

66.17 **ARTICLE 2**  
66.18 **HOUSING**

66.19 Section 1. Minnesota Statutes 2016, section 144D.04, subdivision 2, is amended to read:

66.20 Subd. 2. **Contents of contract.** A housing with services contract, which need not be  
66.21 entitled as such to comply with this section, shall include at least the following elements in  
66.22 itself or through supporting documents or attachments:

66.23 (1) the name, street address, and mailing address of the establishment;

66.24 (2) the name and mailing address of the owner or owners of the establishment and, if  
66.25 the owner or owners is not a natural person, identification of the type of business entity of  
66.26 the owner or owners;

66.27 (3) the name and mailing address of the managing agent, through management agreement  
66.28 or lease agreement, of the establishment, if different from the owner or owners;

66.29 (4) the name and address of at least one natural person who is authorized to accept service  
66.30 of process on behalf of the owner or owners and managing agent;

67.1 (5) a statement describing the registration and licensure status of the establishment and  
67.2 any provider providing health-related or supportive services under an arrangement with the  
67.3 establishment;

67.4 (6) the term of the contract;

67.5 (7) a description of the services to be provided to the resident in the base rate to be paid  
67.6 by resident, including a delineation of the portion of the base rate that constitutes rent and  
67.7 a delineation of charges for each service included in the base rate;

67.8 (8) a description of any additional services, including home care services, available for  
67.9 an additional fee from the establishment directly or through arrangements with the  
67.10 establishment, and a schedule of fees charged for these services;

67.11 (9) a description of the process through which the contract may be modified, amended,  
67.12 or terminated, including whether a move to a different room or sharing a room would be  
67.13 required in the event that the tenant can no longer pay the current rent;

67.14 (10) a description of the establishment's complaint resolution process available to residents  
67.15 including the toll-free complaint line for the Office of Ombudsman for Long-Term Care;

- 67.16 (11) the resident's designated representative, if any;
- 67.17 (12) the establishment's referral procedures if the contract is terminated;
- 67.18 (13) requirements of residency used by the establishment to determine who may reside  
67.19 or continue to reside in the housing with services establishment;
- 67.20 (14) billing and payment procedures and requirements;
- 67.21 (15) a statement regarding the ability of ~~residents~~ a resident to receive services from  
67.22 service providers with whom the establishment does not have an arrangement;
- 67.23 (16) a statement regarding the availability of public funds for payment for residence or  
67.24 services in the establishment; and
- 67.25 (17) a statement regarding the availability of and contact information for long-term care  
67.26 consultation services under section 256B.0911 in the county in which the establishment is  
67.27 located.
- 67.28 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 68.1 Sec. 2. Minnesota Statutes 2016, section 144D.04, is amended by adding a subdivision to  
68.2 read:
- 68.3 Subd. 2a. **Additional contract requirements.** (a) For a resident receiving one or more  
68.4 health-related services from the establishment's arranged home care provider, as defined in  
68.5 section 144D.01, subdivision 6, the contract must include the requirements in paragraph  
68.6 (b). A restriction of a resident's rights under this subdivision is allowed only if determined  
68.7 necessary for health and safety reasons identified by the home care provider's registered  
68.8 nurse in an initial assessment or reassessment, as defined under section 144A.4791,  
68.9 subdivision 8, and documented in the written service plan under section 144A.4791,  
68.10 subdivision 9. Any restrictions of those rights for people served under sections 256B.0915  
68.11 and 256B.49 must be documented in the resident's coordinated service and support plan  
68.12 (CSSP), as defined under sections 256B.0915, subdivision 6 and 256B.49, subdivision 15.
- 68.13 (b) The contract must include a statement:
- 68.14 (1) regarding the ability of a resident to furnish and decorate the resident's unit within  
68.15 the terms of the lease;
- 68.16 (2) regarding the resident's right to access food at any time;

- 68.17 (3) regarding a resident's right to choose the resident's visitors and times of visits;
- 68.18 (4) regarding the resident's right to choose a roommate if sharing a unit; and
- 68.19 (5) notifying the resident of the resident's right to have and use a lockable door to the  
68.20 resident's unit. The landlord shall provide the locks on the unit. Only a staff member with  
68.21 a specific need to enter the unit shall have keys, and advance notice must be given to the  
68.22 resident before entrance, when possible.
- 68.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 68.24 Sec. 3. Minnesota Statutes 2016, section 245A.03, subdivision 7, is amended to read:
- 68.25 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license  
68.26 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
68.27 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
68.28 for a physical location that will not be the primary residence of the license holder for the  
68.29 entire period of licensure. If a license is issued during this moratorium, and the license  
68.30 holder changes the license holder's primary residence away from the physical location of  
68.31 the foster care license, the commissioner shall revoke the license according to section  
69.1 245A.07. The commissioner shall not issue an initial license for a community residential  
69.2 setting licensed under chapter 245D. Exceptions to the moratorium include:
- 69.3 (1) foster care settings that are required to be registered under chapter 144D;
- 69.4 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or  
69.5 community residential setting licenses replacing adult foster care licenses in existence on  
69.6 December 31, 2013, and determined to be needed by the commissioner under paragraph  
69.7 (b);
- 69.8 (3) new foster care licenses or community residential setting licenses determined to be  
69.9 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
69.10 or regional treatment center; restructuring of state-operated services that limits the capacity  
69.11 of state-operated facilities; or allowing movement to the community for people who no  
69.12 longer require the level of care provided in state-operated facilities as provided under section  
69.13 256B.092, subdivision 13, or 256B.49, subdivision 24;
- 69.14 (4) new foster care licenses or community residential setting licenses determined to be  
69.15 needed by the commissioner under paragraph (b) for persons requiring hospital level care;  
69.16 ~~or~~

69.17 (5) new foster care licenses or community residential setting licenses determined to be  
69.18 needed by the commissioner for the transition of people from personal care assistance to  
69.19 the home and community-based services. When approving an exception under this paragraph,  
69.20 the commissioner shall consider the resource need determination process in paragraph (h),  
69.21 the availability of foster care licensed beds in the geographic area in which the licensee  
69.22 seeks to operate, the results of a person's choices during their annual assessment and service  
69.23 plan review, and the recommendation of the local county board. The determination by the  
69.24 commissioner is final and not subject to appeal;

69.25 (6) new foster care licenses or community residential setting licenses determined to be  
69.26 needed by the commissioner for the transition of people from the residential care waiver  
69.27 services to foster care services. This exception applies only when:

69.28 (i) the person's case manager provided the person with information about the choice of  
69.29 service, service provider, and location of service to help the person make an informed choice;  
69.30 and

69.31 (ii) the person's foster care services are less than or equal to the cost of the person's  
69.32 services delivered in the residential care waiver service setting as determined by the lead  
69.33 agency; or

70.1 (7) new foster care licenses or community residential setting licenses for people receiving  
70.2 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and  
70.3 for which a license is required. This exception does not apply to people living in their own  
70.4 home. For purposes of this clause, there is a presumption that a foster care or community  
70.5 residential setting license is required for services provided to three or more people in a  
70.6 dwelling unit when the setting is controlled by the provider. A license holder subject to this  
70.7 exception may rebut the presumption that a license is required by seeking a reconsideration  
70.8 of the commissioner's determination. The commissioner's disposition of a request for  
70.9 reconsideration is final and not subject to appeal under chapter 14. The exception is available  
70.10 until June 30, 2018. This exception is available when:

70.11 (i) the person's case manager provided the person with information about the choice of  
70.12 service, service provider, and location of service, including in the person's home, to help  
70.13 the person make an informed choice; and

70.14 (ii) the person's services provided in the licensed foster care or community residential  
70.15 setting are less than or equal to the cost of the person's services delivered in the unlicensed  
70.16 setting as determined by the lead agency.

70.17 (b) The commissioner shall determine the need for newly licensed foster care homes or  
70.18 community residential settings as defined under this subdivision. As part of the determination,

70.19 the commissioner shall consider the availability of foster care capacity in the area in which  
 70.20 the licensee seeks to operate, and the recommendation of the local county board. The  
 70.21 determination by the commissioner must be final. A determination of need is not required  
 70.22 for a change in ownership at the same address.

70.23 (c) When an adult resident served by the program moves out of a foster home that is not  
 70.24 the primary residence of the license holder according to section 256B.49, subdivision 15,  
 70.25 paragraph (f), or the adult community residential setting, the county shall immediately  
 70.26 inform the Department of Human Services Licensing Division. The department ~~shall~~ may  
 70.27 decrease the statewide licensed capacity for adult foster care settings ~~where the physical~~  
 70.28 ~~location is not the primary residence of the license holder, or for adult community residential~~  
 70.29 ~~settings, if the voluntary changes described in paragraph (c) are not sufficient to meet the~~  
 70.30 ~~savings required by reductions in licensed bed capacity under Laws 2011, First Special~~  
 70.31 ~~Session chapter 9, article 7, sections 1 and 40, paragraph (f), and maintain statewide long-term~~  
 70.32 ~~care residential services capacity within budgetary limits. Implementation of the statewide~~  
 70.33 ~~licensed capacity reduction shall begin on July 1, 2013. The commissioner shall delicense~~  
 70.34 ~~up to 128 beds by June 30, 2014, using the needs determination process. Prior to any~~  
 70.35 ~~involuntary reduction of licensed capacity, the commissioner shall consult with lead agencies~~  
 71.1 ~~and license holders to determine which adult foster care settings, where the physical location~~  
 71.2 ~~is not the primary residence of the license holder, or community residential settings, are~~  
 71.3 ~~licensed for up to five beds, but have operated at less than full capacity for 12 or more~~  
 71.4 ~~months as of March 1, 2014. The settings that meet these criteria must be the first to be~~  
 71.5 ~~considered for an involuntary decrease in statewide licensed capacity, up to a maximum of~~  
 71.6 ~~35 beds. If more than 35 beds are identified that meet these criteria, the commissioner shall~~  
 71.7 ~~prioritize the selection of those beds to be closed based on the length of time the beds have~~  
 71.8 ~~been vacant. The longer a bed has been vacant, the higher priority it must be given for~~  
 71.9 ~~closure. Under this paragraph, the commissioner has the authority to reduce unused licensed~~  
 71.10 ~~capacity of a current foster care program, or the community residential settings, to accomplish~~  
 71.11 ~~the consolidation or closure of settings. Under this paragraph, the commissioner has the~~  
 71.12 ~~authority to manage statewide capacity, including adjusting the capacity available to each~~  
 71.13 ~~county and adjusting statewide available capacity, to meet the statewide needs identified~~  
 71.14 ~~through the process in paragraph (c). A decreased licensed capacity according to this~~  
 71.15 ~~paragraph is not subject to appeal under this chapter.~~

71.16 (d) Residential settings that would otherwise be subject to the decreased license capacity  
 71.17 established in paragraph (c) shall be exempt if the license holder's beds are occupied by  
 71.18 residents whose primary diagnosis is mental illness and the license holder is certified under  
 71.19 the requirements in subdivision 6a or section 245D.33.

71.20 (e) A resource need determination process, managed at the state level, using the available  
 71.21 reports required by section 144A.351, and other data and information shall be used to  
 71.22 determine where the reduced capacity ~~required~~ determined under paragraph (c) section  
 71.23 256B.493 will be implemented. The commissioner shall consult with the stakeholders

71.24 described in section 144A.351, and employ a variety of methods to improve the state's  
71.25 capacity to meet the informed decisions of those people who want to move out of corporate  
71.26 foster care or community residential settings, long-term care service needs within budgetary  
71.27 limits, including seeking proposals from service providers or lead agencies to change service  
71.28 type, capacity, or location to improve services, increase the independence of residents, and  
71.29 better meet needs identified by the long-term care services and supports reports and statewide  
71.30 data and information. By February 1, 2013, and August 1, 2014, and each following year,  
71.31 the commissioner shall provide information and data and targets on the overall capacity of  
71.32 licensed long-term care services and supports, actions taken under this subdivision to manage  
71.33 statewide long-term care services and supports resources, and any recommendations for  
71.34 change to the legislative committees with jurisdiction over health and human services budget.

72.1 (f) At the time of application and reapplication for licensure, the applicant and the license  
72.2 holder that are subject to the moratorium or an exclusion established in paragraph (a) are  
72.3 required to inform the commissioner whether the physical location where the foster care  
72.4 will be provided is or will be the primary residence of the license holder for the entire period  
72.5 of licensure. If the primary residence of the applicant or license holder changes, the applicant  
72.6 or license holder must notify the commissioner immediately. The commissioner shall print  
72.7 on the foster care license certificate whether or not the physical location is the primary  
72.8 residence of the license holder.

72.9 (g) License holders of foster care homes identified under paragraph (f) that are not the  
72.10 primary residence of the license holder and that also provide services in the foster care home  
72.11 that are covered by a federally approved home and community-based services waiver, as  
72.12 authorized under section 256B.0915, 256B.092, or 256B.49, must inform the human services  
72.13 licensing division that the license holder provides or intends to provide these waiver-funded  
72.14 services.

72.15 (h) The commissioner may adjust capacity to address needs identified in section  
72.16 144A.351. Under this authority, the commissioner may approve new licensed settings or  
72.17 delicense exiting settings. Delicensing of settings will be accomplished through a process  
72.18 identified in section 256B.493. Annually, by August 1, the commissioner shall provide  
72.19 information and data on capacity of licensed long-term services and supports, actions taken  
72.20 under the subdivision to manage statewide long-term services and supports resources, and  
72.21 any recommendations for change to the legislative committees with jurisdiction over the  
72.22 health and human services budget.

72.23 (i) The commissioner must notify a license holder when its corporate foster care or  
72.24 community residential setting licensed beds are reduced under this section. The notice of  
72.25 reduction of licensed beds must be in writing and delivered to the license holder by certified  
72.26 mail or personal service. The notice must state why the licensed beds are reduced and must  
72.27 inform the license holder of its right to request reconsideration by the commissioner. The  
72.28 license holder's request for reconsideration must be in writing. If mailed, the request for

72.29 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
72.30 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
72.31 reconsideration is made by personal service, it must be received by the commissioner within  
72.32 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

72.33 (j) The commissioner shall not issue an initial license for children's residential treatment  
72.34 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
73.1 for a program that Centers for Medicare and Medicaid Services would consider an institution  
73.2 for mental diseases.

73.3 Sec. 4. Minnesota Statutes 2016, section 245A.04, subdivision 14, is amended to read:

73.4 Subd. 14. **Policies and procedures for program administration required and**  
73.5 **enforceable.** (a) The license holder shall develop program policies and procedures necessary  
73.6 to maintain compliance with licensing requirements under Minnesota Statutes and Minnesota  
73.7 Rules.

73.8 (b) The license holder shall:

73.9 (1) provide training to program staff related to their duties in implementing the program's  
73.10 policies and procedures developed under paragraph (a);

73.11 (2) document the provision of this training; and

73.12 (3) monitor implementation of policies and procedures by program staff.

73.13 (c) The license holder shall keep program policies and procedures readily accessible to  
73.14 staff and index the policies and procedures with a table of contents or another method  
73.15 approved by the commissioner.

73.16 (d) An adult foster care license holder that provides foster care services to a resident  
73.17 under section 256B.0915 must annually provide a copy of the resident termination policy  
73.18 under section 245A.11, subdivision 11, to a resident covered by the policy.

73.19 Sec. 5. Minnesota Statutes 2016, section 245A.11, is amended by adding a subdivision to  
73.20 read:

73.21 Subd. 9. **Adult foster care bedrooms.** (a) A resident receiving services must have a  
73.22 choice of roommate. Each roommate must consent in writing to sharing a bedroom with  
73.23 one another. The license holder is responsible for notifying a resident of the resident's right  
73.24 to request a change of roommate.

73.25 (b) The license holder must provide a lock for each resident's bedroom door, unless  
73.26 otherwise indicated for the resident's health, safety, or well-being. A restriction on the use  
73.27 of the lock must be documented and justified in the resident's individual abuse prevention  
73.28 plan required by sections 245A.65, subdivision 2, paragraph (b), and 626.557, subdivision  
73.29 14. For a resident served under section 256B.0915, the case manager must be part of the  
73.30 interdisciplinary team under section 245A.65, subdivision 2, paragraph (b).

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

74.1 Sec. 6. Minnesota Statutes 2016, section 245A.11, is amended by adding a subdivision to  
74.2 read:

74.3 Subd. 10. **Adult foster care resident rights.** (a) The license holder shall ensure that a  
74.4 resident and a resident's legal representative are given, at admission:

74.5 (1) an explanation and copy of the resident's rights specified in paragraph (b);

74.6 (2) a written summary of the Vulnerable Adults Protection Act prepared by the  
74.7 department; and

74.8 (3) the name, address, and telephone number of the local agency to which a resident or  
74.9 a resident's legal representative may submit an oral or written complaint.

74.10 (b) Adult foster care resident rights include the right to:

74.11 (1) have daily, private access to and use of a non-coin-operated telephone for local and  
74.12 long-distance telephone calls made collect or paid for by the resident;

74.13 (2) receive and send, without interference, uncensored, unopened mail or electronic  
74.14 correspondence or communication;

74.15 (3) have use of and free access to common areas in the residence and the freedom to  
74.16 come and go from the residence at will;

74.17 (4) have privacy for visits with the resident's spouse, next of kin, legal counsel, religious  
74.18 adviser, or others, according to section 363A.09 of the Human Rights Act, including privacy  
74.19 in the resident's bedroom;

74.20 (5) keep, use, and access the resident's personal clothing and possessions as space permits,  
74.21 unless this right infringes on the health, safety, or rights of another resident or household  
74.22 member, including the right to access the resident's personal possessions at any time;

- 74.23 (6) choose the resident's visitors and time of visits and participate in activities of  
74.24 commercial, religious, political, and community groups without interference if the activities  
74.25 do not infringe on the rights of another resident or household member;
- 74.26 (7) if married, privacy for visits by the resident's spouse, and, if both spouses are residents  
74.27 of the adult foster home, the residents have the right to share a bedroom and bed;
- 74.28 (8) privacy, including use of the lock on the resident's bedroom door or unit door. A  
74.29 resident's privacy must be respected by license holders, caregivers, household members,  
74.30 and volunteers by knocking on the door of a resident's bedroom or bathroom and seeking  
74.31 consent before entering, except in an emergency;
- 75.1 (9) furnish and decorate the resident's bedroom or living unit;
- 75.2 (10) engage in chosen activities and have an individual schedule supported by the license  
75.3 holder that meets the resident's preferences;
- 75.4 (11) freedom and support to access food at any time;
- 75.5 (12) have personal, financial, service, health, and medical information kept private, and  
75.6 be advised of disclosure of this information by the license holder;
- 75.7 (13) access records and recorded information about the resident according to applicable  
75.8 state and federal law, regulation, or rule;
- 75.9 (14) be free from maltreatment;
- 75.10 (15) be treated with courtesy and respect and receive respectful treatment of the resident's  
75.11 property;
- 75.12 (16) reasonable observance of cultural and ethnic practice and religion;
- 75.13 (17) be free from bias and harassment regarding race, gender, age, disability, spirituality,  
75.14 and sexual orientation;
- 75.15 (18) be informed of and use the license holder's grievance policy and procedures,  
75.16 including how to contact the highest level of authority in the program;
- 75.17 (19) assert the resident's rights personally, or have the rights asserted by the resident's  
75.18 family, authorized representative, or legal representative, without retaliation; and

75.19 (20) give or withhold written informed consent to participate in any research or  
75.20 experimental treatment.

75.21 (c) A restriction of a resident's rights under paragraph (b), clauses (1) to (4), (6), (8),  
75.22 (10), and (11), is allowed only if determined necessary to ensure the health, safety, and  
75.23 well-being of the resident. Any restriction of a resident's right must be documented and  
75.24 justified in the resident's individual abuse prevention plan required by sections 245A.65,  
75.25 subdivision 2, paragraph (b) and 626.557, subdivision 14. For a resident served under section  
75.26 256B.0915, the case manager must be part of the interdisciplinary team under section  
75.27 245A.65, subdivision 2, paragraph (b). The restriction must be implemented in the least  
75.28 restrictive manner necessary to protect the resident and provide support to reduce or eliminate  
75.29 the need for the restriction.

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

76.1 Sec. 7. Minnesota Statutes 2016, section 245A.11, is amended by adding a subdivision to  
76.2 read:

76.3 Subd. 11. **Adult foster care service termination for elderly waiver participants.** (a)  
76.4 This subdivision applies to foster care services for a resident served under section 256B.0915.

76.5 (b) The foster care license holder must establish policies and procedures for service  
76.6 termination that promote continuity of care and service coordination with the resident and  
76.7 the case manager and with another licensed caregiver, if any, who also provides support to  
76.8 the resident. The policy must include the requirements specified in paragraphs (c) to (h).

76.9 (c) The license holder must allow a resident to remain in the program and cannot terminate  
76.10 services unless:

76.11 (1) the termination is necessary for the resident's health, safety, and well-being and the  
76.12 resident's needs cannot be met in the facility;

76.13 (2) the safety of the resident or another resident in the program is endangered and positive  
76.14 support strategies were attempted and have not achieved and effectively maintained safety  
76.15 for the resident or another resident in the program;

76.16 (3) the health, safety, and well-being of the resident or another resident in the program  
76.17 would otherwise be endangered;

76.18 (4) the program was not paid for services;

- 76.19 (5) the program ceases to operate; or
- 76.20 (6) the resident was terminated by the lead agency from waiver eligibility.
- 76.21 (d) Before giving notice of service termination, the license holder must document the  
76.22 action taken to minimize or eliminate the need for termination. The action taken by the  
76.23 license holder must include, at a minimum:
- 76.24 (1) consultation with the resident's interdisciplinary team to identify and resolve issues  
76.25 leading to a notice of service termination; and
- 76.26 (2) a request to the case manager or other professional consultation or intervention  
76.27 services to support the resident in the program. This requirement does not apply to a notice  
76.28 of service termination issued under paragraph (c), clause (4) or (5).
- 76.29 (e) If, based on the best interests of the resident, the circumstances at the time of notice  
76.30 were such that the license holder was unable to take the action specified in paragraph (d),  
76.31 the license holder must document the specific circumstances and the reason the license  
76.32 holder was unable to take the action.
- 77.1 (f) The license holder must notify the resident or the resident's legal representative and  
77.2 the case manager in writing of the intended service termination. The notice must include:
- 77.3 (1) the reason for the action;
- 77.4 (2) except for service termination under paragraph (c), clause (4) or (5), a summary of  
77.5 the action taken to minimize or eliminate the need for termination and the reason the action  
77.6 failed to prevent the termination;
- 77.7 (3) the resident's right to appeal the service termination under section 256.045, subdivision  
77.8 3, paragraph (a); and
- 77.9 (4) the resident's right to seek a temporary order staying the service termination according  
77.10 to the procedures in section 256.045, subdivision 4a, or subdivision 6, paragraph (c).
- 77.11 (g) Notice of the proposed service termination must be given at least 30 days before  
77.12 terminating a resident's service.
- 77.13 (h) After the resident receives the notice of service termination and before the services  
77.14 are terminated, the license holder must:

- 77.15 (1) work with the support team or expanded support team to develop reasonable  
77.16 alternatives to support continuity of care and to protect the resident;
- 77.17 (2) provide information requested by the resident or case manager; and
- 77.18 (3) maintain information about the service termination, including the written notice of  
77.19 service termination, in the resident's record.
- 77.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 77.21 Sec. 8. Minnesota Statutes 2016, section 245D.04, subdivision 3, is amended to read:
- 77.22 Subd. 3. **Protection-related rights.** (a) A person's protection-related rights include the  
77.23 right to:
- 77.24 (1) have personal, financial, service, health, and medical information kept private, and  
77.25 be advised of disclosure of this information by the license holder;
- 77.26 (2) access records and recorded information about the person in accordance with  
77.27 applicable state and federal law, regulation, or rule;
- 77.28 (3) be free from maltreatment;
- 77.29 (4) be free from restraint, time out, seclusion, restrictive intervention, or other prohibited  
77.30 procedure identified in section 245D.06, subdivision 5, or successor provisions, except for:  
78.1 (i) emergency use of manual restraint to protect the person from imminent danger to self  
78.2 or others according to the requirements in section 245D.061 or successor provisions; or (ii)  
78.3 the use of safety interventions as part of a positive support transition plan under section  
78.4 245D.06, subdivision 8, or successor provisions;
- 78.5 (5) receive services in a clean and safe environment when the license holder is the owner,  
78.6 lessor, or tenant of the service site;
- 78.7 (6) be treated with courtesy and respect and receive respectful treatment of the person's  
78.8 property;
- 78.9 (7) reasonable observance of cultural and ethnic practice and religion;
- 78.10 (8) be free from bias and harassment regarding race, gender, age, disability, spirituality,  
78.11 and sexual orientation;

- 78.12 (9) be informed of and use the license holder's grievance policy and procedures, including  
78.13 knowing how to contact persons responsible for addressing problems and to appeal under  
78.14 section 256.045;
- 78.15 (10) know the name, telephone number, and the Web site, e-mail, and street addresses  
78.16 of protection and advocacy services, including the appropriate state-appointed ombudsman,  
78.17 and a brief description of how to file a complaint with these offices;
- 78.18 (11) assert these rights personally, or have them asserted by the person's family,  
78.19 authorized representative, or legal representative, without retaliation;
- 78.20 (12) give or withhold written informed consent to participate in any research or  
78.21 experimental treatment;
- 78.22 (13) associate with other persons of the person's choice;
- 78.23 (14) personal privacy, including the right to use the lock on the person's bedroom or unit  
78.24 door; ~~and~~
- 78.25 (15) engage in chosen activities; and
- 78.26 (16) access to the person's personal possessions at any time, including financial resources.
- 78.27 (b) For a person residing in a residential site licensed according to chapter 245A, or  
78.28 where the license holder is the owner, lessor, or tenant of the residential service site,  
78.29 protection-related rights also include the right to:
- 78.30 (1) have daily, private access to and use of a non-coin-operated telephone for local calls  
78.31 and long-distance calls made collect or paid for by the person;
- 79.1 (2) receive and send, without interference, uncensored, unopened mail or electronic  
79.2 correspondence or communication;
- 79.3 (3) have use of and free access to common areas in the residence and the freedom to  
79.4 come and go from the residence at will; ~~and~~
- 79.5 (4) choose the person's visitors and time of visits and have privacy for visits with the  
79.6 person's spouse, next of kin, legal counsel, religious ~~advisor~~ adviser, or others, in accordance  
79.7 with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom;

- 79.8 (5) the freedom and support to access food at any time;
- 79.9 (6) the freedom to furnish and decorate the person's bedroom or living unit;
- 79.10 (7) a setting that is clean and free from accumulation of dirt, grease, garbage, peeling  
79.11 paint, mold, vermin, and insects;
- 79.12 (8) a setting that is free from hazards that threaten the person's health or safety;
- 79.13 (9) a setting that meets state and local building and zoning definitions of a dwelling unit  
79.14 in a residential occupancy; and
- 79.15 (10) have access to potable water and three nutritionally balanced meals and nutritious  
79.16 snacks between meals each day.
- 79.17 (c) Restriction of a person's rights under paragraph (a), clauses (13) to ~~(15)~~ (16), or  
79.18 paragraph (b) is allowed only if determined necessary to ensure the health, safety, and  
79.19 well-being of the person. Any restriction of those rights must be documented in the person's  
79.20 coordinated service and support plan or coordinated service and support plan addendum.  
79.21 The restriction must be implemented in the least restrictive alternative manner necessary  
79.22 to protect the person and provide support to reduce or eliminate the need for the restriction  
79.23 in the most integrated setting and inclusive manner. The documentation must include the  
79.24 following information:
- 79.25 (1) the justification for the restriction based on an assessment of the person's vulnerability  
79.26 related to exercising the right without restriction;
- 79.27 (2) the objective measures set as conditions for ending the restriction;
- 79.28 (3) a schedule for reviewing the need for the restriction based on the conditions for  
79.29 ending the restriction to occur semiannually from the date of initial approval, at a minimum,  
79.30 or more frequently if requested by the person, the person's legal representative, if any, and  
79.31 case manager; and
- 80.1 (4) signed and dated approval for the restriction from the person, or the person's legal  
80.2 representative, if any. A restriction may be implemented only when the required approval  
80.3 has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the  
80.4 right must be immediately and fully restored.
- 80.5 **EFFECTIVE DATE.** This section is effective the day following final enactment.

80.6    Sec. 9. Minnesota Statutes 2016, section 245D.071, subdivision 3, is amended to read:

80.7           Subd. 3. **Assessment and initial service planning.** (a) Within 15 days of service initiation

80.8    the license holder must complete a preliminary coordinated service and support plan

80.9    addendum based on the coordinated service and support plan.

80.10           (b) Within the scope of services, the license holder must, at a minimum, complete

80.11    assessments in the following areas before the 45-day planning meeting:

80.12           (1) the person's ability to self-manage health and medical needs to maintain or improve

80.13    physical, mental, and emotional well-being, including, when applicable, allergies, seizures,

80.14    choking, special dietary needs, chronic medical conditions, self-administration of medication

80.15    or treatment orders, preventative screening, and medical and dental appointments;

80.16           (2) the person's ability to self-manage personal safety to avoid injury or accident in the

80.17    service setting, including, when applicable, risk of falling, mobility, regulating water

80.18    temperature, community survival skills, water safety skills, and sensory disabilities; and

80.19           (3) the person's ability to self-manage symptoms or behavior that may otherwise result

80.20    in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension

80.21    or termination of services by the license holder, or other symptoms or behaviors that may

80.22    jeopardize the health and welfare of the person or others.

80.23    Assessments must produce information about the person that describes the person's overall

80.24    strengths, functional skills and abilities, and behaviors or symptoms. Assessments must be

80.25    based on the person's status within the last 12 months at the time of service initiation.

80.26    Assessments based on older information must be documented and justified. Assessments

80.27    must be conducted annually at a minimum or within 30 days of a written request from the

80.28    person or the person's legal representative or case manager. The results must be reviewed

80.29    by the support team or expanded support team as part of a service plan review.

80.30           (c) Within 45 days of service initiation, the license holder must meet with the person,

80.31    the person's legal representative, the case manager, and other members of the support team

80.32    or expanded support team to determine the following based on information obtained from

80.33    the assessments identified in paragraph (b), the person's identified needs in the coordinated

81.1    service and support plan, and the requirements in subdivision 4 and section 245D.07,

81.2    subdivision 1a:

81.3           (1) the scope of the services to be provided to support the person's daily needs and

81.4    activities;

- 81.5 (2) the person's desired outcomes and the supports necessary to accomplish the person's  
81.6 desired outcomes;
- 81.7 (3) the person's preferences for how services and supports are provided, including how  
81.8 the provider will support the person to have control of the person's schedule;
- 81.9 (4) whether the current service setting is the most integrated setting available and  
81.10 appropriate for the person; and
- 81.11 (5) how services must be coordinated across other providers licensed under this chapter  
81.12 serving the person and members of the support team or expanded support team to ensure  
81.13 continuity of care and coordination of services for the person.
- 81.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 81.15 Sec. 10. Minnesota Statutes 2016, section 245D.11, subdivision 4, is amended to read:
- 81.16 Subd. 4. **Admission criteria.** The license holder must establish policies and procedures  
81.17 that promote continuity of care by ensuring that admission or service initiation criteria:
- 81.18 (1) is consistent with the service-related rights identified in section 245D.04, subdivisions  
81.19 2, clauses (4) to (7), and 3, clause (8);
- 81.20 (2) identifies the criteria to be applied in determining whether the license holder can  
81.21 develop services to meet the needs specified in the person's coordinated service and support  
81.22 plan;
- 81.23 (3) requires a license holder providing services in a health care facility to comply with  
81.24 the requirements in section 243.166, subdivision 4b, to provide notification to residents  
81.25 when a registered predatory offender is admitted into the program or to a potential admission  
81.26 when the facility was already serving a registered predatory offender. For purposes of this  
81.27 clause, "health care facility" means a facility licensed by the commissioner as a residential  
81.28 facility under chapter 245A to provide adult foster care or residential services to persons  
81.29 with disabilities; and
- 81.30 (4) requires that when a person or the person's legal representative requests services  
81.31 from the license holder, a refusal to admit the person must be based on an evaluation of the  
81.32 person's assessed needs and the license holder's lack of capacity to meet the needs of the  
82.1 person. The license holder must not refuse to admit a person based solely on the type of  
82.2 residential services the person is receiving, or solely on the person's severity of disability,  
82.3 orthopedic or neurological handicaps, sight or hearing impairments, lack of communication  
82.4 skills, physical disabilities, toilet habits, behavioral disorders, or past failure to make progress.

- 82.5 Documentation of the basis for refusal must be provided to the person or the person's legal  
82.6 representative and case manager upon request; and
- 82.7 (5) requires the person or the person's legal representative and license holder to sign and  
82.8 date the residency agreement when the license holder provides foster care or supported  
82.9 living services under section 245D.03, subdivision 1, paragraph (c), clause (3), item (i) or  
82.10 (ii), to a person living in a community residential setting defined in section 245D.02,  
82.11 subdivision 4a; an adult foster home defined in Minnesota Rules, part 9555.5105, subpart  
82.12 5; or a foster family home defined in Minnesota Rules, part 9560.0521, subpart 12. The  
82.13 residency agreement must include service termination requirements specified in section  
82.14 245D.10, subdivision 3a, paragraphs (b) to (f). The residency agreement must be reviewed  
82.15 annually, dated, and signed by the person or the person's legal representative and license  
82.16 holder.
- 82.17 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 82.18 Sec. 11. Minnesota Statutes 2016, section 245D.24, subdivision 3, is amended to read:
- 82.19 Subd. 3. **Bedrooms.** (a) ~~People~~ Each person receiving services must have a choice of  
82.20 roommate and must mutually consent, in writing, to sharing a bedroom with one another.  
82.21 No more than two people receiving services may share one bedroom.
- 82.22 (b) A single occupancy bedroom must have at least 80 square feet of floor space with a  
82.23 7-1/2 foot ceiling. A double occupancy room must have at least 120 square feet of floor  
82.24 space with a 7-1/2 foot ceiling. Bedrooms must be separated from halls, corridors, and other  
82.25 habitable rooms by floor-to-ceiling walls containing no openings except doorways and must  
82.26 not serve as a corridor to another room used in daily living.
- 82.27 (c) A person's personal possessions and items for the person's own use are the only items  
82.28 permitted to be stored in a person's bedroom.
- 82.29 (d) Unless otherwise documented through assessment as a safety concern for the person,  
82.30 each person must be provided with the following furnishings:
- 82.31 (1) a separate bed of proper size and height for the convenience and comfort of the  
82.32 person, with a clean mattress in good repair;
- 82.33 (2) clean bedding appropriate for the season for each person;
- 83.1 (3) an individual cabinet, or dresser, shelves, and a closet, for storage of personal  
83.2 possessions and clothing; and

83.3 (4) a mirror for grooming.

83.4 (e) When possible, a person must be allowed to have items of furniture that the person  
83.5 personally owns in the bedroom, unless doing so would interfere with safety precautions,  
83.6 violate a building or fire code, or interfere with another person's use of the bedroom. A  
83.7 person may choose not to have a cabinet, dresser, shelves, or a mirror in the bedroom, as  
83.8 otherwise required under paragraph (d), clause (3) or (4). A person may choose to use a  
83.9 mattress other than an innerspring mattress and may choose not to have the mattress on a  
83.10 mattress frame or support. If a person chooses not to have a piece of required furniture, the  
83.11 license holder must document this choice and is not required to provide the item. If a person  
83.12 chooses to use a mattress other than an innerspring mattress or chooses not to have a mattress  
83.13 frame or support, the license holder must document this choice and allow the alternative  
83.14 desired by the person.

83.15 (f) A person must be allowed to bring personal possessions into the bedroom and other  
83.16 designated storage space, if such space is available, in the residence. The person must be  
83.17 allowed to accumulate possessions to the extent the residence is able to accommodate them,  
83.18 unless doing so is contraindicated for the person's physical or mental health, would interfere  
83.19 with safety precautions or another person's use of the bedroom, or would violate a building  
83.20 or fire code. The license holder must allow for locked storage of personal items. Any  
83.21 restriction on the possession or locked storage of personal items, including requiring a  
83.22 person to use a lock provided by the license holder, must comply with section 245D.04,  
83.23 subdivision 3, paragraph (c), and allow the person to be present if and when the license  
83.24 holder opens the lock.

83.25 (g) A person must be allowed to lock the person's bedroom door. The license holder  
83.26 must document and assess the physical plant and the environment, and the population served,  
83.27 and identify the risk factors that require using locked doors, and the specific action taken  
83.28 to minimize the safety risk to a person receiving services at the site.

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

83.30 Sec. 12. Minnesota Statutes 2016, section 256.045, subdivision 3, is amended to read:

83.31 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

83.32 (1) any person applying for, receiving or having received public assistance, medical  
83.33 care, or a program of social services granted by the state agency or a county agency or the  
84.1 federal Food Stamp Act whose application for assistance is denied, not acted upon with  
84.2 reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed  
84.3 to have been incorrectly paid;

- 84.4 (2) any patient or relative aggrieved by an order of the commissioner under section  
84.5 252.27;
- 84.6 (3) a party aggrieved by a ruling of a prepaid health plan;
- 84.7 (4) except as provided under chapter 245C, any individual or facility determined by a  
84.8 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after  
84.9 they have exercised their right to administrative reconsideration under section 626.557;
- 84.10 (5) any person whose claim for foster care payment according to a placement of the  
84.11 child resulting from a child protection assessment under section 626.556 is denied or not  
84.12 acted upon with reasonable promptness, regardless of funding source;
- 84.13 (6) any person to whom a right of appeal according to this section is given by other  
84.14 provision of law;
- 84.15 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver  
84.16 under section 256B.15;
- 84.17 (8) an applicant aggrieved by an adverse decision to an application or redetermination  
84.18 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;
- 84.19 (9) except as provided under chapter 245A, an individual or facility determined to have  
84.20 maltreated a minor under section 626.556, after the individual or facility has exercised the  
84.21 right to administrative reconsideration under section 626.556;
- 84.22 (10) except as provided under chapter 245C, an individual disqualified under sections  
84.23 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,  
84.24 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the  
84.25 individual has committed an act or acts that meet the definition of any of the crimes listed  
84.26 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section  
84.27 626.556, subdivision 3, or 626.557, subdivision 3. Hearings regarding a maltreatment  
84.28 determination under clause (4) or (9) and a disqualification under this clause in which the  
84.29 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into  
84.30 a single fair hearing. In such cases, the scope of review by the human services judge shall  
84.31 include both the maltreatment determination and the disqualification. The failure to exercise  
84.32 the right to an administrative reconsideration shall not be a bar to a hearing under this section  
85.1 if federal law provides an individual the right to a hearing to dispute a finding of  
85.2 maltreatment;
- 85.3 (11) any person with an outstanding debt resulting from receipt of public assistance,  
85.4 medical care, or the federal Food Stamp Act who is contesting a setoff claim by the

85.5 Department of Human Services or a county agency. The scope of the appeal is the validity  
85.6 of the claimant agency's intention to request a setoff of a refund under chapter 270A against  
85.7 the debt;

85.8 (12) a person issued a notice of service termination under section 245D.10, subdivision  
85.9 3a, from residential supports and services as defined in section 245D.03, subdivision 1,  
85.10 paragraph (c), clause (3), that is not otherwise subject to appeal under subdivision 4a; ~~or~~

85.11 (13) an individual disability waiver recipient based on a denial of a request for a rate  
85.12 exception under section 256B.4914-; or

85.13 (14) a person issued a notice of service termination under section 245A.11, subdivision  
85.14 11, that is not otherwise subject to appeal under subdivision 4a.

85.15 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),  
85.16 is the only administrative appeal to the final agency determination specifically, including  
85.17 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested  
85.18 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or  
85.19 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged  
85.20 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case  
85.21 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),  
85.22 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A  
85.23 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only  
85.24 available when there is no district court action pending. If such action is filed in district  
85.25 court while an administrative review is pending that arises out of some or all of the events  
85.26 or circumstances on which the appeal is based, the administrative review must be suspended  
85.27 until the judicial actions are completed. If the district court proceedings are completed,  
85.28 dismissed, or overturned, the matter may be considered in an administrative hearing.

85.29 (c) For purposes of this section, bargaining unit grievance procedures are not an  
85.30 administrative appeal.

85.31 (d) The scope of hearings involving claims to foster care payments under paragraph (a),  
85.32 clause (5), shall be limited to the issue of whether the county is legally responsible for a  
85.33 child's placement under court order or voluntary placement agreement and, if so, the correct  
86.1 amount of foster care payment to be made on the child's behalf and shall not include review  
86.2 of the propriety of the county's child protection determination or child placement decision.

86.3 (e) The scope of hearings under paragraph (a), ~~clause~~ clauses (12) and (14), shall be  
86.4 limited to whether the proposed termination of services is authorized under section 245D.10,  
86.5 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements  
86.6 of section 245D.10, subdivision 3a, ~~paragraph~~ paragraphs (c) to (e), or 245A.11, subdivision

86.7 2a, paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of  
86.8 termination of services, the scope of the hearing shall also include whether the case  
86.9 management provider has finalized arrangements for a residential facility, a program, or  
86.10 services that will meet the assessed needs of the recipient by the effective date of the service  
86.11 termination.

86.12 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor  
86.13 under contract with a county agency to provide social services is not a party and may not  
86.14 request a hearing under this section, except if assisting a recipient as provided in subdivision  
86.15 4.

86.16 (g) An applicant or recipient is not entitled to receive social services beyond the services  
86.17 prescribed under chapter 256M or other social services the person is eligible for under state  
86.18 law.

86.19 (h) The commissioner may summarily affirm the county or state agency's proposed  
86.20 action without a hearing when the sole issue is an automatic change due to a change in state  
86.21 or federal law.

86.22 (i) Unless federal or Minnesota law specifies a different time frame in which to file an  
86.23 appeal, an individual or organization specified in this section may contest the specified  
86.24 action, decision, or final disposition before the state agency by submitting a written request  
86.25 for a hearing to the state agency within 30 days after receiving written notice of the action,  
86.26 decision, or final disposition, or within 90 days of such written notice if the applicant,  
86.27 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision  
86.28 13, why the request was not submitted within the 30-day time limit. The individual filing  
86.29 the appeal has the burden of proving good cause by a preponderance of the evidence.

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

86.31 Sec. 13. **[256B.051] HOUSING SUPPORT SERVICES.**

86.32 Subdivision 1. **Purpose.** Housing support services are established to provide housing  
86.33 support services to an individual with a disability that limits the individual's ability to obtain  
87.1 or maintain stable housing. The services support an individual's transition to housing in the  
87.2 community and increase long-term stability in housing, to avoid future periods of being at  
87.3 risk of homelessness or institutionalization.

87.4 Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in this  
87.5 subdivision have the meanings given.

- 87.6 (b) "At-risk of homelessness" means (1) an individual that is faced with a set of  
87.7 circumstances likely to cause the individual to become homeless, or (2) an individual  
87.8 previously homeless, who will be discharged from a correctional, medical, mental health,  
87.9 or treatment center, who lacks sufficient resources to pay for housing and does not have a  
87.10 permanent place to live.
- 87.11 (c) "Commissioner" means the commissioner of human services.
- 87.12 (d) "Homeless" means an individual or family lacking a fixed, adequate nighttime  
87.13 residence.
- 87.14 (e) "Individual with a disability" means:
- 87.15 (1) an individual who is aged, blind, or disabled as determined by the criteria used by  
87.16 the title 11 program of the Social Security Act, United States Code, title 42, section 416,  
87.17 paragraph (i), item (1); or
- 87.18 (2) an individual who meets a category of eligibility under section 256D.05, subdivision  
87.19 1, paragraph (a), clauses (1), (3), (5) to (9), or (14).
- 87.20 (f) "Institution" means a setting as defined in section 256B.0621, subdivision 2, clause  
87.21 (3), and the Minnesota Security Hospital as defined in section 253.20.
- 87.22 Subd. 3. **Eligibility.** An individual with a disability is eligible for housing support services  
87.23 if the individual:
- 87.24 (1) is 18 years of age or older;
- 87.25 (2) is enrolled in medical assistance;
- 87.26 (3) has an assessment of functional need that determines a need for services due to  
87.27 limitations caused by the individual's disability;
- 87.28 (4) resides in or plans to transition to a community-based setting as defined in Code of  
87.29 Federal Regulations, title 42, section 441.301(c); and
- 87.30 (5) has housing instability evidenced by:
- 87.31 (i) being homeless or at-risk of homelessness;

- 88.1 (ii) being in the process of transitioning from, or having transitioned in the past six  
88.2 months from, an institution or licensed or registered setting;
- 88.3 (iii) being eligible for waiver services under section 256B.0915, 256B.092, or 256B.49;  
88.4 or
- 88.5 (iv) having been identified by a long-term care consultation under section 256B.0911  
88.6 as at risk of institutionalization.
- 88.7 Subd. 4. **Assessment requirements.** (a) An individual's assessment of functional need  
88.8 must be conducted by one of the following methods:
- 88.9 (1) an assessor according to the criteria established in section 256B.0911, subdivision  
88.10 3a, using a format established by the commissioner;
- 88.11 (2) documented need for services as verified by a professional statement of need as  
88.12 defined in section 256I.03, subdivision 12; or
- 88.13 (3) according to the continuum of care coordinated assessment system established in  
88.14 Code of Federal Regulations, title 24, section 578.3, using a format established by the  
88.15 commissioner.
- 88.16 (b) An individual must be reassessed within one year of initial assessment, and annually  
88.17 thereafter.
- 88.18 Subd. 5. **Housing support services.** (a) Housing support services include housing  
88.19 transition services and housing and tenancy sustaining services.
- 88.20 (b) Housing transition services are defined as:
- 88.21 (1) tenant screening and housing assessment;
- 88.22 (2) assistance with the housing search and application process;
- 88.23 (3) identifying resources to cover onetime moving expenses;
- 88.24 (4) ensuring a new living arrangement is safe and ready for move-in;
- 88.25 (5) assisting in arranging for and supporting details of a move; and

- 88.26 (6) developing a housing support crisis plan.
- 88.27 (c) Housing and tenancy sustaining services include:
- 88.28 (1) prevention and early identification of behaviors that may jeopardize continued stable  
88.29 housing;
- 89.1 (2) education and training on roles, rights, and responsibilities of the tenant and the  
89.2 property manager;
- 89.3 (3) coaching to develop and maintain key relationships with property managers and  
89.4 neighbors;
- 89.5 (4) advocacy and referral to community resources to prevent eviction when housing is  
89.6 at risk;
- 89.7 (5) assistance with housing recertification process;
- 89.8 (6) coordination with the tenant to regularly review, update, and modify housing support  
89.9 and crisis plan; and
- 89.10 (7) continuing training on being a good tenant, lease compliance, and household  
89.11 management.
- 89.12 (d) A housing support service may include person-centered planning for people who are  
89.13 not eligible to receive person-centered planning through any other service, if the  
89.14 person-centered planning is provided by a consultation service provider that is under contract  
89.15 with the department and enrolled as a Minnesota health care program.
- 89.16 Subd. 6. **Provider qualifications and duties.** A provider eligible for reimbursement  
89.17 under this section shall:
- 89.18 (1) enroll as a medical assistance Minnesota health care program provider and meet all  
89.19 applicable provider standards and requirements;
- 89.20 (2) demonstrate compliance with federal and state laws and policies for housing support  
89.21 services as determined by the commissioner;
- 89.22 (3) comply with background study requirements under chapter 245C and maintain  
89.23 documentation of background study requests and results; and

89.24 (4) directly provide housing support services and not use a subcontractor or reporting  
89.25 agent.

89.26 Subd. 7. **Housing support supplemental service rates.** Supplemental service rates for  
89.27 individuals in settings according to sections 144D.025, 256I.04, subdivision 3, paragraph  
89.28 (a), clause (3), and 256I.05, subdivision 1g, shall be reduced by one-half over a two-year  
89.29 period. This reduction only applies to supplemental service rates for individuals eligible for  
89.30 housing support services under this section.

90.1 **EFFECTIVE DATE.** (a) Subdivisions 1 to 6 are contingent upon federal approval. The  
90.2 commissioner of human services shall notify the revisor of statutes when federal approval  
90.3 is obtained.

90.4 (b) Subdivision 7 is contingent upon federal approval of subdivisions 1 to 6. The  
90.5 commissioner of human services shall notify the revisor of statutes when federal approval  
90.6 is obtained.

90.7 Sec. 14. Minnesota Statutes 2016, section 256B.0911, subdivision 3a, is amended to read:

90.8 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services  
90.9 planning, or other assistance intended to support community-based living, including persons  
90.10 who need assessment in order to determine waiver or alternative care program eligibility,  
90.11 must be visited by a long-term care consultation team within 20 calendar days after the date  
90.12 on which an assessment was requested or recommended. Upon statewide implementation  
90.13 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person  
90.14 requesting personal care assistance services and home care nursing. The commissioner shall  
90.15 provide at least a 90-day notice to lead agencies prior to the effective date of this requirement.  
90.16 Face-to-face assessments must be conducted according to paragraphs (b) to (i).

90.17 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified  
90.18 assessors to conduct the assessment. For a person with complex health care needs, a public  
90.19 health or registered nurse from the team must be consulted.

90.20 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must  
90.21 be used to complete a comprehensive, person-centered assessment. The assessment must  
90.22 include the health, psychological, functional, environmental, and social needs of the  
90.23 individual necessary to develop a community support plan that meets the individual's needs  
90.24 and preferences.

90.25 (d) The assessment must be conducted in a face-to-face interview with the person being  
90.26 assessed and the person's legal representative. At the request of the person, other individuals  
90.27 may participate in the assessment to provide information on the needs, strengths, and  
90.28 preferences of the person necessary to develop a community support plan that ensures the

90.29 person's health and safety. Except for legal representatives or family members invited by  
90.30 the person, persons participating in the assessment may not be a provider of service or have  
90.31 any financial interest in the provision of services. For persons who are to be assessed for  
90.32 elderly waiver customized living services under section 256B.0915, with the permission of  
90.33 the person being assessed or the person's designated or legal representative, the client's  
90.34 current or proposed provider of services may submit a copy of the provider's nursing  
91.1 assessment or written report outlining its recommendations regarding the client's care needs.  
91.2 The person conducting the assessment must notify the provider of the date by which this  
91.3 information is to be submitted. This information shall be provided to the person conducting  
91.4 the assessment prior to the assessment. For a person who is to be assessed for waiver services  
91.5 under section 256B.092 or 256B.49, with the permission of the person being assessed or  
91.6 the person's designated legal representative, the person's current provider of services may  
91.7 submit a written report outlining recommendations regarding the person's care needs prepared  
91.8 by a direct service employee with at least 20 hours of service to that client. The person  
91.9 conducting the assessment or reassessment must notify the provider of the date by which  
91.10 this information is to be submitted. This information shall be provided to the person  
91.11 conducting the assessment and the person or the person's legal representative, and must be  
91.12 considered prior to the finalization of the assessment or reassessment.

91.13 (e) The person or the person's legal representative must be provided with a written  
91.14 community support plan within 40 calendar days of the assessment visit, regardless of  
91.15 whether the individual is eligible for Minnesota health care programs. The written community  
91.16 support plan must include:

91.17 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

91.18 (2) the individual's options and choices to meet identified needs, including all available  
91.19 options for case management services and providers;

91.20 (3) identification of health and safety risks and how those risks will be addressed,  
91.21 including personal risk management strategies;

91.22 (4) referral information; and

91.23 (5) informal caregiver supports, if applicable.

91.24 For a person determined eligible for state plan home care under subdivision 1a, paragraph  
91.25 (b), clause (1), the person or person's representative must also receive a copy of the home  
91.26 care service plan developed by the certified assessor.

91.27 (f) A person may request assistance in identifying community supports without  
91.28 participating in a complete assessment. Upon a request for assistance identifying community

91.29 support, the person must be transferred or referred to long-term care options counseling  
91.30 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for  
91.31 telephone assistance and follow up.

92.1 (g) The person has the right to make the final decision between institutional placement  
92.2 and community placement after the recommendations have been provided, except as provided  
92.3 in section 256.975, subdivision 7a, paragraph (d).

92.4 (h) The lead agency must give the person receiving assessment or support planning, or  
92.5 the person's legal representative, materials, and forms supplied by the commissioner  
92.6 containing the following information:

92.7 (1) written recommendations for community-based services and consumer-directed  
92.8 options;

92.9 (2) documentation that the most cost-effective alternatives available were offered to the  
92.10 individual. For purposes of this clause, "cost-effective" means community services and  
92.11 living arrangements that cost the same as or less than institutional care. For an individual  
92.12 found to meet eligibility criteria for home and community-based service programs under  
92.13 section 256B.0915 or 256B.49, "cost-effectiveness" has the meaning found in the federally  
92.14 approved waiver plan for each program;

92.15 (3) the need for and purpose of preadmission screening conducted by long-term care  
92.16 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects  
92.17 nursing facility placement. If the individual selects nursing facility placement, the lead  
92.18 agency shall forward information needed to complete the level of care determinations and  
92.19 screening for developmental disability and mental illness collected during the assessment  
92.20 to the long-term care options counselor using forms provided by the commissioner;

92.21 (4) the role of long-term care consultation assessment and support planning in eligibility  
92.22 determination for waiver and alternative care programs, and state plan home care, case  
92.23 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),  
92.24 and (b);

92.25 (5) information about Minnesota health care programs;

92.26 (6) the person's freedom to accept or reject the recommendations of the team;

92.27 (7) the person's right to confidentiality under the Minnesota Government Data Practices  
92.28 Act, chapter 13;

92.29 (8) the certified assessor's decision regarding the person's need for institutional level of  
92.30 care as determined under criteria established in subdivision 4e and the certified assessor's  
92.31 decision regarding eligibility for all services and programs as defined in subdivision 1a,  
92.32 paragraphs (a), clause (6), and (b); and

93.1 (9) the person's right to appeal the certified assessor's decision regarding eligibility for  
93.2 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and  
93.3 (8), and (b), and incorporating the decision regarding the need for institutional level of care  
93.4 or the lead agency's final decisions regarding public programs eligibility according to section  
93.5 256.045, subdivision 3.

93.6 (i) Face-to-face assessment completed as part of eligibility determination for the  
93.7 alternative care, elderly waiver, community access for disability inclusion, community  
93.8 alternative care, and brain injury waiver programs under sections 256B.0913, 256B.0915,  
93.9 and 256B.49 is valid to establish service eligibility for no more than 60 calendar days after  
93.10 the date of assessment.

93.11 (j) The effective eligibility start date for programs in paragraph (i) can never be prior to  
93.12 the date of assessment. If an assessment was completed more than 60 days before the  
93.13 effective waiver or alternative care program eligibility start date, assessment and support  
93.14 plan information must be updated and documented in the department's Medicaid Management  
93.15 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of  
93.16 state plan services, the effective date of eligibility for programs included in paragraph (i)  
93.17 cannot be prior to the date the most recent updated assessment is completed.

93.18 (k) At the time of reassessment, the certified assessor shall assess each person receiving  
93.19 waiver services currently residing in a community residential setting, or licensed adult foster  
93.20 care home that is not the primary residence of the license holder, or in which the license  
93.21 holder is not the primary caregiver, to determine if that person would prefer to be served in  
93.22 a community-living settings as defined in section 256B.49, subdivision 23. The certified  
93.23 assessor shall offer the person, through a person-centered planning process, the option to  
93.24 receive alternative housing and service options.

93.25 Sec. 15. Minnesota Statutes 2016, section 256B.0915, subdivision 1, is amended to read:

93.26 Subdivision 1. **Authority.** (a) The commissioner is authorized to apply for a home and  
93.27 community-based services waiver for the elderly, authorized under section 1915(c) of the  
93.28 Social Security Act, in order to obtain federal financial participation to expand the availability  
93.29 of services for persons who are eligible for medical assistance. The commissioner may  
93.30 apply for additional waivers or pursue other federal financial participation which is  
93.31 advantageous to the state for funding home care services for the frail elderly who are eligible  
93.32 for medical assistance. The provision of waived services to elderly and disabled medical

93.33 assistance recipients must comply with the criteria for service definitions and provider  
93.34 standards approved in the waiver.

94.1 (b) The commissioner shall comply with the requirements in the federally approved  
94.2 transition plan for the home and community-based services waivers authorized under this  
94.3 section.

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

94.5 Sec. 16. Minnesota Statutes 2016, section 256B.092, subdivision 4, is amended to read:

94.6 Subd. 4. **Home and community-based services for developmental disabilities.** (a)  
94.7 The commissioner shall make payments to approved vendors participating in the medical  
94.8 assistance program to pay costs of providing home and community-based services, including  
94.9 case management service activities provided as an approved home and community-based  
94.10 service, to medical assistance eligible persons with developmental disabilities who have  
94.11 been screened under subdivision 7 and according to federal requirements. Federal  
94.12 requirements include those services and limitations included in the federally approved  
94.13 application for home and community-based services for persons with developmental  
94.14 disabilities and subsequent amendments.

94.15 (b) Effective July 1, 1995, contingent upon federal approval and state appropriations  
94.16 made available for this purpose, and in conjunction with Laws 1995, chapter 207, article 8,  
94.17 section 40, the commissioner of human services shall allocate resources to county agencies  
94.18 for home and community-based waived services for persons with developmental disabilities  
94.19 authorized but not receiving those services as of June 30, 1995, based upon the average  
94.20 resource need of persons with similar functional characteristics. To ensure service continuity  
94.21 for service recipients receiving home and community-based waived services for persons  
94.22 with developmental disabilities prior to July 1, 1995, the commissioner shall make available  
94.23 to the county of financial responsibility home and community-based waived services  
94.24 resources based upon fiscal year 1995 authorized levels.

94.25 (c) Home and community-based resources for all recipients shall be managed by the  
94.26 county of financial responsibility within an allowable reimbursement average established  
94.27 for each county. Payments for home and community-based services provided to individual  
94.28 recipients shall not exceed amounts authorized by the county of financial responsibility.  
94.29 For specifically identified former residents of nursing facilities, the commissioner shall be  
94.30 responsible for authorizing payments and payment limits under the appropriate home and  
94.31 community-based service program. Payment is available under this subdivision only for  
94.32 persons who, if not provided these services, would require the level of care provided in an  
94.33 intermediate care facility for persons with developmental disabilities.

- 95.1 (d) The commissioner shall comply with the requirements in the federally approved  
95.2 transition plan for the home and community-based services waivers for the elderly authorized  
95.3 under this section.
- 95.4 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 95.5 Sec. 17. Minnesota Statutes 2016, section 256B.49, subdivision 11, is amended to read:
- 95.6 Subd. 11. **Authority.** (a) The commissioner is authorized to apply for home and  
95.7 community-based service waivers, as authorized under section 1915(c) of the Social Security  
95.8 Act to serve persons under the age of 65 who are determined to require the level of care  
95.9 provided in a nursing home and persons who require the level of care provided in a hospital.  
95.10 The commissioner shall apply for the home and community-based waivers in order to:
- 95.11 (1) promote the support of persons with disabilities in the most integrated settings;
- 95.12 (2) expand the availability of services for persons who are eligible for medical assistance;
- 95.13 (3) promote cost-effective options to institutional care; and
- 95.14 (4) obtain federal financial participation.
- 95.15 (b) The provision of waived services to medical assistance recipients with disabilities  
95.16 shall comply with the requirements outlined in the federally approved applications for home  
95.17 and community-based services and subsequent amendments, including provision of services  
95.18 according to a service plan designed to meet the needs of the individual. For purposes of  
95.19 this section, the approved home and community-based application is considered the necessary  
95.20 federal requirement.
- 95.21 (c) The commissioner shall provide interested persons serving on agency advisory  
95.22 committees, task forces, the Centers for Independent Living, and others who request to be  
95.23 on a list to receive, notice of, and an opportunity to comment on, at least 30 days before  
95.24 any effective dates, (1) any substantive changes to the state's disability services program  
95.25 manual, or (2) changes or amendments to the federally approved applications for home and  
95.26 community-based waivers, prior to their submission to the federal Centers for Medicare  
95.27 and Medicaid Services.
- 95.28 (d) The commissioner shall seek approval, as authorized under section 1915(c) of the  
95.29 Social Security Act, to allow medical assistance eligibility under this section for children  
95.30 under age 21 without deeming of parental income or assets.

96.1 (e) The commissioner shall seek approval, as authorized under section 1915(c) of the  
96.2 Social Act, to allow medical assistance eligibility under this section for individuals under  
96.3 age 65 without deeming the spouse's income or assets.

96.4 (f) The commissioner shall comply with the requirements in the federally approved  
96.5 transition plan for the home and community-based services waivers authorized under this  
96.6 section.

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

96.8 Sec. 18. Minnesota Statutes 2016, section 256B.49, subdivision 15, is amended to read:

96.9 Subd. 15. **Coordinated service and support plan; comprehensive transitional service**  
96.10 **plan; maintenance service plan.** (a) Each recipient of home and community-based waived  
96.11 services shall be provided a copy of the written coordinated service and support plan which  
96.12 meets the requirements in section 256B.092, subdivision 1b.

96.13 (b) In developing the comprehensive transitional service plan, the individual receiving  
96.14 services, the case manager, and the guardian, if applicable, will identify the transitional  
96.15 service plan fundamental service outcome and anticipated timeline to achieve this outcome.  
96.16 Within the first 20 days following a recipient's request for an assessment or reassessment,  
96.17 the transitional service planning team must be identified. A team leader must be identified  
96.18 who will be responsible for assigning responsibility and communicating with team members  
96.19 to ensure implementation of the transition plan and ongoing assessment and communication  
96.20 process. The team leader should be an individual, such as the case manager or guardian,  
96.21 who has the opportunity to follow the recipient to the next level of service.

96.22 Within ten days following an assessment, a comprehensive transitional service plan must  
96.23 be developed incorporating elements of a comprehensive functional assessment and including  
96.24 short-term measurable outcomes and timelines for achievement of and reporting on these  
96.25 outcomes. Functional milestones must also be identified and reported according to the  
96.26 timelines agreed upon by the transitional service planning team. In addition, the  
96.27 comprehensive transitional service plan must identify additional supports that may assist  
96.28 in the achievement of the fundamental service outcome such as the development of greater  
96.29 natural community support, increased collaboration among agencies, and technological  
96.30 supports.

96.31 The timelines for reporting on functional milestones will prompt a reassessment of  
96.32 services provided, the units of services, rates, and appropriate service providers. It is the  
96.33 responsibility of the transitional service planning team leader to review functional milestone  
97.1 reporting to determine if the milestones are consistent with observable skills and that

97.2 milestone achievement prompts any needed changes to the comprehensive transitional  
97.3 service plan.

97.4 For those whose fundamental transitional service outcome involves the need to procure  
97.5 housing, a plan for the recipient to seek the resources necessary to secure the least restrictive  
97.6 housing possible should be incorporated into the plan, including employment and public  
97.7 supports such as housing access and shelter needy funding.

97.8 (c) Counties and other agencies responsible for funding community placement and  
97.9 ongoing community supportive services are responsible for the implementation of the  
97.10 comprehensive transitional service plans. Oversight responsibilities include both ensuring  
97.11 effective transitional service delivery and efficient utilization of funding resources.

97.12 (d) Following one year of transitional services, the transitional services planning team  
97.13 will make a determination as to whether or not the individual receiving services requires  
97.14 the current level of continuous and consistent support in order to maintain the recipient's  
97.15 current level of functioning. Recipients who are determined to have not had a significant  
97.16 change in functioning for 12 months must move from a transitional to a maintenance service  
97.17 plan. Recipients on a maintenance service plan must be reassessed to determine if the  
97.18 recipient would benefit from a transitional service plan at least every 12 months and at other  
97.19 times when there has been a significant change in the recipient's functioning. This assessment  
97.20 should consider any changes to technological or natural community supports.

97.21 (e) When a county is evaluating denials, reductions, or terminations of home and  
97.22 community-based services under this section for an individual, the case manager shall offer  
97.23 to meet with the individual or the individual's guardian in order to discuss the prioritization  
97.24 of service needs within the coordinated service and support plan, comprehensive transitional  
97.25 service plan, or maintenance service plan. The reduction in the authorized services for an  
97.26 individual due to changes in funding for waived services may not exceed the amount  
97.27 needed to ensure medically necessary services to meet the individual's health, safety, and  
97.28 welfare.

97.29 ~~(f) At the time of reassessment, local agency case managers shall assess each recipient~~  
97.30 ~~of community access for disability inclusion or brain injury waived services currently~~  
97.31 ~~residing in a licensed adult foster home that is not the primary residence of the license~~  
97.32 ~~holder, or in which the license holder is not the primary caregiver, to determine if that~~  
97.33 ~~recipient could appropriately be served in a community living setting. If appropriate for the~~  
97.34 ~~recipient, the case manager shall offer the recipient, through a person-centered planning~~  
98.1 ~~process, the option to receive alternative housing and service options. In the event that the~~  
98.2 ~~recipient chooses to transfer from the adult foster home, the vacated bed shall not be filled~~  
98.3 ~~with another recipient of waiver services and group residential housing and the licensed~~  
98.4 ~~capacity shall be reduced accordingly, unless the savings required by the licensed bed closure~~  
98.5 ~~reductions under Laws 2011, First Special Session chapter 9, article 7, sections 1 and 40;~~

98.6 paragraph (f), for foster care settings where the physical location is not the primary residence  
98.7 of the license holder are met through voluntary changes described in section 245A.03,  
98.8 subdivision 7, paragraph (c), or as provided under paragraph (a), clauses (3) and (4). If the  
98.9 adult foster home becomes no longer viable due to these transfers, the county agency, with  
98.10 the assistance of the department, shall facilitate a consolidation of settings or closure. This  
98.11 reassessment process shall be completed by July 1, 2013.

98.12 Sec. 19. Minnesota Statutes 2016, section 256B.493, subdivision 1, is amended to read:

98.13 Subdivision 1. **Commissioner's duties; report.** The commissioner of human services  
98.14 shall solicit proposals for the conversion of services provided for persons with disabilities  
98.15 in settings licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, or community  
98.16 residential settings licensed under chapter 245D, to other types of community settings in  
98.17 conjunction with the closure of identified licensed adult foster care settings has the authority  
98.18 to manage statewide licensed corporate foster care or community residential settings capacity,  
98.19 including the reduction and realignment of licensed capacity of a current foster care or  
98.20 community residential settings to accomplish the consolidation or closure of settings. The  
98.21 commissioner shall implement a program for planned closure of licensed corporate adult  
98.22 foster care or community residential settings, necessary as a preferred method to: (1) respond  
98.23 to the informed decisions of those individuals who want to move out of these settings into  
98.24 other types of community settings; and (2) achieve necessary budgetary savings required  
98.25 in section 245A.03, subdivision 7, paragraphs (c) and (d).

98.26 Sec. 20. Minnesota Statutes 2016, section 256B.493, subdivision 2, is amended to read:

98.27 Subd. 2. **Planned closure process needs determination.** The commissioner shall  
98.28 announce and implement a program for planned closure of adult foster care homes. Planned  
98.29 closure shall be the preferred method for achieving necessary budgetary savings required  
98.30 by the licensed bed closure budget reduction in section 245A.03, subdivision 7, paragraph  
98.31 (c). If additional closures are required to achieve the necessary savings, the commissioner  
98.32 shall use the process and priorities in section 245A.03, subdivision 7, paragraph (c) A  
98.33 resource need determination process, managed at the state level, using available reports  
99.1 required by section 144A.351 and other data and information shall be used by the  
99.2 commissioner to align capacity where needed.

99.3 Sec. 21. Minnesota Statutes 2016, section 256B.493, is amended by adding a subdivision  
99.4 to read:

99.5 Subd. 2a. **Closure process.** (a) The commissioner shall work with stakeholders to  
99.6 establish a process for the application, review, approval, and implementation of setting  
99.7 closures. Voluntary proposals from license holders for consolidation and closure of adult

- 99.8 foster care or community residential settings are encouraged. Whether voluntary or  
99.9 involuntary, all closure plans must include:
- 99.10 (1) a description of the proposed closure plan, identifying the home or homes and  
99.11 occupied beds;
- 99.12 (2) the proposed timetable for the proposed closure, including the proposed dates for  
99.13 notification to people living there and the affected lead agencies, commencement of closure,  
99.14 and completion of closure;
- 99.15 (3) the proposed relocation plan jointly developed by the counties of financial  
99.16 responsibility, the people living there and their legal representatives, if any, who wish to  
99.17 continue to receive services from the provider, and the providers for current residents of  
99.18 any adult foster care home designated for closure; and
- 99.19 (4) documentation from the provider in a format approved by the commissioner that all  
99.20 the adult foster care homes or community residential settings receiving a planned closure  
99.21 rate adjustment under the plan have accepted joint and severable for recovery of  
99.22 overpayments under section 256B.0641, subdivision 2, for the facilities designated for  
99.23 closure under this plan.
- 99.24 (b) The commissioner shall give first priority to closure plans which:
- 99.25 (1) target counties and geographic areas which have:
- 99.26 (i) need for other types of services;
- 99.27 (ii) need for specialized services;
- 99.28 (iii) higher than average per capita use of licensed corporate foster care or community  
99.29 residential settings; or
- 99.30 (iv) residents not living in the geographic area of their choice;
- 99.31 (2) demonstrate savings of medical assistance expenditures; and
- 100.1 (3) demonstrate that alternative services are based on the recipient's choice of provider  
100.2 and are consistent with federal law, state law, and federally approved waiver plans.

100.3 The commissioner shall also consider any information provided by people using services,  
100.4 their legal representatives, family members, or the lead agency on the impact of the planned  
100.5 closure on people and the services they need.

100.6 (c) For each closure plan approved by the commissioner, a contract must be established  
100.7 between the commissioner, the counties of financial responsibility, and the participating  
100.8 license holder.

100.9 Sec. 22. Minnesota Statutes 2016, section 256D.44, subdivision 4, is amended to read:

100.10 Subd. 4. **Temporary absence due to illness.** For the purposes of this subdivision, "home"  
100.11 means a residence owned or rented by a recipient or the recipient's spouse. ~~Home does not~~  
100.12 ~~include a group residential housing facility.~~ Assistance payments for recipients who are  
100.13 temporarily absent from their home due to hospitalization for illness must continue at the  
100.14 same level of payment during their absence if the following criteria are met:

100.15 (1) a physician certifies that the absence is not expected to continue for more than three  
100.16 months;

100.17 (2) a physician certifies that the recipient will be able to return to independent living;  
100.18 and

100.19 (3) the recipient has expenses associated with maintaining a residence in the community.

100.20 Sec. 23. Minnesota Statutes 2016, section 256D.44, subdivision 5, is amended to read:

100.21 Subd. 5. **Special needs.** (a) In addition to the state standards of assistance established  
100.22 in subdivisions 1 to 4, payments are allowed for the following special needs of recipients  
100.23 of Minnesota supplemental aid who are not residents of a nursing home, a regional treatment  
100.24 center, or a ~~group residential~~ setting authorized to receive housing facility support payments  
100.25 under chapter 2561.

100.26 ~~(a)~~ (b) The county agency shall pay a monthly allowance for medically prescribed diets  
100.27 if the cost of those additional dietary needs cannot be met through some other maintenance  
100.28 benefit. The need for special diets or dietary items must be prescribed by a licensed physician.  
100.29 Costs for special diets shall be determined as percentages of the allotment for a one-person  
100.30 household under the thrifty food plan as defined by the United States Department of  
100.31 Agriculture. The types of diets and the percentages of the thrifty food plan that are covered  
100.32 are as follows:

101.1 (1) high protein diet, at least 80 grams daily, 25 percent of thrifty food plan;

101.2 (2) controlled protein diet, 40 to 60 grams and requires special products, 100 percent of  
101.3 thrifty food plan;

101.4 (3) controlled protein diet, less than 40 grams and requires special products, 125 percent  
101.5 of thrifty food plan;

101.6 (4) low cholesterol diet, 25 percent of thrifty food plan;

101.7 (5) high residue diet, 20 percent of thrifty food plan;

101.8 (6) pregnancy and lactation diet, 35 percent of thrifty food plan;

101.9 (7) gluten-free diet, 25 percent of thrifty food plan;

101.10 (8) lactose-free diet, 25 percent of thrifty food plan;

101.11 (9) antidumping diet, 15 percent of thrifty food plan;

101.12 (10) hypoglycemic diet, 15 percent of thrifty food plan; or

101.13 (11) ketogenic diet, 25 percent of thrifty food plan.

101.14 ~~(b)~~ (c) Payment for nonrecurring special needs must be allowed for necessary home  
101.15 repairs or necessary repairs or replacement of household furniture and appliances using the  
101.16 payment standard of the AFDC program in effect on July 16, 1996, for these expenses, as  
101.17 long as other funding sources are not available.

101.18 ~~(e)~~ (d) A fee for guardian or conservator service is allowed at a reasonable rate negotiated  
101.19 by the county or approved by the court. This rate shall not exceed five percent of the  
101.20 assistance unit's gross monthly income up to a maximum of \$100 per month. If the guardian  
101.21 or conservator is a member of the county agency staff, no fee is allowed.

101.22 ~~(d)~~ (e) The county agency shall continue to pay a monthly allowance of \$68 for restaurant  
101.23 meals for a person who was receiving a restaurant meal allowance on June 1, 1990, and  
101.24 who eats two or more meals in a restaurant daily. The allowance must continue until the  
101.25 person has not received Minnesota supplemental aid for one full calendar month or until  
101.26 the person's living arrangement changes and the person no longer meets the criteria for the  
101.27 restaurant meal allowance, whichever occurs first.

101.28 ~~(e)~~ (f) A fee of ten percent of the recipient's gross income or \$25, whichever is less, is  
101.29 allowed for representative payee services provided by an agency that meets the requirements

101.30 under SSI regulations to charge a fee for representative payee services. This special need  
102.1 is available to all recipients of Minnesota supplemental aid regardless of their living  
102.2 arrangement.

102.3 ~~(f)~~ (g)(1) Notwithstanding the language in this subdivision, an amount equal to one-half  
102.4 of the maximum allotment authorized by the federal Food Stamp Program for a federal  
102.5 Supplemental Security Income payment amount for a single individual which is in effect  
102.6 on the first day of July of each year will be added to the standards of assistance established  
102.7 in subdivisions 1 to 4 for adults under the age of 65 who qualify as shelter-needy in need  
102.8 of housing assistance and are:

102.9 (i) relocating from an institution, a setting authorized to receive housing support under  
102.10 chapter 256I, or an adult mental health residential treatment program under section  
102.11 256B.0622; ~~or~~

102.12 (ii) eligible for personal care assistance under section 256B.0659; or

102.13 (iii) home and community-based waiver recipients living in their own home or rented  
102.14 or leased apartment ~~which is not owned, operated, or controlled by a provider of service~~  
102.15 ~~not related by blood or marriage, unless allowed under paragraph (g).~~

102.16 (2) Notwithstanding subdivision 3, paragraph (c), an individual eligible for the shelter  
102.17 needy benefit under this paragraph is considered a household of one. An eligible individual  
102.18 who receives this benefit prior to age 65 may continue to receive the benefit after the age  
102.19 of 65.

102.20 (3) ~~"Shelter-needy Housing assistance"~~ Housing assistance means that the assistance unit incurs monthly  
102.21 shelter costs that exceed 40 percent of the assistance unit's gross income before the application  
102.22 of this special needs standard. "Gross income" for the purposes of this section is the  
102.23 applicant's or recipient's income as defined in section 256D.35, subdivision 10, or the  
102.24 standard specified in subdivision 3, paragraph (a) or (b), whichever is greater. A recipient  
102.25 of a federal or state housing subsidy, that limits shelter costs to a percentage of gross income,  
102.26 shall not be considered ~~shelter-needy in need of housing assistance~~ for purposes of this  
102.27 paragraph.

102.28 (g) Notwithstanding this subdivision, to access housing and services as provided in  
102.29 paragraph (f), the recipient may choose housing that may be owned, operated, or controlled  
102.30 by the recipient's service provider. When housing is controlled by the service provider, the  
102.31 individual may choose the individual's own service provider as provided in section 256B.49,  
102.32 subdivision 23, clause (3). When the housing is controlled by the service provider, the  
102.33 service provider shall implement a plan with the recipient to transition the lease to the  
102.34 recipient's name. Within two years of signing the initial lease, the service provider shall

103.1 ~~transfer the lease entered into under this subdivision to the recipient. In the event the landlord~~  
103.2 ~~denies this transfer, the commissioner may approve an exception within sufficient time to~~  
103.3 ~~ensure the continued occupancy by the recipient. This paragraph expires June 30, 2016.~~

103.4 **EFFECTIVE DATE.** Paragraphs (a) to (f) are effective July 1, 2017. Paragraph (g),  
103.5 clause (1), is effective July 1, 2020, except paragraph (g), clause (1), items (ii) and (iii), are  
103.6 effective July 1, 2017.

103.7 Sec. 24. Minnesota Statutes 2016, section 256I.03, subdivision 8, is amended to read:

103.8 Subd. 8. **Supplementary services.** "Supplementary services" means housing support  
103.9 services provided to residents of group residential housing providers individuals in addition  
103.10 to room and board including, but not limited to, oversight and up to 24-hour supervision,  
103.11 medication reminders, assistance with transportation, arranging for meetings and  
103.12 appointments, and arranging for medical and social services.

103.13 Sec. 25. Minnesota Statutes 2016, section 256I.04, subdivision 1, is amended to read:

103.14 Subdivision 1. **Individual eligibility requirements.** An individual is eligible for and  
103.15 entitled to a group residential housing support payment to be made on the individual's behalf  
103.16 if the agency has approved the individual's residence in a group residential setting where  
103.17 the individual will receive housing setting support and the individual meets the requirements  
103.18 in paragraph (a) ~~or~~ (b), or (c).

103.19 (a) The individual is aged, blind, or is over 18 years of age and disabled as determined  
103.20 under the criteria used by the title II program of the Social Security Act, and meets the  
103.21 resource restrictions and standards of section 256P.02, and the individual's countable income  
103.22 after deducting the (1) exclusions and disregards of the SSI program, (2) the medical  
103.23 assistance personal needs allowance under section 256B.35, and (3) an amount equal to the  
103.24 income actually made available to a community spouse by an elderly waiver participant  
103.25 under the provisions of sections 256B.0575, paragraph (a), clause (4), and 256B.058,  
103.26 subdivision 2, is less than the monthly rate specified in the agency's agreement with the  
103.27 provider of group residential housing support in which the individual resides.

103.28 (b) The individual meets a category of eligibility under section 256D.05, subdivision 1,  
103.29 paragraph (a), clauses (1), (3), (5) to (9), and (14), and paragraph (b), if applicable, and the  
103.30 individual's resources are less than the standards specified by section 256P.02, and the  
103.31 individual's countable income as determined under section 256P.06, less the medical  
103.32 assistance personal needs allowance under section 256B.35 is less than the monthly rate

**SECTIONS ON RIGHT ARE FROM HOUSE ARTICLE 4.**

227.22 Sec. 43. Minnesota Statutes 2016, section 256I.04, subdivision 1, is amended to read:

227.23 Subdivision 1. **Individual eligibility requirements.** An individual is eligible for and  
227.24 entitled to a group residential housing payment to be made on the individual's behalf if the  
227.25 agency has approved the individual's residence in a group residential housing setting and  
227.26 the individual meets the requirements in paragraph (a) ~~or~~ (b), or (c).

227.27 (a) The individual is aged, blind, or is over 18 years of age and disabled as determined  
227.28 under the criteria used by the title II program of the Social Security Act, and meets the  
227.29 resource restrictions and standards of section 256P.02, and the individual's countable income  
227.30 after deducting the (1) exclusions and disregards of the SSI program, (2) the medical  
227.31 assistance personal needs allowance under section 256B.35, and (3) an amount equal to the  
227.32 income actually made available to a community spouse by an elderly waiver participant  
227.33 under the provisions of sections 256B.0575, paragraph (a), clause (4), and 256B.058,  
228.1 subdivision 2, is less than the monthly rate specified in the agency's agreement with the  
228.2 provider of group residential housing in which the individual resides.

228.3 (b) The individual meets a category of eligibility under section 256D.05, subdivision 1,  
228.4 paragraph (a), clauses (1), (3), (5) to (9), and (14), and paragraph (b), if applicable, and the  
228.5 individual's resources are less than the standards specified by section 256P.02, and the  
228.6 individual's countable income as determined under section 256P.06, less the medical  
228.7 assistance personal needs allowance under section 256B.35 is less than the monthly rate

104.1 specified in the agency's agreement with the provider of group residential housing support  
104.2 in which the individual resides.

104.3 (c) The individual receives licensed residential crisis stabilization services under section  
104.4 256B.0624, subdivision 7, and is receiving medical assistance. The individual may receive  
104.5 concurrent group residential housing payments if receiving licensed residential crisis  
104.6 stabilization services under section 256B.0624, subdivision 7.

104.7 EFFECTIVE DATE. Paragraph (c) is effective October 1, 2017.

104.8 Sec. 26. Minnesota Statutes 2016, section 256I.04, subdivision 2d, is amended to read:

104.9 Subd. 2d. **Conditions of payment; commissioner's right to suspend or terminate**  
104.10 **agreement.** (a) Group residential Housing or supplementary services support must be  
104.11 provided to the satisfaction of the commissioner, as determined at the sole discretion of the  
104.12 commissioner's authorized representative, and in accordance with all applicable federal,  
104.13 state, and local laws, ordinances, rules, and regulations, including business registration  
104.14 requirements of the Office of the Secretary of State. A provider shall not receive payment  
104.15 for room and board or supplementary services or housing found by the commissioner to be  
104.16 performed or provided in violation of federal, state, or local law, ordinance, rule, or  
104.17 regulation.

104.18 (b) The commissioner has the right to suspend or terminate the agreement immediately  
104.19 when the commissioner determines the health or welfare of the housing or service recipients  
104.20 is endangered, or when the commissioner has reasonable cause to believe that the provider  
104.21 has breached a material term of the agreement under subdivision 2b.

104.22 (c) Notwithstanding paragraph (b), if the commissioner learns of a curable material  
104.23 breach of the agreement by the provider, the commissioner shall provide the provider with  
104.24 a written notice of the breach and allow ten days to cure the breach. If the provider does  
104.25 not cure the breach within the time allowed, the provider shall be in default of the agreement  
104.26 and the commissioner may terminate the agreement immediately thereafter. If the provider  
104.27 has breached a material term of the agreement and cure is not possible, the commissioner  
104.28 may immediately terminate the agreement.

104.29 Sec. 27. Minnesota Statutes 2016, section 256I.04, subdivision 2g, is amended to read:

104.30 Subd. 2g. **Crisis shelters.** Secure crisis shelters for battered women and their children  
104.31 designated by the Minnesota Department of Corrections are not group residences eligible  
104.32 for housing support under this chapter.

228.8 specified in the agency's agreement with the provider of group residential housing in which  
228.9 the individual resides.

228.10 (c) The individual receives licensed residential crisis stabilization services under section  
228.11 256B.0624, subdivision 7, and is receiving medical assistance. The individual may receive  
228.12 concurrent group residential housing payments if receiving licensed residential crisis  
228.13 stabilization services under section 256B.0624, subdivision 7.

228.14 EFFECTIVE DATE. This section is effective October 1, 2017.

105.1 Sec. 28. Minnesota Statutes 2016, section 256I.04, subdivision 3, is amended to read:

105.2 Subd. 3. **Moratorium on development of ~~group residential housing support~~ beds.**  
 105.3 (a) Agencies shall not enter into agreements for new ~~group residential housing support~~ beds  
 105.4 with total rates in excess of the MSA equivalent rate except:

105.5 (1) for ~~group residential housing~~ establishments licensed under chapter 245D provided  
 105.6 the facility is needed to meet the census reduction targets for persons with developmental  
 105.7 disabilities at regional treatment centers;

105.8 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will  
 105.9 provide housing for chronic inebriates who are repetitive users of detoxification centers and  
 105.10 are refused placement in emergency shelters because of their state of intoxication, and  
 105.11 planning for the specialized facility must have been initiated before July 1, 1991, in  
 105.12 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,  
 105.13 subdivision 20a, paragraph (b);

105.14 (3) notwithstanding the provisions of subdivision 2a, for up to ~~190~~ 226 supportive  
 105.15 housing units in Anoka, Dakota, Hennepin, or Ramsey County for homeless adults with a  
 105.16 mental illness, a history of substance abuse, or human immunodeficiency virus or acquired  
 105.17 immunodeficiency syndrome. For purposes of this section, "homeless adult" means a person  
 105.18 who is living on the street or in a shelter or discharged from a regional treatment center,  
 105.19 community hospital, or residential treatment program and has no appropriate housing  
 105.20 available and lacks the resources and support necessary to access appropriate housing. At  
 105.21 least 70 percent of the supportive housing units must serve homeless adults with mental  
 105.22 illness, substance abuse problems, or human immunodeficiency virus or acquired  
 105.23 immunodeficiency syndrome who are about to be or, within the previous six months, has  
 105.24 been discharged from a regional treatment center, or a state-contracted psychiatric bed in  
 105.25 a community hospital, or a residential mental health or chemical dependency treatment  
 105.26 program. If a person meets the requirements of subdivision 1, paragraph (a), and receives  
 105.27 a federal or state housing subsidy, the ~~group residential housing support~~ rate for that person  
 105.28 is limited to the supplementary rate under section 256I.05, subdivision 1a, and is determined  
 105.29 by subtracting the amount of the person's countable income that exceeds the MSA equivalent  
 105.30 rate from the ~~group residential housing support~~ supplementary service rate. A resident in a  
 105.31 demonstration project site who no longer participates in the demonstration program shall  
 105.32 retain eligibility for a ~~group residential housing support~~ payment in an amount determined  
 105.33 under section 256I.06, subdivision 8, using the MSA equivalent rate. Service funding under  
 105.34 section 256I.05, subdivision 1a, will end June 30, 1997, if federal matching funds are  
 105.35 available and the services can be provided through a managed care entity. If federal matching  
 106.1 funds are not available, then service funding will continue under section 256I.05, subdivision  
 106.2 1a;

228.15 Sec. 44. Minnesota Statutes 2016, section 256I.04, subdivision 3, is amended to read:

228.16 Subd. 3. **Moratorium on development of ~~group residential housing support~~ beds.** (a) Agencies  
 228.17 shall not enter into agreements for new ~~group residential housing support~~ beds with total rates in  
 228.18 excess of the MSA equivalent rate except:

228.19 (1) for ~~group residential housing~~ establishments licensed under chapter 245D provided  
 228.20 the facility is needed to meet the census reduction targets for persons with developmental  
 228.21 disabilities at regional treatment centers;

228.22 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will  
 228.23 provide housing for chronic inebriates who are repetitive users of detoxification centers and  
 228.24 are refused placement in emergency shelters because of their state of intoxication, and  
 228.25 planning for the specialized facility must have been initiated before July 1, 1991, in  
 228.26 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,  
 228.27 subdivision 20a, paragraph (b);

228.28 (3) notwithstanding the provisions of subdivision 2a, for up to ~~190~~ 226 supportive  
 228.29 housing units in Anoka, Dakota, Hennepin, or Ramsey County for homeless adults with a  
 228.30 mental illness, a history of substance abuse, or human immunodeficiency virus or acquired  
 228.31 immunodeficiency syndrome. For purposes of this section, "homeless adult" means a person  
 228.32 who is living on the street or in a shelter or discharged from a regional treatment center,  
 228.33 community hospital, or residential treatment program and has no appropriate housing  
 229.1 available and lacks the resources and support necessary to access appropriate housing. At  
 229.2 least 70 percent of the supportive housing units must serve homeless adults with mental  
 229.3 illness, substance abuse problems, or human immunodeficiency virus or acquired  
 229.4 immunodeficiency syndrome who are about to be or, within the previous six months, has  
 229.5 been discharged from a regional treatment center, or a state-contracted psychiatric bed in  
 229.6 a community hospital, or a residential mental health or chemical dependency treatment  
 229.7 program. If a person meets the requirements of subdivision 1, paragraph (a), and receives  
 229.8 a federal or state housing subsidy, the ~~group residential housing support~~ rate for that person is limited  
 229.9 to the supplementary rate under section 256I.05, subdivision 1a, and is determined by  
 229.10 subtracting the amount of the person's countable income that exceeds the MSA equivalent  
 229.11 rate from the ~~group residential housing support~~ supplementary service rate. A resident in a demonstration  
 229.12 project site who no longer participates in the demonstration program shall retain eligibility  
 229.13 for a ~~group residential housing support~~ payment in an amount determined under section 256I.06,  
 229.14 subdivision 8, using the MSA equivalent rate. Service funding under section 256I.05,  
 229.15 subdivision 1a, will end June 30, 1997, if federal matching funds are available and the  
 229.16 services can be provided through a managed care entity. If federal matching funds are not  
 229.17 available, then service funding will continue under section 256I.05, subdivision 1a;

106.3 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in  
 106.4 Hennepin County providing services for recovering and chemically dependent men that has  
 106.5 had a group residential housing support contract with the county and has been licensed as a  
 106.6 board and lodge facility with special services since 1980;

106.7 (5) for a group residential housing support provider located in the city of St. Cloud, or  
 106.8 a county contiguous to the city of St. Cloud, that operates a 40-bed facility, that received  
 106.9 financing through the Minnesota Housing Finance Agency Ending Long-Term Homelessness  
 106.10 Initiative and serves chemically dependent clientele, providing 24-hour-a-day supervision;

106.11 (6) for a new 65-bed facility in Crow Wing County that will serve chemically dependent  
 106.12 persons, operated by a group residential housing support provider that currently operates a  
 106.13 304-bed facility in Minneapolis, and a 44-bed facility in Duluth;

106.14 (7) for a group residential housing support provider that operates two ten-bed facilities,  
 106.15 one located in Hennepin County and one located in Ramsey County, that provide community  
 106.16 support and 24-hour-a-day supervision to serve the mental health needs of individuals who  
 106.17 have chronically lived unsheltered; and

106.18 (8) for a group residential facility authorized for recipients of housing support in Hennepin  
 106.19 County with a capacity of up to 48 beds that has been licensed since 1978 as a board and  
 106.20 lodging facility and that until August 1, 2007, operated as a licensed chemical dependency  
 106.21 treatment program.

106.22 (b) An agency may enter into a group residential housing support agreement for beds  
 106.23 with rates in excess of the MSA equivalent rate in addition to those currently covered under  
 106.24 a group residential housing support agreement if the additional beds are only a replacement  
 106.25 of beds with rates in excess of the MSA equivalent rate which have been made available  
 106.26 due to closure of a setting, a change of licensure or certification which removes the beds  
 106.27 from group residential housing support payment, or as a result of the downsizing of a group  
 106.28 residential housing setting authorized for recipients of housing support. The transfer of  
 106.29 available beds from one agency to another can only occur by the agreement of both agencies.

106.30 Sec. 29. Minnesota Statutes 2016, section 256I.05, subdivision 1a, is amended to read:

106.31 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,  
 106.32 subdivision 3, the county agency may negotiate a payment not to exceed \$426.37 for other  
 106.33 services necessary to provide room and board ~~provided by the group residence~~ if the residence  
 107.1 is licensed by or registered by the Department of Health, or licensed by the Department of  
 107.2 Human Services to provide services in addition to room and board, and if the provider of  
 107.3 services is not also concurrently receiving funding for services for a recipient under a home  
 107.4 and community-based waiver under title XIX of the Social Security Act; or funding from  
 107.5 the medical assistance program under section 256B.0659, for personal care services for

229.18 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in  
 229.19 Hennepin County providing services for recovering and chemically dependent men that has  
 229.20 had a group residential housing contract with the county and has been licensed as a board  
 229.21 and lodge facility with special services since 1980;

229.22 (5) for a group residential housing provider located in the city of St. Cloud, or a county  
 229.23 contiguous to the city of St. Cloud, that operates a 40-bed facility, that received financing  
 229.24 through the Minnesota Housing Finance Agency Ending Long-Term Homelessness Initiative  
 229.25 and serves chemically dependent clientele, providing 24-hour-a-day supervision;

229.26 (6) for a new 65-bed facility in Crow Wing County that will serve chemically dependent  
 229.27 persons, operated by a group residential housing provider that currently operates a 304-bed  
 229.28 facility in Minneapolis, and a 44-bed facility in Duluth;

229.29 (7) for a group residential housing provider that operates two ten-bed facilities, one  
 229.30 located in Hennepin County and one located in Ramsey County, that provide community  
 229.31 support and 24-hour-a-day supervision to serve the mental health needs of individuals who  
 229.32 have chronically lived unsheltered; and

230.1 (8) for a group residential facility in Hennepin County with a capacity of up to 48 beds  
 230.2 that has been licensed since 1978 as a board and lodging facility and that until August 1,  
 230.3 2007, operated as a licensed chemical dependency treatment program.

230.4 (b) An agency may enter into a group residential housing agreement for beds with rates  
 230.5 in excess of the MSA equivalent rate in addition to those currently covered under a group  
 230.6 residential housing agreement if the additional beds are only a replacement of beds with  
 230.7 rates in excess of the MSA equivalent rate which have been made available due to closure  
 230.8 of a setting, a change of licensure or certification which removes the beds from group  
 230.9 residential housing payment, or as a result of the downsizing of a group residential housing  
 230.10 setting. The transfer of available beds from one agency to another can only occur by the  
 230.11 agreement of both agencies.

107.6 residents in the setting; or residing in a setting which receives funding under section 245.73.  
107.7 If funding is available for other necessary services through a home and community-based  
107.8 waiver, or personal care services under section 256B.0659, then the GRH housing support  
107.9 rate is limited to the rate set in subdivision 1. Unless otherwise provided in law, in no case  
107.10 may the supplementary service rate exceed \$426.37. The registration and licensure  
107.11 requirement does not apply to establishments which are exempt from state licensure because  
107.12 they are located on Indian reservations and for which the tribe has prescribed health and  
107.13 safety requirements. Service payments under this section may be prohibited under rules to  
107.14 prevent the supplanting of federal funds with state funds. The commissioner shall pursue  
107.15 the feasibility of obtaining the approval of the Secretary of Health and Human Services to  
107.16 provide home and community-based waiver services under title XIX of the Social Security  
107.17 Act for residents who are not eligible for an existing home and community-based waiver  
107.18 due to a primary diagnosis of mental illness or chemical dependency and shall apply for a  
107.19 waiver if it is determined to be cost-effective.

107.20 (b) The commissioner is authorized to make cost-neutral transfers from the GRH housing  
107.21 support fund for beds under this section to other funding programs administered by the  
107.22 department after consultation with the county or counties in which the affected beds are  
107.23 located. The commissioner may also make cost-neutral transfers from the GRH housing  
107.24 support fund to county human service agencies for beds permanently removed from the  
107.25 GRH housing support census under a plan submitted by the county agency and approved  
107.26 by the commissioner. The commissioner shall report the amount of any transfers under this  
107.27 provision annually to the legislature.

107.28 (c) Counties must not negotiate supplementary service rates with providers of ~~group~~  
107.29 ~~residential~~ housing support that are licensed as board and lodging with special services and  
107.30 that do not encourage a policy of sobriety on their premises and make referrals to available  
107.31 community services for volunteer and employment opportunities for residents.

108.1 Sec. 30. Minnesota Statutes 2016, section 256I.05, subdivision 1c, is amended to read:

108.2 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for ~~group~~  
108.3 ~~residential~~ housing support above those in effect on June 30, 1993, except as provided in  
108.4 paragraphs (a) to (f).

108.5 (a) An agency may increase the rates for ~~group residential housing settings~~ room and  
108.6 board to the MSA equivalent rate for those settings whose current rate is below the MSA  
108.7 equivalent rate.

108.8 (b) An agency may increase the rates for residents in adult foster care whose difficulty  
108.9 of care has increased. The total ~~group residential~~ housing support rate for these residents  
108.10 must not exceed the maximum rate specified in subdivisions 1 and 1a. Agencies must not  
108.11 include nor increase ~~group residential housing~~ difficulty of care rates for adults in foster

108.12 care whose difficulty of care is eligible for funding by home and community-based waiver  
108.13 programs under title XIX of the Social Security Act.

108.14 (c) The room and board rates will be increased each year when the MSA equivalent rate  
108.15 is adjusted for SSI cost-of-living increases by the amount of the annual SSI increase, less  
108.16 the amount of the increase in the medical assistance personal needs allowance under section  
108.17 256B.35.

108.18 (d) When a group residential housing rate is used to pay support pays for an individual's  
108.19 room and board, or other costs necessary to provide room and board, the rate payable to the  
108.20 residence must continue for up to 18 calendar days per incident that the person is temporarily  
108.21 absent from the residence, not to exceed 60 days in a calendar year, if the absence or absences  
108.22 have received the prior approval of the county agency's social service staff. Prior approval  
108.23 is not required for emergency absences due to crisis, illness, or injury.

108.24 (e) For facilities meeting substantial change criteria within the prior year. Substantial  
108.25 change criteria exists if the group residential housing establishment experiences a 25 percent  
108.26 increase or decrease in the total number of its beds, if the net cost of capital additions or  
108.27 improvements is in excess of 15 percent of the current market value of the residence, or if  
108.28 the residence physically moves, or changes its licensure, and incurs a resulting increase in  
108.29 operation and property costs.

108.30 (f) Until June 30, 1994, an agency may increase by up to five percent the total rate paid  
108.31 for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54 who  
108.32 reside in residences that are licensed by the commissioner of health as a boarding care home,  
108.33 but are not certified for the purposes of the medical assistance program. However, an increase  
108.34 under this clause must not exceed an amount equivalent to 65 percent of the 1991 medical  
109.1 assistance reimbursement rate for nursing home resident class A, in the geographic grouping  
109.2 in which the facility is located, as established under Minnesota Rules, parts 9549.0051 to  
109.3 9549.0058.

109.4 Sec. 31. Minnesota Statutes 2016, section 256I.05, subdivision 1e, is amended to read:

109.5 Subd. 1e. **Supplementary rate for certain facilities.** (a) Notwithstanding the provisions  
109.6 of subdivisions 1a and 1c, beginning July 1, 2005, a county agency shall negotiate a  
109.7 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$700 per  
109.8 month, including any legislatively authorized inflationary adjustments, for a group residential  
109.9 housing support provider that:

109.10 (1) is located in Hennepin County and has had a group residential housing support  
109.11 contract with the county since June 1996;

109.12 (2) operates in three separate locations a 75-bed facility, a 50-bed facility, and a 26-bed  
109.13 facility; and

109.14 (3) serves a chemically dependent clientele, providing 24 hours per day supervision and  
109.15 limiting a resident's maximum length of stay to 13 months out of a consecutive 24-month  
109.16 period.

109.17 (b) Notwithstanding subdivisions 1a and 1c, a county agency shall negotiate a  
109.18 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$700 per  
109.19 month, including any legislatively authorized inflationary adjustments, of a ~~group residential~~  
109.20 housing support provider that:

109.21 (1) is located in St. Louis County and has had a ~~group residential~~ housing support contract  
109.22 with the county since 2006;

109.23 (2) operates a 62-bed facility; and

109.24 (3) serves a chemically dependent adult male clientele, providing 24 hours per day  
109.25 supervision and limiting a resident's maximum length of stay to 13 months out of a  
109.26 consecutive 24-month period.

109.27 (c) Notwithstanding subdivisions 1a and 1c, beginning July 1, 2013, a county agency  
109.28 shall negotiate a supplementary rate in addition to the rate specified in subdivision 1, not  
109.29 to exceed \$700 per month, including any legislatively authorized inflationary adjustments,  
109.30 for the ~~group residential~~ provider described under paragraphs (a) and (b), not to exceed an  
109.31 additional 115 beds.

110.1 Sec. 32. Minnesota Statutes 2016, section 256I.05, subdivision 1j, is amended to read:

110.2 Subd. 1j. **Supplementary rate for certain facilities; Crow Wing County.**  
110.3 Notwithstanding the provisions of subdivisions 1a and 1c, beginning July 1, 2007, a county  
110.4 agency shall negotiate a supplementary rate in addition to the rate specified in subdivision  
110.5 1, not to exceed \$700 per month, including any legislatively authorized inflationary  
110.6 adjustments, for a new 65-bed facility in Crow Wing County that will serve chemically  
110.7 dependent persons operated by a ~~group residential~~ housing support provider that currently  
110.8 operates a 304-bed facility in Minneapolis and a 44-bed facility in Duluth which opened in  
110.9 January of 2006.

110.10 Sec. 33. Minnesota Statutes 2016, section 256I.05, subdivision 1m, is amended to read:

110.11 Subd. 1m. **Supplemental rate for certain facilities; Hennepin and Ramsey Counties.**  
110.12 (a) Notwithstanding the provisions of this section, beginning July 1, 2007, a county agency

110.13 shall negotiate a supplemental service rate in addition to the rate specified in subdivision  
110.14 1, not to exceed \$700 per month or the existing monthly rate, whichever is higher, including  
110.15 any legislatively authorized inflationary adjustments, for a ~~group residential~~ housing support  
110.16 provider that operates two ten-bed facilities, one located in Hennepin County and one located  
110.17 in Ramsey County, which provide community support and serve the mental health needs  
110.18 of individuals who have chronically lived unsheltered, providing 24-hour-per-day supervision.

110.19 (b) An individual who has lived in one of the facilities under paragraph (a), who is being  
110.20 transitioned to independent living as part of the program plan continues to be eligible for  
110.21 ~~group residential housing~~ room and board and the supplemental service rate negotiated with  
110.22 the county under paragraph (a).

110.23 Sec. 34. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
110.24 to read:

110.25 Subd. 1p. **Supplementary rate; St. Louis County.** Notwithstanding the provisions of  
110.26 subdivisions 1a and 1c, beginning July 1, 2017, a county agency shall negotiate a  
110.27 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$700 per  
110.28 month, including any legislatively authorized inflationary adjustments, for a housing support  
110.29 provider that:

110.30 (1) is located in St. Louis County and has had a group residential housing contract with  
110.31 the county since July 2016;

110.32 (2) operates a 35-bed facility;

111.1 (3) serves women who are chemically dependent, mentally ill, or both;

111.2 (4) provides 24-hour per day supervision;

111.3 (5) provides onsite support with skilled professionals, including a licensed practical  
111.4 nurse, registered nurses, peer specialists, and resident counselors; and

111.5 (6) provides independent living skills training and assistance with family reunification.

111.6 Sec. 35. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
111.7 to read:

111.8 Subd. 1q. **Supplementary rate; Olmsted County.** Notwithstanding the provisions of  
111.9 subdivisions 1a and 1c, beginning July 1, 2017, a county agency shall negotiate a  
111.10 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$750 per  
111.11 month, including any legislatively authorized inflationary adjustments, for a housing support

230.12 Sec. 45. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
230.13 to read:

230.14 Subd. 1p. **Supplementary rate; St. Louis County.** (a) Notwithstanding the provisions  
230.15 of subdivisions 1a and 1c, beginning July 1, 2017, a county agency shall negotiate a  
230.16 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$700 per  
230.17 month, including any legislatively authorized inflationary adjustments, for a group residential  
230.18 housing provider that:

230.19 (1) is located in St. Louis County and has had a group residential housing contract with  
230.20 the county since July 2016;

230.21 (2) operates a 35-bed facility;

230.22 (3) serves women who are chemically dependent, mentally ill, or both;

230.23 (4) provides 24-hour per day supervision;

230.24 (5) provides on-site support with skilled professionals, including a licensed practical  
230.25 nurse, registered nurses, peer specialists, and resident counselors; and

230.26 (6) provides independent living skills training and assistance with family reunification.

231.6 Sec. 47. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
231.7 to read:

231.8 Subd. 1r. **Supplementary rate; Olmsted County.** Notwithstanding the provisions of  
231.9 subdivisions 1a and 1c, beginning July 1, 2017, a county agency shall negotiate a  
231.10 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$750 per  
231.11 month, including any legislatively authorized inflationary adjustments, for a group residential

111.12 provider located in Olmsted County that operates long-term residential facilities with a total  
 111.13 of 104 beds that serve chemically dependent men and women and provide 24-hour-a-day  
 111.14 supervision and other support services.

111.15 Sec. 36. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
 111.16 to read:

111.17 Subd. 1r. **Supplemental rate; Anoka County.** Notwithstanding the provisions in this  
 111.18 section, a county agency shall negotiate a supplemental rate for 42 beds in addition to the  
 111.19 rate specified in subdivision 1, not to exceed the maximum rate in subdivision 1a per month,  
 111.20 including any legislatively authorized inflationary adjustments, for a housing support provider  
 111.21 that is located in Anoka County and provides emergency housing on the former Anoka  
 111.22 Regional Treatment Center campus.

111.23 Sec. 37. Minnesota Statutes 2016, section 256I.05, subdivision 8, is amended to read:

111.24 Subd. 8. **State participation.** For a ~~resident of a group residence person~~ who is eligible  
 111.25 under section 256I.04, subdivision 1, paragraph (b), state participation in the ~~group residential~~  
 111.26 ~~housing support~~ payment is determined according to section 256D.03, subdivision 2. For  
 111.27 a ~~resident of a group residence person~~ who is eligible under section 256I.04, subdivision 1,  
 111.28 paragraph (a), state participation in the ~~group residential~~ housing support rate is determined  
 111.29 according to section 256D.36.

112.1 Sec. 38. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
 112.2 to read:

112.3 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a  
 112.4 cost-neutral transfer of funding from the group residential housing fund to county human  
 112.5 service agencies for emergency shelter beds removed from the group residential housing  
 112.6 census under a biennial plan submitted by the county and approved by the commissioner.  
 112.7 The biennial plan is due August 1, beginning August 1, 2017. The plan must describe: (1)  
 112.8 anticipated and actual outcomes for persons experiencing homelessness in emergency  
 112.9 shelters; (2) improved efficiencies in administration; (3) requirements for individual  
 112.10 eligibility; and (4) plans for quality assurance monitoring and quality assurance outcomes.  
 112.11 The commissioner shall review the county plan to monitor implementation and outcomes  
 112.12 at least biennially, and more frequently if the commissioner deems necessary.

112.13 (b) The funding under paragraph (a) may be used for the provision of room and board  
 112.14 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must  
 112.15 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding will be allocated  
 112.16 annually, and the room and board portion of the allocation shall be adjusted according to

231.12 housing provider located in Olmsted County that operates long-term residential facilities  
 231.13 with a total of 104 beds that serve chemically dependent men and women and provide  
 231.14 24-hour-a-day supervision and other support services.

230.27 Sec. 46. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
 230.28 to read:

230.29 Subd. 1q. **Supplemental rate; Anoka County.** Notwithstanding the provisions in this  
 230.30 section, a county agency shall negotiate a supplemental rate for 42 beds in addition to the  
 230.31 rate specified in subdivision 1, not to exceed the maximum rate allowed under subdivision  
 231.1 1a, including any legislatively authorized inflationary adjustments, for a group residential  
 231.2 housing provider that is located in Anoka County and provides emergency housing on the  
 231.3 former Anoka Regional Treatment Center campus. Notwithstanding any other law or rule  
 231.4 to the contrary, Anoka County is not responsible for any additional costs associated with  
 231.5 the supplemental rate provided for in this subdivision.

231.15 Sec. 48. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
 231.16 to read:

231.17 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a  
 231.18 cost-neutral transfer of funding from the group residential housing fund to county human  
 231.19 service agencies for emergency shelter beds removed from the group residential housing  
 231.20 census under a biennial plan submitted by the county and approved by the commissioner.  
 231.21 The biennial plan is due August 1, beginning August 1, 2017. The plan must describe: (1)  
 231.22 anticipated and actual outcomes for persons experiencing homelessness in emergency  
 231.23 shelters; (2) improved efficiencies in administration; (3) requirements for individual  
 231.24 eligibility; and (4) plans for quality assurance monitoring and quality assurance outcomes.  
 231.25 The commissioner shall review the county plan to monitor implementation and outcomes  
 231.26 at least biennially, and more frequently if the commissioner deems necessary.

231.27 (b) The funding under paragraph (a) may be used for the provision of room and board  
 231.28 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must  
 231.29 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding must be allocated  
 231.30 annually, and the room and board portion of the allocation shall be adjusted according to

112.17 the percentage change in the group residential housing room and board rate. The room and  
 112.18 board portion of the allocation shall be determined at the time of transfer. The commissioner  
 112.19 or county may return beds to the group residential housing fund with 180 days' notice,  
 112.20 including financial reconciliation.

112.21 Sec. 39. Minnesota Statutes 2016, section 256I.05, is amended by adding a subdivision  
 112.22 to read:

112.23 Subd. 12. Decrease in supplementary service rate. For every housing support provider  
 112.24 with a supplementary service rate of \$300 or higher, the commissioner shall reduce by five  
 112.25 percent the difference between the total supplementary service rate in effect on July 1, 2017,  
 112.26 and \$300, and shall reduce by ten percent the difference between the total supplementary  
 112.27 service rate in effect on July 1, 2019, and \$300. This subdivision does not apply to a facility  
 112.28 with rates established under subdivision 2.

112.29 Sec. 40. Minnesota Statutes 2016, section 256I.06, subdivision 2, is amended to read:

112.30 Subd. 2. Time of payment. A county agency may make payments ~~to a group residence~~  
 112.31 in advance for an individual whose stay in the group residence is expected to last beyond  
 112.32 the calendar month for which the payment is made. ~~Group residential~~ Housing support  
 112.33 payments made by a county agency on behalf of an individual who is not expected to remain  
 113.1 in the group residence beyond the month for which payment is made must be made  
 113.2 subsequent to the individual's departure from the ~~group~~ residence.

113.3 EFFECTIVE DATE. This section is effective July 1, 2017.

113.4 Sec. 41. Minnesota Statutes 2016, section 256I.06, subdivision 8, is amended to read:

113.5 Subd. 8. Amount of ~~group residential housing support~~ payment. (a) The amount of  
 113.6 a ~~group residential housing~~ room and board payment to be made on behalf of an eligible  
 113.7 individual is determined by subtracting the individual's countable income under section  
 113.8 256I.04, subdivision 1, for a whole calendar month from the group residential housing  
 113.9 charge room and board rate for that same month. The group residential housing charge  
 113.10 support payment is determined by multiplying the group residential housing support rate  
 113.11 times the period of time the individual was a resident or temporarily absent under section  
 113.12 256I.05, subdivision 1c, paragraph (d).

113.13 (b) For an individual with earned income under paragraph (a), prospective budgeting  
 113.14 must be used to determine the amount of the individual's payment for the following six-month  
 113.15 period. An increase in income shall not affect an individual's eligibility or payment amount

231.31 the percentage change in the group residential housing room and board rate. The room and  
 231.32 board portion of the allocation shall be determined at the time of transfer. The commissioner  
 232.1 or county may return beds to the group residential housing fund with 180 days' notice,  
 232.2 including financial reconciliation.

232.3 EFFECTIVE DATE. This section is effective July 1, 2017.

232.4 Sec. 49. Minnesota Statutes 2016, section 256I.06, subdivision 8, is amended to read:

232.5 Subd. 8. Amount of group residential housing payment. (a) The amount of a group  
 232.6 residential housing payment to be made on behalf of an eligible individual is determined  
 232.7 by subtracting the individual's countable income under section 256I.04, subdivision 1, for  
 232.8 a whole calendar month from the group residential housing charge for that same month.  
 232.9 The group residential housing charge is determined by multiplying the group residential  
 232.10 housing rate times the period of time the individual was a resident or temporarily absent  
 232.11 under section 256I.05, subdivision 1c, paragraph (d).

232.12 (b) For an individual with earned income under paragraph (a), prospective budgeting  
 232.13 must be used to determine the amount of the individual's payment for the following six-month  
 232.14 period. An increase in income shall not affect an individual's eligibility or payment amount

113.16 until the month following the reporting month. A decrease in income shall be effective the  
113.17 first day of the month after the month in which the decrease is reported.

113.18 (c) For an individual who receives licensed residential crisis stabilization services under  
113.19 section 256B.0624, subdivision 7, the amount of group residential housing payment is  
113.20 determined by multiplying the group residential housing rate times the period of time the  
113.21 individual was a resident.

113.22 **EFFECTIVE DATE.** Paragraph (c) is effective October 1, 2017.

113.23 Sec. 42. **[256I.09] COMMUNITY LIVING INFRASTRUCTURE.**

113.24 The commissioner shall awards grants to agencies through an annual competitive process.  
113.25 Grants awarded under this section may be used for: (1) outreach to locate and engage people  
113.26 who are homeless or residing in segregated settings to screen for basic needs and assist with  
113.27 referral to community living resources; (2) building capacity to provide technical assistance  
113.28 and consultation on housing and related support service resources for persons with both  
113.29 disabilities and low income; or (3) streamlining the administration and monitoring activities  
113.30 related to housing support funds. Agencies may collaborate and submit a joint application  
113.31 for funding under this section.

114.1 Sec. 43. **REVISOR'S INSTRUCTION.**

114.2 In each section of Minnesota Statutes referred to in column A, the revisor of statutes  
114.3 shall change the phrase in column B to the phrase in column C. The revisor may make  
114.4 technical and other necessary changes to sentence structure to preserve the meaning of the  
114.5 text. The revisor shall make other changes in chapter titles; section, subdivision, part, and  
114.6 subpart headnotes; and in other terminology necessary as a result of the enactment of this  
114.7 section.

114.8	<u>Column A</u>	<u>Column B</u>	<u>Column C</u>
114.9	<u>144A.071, subdivision 4d</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
114.10			<u>256I</u>
114.11	<u>201.061, subdivision 3</u>	<u>group residential housing</u>	<u>setting authorized to provide</u>
114.12			<u>housing support</u>
114.13	<u>244.052, subdivision 4c</u>	<u>group residential housing</u>	<u>licensed setting authorized to</u>
114.14		<u>facility</u>	<u>provide housing support</u>
114.15			<u>under section 256I.04</u>

232.15 until the month following the reporting month. A decrease in income shall be effective the  
232.16 first day of the month after the month in which the decrease is reported.

232.17 (c) For an individual who receives licensed residential crisis stabilization services under  
232.18 section 256B.0624, subdivision 7, the amount of group residential housing payment is  
232.19 determined by multiplying the group residential housing rate times the period of time the  
232.20 individual was a resident.

232.21 **EFFECTIVE DATE.** This section is effective October 1, 2017.

114.16	<u>245.466, subdivision 7</u>	<u>under group residential</u>	<u>by housing support under</u>
114.17		<u>housing</u>	<u>chapter 256I</u>
114.18	<u>245.466, subdivision 7</u>	<u>from group residential housing</u>	<u>from housing support</u>
114.19	<u>245.466I, subdivision 6</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
114.20			<u>256I</u>
114.21	<u>245C.10, subdivision 11</u>	<u>group residential housing or</u>	<u>housing support</u>
114.22		<u>supplementary services</u>	
114.23	<u>256.01, subdivision 18</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
114.24			<u>256I</u>
114.25	<u>256.017, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
114.26	<u>256.98, subdivision 8</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
114.27			<u>256I</u>
114.28	<u>256B.49, subdivision 15</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
114.29			<u>256I</u>
114.30	<u>256B.49I4, subdivision 10</u>	<u>group residential housing rate</u>	<u>housing support rate 3 costs</u>
114.31		<u>3 costs</u>	<u>under chapter 256I</u>
114.32	<u>256B.50I, subdivision 4b</u>	<u>group residential housing</u>	<u>housing support</u>
114.33	<u>256B.77, subdivision 12</u>	<u>residential services covered</u>	<u>housing support services</u>
114.34		<u>under the group residential</u>	<u>under chapter 256I</u>
114.35		<u>housing program</u>	
114.36	<u>256D.44, subdivision 2</u>	<u>group residential housing</u>	<u>setting authorized to provide</u>
114.37		<u>facility</u>	<u>housing support</u>
114.38	<u>256G.01, subdivision 3</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
114.39			<u>256I</u>
114.40	<u>256I.01</u>	<u>Group Residential Housing</u>	<u>Housing Support</u>
114.41	<u>256I.02</u>	<u>Group Residential Housing</u>	<u>Housing Support</u>
114.42	<u>256I.03, subdivision 2</u>	<u>"Group residential housing"</u>	<u>"Room and board"</u>
115.1	<u>256I.03, subdivision 2</u>	<u>Group residential housing</u>	<u>The room and board</u>
115.2	<u>256I.03, subdivision 3</u>	<u>"Group residential housing"</u>	<u>"Housing support"</u>

115.3	<u>256I.03, subdivision 6</u>	<u>group residential housing</u>	<u>room and board</u>
115.4	<u>256I.03, subdivisions 7 and 9</u>	<u>group residential housing</u>	<u>housing support</u>
115.5	<u>256I.04, subdivisions 1a, 1b,</u>	<u>group residential housing</u>	<u>housing support</u>
115.6	<u>1c, and 2</u>		
115.7	<u>256I.04, subdivision 2a</u>	<u>provide group residential</u>	<u>provide housing support</u>
115.8		<u>housing</u>	
115.9	<u>256I.04, subdivision 2a</u>	<u>of group residential housing</u>	<u>of housing support</u>
115.10		<u>or supplementary services</u>	
115.11	<u>256I.04, subdivision 2a</u>	<u>complete group residential</u>	<u>complete housing support</u>
115.12		<u>housing</u>	
115.13	<u>256I.04, subdivision 2b</u>	<u>group residential housing or</u>	<u>housing support</u>
115.14		<u>supplementary services</u>	
115.15	<u>256I.04, subdivision 2b</u>	<u>provision of group residential</u>	<u>provision of housing support</u>
115.16		<u>housing</u>	
115.17	<u>256I.04, subdivision 2c</u>	<u>group residential housing or</u>	<u>housing support</u>
115.18		<u>supplementary services</u>	
115.19	<u>256I.04, subdivision 2e</u>	<u>group residential housing or</u>	<u>housing support</u>
115.20		<u>supplementary services</u>	
115.21	<u>256I.04, subdivision 4</u>	<u>group residential housing</u>	<u>room and board rate</u>
115.22		<u>payment for room and board</u>	
115.23	<u>256I.05, subdivision 1</u>	<u>living in group residential</u>	<u>receiving housing support</u>
115.24		<u>housing</u>	
115.25	<u>256I.05, subdivisions 1h, 1k,</u>	<u>group residential housing</u>	<u>housing support</u>
115.26	<u>1l, 7b, and 7c</u>		
115.27	<u>256I.05, subdivision 2</u>	<u>group residential housing</u>	<u>room and board</u>
115.28	<u>256I.05, subdivision 3</u>	<u>group residential housing</u>	<u>room and board</u>
115.29	<u>256I.05, subdivision 6</u>	<u>reside in group residential</u>	<u>receive housing support</u>
115.30		<u>housing</u>	

115.31	<u>256I.06, subdivisions 1, 3, 4,</u>	<u>group residential housing</u>	<u>housing support</u>
115.32	<u>and 6</u>		
115.33	<u>256I.06, subdivision 7</u>	<u>group residential housing</u>	<u>the housing support</u>
115.34	<u>256I.08</u>	<u>group residential housing</u>	<u>housing support</u>
115.35	<u>256P.03, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
115.36	<u>256P.05, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
115.37	<u>256P.07, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
115.38	<u>256P.08, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
115.39	<u>290A.03, subdivision 8</u>	<u>accepts group residential</u>	<u>accepts housing support</u>
115.40		<u>housing</u>	
115.41	<u>290A.03, subdivision 8</u>	<u>the group residential housing</u>	<u>the housing support program</u>
115.42		<u>program</u>	