

1.1 moves to amend H.F. No. 729, the delete everything amendment
1.2 (H0729DE2), as follows:

1.3 Page 17, after line 2, insert:

1.4 "Section 1. Minnesota Statutes 2024, section 144.56, subdivision 2b, is amended to read:

1.5 Subd. 2b. **Boarding care homes.** The commissioner shall not adopt or enforce any rule
1.6 that limits:

1.7 (1) a certified boarding care home from providing nursing services in accordance with
1.8 the home's Medicaid certification; or

1.9 (2) a noncertified boarding care home ~~registered under chapter 144D~~ from providing
1.10 home care services ~~in accordance with the home's registration.~~

1.11 Sec. 2. Minnesota Statutes 2024, section 144.586, subdivision 2, is amended to read:

1.12 Subd. 2. **Postacute care discharge planning.** (a) Each hospital, including hospitals
1.13 designated as critical access hospitals, must comply with the federal hospital requirements
1.14 for discharge planning, which include:

1.15 (1) conducting a discharge planning evaluation that includes an evaluation of:

1.16 (i) the likelihood of the patient needing posthospital services and of the availability of
1.17 those services; and

1.18 (ii) the patient's capacity for self-care or the possibility of the patient being cared for in
1.19 the environment from which the patient entered the hospital;

1.20 (2) timely completion of the discharge planning evaluation under clause (1) by hospital
1.21 personnel so that appropriate arrangements for posthospital care are made before discharge,
1.22 and to avoid unnecessary delays in discharge;

2.1 (3) including the discharge planning evaluation under clause (1) in the patient's medical
2.2 record for use in establishing an appropriate discharge plan. The hospital must discuss the
2.3 results of the evaluation with the patient or individual acting on behalf of the patient. The
2.4 hospital must reassess the patient's discharge plan if the hospital determines that there are
2.5 factors that may affect continuing care needs or the appropriateness of the discharge plan;
2.6 and

2.7 (4) providing counseling, as needed, for the patient and family members or interested
2.8 persons to prepare them for posthospital care. The hospital must provide a list of available
2.9 Medicare-eligible home care agencies or skilled nursing facilities that serve the patient's
2.10 geographic area, or other area requested by the patient if such care or placement is indicated
2.11 and appropriate. Once the patient has designated their preferred providers, the hospital will
2.12 assist the patient in securing care covered by their health plan or within the care network.
2.13 The hospital must not specify or otherwise limit the qualified providers that are available
2.14 to the patient. The hospital must document in the patient's record that the list was presented
2.15 to the patient or to the individual acting on the patient's behalf.

2.16 (b) Each hospital, including hospitals designated as critical access hospitals, must
2.17 document in the patient's discharge plan instances when a restraint was used to manage the
2.18 patient's behavior prior to discharge, including the type of restraint, duration, and frequency.
2.19 In cases where the patient is transferred to a licensed or registered provider, the hospital
2.20 must notify the provider of the type, duration, and frequency of the restraint. "Restraint"
2.21 has the meaning given in section 144G.08, subdivision 61a.

2.22 **EFFECTIVE DATE.** This section is effective January 1, 2027.

2.23 Sec. 3. Minnesota Statutes 2024, section 144.6502, subdivision 1, is amended to read:

2.24 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
2.25 subdivision have the meanings given.

2.26 (b) "Commissioner" means the commissioner of health.

2.27 (c) "Department" means the Department of Health.

2.28 (d) "Electronic monitoring" means the placement and use of an electronic monitoring
2.29 device in the resident's room or private living unit in accordance with this section.

2.30 (e) "Electronic monitoring device" means a camera or other device that captures, records,
2.31 or broadcasts audio, video, or both, that is placed in a resident's room or private living unit
2.32 and is used to monitor the resident or activities in the room or private living unit.

3.1 (f) "Facility" means a facility that is:

3.2 (1) licensed as a nursing home under chapter 144A;

3.3 (2) licensed as a boarding care home under sections 144.50 to 144.56; or

3.4 ~~(3) until August 1, 2021, a housing with services establishment registered under chapter~~
 3.5 ~~144D that is either subject to chapter 144G or has a disclosed special unit under section~~
 3.6 ~~325F.72; or~~

3.7 ~~(4) on or after August 1, 2021, (3) licensed as an assisted living facility under chapter~~
 3.8 144G.

3.9 (g) "Resident" means a person 18 years of age or older residing in a facility.

3.10 (h) "Resident representative" means one of the following in the order of priority listed,
 3.11 to the extent the person may reasonably be identified and located:

3.12 (1) a court-appointed guardian;

3.13 (2) a health care agent as defined in section 145C.01, subdivision 2; or

3.14 (3) a person who is not an agent of a facility or of a home care provider designated in
 3.15 writing by the resident and maintained in the resident's records on file with the facility.

3.16 Sec. 4. Minnesota Statutes 2024, section 144A.161, subdivision 1a, is amended to read:

3.17 Subd. 1a. **Scope.** Where a facility is undertaking a closure, reduction, or change in
 3.18 operations, ~~or where a housing with services unit registered under chapter 144D is closed~~
 3.19 ~~because the space that it occupies is being replaced by a nursing facility bed that is being~~
 3.20 ~~reactivated from layaway status,~~ the facility and the county social services agency must
 3.21 comply with the requirements of this section.

3.22 Sec. 5. Minnesota Statutes 2024, section 144A.472, subdivision 5, is amended to read:

3.23 Subd. 5. **Changes in ownership.** (a) A home care license issued by the commissioner
 3.24 may not be transferred to another party. Before acquiring ownership of or a controlling
 3.25 interest in a home care provider business, a prospective owner must apply for a new license.
 3.26 A change of ownership is a transfer of operational control of the home care provider business
 3.27 and includes:

3.28 (1) transfer of the business to a different or new corporation;

3.29 (2) in the case of a partnership, the dissolution or termination of the partnership under
 3.30 chapter 323A, with the business continuing by a successor partnership or other entity;

4.1 (3) relinquishment of control of the provider to another party, including to a contract
4.2 management firm that is not under the control of the owner of the business' assets;

4.3 (4) transfer of the business by a sole proprietor to another party or entity; or

4.4 (5) transfer of ownership or control of 50 percent or more of the controlling interest of
4.5 a home care provider business not covered by clauses (1) to (4).

4.6 (b) An employee who was employed by the previous owner of the home care provider
4.7 business prior to the effective date of a change in ownership under paragraph (a), and who
4.8 will be employed by the new owner in the same or a similar capacity, shall be treated as if
4.9 no change in employer occurred, with respect to orientation, training, tuberculosis testing,
4.10 background studies, and competency testing and training on the policies identified in
4.11 subdivision 1, clause (14), and subdivision 2, if applicable.

4.12 (c) Notwithstanding paragraph (b), a new owner of a home care provider business must
4.13 ensure that employees of the provider receive and complete training and testing on any
4.14 provisions of policies that differ from those of the previous owner within 90 days after the
4.15 date of the change in ownership.

4.16 (d) After a change of ownership, the new licensee is responsible for any outstanding
4.17 finances and any fines assessed following the effective date of the change of ownership.
4.18 Additionally, the new licensee is responsible for bringing the home care provider into
4.19 compliance with all existing ordered, imposed, or agreed-upon corrections and conditions."

4.20 Page 19, line 7, strike the second comma

4.21 Page 19, line 8, strike everything before the period and insert "the license"

4.22 Page 19, line 9, after the period, insert "In the event of a change of ownership, the new
4.23 licensee is responsible for any outstanding fines and any fines assessed following the effective
4.24 date of the change of ownership regardless of the date of the violation."

4.25 Page 20, after line 28, insert:

4.26 "Sec. 7. Minnesota Statutes 2024, section 144A.72, subdivision 2, is amended to read:

4.27 Subd. 2. **Penalties.** (a) Failure to comply with this section shall subject the supplemental
4.28 nursing services agency to revocation or nonrenewal of its registration. Violations of section
4.29 144A.74 are subject to a fine equal to 200 percent of the amount billed or received in excess
4.30 of the maximum permitted under that section.

4.31 (b) The commissioner may request and must be given access to relevant information,
4.32 records, incident reports, or other documents in the possession of a facility if the

5.1 commissioner considers them necessary to verify a supplemental nursing services agency's
5.2 compliance with this section. The commissioner may bring enforcement action against a
5.3 supplemental nursing services agency or facility that fails to provide the commissioner with
5.4 information, records, reports, or other documents requested under this paragraph.

5.5 Sec. 8. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to
5.6 read:

5.7 Subd. 26a. **Imminent risk.** "Imminent risk" means an immediate and impending threat
5.8 to the health, safety, or rights of an individual.

5.9 **EFFECTIVE DATE.** This section is effective January 1, 2027.

5.10 Sec. 9. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to
5.11 read:

5.12 Subd. 54a. **Prone restraint.** "Prone restraint" means the use of manual restraint that
5.13 places a resident in a face-down position. Prone restraint does not include the brief physical
5.14 holding of a resident who, during an emergency use of a manual restraint, rolls into a prone
5.15 position and as quickly as possible the resident is restored to a standing, sitting, or side-lying
5.16 position.

5.17 **EFFECTIVE DATE.** This section is effective January 1, 2027.

5.18 Sec. 10. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision
5.19 to read:

5.20 Subd. 61a. **Restraint.** "Restraint" means:

5.21 (1) chemical restraint, as defined in section 245D.02, subdivision 3b;

5.22 (2) manual restraint, as defined in section 245D.02, subdivision 15a;

5.23 (3) mechanical restraint, as defined in section 245D.02, subdivision 15b; or

5.24 (4) any other form of restraint that limits the free and normal movement of body or
5.25 limbs.

5.26 **EFFECTIVE DATE.** This section is effective January 1, 2027.

6.1 Sec. 11. Minnesota Statutes 2024, section 144G.19, is amended by adding a subdivision
6.2 to read:

6.3 Subd. 6. **Correction orders and fines.** After a change of ownership, the new licensee
6.4 is responsible for any outstanding fines and any fines assessed following the effective date
6.5 of the change of ownership regardless of the date of the violation. Additionally, the new
6.6 licensee is responsible for bringing the facility into compliance with all existing ordered,
6.7 imposed or agreed-upon corrections and conditions.

6.8 Sec. 12. Minnesota Statutes 2024, section 144G.31, subdivision 6, is amended to read:

6.9 Subd. 6. **Payment of fines required.** When a fine has been assessed, the licensee may
6.10 not avoid payment by closing, ~~selling, or otherwise transferring the license to a third party~~
6.11 the license. In such an event, the licensee shall be liable for payment of the fine. In the event
6.12 of a change of ownership, the new licensee is responsible for any outstanding fines and any
6.13 fines assessed following the effective date of the change of ownership regardless of the date
6.14 of the violation.

6.15 Sec. 13. [144G.65] **TRAINING IN EMERGENCY MANUAL RESTRAINTS.**

6.16 Subdivision 1. **Training.** A licensee must ensure that staff who are authorized to apply
6.17 an emergency use of a manual restraint complete a minimum of four hours of training from
6.18 a qualified individual prior to assuming these responsibilities. Training must include:

6.19 (1) types of behaviors, de-escalation techniques and their value;

6.20 (2) principles of person-centered planning and service delivery as identified in section
6.21 245D.07, subdivision 1a, paragraph (b);

6.22 (3) what constitutes the use of a restraint;

6.23 (4) staff responsibilities related to: (i) prohibited procedures under section 144G.85; (ii)
6.24 why prohibited procedures are not effective for reducing or eliminating symptoms or
6.25 interfering behavior; and (iii) why prohibited procedures are not safe;

6.26 (5) the situations when staff must contact 911 services in response to an imminent risk
6.27 of harm to the resident or others; and

6.28 (6) strategies for respecting and supporting each resident's cultural preferences.

6.29 Subd. 2. **Annual refresher training.** The licensee must ensure that staff who apply an
6.30 emergency use of a manual restraint complete two hours of refresher training on an annual
6.31 basis covering each of the training areas listed in subdivision 1.

7.1 Subd. 3. **Implementation.** The assisted living facility must implement all orientation
7.2 and training topics covered in this section.

7.3 Subd. 4. **Verification and documentation of orientation and training.** For staff who
7.4 are authorized to apply an emergency use of a manual restraint, the assisted living facility
7.5 must retain evidence in the employee record of each staff person having completed the
7.6 orientation and training under this section.

7.7 Subd. 5. **Exemption.** This section does not apply to licensees who have a policy
7.8 prohibiting the use of restraints.

7.9 **EFFECTIVE DATE.** This section is effective January 1, 2027.

7.10 Sec. 14. [144G.85] **USE OF RESTRAINTS.**

7.11 Subdivision 1. **Use of restraints prohibited.** Restraints are prohibited except as described
7.12 in subdivisions 2 and 4.

7.13 Subd. 2. **Exception.** (a) Emergency use of a manual restraint is permitted only when
7.14 immediate intervention is needed to protect the resident or others from imminent risk of
7.15 physical harm and is the least restrictive intervention to address the risk. The restraint must
7.16 be imposed for the least amount of time necessary and removed when there is no longer
7.17 imminent risk of physical harm to the resident or other persons in the facility. The use of
7.18 restraint under this subdivision must:

7.19 (1) take into consideration the rights, health, and welfare of the resident;

7.20 (2) not apply pressure to the back or chest while a resident is in a prone, supine, or
7.21 side-lying position; and

7.22 (3) allow the resident to be free from prone restraint.

7.23 (b) This section does not apply when a resident, a resident's legal representative, or a
7.24 family member acting on the resident's behalf chooses to utilize a bed rail or other device
7.25 that may constitute a restraint, after being informed of the facility's policy prohibiting the
7.26 use of restraints and of the risks of using the device. The facility must document that the
7.27 resident, resident's legal representative, or family member received information regarding
7.28 the facility's policy and the risks of using the device and voluntarily elected to use the device.

7.29 Subd. 3. **Documentation and notification.** (a) The resident's legal representative must
7.30 be notified within 24 hours of an emergency use of a manual restraint and of the
7.31 circumstances that prompted the use. Notification and the emergency use of a manual
7.32 restraint must be documented. If known, the advanced practice registered nurse, physician,

8.1 or physician assistant must be notified within 24 hours of an emergency use of a manual
8.2 restraint.

8.3 (b) On a form developed by the commissioner, the facility must notify the commissioner
8.4 and the ombudsman for long-term care within seven calendar days of any emergency use
8.5 of a manual restraint, including when any restraint is first applied or ordered. The
8.6 commissioner will monitor reported uses to detect overuse or unauthorized, inappropriate,
8.7 or ineffective use of the restraint. The form must include:

8.8 (1) the name and date of birth of the resident;

8.9 (2) the date and time of the use of the restraint;

8.10 (3) the names of staff and any residents who were involved in the incident leading up
8.11 to the emergency use of a manual restraint;

8.12 (4) a description of the incident, including the length of time the restraint was applied
8.13 and who was present before and during the incident leading up to the emergency use of a
8.14 manual restraint;

8.15 (5) a description of what less restrictive alternative measures were attempted to de-escalate
8.16 the incident and maintain safety that identifies when, how, and for how long the alternative
8.17 measures were attempted before the emergency use of a manual restraint was implemented;

8.18 (6) a description of the mental, physical, and emotional condition of the resident who
8.19 was restrained and of other persons involved in the incident leading up to, during, and
8.20 following the emergency use of a manual restraint;

8.21 (7) whether there was any injury to the resident who was restrained or other persons
8.22 involved in the incident, including staff, before or as a result of the emergency use of a
8.23 manual restraint; and

8.24 (8) whether there was a debriefing following the incident with the staff, and, if not
8.25 contraindicated, with the resident who was restrained and other persons who were involved
8.26 in or who witnessed the emergency use of a manual restraint, and the outcome of the
8.27 debriefing. If the debriefing was not conducted at the time the incident report was made,
8.28 the form should identify whether a debriefing is planned and a plan for mitigating use of
8.29 restraints in the future.

8.30 (c) A copy of the form submitted under paragraph (b) must be maintained in the resident's
8.31 record.

9.1 (d) A copy of the form submitted under paragraph (b) must be sent to the resident's
9.2 waiver case manager within seven calendar days of the emergency use of manual restraints.
9.3 An emergency use of manual restraints on people served under section 256B.49 and chapter
9.4 256S must be documented by the case manager in the resident's support plan, as defined in
9.5 sections 256B.49, subdivision 15, and 256S.10.

9.6 (e) The use of restraints by law enforcement officers or other emergency personnel acting
9.7 in a licensed capacity does not require the facility to comply with the requirements of this
9.8 subdivision.

9.9 Subd. 4. **Ordered treatment.** The use of a restraint, other than an emergency use of a
9.10 manual restraint to address an imminent risk, that is part of an ordered treatment must
9.11 comply with the requirements for ordered treatment under section 144G.72 and must be the
9.12 least restrictive option.

9.13 **EFFECTIVE DATE.** This section is effective January 1, 2027.

9.14 Sec. 15. Minnesota Statutes 2024, section 157.17, subdivision 2, is amended to read:

9.15 Subd. 2. **Registration.** At the time of licensure or license renewal, a boarding and lodging
9.16 establishment or a lodging establishment that provides supportive services or health
9.17 supervision services must be registered with the commissioner, and must register annually
9.18 thereafter. The registration must include the name, address, and telephone number of the
9.19 establishment, the name of the operator, the types of services that are being provided, a
9.20 description of the residents being served, the type and qualifications of staff in the facility,
9.21 and other information that is necessary to identify the needs of the residents and the types
9.22 of services that are being provided. The commissioner shall develop and furnish to the
9.23 boarding and lodging establishment or lodging establishment the necessary form for
9.24 submitting the registration.

9.25 ~~Housing with services establishments registered under chapter 144D shall be considered~~
9.26 ~~registered under this section for all purposes except that:~~

9.27 ~~(1) the establishments shall operate under the requirements of chapter 144D; and~~

9.28 ~~(2) the criminal background check requirements of sections 299C.66 to 299C.71 apply.~~

9.29 ~~The criminal background check requirements of section 144.057 apply only to personnel~~
9.30 ~~providing home care services under sections 144A.43 to 144A.47 and personnel providing~~
9.31 ~~hospice care under sections 144A.75 to 144A.755.~~

10.1 Sec. 16. Minnesota Statutes 2024, section 157.17, subdivision 5, is amended to read:

10.2 Subd. 5. **Services that may not be provided in a boarding and lodging establishment**
10.3 **or lodging establishment.** ~~Except those facilities registered under chapter 144D,~~ A boarding
10.4 and lodging establishment or lodging establishment may not admit or retain individuals
10.5 who:

10.6 (1) would require assistance from establishment staff because of the following needs:
10.7 bowel incontinence, catheter care, use of injectable or parenteral medications, wound care,
10.8 or dressing changes or irrigations of any kind; or

10.9 (2) require a level of care and supervision beyond supportive services or health
10.10 supervision services.

10.11 Sec. 17. Minnesota Statutes 2024, section 295.50, subdivision 4, is amended to read:

10.12 Subd. 4. **Health care provider.** (a) "Health care provider" means:

10.13 (1) a person whose health care occupation is regulated or required to be regulated by
10.14 the state of Minnesota furnishing any or all of the following goods or services directly to a
10.15 patient or consumer: medical, surgical, optical, visual, dental, hearing, nursing services,
10.16 drugs, laboratory, diagnostic or therapeutic services;

10.17 (2) a person who provides goods and services not listed in clause (1) that qualify for
10.18 reimbursement under the medical assistance program provided under chapter 256B;

10.19 (3) a staff model health plan company;

10.20 (4) an ambulance service required to be licensed;

10.21 (5) a person who sells or repairs hearing aids and related equipment or prescription
10.22 eyewear; or

10.23 (6) a person providing patient services, who does not otherwise meet the definition of
10.24 health care provider and is not specifically excluded in clause (b), who employs or contracts
10.25 with a health care provider as defined in clauses (1) to (5) to perform, supervise, otherwise
10.26 oversee, or consult with regarding patient services.

10.27 (b) Health care provider does not include:

10.28 (1) hospitals; medical supplies distributors, except as specified under paragraph (a),
10.29 clause (5); nursing homes licensed under chapter 144A or licensed in any other jurisdiction;
10.30 wholesale drug distributors; pharmacies; surgical centers; bus and taxicab transportation,
10.31 or any other providers of transportation services other than ambulance services required to

11.1 be licensed; supervised living facilities for persons with developmental disabilities, licensed
 11.2 under Minnesota Rules, parts 4665.0100 to 4665.9900; ~~housing with services establishments~~
 11.3 ~~required to be registered under chapter 144D~~; board and lodging establishments providing
 11.4 only custodial services that are licensed under chapter 157 and registered under section
 11.5 157.17 to provide supportive services or health supervision services; adult foster homes as
 11.6 defined in Minnesota Rules, part 9555.5105; day training and habilitation services for adults
 11.7 with developmental disabilities as defined in section 252.41, subdivision 3; boarding care
 11.8 homes, as defined in Minnesota Rules, part 4655.0100; and adult day care centers as defined
 11.9 in Minnesota Rules, part 9555.9600;

11.10 (2) home health agencies as defined in Minnesota Rules, part 9505.0175, subpart 15; a
 11.11 person providing personal care assistance services and supervision of personal care assistance
 11.12 services as defined in ~~Minnesota Rules, part 9505.0335~~ section 256B.0625, subdivision
 11.13 19a; a person providing home care nursing services as defined in Minnesota Rules, part
 11.14 9505.0360; and home care providers required to be licensed under chapter 144A for home
 11.15 care services provided under chapter 144A;

11.16 (3) a person who employs health care providers solely for the purpose of providing
 11.17 patient services to its employees;

11.18 (4) an educational institution that employs health care providers solely for the purpose
 11.19 of providing patient services to its students if the institution does not receive fee for service
 11.20 payments or payments for extended coverage; and

11.21 (5) a person who receives all payments for patient services from health care providers,
 11.22 surgical centers, or hospitals for goods and services that are taxable to the paying health
 11.23 care providers, surgical centers, or hospitals, as provided under section 295.53, subdivision
 11.24 1, paragraph (b), clause (3) or (4), or from a source of funds that is excluded or exempt from
 11.25 tax under sections 295.50 to 295.59.

11.26 Sec. 18. Minnesota Statutes 2025 Supplement, section 295.50, subdivision 9b, is amended
 11.27 to read:

11.28 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services
 11.29 and other goods and services provided by hospitals, surgical centers, or health care providers.
 11.30 They include the following health care goods and services provided to a patient or consumer:

11.31 (1) bed and board;

11.32 (2) nursing services and other related services;

11.33 (3) use of hospitals, surgical centers, or health care provider facilities;

- 12.1 (4) medical social services;
- 12.2 (5) drugs, biologicals, supplies, appliances, and equipment;
- 12.3 (6) other diagnostic or therapeutic items or services;
- 12.4 (7) medical or surgical services;
- 12.5 (8) items and services furnished to ambulatory patients not requiring emergency care;
- 12.6 and
- 12.7 (9) emergency services.
- 12.8 (b) "Patient services" does not include:
- 12.9 (1) services provided to nursing homes licensed under chapter 144A;
- 12.10 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,
- 12.11 litigation, and employment, including reviews of medical records for those purposes;
- 12.12 (3) services provided to and by community residential mental health facilities licensed
- 12.13 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by
- 12.14 residential treatment programs for children with a serious mental illness licensed or certified
- 12.15 under chapter 245A;
- 12.16 (4) services provided under the following programs: day treatment services as defined
- 12.17 in section 245.462, subdivision 8; assertive community treatment as described in section
- 12.18 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;
- 12.19 crisis response services as described in section 256B.0624; and children's therapeutic services
- 12.20 and supports as described in section 256B.0943;
- 12.21 (5) services provided to and by community mental health centers as defined in section
- 12.22 245.62, subdivision 2;
- 12.23 (6) services provided to and by assisted living programs and congregate housing
- 12.24 programs;
- 12.25 (7) hospice care services;
- 12.26 (8) home and community-based waived services under chapter 256S and sections
- 12.27 256B.49 and 256B.501;
- 12.28 (9) targeted case management services under sections 256B.0621; 256B.0625,
- 12.29 subdivisions 20, 20a, 33, and 44; and 256B.094; and
- 12.30 (10) services provided to the following: supervised living facilities for persons with
- 12.31 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;

- 13.1 ~~housing with services establishments required to be registered under chapter 144D;~~ board
13.2 and lodging establishments providing only custodial services that are licensed under chapter
13.3 157 and registered under section 157.17 to provide supportive services or health supervision
13.4 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training
13.5 and habilitation services for adults with developmental disabilities as defined in section
13.6 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;
13.7 adult day care services as defined in section 245A.02, subdivision 2a; and home health
13.8 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under
13.9 chapter 144A."
- 13.10 Renumber the sections in sequence and correct the internal references
- 13.11 Amend the title accordingly