

**Subject** Omnibus Health and Human Services Policy Bill

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## Overview

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

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## **Article 1: Department of Human Services Health Care Programs**

This article contains provisions related to the medical assistance and MinnesotaCare programs. These provisions clarify procedures related to hospital and clinic payments, establish a directed payment arrangement for Hennepin County, modify membership and procedures for the Health Services Advisory Council and the opioid prescribing work group, modify MinnesotaCare eligibility determination procedures to reflect federal decisions, require development of an MA recuperative care services, and make other changes.

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#### **1 Expiration of report mandates.**

Amends § 256.01, by adding subd. 42.

(a) Specifies that for any mandated report that does not include a specific expiration date the expiration dates specified in this subdivision apply.

(b) Provides that any report mandate enacted before January 1, 2021, shall expire on January 1, 2023, if the report is required annually, and shall expire on January 1, 2024, if the report is required biennially or less frequently.

(c) Provides that any report mandate enacted on or after January 1, 2021, expires three years after the date of enactment if the report is required annually, and expires five years after the date of enactment if the report is required biennially or less frequently.

(d) Requires the commissioner to submit to the legislature by February 15 of each year, beginning February 15, 2022, a list of all reports set to expire during the following calendar year.

#### **2 Hospital payment rates.**

Amends § 256.969, subd. 2b. Allows the commissioner, when rebasing inpatient hospital payment rates, to combine claims from two consecutive years if claims volume for a single year falls below the threshold needed for a statistically valid sample. Prohibits the use of years in which claims volume is reduced or altered due to a pandemic or public health emergency, if the base year includes more than one year.

#### **3 Alternate inpatient payment rate.**

Amends § 256.969, by adding subd. 2f. Requires the commissioner, effective July 1, 2021, to reduce the disproportionate share hospital (DSH) payment by 99 percent for a hospital with an MA utilization rate at least 2.5 standard deviations above the statewide mean, and compute an alternative inpatient payment rate for that hospital. The alternative payment rate must target total aggregate reimbursement equal to what the hospital would have received for fee-for-service inpatient services

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had the hospital received the full DSH payment. Specifies a January 1, 2022, effective date.

**4 Disproportionate numbers of low-income patients served.**

Amends § 256.969, subd. 9. Modifies the provisions governing DSH payments, by: (1) basing the DSH adjustment for providing transplant services on all MA payments including managed care, not just fee-for-service payment; (2) clarifying an existing DSH payment for a hospital (HCMC) with an MA utilization rate at least 2.5 standard deviations above the statewide mean by adding the requirement that this hospital be a level one trauma center; and (3) specifying that the MA utilization rate and discharge thresholds used to determine eligibility for various DSH factors are to be measured using only one year, when a two-year base period is used. Provides that these provisions are effective July 1, 2021.

**5 Appeals.**

Amends § 256.9695, subd. 1. Extends from 12 to 18 months the time period, after the last day of the calendar year that is the base year, during which hospitals can appeal base year information used to set inpatient hospital payment rates.

**6 Fraud prevention investigations.**

Amends § 256.983. Includes Tribal agencies as recipients of fraud prevention investigation grant funding, and requires Tribal agencies to comply with the same requirements that apply to county grant recipients.

**7 Qualified Medicare beneficiaries.**

Amends § 256B.057, subd. 3. Sets the asset limit for eligibility for Medicare savings programs (programs that assist low-income Medicare beneficiaries with Medicare premiums and cost-sharing) at the current level—\$10,000 for one and \$18,000 for two or more individuals, or at the asset level for the Medicare Part D extra help low-income subsidy (LIS), once this indexed asset level exceeds the current asset limits. States that this section is effective the day following final enactment.

**8 Health Services Advisory Council.**

Amends § 256B.0625, subd. 3c. Makes a number of changes related to the Health Services Advisory Council. These include:

- renaming the Health Services Policy Committee the Health Services Advisory Council;
- requiring the council to advise the commissioner on evidence-based decision-making and health care benefit and coverage policies for Minnesota health care programs;
- eliminating language that requires the chair to be a physician;

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- allowing the council to monitor and track practice patterns of health care providers generally (current law allows this for physicians); and
- striking obsolete language and making conforming and related changes.

**9 Health Services Advisory Council members.**

Amends § 256B.0625, subd. 3d. Modifies council membership by:

- reducing the number of physicians from seven to six, and striking the requirement that one physician be actively engaged in treating persons with mental illness;
- adding one member who is a health care or mental health professional actively engaged in treating persons with mental illness; and
- increasing the number of consumer members from one to two.

Also clarifies what constitutes a quorum and renames the committee.

**10 Health Services Advisory Council terms and compensation.**

Amends § 256B.0625, subd. 3e. Renames the Health Services Advisory Committee the Health Services Advisory Council and makes conforming changes.

**11 Other clinic services.**

Amends § 2567B.0625, subd. 30. For purposes of rebasing encounter rates for federally qualified health centers (FQHCs) and rural health clinics, prohibits the use of years in which costs or claims volume is reduced or altered due to a pandemic, disease, or other public health emergency, when the base year includes more than one year. Allows the commissioner to use Medicare cost reports of a year unaffected by pandemic, disease, or other public health emergency, or the previous two consecutive years, inflated to the base year.

**12 Opioid prescribing work group.**

Amends § 256B.0638, subd. 3. Adds to the opioid prescribing work group two consumer members who are Minnesota residents and who have used or are using opioids to manage chronic pain. Also adds a representative of the Minnesota Department of Health as a nonvoting member.

**13 Program implementation.**

Amends § 256B.0638, subd. 5. Modifies the procedure used to report opioid prescriber data, by requiring the commissioner to report to provider groups data on individual prescribers' prescribing patterns, and requiring provider groups to distribute this data to prescribers. Under current law, the commissioner reports to prescribers.

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- 14 Data practices.**  
Amends § 256B.0638, subd. 6. Allows the commissioner to share with provider groups data on prescribers' prescribing patterns. Under current law, the information shared is limited to information on prescribers who are subject to quality improvement activities.
- 15 Qualified professional; qualifications.**  
Amends § 256B.0659, subd. 13. Eliminates a requirement that DHS enroll qualified professionals who work for personal care assistance provider agencies. Requires qualified professionals to meet provider training requirements and strikes outdated language.
- 16 Commissioner's duties.**  
Amends § 256B.196, subd. 2. Removes Hennepin County from an existing voluntary intergovernmental transfer, under which Hennepin County would transfer to the commissioner \$12 million per year. Provides that this section is effective January 1, 2022, or upon federal approval of this section and § 256B.1973, whichever is later.
- 17 Directed payment arrangements.**  
Adds § 256B.1973.
- Subd. 1. Definitions.** Defines the following terms: billing professionals, health plan, and high medical assistance utilization.
- Subd. 2. Federal approval required.** States that each directed payment arrangement under this section is contingent on federal approval and must conform with the requirements for permissible directed managed care organization expenditures.
- Subd. 3. Eligible providers.** States that eligible providers under this section are nonstate government teaching hospitals with high MA utilization and a level I trauma center, and all of the hospital's owned or affiliated billing professionals, ambulance services, sites, and clinics.
- Subd. 4. Voluntary intergovernmental transfers.** Allows a nonstate governmental entity eligible to perform intergovernmental transfers to make voluntary intergovernmental transfers to the commissioner. Requires the commissioner to inform the entity of the transfers necessary to maximize the allowable directed payments.
- Subd. 5. Commissioner's duties; state-directed fee schedule requirement.** (a) Requires the commissioner, for each federally approved directed payment arrangement that is a state-directed fee schedule requirement, to determine a

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uniform adjustment factor for each claim submitted to a health plan and to apply this to each claim. Directs the commissioner to ensure that the adjustment factor maximizes the allowable directed payments and does not result in payments exceeding federal limits, and allows the commissioner to use a settle-up process to adjust health plan payments to comply with this requirement.

(b) Requires the commissioner to develop a plan for initial implementation of the state-directed fee schedule requirement to ensure that eligible providers receive the entire permissible value under each arrangement. If federal approval is retroactive, requires the commissioner to make a onetime pro rata increase in the adjustment factor and initial payments.

**Subd. 6. Health plan duties; submission of claims.** Requires each health plan to submit to the commissioner payment information for each claim paid to an eligible provider for MA services.

**Subd. 7. Health plan duties; directed payments.** Requires each health plan to make directed payments to the eligible provider in an amount equal to the payment amounts the plan received from the commissioner.

**Subd. 8. State quality goals.** Requires the directed payment arrangement and the state-directed fee schedule requirement to align with state quality goals for Hennepin Healthcare MA patients. Specifies related requirements and quality measure domains.

States that this section is effective January 1, 2022, or upon federal approval, whichever is later, and allows for retroactive implementation.

**18 Direction of managed care organization expenditures.**

Amends § 256B.6928, subd. 5. Allows the commissioner to direct managed care organization expenditures as permitted under the federal rule governing Medicaid directed payments (42 CFR 438.6(c)).

**19 Income.**

Amends § 256L.01, subd. 5. Defines “income” under MinnesotaCare as projected annual income for the applicable tax year, and strikes references to current income and income during the 12-month eligibility period. Provides that the section is effective the day following final enactment. (The changes in this section and the sections related to income limit adjustments and eligibility redetermination that follow reflect the failure of the Centers for Medicare and Medicaid Services to approve Minnesota eligibility determination changes passed in 2016 and reflected in current law.)

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**20 Annual income limits adjustment.**

Amends § 256L.04, subd. 7b. Requires the commissioner to adjust MinnesotaCare income limits annually on January 1, rather than each July 1. Provides that the section is effective the day following final enactment.

**21 Redetermination of eligibility.**

Amends § 256L.05, subd. 3a. Specifies that the period of MinnesotaCare eligibility is the calendar year, and that eligibility redeterminations shall occur during the open enrollment period for qualified health plans. Strikes language that defined the period of eligibility as the 12-month period beginning the month of application, with renewals being implemented throughout the year. Provides that the section is effective the day following final enactment.

**22 Exclusions and exemptions.**

Amends § 295.53, subd. 1. Excludes from the MinnesotaCare provider tax directed payments authorized under § 256B.1973. States that this section is effective for taxable years beginning after December 31, 2021.

**23 Direction to commissioner of human services; funding for recuperative care.**

Requires the commissioner of human services to develop an MA reimbursable recuperative care service to serve individuals with chronic conditions who lack a permanent residence at the time of discharge. Provides that the section is contingent on the receipt of nonstate funding.

**24 Revisor instruction.**

Directs the revisor to change the term “Health Services Policy Committee” to “Health Services Advisory Council” wherever it appears in law, and make conforming changes.

## **Article 2: Department of Human Services Licensing and Background Studies**

This article modifies the process and requirements for new substance use disorder treatment program licensure, removing the requirement for the statement of need.

Section	Description – Article 2: Department of Human Services Licensing and Background Studies
1	<b>Change of ownership process.</b> Amends § 245A.043, subd. 3. Removes reference to rule relating to the assessment of need for substance use disorder treatment programs.
2	<b>Contents of application.</b> Amends § 245F.04, subd. 2. Removes reference to rule relating to the assessment of need for substance use disorder treatment programs.
3	<b>Application.</b> Amends § 245G.03, subd. 2. Adds requirement for applicant for substance use disorder treatment program license to submit documentation as required by statute.
4	<b>Chemical dependency fund payment.</b> Amends § 254B.03, subd. 2. Adds requirement for an applicant for SUD treatment program licensure to notify the county human services director in writing of the applicant’s intent to open a new treatment program at least 60 days before submitting a new licensure application. Specifies what the notification must include. Allows the county human services director to submit a written statement, with documented rationale, to the commissioner of human services regarding the county’s support of or opposition to the new treatment program opening. Requires the commissioner to consider the county’s written statement when deciding whether to issue a license.
5	<b>Repealer.</b> Repeals rules requiring the statement of need for licensing a new SUD treatment program.

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

This article establishes or modifies Health Department programs and activities. These provisions eliminate state certification of health data intermediaries, modify reporting requirements for prescription drug price transparency, establish expiration dates for legislatively mandated reports, modify licensure fees for radioactive material, modify membership of the Rural Health Advisory Committee, modify eligibility for a grant program, change who may obtain a certified copy of a birth or death record, make changes to access to outdoor space requirements for residents of assisted living facilities with dementia care, establish requirements for the provision of home visiting grants, make changes to statutes governing WIC, modify labeling requirements for products containing cannabinoids, modify the medical cannabis program, change fees for asbestos-related work, cancel an annual transfer, and modify certain fiscal year 2021 appropriations to the commissioner of health.

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**1 Interoperable electronic health record requirements.**

Amends § 62J.495, subd. 3. Strikes a requirement that health data intermediaries must be state-certified. (State certification of health data intermediaries is eliminated in another section.)

**2 Health information exchange.**

Amends § 62J.498. Eliminates certain definitions and establishes an additional duty for the commissioner of health regarding health information exchange oversight.

**Subd. 1. Definitions.** Eliminates the following definitions for sections governing health information exchanges, certificates of authority to provide HIE services, and enforcement authority: HITECH Act, meaningful use, meaningful use transaction, and state-certified health data intermediary. Also removes references to health information exchange service providers being state-certified.

**Subd. 2. Health information exchange oversight.** In a subdivision establishing duties of the commissioner regarding HIE oversight, requires health information exchange service providers to provide information to meet statutory requirements.

**3 Certificate of authority to provide health information exchange services.**

Amends § 62J.4981. Eliminates a requirement that health data intermediaries must be certified by the commissioner, and makes conforming changes.

**Subd. 1. Authority to require organizations to apply.** Eliminates a requirement for health data intermediaries to apply to the commissioner for certificates of authority.

**Subd. 2. Certificate of authority for health data intermediaries.** Strikes a subdivision requiring health data intermediaries to be certified by the commissioner in order to operate and establishing criteria to obtain a certificate of authority.

**Subd. 3. Certificate of authority for health information organizations.** Strikes references to state-certified health data intermediaries to conform with elimination of a requirement for health data intermediaries to be certified by the commissioner.

**Subd. 4. Application for certificate of authority for health information organizations.** Modifies terms used, eliminates unnecessary language, and modifies cross-references to conform with elimination of a requirement for health data intermediaries to be certified by the commissioner.

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**Subd. 5. Reciprocal agreements between health information organizations.**

Strikes language requiring reciprocal agreements between health information organizations and health data intermediaries to meet the requirements in this subdivision. Strikes a reference to state-certified health data intermediary to conform with elimination of a requirement for health data intermediaries to be certified by the commissioner. Also strikes references to meaningful use and meaningful use transaction.

**4 Enforcement authority; compliance.**

Amends § 62J.4982. In a section governing enforcement and compliance for health information organizations, eliminates a requirement that health data intermediaries must be certified by the commissioner, eliminates the commissioner's authority to impose penalties on health data intermediaries, eliminates application and annual certificate fees for health data intermediaries, and modifies terms used to conform with elimination of the requirement for health data intermediaries to be certified by the commissioner.

**5 Prescription drug price increase reporting.**

Amends § 62J.84, subd. 3. In a section providing for prescription drug price transparency, changes the date by which drug manufacturers must begin submitting to the commissioner of health information on drug price increases of a certain percentage or more, from October 1, 2021, to January 1, 2022.

**6 New prescription drug price reporting.**

Amends § 62J.84, subd. 4. Changes the date by which drug manufacturers must begin submitting to the commissioner of health information on prices for certain new prescription drugs for sale in the United States, from October 1, 2021, to January 1, 2022.

**7 Newly acquired prescription drug price reporting.**

Amends § 62J.84, subd. 5. Changes the date by which a drug manufacturer that acquires a prescription drug with a price over a certain amount must begin submitting to the commissioner of health information on prices for that prescription drug, from October 1, 2021, to January 1, 2022.

**8 Public posting of prescription drug price information.**

Amends § 62J.84, subd. 6. Allows the commissioner to reference drug price data available from another source and facilitate public access to data from that source to meet the requirement in this subdivision to post or contract for the posting of price information for certain prescription drugs.

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**9 Legislative report.**

Amends § 62J.84, subd. 9. Changes the date by which the commissioner of health must begin submitting reports to the legislature on implementation of the Prescription Drug Price Transparency Act, from January 15, 2022, to May 15, 2022.

**10 Expiration of report mandates.**

Adds subd. 7 to § 144.05. Establishes expiration dates for legislatively mandated reports by the commissioner of health, if the mandate does not include a date for submission of a final report. For mandated reports enacted before January 1, 2021, makes the mandate expire for annual reports on January 1, 2023, and for biennial or less frequent reports on January 1, 2024. For mandated reports enacted on or after January 1, 2021, makes the mandate expire three years after the date of enactment for annual reports and five years after the date of enactment for biennial or less request reports, unless the enacting legislation provides for a different expiration date. By February 15 of each year beginning in 2022, requires the commissioner to report to certain members of the legislature on reports set to expire in the following calendar year.

This section is effective the day following final enactment.

**11 Initial and annual fee.**

Amends § 144.1205, subd. 2. A new paragraph (a) requires an entity obtaining a license for radioactive material or source or special nuclear material to pay an initial fee upon issuance of the initial license.

Paragraph (b) consolidates fee categories, establishes additional fee categories for facilities with multiple locations, modifies the names of fee categories, and modifies annual fee amounts for licensure for radioactive material or source or special nuclear material.

**12 Initial and renewal application fee.**

Amends § 144.1205, subd. 4. Specifies that the application fees due under this subdivision are for initial applications for licensure and to renew applications for licensure. Consolidates fee categories, deletes certain fee categories, and modifies application fees for licensure for radioactive material or source or special nuclear material.

**13 Reciprocity fee.**

Amends § 144.1205, subd. 8. Changes the application fee for reciprocal recognition of a radioactive materials license issued by another state or the federal Nuclear Regulatory Commission, from \$1,200 to \$2,400.

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**14 Fees for license amendments.**

Amends § 144.1205, subd. 9. Changes the fee to amend a license for radioactive material, from \$300 to \$600.

**15 Fees for general license registrations.**

Adds subd. 10 to § 144.1205. Establishes an annual registration fee of \$450 for the registration of generally licensed devices (devices that contain radioactive material and that are designed to detect, measure, or control thickness, density, level, interface location, radiation, leakage, or chemical composition, or designed to produce light or an ionizing atmosphere).

**16 Establishment; membership.**

Amends § 144.1481, subd. 1. Adds a licensed dentist to the membership of the Rural Health Advisory Committee and increases the committee's membership from 15 to 16 members.

**17 International medical graduate primary care residency grant program and revolving account.**

Amends § 144.1911, subd. 6. Adds general surgery residency programs to the types of primary care residency programs eligible for a grant to support residency positions designated for Minnesota immigrant physicians willing to serve in rural or underserved areas of the state.

**18 Report of marriage.**

Amends § 144.223. Removes race from the list of data on marriage licenses that local registrars and county board designees are required to report to the state registrar.

**19 Certified birth or death record.**

Amends § 144.225, subd. 7. Makes the following changes to who may obtain an individual's certified birth or death record:

- removes a requirement that an individual requesting a certified record has a tangible interest in the record and defining tangible interest, and instead just lists individuals who may obtain a certified record;
- removes from the list of individuals who may obtain a certified record, the party responsible for filing the record; and
- provides that for an attorney to obtain a certified record, the attorney must represent the subject of the record or another individual otherwise authorized in clause (1) to obtain a record (under current law any attorney may obtain a certified record).

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**20 Services for residents with dementia.**

Amends § 144G.84. Amends requirements for access to outdoor space for residents of assisted living facilities with dementia care, to require existing housing with services establishments that obtain an assisted living facility license to provide residents with regular access to outdoor space and to require a licensee with new construction or a new licensee to provide regular access to secured outdoor space on the premises of the facility. Requires access to outdoor space to be provided according to the resident’s care plan.

This section is effective August 1, 2021.

**21 Home visiting for pregnant women and families with young children.**

Adds §145.87. Establishes requirements for the provision of grants for home visiting programs.

**Subd. 1. Definitions.** Defines terms for this section: evidence-based home visiting program, evidence-informed home visiting program, health equity, and promising practice home visiting program.

**Subd. 2. Grants for home visiting programs.** Directs the commissioner of health to award grants to community health boards, nonprofit organizations, and Tribal nations to start up, sustain, or expand voluntary home visiting programs. Grant money must be used to establish, sustain, or expand evidence-based, evidence-informed, or promising practice home visiting programs that address health equity, use community-driven strategies, serve families with young children or pregnant women who are high risk or have high needs, and improve program outcomes in some of the listed areas.

**Subd. 3. Grant prioritization.** Directs the commissioner to prioritize grants to programs seeking to expand home visiting services with community or regional partnerships. Requires that at least 75% of the grant money awarded each grant cycle supports evidence-based programs and up to 25% supports evidence-informed or promising practice programs.

**Subd. 4. Administrative costs.** Allows the commissioner to use up to 7% of the annual appropriation for training and technical assistance and to administer and evaluate the program, and allows the commissioner to contract for training, capacity-building, technical assistance, and evaluation support.

**Subd. 5. Use of state general fund appropriations.** Provides that appropriations dedicated to establishing, sustaining, or expanding evidence-based home visiting programs must be awarded according to this section beginning July 1, 2021. Provides that this section does not govern grant awards of federal funds for

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home visiting programs or grant awards of state funds dedicated to nurse-family partnership home visiting programs.

**22 Food benefits.**

Amends § 145.893, subd. 1. Changes a term used, from vouchers to food benefits, in a subdivision authorizing eligible individuals to receive benefits to purchase nutritional supplements under WIC.

**23 State commissioner of health; duties, responsibilities.**

Amends § 145.894. Allows local health agencies to issue WIC food benefits three times per month, instead of twice per month as permitted under current law. Strikes obsolete language and changes a term used.

**24 Food benefits.**

Amends § 145.897. In a section governing foods eligible for purchase under WIC, provides that the federal Department of Agriculture, not the commissioner, determines allowable foods; changes a term used; and strikes language listing examples of allowable foods.

**25 Food benefits for organics.**

Amends § 145.899. In a section allowing WIC food benefits to be used to buy cost-neutral organic allowable foods, changes a term used.

**26 Nurse-family partnership programs.**

Adds § 145A.145. Directs the commissioner of health to award expansion grants to community health boards and Tribal nations to start up, expand, or sustain nurse-family partnership home visiting programs. Provides that priority for grants shall be given to NFP programs that provide services through a Minnesota health care program-enrolled provider that accepts MA, and that priority for grants in rural areas shall be for community health boards, nonprofit organizations, and Tribal nations that start up, expand, or sustain services within a regional partnership. States that funding must be used to supplement, and not replace, funds being used for nurse-family partnership home visiting services as of June 30, 2015.

**27 Labeling requirements.**

Amends § 151.72, subd. 5. Amends a subdivision governing labeling requirements for products containing cannabinoids extracted from hemp, to allow the label to contain a scannable bar code or QR code that links to the product manufacturer's website, instead of containing the specified information on the manufacturer, the lab used to test the product, and the amount or percentage of cannabinoids in each unit of the product.

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**28 Hemp processor.**

Adds subd. 5c to § 152.22. Adds a definition of hemp processor to the medical cannabis statutes.

**29 Medical cannabis.**

Amends § 152.22, subd. 6. Amends the definition of medical cannabis for the medical cannabis program to allow delivery of medical cannabis via combustion of dried raw cannabis.

This section is effective the earlier of (1) March 1, 2022, or (2) a date by which rules on combustion of dried raw cannabis are in effect and independent laboratories are able to perform the required tests of dried raw cannabis.

**30 Registered designated caregiver.**

Amends § 152.22, subd. 11. Amends the definition of registered designated caregiver for the medical cannabis program to remove a requirement that a health care practitioner identify a patient as needing assistance in administering or obtaining medical cannabis due to a disability.

This section is effective the day following final enactment.

**31 Limitations.**

Amends § 152.23. States that the medical cannabis statutes do not permit, or prevent the imposition of penalties for, combusting medical cannabis in any of the listed locations or where the smoke would be inhaled by a minor child.

**32 Rulemaking.**

Amends § 152.26. Allows the commissioner to adopt or amend rules to implement the addition of dried raw cannabis as an allowable form of medical cannabis, allows the commissioner to adopt rules using the procedure to adopt exempt rules, and provides that the two-year limit on the effect of such rules does not apply to these rules.

This section is effective the day following final enactment.

**33 Commissioner duties.**

Amends § 152.27, subd. 2. Allows the commissioner of health to remove a qualifying medical condition from the list of qualifying medical conditions that permit patients to enroll in the medical cannabis program, based on a petition from a member of the public or a task force on medical cannabis therapeutic research or as directed by law. (Under current law the commissioner may add or modify a qualifying medical condition.)

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**34 Patient application.**

Amends § 152.27, subd. 3. Removes a reference in the medical cannabis statutes to a health care practitioner determining, as part of the patient application, that the patient needs assistance in administering or obtaining medical cannabis due to a disability.

This section is effective the day following final enactment.

**35 Registered designated caregiver.**

Amends § 152.27, subd. 4. In the medical cannabis statutes governing registered designated caregivers, removes a requirement that a health care practitioner must certify that a patient is disabled and therefore needs assistance in administering or obtaining medical cannabis in order for the commissioner to register a designated caregiver for the patient. Allows a registered designated caregiver to be caregiver for up to six patients at once (rather than one patient as in current law), and counts patients who live in the same residence as one patient.

This section is effective the day following final enactment.

**36 Health care practitioner duties.**

Amends § 152.28, subd. 1. Deletes from the list of health care practitioner duties under the medical cannabis statutes, the duty of determining whether a patient is disabled and needs assistance administering or obtaining medical cannabis due to that disability.

This section is effective the day following final enactment.

**37 Manufacturer; requirements.**

Amends § 152.29, subd. 1. Allows a medical cannabis manufacturer to acquire hemp products produced by a hemp processor licensed by the commissioner of agriculture under chapter 18K. (Under current law a manufacturer is authorized to acquire hemp from a hemp grower.) Allows a manufacturer to manufacture or process hemp products into an allowable form of medical cannabis, and makes hemp products subject to the quality control, security, testing, and other requirements that apply to medical cannabis. Requires a manufacturer's operating documents to include procedures for the delivery and transportation of hemp products between hemp processors and manufacturers, and requires a manufacturer to verify that a hemp processor is licensed under chapter 18K before acquiring hemp products from the processor.

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**38 Manufacturer; distribution.**

Amends § 152.29, subd. 3. Modifies requirements for distribution of medical cannabis, to:

- allow pharmacist consultations to occur by telephone or other remote means, in addition to by videoconference as permitted under current law (consultations by telephone or other remote means are permitted by executive order during the peacetime emergency);
- eliminate a requirement that the pharmacist consultation occur when the patient is at the distribution facility;
- provide that a pharmacist consultation is not required when the manufacturer is distributing medical cannabis according to a patient-specific dosage plan and is not modifying the dosage or product; and
- specify that medical cannabis in dried raw cannabis form shall be distributed only patients age 21 or older or their caregivers.

Paragraph (c) (pharmacist consultations) is effective the day following final enactment. Paragraph (e) (distribution of dried raw cannabis) is effective the earlier of (1) March 1, 2022, or (2) a date by which rules on combustion of dried raw cannabis are in effect and independent laboratories are able to perform the required tests of dried raw cannabis.

**39 Distribution to recipient in a motor vehicle.**

Adds subd. 3b to § 152.29. Allows a manufacturer to distribute medical cannabis to a patient, registered designated caregiver, or other caregiver who is at the distribution facility but remains in a motor vehicle, provided the requirements in the subdivision are met regarding the storage and distribution of medical cannabis and payment. (Dispensing medical cannabis to patients and caregivers who remain in their vehicles is permitted by executive order during the peacetime emergency.)

This section is effective the day following final enactment.

**40 Disposal of medical cannabis plant root balls.**

Adds subd. 3c to § 152.29. An administrative rule currently requires medical cannabis manufacturers to render medical cannabis plant material waste unusable and unrecognizable by grinding the waste and incorporating it with other solid waste. This section exempts manufacturers from being required to grind medical cannabis plant root balls or to incorporate the root balls with other solid waste before transporting them to another location for disposal.

This section is effective the day following final enactment.

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**41 Data practices.**

Amends § 152.31. Allows the commissioner of health to execute data sharing arrangements with the commissioner of agriculture to verify licensing, inspection, and compliance information related to hemp processors (in addition to hemp growers as permitted under current law).

**42 Exemptions.**

Amends § 157.22. Modifies an exemption from licensure as a food and beverage service establishment under chapter 157, to provide that food provided at an event on the grounds of a faith-based organization may be made available for curbside pickup or delivery without the entity preparing the food being licensed, as long as the other requirements in this clause are met.

**43 Wrongfully obtaining assistance.**

Amends § 256.98, subd. 1. In a subdivision making it a crime to wrongfully obtain certain public assistance, changes a term used related to WIC and makes a technical change.

**44 Asbestos-related work.**

Amends § 326.71, subd. 4. Amends a definition of asbestos-related work for sections governing asbestos abatement, to remove an exception to the asbestos abatement requirements for work on asbestos-containing floor tiles, sheeting, roofing materials, siding, and ceilings in single family homes and buildings with four or fewer dwelling units.

**45 Licensing fee.**

Amends § 326.75, subd. 1. Increases the licensing fee to perform asbestos-related work from \$100 to \$105.

**46 Certification fee.**

Amends § 326.75, subd. 2. Increases the fee for certification as an asbestos worker or asbestos site supervisor from \$50 to \$52.50. Establishes in statute a \$105 fee for certification as an asbestos inspector, asbestos management planner, or asbestos project designer (current fees are established in Minnesota Rules, chapter 4620, and are \$100 per certification), and removes authority for the commissioner to establish these certification fees by rule.

**47 Permit fee.**

Amends § 326.75, subd. 3. Increases the project permit fee that must be paid to the commissioner for asbestos-related work from one percent to two percent of the total costs of the asbestos-related work.

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

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**48 Appropriations.**

Amends Laws 2008, ch. 364, § 17. Strikes language requiring an annual transfer of \$77,000 from the state government special revenue fund to the general fund, to address a structural deficit in the state government special revenue fund.

This section is effective July 1, 2021.

**49 Commissioner of health.**

Amends Laws 2019, First Special Session ch. 9, art. 14. § 3, as further amended. Eliminates a fiscal year 2021 general fund appropriation to the commissioner of health for prescription drug price transparency reporting requirements, and reduces fiscal year 2021 state government special revenue fund appropriations to the commissioner of health to address a structural deficit in the state government special revenue fund.

**50 Housing with services establishment registration; conversion to assisted living facility license.**

Amends Laws 2020, Seventh Special Session ch. 1, art. 6, § 12, subd. 4. Corrects a cross-reference in a subdivision governing conversion of housing with services establishments from registration to assisted living facility licensure.

This section is effective retroactively from December 17, 2020.

**51 Direction to modify marriage license applications.**

Directs a local registrar or county board designee to remove from a county's marriage license application, any space where the applicant is required to specify the applicant's race.

## **Article 4: Health-Related Licensing Boards**

This article modifies definitions and establishes licensing requirements for medical gas manufacturers, wholesalers, and dispensers.

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

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**1 Medical gas.**

Amends § 151.01, subd. 29. Modifies the definition for medical gas.

**2 Medical gas manufacturer.**

Amends § 151.01, subd. 29a. Adds a definition for medical gas manufacturer.

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

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- 3      **Medical gas wholesaler.**  
Amends § 151.01, subd. 29b. Adds a definition for medical gas wholesaler.
- 4      **Medical gas dispenser.**  
Amends § 151.01, subd. 29c. Adds a definition for medical gas dispenser.
- 5      **Licensing medical gas facilities; fees; prohibitions.**  
Proposes coding for § 151.191. Creates a separate license and license requirements for medical gas manufacturers, medical gas wholesalers, and medical gas dispensers.
- 6      **Repealer.**  
Repeals subdivision relating to the sale of federally restricted medical gases.

## **Article 5: Prescription Drugs**

This article contains provisions that modify existing limitations on pharmacy gag clauses and make changes in the operation of the drug repository program.

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

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- 1      **Gag clause prohibition.**  
Amends § 62W.11. Provides that a PBM or health carrier must not prohibit a pharmacist or pharmacy from discussing with patients the pharmacy's acquisition cost for a prescription drug and the amount the pharmacy is being reimbursed by the PBM or health carrier for the drug.  
  
Also provides that a PBM must not prohibit a pharmacist or pharmacy from discussing with the health carrier the amount the pharmacy is being paid or reimbursed for a prescription drug by the PBM or the pharmacy's acquisition cost for a drug.
- 2      **Definitions.**  
Amends § 151.555, subd. 1. Includes over-the-counter medications in the definition of drugs that may be donated to the drug repository program. Provides an immediate effective date.
- 3      **Standards and procedures for inspecting and storing donated prescription drugs and supplies.**  
Amends § 151.555, subd. 7. The amendment to paragraph (b) eliminates the requirement that donated drugs and supplies that are not inspected immediately upon receipt be quarantined separately from dispensing stock until inspection. The

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

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amendment to paragraph (f) reduces from five to two years the time period during which a repository must maintain records of drugs and supplies that are destroyed because they are not dispensed, subject to recall, or not suitable for donation. Provides an immediate effective date.

**4 Forms and record-keeping requirements.**

Amends § 151.555, subd. 11. Reduces from five to two years the time period during which a repository must maintain all records. Provides an immediate effective date.

**5 Cooperation.**

Amends § 151.555, by adding subd. 14. Allows the central repository, with the approval of the Board of Pharmacy, to enter into an agreement with another state that has a drug repository or drug donation program that meets specified standards, to permit the central repository to offer inventory to another state program, and to accept inventory from another state program. Provides an immediate effective date.

## **Article 6: Health Insurance**

This article establishes requirements for health plan companies to make timely provider credentialing determinations.

**Section Description – Article 6: Health Insurance**

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**1 Requirements for timely provider credentialing.**

Adds § 62Q.097. Establishing timely provider credentialing requirements for health plan companies.

**Subd. 1. Definitions.** Defines terms for this section: clean application for provider credentialing or clean application, and provider credentialing.

**Subd. 2. Time limit for credentialing determination.** When a health plan company receives an application for provider credentialing, requires the health plan company, if the application is a clean application, to affirm that the application is a clean application and notify the provider, clinic, or facility of the date by which the health plan company will make a determination, and make a determination within 45 days after receiving the application. If the application is not a clean application, the health plan company must inform the provider of the application's deficiencies or missing information within three business days after determining the application is not clean. If the health plan company identifies a quality or safety concern during credentialing, allows the health plan company 30

**Section Description – Article 6: Health Insurance**

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additional days to investigate these concerns and requires provision of notice to the provider, clinic, or facility.

## **Article 7: Telehealth**

This article modifies Minnesota Family Investment Program and diversionary work program application procedures to permit online and telephone applications.

**Section Description – Article 7: Telehealth**

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**1 Date of application.**

Amends § 256J.08, subd. 21. Permits applicants for the Minnesota Family Investment Program (MFIP) to submit initial applications online or via telephone.

**2 Submitting application form.**

Amends § 256J.09, subd. 3. Modifies county agency duties related to the information the agency must provide to potential MFIP applicants by requiring the agency to inform a person that the application may be submitted by telephone or through Internet telepresence and the interview may be conducted by telephone. Makes technical and conforming changes.

**3 County agency to provide orientation.**

Amends § 256J.45, subd. 1. Removes the requirement that the MFIP orientation be provided face-to-face.

**4 Submitting application form.**

Amends § 256J.95, subdivision 5. Authorizes assistance under the diversionary work program (DWP) to begin on the date that an applicant submits an initial application online or via telephone. Requires county agencies to inform applicants submitting an initial application online or via telephone that the county agency must receive the applicant's signed written application within 30 days of submitting the initial application.

## **Article 8: Economic Supports**

This article contains provisions that allow Tribal governments to access the Minnesota food shelf program, clarify funding authority for emergency assistance, and modify requirements related to MFIP late household form contacts.

**Section Description – Article 8: Economic Supports**

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- 1 Distribution of appropriation.**  
Amends § 256E.34, subd. 1. Allows food shelves affiliated with a federally recognized Tribal nation to be eligible for food shelf grants.
- 2 Late MFIP household report forms.**  
Amends § 256J.30, subd. 8. Requires the county agency to contact the MFIP caregiver by phone or in writing to acquire the necessary information to complete the MFIP household report form when the agency receives an incomplete form (under current law the county agency must return the incomplete form and clearly state what the caregiver must do to complete the form).
- 3 Consolidated fund.**  
Amends § 256J.626, subd. 1. Clarifies use of the MFIP consolidated fund by tribes.  
  
Provides a July 1, 2021, effective date.

## **Article 9: Child Protection**

This article makes changes to Northstar kinship and adoption assistance and reimbursement provisions, and updates adoption provisions.

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

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- 1 Permanent legal and physical custody.**  
Amends § 256N.02, subd. 16. Makes clarifying changes; specifies that joint custody arrangements with a child’s parent and a relative custodian do not qualify for Northstar kinship assistance.
- 2 Reassessment.**  
Amends § 256N.02, subd. 17. Removes “guardianship” from definition.
- 3 General eligibility requirements.**  
Amends § 256N.22, subd. 1. Makes clarifying changes related to permanent legal and physical custody.
- 4 Special needs determination.**  
Amends § 256N.23, subd. 2. Makes clarifying changes related to adoption consent; strikes cross-reference to direct adoptive placements section.

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

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- 5      **Exclusions.**  
Amends § 256N.23, subd. 6. Makes clarifying changes related to relative custodians receiving Northstar kinship assistance.
- 6      **Assessment.**  
Amends § 256N.24, subd. 1. Removes reference to children eligible for kinship assistance, so that only at-risk children eligible for adoption assistance are excluded from the assessment provision.
- 7      **Completing the special assessment.**  
Amends § 256N.24, subd. 8. Strikes language regarding at-risk children in the special assessment process.
- 8      **Completion of reassessment.**  
Amends § 256N.24, subd. 11. Strikes language regarding kinship assistance in provision assigning assessment level when a child’s caregiver does not cooperate with a reassessment.
- 9      **Approval of initial assessments, special assessments, and reassessments.**  
Amends § 256N.24, subd. 12. Modifies terminology.
- 10     **Assessment tool determines rate of benefits.**  
Amends § 256N.24, subd. 14. Modifies terminology.
- 11     **Agreement; Northstar kinship assistance; adoption assistance.**  
Amends § 256N.25, subd. 1. Adds cross-reference.  
  
Makes this section effective August 1, 2021.
- 12     **Reimbursement of nonrecurring expenses.**  
Amends § 256N.25 by adding subd. 1a. Paragraph (a) requires the commissioner to reimburse a relative custodian with a kinship assistance benefit agreement for costs incurred while seeking permanent legal and physical custody of the child, up to \$2,000. Outlines expenses eligible for reimbursement and process for requests.  
  
Paragraph (b) requires the commissioner to reimburse an adoptive parent for costs incurred when adopting a child with special needs, up to \$2,000. Outlines expenses eligible for reimbursement, children’s eligibility for adoption expense reimbursement, and process for requests.  
  
Makes this section effective August 1, 2021.

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

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- 13     **Time for filing petition.**  
Amends § 259.22, subd. 4. Updates cross-reference.  
  
Makes this section effective August 1, 2021.
- 14     **Parental responsibilities.**  
Amends § 259.35, subd. 1. Updates cross-reference.
- 15     **Reimbursement of nonrecurring adoption expenses.**  
Amends § 259.73. Updates cross-reference.

## **Article 10: Child Protection Policy**

This article makes changes related to Family First Prevention Services Act implementation, modifies provisions related to child safety and permanency and adoption requirements and procedures, and exempts health care professionals from reporting prenatal substance use, in specified circumstances. The article also provides for parent notification of contested case hearings, modifies child support guidelines and other child support provisions, and removes interest charging requirements for child support judgments.

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

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- 1     **Admission criteria.**  
Amends § 245.4885, subd. 1. Modifies terminology; clarifies that the validated tool used to determine a child’s need for out-of-home care may be the tool approved for the child’s assessment for placement in a qualified residential treatment program, if the juvenile screening team recommended such placement.  
  
Makes this section effective September 30, 2021.
- 2     **At risk of becoming a victim of sex trafficking or commercial sexual exploitation.**  
Amends § 245A.02 by adding subd. 3c. Adds definition of a youth who is “at risk of becoming a victim of sex trafficking or commercial sexual exploitation” to the human services licensing chapter.  
  
Makes this section effective the day following final enactment.
- 3     **Children’s residential facility.**  
Amends § 245A.02 by adding subd. 4a. Adds definition of “children’s residential facility” to human services licensing chapter.

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

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- Makes this section effective the day following final enactment.
- 4     **Foster family setting.**  
Amends § 245A.02 by adding subd. 6d. Adds definition of “foster family setting” to human services licensing chapter.  
  
Makes this section effective the day following final enactment.
- 5     **Foster residence setting.**  
Amends § 245A.02 by adding subd. 6e. Adds definition of “foster residence setting” to human services licensing chapter.  
  
Makes this section effective the day following final enactment.
- 6     **Trauma.**  
Amends § 245A.02 by adding subd. 18a. Adds definition of “trauma” to human services licensing chapter.  
  
Makes this section effective the day following final enactment.
- 7     **Victim of sex trafficking or commercial sexual exploitation.**  
Amends § 245A.02 by adding subd. 23. Adds definition of “victim of sex trafficking or commercial sexual exploitation” to human services licensing chapter.  
  
Makes this section effective the day following final enactment.
- 8     **Youth.**  
Amends § 245A.02 by adding subd. 24. Adds definition of “youth” to human services licensing chapter.  
  
Makes this section effective the day following final enactment.
- 9     **First date of working in a facility or setting; documentation requirements.**  
Amends § 245A.041 by adding subd. 6. Adds requirements for children’s residential facility and foster residence settings license holder documentation of the first date of work for a background study subject.  
  
Makes this section effective August 1, 2021.
- 10    **Residential program certifications for compliance with the Family First Prevention Services Act.**  
Proposes coding for § 245A.25. Adds section establishing certification requirements for children’s residential facilities or child foster residence settings to receive federal

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

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Title IV-E funding; outlines the types of facilities and program certifications, certification requirements, trauma-informed care requirements, monitoring and inspection processes, decertification processes, and variances.

Makes this section effective the day following final enactment.

**11 American Indian child welfare projects.**

Amends § 256.01, subd. 14b. Adds Tribal host contract language.

Makes this section effective the day following final enactment.

**12 Contracting within and across county lines; lead county contracts; lead Tribal contracts.**

Amends § 256.0112, subd. 6. Makes clarifying changes; adds language relating to lead Tribal contracts for initiative tribes.

Makes this section effective the day following final enactment.

**13 Appeals of good cause determinations.**

Amends § 256.741 by adding subd. 12a. Allows an individual to appeal a determination of good cause for noncooperation with a child support agency. Outlines appeal request process; specifies that the child support agency must cease enforcement efforts and reporting until a decision on the appeal is issued.

**14 Reporting noncooperation.**

Amends § 256.741 by adding subd. 12b. Outlines circumstances under which the public authority may issue a notice of an individual's noncooperation with a child support agency to each public assistance agency providing public assistance to the individual.

**15 Adult adoption.**

Amends § 259.241. Adds paragraph to adult adoption section allowing a person in extended foster care to consent to his or her own adoption.

**16 Preadoption residence.**

Amends § 259.53, subd. 4. Makes clarifying changes.

**17 Withdrawal of registration.**

Amends § 259.75, subd. 5. Adds clarifying language.

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

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- 18      **Periodic review of status.**  
Amends § 259.75, subd. 6. Modifies state adoption exchange status review provision; allows the commissioner to determine that a child who is not registered must be registered and to require the registration within 10 working days. Makes clarifying changes.
- 19      **Rules; staff.**  
Amends § 259.75, subd. 9. Allows commissioner to contract for services to carry out the section.
- 20      **Social and medical history.**  
Amends § 259.83, subd. 1a. Makes clarifying changes; updates cross-references.
- 21      **General information.**  
Amends § 259A.75, subd. 1. Makes clarifying change.
- 22      **Purchase of service contract child eligibility criteria.**  
Amends § 259A.75, subd. 2. Removes paragraph (b) regarding a child under the guardianship of the commissioner; makes clarifying changes.
- 23      **Agency eligibility criteria.**  
Amends § 259A.75, subd. 3. Makes clarifying change.
- 24      **Application and eligibility determination.**  
Amends § 259A.75, subd. 4. Makes clarifying changes.
- 25      **Licensed residential family-based substance use disorder treatment program.**  
Amends § 260C.007, subd. 22a. Makes clarifying changes.
- 26      **Qualified individual.**  
Amends § 260C.007, subd. 26c. Clarifies who may be a “qualified individual” for purposes of completing a child’s assessment for placement in a qualified residential treatment program, when the Indian Child Welfare Act applies to a child.
- 27      **Sexually exploited youth.**  
Amends § 260C.007, subd. 31. Adds federal definition of commercial sexual exploitation to definition of “sexually exploited youth.”  
  
Makes this section effective September 30, 2021.

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

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**28 Juvenile treatment screening team.**

Amends § 260C.157, subd. 2. Clarifies sexual exploitation language and makes other clarifying changes; requires the responsible social services agency to obtain recommendations from the child’s tribe on which individuals to include on the team, if applicable.

Makes this section effective September 30, 2021.

**29 Out-of-home placement; plan.**

Amends § 260C.212, subd. 1. Modifies process for provision of a current copy of a child’s health and education record upon the child’s discharge from foster care. Allows the responsible social services agency to give the record and social and medical history to a child who is younger than 14, in certain circumstances.

**30 Out-of-home placement plan update.**

Amends § 260C.212, subd. 1a. Specifies that the responsible social services agency must file its report seeking the court's approval of the child's placement at a qualified residential treatment program; makes clarifying changes throughout.

Makes this section effective September 30, 2021.

**31 Placement decisions based on best interests of the child.**

Amends § 260C.212, subd. 2. Includes the parent, guardian, or custodian of the child’s siblings in who is considered a relative for placement decisions.

**32 Protecting missing and runaway children and youth at risk of sex trafficking or commercial sexual exploitation.**

Amends § 260C.212, subd. 13. Adds commercial sexual exploitation terminology; makes clarifying changes.

Makes this section effective September 30, 2021.

**33 Social and medical history.**

Amends § 260C.212 by adding subd. 15. Adds subdivision requiring the responsible social services agency to complete each child’s social and medical history using forms developed by the commissioner. Outlines further requirements for completing the social and medical history.

**34 Children reaching age of majority; copies of records.**

Amends § 260C.219, subd. 5. Makes clarifying changes; updates cross-references.

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

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- 35      **Payment for residential placements.**  
Amends § 260C.4412. Specifies that a lead county contract is not required to establish foster care maintenance payments for foster residence settings. Requires foster maintenance payments to be consistent with provisions in chapter 256N.  
  
Makes this section effective for placements made in licensed residential settings after September 30, 2021.
- 36      **Successful transition to adulthood.**  
Amends § 260C.452.  
  
    **Subd. 1. Scope and purpose.** Defines “youth” for purposes of this section; makes clarifying changes. Adds clauses (4), (5), and (6) specifying circumstances that would make youth eligible for services under this section. Adds paragraph (c), specifying the purpose of the section. Adds paragraph (d) specifying that the responsible social services agency may provide case management and support until a youth is 23 years of age.  
  
    **Subd. 1a. Case management services.** Outlines what case management services include for successful transition to adulthood under this section.  
  
    **Subd. 2. Independent living plan.** Makes clarifying changes.  
  
    **Subd. 3. Notification.** Strikes subdivision.  
  
    **Subd. 4. Administrative or court review of placements.** Modifies terminology and references, makes clarifying changes.  
  
    **Subd. 5. Notice of termination of social services.** Modifies terminology and references; removes paragraphs relating to termination of foster care and court review of terminations. Adds paragraph relating to case management service termination, notice, and appeal rights.  
  
Makes this section effective July 1, 2021.
- 37      **Termination of parental rights.**  
Amends § 260C.503, subd. 2. Updates cross-reference.
- 38      **Guardianship; commissioner.**  
Amends § 260C.515, subd. 3. Makes clarifying changes.
- 39      **Requirements.**  
Amends § 260C.605, subd. 1. Updates cross-references.

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

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- 40      **Motion and hearing to order adoptive placement.**  
Amends § 260C.607, subd. 6. Updates cross-reference.
- 41      **Social and medical history.**  
Amends § 260C.609. Updates requirements for the responsible social services agency to provide a prospective adoptive parent with a child’s social and medical history; specifies return of history and documents if the adoption is not pursued; requires the agency to submit the history to the Department of Human Services when the agency submits the child’s adoption placement agreement.
- 42      **Duties of commissioner.**  
Amends § 260C.615. Updates cross-reference; makes clarifying changes.
- 43      **Requirements for the qualified individual’s assessment of the child for placement in a qualified residential treatment program.**  
Amends § 260C.704. Provides exception to requirement for an assessment prior to placement in a qualified residential treatment program for immediate placements in crisis situations; requires an assessment within 30 days of the child’s placement. Requires that a level of care determination be shared with the qualified individual and the juvenile treatment screening team. Modifies requirements for distributing and filing completed qualified residential treatment facility placement assessments. Modifies placement and referral requirements based on qualified individual recommendations.  
  
Makes this section effective September 30, 2021.
- 44      **Family and permanency team requirements.**  
Amends § 260C.706. Modifies cross-reference and makes clarifying changes.  
  
Makes this section effective September 30, 2021.
- 45      **Out-of-home placement plan for qualified residential treatment program placements.**  
Amends § 260C.708. Modifies cross-reference and terminology; adds required content for a child’s out-of-home placement plan when the responsible social services agency places a child in a qualified residential treatment program; adds placement preference requirements.  
  
Makes this section effective September 30, 2021.
- 46      **Court approval requirements.**  
Amends § 260C.71 by adding subdivisions 1, 2, 3, 4, and 5.

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

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**Subd. 1. Judicial review.** Requires placement in a qualified residential treatment facility in specified circumstances. Requires responsible social services agency to obtain a court order within 60 days of placement, that finds that the placement is appropriate and meets the child’s needs.

**Subd. 2. Qualified residential treatment program; agency report to court.** Requires a written report to be filed with the court within 35 days of the child’s placement; specifies required contents of the written report. Requires the agency to inform a child who is 10 or older, and the child’s parent, of the court review requirements and of their right to submit information to the court.

**Subd. 3. Court hearing.** Outlines when a court must hold a hearing and when the court has discretion to hold a hearing.

**Subd. 4. Court findings and order.** Adds clarifying language; adds requirements for when a court disapproves of a child’s placement in a qualified residential treatment program.

**Subd. 5. Court review and approval not required.** Specifies circumstances under which a court hearing and order are not required. Under these circumstances, requires the responsible social services agency to make a plan for the child’s placement and file the assessment determination with the court at the next required hearing.

Makes this section effective September 30, 2021.

**47 Ongoing reviews and permanency hearing requirements.**

Amends § 260C.712. Adds cross-references to 260D sections; adds requirement for the responsible social services agency to submit compelling reasons for placing a child in a qualified residential treatment program in another state, and reasons the child’s needs cannot be met by an in-state placement.

Makes this section effective September 30, 2021.

**48 Review of extended qualified residential treatment program placements.**

Amends § 260C.714. Modifies reference.

Makes this section effective September 30, 2021.

**49 Child in voluntary foster care for treatment.**

Amends § 260D.01. Makes clarifying changes; adds paragraph specifying that chapter 260D includes requirements for child placement in a qualified residential treatment program. Adds paragraphs specifying that ongoing planning for a child includes engaging with the responsible social services agency to ensure that the family and

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

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permanency team makeup is appropriate, that the agency must consult with the child if over age 14, and the child’s parent or legal guardian regarding members of the family and permanency team and engaging in a relative search.

Makes this section effective September 30, 2021.

**50 Administrative review of child in voluntary foster care for treatment.**

Amends § 260D.05. Adds reference to requirements under section 260C.712.

Makes this section effective September 30, 2021.

**51 Agency report to court; court review.**

Amends § 260D.06, subd. 2. Adds reference to requirements under section 260C.712.

Makes this section effective September 30, 2021.

**52 Required permanency review hearing.**

Amends § 260D.07. Adds reference to requirements under section 260C.712.

Makes this section effective September 30, 2021.

**53 Annual review.**

Amends § 260D.08. Adds reference to requirements under section 260C.712.

Makes this section effective September 30, 2021.

**54 Successful transition to adulthood for youth in voluntary placement.**

Amends § 260D.14. Modifies terminology, makes clarifying and conforming changes. Lowers the age for review of transition to adulthood from 17 to 14.

Makes this section effective July 1, 2021.

**55 Face-to-face contact.**

Amends § 260E.20, subd. 2. Allows for face-to-face contact in response to a report alleging sexual abuse or substantial child endangerment to be postponed for up to five calendar days, if the child is residing in a location that is confirmed to restrict contact with the alleged offender, or the local welfare agency is pursuing a court order for the child’s caregiver to produce the child for an interview.

**56 Reports required.**

Amends § 260E.31, subd. 1. Removes the requirement for health care and social services professionals to report a woman’s use of a controlled substance for a nonmedical purpose or excessive consumption of alcohol during pregnancy to the

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

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local welfare agency, if the professional is providing or collaborating with other professionals to provide the woman with prenatal care, postpartum care, or other health care services, including care of the woman’s infant. Adds a clause to reinstate the requirement if the woman does not continue to receive regular care.

**57 Notification of contested case hearing.**

Amends § 260E.33 by adding subd. 6a. Specifies that, in a contested case hearing appealing a licensing sanction or disqualification related to a maltreatment determination, the administrative law judge must inform the maltreated child’s parent, legal custodian, or guardian of the right to file a written statement and the right to attend and participate in the hearing. Specifies notice requirements, requirements for the written statement, and procedures for providing the address of a parent, legal custodian, or guardian.

**58 Sex trafficking and sexual exploitation training requirement.**

Amends § 260E.36 by adding subd. 1b. Adds requirement for all child protection workers to complete training on sex trafficking and sexual exploitation of children and youth.

Makes this section effective July 1, 2021.

**59 Implementation; administration.**

Amends § 518.17, subd. 1. Requires the court to list parenting education program information on their website.

**60 Attendance.**

Amends § 518.157, subd. 3. Allows parties who have not agreed to a parenting time schedule who are required to take the parenting education class to do so online. Also requires the parties to complete the class before the initial case management conference, unless otherwise ordered by the court, and to be provided for information by the court on how to resolve disagreements through mediation.

**61 Contents.**

Amends § 518.68, subd. 2. Removes interest charging language; removes paragraph (k), stating that the public authority may suspend or resume interest charging on child support judgments under certain conditions, from child support judgment notice requirements.

Removes statement that interest begins to accrue on child support payments when the amount due is greater than the support due, from judgments for unpaid support notice requirement.

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

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Adds language to required notice in judgments for unpaid maintenance, stating that the public authority is not responsible for calculating interest on a judgment for unpaid spousal maintenance; provides exception for collecting interest on unpaid spousal maintenance in IV-D cases.

Makes this section effective August 1, 2022.

**62 Calculation of gross income.**

Amends § 518A.29. Removes deduction of court-ordered child support payments from other periodic payments received by a party for purposes of determining gross income.

Makes this section effective January 1, 2023.

**63 Deduction from income for nonjoint children.**

Amends § 518A.33. Specifies that court-ordered child support or spousal maintenance payments are to be deducted from the payor's gross income.

Additionally requires a deduction to be calculated when a parent is legally responsible for a nonjoint child and that parent is not obligated to pay court-ordered basic child support for the nonjoint child to the other parent or legal guardian. Specifies that this deduction is calculated using the basic support guideline table and the gross income of the parent for whom the deduction is being calculated, minus other deductions and up to six eligible nonjoint children. Modifies the deduction for nonjoint children from 50 percent to 75 percent of the guideline amount.

Makes this section effective January 1, 2023.

**64 Determination of support obligation.**

Amends § 518A.35, subd. 1. Specifies the support obligation determination for when a support order is sought in an action involving only one parent. Increases maximum combined parental income for the presumed basic child support obligations from \$15,000 to \$20,000.

Makes this section effective January 1, 2023.

**65 Basic support; guideline.**

Amends § 518A.35, subd. 2. Updates the basic support guideline table amounts and makes low-income adjustments.

Makes this section effective January 1, 2023.

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

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**66 Child care exception.**

Amends § 518A.39, subd. 7. Specifies that a decrease in child care support is effective the date the child care expenses terminate.

**67 Child care cost information.**

Amends § 518A.40 by adding subd. 3a. Paragraph (a) requires the obligee to give the child care provider the name and address of the obligor, and to give the obligor the contact information of the child care provider. It also requires the obligee to provide the obligor with verification from the child care provider indicating child care expenses for the previous year, by February 1 of each year. Also requires the obligee to inform the obligor of changes to child care, and allows the obligor to request the verification from the provider if the obligee fails to provide it.

Paragraph (b) requires the obligee to notify the obligor and the public authority when the obligee is no longer incurring child care expenses.

**68 Change in child care.**

Amends § 518A.40, subd. 4. Paragraph (d) specifies that, in cases where child care expenses have ended, parties may modify the order.

Paragraph (e) allows parties to contact the public authority about filing a stipulation to modify or terminate the child care support amount, when the public authority is providing child support services.

**69 Ability to pay; self-support adjustment.**

Amends § 518A.42.

**Subd. 1. Ability to pay.** Modifies the calculation of the obligor's income available for support by subtracting the self-support reserve from parental income for determining support (PICS) instead of gross income.

**Subd. 2. Minimum basic support amount.** Modifies provisions related to minimum basic support amounts for certain numbers of children; increases maximum to six or more children. Removes provision specifying that the minimum amounts do not apply if an obligor receives no income and completely lacks the ability to earn an income.

**Subd. 3. Exception.** Adds paragraph (b) with language removed from the subdivision above. Adds paragraph (c), specifying that the minimum basic support amount does not apply if the obligor's basic support amount is reduced below the minimum due to the parenting expense adjustment.

Makes this section effective January 1, 2023.

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

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**70 Increase in income of custodial parent.**

Amends § 518A.43 by adding subd. 1b. Allows the court to deviate from the presumptive child support obligation in a modification when the only change in circumstances is an increase in the custodial parent's income and:

- 1) the basic support increases;
- 2) the parties' combined gross income is \$6,000 or less; or
- 3) the obligor's income is \$2,000 or less.

Makes this section effective January 1, 2023.

**71 Consumer reporting agency; reporting arrears.**

Amends § 518A.685. Makes public authority reporting of child support arrears to a consumer reporting agency optional, not required. Adds option for obligor to enter into a written and approved payment agreement for child support arrears to prevent reporting of arrears to a consumer reporting agency.

Makes this section effective January 1, 2023.

**72 Motion to transfer to Tribal court.**

Proposes coding for § 518A.80. Defines terms; creates authority for a state court to transfer a post-judgment child support, custody, or parenting time action to a Tribal court when the district court and Tribal court have concurrent jurisdiction, the Tribal IV-D child support agency is providing services, and no objections are filed. Establishes court procedures; requires transfer to Red Lake Nation Tribal Court under certain circumstances.

Makes this section effective the day following final enactment.

**73 Child support judgment by operation of law.**

Amends § 548.091, subd. 1a. Removes language regarding interest accrual on child support judgments. Specifies that interest does not accrue on judgments for child support, confinement and pregnancy expenses, or genetic testing fees.

Makes this section effective August 1, 2022.

**74 Entry and docketing of child support judgment.**

Amends § 548.091, subd. 2a. Adds paragraph (c) specifying that a child support judgment entered and docketed is not subject to interest charging or accrual.

Makes this section effective August 1, 2022.

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

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- 75 Child support judgment administrative renewals.**  
Specifies that a child support judgment renewal only includes unpaid interest accrued prior to August 1, 2022, the effective date of this section.  
  
Makes this section effective August 1, 2022.
- 76 Payoff statement.**  
Amends § 548.091, subd. 9. Specifies that the child support or maintenance payoff statement from the public authority must state that the public authority does not calculate accrued interest and that an interest balance may be owed.  
  
Makes this section effective August 1, 2022.
- 77 Release of lien.**  
Amends § 548.091, subd. 10. Adds language specifying that the lien release requirement applies to child support amounts due. Specifies that the public authority is not responsible for satisfaction of judgments for unpaid maintenance.  
  
Makes this section effective August 1, 2022.
- 78 When owed; rate.**  
Amends § 549.09, subd. 1. Exempts child support judgments from family court action interest accrual provisions. Specifies that interest does not accrue on child support judgments.  
  
Makes this section effective August 1, 2022.
- 79 Direction to the commissioner; qualified residential treatment transition supports.**  
Directs the commissioner of human services to consult with stakeholders to develop policies related to aftercare supports for transitions from qualified residential treatment programs to reunification with a child’s parent or guardian, by December 31, 2022.
- 80 Revisor instruction.**  
Instructs the revisor to add a headnote in chapter 260C.

## **Article 11: Behavioral Health**

This article modifies and updates provisions relating to certified community behavioral health clinics (CCBHCs), and requires the commissioner of human services to issue a monthly

statement of the amounts deposited for the compulsive gambling treatment program and to issue to the legislature an annual reconciliation of the amounts deposited.

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

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**1 Certified community behavioral health clinics.**

Amends § 245.735, subd. 3. Updates CCBHC certification process language; requires the commissioner to consult with CCBHC stakeholders before making changes to the certification process. Specifies that CCBHCs must directly provide most of the listed services, but allows coordination with another entity to provide some services; establishes criteria for a CCBHC to contract with another entity to provide services.

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

**2 Information systems support.**

Amends § 245.735, subd. 5. Makes clarifying change.

**3 Demonstration entities.**

Amends § 245.735 by adding subd. 6. Allows the commissioner to continue to operate the CCBHC demonstration program if federal funding remains available. Requires the commissioner to align the demonstration program requirements with the requirements for CCBHCs receiving MA reimbursement. Prohibits a CCBHC from participating in both the demonstration and the CCBHC MA benefit.

**4 Certified community behavioral health clinic services.**

Amends § 256B.0625, subd. 5m. Updates language to require CCBHC reimbursement on a per-visit basis, and to include incentive payments; establishes requirements for the prospective payment system for CCBHC reimbursement, requires a phase-out of CCBHC wrap payments, and requires updates to rates. Establishes requirements for the CCBHC quality incentive payment program. Specifies process for claims to managed care plans for CCBHC services.

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

**5 Collection; disposition.**

Amends § 297E.02, subd. 3. Requires the commissioner to issue to the state problem gambling affiliate a monthly statement of the amounts deposited for the compulsive gambling treatment program and for the grant to the state problem gambling affiliate, and to issue to the legislature an annual reconciliation of the amounts deposited.

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

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- 6 **Direction to commissioners of health and human services; compulsive gambling programming and funding.**  
Requires the commissioner of human services to consult with the commissioner of health and report to the legislature by September 1, 2022, on whether the revenue appropriated to DHS for a grant for compulsive gambling programming is more properly appropriated to and managed by a different agency, and on whether DHS should continue to manage the compulsive gambling treatment program.
- 7 **Revisor instruction.**  
Instructs the revisor to modify a head note related to certified community behavioral health clinic services.
- 8 **Repealer.**  
Repeals subdivisions related to the Excellence in Mental Health demonstration project.

**Article 12: Disability Services and Continuing Care for Older Adults**

This article contains provisions that modify the definition of long-term care facilities in the section of statutes governing the Ombudsman for Long-Term Care, modify home and community-based services assessment requirements for people temporarily entering an inpatient health care facility, permit tribes to access cost-neutral housing support allocations, extend the Governor’s Council on an Age-Friendly Minnesota, and instruct the revisor to recodify certain statutes.

**Section Description – Article 12: Disability Services and Continuing Care for Older Adults**

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- 1 **Long-term care facility.**  
Amends § 256.9741, subd. 1. Modifies the definition of “long-term care facility” in the section of statutes that governs the Ombudsman for Long-Term Care.  
  
Provides an August 1, 2021, effective date.
- 2 **Assessment and support planning.**  
Amends § 256B.0911, subd. 3a. Modifies the statute governing long-term care assessment and support planning by adding language to allow a person who receives MA HCBS and temporarily enters certain health care facilities for 121 days or less to return to the community under the same waiver services without requiring an assessment or reassessment, unless the person’s annual reassessment is otherwise due. Specifies nothing in this section changes annual long-term care consultation

**Section Description – Article 12: Disability Services and Continuing Care for Older Adults**

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reassessment requirements, payment for institutional or treatment services, MA financial eligibility, or any other law.

Makes this section effective upon federal approval and requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.

**3 Supplementary service rates.**

Amends § 256I.05, subd. 1a. Makes clarifying changes. Includes tribes in the cost-neutral housing support allocation option.

Provides an immediate effective date.

**4 Transfer of emergency shelter funds.**

Amends § 256I.05, subd. 11. Includes tribes in the cost-neutral housing support allocation option.

Provides an immediate effective date.

**5 Governor’s Council on an Age-Friendly Minnesota.**

Specifies duties of the Governor’s Council on an Age-Friendly Minnesota and extends the council until October 1, 2022.

**6 Revisor instruction.**

Paragraph (a) instructs the revisor to consult with nonpartisan legislative staff and the commissioner of human services to prepare legislation for the 2022 legislative session to recodify statutes governing long-term care consultation services and long-term care options counseling.

Paragraph (b) instructs the revisor to consult with nonpartisan legislative staff and the commissioner of human services to renumber as subdivisions the paragraphs in the section of statutes governing the Disability Waiver Rate System prior to the publication of the 2021 supplement of Minnesota Statutes, and to minimize the use of internal cross-references.

## **Article 13: Community Supports Policy**

This article contains changes to children’s mental health screening collection, the State Advisory Council on Mental Health, consolidated chemical dependency fund payments and terminology, and clarification of day services needs determination, updates to the chapter of statutes governing public guardianship for persons with developmental disabilities, clarification of

terminology related to housing stabilization services, and updates to and clarification of the statutes governing community first services and supports (CFSS).

**Section Description – Article 13: Community Supports Policy**

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- 1 Duties of county board.**  
Amends § 245.4874, subd. 1. Permits the commissioner to collect individual children’s mental health screening results for purposes of program evaluation and improvement.
- 2 Creation.**  
Amends § 245.697, subd. 1. Modifies composition of the State Advisory Council on Mental Health.
- 3 Commissioner’s duties.**  
Amends § 252.43. Clarifies the determination of need process for adult day services. Provides an immediate effective date.
- 4 Policy.**  
Amends § 252A.01, subd. 1. Modifies the state’s policy on public guardianship of persons with developmental disabilities to align public guardianship statutes with changes made in 2020 to modernize language and refocus the system on less restrictive alternatives.
- 5 Person with a developmental disability.**  
Amends § 252A.02, subd. 2. Modifies the definition of “person with a developmental disability” in the chapter of statutes governing public guardianship of persons with developmental disabilities.
- 6 Person subject to public guardianship.**  
Amends § 252A.02, subd. 9. Replaces the term “ward” with “person subject to public guardianship.”
- 7 Interested person.**  
Amends § 252A.02, subd. 9. Modifies the definition of “interested person.”
- 8 Comprehensive evaluation.**  
Amends § 252A.02, subd. 12. Updates terminology and makes technical changes.
- 9 Protected person.**  
Amends § 252A.02, by adding subd. 16. Defines “protected person” under the chapter of statutes governing public guardianship of persons with developmental disabilities.

**Section Description – Article 13: Community Supports Policy**

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- 10     **Respondent.**  
Amends § 252A.02, by adding subd. 17. Defines “respondent” under the chapter of statutes governing public guardianship of persons with developmental disabilities.
- 11     **Supported decision making.**  
Amends § 252A.02, by adding subd. 18. Defines “supported decision making” under the chapter of statutes governing public guardianship of persons with developmental disabilities.
- 12     **Standard for acceptance.**  
Amends § 252A.03, subd. 3. Makes technical and conforming changes and requires the person subject to public guardianship be included in the process prior to the submission of the nomination.
- 13     **Alternatives.**  
Amends § 252A.03, subd. 4. Makes technical and conforming changes.
- 14     **Local agency.**  
Amends § 252A.04, subd. 1. Makes conforming terminology changes.
- 15     **Medication; treatment.**  
Amends § 252A.04, subd. 2. Makes conforming terminology changes.
- 16     **File.**  
Amends § 252A.04, subd. 4. Makes conforming terminology changes and makes technical changes.
- 17     **Commissioner’s petition for appointment as public guardian.**  
Amends § 252A.05. Makes a conforming change.
- 18     **Who may file.**  
Amends § 252A.06, subd. 1. Makes technical and conforming changes.
- 19     **Contents.**  
Amends § 252A.06, subd. 2. Makes conforming terminology changes.
- 20     **With petition.**  
Amends § 252A.07, subd. 1. Makes technical changes.
- 21     **Copies.**  
Amends § 252A.07, subd. 2. Makes conforming terminology changes.

**Section Description – Article 13: Community Supports Policy**

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- 22      **Evaluation required; exception.**  
Amends § 252A.07, subd. 3. Makes technical changes and conforming terminology changes.
- 23      **Service of notice.**  
Amends § 252A.081, subd. 2. Makes conforming terminology changes.
- 24      **Attorney.**  
Amends § 252A.081, subd. 3. Makes a conforming terminology change.
- 25      **Defective notice of service.**  
Amends § 252A.081, subd. 5. Makes conforming terminology changes.
- 26      **Attorney appointment.**  
Amends § 252A.09, subd. 1. Makes a conforming terminology change.
- 27      **Representation.**  
Amends § 252A.09, subd. 2. Makes technical and conforming changes.
- 28      **Waiver of presence.**  
Amends § 252A.101, subd. 2. Makes conforming terminology changes.
- 29      **Medical care.**  
Amends § 252A.101, subd. 3. Makes conforming terminology changes.
- 30      **Findings.**  
Amends § 252A.101, subd. 5. Makes conforming terminology changes and clarifies language.
- 31      **Notice of order; appeal.**  
Amends § 252A.101, subd. 6. Makes conforming terminology changes.
- 32      **Letters of guardianship.**  
Amends § 252A.101, subd. 7. Makes conforming terminology changes and technical changes.
- 33      **Dismissal.**  
Amends § 252A.101, subd. 8. Makes conforming terminology changes and technical changes.

**Section Description – Article 13: Community Supports Policy**

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- 34     **Additional powers.**  
Amends § 252A.111, subd. 2. Makes conforming terminology changes.
- 35     **Appointment of conservator.**  
Amends § 252A.111, subd. 4. Makes conforming terminology changes.
- 36     **Special duties.**  
Amends § 252A.111, subd. 6. Makes conforming terminology changes.
- 37     **Appointment of public guardian not a finding of incompetency.**  
Amends § 252A.12. Makes conforming terminology changes.
- 38     **Annual review.**  
Amends § 252A.16. Makes conforming terminology changes.
- 39     **Effect of succession in office.**  
Amends § 252A.17. Makes technical and conforming changes.
- 40     **Petition.**  
Amends § 252A.19, subd. 2. Makes conforming terminology changes and technical changes.
- 41     **Comprehensive evaluation.**  
Amends § 252A.19, subd. 4. Makes a conforming terminology change.
- 42     **Court order.**  
Amends § 252A.19, subd. 5. Makes a conforming terminology change.
- 43     **Attorney general’s role; commissioner’s role.**  
Amends § 252A.19, subd. 7. Makes a conforming terminology change.
- 44     **Court-appointed counsel.**  
Amends § 252A.19, subd. 8. Makes conforming terminology changes.
- 45     **Cost of hearings.**  
Amends § 252A.20. Makes technical and conforming changes.
- 46     **Rules.**  
Amends § 252A.21, subd. 2. Makes conforming terminology changes.

**Section Description – Article 13: Community Supports Policy**

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- 47     **Private guardianships.**  
Amends § 252A.21, subd. 4. Makes conforming changes.
- 48     **Chemical dependency fund payment.**  
Amends § 254B.03, subd. 2. Modifies reference to services eligible for payment from the chemical dependency fund.
- 49     **Purpose.**  
Amends § 256B.051, subd. 1. Clarifies terminology related to housing stabilization services under MA.
- 50     **Eligibility.**  
Amends § 256B.051, subd. 3. Clarifies terminology.
- 51     **Housing stabilization services.**  
Amends § 256B.051, subd. 5. Clarifies terminology.
- 52     **Provider qualifications and duties.**  
Amends § 256B.051, subd. 6. Clarifies terminology and requires a housing stabilization services provider to complete annual vulnerable adult training.
- 53     **Housing support supplemental services rates.**  
Amends § 256B.051, subd. 7. Clarifies terminology.
- 54     **Home and community-based service documentation requirements.**  
Amends § 256B.051, by adding subd. 8. Allows documentation to be collected and maintained either electronically or in paper form by housing stabilization services providers and requires documentation to be produced upon request by the commissioner. Specifies the information that must be included in the documentation.
- 55     **Service standards.**  
Amends § 256B.0947, subd. 6. Makes clarifying change.
- 56     **Waiver transportation documentation and billing requirements.**  
Amends § 256B.4912, subd. 13. Modifies documentation requirements for home and community-based waiver transportation service providers by clarifying the provider standards to align with current guidance and federal requirements.

**Section Description – Article 13: Community Supports Policy**

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- 57     **Managed care contracts.**  
Amends § 256B.69, subd. 5a. Requires managed care plans to use processes, forms, documentation, data reporting, and other policies consistent with MA fee-for-service or DHS contract requirements for community first services and supports (CFSS), which are scheduled to replace PCA services beginning in June.
- 58     **Basis and scope.**  
Amends § 256B.85, subd. 1. Clarifies that supports purchased under CFSS are not considered home care services.
- 59     **Definitions.**  
Amends § 256B.85, subd. 2. Clarifies the definitions of “activities of daily living,” “complex health-related needs,” “CFSS service delivery plan,” “dependency,” “extended CFSS,” “level I behavior,” “medication assistance,” “participant’s representative,” and “shared services.”
- 60     **Eligibility.**  
Amends § 256B.85, subd. 3. Clarifies eligibility for CFSS.
- 61     **Eligibility for other services.**  
Amends § 256B.85, subd. 4. Makes technical changes.
- 62     **Assessment requirements.**  
Amends § 256B.85, subd. 5. Modifies assessment requirements under CFSS.
- 63     **CFSS service delivery plan.**  
Amends § 256B.85, subd. 6. Clarifies CFSS service delivery plans must meet the needs identified in the developmental disabilities waiver coordinated service and support plan. Requires the CFSS service delivery plan to describe the units or dollar amount available to the participant.
- 64     **CFSS; covered services.**  
Amends § 256B.85, subd. 7. Modifies prohibitions for CFSS support workers who are the parent, stepparent, or legal guardian of a participant under age 18, or who are a participant’s spouse.
- 65     **Determination of CFSS service authorization amount.**  
Amends § 256B.85, subd. 8. Clarifies the provision of additional service units for level I behaviors.

**Section Description – Article 13: Community Supports Policy**

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- 66     **Authorization; exceptions.**  
Amends § 256B.85, by adding subd. 8a. Provides for exceptions to CFSS service authorizations.
- 67     **Noncovered services.**  
Amends § 256B.85, subd. 9. Clarifies noncovered services in residential settings and for children under age 18 under CFSS.
- 68     **Agency provider and FMS provider qualifications and duties.**  
Amends § 256B.85, subd. 10. Requires agency providers to complete required training as determined by the commissioner. Clarifies general duties of agency providers and FMS providers under CFSS.
- 69     **Agency provider model.**  
Amends § 256B.85, subd. 11. Requires the agency to make a reasonable effort to fulfill the participant’s request for the participant’s preferred worker.
- 70     **Agency provider model; support worker competency.**  
Amends § 256B.11b. Clarifies support worker competency requirements under CFSS. Clarifies requirements when providing shared services.
- 71     **Requirements for enrollment of CFSS agency providers.**  
Amends § 256B.85, subd. 12. Clarifies requirements CFSS agency providers must meet at the time of enrollment, reenrollment, and revalidation as a CFSS agency provider.
- 72     **CFSS agency provider requirements; notice regarding termination of services.**  
Amends § 256B.85, subd. 12b. Extends the timeline for agency providers to provide a termination of services notice to a participant from ten calendar days to 30 calendar days before the proposed termination of service.
- 73     **Budget model.**  
Amends § 256B.85, subd. 13. Requires two or more participants who are using the budget model, living in the same household, and using the same worker to use the same FMS provider. If the FMS provider advises that there is a joint employer in the budget model, requires all participants associated with that joint employer to use the same FMS provider.

**Section Description – Article 13: Community Supports Policy**

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**74 Financial management services.**

Amends § 256B.85, subd. 13a. Expands FMS provider requirements to include providing written notice to the participant or the participant’s representative at least 30 calendar days before a proposed service termination becomes effective.

**75 Participant’s representative responsibilities.**

Amends § 256B.85, by adding subd. 14a. Requires a participant to use a participant’s representative to receive CFSS services if the participant is unable to direct the participant’s own care. Lists circumstances under which a participant’s representative is required. Lists requirements a participant’s representative must meet. Lists certain persons who are prohibited from being a participant’s representative. Allows for two persons to be designated as the participant’s representative. Requires the participant or the participant’s legal representative to appoint a participant’s representative. Requires a participant’s representative to enter into a written agreement with an agency provider or FMS provider and lists the items that must be included in the agreement. Allows a participant’s representative to temporarily delegate responsibility to another adult and lists duties a participant’s representative must meet in delegating responsibility. Allows a lead agency to disqualify a participant’s representative who engages in conduct that creates an imminent risk of harm to the participant, the support worker, or other staff. Requires a participant’s representative who fails to provide support required by the participant to be referred to the common entry point.

**76 Documentation of support services provided; time sheets.**

Amends § 256B.85, subd. 15. Clarifies support workers must submit time sheets at least once per month. Makes technical changes.

**77 Consultation services provider qualifications and requirements.**

Amends § 256B.85, subd. 17a. Expands the list of qualifications and requirements consultation services providers must meet under CFSS to include proof of surety bond coverage and reporting of maltreatment of minors and vulnerable adults.

**78 Worker training and development services.**

Amends § 256B.85, subd. 18a. Requires worker training and development services to be delivered by an individual competent to perform, teach, or assign the tasks, including health-related tasks, identified in the plan through education, training, and work experience. Modifies the list of items worker training and development services do not include.

**Section Description – Article 13: Community Supports Policy**

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- 79      **Service-related rights under an agency provider.**  
Amends § 256B.85, subd. 20b. Clarifies participant’s service-related rights under an agency provider related to shared services.
- 80      **Commissioner’s access.**  
Amends § 256B.85, subd. 23. Makes technical and clarifying changes.
- 81      **Sanctions; information for participants upon termination of services.**  
Amends § 256B.85, subd. 23a. Clarifies consultation services providers must also provide a participant with notice of service termination and support the participant in transitioning to another provider. Allows the commissioner to inform the Ombudsman for Long-Term Care and the lead agencies for all participants with active service agreements of a consultation services provider whose enrollment has been suspended or terminated.
- 82      **Covered health services.**  
Amends § 256L.03, subd. 1. Adds CFSS and housing stabilization services to the list of covered services under MinnesotaCare.
- 83      **Revisor instruction.**  
Instructs the revisor of statutes to change the following terms as indicated: (1) “consolidated chemical dependency treatment fund” or similar terms to “behavioral health fund”; (2) “housing support services” or similar terms to “housing stabilization services”; and (3) “group residential housing” to “housing support” in relevant statutes. Allows the revisor to make grammatical changes related to the term changes.
- 84      **Repealer.**  
Repeals Minn. Stat. § 252.28, subd. 1 (DH&H determinations; redeterminations) and 5 (appeals), effective the day following final enactment. Repeals Minn. Stat. § 252A.02, subd. 8 (public conservator definition) and 10 (conservatee definition), and Minn. Stat. § 252A.21, subd. 3 (terminology), effective August 1, 2021.

**Article 14: Miscellaneous**

This article prohibits discrimination, based on an individual’s disability, in health plan coverage for organ transplants and anatomical gifts and in eligibility for organ transplants, anatomical gifts, and related treatment and services.

**Section Description – Article 14: Miscellaneous**

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**1 Nondiscrimination in access to transplants.**

Adds § 62A.082. Prohibits a health plan providing coverage for anatomical gifts, organ transplants, or related treatment and services from denying eligibility or coverage for an anatomical gift, organ transplant, or related treatment and services based on an enrollee’s disability; deny eligibility for a person to enroll in or renew coverage to avoid the requirements of this section; penalize a health care provider or reduce payments or incentives to induce the provider to provide care in consistent with this section; or reduce or limit an enrollee’s benefits for organ transplantation services, due to an enrollee’s disability. Also allows collective bargaining agreements to be updated to conform with this section.

**2 Nondiscrimination in access to transplants.**

Adds § 363A.50. Prohibits health care providers and entities that match anatomical gift donors to potential recipients from discriminating in determining eligibility for an anatomical gift or organ donation or providing services related to anatomical gifts or organ donations, based on an individual’s disability. Establishes remedies for violations of this section.

**Subd. 1. Definitions.** Defines terms: anatomical gift, auxiliary aids and services, covered entity, disability, organ transplant, qualified individual, reasonable modifications, and supported decision making.

**Subd. 2. Prohibition of discrimination.** Prohibits a health care provider or entity that matches anatomical gift donors with recipients, based on an individual’s disability, from conduct that would limit or prevent an individual with a disability from receiving an organ donation or anatomical gift. Allows a provider or match organization to take an individual’s disability into account if the disability is medically significant to the organ transplant or anatomical gift. Requires a provider or match organization to make reasonable modifications to policies and practices and to take steps to ensure qualified individuals with disabilities can access an organ transplant or anatomical gift, and to comply with other state and federal laws.

**Subd. 3. Remedies.** Allows an individual subject to discrimination in violation of this section to bring a civil action to enjoin violations of this section.

## **Article 15: Mental Health Uniform Service Standards**

This article moves various statutes and rules related to mental health service standards into a new chapter, 245I, and updates, aligns, and streamlines definitions and standards for providing a range of mental health services.

**Section Description – Article 15: Mental Health Uniform Service Standards**

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**1 Purpose and citation.**

Proposes coding for § 245I.01. Provides a citation for the act; states the purpose of creating a unified, comprehensive, and accountable system of mental health care; states public policy.

**2 Applicability.**

Proposes coding for § 245I.011.

**Subd. 1. License requirements.** Specifies other sections of statute and rules with which licensees must comply.

**Subd. 2. Variances.** Allows the commissioner to grant variances in certain circumstances, if the license holder, applicant, or certification holder meets listed conditions. Allows the commissioner to grant a permanent variance under certain circumstances; specifies that a variance decision is final and not subject to appeal.

**Subd. 3. Certification required.** Allows for mental health clinic certification; codifies standards for certification of mental health clinics.

**Subd. 4. License required.** Requires licensure for intensive residential treatment services (IRTS) or residential crisis stabilization.

**Subd. 5. Programs certified under chapter 256B.** Specifies that programs that are currently certified must comply with all license holder responsibilities.

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

**3 Definitions.**

Proposes coding for § 245I.02. Defines the following terms for purposes of chapter 245I:

- Approval
- Behavioral sciences or related fields
- Business day
- Case manager
- Certified rehabilitation specialist
- Child
- Client
- Clinical trainee
- Commissioner
- Co-occurring substance use disorder treatment
- Crisis plan

**Section Description – Article 15: Mental Health Uniform Service Standards**

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- Critical incident
- Diagnostic assessment
- Direct contact
- Family and other natural supports
- Functional assessment
- Individual abuse prevention plan
- Level of care assessment
- License
- License holder
- Licensed prescriber
- Mental health behavioral aide
- Mental health certified family peer specialist
- Mental health practitioner
- Mental health professional
- Mental health rehabilitation worker
- Mental illness
- Organization
- Personnel file
- Registered nurse
- Rehabilitative mental health services
- Residential program
- Signature
- Staff person
- Strengths
- Trauma
- Treatment plan
- Treatment supervision
- Volunteer

**4 Required policies and procedures.**

Proposes coding for § 245I.03. Outlines standards for license holders to establish, enforce, and maintain policies and procedures to comply with the requirements of this chapter and additional relevant statutes and rules. Outlines additional requirements for policies and procedures; requires policies and procedures to address: health and safety; client rights; behavioral emergencies; health services and medications; reporting maltreatment; critical incidents; personnel; volunteers; and data privacy.

**Section Description – Article 15: Mental Health Uniform Service Standards**

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- 5 Provider qualifications and scope of practice.**  
Proposes coding for § 245I.04. Modifies, centralizes, and clarifies mental health provider qualifications and scopes of practice; distinguishes between clinical trainees and mental health practitioners.
- 6 Training required.**  
Proposes coding for § 245I.05. Aligns training standards for mental health staff; requires a license holder to develop a training plan and document training provided to staff. Specifies what must be included in initial training and ongoing training; requires additional training for medication administration.
- 7 Treatment supervision.**  
Proposes coding for § 245I.06. Requires a license holder to ensure that a mental health professional or certified rehabilitation specialist provides treatment supervision to staff who are not mental health professionals or certified rehabilitation specialists. Outlines treatment supervision requirements and responsibilities; requires treatment supervision planning. Allows for greater flexibility in supervision. Requires direct observation of mental health behavioral aides or rehabilitation workers.
- 8 Personnel files.**  
Proposes coding for § 245I.07. Aligns standards for maintaining personnel files; lists what a personnel file must include; requires personnel files to be readily accessible for the commissioner’s review.
- 9 Documentation standards.**  
Proposes coding for § 245I.08. Aligns standards for documenting treatment supervisor approval, services provided, and medication administered.
- 10 Client files.**  
Proposes coding for § 245I.09. Aligns standards for maintaining and retaining client files; specifies what client files must include.
- 11 Assessment and treatment planning.**  
Proposes coding for § 245I.10.
- Subd. 1. Definitions.** Defines “diagnostic formulation” and “responsivity factors.”
- Subd. 2. Generally.** Outlines new requirements for diagnostic and crisis assessments and services that may be provided prior to those assessments.

**Section Description – Article 15: Mental Health Uniform Service Standards**

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Allows specified services based on a client’s needs identified in a hospital’s medical history and presentation examination.

**Subd. 3. Continuity of services.** Specifies that a diagnostic assessment conducted before the effective date of this section is valid for one year after it was completed. Specifies that an individual treatment plan is valid until the treatment plan’s expiration date. Provides a July 1, 2023, expiration date for this subdivision.

**Subd. 4. Diagnostic assessment.** Specifies required findings for a diagnostic assessment.

**Subd. 5. Brief diagnostic assessment; required elements.** Outlines requirements for a brief diagnostic assessment.

**Subd. 6. Standard diagnostic assessment; required elements.** Outlines requirements for a standard diagnostic assessment.

**Subd. 7. Individual treatment plan.** Requires a license holder to follow each client’s written individual treatment plan when providing services; lists exceptions.

**Subd. 8. Individual treatment plan; required elements.** Outlines requirements for an individual treatment plan.

**Subd. 9. Functional assessment; required elements.** Outlines requirements for a functional assessment.

**12 Health services and medications.**

Proposes coding for § 245I.11. Establishes standards for health services, ordering, storing, and accounting for medications, and administering medications, for residential programs, license holders that store or administer client medications, or license holders that observe clients self-administer medication.

**13 Client rights and protections.**

Proposes coding for § 245I.12. Outlines requirements for client rights and protections, aligning with the Health Care Bill of Rights and other relevant statutory provisions.

**14 Critical incidents.**

Proposes coding for § 245I.13. Requires residential program license holders to report all critical incidents to the commissioner within 10 days of learning of the incident.

**Section Description – Article 15: Mental Health Uniform Service Standards**

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- Requires records to be kept in a central location, readily accessible to the commissioner for review.
- 15     **Mental health clinic.**  
Proposes coding for § 245I.20. Updates and increases flexibility for mental health clinic certification standards; moves standards from rule to statutes. Modifies staffing requirements, provides satellite location flexibility, and eliminates certain prescriptive requirements and replaces with requirement to implement a quality assurance and improvement plan.
- 16     **Intensive residential treatment services and residential crisis stabilization.**  
Proposes coding for § 245I.23. Outlines and aligns licensing standards for IRTS and residential crisis stabilization programs. Updates include allowing additional time for certain initial documentation and assessment requirements, reducing required assessment frequency, and modifying discharge standards.
- 17     **Covered mental health services.**  
Proposes coding for § 256B.0671. Standardizes terminology, using definitions established in chapter 245I. Provides for continued medical assistance coverage of mental health services defined in section 256B.0625 or rule 9505.0372, including: adult day treatment services; family psychoeducation services; dialectical behavior therapy; mental health clinical care consultation; neuropsychological assessment; neuropsychological testing; psychological testing; psychotherapy; partial hospitalization; and diagnostic assessments.
- 18     **Direction to commissioner; single comprehensive license structure.**  
Requires the commissioner, in consultation with stakeholders, to make recommendations to develop a single comprehensive licensing structure for mental health services programs. Lists required priorities for the recommendations developed under this section.
- 19     **Effective date.**  
Makes this article effective July 1, 2022, or upon federal approval, whichever is later.

**Article 16: Crisis Response Services**

This article modifies provisions related to crisis response services for adults and children by unifying service, eligibility, provider, and staff requirements, making clarifying changes, adding clinical trainees, adding language to include family members and other third parties, and aligning definitions and other provisions with the mental health uniform service standards established in chapter 245I.

**Section Description – Article 16: Crisis Response Services**

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- 1 Availability of emergency services.**  
Amends § 245.469, subd. 1. Modifies Adult Mental Health Act language to include services and requirements currently provided under children’s crisis services provisions; adds language to include family members and other third parties.
- 2 Specific requirements.**  
Amends § 245.469, subd. 2. Modifies Adult Mental Health Act language to include clinical trainees; makes clarifying changes.
- 3 Availability of emergency services.**  
Amends § 245.4879, subd. 1. Modifies Children’s Mental Health Act crisis language by inserting cross-reference to provisions added in the above two sections.
- 4 Crisis response services covered.**  
Amends § 256B.0624. Unifies service, eligibility, provider, and staff standards and qualifications for crisis services for adults and children; clarifies and merges definitions and references uniform service standard definitions (chapter 245I); distinguishes mobile crisis teams and residential crisis stabilization providers; adds subdivisions to clarify screening, initial assessment, and intervention processes.
- 5 Effective date.**  
Makes this article effective July 1, 2022, or upon federal approval, whichever is later.

## **Article 17: Mental Health Uniform Service Standards: Conforming Changes**

This article makes conforming changes related to the establishment of the mental health uniform service standards in Article 15 and crisis response services in Article 16, and includes a repealer of statutes and rules related to the newly-aligned and clarified standards.

## **Article 18: Forecast Adjustments**

This article adjusts appropriations to the commissioner of human services in fiscal year 2021 for forecasted programs administered by the commissioner of human services.

## Article 19: Effective Dates

Section Description – Article 19: Effective Dates

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- 1 **Effective dates.**  
Makes all sections in this act effective July 1, 2021, unless another effective date is specified.

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