

1.1 moves to amend H.F. No. 90, the first division engrossment, as follows:

1.2 Page 146, after line 10, insert:

1.3 "ARTICLE 7

1.4 ADMINISTRATOR QUALIFICATIONS

1.5 Section 1. Minnesota Statutes 2018, section 144A.04, subdivision 5, is amended to read:

1.6 Subd. 5. **Administrators.** (a) Each nursing home must employ an administrator who
1.7 must be licensed or permitted as a nursing home administrator by the Board of ~~Examiners~~
1.8 ~~for Nursing Home Administrators~~ Executives for Long Term Services and Supports. The
1.9 nursing home may share the services of a licensed administrator. The administrator must
1.10 maintain a ~~sufficient~~ an on-site presence in the facility to effectively manage the facility in
1.11 compliance with applicable rules and regulations. The administrator must establish procedures
1.12 and delegate authority for on-site operations in the administrator's absence, but is ultimately
1.13 responsible for the management of the facility. Each nursing home must have posted at all
1.14 times the name of the administrator and the name of the person in charge on the premises
1.15 in the absence of the licensed administrator.

1.16 (b) ~~Notwithstanding sections 144A.18 to 144A.27, a nursing home with a director of~~
1.17 ~~nursing serving as an unlicensed nursing home administrator as of March 1, 2001, may~~
1.18 ~~continue to have a director of nursing serve in that capacity, provided the director of nursing~~
1.19 ~~has passed the state law and rules examination administered by the Board of Examiners for~~
1.20 ~~Nursing Home Administrators and maintains evidence of completion of 20 hours of~~
1.21 ~~continuing education each year on topics pertinent to nursing home administration.~~

1.22 Sec. 2. Minnesota Statutes 2018, section 144A.20, subdivision 1, is amended to read:

1.23 Subdivision 1. **Criteria.** The Board of ~~Examiners~~ Executives may issue licenses to
1.24 qualified persons as nursing home administrators, and shall establish qualification criteria

2.1 for nursing home administrators. No license shall be issued to a person as a nursing home
2.2 administrator unless that person:

2.3 (1) is at least 21 years of age ~~and otherwise suitably qualified;~~

2.4 (2) has satisfactorily met standards set by the Board of ~~Examiners~~ Executives, which
2.5 standards shall be designed to assure that nursing home administrators will be individuals
2.6 who, by training or experience are qualified to serve as nursing home administrators; and

2.7 (3) has passed an examination approved by the board and designed to test for competence
2.8 in the ~~subject matters~~ standards referred to in clause (2), or has been approved by the Board
2.9 of ~~Examiners~~ Executives through the development and application of other appropriate
2.10 techniques.

2.11 Sec. 3. Minnesota Statutes 2018, section 144A.24, is amended to read:

2.12 **144A.24 DUTIES OF THE BOARD.**

2.13 The Board of ~~Examiners~~ Executives shall:

2.14 (1) develop and enforce standards for nursing home administrator licensing, which
2.15 standards shall be designed to assure that nursing home administrators will be individuals
2.16 of good character who, by training or experience, are suitably qualified to serve as nursing
2.17 home administrators;

2.18 (2) develop appropriate techniques, including examinations and investigations, for
2.19 determining whether applicants and licensees meet the board's standards;

2.20 (3) issue licenses and permits to those individuals who are found to meet the board's
2.21 standards;

2.22 (4) establish and implement procedures designed to assure that individuals licensed as
2.23 nursing home administrators will comply with the board's standards;

2.24 (5) receive and investigate complaints and take appropriate action consistent with chapter
2.25 214, to revoke or suspend the license or permit of a nursing home administrator or acting
2.26 administrator who fails to comply with sections 144A.18 to 144A.27 or the board's standards;

2.27 (6) conduct a continuing study and investigation of nursing homes, and the administrators
2.28 of nursing homes within the state, with a view to the improvement of the standards imposed
2.29 for the licensing of administrators and improvement of the procedures and methods used
2.30 for enforcement of the board's standards; and

3.1 (7) approve or conduct courses of instruction or training designed to prepare individuals
3.2 for licensing in accordance with the board's standards. ~~Courses designed to meet license~~
3.3 ~~renewal requirements shall be designed solely to improve professional skills and shall not~~
3.4 ~~include classroom attendance requirements exceeding 50 hours per year.~~ The board may
3.5 approve courses conducted within or without this state.

3.6 Sec. 4. Minnesota Statutes 2018, section 144A.26, is amended to read:

3.7 **144A.26 RECIPROCITY WITH OTHER STATES AND EQUIVALENCY OF**
3.8 **HEALTH SERVICES EXECUTIVE.**

3.9 Subdivision 1. **Reciprocity.** The Board of ~~Examiners~~ Executives may issue a nursing
3.10 home administrator's license, without examination, to any person who holds a current license
3.11 as a nursing home administrator from another jurisdiction if the board finds that the standards
3.12 for licensure in the other jurisdiction are at least the substantial equivalent of those prevailing
3.13 in this state and that the applicant is otherwise qualified.

3.14 Subd. 2. **Health services executive license.** The Board of Executives may issue a health
3.15 services executive license to any person who (1) has been validated by the National
3.16 Association of Long Term Care Administrator Boards as a health services executive, and
3.17 (2) has met the education and practice requirements for the minimum qualifications of a
3.18 nursing home administrator, assisted living administrator, and home and community-based
3.19 service provider. Licensure decisions made by the board under this subdivision are final.

3.20 Sec. 5. **[144A.39] FEES.**

3.21 Subdivision 1. **Payment types and nonrefundability.** The fees imposed in this section
3.22 shall be paid by cash, personal check, bank draft, cashier's check, or money order made
3.23 payable to the Board of Executives for Long Term Services and Supports. All fees are
3.24 nonrefundable.

3.25 Subd. 2. **Amount.** The amount of fees may be set by the board with the approval of
3.26 Minnesota Management and Budget up to the limits provided in this section depending
3.27 upon the total amount required to sustain board operations under section 16A.1285,
3.28 subdivision 2. Information about fees in effect at any time is available from the board office.
3.29 The maximum amounts of fees are:

3.30 (1) application for licensure, \$150;

4.1 (2) for a prospective applicant for a review of education and experience advisory to the
4.2 license application, \$50, to be applied to the fee for application for licensure if the latter is
4.3 submitted within one year of the request for review of education and experience;

4.4 (3) state examination, \$75;

4.5 (4) licensed nursing home administrator initial license, \$200 if issued between July 1
4.6 and December 31, \$100 if issued between January 1 and June 30;

4.7 (5) acting administrator permit, \$250;

4.8 (6) renewal license, \$200;

4.9 (7) duplicate license, \$10;

4.10 (8) fee to a sponsor for review of individual continuing education seminars, institutes,
4.11 workshops, or home study courses:

4.12 (i) for less than seven clock hours, \$30; and

4.13 (ii) for seven or more clock hours, \$50;

4.14 (9) fee to a licensee for review of continuing education seminars, institutes, workshops,
4.15 or home study courses not previously approved for a sponsor and submitted with an
4.16 application for license renewal:

4.17 (i) for less than seven clock hours total, \$30; and

4.18 (ii) for seven or more clock hours total, \$50;

4.19 (10) late renewal fee, \$50;

4.20 (11) fee to a licensee for verification of licensure status and examination scores, \$30;

4.21 (12) registration as a registered continuing education sponsor, \$1,000; and

4.22 (13) health services executive initial license, \$200 if issued between July 1 and December
4.23 31, \$100 if issued between January 1 and June 30.

4.24 **Sec. 6. REVISOR INSTRUCTION.**

4.25 The revisor of statutes shall change the phrases "Board of Examiners for Nursing Home
4.26 Administrators" to "Board of Executives for Long Term Services and Supports" and "Board
4.27 of Examiners" to "Board of Executives" wherever the phrases appear in Minnesota Statutes
4.28 and apply to the board established in Minnesota Statutes, section 144A.19.

5.1 **ARTICLE 8**

5.2 **ASSISTED LIVING LICENSURE CONFORMING CHANGES**

5.3 Section 1. Minnesota Statutes 2018, section 144.051, subdivision 4, is amended to read:

5.4 Subd. 4. **Data classification; public data.** For providers regulated pursuant to sections
5.5 144A.43 to 144A.482 and chapter 1444I, the following data collected, created, or maintained
5.6 by the commissioner are classified as public data as defined in section 13.02, subdivision
5.7 15:

5.8 (1) all application data on licensees, license numbers, and license status;

5.9 (2) licensing information about licenses previously held under this chapter;

5.10 (3) correction orders, including information about compliance with the order and whether
5.11 the fine was paid;

5.12 (4) final enforcement actions pursuant to chapter 14;

5.13 (5) orders for hearing, findings of fact, and conclusions of law; and

5.14 (6) when the licensee and department agree to resolve the matter without a hearing, the
5.15 agreement and specific reasons for the agreement are public data.

5.16 **EFFECTIVE DATE.** This section is effective

5.17 Sec. 2. Minnesota Statutes 2018, section 144.051, subdivision 5, is amended to read:

5.18 Subd. 5. **Data classification; confidential data.** For providers regulated pursuant to
5.19 sections 144A.43 to 144A.482 and chapter 144I, the following data collected, created, or
5.20 maintained by the Department of Health are classified as confidential data on individuals
5.21 as defined in section 13.02, subdivision 3: active investigative data relating to the
5.22 investigation of potential violations of law by a licensee including data from the survey
5.23 process before the correction order is issued by the department.

5.24 **EFFECTIVE DATE.** This section is effective

5.25 Sec. 3. Minnesota Statutes 2018, section 144.051, subdivision 6, is amended to read:

5.26 Subd. 6. **Release of private or confidential data.** For providers regulated pursuant to
5.27 sections 144A.43 to 144A.482 and chapter 144I, the department may release private or
5.28 confidential data, except Social Security numbers, to the appropriate state, federal, or local
5.29 agency and law enforcement office to enhance investigative or enforcement efforts or further
5.30 a public health protective process. Types of offices include Adult Protective Services, Office

6.1 of the Ombudsman for Long-Term Care and Office of the Ombudsman for Mental Health
6.2 and Developmental Disabilities, the health licensing boards, Department of Human Services,
6.3 county or city attorney's offices, police, and local or county public health offices.

6.4 **EFFECTIVE DATE.** This section is effective

6.5 Sec. 4. Minnesota Statutes 2018, section 144.057, subdivision 1, is amended to read:

6.6 Subdivision 1. **Background studies required.** The commissioner of health shall contract
6.7 with the commissioner of human services to conduct background studies of:

6.8 (1) individuals providing services ~~which~~ that have direct contact, as defined under section
6.9 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,
6.10 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
6.11 home care agencies licensed under chapter 144A; ~~residential care homes licensed under~~
6.12 ~~chapter 144B;~~ assisted living facilities, and assisted living facilities with dementia care
6.13 licensed under chapter 144I, and board and lodging establishments that are registered to
6.14 provide supportive or health supervision services under section 157.17;

6.15 (2) individuals specified in section 245C.03, subdivision 1, who perform direct contact
6.16 services in a nursing home, assisted living facilities, and assisted living facilities with
6.17 dementia care licensed under chapter 144I, or a home care agency licensed under chapter
6.18 144A or a boarding care home licensed under sections 144.50 to 144.58. If the individual
6.19 under study resides outside Minnesota, the study must include a check for substantiated
6.20 findings of maltreatment of adults and children in the individual's state of residence when
6.21 the information is made available by that state, and must include a check of the National
6.22 Crime Information Center database;

6.23 (3) ~~beginning July 1, 1999,~~ all other employees in assisted living facilities licensed under
6.24 chapter 144I, nursing homes licensed under chapter 144A, and boarding care homes licensed
6.25 under sections 144.50 to 144.58. A disqualification of an individual in this section shall
6.26 disqualify the individual from positions allowing direct contact or access to patients or
6.27 residents receiving services. "Access" means physical access to a client or the client's
6.28 personal property without continuous, direct supervision as defined in section 245C.02,
6.29 subdivision 8, when the employee's employment responsibilities do not include providing
6.30 direct contact services;

6.31 (4) individuals employed by a supplemental nursing services agency, as defined under
6.32 section 144A.70, who are providing services in health care facilities; and

7.1 (5) controlling persons of a supplemental nursing services agency, as defined under
7.2 section 144A.70.

7.3 If a facility or program is licensed by the Department of Human Services and subject to
7.4 the background study provisions of chapter 245C and is also licensed by the Department
7.5 of Health, the Department of Human Services is solely responsible for the background
7.6 studies of individuals in the jointly licensed programs.

7.7 **EFFECTIVE DATE.** This section is effective

7.8 Sec. 5. Minnesota Statutes 2018, section 144A.44, subdivision 1, is amended to read:

7.9 Subdivision 1. **Statement of rights.** (a) A person client who receives home care services
7.10 in the community or in an assisted living facility licensed under chapter 144I has these
7.11 rights:

7.12 (1) ~~the right to~~ receive written information, in plain language, about rights before
7.13 receiving services, including what to do if rights are violated;

7.14 (2) ~~the right to~~ receive care and services according to a suitable and up-to-date plan, and
7.15 subject to accepted health care, medical or nursing standards and person-centered care, to
7.16 take an active part in developing, modifying, and evaluating the plan and services;

7.17 (3) ~~the right to~~ be told before receiving services the type and disciplines of staff who
7.18 will be providing the services, the frequency of visits proposed to be furnished, other choices
7.19 that are available for addressing home care needs, and the potential consequences of refusing
7.20 these services;

7.21 (4) ~~the right to~~ be told in advance of any recommended changes by the provider in the
7.22 service plan and to take an active part in any decisions about changes to the service plan;

7.23 (5) ~~the right to~~ refuse services or treatment;

7.24 (6) ~~the right to~~ know, before receiving services or during the initial visit, any limits to
7.25 the services available from a home care provider;

7.26 (7) ~~the right to~~ be told before services are initiated what the provider charges for the
7.27 services; to what extent payment may be expected from health insurance, public programs,
7.28 or other sources, if known; and what charges the client may be responsible for paying;

7.29 (8) ~~the right to~~ know that there may be other services available in the community,
7.30 including other home care services and providers, and to know where to find information
7.31 about these services;

8.1 (9) ~~the right to~~ choose freely among available providers and to change providers after
8.2 services have begun, within the limits of health insurance, long-term care insurance, medical
8.3 assistance, ~~or other health programs,~~ or public programs;

8.4 (10) ~~the right to~~ have personal, financial, and medical information kept private, and to
8.5 be advised of the provider's policies and procedures regarding disclosure of such information;

8.6 (11) ~~the right to~~ access the client's own records and written information from those
8.7 records in accordance with sections 144.291 to 144.298;

8.8 (12) ~~the right to~~ be served by people who are properly trained and competent to perform
8.9 their duties;

8.10 (13) ~~the right to~~ be treated with courtesy and respect, and to have the client's property
8.11 treated with respect;

8.12 (14) ~~the right to~~ be free from physical and verbal abuse, neglect, financial exploitation,
8.13 and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment
8.14 of Minors Act;

8.15 (15) ~~the right to~~ reasonable, advance notice of changes in services or charges;

8.16 (16) ~~the right to~~ know the provider's reason for termination of services;

8.17 (17) ~~the right to~~ at least ~~ten~~ 30 calendar days' advance notice of the termination of a
8.18 service or housing by a provider, except in cases where:

8.19 (i) the client engages in conduct that significantly alters the terms of the service plan
8.20 with the home care provider;

8.21 (ii) the client, person who lives with the client, or others create an abusive or unsafe
8.22 work environment for the person providing home care services; or

8.23 (iii) an emergency or a significant change in the client's condition has resulted in service
8.24 needs that exceed the current service plan and that cannot be safely met by the home care
8.25 provider;

8.26 (18) ~~the right to~~ a coordinated transfer when there will be a change in the provider of
8.27 services;

8.28 (19) ~~the right to~~ complain to staff and others of the client's choice about services that
8.29 are provided, or fail to be provided, and the lack of courtesy or respect to the client or the
8.30 client's property and the right to recommend changes in policies and services, free from
8.31 retaliation including the threat of termination of services;

9.1 (20) ~~the right to~~ know how to contact an individual associated with the home care provider
9.2 who is responsible for handling problems and to have the home care provider investigate
9.3 and attempt to resolve the grievance or complaint;

9.4 (21) ~~the right to~~ know the name and address of the state or county agency to contact for
9.5 additional information or assistance; ~~and~~

9.6 (22) ~~the right to~~ assert these rights personally, or have them asserted by the client's
9.7 representative or by anyone on behalf of the client, without retaliation; and

9.8 (23) place an electronic monitoring device in the client's or resident's space in compliance
9.9 with state requirements.

9.10 (b) When providers violate the rights in this section, they are subject to the fines and
9.11 license actions in sections 144A.474, subdivision 11, and 144A.475.

9.12 (c) Providers must do all of the following:

9.13 (1) encourage and assist in the fullest possible exercise of these rights;

9.14 (2) provide the names and telephone numbers of individuals and organizations that
9.15 provide advocacy and legal services for clients and residents seeking to assert their rights;

9.16 (3) make every effort to assist clients or residents in obtaining information regarding
9.17 whether Medicare, medical assistance, other health programs, or public programs will pay
9.18 for services;

9.19 (4) make reasonable accommodations for people who have communication disabilities,
9.20 or those who speak a language other than English; and

9.21 (5) provide all information and notices in plain language and in terms the client or
9.22 resident can understand.

9.23 (d) No provider may require or request a client or resident to waive any of the rights
9.24 listed in this section at any time or for any reasons, including as a condition of initiating
9.25 services or entering into an assisted living facility and basic care facility contract.

9.26 **EFFECTIVE DATE.** This section is effective

9.27 Sec. 6. Minnesota Statutes 2018, section 144A.45, subdivision 1, is amended to read:

9.28 Subdivision 1. **Regulations.** The commissioner shall regulate home care providers
9.29 pursuant to sections 144A.43 to 144A.482. The regulations shall include the following:

- 10.1 (1) provisions to assure, to the extent possible, the health, safety, well-being, and
 10.2 appropriate treatment of persons who receive home care services while respecting a client's
 10.3 autonomy and choice;
- 10.4 (2) requirements that home care providers furnish the commissioner with specified
 10.5 information necessary to implement sections 144A.43 to 144A.482;
- 10.6 (3) standards of training of home care provider personnel;
- 10.7 (4) standards for provision of home care services;
- 10.8 (5) standards for medication management;
- 10.9 (6) standards for supervision of home care services;
- 10.10 (7) standards for client evaluation or assessment;
- 10.11 (8) requirements for the involvement of a client's health care provider, the documentation
 10.12 of health care providers' orders, if required, and the client's service ~~plan~~ agreement;
- 10.13 (9) the maintenance of accurate, current client records;
- 10.14 (10) the establishment of basic and comprehensive levels of licenses based on services
 10.15 provided; and
- 10.16 (11) provisions to enforce these regulations and the home care bill of rights.

10.17 **EFFECTIVE DATE.** This section is effective

10.18 Sec. 7. Minnesota Statutes 2018, section 144A.471, subdivision 7, is amended to read:

10.19 Subd. 7. **Comprehensive home care license provider.** Home care services that may
 10.20 be provided with a comprehensive home care license include any of the basic home care
 10.21 services listed in subdivision 6, and one or more of the following:

- 10.22 (1) services of an advanced practice nurse, registered nurse, licensed practical nurse,
 10.23 physical therapist, respiratory therapist, occupational therapist, speech-language pathologist,
 10.24 dietitian or nutritionist, or social worker;
- 10.25 (2) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed
 10.26 health professional within the person's scope of practice;
- 10.27 (3) medication management services;
- 10.28 (4) hands-on assistance with transfers and mobility;
- 10.29 (5) treatment and therapies;

11.1 (6) assisting clients with eating when the clients have complicating eating problems as
11.2 identified in the client record or through an assessment such as difficulty swallowing,
11.3 recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous
11.4 instruments to be fed; or

11.5 ~~(6)~~ (7) providing other complex or specialty health care services.

11.6 **EFFECTIVE DATE.** This section is effective

11.7 Sec. 8. Minnesota Statutes 2018, section 144A.471, subdivision 9, is amended to read:

11.8 Subd. 9. **Exclusions from home care licensure.** The following are excluded from home
11.9 care licensure and are not required to provide the home care bill of rights:

11.10 (1) an individual or business entity providing only coordination of home care that includes
11.11 one or more of the following:

11.12 (i) determination of whether a client needs home care services, or assisting a client in
11.13 determining what services are needed;

11.14 (ii) referral of clients to a home care provider;

11.15 (iii) administration of payments for home care services; or

11.16 (iv) administration of a health care home established under section 256B.0751;

11.17 (2) an individual who is not an employee of a licensed home care provider if the
11.18 individual:

11.19 (i) only provides services as an independent contractor to one or more licensed home
11.20 care providers;

11.21 (ii) provides no services under direct agreements or contracts with clients; and

11.22 (iii) is contractually bound to perform services in compliance with the contracting home
11.23 care provider's policies and service plans;

11.24 (3) a business that provides staff to home care providers, such as a temporary employment
11.25 agency, if the business:

11.26 (i) only provides staff under contract to licensed or exempt providers;

11.27 (ii) provides no services under direct agreements with clients; and

11.28 (iii) is contractually bound to perform services under the contracting home care provider's
11.29 direction and supervision;

- 12.1 (4) any home care services conducted by and for the adherents of any recognized church
12.2 or religious denomination for its members through spiritual means, or by prayer for healing;
- 12.3 (5) an individual who only provides home care services to a relative;
- 12.4 (6) an individual not connected with a home care provider that provides assistance with
12.5 basic home care needs if the assistance is provided primarily as a contribution and not as a
12.6 business;
- 12.7 (7) an individual not connected with a home care provider that shares housing with and
12.8 provides primarily housekeeping or homemaking services to an elderly or disabled person
12.9 in return for free or reduced-cost housing;
- 12.10 (8) an individual or provider providing home-delivered meal services;
- 12.11 (9) an individual providing senior companion services and other older American volunteer
12.12 programs (OAVP) established under the Domestic Volunteer Service Act of 1973, United
12.13 States Code, title 42, chapter 66;
- 12.14 ~~(10) an employee of a nursing home or home care provider licensed under this chapter~~
12.15 ~~or an employee of a boarding care home licensed under sections 144.50 to 144.56 when~~
12.16 ~~responding to occasional emergency calls from individuals residing in a residential setting~~
12.17 ~~that is attached to or located on property contiguous to the nursing home, boarding care~~
12.18 ~~home, or location where home care services are also provided;~~
- 12.19 ~~(11) an employee of a nursing home or home care provider licensed under this chapter~~
12.20 ~~or an employee of a boarding care home licensed under sections 144.50 to 144.56 when~~
12.21 ~~providing occasional minor services free of charge to individuals residing in a residential~~
12.22 ~~setting that is attached to or located on property contiguous to the nursing home, boarding~~
12.23 ~~care home, or location where home care services are also provided;~~
- 12.24 (12) a member of a professional corporation organized under chapter 319B that does
12.25 not regularly offer or provide home care services as defined in section 144A.43, subdivision
12.26 3;
- 12.27 (13) the following organizations established to provide medical or surgical services that
12.28 do not regularly offer or provide home care services as defined in section 144A.43,
12.29 subdivision 3: a business trust organized under sections 318.01 to 318.04, a nonprofit
12.30 corporation organized under chapter 317A, a partnership organized under chapter 323, or
12.31 any other entity determined by the commissioner;
- 12.32 (14) an individual or agency that provides medical supplies or durable medical equipment,
12.33 except when the provision of supplies or equipment is accompanied by a home care service;

- 13.1 (15) a physician licensed under chapter 147;
- 13.2 (16) an individual who provides home care services to a person with a developmental
13.3 disability who lives in a place of residence with a family, foster family, or primary caregiver;
- 13.4 (17) a business that only provides services that are primarily instructional and not medical
13.5 services or health-related support services;
- 13.6 (18) an individual who performs basic home care services for no more than 14 hours
13.7 each calendar week to no more than one client;
- 13.8 (19) an individual or business licensed as hospice as defined in sections 144A.75 to
13.9 144A.755 who is not providing home care services independent of hospice service;
- 13.10 (20) activities conducted by the commissioner of health or a community health board
13.11 as defined in section 145A.02, subdivision 5, including communicable disease investigations
13.12 or testing; or
- 13.13 (21) administering or monitoring a prescribed therapy necessary to control or prevent a
13.14 communicable disease, or the monitoring of an individual's compliance with a health directive
13.15 as defined in section 144.4172, subdivision 6.

13.16 **EFFECTIVE DATE.** The amendments to clauses (10) and (11) are effective July 1,
13.17 2021.

13.18 Sec. 9. Minnesota Statutes 2018, section 144A.472, subdivision 7, is amended to read:

13.19 Subd. 7. **Fees; application, change of ownership, ~~and~~ renewal, and failure to**
13.20 **notify.** (a) An initial applicant seeking temporary home care licensure must submit the
13.21 following application fee to the commissioner along with a completed application:

13.22 (1) for a basic home care provider, \$2,100; or

13.23 (2) for a comprehensive home care provider, \$4,200.

13.24 (b) A home care provider who is filing a change of ownership as required under
13.25 subdivision 5 must submit the following application fee to the commissioner, along with
13.26 the documentation required for the change of ownership:

13.27 (1) for a basic home care provider, \$2,100; or

13.28 (2) for a comprehensive home care provider, \$4,200.

13.29 (c) For the period ending June 30, 2018, a home care provider who is seeking to renew
13.30 the provider's license shall pay a fee to the commissioner based on revenues derived from

14.1 the provision of home care services during the calendar year prior to the year in which the
14.2 application is submitted, according to the following schedule:

14.3 **License Renewal Fee**

14.4	Provider Annual Revenue	Fee
14.5	greater than \$1,500,000	\$6,625
14.6	greater than \$1,275,000 and no more than	
14.7	\$1,500,000	\$5,797
14.8	greater than \$1,100,000 and no more than	
14.9	\$1,275,000	\$4,969
14.10	greater than \$950,000 and no more than	
14.11	\$1,100,000	\$4,141
14.12	greater than \$850,000 and no more than \$950,000	\$3,727
14.13	greater than \$750,000 and no more than \$850,000	\$3,313
14.14	greater than \$650,000 and no more than \$750,000	\$2,898
14.15	greater than \$550,000 and no more than \$650,000	\$2,485
14.16	greater than \$450,000 and no more than \$550,000	\$2,070
14.17	greater than \$350,000 and no more than \$450,000	\$1,656
14.18	greater than \$250,000 and no more than \$350,000	\$1,242
14.19	greater than \$100,000 and no more than \$250,000	\$828
14.20	greater than \$50,000 and no more than \$100,000	\$500
14.21	greater than \$25,000 and no more than \$50,000	\$400
14.22	no more than \$25,000	\$200

14.23 (d) For the period between July 1, 2018, and June 30, 2020, a home care provider who
14.24 is seeking to renew the provider's license shall pay a fee to the commissioner in an amount
14.25 that is ten percent higher than the applicable fee in paragraph (c). A home care provider's
14.26 fee shall be based on revenues derived from the provision of home care services during the
14.27 calendar year prior to the year in which the application is submitted.

14.28 (e) Beginning July 1, 2020, a home care provider who is seeking to renew the provider's
14.29 license shall pay a fee to the commissioner based on revenues derived from the provision
14.30 of home care services during the calendar year prior to the year in which the application is
14.31 submitted, according to the following schedule:

14.32 **License Renewal Fee**

14.33	Provider Annual Revenue	Fee
14.34	greater than \$1,500,000	\$7,651
14.35	greater than \$1,275,000 and no more than	
14.36	\$1,500,000	\$6,695

15.1	greater than \$1,100,000 and no more than	
15.2	\$1,275,000	\$5,739
15.3	greater than \$950,000 and no more than	
15.4	\$1,100,000	\$4,783
15.5	greater than \$850,000 and no more than \$950,000	\$4,304
15.6	greater than \$750,000 and no more than \$850,000	\$3,826
15.7	greater than \$650,000 and no more than \$750,000	\$3,347
15.8	greater than \$550,000 and no more than \$650,000	\$2,870
15.9	greater than \$450,000 and no more than \$550,000	\$2,391
15.10	greater than \$350,000 and no more than \$450,000	\$1,913
15.11	greater than \$250,000 and no more than \$350,000	\$1,434
15.12	greater than \$100,000 and no more than \$250,000	\$957
15.13	greater than \$50,000 and no more than \$100,000	\$577
15.14	greater than \$25,000 and no more than \$50,000	\$462
15.15	no more than \$25,000	\$231

15.16 (f) If requested, the home care provider shall provide the commissioner information to
 15.17 verify the provider's annual revenues or other information as needed, including copies of
 15.18 documents submitted to the Department of Revenue.

15.19 (g) At each annual renewal, a home care provider may elect to pay the highest renewal
 15.20 fee for its license category, and not provide annual revenue information to the commissioner.

15.21 (h) A temporary license or license applicant, or temporary licensee or licensee that
 15.22 knowingly provides the commissioner incorrect revenue amounts for the purpose of paying
 15.23 a lower license fee, shall be subject to a civil penalty in the amount of double the fee the
 15.24 provider should have paid.

15.25 (i) The fee for failure to comply with the notification requirements in section 144A.473,
 15.26 subdivision 2, paragraph (c), is \$1,000.

15.27 ~~(j)~~ (j) Fees and penalties collected under this section shall be deposited in the state
 15.28 treasury and credited to the state government special revenue fund. All fees are
 15.29 nonrefundable. Fees collected under paragraphs (c), (d), and (e) are nonrefundable even if
 15.30 received before July 1, 2017, for temporary licenses or licenses being issued effective July
 15.31 1, 2017, or later.

15.32 (k) Fines collected under this subdivision shall be deposited in a dedicated special revenue
 15.33 account. On an annual basis, the balance in the special revenue account will be appropriated
 15.34 to the commissioner to implement the recommendations of the advisory council established

16.1 in section 144A.4799. Fines collected in state fiscal years 2018 and 2019 shall be deposited
 16.2 in the dedicated special revenue account as described in this section.

16.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

16.4 Sec. 10. Minnesota Statutes 2018, section 144A.474, subdivision 9, is amended to read:

16.5 Subd. 9. **Follow-up surveys.** For providers that have Level 3 or Level 4 violations under
 16.6 subdivision 11, or any violations determined to be widespread, the department shall conduct
 16.7 a follow-up survey within 90 calendar days of the survey. When conducting a follow-up
 16.8 survey, the surveyor will focus on whether the previous violations have been corrected and
 16.9 may also address any new violations that are observed while evaluating the corrections that
 16.10 have been made. ~~If a new violation is identified on a follow-up survey, no fine will be~~
 16.11 ~~imposed unless it is not corrected on the next follow-up survey.~~

16.12 **EFFECTIVE DATE.** This section is effective

16.13 Sec. 11. Minnesota Statutes 2018, section 144A.474, subdivision 11, is amended to read:

16.14 Subd. 11. **Fines.** (a) Fines and enforcement actions under this subdivision may be assessed
 16.15 based on the level and scope of the violations described in paragraph ~~(e)~~ (b) and imposed
 16.16 immediately with no opportunity to correct the violation first as follows:

16.17 (1) Level 1, no fines or enforcement;

16.18 (2) Level 2, ~~fines ranging from \$0 to~~ a fine of \$500 per violation, in addition to any of
 16.19 the enforcement mechanisms authorized in section 144A.475 for widespread violations;

16.20 (3) Level 3, ~~fines ranging from \$500 to \$1,000~~ a fine of \$3,000 per incident plus \$100
 16.21 for each resident affected by the violation, in addition to any of the enforcement mechanisms
 16.22 authorized in section 144A.475; ~~and~~

16.23 (4) Level 4, ~~fines ranging from \$1,000 to~~ a fine of \$5,000 per incident plus \$200 for
 16.24 each resident affected by the violation, in addition to any of the enforcement mechanisms
 16.25 authorized in section 144A.475;

16.26 (5) for maltreatment violations as defined in section 626.557 including abuse, neglect,
 16.27 financial exploitation, and drug diversion, that are determined against the provider, an
 16.28 immediate fine shall be imposed of \$5,000 per incident plus \$200 for each resident affected
 16.29 by the violation; and

16.30 (6) the fines in clauses (1) to (4) are increased and immediate fine imposition is authorized
 16.31 for both surveys and investigations conducted.

17.1 (b) Correction orders for violations are categorized by both level and scope and fines
17.2 shall be assessed as follows:

17.3 (1) level of violation:

17.4 (i) Level 1 is a violation that has no potential to cause more than a minimal impact on
17.5 the client and does not affect health or safety;

17.6 (ii) Level 2 is a violation that did not harm a client's health or safety but had the potential
17.7 to have harmed a client's health or safety, but was not likely to cause serious injury,
17.8 impairment, or death;

17.9 (iii) Level 3 is a violation that harmed a client's health or safety, not including serious
17.10 injury, impairment, or death, or a violation that has the potential to lead to serious injury,
17.11 impairment, or death; and

17.12 (iv) Level 4 is a violation that results in serious injury, impairment, or death;

17.13 (2) scope of violation:

17.14 (i) isolated, when one or a limited number of clients are affected or one or a limited
17.15 number of staff are involved or the situation has occurred only occasionally;

17.16 (ii) pattern, when more than a limited number of clients are affected, more than a limited
17.17 number of staff are involved, or the situation has occurred repeatedly but is not found to be
17.18 pervasive; and

17.19 (iii) widespread, when problems are pervasive or represent a systemic failure that has
17.20 affected or has the potential to affect a large portion or all of the clients.

17.21 (c) If the commissioner finds that the applicant or a home care provider ~~required to be~~
17.22 ~~licensed under sections 144A.43 to 144A.482~~ has not corrected violations by the date
17.23 specified in the correction order or conditional license resulting from a survey or complaint
17.24 investigation, the commissioner ~~may impose a fine. A~~ shall provide a notice of
17.25 noncompliance with a correction order ~~must be mailed~~ by e-mail to the applicant's or
17.26 provider's last known e-mail address. The noncompliance notice must list the violations not
17.27 corrected.

17.28 (d) For every violation identified by the commissioner, the commissioner shall issue an
17.29 immediate fine pursuant to paragraph (a), clause (6). The license holder must still correct
17.30 the violation in the time specified. The issuance of an immediate fine can occur in addition
17.31 to any enforcement mechanism authorized under section 144A.475. The immediate fine
17.32 may be appealed as allowed under this subdivision.

18.1 ~~(d)~~ (e) The license holder must pay the fines assessed on or before the payment date
18.2 specified. If the license holder fails to fully comply with the order, the commissioner may
18.3 issue a second fine or suspend the license until the license holder complies by paying the
18.4 fine. A timely appeal shall stay payment of the fine until the commissioner issues a final
18.5 order.

18.6 ~~(e)~~ (f) A license holder shall promptly notify the commissioner in writing when a violation
18.7 specified in the order is corrected. If upon reinspection the commissioner determines that
18.8 a violation has not been corrected as indicated by the order, the commissioner may issue a
18.9 second fine. The commissioner shall notify the license holder by mail to the last known
18.10 address in the licensing record that a second fine has been assessed. The license holder may
18.11 appeal the second fine as provided under this subdivision.

18.12 ~~(f)~~ (g) A home care provider that has been assessed a fine under this subdivision has a
18.13 right to a reconsideration or a hearing under this section and chapter 14.

18.14 ~~(g)~~ (h) When a fine has been assessed, the license holder may not avoid payment by
18.15 closing, selling, or otherwise transferring the licensed program to a third party. In such an
18.16 event, the license holder shall be liable for payment of the fine.

18.17 ~~(h)~~ (i) In addition to any fine imposed under this section, the commissioner may assess
18.18 a penalty amount based on costs related to an investigation that results in a final order
18.19 assessing a fine or other enforcement action authorized by this chapter.

18.20 ~~(i)~~ (j) Fines collected under this subdivision shall be deposited in ~~the state government~~
18.21 a dedicated special revenue fund and credited to an account separate from the revenue
18.22 collected under section 144A.472. Subject to an appropriation by the legislature, the revenue
18.23 from the fines collected must be used by the commissioner for special projects to improve
18.24 home care in Minnesota as recommended by account. On an annual basis, the balance in
18.25 the special revenue account shall be appropriated to the commissioner to implement the
18.26 recommendations of the advisory council established in section 144A.4799. Fines collected
18.27 in state fiscal years 2018 and 2019 shall be deposited in the dedicated special revenue
18.28 account as described in this section.

18.29 **EFFECTIVE DATE.** This section is effective July 1, 2019.

18.30 Sec. 12. Minnesota Statutes 2018, section 144A.475, subdivision 3b, is amended to read:

18.31 Subd. 3b. **Expedited hearing.** (a) Within five business days of receipt of the license
18.32 holder's timely appeal of a temporary suspension or issuance of a conditional license, the
18.33 commissioner shall request assignment of an administrative law judge. The request must

19.1 include a proposed date, time, and place of a hearing. A hearing must be conducted by an
19.2 administrative law judge pursuant to Minnesota Rules, parts 1400.8505 to 1400.8612, within
19.3 30 calendar days of the request for assignment, unless an extension is requested by either
19.4 party and granted by the administrative law judge for good cause. The commissioner shall
19.5 issue a notice of hearing by certified mail or personal service at least ten business days
19.6 before the hearing. Certified mail to the last known address is sufficient. The scope of the
19.7 hearing shall be limited solely to the issue of whether the temporary suspension or issuance
19.8 of a conditional license should remain in effect and whether there is sufficient evidence to
19.9 conclude that the licensee's actions or failure to comply with applicable laws are level 3 or
19.10 4 violations as defined in section 144A.474, subdivision 11, paragraph (b), or that there
19.11 were violations that posed an imminent risk of harm to the health and safety of persons in
19.12 the provider's care.

19.13 (b) The administrative law judge shall issue findings of fact, conclusions, and a
19.14 recommendation within ten business days from the date of hearing. The parties shall have
19.15 ten calendar days to submit exceptions to the administrative law judge's report. The record
19.16 shall close at the end of the ten-day period for submission of exceptions. The commissioner's
19.17 final order shall be issued within ten business days from the close of the record. When an
19.18 appeal of a temporary immediate suspension or conditional license is withdrawn or dismissed,
19.19 the commissioner shall issue a final order affirming the temporary immediate suspension
19.20 or conditional license within ten calendar days of the commissioner's receipt of the
19.21 withdrawal or dismissal. The license holder is prohibited from operation during the temporary
19.22 suspension period.

19.23 (c) When the final order under paragraph (b) affirms an immediate suspension, and a
19.24 final licensing sanction is issued under subdivisions 1 and 2 and the licensee appeals that
19.25 sanction, the licensee is prohibited from operation pending a final commissioner's order
19.26 after the contested case hearing conducted under chapter 14.

19.27 (d) A licensee whose license is temporarily suspended must comply with the requirements
19.28 for notification and transfer of clients in subdivision 5. These requirements remain if an
19.29 appeal is requested.

19.30 **EFFECTIVE DATE.** This section is effective

19.31 Sec. 13. Minnesota Statutes 2018, section 144A.475, subdivision 5, is amended to read:

19.32 Subd. 5. **Plan required.** (a) The process of suspending ~~or~~ revoking, or refusing to renew
19.33 a license must include a plan for transferring affected ~~clients~~ clients' care to other providers
19.34 by the home care provider, which will be monitored by the commissioner. Within three

20.1 ~~business~~ calendar days of being notified of the ~~final~~ revocation, refusal to renew, or
 20.2 suspension action, the home care provider shall provide the commissioner, the lead agencies
 20.3 as defined in section 256B.0911, county adult protection and case managers, and the
 20.4 ombudsman for long-term care with the following information:

20.5 (1) a list of all clients, including full names and all contact information on file;

20.6 (2) a list of each client's representative or emergency contact person, including full names
 20.7 and all contact information on file;

20.8 (3) the location or current residence of each client;

20.9 (4) the payor sources for each client, including payor source identification numbers; and

20.10 (5) for each client, a copy of the client's service ~~plan~~ agreement, and a list of the types
 20.11 of services being provided.

20.12 (b) The revocation, refusal to renew, or suspension notification requirement is satisfied
 20.13 by mailing the notice to the address in the license record. The home care provider shall
 20.14 cooperate with the commissioner and the lead agencies, county adult protection and county
 20.15 managers, and the ombudsman for long term care during the process of transferring care of
 20.16 clients to qualified providers. Within three ~~business~~ calendar days of being notified of the
 20.17 final revocation, refusal to renew, or suspension action, the home care provider must notify
 20.18 and disclose to each of the home care provider's clients, or the client's representative or
 20.19 emergency contact persons, that the commissioner is taking action against the home care
 20.20 provider's license by providing a copy of the revocation, refusal to renew, or suspension
 20.21 notice issued by the commissioner. If the provider does not comply with the disclosure
 20.22 requirements in this section, the commissioner, lead agencies, county adult protection and
 20.23 county managers and ombudsman for long-term care shall notify the clients, client
 20.24 representatives, or emergency contact persons, about the action being taken. The revocation,
 20.25 refusal to renew, or suspension notice is public data except for any private data contained
 20.26 therein.

20.27 (c) A home care provider subject to this subdivision may continue operating during the
 20.28 period of time home care clients are being transferred to other providers.

20.29 **EFFECTIVE DATE.** This section is effective

20.30 Sec. 14. Minnesota Statutes 2018, section 144A.476, subdivision 1, is amended to read:

20.31 Subdivision 1. **Prior criminal convictions; owner and managerial officials.** (a) Before
 20.32 the commissioner issues a temporary license, issues a license as a result of an approved

21.1 change in ownership, or renews a license, an owner or managerial official is required to
21.2 complete a background study under section 144.057. No person may be involved in the
21.3 management, operation, or control of a home care provider if the person has been disqualified
21.4 under chapter 245C. If an individual is disqualified under section 144.057 or chapter 245C,
21.5 the individual may request reconsideration of the disqualification. If the individual requests
21.6 reconsideration and the commissioner sets aside or rescinds the disqualification, the individual
21.7 is eligible to be involved in the management, operation, or control of the provider. If an
21.8 individual has a disqualification under section 245C.15, subdivision 1, and the disqualification
21.9 is affirmed, the individual's disqualification is barred from a set aside, and the individual
21.10 must not be involved in the management, operation, or control of the provider.

21.11 (b) For purposes of this section, owners of a home care provider subject to the background
21.12 check requirement are those individuals whose ownership interest provides sufficient
21.13 authority or control to affect or change decisions related to the operation of the home care
21.14 provider. An owner includes a sole proprietor, a general partner, or any other individual
21.15 whose individual ownership interest can affect the management and direction of the policies
21.16 of the home care provider.

21.17 (c) For the purposes of this section, managerial officials subject to the background check
21.18 requirement are individuals who provide direct contact as defined in section 245C.02,
21.19 subdivision 11, or individuals who have the responsibility for the ongoing management or
21.20 direction of the policies, services, or employees of the home care provider. Data collected
21.21 under this subdivision shall be classified as private data on individuals under section 13.02,
21.22 subdivision 12.

21.23 (d) The department shall not issue any license if the applicant or owner or managerial
21.24 official has been unsuccessful in having a background study disqualification set aside under
21.25 section 144.057 and chapter 245C; if the owner or managerial official, as an owner or
21.26 managerial official of another home care provider, was substantially responsible for the
21.27 other home care provider's failure to substantially comply with sections 144A.43 to
21.28 144A.482; or if an owner that has ceased doing business, either individually or as an owner
21.29 of a home care provider, was issued a correction order for failing to assist clients in violation
21.30 of this chapter.

21.31 **EFFECTIVE DATE.** This section is effective

21.32 Sec. 15. Minnesota Statutes 2018, section 144A.4791, subdivision 10, is amended to read:

21.33 Subd. 10. **Termination of service plan.** (a) If a home care provider terminates a service
21.34 plan with a client, and the client continues to need home care services, the home care provider

22.1 shall provide the client and the client's representative, if any, with a 30-day written notice
22.2 of termination which includes the following information:

22.3 (1) the effective date of termination;

22.4 (2) the reason for termination;

22.5 (3) a list of known licensed home care providers in the client's immediate geographic
22.6 area;

22.7 (4) a statement that the home care provider will participate in a coordinated transfer of
22.8 care of the client to another home care provider, health care provider, or caregiver, as
22.9 required by the home care bill of rights, section 144A.44, subdivision 1, clause (17);

22.10 (5) the name and contact information of a person employed by the home care provider
22.11 with whom the client may discuss the notice of termination; and

22.12 (6) if applicable, a statement that the notice of termination of home care services does
22.13 not constitute notice of termination of the housing with services contract with a housing
22.14 with services establishment.

22.15 (b) When the home care provider voluntarily discontinues services to all clients, the
22.16 home care provider must notify the commissioner, lead agencies, and ombudsman for
22.17 long-term care about its clients and comply with the requirements in this subdivision.

22.18 **EFFECTIVE DATE.** This section is effective

22.19 Sec. 16. Minnesota Statutes 2018, section 144A.4799, is amended to read:

22.20 **144A.4799 DEPARTMENT OF HEALTH LICENSED HOME CARE PROVIDER**
22.21 **ADVISORY COUNCIL.**

22.22 Subdivision 1. **Membership.** The commissioner of health shall appoint eight persons
22.23 to a home care and assisted living program advisory council consisting of the following:

22.24 (1) three public members as defined in section 214.02 who shall be ~~either~~ persons who
22.25 are currently receiving home care services ~~or~~, persons who have received home care within
22.26 five years of the application date, persons who have family members receiving home care
22.27 services, or persons who have family members who have received home care services within
22.28 five years of the application date;

22.29 (2) three Minnesota home care licensees representing basic and comprehensive levels
22.30 of licensure who may be a managerial official, an administrator, a supervising registered
22.31 nurse, or an unlicensed personnel performing home care tasks;

- 23.1 (3) one member representing the Minnesota Board of Nursing; ~~and~~
- 23.2 (4) one member representing the office of ombudsman for long-term care; and
- 23.3 (5) beginning July 1, 2021, a member of a county health and human services or county
- 23.4 adult protection office.

23.5 Subd. 2. **Organizations and meetings.** The advisory council shall be organized and

23.6 administered under section 15.059 with per diems and costs paid within the limits of available

23.7 appropriations. Meetings will be held quarterly and hosted by the department. Subcommittees

23.8 may be developed as necessary by the commissioner. Advisory council meetings are subject

23.9 to the Open Meeting Law under chapter 13D.

23.10 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide

23.11 advice regarding regulations of Department of Health licensed home care providers in this

23.12 chapter, including advice on the following:

- 23.13 (1) community standards for home care practices;
- 23.14 (2) enforcement of licensing standards and whether certain disciplinary actions are
- 23.15 appropriate;
- 23.16 (3) ways of distributing information to licensees and consumers of home care;
- 23.17 (4) training standards;
- 23.18 (5) identifying emerging issues and opportunities in the home care field, ~~including;~~
- 23.19 (6) identifying the use of technology in home and telehealth capabilities;
- 23.20 ~~(6)~~ (7) allowable home care licensing modifications and exemptions, including a method
- 23.21 for an integrated license with an existing license for rural licensed nursing homes to provide
- 23.22 limited home care services in an adjacent independent living apartment building owned by
- 23.23 the licensed nursing home; and
- 23.24 ~~(7)~~ (8) recommendations for studies using the data in section 62U.04, subdivision 4,
- 23.25 including but not limited to studies concerning costs related to dementia and chronic disease
- 23.26 among an elderly population over 60 and additional long-term care costs, as described in
- 23.27 section 62U.10, subdivision 6.
- 23.28 (b) The advisory council shall perform other duties as directed by the commissioner.
- 23.29 (c) The advisory council shall annually ~~review the balance of the account in the state~~
- 23.30 ~~government special revenue fund described in section 144A.474, subdivision 11, paragraph~~
- 23.31 ~~(i), and make annual recommendations by January 15 directly to the chairs and ranking~~

24.1 ~~minority members of the legislative committees with jurisdiction over health and human~~
 24.2 ~~services regarding appropriations~~ to the commissioner for the purposes in section 144A.474,
 24.3 subdivision 11, paragraph (i). The recommendations shall address ways the commissioner
 24.4 may improve protection of the public under existing statutes and laws and include but are
 24.5 not limited to projects that create and administer training of licensees and their employees
 24.6 to improve residents lives, supporting ways that licensees can improve and enhance quality
 24.7 care, ways to provide technical assistance to licensees to improve compliance; information
 24.8 technology and data projects that analyze and communicate information about trends of
 24.9 violations or lead to ways of improving client care; communications strategies to licensees
 24.10 and the public; and other projects or pilots that benefit clients, families, and the public.

24.11 **EFFECTIVE DATE.** This section is effective

24.12 Sec. 17. Minnesota Statutes 2018, section 256I.03, subdivision 15, is amended to read:

24.13 Subd. 15. **Supportive housing.** "Supportive housing" means housing ~~with support~~
 24.14 ~~services according to the continuum of care coordinated assessment system established~~
 24.15 ~~under Code of Federal Regulations, title 24, section 578.3~~ that is not time-limited and
 24.16 provides or coordinates services necessary for a resident to maintain housing stability.

24.17 **EFFECTIVE DATE.** This section is effective

24.18 Sec. 18. Minnesota Statutes 2018, section 256I.04, subdivision 2a, is amended to read:

24.19 Subd. 2a. **License required; staffing qualifications.** (a) Except as provided in paragraph
 24.20 (b), an agency may not enter into an agreement with an establishment to provide housing
 24.21 support unless:

24.22 (1) the establishment is licensed by the Department of Health as a hotel and restaurant;
 24.23 a board and lodging establishment; a boarding care home before March 1, 1985; or a
 24.24 supervised living facility, and the service provider for residents of the facility is licensed
 24.25 under chapter 245A. However, an establishment licensed by the Department of Health to
 24.26 provide lodging need not also be licensed to provide board if meals are being supplied to
 24.27 residents under a contract with a food vendor who is licensed by the Department of Health;

24.28 (2) the residence is: (i) licensed by the commissioner of human services under Minnesota
 24.29 Rules, parts 9555.5050 to 9555.6265; (ii) certified by a county human services agency prior
 24.30 to July 1, 1992, using the standards under Minnesota Rules, parts 9555.5050 to 9555.6265;
 24.31 (iii) licensed by the commissioner under Minnesota Rules, parts 2960.0010 to 2960.0120,
 24.32 with a variance under section 245A.04, subdivision 9; or (iv) licensed under section 245D.02,

25.1 subdivision 4a, as a community residential setting by the commissioner of human services;
25.2 or

25.3 (3) the ~~establishment~~ facility is ~~registered~~ licensed under ~~chapter 144D~~ chapter 144I and
25.4 provides three meals a day.

25.5 (b) The requirements under paragraph (a) do not apply to establishments exempt from
25.6 state licensure because they are:

25.7 (1) located on Indian reservations and subject to tribal health and safety requirements;
25.8 or

25.9 (2) ~~a supportive housing establishment that has an approved habitability inspection and~~
25.10 ~~an individual lease agreement and that serves people who have experienced long-term~~
25.11 ~~homelessness and were referred through a coordinated assessment in section 256I.03,~~
25.12 ~~subdivision 15~~ supportive housing establishments where an individual has an approved
25.13 habitability inspection and an individual lease agreement.

25.14 (c) Supportive housing establishments that serve individuals who have experienced
25.15 long-term homelessness and emergency shelters must participate in the homeless management
25.16 information system and a coordinated assessment system as defined by the commissioner.

25.17 (d) Effective July 1, 2016, an agency shall not have an agreement with a provider of
25.18 housing support unless all staff members who have direct contact with recipients:

25.19 (1) have skills and knowledge acquired through one or more of the following:

25.20 (i) a course of study in a health- or human services-related field leading to a bachelor
25.21 of arts, bachelor of science, or associate's degree;

25.22 (ii) one year of experience with the target population served;

25.23 (iii) experience as a mental health certified peer specialist according to section 256B.0615;

25.24 or

25.25 (iv) meeting the requirements for unlicensed personnel under sections 144A.43 to
25.26 144A.483;

25.27 (2) hold a current driver's license appropriate to the vehicle driven if transporting
25.28 recipients;

25.29 (3) complete training on vulnerable adults mandated reporting and child maltreatment
25.30 mandated reporting, where applicable; and

25.31 (4) complete housing support orientation training offered by the commissioner.

26.1 **EFFECTIVE DATE.** This section is effective

26.2 Sec. 19. Minnesota Statutes 2018, section 325F.72, is amended to read:

26.3 **325F.72 DISCLOSURE OF SPECIAL CARE STATUS DEMENTIA CARE**
 26.4 **SERVICES REQUIRED.**

26.5 Subdivision 1. **Persons to whom disclosure is required.** ~~Housing with services~~
 26.6 ~~establishments, as defined in sections 144D.01 to 144D.07, that secure, segregate, or provide~~
 26.7 ~~a special program or special unit for residents with a diagnosis of probable Alzheimer's~~
 26.8 ~~disease or a related disorder or that advertise, market, or otherwise promote the establishment~~
 26.9 ~~as providing specialized care for Alzheimer's disease or a related disorder are considered a~~
 26.10 ~~"special care unit." All special care units~~ assisted living facilities with dementia care, as
 26.11 defined in section 144I.01, shall provide a written disclosure to the following:

26.12 (1) the commissioner of health, if requested;

26.13 (2) the Office of Ombudsman for Long-Term Care; and

26.14 (3) each person seeking placement within a residence, or the person's authorized
 26.15 representative, before an agreement to provide the care is entered into.

26.16 Subd. 2. **Content.** Written disclosure shall include, but is not limited to, the following:

26.17 (1) a statement of the overall philosophy and how it reflects the special needs of residents
 26.18 with Alzheimer's disease or other dementias;

26.19 (2) the criteria for determining who may reside in the ~~special~~ dementia care unit;

26.20 (3) the process used for assessment and establishment of the service ~~plan or~~ agreement,
 26.21 including how the plan is responsive to changes in the resident's condition;

26.22 (4) staffing credentials, job descriptions, and staff duties and availability, including any
 26.23 training specific to dementia;

26.24 (5) physical environment as well as design and security features that specifically address
 26.25 the needs of residents with Alzheimer's disease or other dementias;

26.26 (6) frequency and type of programs and activities for residents ~~of the special care unit~~;

26.27 (7) involvement of families in resident care and availability of family support programs;

26.28 (8) fee schedules for additional services to the residents ~~of the special care unit~~; and

26.29 (9) a statement that residents will be given a written notice 30 calendar days prior to
 26.30 changes in the fee schedule.

27.1 Subd. 3. **Duty to update.** Substantial changes to disclosures must be reported to the
27.2 parties listed in subdivision 1 at the time the change is made.

27.3 Subd. 4. **Remedy.** The attorney general may seek the remedies set forth in section 8.31
27.4 for repeated and intentional violations of this section. However, no private right of action
27.5 may be maintained as provided under section 8.31, subdivision 3a.

27.6 **EFFECTIVE DATE.** This section is effective

27.7 Sec. 20. Minnesota Statutes 2018, section 626.5572, subdivision 6, is amended to read:

27.8 Subd. 6. **Facility.** (a) "Facility" means a hospital or other entity required to be licensed
27.9 under sections 144.50 to 144.58; a nursing home required to be licensed to serve adults
27.10 under section 144A.02; a facility or service required to be licensed under chapter 245A; an
27.11 assisted living facility required to be licensed under chapter 144I; a home care provider
27.12 licensed or required to be licensed under sections 144A.43 to 144A.482; a hospice provider
27.13 licensed under sections 144A.75 to 144A.755; or a person or organization that offers,
27.14 provides, or arranges for personal care assistance services under the medical assistance
27.15 program as authorized under sections 256B.0625, subdivision 19a, 256B.0651 to 256B.0654,
27.16 256B.0659, or 256B.85.

27.17 (b) For services identified in paragraph (a) that are provided in the vulnerable adult's
27.18 own home or in another unlicensed location, the term "facility" refers to the provider, person,
27.19 or organization that offers, provides, or arranges for personal care services, and does not
27.20 refer to the vulnerable adult's home or other location at which services are rendered.

27.21 **EFFECTIVE DATE.** This section is effective

27.22 Sec. 21. Minnesota Statutes 2018, section 626.5572, subdivision 21, is amended to read:

27.23 Subd. 21. **Vulnerable adult.** (a) "Vulnerable adult" means any person 18 years of age
27.24 or older who:

27.25 (1) is a resident or inpatient of a facility;

27.26 (2) receives services required to be licensed under chapter 245A, except that a person
27.27 receiving outpatient services for treatment of chemical dependency or mental illness, or one
27.28 who is served in the Minnesota sex offender program on a court-hold order for commitment,
27.29 or is committed as a sexual psychopathic personality or as a sexually dangerous person
27.30 under chapter 253B, is not considered a vulnerable adult unless the person meets the
27.31 requirements of clause (4);

28.1 (3) is a resident of an assisted living facility or an assisted living facility with dementia
28.2 care required to be licensed under chapter 144I;

28.3 ~~(3)~~ (4) receives services from a home care provider required to be licensed under sections
28.4 144A.43 to 144A.482; or from a person or organization that offers, provides, or arranges
28.5 for personal care assistance services under the medical assistance program as authorized
28.6 under section 256B.0625, subdivision 19a, 256B.0651, 256B.0653, 256B.0654, 256B.0659,
28.7 or 256B.85; or

28.8 ~~(4)~~ (5) regardless of residence or whether any type of service is received, possesses a
28.9 physical or mental infirmity or other physical, mental, or emotional dysfunction:

28.10 (i) that impairs the individual's ability to provide adequately for the individual's own
28.11 care without assistance, including the provision of food, shelter, clothing, health care, or
28.12 supervision; and

28.13 (ii) because of the dysfunction or infirmity and the need for care or services, the individual
28.14 has an impaired ability to protect the individual's self from maltreatment.

28.15 (b) For purposes of this subdivision, "care or services" means care or services for the
28.16 health, safety, welfare, or maintenance of an individual.

28.17 **EFFECTIVE DATE.** This section is effective

28.18 Sec. 22. **REPEALER.**

28.19 (a) Minnesota Statutes 2018, section 144A.472, subdivision 4, is repealed July 1, 2019.

28.20 (b) Minnesota Statutes 2018, sections 144A.441; and 144A.442, are repealed August 1,
28.21 2021."

28.22 Amend the title accordingly