian.”
- 11      **Membership.**  
Amends § 257.0768, subd. 1. Modifies subdivision relating to community-specific boards by removing one board and removing the Indian Affairs Council’s board appointment powers.
- 12      **Joint meetings.**  
Amends § 257.0768, subd. 6. Removes one community-specific board for advising the ombudspersons within the Office of Ombudsperson for Families.
- 13      **Funding for the ombudsperson program.**  
Amends § 257.0769. Amends subdivision 1 by annually appropriating \$23,000 from the special fund to the Office of the Ombudsperson for American Indian Families established in this bill, annually appropriating \$69,000 to the Office of Ombudsperson for Families, and removing specific appropriations to the Council for Minnesotans of African Heritage and the Council on Asian-Pacific Minnesotans. Amends subdivision 2 by adding references to the new Office of the Ombudsperson for American Indian Families.
- 14      **Transfer of money.**  
Requires the Office of Ombudsperson for Families to transfer any remaining money designated for use by the Ombudsperson for American Indian Families to the Office of the Ombudsperson for American Indian Families by the end of fiscal year 2021.
- 15      **Children with disabilities inclusive child care access expansion grant program.**  
Directs the commissioner of human services to establish a competitive grant program to expand access to child care for children with disabilities. The commissioner must award grants to counties or tribes, and grant money must be used to enable child care providers to develop inclusive child care settings to offer care to both children with disabilities and children without disabilities.
- 16      **Direction to commissioner of human services; family child care shared services innovation grants.**  
Directs the commissioner of human services to establish a grant program to test strategies that family child care providers can use to share services. DHS must report the results of the grant program to the legislature.

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- 17      **Direction to commissioner of human services; foster family recruitment and licensing technology request for information.**  
Directs the commissioner of human services to issue a request for information to identify technology to support foster family recruitment and training through an online portal. By January 15, 2022, the commissioner must report to the legislature on responses received to the request.
- 18      **Affordable, high-quality early care and education for all families.**  
Establishes the Great Start for All Minnesota Children Task Force to develop strategies that meet the goal of all families in the state having access to affordable, high-quality early care and education for children. The task force must submit to the governor and legislature preliminary findings and draft implementation plans by December 15, 2022, and final recommendations and implementation plans by February 1, 2023.
- 19      **Direction to commissioner of human services; family supports and improvement program recommendations.**  
Requires the commissioner of human services to collaborate with the Children’s Cabinet, various state agencies, county and Tribal agencies, child care providers, early childhood education providers, school administrators, parents, and other service providers to develop recommendations for implementing a family-focused voluntary information sharing program intended to improve the effectiveness of public assistance programs and delivery of services to families. The recommendations must include whether grant money is necessary for the program and how it should be administered and distributed. The commissioner must report to the legislature on the recommendations and, if necessary, proposed legislation by January 15, 2023.
- 20      **Report on participation in early childhood programs by children in foster care.**  
Directs the commissioner of human services to issue a report on participation in early care and education programs by children under the age of six who have experienced foster care. The commissioner must submit the report to the legislature by December 1, 2022.
- 21      **Child care stabilization grants.**  
Directs the commissioner of human services to award grant money to eligible programs to support the stability of the child care sector during and after the COVID-19 public health emergency. The grant money must be awarded through June 30, 2023.

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- 22 **Direction to the Children’s Cabinet; early childhood governance report.**  
Requires the Children’s Cabinet to develop recommendations relating to early childhood development, care, and learning and how early care and education programs could be consolidated into an existing state agency or a new department. The Children’s Cabinet must submit a report to the governor and relevant committees of the legislature by February 1, 2022.
- 23 **Direction to commissioner of human services; federal fund and child care and development block grant allocations.**  
Allocates money from the federal fund and the child care development block grant for various activities.
- 24 **Revisor instruction.**  
Directs the revisor to renumber Minnesota Statutes, section 136A.128 (the TEACH grant program) as a section in Minnesota Statutes, chapter 119B.

**Article 15: Reinsurance**

**Section Description - Article 15: Reinsurance**

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- 1 **Minnesota premium security plan funding.**  
Amends Laws 2017, ch. 13, art. 1, § 15, as further amended. As part of extending the Minnesota premium security plan through the 2022 benefit year, extends the date by which MCHA must transfer unused state funds from the premium security plan account to the commissioner of commerce for deposit in the health care access fund, to June 30, 2024.
- 2 **Minnesota premium security plan administered through the 2022 benefit year.**  
Directs MCHA to administer the Minnesota premium security plan through the 2022 benefit year and establishes the following payment parameters for 2022: attachment point of \$50,000, coinsurance rate of 60 percent, and reinsurance cap of \$250,000.  
  
This section is effective the day following final enactment.
- 3 **Plan year 2022 proposed rate filings for the individual market.**  
Sets a rate filing deadline of July 9, 2021, for 2022 individual market health plans, and requires health carriers to include the impact of the 2022 Minnesota premium security plan payment parameters on proposed rates for individual health plans. Requires the commissioner of commerce to provide public access to data on

**Section Description - Article 15: Reinsurance**

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proposed changes to rates for individual and small group health plans, separated by health plan and geographic rating area, by July 23, 2021.

This section is effective the day following final enactment.

**4 Continuation of state innovation waiver.**

Directs the commissioner of commerce to apply to the secretary of health and human services for continuation of a state innovation waiver to implement the Minnesota premium security plan for benefit years beginning January 1, 2023, and requires submission of the application by December 31, 2021.

**5 Transfers; reinsurance.**

Paragraphs (a) and (b) require transfers of money from the general fund and the premium security plan account to the health care access fund for state basic health plan costs related to the loss of federal revenue associated with a reinsurance plan.

Paragraph (c) requires a transfer of money from the general fund to the MNsure account.

Paragraph (d) requires the commissioner of human services to review federal funding for the state basic health plan to determine whether federal funding for the plan has been modified to account for changes in the benchmark premium due to the Minnesota premium security plan authorized in section 2.

Paragraph (e) provides that if the commissioner of human services finds that federal funding for the state basic health plan has been modified, the commissioner must estimate the loss of federal funding for the basic health plan, and the commissioner of management and budget must adjust the February 2022 and November 2022 forecasts based on this finding.

Paragraph (f) provides that if the commissioner determines the reduction in federal funding for the basic health plan is less than \$85,049,000, the commissioner of management and budget must transfer the difference between that amount and the estimated reduction in federal funding from the health care access fund to the general fund and the premium security plan account in amounts proportional to the amounts transferred in paragraphs (a) and (b).

This section is effective the day following final enactment.



**Section Description - Article 15: Reinsurance**

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**6 Appropriations; reinsurance.**

Paragraph (a) appropriates \$155,000 in fiscal year 2022 from the general fund to the commissioner of commerce for preparation and submission of the state innovation waiver renewal.

Paragraph (b) appropriates \$41,393,000 in fiscal year 2022 and \$43,656,000 in fiscal year 2023 from the health care access fund to the commissioner of human services for MinnesotaCare program costs.

## **Article 16: Appropriations**

This article appropriates money for fiscal years 2022 and 2023 from the specified funds to the commissioner of human services, the commissioner of health, health-related licensing boards, the Emergency Medical Services Regulatory Board, the Council on Disability, the ombudsman for mental health and developmental disabilities, the ombudspersons for families, the ombudsperson for American Indian families, the Legislative Coordinating Commission, the Supreme Court, and the commissioner of management and budget. This article also modifies or cancels certain appropriations, modifies requirements for the issuance of Project Echo grants, refinances certain eligible general fund expenditures with money from the coronavirus relief fund, requires a \$100,000,000 reduction in the budget reserve on July 1, 2021, appropriates money in fiscal year 2021 for certain purposes, allocates federal funds for a onetime cash benefit for MFIP recipients, authorizes the commissioner of human services to redistribute certain funds among purposes in this act as necessary to obtain federal approval for the state's spending plan for American Rescue Plan Act funds, and specifies that certain appropriations in this act are contingent on federal approval of Minnesota's initial spending plan for American Rescue Plan Act funds.

## **Article 17: Home and Community-Based Services; Special Time-Limited Funding Provisions**

**Section Description - Article 17: Home and Community-Based Services; Special Time-Limited Funding Provisions**

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**1 Transition to community initiative.**

Amends § 256.478.

**Subd. 1. Purpose.** Requires the commissioner to establish the transition to community initiative to award grants to serve individuals for whom supports and services not covered by MA would allow them to live in the least restrictive

Section Description - Article 17: Home and Community-Based Services; Special Time-Limited Funding Provisions

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setting and as independently as possible, build or maintain relationships with family and friends, and participate in community life. Requires grantees to use a person-centered planning process and informed choice decision making.

**Subd. 2. Eligibility.** Lists eligibility criteria for the transition to community initiative.

2 **Governor's Council on an Age-Friendly Minnesota.**

Amends Laws 2021, ch. 30, art. 12, § 5. Extends the expiration date of the council from October 1, 2022, to June 30, 2024.

3 **Grants for technology for HCBS recipients.**

Specifies the funding included in this act for the commissioner of human services to issue competitive grants to HCBS providers to provide technology assistance to older adults and people with disabilities who do not have access to technology resources necessary to use remote service delivery and telehealth. Requires all grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.

4 **Development of individual HCBS portal for recipients.**

Specifies the funding included in this act for the commissioner of human services to develop an online support planning tool for people who use home and community-based services waivers. Provides a March 31, 2024, expiration date.

5 **Housing transitional costs.**

**Subd. 1. Housing transition cost.** Specifies the funding included in this act for a onetime payment per transition of up to \$3,000 to cover costs associated with moving to a community setting that are not covered by other sources. Lists covered costs. Requires the commissioner of human services to seek an amendment to the MA state plan to allow for these payments as a housing stabilization service. Provides a March 31, 2024, expiration date.

**Subd. 2. Community living infrastructure.** Specifies the funding included in this act for additional funding for grants under housing support community living infrastructure grants. Specifies allowable uses of grant funds. Requires all grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.

Makes subdivision 1 effective January 1, 2022, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**Section Description - Article 17: Home and Community-Based Services; Special Time-Limited Funding Provisions**

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**6 Transition to community initiative.**

Specifies the funding included in this act for additional funding for grants awarded under the transition to community initiative. Requires all grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.

**7 Lead agency process mapping.**

Specifies the funding included in this act for the commissioner of human services to review lead agency policies and business practices and to identify potential efficiencies in long-term care consultation services. Requires the commissioner to: (1) make recommendations to lead agencies based on the review; (2) produce a guide documenting the process for determining MA eligibility and authorization of long-term services and supports; (3) ensure that the guide is available in accessible formats and in multiple languages; and (4) ensure the guide is available to people and families that request long-term care consultation services. Provides a March 31, 2024, expiration date.

**8 Age-friendly Minnesota.**

**Subd. 1. Age-friendly community grants.** Specifies the funding included in this act for age-friendly community grants. Requires the commissioner of human services, in collaboration with others, to develop the age-friendly community grant program to help communities to become age-friendly communities, with an emphasis on structures, services, and community features necessary to support older adult residents. Requires grant activities to be completed by March 31, 2024. Provides a June 30, 2024, effective date.

**Subd. 2. Technical assistance grants.** Specifies the funding included in this act for technical assistance grants developed by the commissioner of human services in collaboration with others. Requires grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.

**9 Continuity of care for students with behavioral health and disability support needs.**

Specifies the funding included in this act for the commissioner of human services to collaborate with the commissioner of education and consult with stakeholders to: (1) identify strategies to streamline access and reimbursement for behavioral health services for students who are enrolled in MA and have an individualized education program or individualized family services plan; and (2) avoid duplication of services and procedures to the extent practicable. Requires the commissioners to report their findings to the legislative committees with jurisdiction over early learning education through grade 12 and health and human services policy and finance by January 15, 2022.

Section Description - Article 17: Home and Community-Based Services; Special Time-Limited Funding Provisions

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- 10 **Provider capacity grants for rural and underserved communities.**  
Specifies the funding included in this act for the commissioner to establish a grant program for small provider organizations that provide services to rural or underserved communities with limited home and community-based services provider capacity. Specifies allowable uses of grant funds. Requires the commissioner to conduct community engagement, provide technical assistance, and establish a collaborative learning community related to the grants and work with other commissioners to mitigate barriers in accessing grant funds. Exempts funding awarded for the community engagement activities from state solicitation requirements for activities that occur in fiscal year 2022. Requires grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.
- 11 **Expand mobile crisis.**  
Specifies the funding included in this act for additional funding for adult mobile crisis services. Allows counties to fund and continue conducting activities funded under this section beginning April 1, 2024. Requires all grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.
- 12 **Psychiatric residential treatment facility and child and adolescent mobile transition unit.**  
Specifies the funding included in this act for the commissioner of human services to create children’s mental health transition and support teams to facilitate transition back to the community of children from psychiatric residential treatment facilities and child and adolescent behavioral health hospitals. Allows counties to fund and continue conducting activities funded under this section beginning April 1, 2024. Provides a March 31, 2024, expiration date.
- 13 **Reducing reliance on children’s congregate-care settings.**  
Specifies the funding included in this act for an analysis of the utilization and efficacy of current residential and psychiatric residential treatment facility options for children under the MA program. Requires the commissioner of human services to conduct the analysis and specifies others the commissioner must collaborate with in conducting the analysis. Requires the commissioner to submit a report to the legislative committees with jurisdiction over health and human services by February 1, 2022, and specifies the information that must be included in the report.
- 14 **Task Force on Eliminating Subminimum Wages.**  
**Subd. 1. Establishment; purpose.** Establishes the Task Force on Eliminating Subminimum Wages to develop a plan and make recommendations to phase out

Section Description - Article 17: Home and Community-Based Services; Special Time-Limited Funding Provisions

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payment of subminimum wages to people with disabilities on or before August 1, 2025.

**Subd. 2. Definitions.** Defines “subminimum wage.”

**Subd. 3. Membership.** Lists task force members and requires membership on the task force to reflect geographic parity throughout the state and representation from Black, Indigenous, and communities of color.

**Subd. 4. Appointment deadline; first meeting; chair.** Requires appointing authorities to complete member selections by January 1, 2022. Requires the commissioner of human services to convene the first meeting of the task force by February 15, 2022. Requires the task force to select a chair from among its members at its first meeting.

**Subd. 5. Compensation.** Compensates task force members and allows members to be reimbursed for expenses.

**Subd. 6. Duties; plan and recommendations.** Lists duties of the task force.

**Subd. 7. Duties; provider reinvention grants.** Requires the commissioner to establish a provider reinvention grant program to promote independence and increase opportunities for people with disabilities to earn competitive wages. Lists organizations eligible for a provider reinvention grant. Specifies other grant criteria.

**Subd. 8. Report.** By February 15, 2023, requires the task force to submit to the legislative committees with jurisdiction over health and human services a report with recommendations to eliminate the payment of subminimum wages, and any changes to statutes, laws, or rules required to implement the recommendations.

**Subd. 9. Administrative support.** Requires the commissioner of human services to provide administrative services and meeting space to the task force.

**Subd. 10. Expiration.** Makes the task force expire on March 31, 2024.

15 **Moving to independence; subminimum wage phase-out.**

Specifies the funding included in this act for the commissioner of human services to establish a reinvention grant program to promote independence and increase opportunities for people with disabilities to earn competitive wages. Requires all grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.

Section Description - Article 17: Home and Community-Based Services; Special Time-Limited Funding Provisions

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- 16 **Research on access to long-term care services and financing.**  
Specifies the funding included in this act for an actuarial research study of public and private financing options for long-term services and supports reform to increase access across the state. Requires the commissioner of human services to conduct the study and allows the commissioner to transfer up to \$100,000 to the commissioner of commerce for costs related to the requirements of the study.
- 17 **Additional funding for respite services and studies.**  
**Subd. 1. Home and community-based service system reform analysis.** Specifies the funding included in this act for an analysis to identify future system reforms to strengthen access to respite services and caregiver supports to enhance the MA home and community-based service system for older adults and caregivers in Minnesota. Specifies duties of the commissioner of human services.  
**Subd. 2. Own your own future study.** Specifies the funding included in this act for an analysis of long-term trends in older adults' utilization of MA expenditures and need for long-term care services and supports in Minnesota. Specifies duties of the commissioner of human services. Specifies this funding is available until March 31, 2024.  
**Subd. 3. Respite services for older adults grants.** Specifies the funding included in this act for the commissioner of human services to establish a grant program for respite services for older adults. Requires the commissioner to award grants on a competitive basis to respite service providers. Requires all grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.
- 18 **Medical assistance outpatient and behavioral health service rates study.**  
Specifies the funding included in this act for an analysis of the current rate-setting methodology for all outpatient services in MA and MinnesotaCare, including rates for behavioral health, substance use disorder, and residential substance use disorder treatment. By January 1, 2022, requires the commissioner to issue a request for proposals for frameworks and modeling of behavioral health services rates. Requires the commissioner to: (1) consult with providers; and (2) submit initial and final reports to the legislative committees with jurisdiction over human services policy and finance that includes legislative language necessary to modify existing or implement new rate methodologies and a detailed fiscal analysis.
- 19 **Centers for independent living HCBS access grant.**  
Specifies the funding included in this act for grants to expand services and support to people with disabilities from underserved communities who are ineligible for MA to live in their own homes and communities by providing accessibility modifications,

**Section Description - Article 17: Home and Community-Based Services; Special Time-Limited Funding Provisions**

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independent living services, and public health program facilitation. Requires the commissioner of human services to award the grants in equal amounts to the eight Centers for Independent Living. Requires all grant activities to be completed by March 31, 2024. Provides a June 30, 2024, expiration date.

**20 HCBS workforce development grant.**

Specifies the funding included in this act to address challenges related to attracting and maintaining direct care workers who provide home and community-based services for people with disabilities and older adults. Specifies how funding must be used. Requires the commissioner to consult with stakeholders to finalize a report detailing the final plan for use of the funds and to publish the report by March 1, 2022.

**21 Direction to commissioner; stakeholder engagement for spending plan.**

Requires the commissioner of human services to consult with stakeholders before submitting Minnesota's initial state spending plan to CMS for the enhanced federal MA home and community-based services funding.

**22 Effective date.**

Unless otherwise specified, makes each section of this article effective upon federal approval of Minnesota's initial state spending plan for the enhanced federal MA home and community-based services funding. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.



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