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ARTICLE 2

17.24

DEPARTMENT OF HEALTH POLICY

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Section 1. Minnesota Statutes 2024, section 144.0724, subdivision 2, is amended to read:

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Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given.

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(a) "Assessment reference date" or "ARD" means the specific end point for look-back periods in the MDS assessment process. This look-back period is also called the observation or assessment period.

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(b) "Case mix index" means the weighting factors assigned to the case mix reimbursement classifications determined by an assessment.

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(c) "Index maximization" means classifying a resident who could be assigned to more than one category, to the category with the highest case mix index.

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(d) "Minimum Data Set" or "MDS" means a core set of screening, clinical assessment, and functional status elements, that include common definitions and coding categories specified by the Centers for Medicare and Medicaid Services and designated by the Department of Health.

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(e) "Representative" means a person who is the resident's guardian or conservator, the person authorized to pay the nursing home expenses of the resident, a representative of the Office of Ombudsman for Long-Term Care whose assistance has been requested, or any other individual designated by the resident.

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(f) "Activities of daily living" or "ADL" includes personal hygiene, dressing, bathing, transferring, bed mobility, locomotion, eating, and toileting.

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(g) "Patient Driven Payment Model" or "PDPM" means a case mix classification system for residents in nursing facilities based on the resident's condition, resident's diagnosis, and the care the resident is receiving based on data supplied in the facility's MDS for assessments with an ARD on or after October 1, 2025.

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~~(g)~~ (h) "Nursing facility level of care determination" means the assessment process that results in a determination of a resident's or prospective resident's need for nursing facility level of care as established in subdivision 11 for purposes of medical assistance payment of long-term care services for:

18.23

(1) nursing facility services under chapter 256R;

18.24

(2) elderly waiver services under chapter 256S;

18.25

(3) CADI and BI waiver services under section 256B.49; and

19.24

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DEPARTMENT OF HEALTH POLICY

19.26

Section 1. Minnesota Statutes 2024, section 144.0724, subdivision 2, is amended to read:

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Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given.

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(a) "Assessment reference date" or "ARD" means the specific end point for look-back periods in the MDS assessment process. This look-back period is also called the observation or assessment period.

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(b) "Case mix index" means the weighting factors assigned to the case mix reimbursement classifications determined by an assessment.

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(c) "Index maximization" means classifying a resident who could be assigned to more than one category, to the category with the highest case mix index.

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(d) "Minimum Data Set" or "MDS" means a core set of screening, clinical assessment, and functional status elements, that include common definitions and coding categories specified by the Centers for Medicare and Medicaid Services and designated by the Department of Health.

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(e) "Representative" means a person who is the resident's guardian or conservator, the person authorized to pay the nursing home expenses of the resident, a representative of the Office of Ombudsman for Long-Term Care whose assistance has been requested, or any other individual designated by the resident.

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(f) "Activities of daily living" or "ADL" includes personal hygiene, dressing, bathing, transferring, bed mobility, locomotion, eating, and toileting.

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(g) "Patient Driven Payment Model" or "PDPM" means the case mix reimbursement classification system for residents in nursing facilities according to the resident's condition, the resident's diagnosis, and the care the resident is receiving as reflected in data supplied in the facility's MDS with an ARD on or after October 1, 2025.

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~~(g)~~ (h) "Nursing facility level of care determination" means the assessment process that results in a determination of a resident's or prospective resident's need for nursing facility level of care as established in subdivision 11 for purposes of medical assistance payment of long-term care services for:

20.23

(1) nursing facility services under chapter 256R;

20.24

(2) elderly waiver services under chapter 256S;

20.25

(3) CADI and BI waiver services under section 256B.49; and

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(4) state payment of alternative care services under section 256B.0913.

18.26 (4) state payment of alternative care services under section 256B.0913.

18.27 (i) "Resource utilization group" or "RUG" means a system for grouping a nursing facility's  
18.28 residents according to the resident's clinical and functional status identified in data supplied  
18.29 by the facility's minimum data set with an ARD before September 30, 2025.

19.1 Sec. 2. Minnesota Statutes 2024, section 144.0724, subdivision 3a, is amended to read:

19.2 Subd. 3a. **Resident case mix reimbursement classifications.** (a) Resident case mix  
19.3 reimbursement classifications shall be based on the Minimum Data Set, version 3.0  
19.4 assessment instrument, or its successor version mandated by the Centers for Medicare and  
19.5 Medicaid Services that nursing facilities are required to complete for all residents. Case  
19.6 mix reimbursement classifications shall also be based on assessments required under  
19.7 subdivision 4. Assessments must be completed according to the Long Term Care Facility  
19.8 Resident Assessment Instrument User's Manual Version 3.0 or a successor manual issued  
19.9 by the Centers for Medicare and Medicaid Services. On or before September 30, 2025, the  
19.10 optional state assessment must be completed according to the OSA Manual Version 1.0 v.2.

19.11 (b) Each resident must be classified based on the information from the Minimum Data  
19.12 Set according to the general categories issued by the Minnesota Department of Health,  
19.13 utilized for reimbursement purposes.

19.14 Sec. 3. Minnesota Statutes 2024, section 144.0724, subdivision 4, is amended to read:

19.15 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically  
19.16 submit to the federal database MDS assessments that conform with the assessment schedule  
19.17 defined by the Long Term Care Facility Resident Assessment Instrument User's Manual,  
19.18 version 3.0, or its successor issued by the Centers for Medicare and Medicaid Services. The  
19.19 commissioner of health may substitute successor manuals or question and answer documents  
19.20 published by the United States Department of Health and Human Services, Centers for  
19.21 Medicare and Medicaid Services, to replace or supplement the current version of the manual  
19.22 or document.

19.23 (b) The assessments required under the Omnibus Budget Reconciliation Act of 1987  
19.24 (OBRA) used to determine a case mix reimbursement classification include:

19.25 (1) a new admission comprehensive assessment, which must have an assessment reference  
19.26 date (ARD) within 14 calendar days after admission, excluding readmissions;

19.27 (2) an annual comprehensive assessment, which must have an ARD within 92 days of  
19.28 a previous quarterly review assessment or a previous comprehensive assessment, which  
19.29 must occur at least once every 366 days;

20.27 (i) "Resource utilization group" or "RUG" means the case mix reimbursement  
20.28 classification system for residents in nursing facilities according to the resident's clinical  
20.29 and functional status as reflected in data supplied by the facility's MDS with an ARD on or  
20.30 before September 30, 2025.

20.31 **EFFECTIVE DATE.** This section is effective October 1, 2025, and applies to  
20.32 assessments conducted on or after that date.  
SEE ALSO UEH2434-1, ART. 1, SEC. 1.

21.1 Sec. 2. Minnesota Statutes 2024, section 144.0724, subdivision 3a, is amended to read:

21.2 Subd. 3a. **Resident case mix reimbursement classifications.** (a) Resident case mix  
21.3 reimbursement classifications shall be based on the Minimum Data Set, version 3.0  
21.4 assessment instrument, or its successor version mandated by the Centers for Medicare and  
21.5 Medicaid Services that nursing facilities are required to complete for all residents. Case  
21.6 mix reimbursement classifications shall also be based on assessments required under  
21.7 subdivision 4. Assessments must be completed according to the Long Term Care Facility  
21.8 Resident Assessment Instrument User's Manual Version 3.0 or a successor manual issued  
21.9 by the Centers for Medicare and Medicaid Services. The optional state assessment must be  
21.10 completed according to the OSA Manual Version 1.0 v.2.

21.11 (b) Each resident must be classified based on the information from the Minimum Data  
21.12 Set according to the general categories issued by the Minnesota Department of Health,  
21.13 utilized for reimbursement purposes.

21.14 **EFFECTIVE DATE.** This section is effective October 1, 2025, and applies to  
21.15 assessments conducted on or after that date.

21.16 Sec. 3. Minnesota Statutes 2024, section 144.0724, subdivision 4, is amended to read:

21.17 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically  
21.18 submit to the federal database MDS assessments that conform with the assessment schedule  
21.19 defined by the Long Term Care Facility Resident Assessment Instrument User's Manual,  
21.20 version 3.0, or its successor issued by the Centers for Medicare and Medicaid Services. The  
21.21 commissioner of health may substitute successor manuals or question and answer documents  
21.22 published by the United States Department of Health and Human Services, Centers for  
21.23 Medicare and Medicaid Services, to replace or supplement the current version of the manual  
21.24 or document.

21.25 (b) The assessments required under the Omnibus Budget Reconciliation Act of 1987  
21.26 (OBRA) used to determine a case mix reimbursement classification include:

21.27 (1) a new admission comprehensive assessment, which must have an assessment reference  
21.28 date (ARD) within 14 calendar days after admission, excluding readmissions;

21.29 (2) an annual comprehensive assessment, which must have an ARD within 92 days of  
21.30 a previous quarterly review assessment or a previous comprehensive assessment, which  
21.31 must occur at least once every 366 days;

19.30 (3) a significant change in status comprehensive assessment, which must have an ARD  
19.31 within 14 days after the facility determines, or should have determined, that there has been  
19.32 a significant change in the resident's physical or mental condition, whether an improvement  
19.33 or a decline, and regardless of the amount of time since the last comprehensive assessment  
20.1 or quarterly review assessment. Effective October 1, 2025, a significant change in status  
20.2 assessment is also required when isolation for an infectious disease has ended. If isolation  
20.3 was not coded on the most recent OBRA assessment completed, then the significant change  
20.4 in status assessment is not required. The ARD of this assessment must be set on day 15 after  
20.5 isolation has ended;

20.6 (4) a quarterly review assessment must have an ARD within 92 days of the ARD of the  
20.7 previous quarterly review assessment or a previous comprehensive assessment;

20.8 (5) any significant correction to a prior comprehensive assessment, if the assessment  
20.9 being corrected is the current one being used for reimbursement classification;

20.10 (6) any significant correction to a prior quarterly review assessment, if the assessment  
20.11 being corrected is the current one being used for reimbursement classification; and

20.12 (7) any modifications to the most recent assessments under clauses (1) to (6).

20.13 (c) On or before September 30, 2025, the optional state assessment must accompany all  
20.14 OBRA assessments. The optional state assessment is also required to determine  
20.15 reimbursement when:

20.16 (1) all speech, occupational, and physical therapies have ended. If the most recent optional  
20.17 state assessment completed does not result in a rehabilitation case mix reimbursement  
20.18 classification, then the optional state assessment is not required. The ARD of this assessment  
20.19 must be set on day eight after all therapy services have ended; and

20.20 (2) isolation for an infectious disease has ended. If isolation was not coded on the most  
20.21 recent optional state assessment completed, then the optional state assessment is not required.  
20.22 The ARD of this assessment must be set on day 15 after isolation has ended.

20.23 (d) In addition to the assessments listed in paragraphs (b) and (c), the assessments used  
20.24 to determine nursing facility level of care include the following:

20.25 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by  
20.26 the Senior LinkAge Line or other organization under contract with the Minnesota Board on  
20.27 Aging; and

21.32 (3) a significant change in status comprehensive assessment, which must have an ARD  
21.33 within 14 days after the facility determines, or should have determined, that there has been  
22.1 a significant change in the resident's physical or mental condition, whether an improvement  
22.2 or a decline, and regardless of the amount of time since the last comprehensive assessment  
22.3 or quarterly review assessment;

22.4 (4) a significant change in status comprehensive assessment when isolation for an  
22.5 infectious disease has ended. If isolation was not coded on the most recent assessment  
22.6 completed, then the significant change in status comprehensive assessment under this clause  
22.7 is not required. The ARD for assessments under this clause must be set on day 15 after  
22.8 isolation has ended;

22.9 (5) a quarterly review assessment must have an ARD within 92 days of the ARD of the  
22.10 previous quarterly review assessment or a previous comprehensive assessment;

22.11 ~~(5)~~ (6) any significant correction to a prior comprehensive assessment, if the assessment  
22.12 being corrected is the current one being used for reimbursement classification;

22.13 ~~(6)~~ (7) any significant correction to a prior quarterly review assessment, if the assessment  
22.14 being corrected is the current one being used for reimbursement classification; and

22.15 ~~(7)~~ (8) any modifications to the most recent assessments under clauses (1) to ~~(6)~~ (7).

22.16 (e) The optional state assessment must accompany all OBRA assessments. The optional  
22.17 state assessment is also required to determine reimbursement when:

22.18 (1) all speech, occupational, and physical therapies have ended. If the most recent optional  
22.19 state assessment completed does not result in a rehabilitation case mix reimbursement  
22.20 classification, then the optional state assessment is not required. The ARD of this assessment  
22.21 must be set on day eight after all therapy services have ended; and

22.22 (2) isolation for an infectious disease has ended. If isolation was not coded on the most  
22.23 recent optional state assessment completed, then the optional state assessment is not required.  
22.24 The ARD of this assessment must be set on day 15 after isolation has ended.

22.25 ~~(d)~~ (c) In addition to the assessments listed in paragraphs paragraph (b) and ~~(e)~~, the  
22.26 assessments used to determine nursing facility level of care include the following:

22.27 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by  
22.28 the Senior LinkAge Line or other organization under contract with the Minnesota Board on  
22.29 Aging; and

20.28 (2) a nursing facility level of care determination as provided for under section 256B.0911,  
20.29 subdivision 26, as part of a face-to-face long-term care consultation assessment completed  
20.30 under section 256B.0911, by a county, tribe, or managed care organization under contract  
20.31 with the Department of Human Services.

22.30 (2) a nursing facility level of care determination as provided for under section 256B.0911,  
22.31 subdivision 26, as part of a face-to-face long-term care consultation assessment completed  
23.1 under section 256B.0911, by a county, tribe, or managed care organization under contract  
23.2 with the Department of Human Services.

23.3 **EFFECTIVE DATE.** This section is effective October 1, 2025, and applies to  
23.4 assessments conducted on or after that date.

23.5 Sec. 4. Minnesota Statutes 2024, section 144.0724, subdivision 8, is amended to read:

23.6 Subd. 8. **Request for reconsideration of resident classifications.** (a) The resident, the  
23.7 resident's representative, the nursing facility, or the boarding care home may request that  
23.8 the commissioner of health reconsider the assigned case mix reimbursement classification  
23.9 and any item or items changed during the audit process. The request for reconsideration  
23.10 must be submitted in writing to the commissioner of health.

23.11 (b) For reconsideration requests initiated by the resident or the resident's representative:

23.12 (1) The resident or the resident's representative must submit in writing a reconsideration  
23.13 request to the facility administrator within 30 days of receipt of the resident classification  
23.14 notice. The written request must include the reasons for the reconsideration request.

23.15 (2) Within three business days of receiving the reconsideration request, the nursing  
23.16 facility must submit to the commissioner of health a completed reconsideration request  
23.17 form, a copy of the resident's or resident's representative's written request, and all supporting  
23.18 documentation used to complete the assessment being reconsidered. If the facility fails to  
23.19 provide the required information, the reconsideration will be completed with the information  
23.20 submitted and the facility cannot make further reconsideration requests on this classification.

23.21 (3) Upon written request and within three business days, the nursing facility must give  
23.22 the resident or the resident's representative a copy of the assessment being reconsidered and  
23.23 all supporting documentation used to complete the assessment. Notwithstanding any law  
23.24 to the contrary, the facility may not charge a fee for providing copies of the requested  
23.25 documentation. If a facility fails to provide the required documents within this time, it is  
23.26 subject to the issuance of a correction order and penalty assessment under sections 144.653  
23.27 and 144A.10. Notwithstanding those sections, any correction order issued under this  
23.28 subdivision must require that the nursing facility immediately comply with the request for  
23.29 information, and as of the date of the issuance of the correction order, the facility shall  
23.30 forfeit to the state a \$100 fine for the first day of noncompliance, and an increase in the  
23.31 \$100 fine by \$50 increments for each day the noncompliance continues.

23.32 (c) For reconsideration requests initiated by the facility:

24.1 (1) The facility is required to inform the resident or the resident's representative in writing  
24.2 that a reconsideration of the resident's case mix reimbursement classification is being  
24.3 requested. The notice must inform the resident or the resident's representative:

24.4 (i) of the date and reason for the reconsideration request;

- 24.5 (ii) of the potential for a case mix reimbursement classification change and subsequent  
24.6 rate change;
- 24.7 (iii) of the extent of the potential rate change;
- 24.8 (iv) that copies of the request and supporting documentation are available for review;  
24.9 and
- 24.10 (v) that the resident or the resident's representative has the right to request a  
24.11 reconsideration also.
- 24.12 (2) Within 30 days of receipt of the audit exit report or resident classification notice, the  
24.13 facility must submit to the commissioner of health a completed reconsideration request  
24.14 form, all supporting documentation used to complete the assessment being reconsidered,  
24.15 and a copy of the notice informing the resident or the resident's representative that a  
24.16 reconsideration of the resident's classification is being requested.
- 24.17 (3) If the facility fails to provide the required information, the reconsideration request  
24.18 may be denied and the facility may not make further reconsideration requests on this  
24.19 classification.
- 24.20 (d) Reconsideration by the commissioner must be made by individuals not involved in  
24.21 reviewing the assessment, audit, or reconsideration that established the disputed classification.  
24.22 The reconsideration must be based upon the assessment that determined the classification  
24.23 and upon the information provided to the commissioner of health under paragraphs (a) to  
24.24 (c). If necessary for evaluating the reconsideration request, the commissioner may conduct  
24.25 on-site reviews. Within 15 business days of receiving the request for reconsideration, the  
24.26 commissioner shall affirm or modify the original resident classification. The original  
24.27 classification must be modified if the commissioner determines that the assessment resulting  
24.28 in the classification did not accurately reflect characteristics of the resident at the time of  
24.29 the assessment. The commissioner must transmit the reconsideration classification notice  
24.30 by electronic means to the nursing facility. The nursing facility is responsible for the  
24.31 distribution of the notice to the resident or the resident's representative. The notice must be  
24.32 distributed by the nursing facility within three business days after receipt. A decision by  
25.1 the commissioner under this subdivision is the final administrative decision of the agency  
25.2 for the party requesting reconsideration.
- 25.3 (e) The case mix reimbursement classification established by the commissioner shall be  
25.4 the classification which applies to the resident while the request for reconsideration is  
25.5 pending. If a request for reconsideration applies to an assessment used to determine nursing  
25.6 facility level of care under subdivision 4, paragraph ~~(d)~~ (c), the resident shall continue to  
25.7 be eligible for nursing facility level of care while the request for reconsideration is pending.
- 25.8 (f) The commissioner may request additional documentation regarding a reconsideration  
25.9 necessary to make an accurate reconsideration determination.

21.1 Sec. 4. Minnesota Statutes 2024, section 144.0724, subdivision 9, is amended to read:

21.2 Subd. 9. **Audit authority.** (a) The commissioner shall audit the accuracy of resident

21.3 assessments performed under section 256R.17 through any of the following: desk audits;

21.4 on-site review of residents and their records; and interviews with staff, residents, or residents'

21.5 families. The commissioner shall reclassify a resident if the commissioner determines that

21.6 the resident was incorrectly classified.

21.7 (b) The commissioner is authorized to conduct on-site audits on an unannounced basis.

21.8 (c) A facility must grant the commissioner access to examine the medical records relating

21.9 to the resident assessments selected for audit under this subdivision. The commissioner may

21.10 also observe and speak to facility staff and residents.

21.11 (d) The commissioner shall consider documentation under the time frames for coding

21.12 items on the minimum data set as set out in the Long-Term Care Facility Resident Assessment

21.13 Instrument User's Manual or on or before September 30, 2025, the OSA Manual version

21.14 1.0 v.2 published by the Centers for Medicare and Medicaid Services.

21.15 (e) The commissioner shall develop an audit selection procedure that includes the

21.16 following factors:

21.17 (1) Each facility shall be audited annually. If a facility has two successive audits in which

21.18 the percentage of change is five percent or less and the facility has not been the subject of

21.19 a special audit in the past 36 months, the facility may be audited biannually. A stratified

21.20 sample of 15 percent, with a minimum of ten assessments, of the most current assessments

21.21 shall be selected for audit. If more than 20 percent of the case mix reimbursement

21.22 classifications are changed as a result of the audit, the audit shall be expanded to a second

21.23 15 percent sample, with a minimum of ten assessments. If the total change between the first

21.24 and second samples is 35 percent or greater, the commissioner may expand the audit to all

21.25 of the remaining assessments.

21.26 (2) If a facility qualifies for an expanded audit, the commissioner may audit the facility

21.27 again within six months. If a facility has two expanded audits within a 24-month period,

21.28 that facility will be audited at least every six months for the next 18 months.

21.29 (3) The commissioner may conduct special audits if the commissioner determines that

21.30 circumstances exist that could alter or affect the validity of case mix reimbursement

21.31 classifications of residents. These circumstances include, but are not limited to, the following:

25.10 (g) Data collected as part of the reconsideration process under this section is classified

25.11 as private data on individuals and nonpublic data pursuant to section 13.02. Notwithstanding

25.12 the classification of these data as private or nonpublic, the commissioner is authorized to

25.13 share these data with the U.S. Centers for Medicare and Medicaid Services and the

25.14 commissioner of human services as necessary for reimbursement purposes.

25.15 **EFFECTIVE DATE.** This section is effective October 1, 2025, and applies to

25.16 assessments conducted on or after that date.

25.17 Sec. 5. Minnesota Statutes 2024, section 144.0724, subdivision 9, is amended to read:

25.18 Subd. 9. **Audit authority.** (a) The commissioner shall audit the accuracy of resident

25.19 assessments performed under section 256R.17 through any of the following: desk audits;

25.20 on-site review of residents and their records; and interviews with staff, residents, or residents'

25.21 families. The commissioner shall reclassify a resident if the commissioner determines that

25.22 the resident was incorrectly classified.

25.23 (b) The commissioner is authorized to conduct on-site audits on an unannounced basis.

25.24 (c) A facility must grant the commissioner access to examine the medical records relating

25.25 to the resident assessments selected for audit under this subdivision. The commissioner may

25.26 also observe and speak to facility staff and residents.

25.27 (d) The commissioner shall consider documentation under the time frames for coding

25.28 items on the minimum data set as set out in the Long-Term Care Facility Resident Assessment

25.29 Instrument User's Manual or OSA Manual version 1.0 v.2 published by the Centers for

25.30 Medicare and Medicaid Services.

25.31 (e) The commissioner shall develop an audit selection procedure that includes the

25.32 following factors:

26.1 (1) Each facility shall be audited annually. If a facility has two successive audits in which

26.2 the percentage of change is five percent or less and the facility has not been the subject of

26.3 a special audit in the past 36 months, the facility may be audited biannually. A stratified

26.4 sample of 15 percent, with a minimum of ten assessments, of the most current assessments

26.5 shall be selected for audit. If more than 20 percent of the case mix reimbursement

26.6 classifications are changed as a result of the audit, the audit shall be expanded to a second

26.7 15 percent sample, with a minimum of ten assessments. If the total change between the first

26.8 and second samples is 35 percent or greater, the commissioner may expand the audit to all

26.9 of the remaining assessments.

26.10 (2) If a facility qualifies for an expanded audit, the commissioner may audit the facility

26.11 again within six months. If a facility has two expanded audits within a 24-month period,

26.12 that facility will be audited at least every six months for the next 18 months.

26.13 (3) The commissioner may conduct special audits if the commissioner determines that

26.14 circumstances exist that could alter or affect the validity of case mix reimbursement

26.15 classifications of residents. These circumstances include, but are not limited to, the following:

- 21.32 (i) frequent changes in the administration or management of the facility;
- 22.1 (ii) an unusually high percentage of residents in a specific case mix reimbursement  
22.2 classification;
- 22.3 (iii) a high frequency in the number of reconsideration requests received from a facility;
- 22.4 (iv) frequent adjustments of case mix reimbursement classifications as the result of  
22.5 reconsiderations or audits;
- 22.6 (v) a criminal indictment alleging provider fraud;
- 22.7 (vi) other similar factors that relate to a facility's ability to conduct accurate assessments;
- 22.8 (vii) an atypical pattern of scoring minimum data set items;
- 22.9 (viii) nonsubmission of assessments;
- 22.10 (ix) late submission of assessments; or
- 22.11 (x) a previous history of audit changes of 35 percent or greater.
- 22.12 (f) If the audit results in a case mix reimbursement classification change, the  
22.13 commissioner must transmit the audit classification notice by electronic means to the nursing  
22.14 facility within 15 business days of completing an audit. The nursing facility is responsible  
22.15 for distribution of the notice to each resident or the resident's representative. This notice  
22.16 must be distributed by the nursing facility within three business days after receipt. The  
22.17 notice must inform the resident of the case mix reimbursement classification assigned, the  
22.18 opportunity to review the documentation supporting the classification, the opportunity to  
22.19 obtain clarification from the commissioner, the opportunity to request a reconsideration of  
22.20 the classification, and the address and telephone number of the Office of Ombudsman for  
22.21 Long-Term Care.

- 26.16 (i) frequent changes in the administration or management of the facility;
- 26.17 (ii) an unusually high percentage of residents in a specific case mix reimbursement  
26.18 classification;
- 26.19 (iii) a high frequency in the number of reconsideration requests received from a facility;
- 26.20 (iv) frequent adjustments of case mix reimbursement classifications as the result of  
26.21 reconsiderations or audits;
- 26.22 (v) a criminal indictment alleging provider fraud;
- 26.23 (vi) other similar factors that relate to a facility's ability to conduct accurate assessments;
- 26.24 (vii) an atypical pattern of scoring minimum data set items;
- 26.25 (viii) nonsubmission of assessments;
- 26.26 (ix) late submission of assessments; or
- 26.27 (x) a previous history of audit changes of 35 percent or greater.
- 26.28 (f) If the audit results in a case mix reimbursement classification change, the  
26.29 commissioner must transmit the audit classification notice by electronic means to the nursing  
26.30 facility within 15 business days of completing an audit. The nursing facility is responsible  
26.31 for distribution of the notice to each resident or the resident's representative. This notice  
26.32 must be distributed by the nursing facility within three business days after receipt. The  
27.1 notice must inform the resident of the case mix reimbursement classification assigned, the  
27.2 opportunity to review the documentation supporting the classification, the opportunity to  
27.3 obtain clarification from the commissioner, the opportunity to request a reconsideration of  
27.4 the classification, and the address and telephone number of the Office of Ombudsman for  
27.5 Long-Term Care.

27.6 **EFFECTIVE DATE.** This section is effective October 1, 2025, and applies to  
27.7 assessments conducted on or after that date.

27.8 Sec. 6. Minnesota Statutes 2024, section 144.0724, subdivision 11, is amended to read:

27.9 Subd. 11. **Nursing facility level of care.** (a) For purposes of medical assistance payment  
27.10 of long-term care services, a recipient must be determined, using assessments defined in  
27.11 subdivision 4, to meet one of the following nursing facility level of care criteria:

27.12 (1) the person requires formal clinical monitoring at least once per day;

27.13 (2) the person needs the assistance of another person or constant supervision to begin  
27.14 and complete at least four of the following activities of living: bathing, bed mobility, dressing,  
27.15 eating, grooming, toileting, transferring, and walking;

27.16 (3) the person needs the assistance of another person or constant supervision to begin  
27.17 and complete toileting, transferring, or positioning and the assistance cannot be scheduled;



- 27.18 (4) the person has significant difficulty with memory, using information, daily decision  
27.19 making, or behavioral needs that require intervention;
- 27.20 (5) the person has had a qualifying nursing facility stay of at least 90 days;
- 27.21 (6) the person meets the nursing facility level of care criteria determined 90 days after  
27.22 admission or on the first quarterly assessment after admission, whichever is later; or
- 27.23 (7) the person is determined to be at risk for nursing facility admission or readmission  
27.24 through a face-to-face long-term care consultation assessment as specified in section  
27.25 256B.0911, subdivision 17 to 21, 23, 24, 27, or 28, by a county, tribe, or managed care  
27.26 organization under contract with the Department of Human Services. The person is  
27.27 considered at risk under this clause if the person currently lives alone or will live alone or  
27.28 be homeless without the person's current housing and also meets one of the following criteria:
- 27.29 (i) the person has experienced a fall resulting in a fracture;
- 27.30 (ii) the person has been determined to be at risk of maltreatment or neglect, including  
27.31 self-neglect; or
- 28.1 (iii) the person has a sensory impairment that substantially impacts functional ability  
28.2 and maintenance of a community residence.
- 28.3 (b) The assessment used to establish medical assistance payment for nursing facility  
28.4 services must be the most recent assessment performed under subdivision 4, ~~paragraphs~~  
28.5 ~~paragraph (b) and (c)~~, that occurred no more than 90 calendar days before the effective date  
28.6 of medical assistance eligibility for payment of long-term care services. In no case shall  
28.7 medical assistance payment for long-term care services occur prior to the date of the  
28.8 determination of nursing facility level of care.
- 28.9 (c) The assessment used to establish medical assistance payment for long-term care  
28.10 services provided under chapter 256S and section 256B.49 and alternative care payment  
28.11 for services provided under section 256B.0913 must be the most recent face-to-face  
28.12 assessment performed under section 256B.0911, subdivisions 17 to 21, 23, 24, 27, or 28,  
28.13 that occurred no more than 60 calendar days before the effective date of medical assistance  
28.14 eligibility for payment of long-term care services.
- 28.15 **EFFECTIVE DATE.** This section is effective October 1, 2025, and applies to  
28.16 assessments conducted on or after that date.
- 28.17 Sec. 7. Minnesota Statutes 2024, section 144.586, subdivision 2, is amended to read:
- 28.18 Subd. 2. **Postacute care discharge planning.** (a) Each hospital, including hospitals  
28.19 designated as critical access hospitals, must comply with the federal hospital requirements  
28.20 for discharge planning which include:
- 28.21 (1) conducting a discharge planning evaluation that includes an evaluation of:



22.22 Sec. 5. Minnesota Statutes 2024, section 144.651, subdivision 10a, is amended to read:

22.23 Subd. 10a. **Designated support person for pregnant patient or other patient.** (a)

22.24 Subject to paragraph (c), a health care provider and a health care facility must allow, at a

22.25 minimum, one designated support person chosen by a patient, including but not limited to

22.26 a pregnant patient, to be physically present while the patient is receiving health care services

22.27 including during a hospital stay. Subject to paragraph (c), a facility must allow, at a minimum,

22.28 one designated support person chosen by the resident to be physically present with the

22.29 resident at times of the resident's choosing while the resident resides at the facility.

22.30 (b) For purposes of this subdivision, "designated support person" means any person

22.31 chosen by the patient or resident to provide comfort to the patient or resident, including but

28.22 (i) the likelihood of the patient needing posthospital services and of the availability of

28.23 those services; and

28.24 (ii) the patient's capacity for self-care or the possibility of the patient being cared for in

28.25 the environment from which the patient entered the hospital;

28.26 (2) timely completion of the discharge planning evaluation under clause (1) by hospital

28.27 personnel so that appropriate arrangements for posthospital care are made before discharge,

28.28 and to avoid unnecessary delays in discharge;

28.29 (3) including the discharge planning evaluation under clause (1) in the patient's medical

28.30 record for use in establishing an appropriate discharge plan. The hospital must discuss the

28.31 results of the evaluation with the patient or individual acting on behalf of the patient. The

28.32 hospital must reassess the patient's discharge plan if the hospital determines that there are

29.1 factors that may affect continuing care needs or the appropriateness of the discharge plan;

29.2 and

29.3 (4) providing counseling, as needed, for the patient and family members or interested

29.4 persons to prepare them for posthospital care. The hospital must provide a list of available

29.5 Medicare-eligible home care agencies or skilled nursing facilities that serve the patient's

29.6 geographic area, or other area requested by the patient if such care or placement is indicated

29.7 and appropriate. Once the patient has designated their preferred providers, the hospital will

29.8 assist the patient in securing care covered by their health plan or within the care network.

29.9 The hospital must not specify or otherwise limit the qualified providers that are available

29.10 to the patient. The hospital must document in the patient's record that the list was presented

29.11 to the patient or to the individual acting on the patient's behalf.

29.12 (b) Each hospital, including hospitals designated as critical access hospitals, must

29.13 document in the patient's discharge plan any instances when a chemical, manual, or

29.14 mechanical restraint was used to manage the patient's behavior prior to discharge, including

29.15 the type of restraint, duration, and frequency. In cases where the patient is transferred to

29.16 any licensed or registered provider, the hospital must notify the provider of the type, duration,

29.17 and frequency of the restraint. Restraint has the meaning given in section 144G.08,

29.18 subdivision 61a.

22.32 not limited to the patient's or resident's spouse, partner, family member, or another person  
23.1 related by affinity. Certified doulas and traditional midwives may not be counted toward  
23.2 the limit of one designated support person.

23.3 (c) A facility may restrict or prohibit the presence of a designated support person in  
23.4 treatment rooms, procedure rooms, and operating rooms when such a restriction or prohibition  
23.5 is strictly necessary to meet the appropriate standard of care. A facility may also restrict or  
23.6 prohibit the presence of a designated support person if the designated support person is  
23.7 acting in a violent or threatening manner toward others. Any restriction or prohibition of a  
23.8 designated support person by the facility is subject to the facility's written internal grievance  
23.9 procedure required by subdivision 20.

23.10 (d) This subdivision does not apply to a patient or resident at a state-operated treatment  
23.11 program as defined in section 253B.02, subdivision 18d.

23.12 Sec. 6. Minnesota Statutes 2024, section 144A.61, is amended by adding a subdivision to  
23.13 read:

23.14 Subd. 3b. **Commissioner approval of curricula for medication administration.** The  
23.15 commissioner of health must review and approve curricula that meet the requirements in  
23.16 Minnesota Rules, part 4658.1360, subpart 2, item B, to train unlicensed personnel in  
23.17 medication administration. Significant updates or amendments, including but not limited  
23.18 to changes to the standards of practice to the curricula, must be approved by the  
23.19 commissioner.

29.19 Sec. 8. Minnesota Statutes 2024, section 144A.08, is amended by adding a subdivision to  
29.20 read:

29.21 Subd. 1c. **Historic preservation exemptions.** A facility on the National Register of  
29.22 Historic Places and located in Fergus Falls that has previously operated as or is currently  
29.23 operating as a nursing home, assisted living facility, or assisted living facility with dementia  
29.24 care is exempt from any new minimum design standards established, modified, or updated  
29.25 after the date of the facility's initial licensure as a nursing home, assisted living facility, or  
29.26 assisted living facility with dementia care related to the construction, maintenance, equipping,  
29.27 and operation of the physical plant of a nursing home.

29.28 Sec. 9. **[144A.104] PROHIBITED CONDITION FOR ADMISSION OR CONTINUED**  
29.29 **RESIDENCE.**

29.30 A nursing home is prohibited from requiring a current or prospective resident to have  
29.31 or obtain a guardian or conservator as a condition of admission to or continued residence  
29.32 in the nursing home.

23.20 Sec. 7. Minnesota Statutes 2024, section 144A.61, is amended by adding a subdivision to  
23.21 read:

23.22 Subd. 3c. **Approved curricula.** The commissioner must maintain a current list of  
23.23 acceptable medication administration curricula to be used for medication aide training  
23.24 programs for employees of nursing homes and certified boarding care homes on the  
23.25 department's website that are based on current best practice standards and meet the  
23.26 requirements of Minnesota Rules, part 4658.1360, subpart 2, item B.

23.27 Sec. 8. Minnesota Statutes 2024, section 144A.70, subdivision 3, is amended to read:

23.28 Subd. 3. **Controlling person.** "Controlling person" means a business entity or entities,  
23.29 officer, program administrator, or director, whose responsibilities include the management  
23.30 and decision-making authority to establish or control business policy and all other policies  
23.31 of a supplemental nursing services agency. Controlling person also means an individual  
23.32 who, ~~directly or indirectly, beneficially owns an~~ has a direct ownership interest or indirect  
24.1 ownership interest in a corporation, partnership, or other business association that is a  
24.2 ~~controlling person~~ the registrant.

24.3 Sec. 9. Minnesota Statutes 2024, section 144A.70, is amended by adding a subdivision to  
24.4 read:

24.5 Subd. 3a. **Direct ownership interest.** "Direct ownership interest" means an individual  
24.6 or legal entity with at least five percent equity in capital, stock, or profits of the registrant  
24.7 or who is a member of a limited liability company of the registrant.

24.8 Sec. 10. Minnesota Statutes 2024, section 144A.70, is amended by adding a subdivision  
24.9 to read:

24.10 Subd. 3b. **Indirect ownership interest.** "Indirect ownership interest" means an individual  
24.11 or legal entity with a direct ownership interest in an entity that has a direct or indirect  
24.12 ownership interest of at least five percent in an entity that is a registrant.

24.13 Sec. 11. Minnesota Statutes 2024, section 144A.70, subdivision 7, is amended to read:

24.14 Subd. 7. **Oversight.** The commissioner is responsible for the oversight of supplemental  
24.15 nursing services agencies through ~~semiannual~~ unannounced surveys every two years and  
24.16 follow-up surveys, complaint investigations under sections 144A.51 to 144A.53, and other  
24.17 actions necessary to ensure compliance with sections 144A.70 to 144A.74.

30.1 Sec. 10. Minnesota Statutes 2024, section 144A.70, subdivision 3, is amended to read:

30.2 Subd. 3. **Controlling person.** "Controlling person" means a business entity or entities,  
30.3 officer, program administrator, or director, whose responsibilities include the management  
30.4 and decision-making authority to establish or control business policy and all other policies  
30.5 of a supplemental nursing services agency. Controlling person also means an individual  
30.6 who, ~~directly or indirectly, beneficially owns an~~ has a direct ownership interest or indirect  
30.7 ownership interest in a corporation, partnership, or other business association that is a  
30.8 ~~controlling person~~ the registrant.

30.9 Sec. 11. Minnesota Statutes 2024, section 144A.70, is amended by adding a subdivision  
30.10 to read:

30.11 Subd. 3a. **Direct ownership interest.** "Direct ownership interest" means an individual  
30.12 or legal entity with at least five percent equity in capital, stock, or profits of the registrant  
30.13 or who is a member of a limited liability company of the registrant.

30.14 Sec. 12. Minnesota Statutes 2024, section 144A.70, is amended by adding a subdivision  
30.15 to read:

30.16 Subd. 4b. **Indirect ownership interest.** "Indirect ownership interest" means an individual  
30.17 or legal entity with a direct ownership interest in an entity that has a direct or indirect  
30.18 ownership interest of at least five percent in an entity that is a registrant.

30.19 Sec. 13. Minnesota Statutes 2024, section 144A.70, subdivision 7, is amended to read:

30.20 Subd. 7. **Oversight.** The commissioner is responsible for the oversight of supplemental  
30.21 nursing services agencies through ~~semiannual~~ unannounced surveys every two years and  
30.22 follow-up surveys, complaint investigations under sections 144A.51 to 144A.53, and other  
30.23 actions necessary to ensure compliance with sections 144A.70 to 144A.74.

30.24 Sec. 14. Minnesota Statutes 2024, section 144A.751, subdivision 1, is amended to read:

30.25 Subdivision 1. **Statement of rights.** An individual who receives hospice care has the  
30.26 right to:

30.27 (1) receive written information about rights in advance of receiving hospice care or  
30.28 during the initial evaluation visit before the initiation of hospice care, including what to do  
30.29 if rights are violated;

- 31.1 (2) receive care and services according to a suitable hospice plan of care and subject to  
31.2 accepted hospice care standards and to take an active part in creating and changing the plan  
31.3 and evaluating care and services;
- 31.4 (3) be told in advance of receiving care about the services that will be provided, the  
31.5 disciplines that will furnish care, the frequency of visits proposed to be furnished, other  
31.6 choices that are available, and the consequence of these choices, including the consequences  
31.7 of refusing these services;
- 31.8 (4) be told in advance, whenever possible, of any change in the hospice plan of care and  
31.9 to take an active part in any change;
- 31.10 (5) refuse services or treatment;
- 31.11 (6) know, in advance, any limits to the services available from a provider, and the  
31.12 provider's grounds for a termination of services;
- 31.13 (7) know in advance of receiving care whether the hospice services may be covered by  
31.14 health insurance, medical assistance, Medicare, or other health programs in which the  
31.15 individual is enrolled;
- 31.16 (8) receive, upon request, a good faith estimate of the reimbursement the provider expects  
31.17 to receive from the health plan company in which the individual is enrolled. A good faith  
31.18 estimate must also be made available at the request of an individual who is not enrolled in  
31.19 a health plan company. This payment information does not constitute a legally binding  
31.20 estimate of the cost of services;
- 31.21 (9) know that there may be other services available in the community, including other  
31.22 end of life services and other hospice providers, and know where to go for information  
31.23 about these services;
- 31.24 (10) choose freely among available providers and change providers after services have  
31.25 begun, within the limits of health insurance, medical assistance, Medicare, or other health  
31.26 programs;
- 31.27 (11) have personal, financial, and medical information kept private and be advised of  
31.28 the provider's policies and procedures regarding disclosure of such information;
- 31.29 (12) be allowed access to records and written information from records according to  
31.30 sections 144.291 to 144.298;
- 31.31 (13) be served by people who are properly trained and competent to perform their duties;
- 32.1 (14) be treated with courtesy and respect and to have the patient's property treated with  
32.2 respect;
- 32.3 (15) voice grievances regarding treatment or care that is, or fails to be, furnished or  
32.4 regarding the lack of courtesy or respect to the patient or the patient's property;

- 32.5 (16) be free from physical and verbal abuse;
- 32.6 (17) reasonable, advance notice of changes in services or charges, including at least ten
- 32.7 days' advance notice of the termination of a service by a provider, except in cases where:
- 32.8 (i) the recipient of services engages in conduct that alters the conditions of employment
- 32.9 between the hospice provider and the individual providing hospice services, or creates an
- 32.10 abusive or unsafe work environment for the individual providing hospice services;
- 32.11 (ii) an emergency for the informal caregiver or a significant change in the recipient's
- 32.12 condition has resulted in service needs that exceed the current service provider agreement
- 32.13 and that cannot be safely met by the hospice provider; or
- 32.14 (iii) the recipient is no longer certified as terminally ill;
- 32.15 (18) a coordinated transfer when there will be a change in the provider of services;
- 32.16 (19) know how to contact an individual associated with the provider who is responsible
- 32.17 for handling problems and to have the provider investigate and attempt to resolve the
- 32.18 grievance or complaint;
- 32.19 (20) know the name and address of the state or county agency to contact for additional
- 32.20 information or assistance;
- 32.21 (21) assert these rights personally, or have them asserted by the hospice patient's family
- 32.22 when the patient has been judged incompetent, without retaliation; ~~and~~
- 32.23 (22) have pain and symptoms managed to the patient's desired level of comfort, including
- 32.24 ensuring appropriate pain medications are immediately available to the patient;
- 32.25 (23) revoke hospice election at any time; and
- 32.26 (24) receive curative treatment for any condition unrelated to the condition that qualified
- 32.27 the individual for hospice, while remaining on hospice election.
- 32.28 Sec. 15. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision
- 32.29 to read:
- 32.30 Subd. 26a. **Imminent risk.** "Imminent risk" means an immediate and impending threat
- 32.31 to the health, safety, or rights of an individual.
- 33.1 **EFFECTIVE DATE.** This section is effective January 1, 2026.
- 33.2 Sec. 16. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision
- 33.3 to read:
- 33.4 Subd. 54a. **Prone restraint.** "Prone restraint" means the use of manual restraint that
- 33.5 places a resident in a face-down position. Prone restraint does not include brief physical
- 33.6 holding of a resident who, during an emergency use of manual restraint, rolls into a prone

24.18 Sec. 12. Minnesota Statutes 2024, section 144G.10, subdivision 1, is amended to read:

24.19 Subdivision 1. **License required.** (a)(1) Beginning August 1, 2021, no assisted living

24.20 facility may operate in Minnesota unless it is licensed under this chapter.

24.21 (2) No facility or building on a campus may provide assisted living services until

24.22 obtaining the required license under paragraphs (c) to (e).

24.23 (b) The licensee is legally responsible for the management, control, and operation of the

24.24 facility, regardless of the existence of a management agreement or subcontract. Nothing in

24.25 this chapter shall in any way affect the rights and remedies available under other law.

24.26 (c) Upon approving an application for an assisted living facility license, the commissioner

24.27 shall issue a single license for each building that is operated by the licensee as an assisted

24.28 living facility and is located at a separate address, except as provided under paragraph (d)

24.29 or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed

24.30 entity or an entity with a license type not granted under this chapter, the licensed assisted

25.1 living facility must ensure there is at least a vertical two-hour fire barrier as defined by the

25.2 National Fire Protection Association Standard 101, Life Safety Code, between any licensed

25.3 assisted living facility areas and unlicensed entity areas of the building and between the

25.4 licensed assisted living facility areas and any licensed areas subject to another license type.

33.7 position, if the resident is restored to a standing, sitting, or side-lying position as quickly as

33.8 possible.

33.9 **EFFECTIVE DATE.** This section is effective January 1, 2026.

33.10 Sec. 17. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision

33.11 to read:

33.12 Subd. 55a. **Registered nurse.** "Registered nurse" has the meaning given in section

33.13 148.171, subdivision 20.

33.14 Sec. 18. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision

33.15 to read:

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

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

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

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

33.20 (4) any other form of restraint that results in limiting the free and normal movement of

33.21 body or limbs.

33.22 **EFFECTIVE DATE.** This section is effective January 1, 2026.

33.23 Sec. 19. Minnesota Statutes 2024, section 144G.10, subdivision 1, is amended to read:

33.24 Subdivision 1. **License required.** (a)(1) Beginning August 1, 2021, no assisted living

33.25 facility may operate in Minnesota unless it is licensed under this chapter.

33.26 (2) No facility or building on a campus may provide assisted living services until

33.27 obtaining the required license under paragraphs (c) to (e).

34.1 (b) The licensee is legally responsible for the management, control, and operation of the

34.2 facility, regardless of the existence of a management agreement or subcontract. Nothing in

34.3 this chapter shall in any way affect the rights and remedies available under other law.

34.4 (c) Upon approving an application for an assisted living facility license, the commissioner

34.5 shall issue a single license for each building that is operated by the licensee as an assisted

34.6 living facility and is located at a separate address, except as provided under paragraph (d)

34.7 or (e). If a licensed assisted living facility wants a portion of the licensed assisted living

34.8 building to be utilized by an unlicensed entity or a different license type not granted under

34.9 chapter 144G, the licensed assisted living facility must ensure there is at least a vertical

34.10 two-hour fire barrier constructed in accordance with the National Fire Protection Association,

34.11 Standard 101, Life Safety Code, between any licensed assisted living areas and unlicensed

34.12 entity areas of the building and between the licensed assisted living areas and any licensed

34.13 areas subject to another license type.

25.5 (d) Upon approving an application for an assisted living facility license, the commissioner  
25.6 may issue a single license for two or more buildings on a campus that are operated by the  
25.7 same licensee as an assisted living facility. An assisted living facility license for a campus  
25.8 must identify the address and licensed resident capacity of each building located on the  
25.9 campus in which assisted living services are provided.

25.10 (e) Upon approving an application for an assisted living facility license, the commissioner  
25.11 may:

25.12 (1) issue a single license for two or more buildings on a campus that are operated by the  
25.13 same licensee as an assisted living facility with dementia care, provided the assisted living  
25.14 facility for dementia care license for a campus identifies the buildings operating as assisted  
25.15 living facilities with dementia care; or

25.16 (2) issue a separate assisted living facility with dementia care license for a building that  
25.17 is on a campus and that is operating as an assisted living facility with dementia care.

25.18 Sec. 13. Minnesota Statutes 2024, section 144G.10, subdivision 1a, is amended to read:

25.19 Subd. 1a. **Assisted living director license required.** Each assisted living facility must  
25.20 employ an assisted living director licensed or permitted by the Board of Executives for  
25.21 Long Term Services and Supports and affiliated as the director of record with the board.

25.22 Sec. 14. Minnesota Statutes 2024, section 144G.10, subdivision 5, is amended to read:

25.23 Subd. 5. **Protected title; restriction on use.** (a) Effective January 1, ~~2026~~ 2027, no  
25.24 person or entity may use the phrase "assisted living," whether alone or in combination with  
25.25 other words and whether orally or in writing, to: advertise; market; or otherwise describe,  
25.26 offer, or promote itself, or any housing, service, service package, or program that it provides  
25.27 within this state, unless the person or entity is a licensed assisted living facility that meets  
25.28 the requirements of this chapter. A person or entity entitled to use the phrase "assisted living"  
25.29 shall use the phrase only in the context of its participation that meets the requirements of  
25.30 this chapter.

25.31 (b) Effective January 1, ~~2026~~ 2027, the licensee's name for ~~a new~~ an assisted living  
25.32 facility may not include the terms "home care" or "nursing home."

26.1 Sec. 15. Minnesota Statutes 2024, section 144G.16, subdivision 3, is amended to read:

26.2 Subd. 3. **Licensure; termination or extension of provisional licenses.** (a) If the  
26.3 provisional licensee is in substantial compliance with the survey, the commissioner shall  
26.4 issue a facility license.

26.5 (b) If the provisional licensee is not in substantial compliance with the initial survey,  
26.6 the commissioner shall either: (1) not issue the facility license and terminate the provisional  
26.7 license; or (2) extend the provisional license for a period not to exceed 90 calendar days  
26.8 and apply conditions necessary to bring the facility into substantial compliance. If the  
26.9 provisional licensee is not in substantial compliance with the survey within the time period

34.14 (d) Upon approving an application for an assisted living facility license, the commissioner  
34.15 may issue a single license for two or more buildings on a campus that are operated by the  
34.16 same licensee as an assisted living facility. An assisted living facility license for a campus  
34.17 must identify the address and licensed resident capacity of each building located on the  
34.18 campus in which assisted living services are provided.

34.19 (e) Upon approving an application for an assisted living facility license, the commissioner  
34.20 may:

34.21 (1) issue a single license for two or more buildings on a campus that are operated by the  
34.22 same licensee as an assisted living facility with dementia care, provided the assisted living  
34.23 facility for dementia care license for a campus identifies the buildings operating as assisted  
34.24 living facilities with dementia care; or

34.25 (2) issue a separate assisted living facility with dementia care license for a building that  
34.26 is on a campus and that is operating as an assisted living facility with dementia care.

34.27 Sec. 20. Minnesota Statutes 2024, section 144G.10, subdivision 1a, is amended to read:

34.28 Subd. 1a. **Assisted living director license required.** Each assisted living facility must  
34.29 employ an assisted living director licensed or permitted by the Board of Executives for  
34.30 Long Term Services and Supports and ~~be~~ affiliated as the director of record with the board.

35.1 Sec. 21. Minnesota Statutes 2024, section 144G.10, subdivision 5, is amended to read:

35.2 Subd. 5. **Protected title; restriction on use.** (a) Effective January 1, ~~2026~~ 2027, no  
35.3 person or entity may use the phrase "assisted living," whether alone or in combination with  
35.4 other words and whether orally or in writing, to: advertise; market; or otherwise describe,  
35.5 offer, or promote itself, or any housing, service, service package, or program that it provides  
35.6 within this state, unless the person or entity is a licensed assisted living facility that meets  
35.7 the requirements of this chapter. A person or entity entitled to use the phrase "assisted living"  
35.8 shall use the phrase only in the context of its participation that meets the requirements of  
35.9 this chapter.

35.10 (b) Effective January 1, ~~2026~~ 2027, the licensee's name for ~~a new~~ an assisted living  
35.11 facility may not include the terms "home care" or "nursing home."

35.12 Sec. 22. Minnesota Statutes 2024, section 144G.16, subdivision 3, is amended to read:

35.13 Subd. 3. **Licensure; termination or extension of provisional licenses.** (a) If the  
35.14 provisional licensee is in substantial compliance with the survey, the commissioner shall  
35.15 issue a facility license.

35.16 (b) If the provisional licensee is not in substantial compliance with the initial survey,  
35.17 the commissioner shall either: (1) not issue the facility license and terminate the provisional  
35.18 license; or (2) extend the provisional license for a period not to exceed 90 calendar days  
35.19 and apply conditions necessary to bring the facility into substantial compliance. If the  
35.20 provisional licensee is not in substantial compliance with the survey within the time period



26.10 of the extension or if the provisional licensee does not satisfy the license conditions, the  
26.11 commissioner may deny the license.

26.12 (c) The owners and managerial officials of a provisional licensee whose license is denied  
26.13 are ineligible to apply for an assisted living facility license under this chapter for one year  
26.14 following the facility's closure date.

26.15 Sec. 16. Minnesota Statutes 2024, section 144G.19, is amended by adding a subdivision  
26.16 to read:

26.17 Subd. 5. **Change of ownership; existing contracts.** Following a change of ownership,  
26.18 the new licensee must honor the terms of an assisted living contract in effect at the time of  
26.19 the change of ownership until the end of the contract term.

26.20 **EFFECTIVE DATE.** This section is effective January 1, 2026, and applies to all assisted  
26.21 living contracts executed after a change of ownership that occurs on or after that date.

35.21 of the extension or if the provisional licensee does not satisfy the license conditions, the  
35.22 commissioner may deny the license.

35.23 (c) The owners and managerial officials of a provisional licensee whose license is denied  
35.24 are ineligible to apply for an assisted living facility license under this chapter for one year  
35.25 following the facility's closure date.

35.26 Sec. 23. Minnesota Statutes 2024, section 144G.45, is amended by adding a subdivision  
35.27 to read:

35.28 Subd. 8. **Historic preservation exemption.** A facility on the National Register of Historic  
35.29 Places and located in Fergus Falls that has previously operated as or is currently operating  
35.30 as a nursing home, assisted living facility, or assisted living facility with dementia care is  
35.31 exempt from any new minimum design standards established, modified, or updated after  
35.32 the date of the facility's initial licensure as a nursing home, assisted living facility, or assisted  
36.1 living facility with dementia care related to the construction, maintenance, equipping, and  
36.2 operation of the physical plant of an assisted living facility or assisted living facility with  
36.3 dementia care.

36.4 Sec. 24. **[144G.505] PROHIBITED CONDITION OF ADMISSION OR CONTINUED**  
36.5 **RESIDENCE.**

36.6 An assisted living facility is prohibited from requiring a current or prospective resident  
36.7 to have or obtain a guardian or conservator as a condition of admission to or continued  
36.8 residence in the assisted living facility.

36.9 Sec. 25. Minnesota Statutes 2024, section 144G.51, is amended to read:

36.10 **144G.51 ARBITRATION.**

36.11 (a) An assisted living facility must clearly and conspicuously disclose, in writing in an  
36.12 assisted living contract, any arbitration provision in the contract that precludes, limits, or  
36.13 delays the ability of a resident from taking a civil action.

36.14 (b) An arbitration requirement provision must not include a choice of law or choice of  
36.15 venue provision. Assisted living contracts must adhere to Minnesota law and any other  
36.16 applicable federal or local law.

26.22 Sec. 17. Minnesota Statutes 2024, section 144G.52, is amended by adding a subdivision  
26.23 to read:

26.24 Subd. 5a. **Impermissible ground for termination.** (a) A facility must not terminate an  
26.25 assisted living contract on the ground that the resident changes from using private funds to  
26.26 using public funds to pay for housing or services if the facility has represented or advertised  
26.27 that the facility accepts public funds to cover the costs of housing or services or makes any  
26.28 similar representation regarding the ability of the resident to remain in the facility when the  
26.29 resident's private funds are exhausted.

26.30 (b) A resident must notify the facility of the resident's intention to apply for public  
26.31 assistance to pay for housing or services, or both, and must make a timely application to  
26.32 the appropriate government agency or agencies. The facility must inform the resident at the  
27.1 time the resident moves into the facility and once annually of the facility's policy regarding  
27.2 converting from using private funds to public funds to pay for housing or services, or both,  
27.3 and of the resident's obligation to notify the facility of the resident's intent to apply for public  
27.4 assistance and to make a timely application for public assistance.

27.5 (c) This subdivision does not prohibit a facility from terminating an assisted living  
27.6 contract for nonpayment according to subdivision 3, or for a violation of the assisted living  
27.7 contract according to subdivision 4.

27.8 (d) If a resident's application for public funds is not processed within 30 days, the resident  
27.9 may contact the Office of Ombudsman for Long-Term Care to facilitate timely completion  
27.10 of enrollment with the appropriate lead agency.

27.11 Sec. 18. Minnesota Statutes 2024, section 144G.53, is amended to read:

27.12 **144G.53 NONRENEWAL OF HOUSING.**

27.13 Subdivision 1. **Notice or termination procedure.** (a) If a facility decides to not renew  
27.14 a resident's housing under a contract, the facility must either (1) provide the resident with  
27.15 60 calendar days' notice of the nonrenewal and assistance with relocation planning, or (2)  
27.16 follow the termination procedure under section 144G.52.

27.17 (b) The notice must include the reason for the nonrenewal and contact information of  
27.18 the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental  
27.19 Health and Developmental Disabilities.

27.20 (c) A facility must:

27.21 (1) provide notice of the nonrenewal to the Office of Ombudsman for Long-Term Care;  
27.22 and

36.17 (c) An assisted living facility must not require any resident or the resident's representative  
36.18 to sign an agreement for binding arbitration as a condition of admission to, or as a  
36.19 requirement to continue to receive care at, the facility.

36.20 Sec. 26. Minnesota Statutes 2024, section 144G.52, is amended by adding a subdivision  
36.21 to read:

36.22 Subd. 5a. **Impermissible ground for termination.** A facility must not terminate an  
36.23 assisted living contract on the ground that the resident changes from using private funds to  
36.24 using public funds to pay for housing or services. This subdivision does not prohibit a  
36.25 facility from terminating an assisted living contract for nonpayment according to subdivision  
36.26 3 or for a violation of the assisted living contract according to subdivision 4.

36.27 Sec. 27. Minnesota Statutes 2024, section 144G.53, is amended to read:

36.28 **144G.53 NONRENEWAL OF HOUSING.**

36.29 Subdivision 1. **Notice or termination procedure.** (a) If a facility decides to not renew  
36.30 a resident's housing under a contract, the facility must either (1) provide the resident with  
37.1 60 calendar days' notice of the nonrenewal and assistance with relocation planning, or (2)  
37.2 follow the termination procedure under section 144G.52.

37.3 (b) The notice must include the reason for the nonrenewal and contact information of  
37.4 the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental  
37.5 Health and Developmental Disabilities.

37.6 (c) A facility must:

37.7 (1) provide notice of the nonrenewal to the Office of Ombudsman for Long-Term Care;  
37.8 and

27.23 (2) for residents who receive home and community-based waiver services under chapter  
27.24 256S and section 256B.49, provide notice to the resident's case manager;

27.25 Subd. 2. **Prohibited ground for nonrenewal.** A facility must not decline to renew a  
27.26 resident's housing under an assisted living contract on the ground that the resident changes  
27.27 from using private funds to using public funds to pay for housing if the facility has  
27.28 represented or advertised that the facility accepts public funds to cover the costs of housing  
27.29 or makes any similar representation regarding the ability of the resident to remain in the  
27.30 facility when the resident's private funds are exhausted.

27.31 (b) A resident must notify the facility of the resident's intention to apply for public  
27.32 assistance to pay for housing or services, or both, and must make a timely application to  
28.1 the appropriate government agency or agencies. The facility must inform the resident at the  
28.2 time the resident moves into the facility and once annually of the facility's policy regarding  
28.3 converting from using private funds to public funds to pay for housing or services, or both,  
28.4 and of the resident's obligation to notify the facility of the resident's intent to apply for public  
28.5 assistance and to make a timely application for public assistance.

28.6 (c) This subdivision does not prohibit a facility from terminating an assisted living  
28.7 contract for nonpayment according to section 144G.52, subdivision 3, or for a violation of  
28.8 the assisted living contract according to section 144G.52, subdivision 4.

28.9 (d) If a resident's application for public funds is not processed within 30 days, the resident  
28.10 may contact the Office of Ombudsman for Long-Term Care to facilitate timely completion  
28.11 of enrollment with the appropriate lead agency.

28.12 Subd. 3. **Requirements following notice.** If a facility provides notice of nonrenewal  
28.13 according to subdivision 1, the facility must:

28.14 ~~(3)~~ (1) ensure a coordinated move to a safe location, as defined in section 144G.55,  
28.15 subdivision 2, that is appropriate for the resident;

28.16 ~~(4)~~ (2) ensure a coordinated move to an appropriate service provider identified by the  
28.17 facility, if services are still needed and desired by the resident;

28.18 ~~(5)~~ (3) consult and cooperate with the resident, legal representative, designated  
28.19 representative, case manager for a resident who receives home and community-based waiver  
28.20 services under chapter 256S and section 256B.49, relevant health professionals, and any  
28.21 other persons of the resident's choosing to make arrangements to move the resident, including  
28.22 consideration of the resident's goals; and

28.23 ~~(6)~~ (4) prepare a written plan to prepare for the move.

28.24 Subd. 4. **Right to move to location of resident's choosing or to use provider of**  
28.25 **resident's choosing.** ~~(4)~~ A resident may decline to move to the location the facility identifies  
28.26 or to accept services from a service provider the facility identifies, and may instead choose  
28.27 to move to a location of the resident's choosing or receive services from a service provider  
28.28 of the resident's choosing within the timeline prescribed in the nonrenewal notice.

37.9 (2) for residents who receive home and community-based waiver services under chapter  
37.10 256S and section 256B.49, provide notice to the resident's case manager;

37.11 Subd. 2. **Prohibited ground for nonrenewal.** A facility must not decline to renew a  
37.12 resident's housing under a contract on the ground that the resident changes from using private  
37.13 funds to using public funds to pay for housing. This subdivision does not prohibit a facility  
37.14 from terminating an assisted living contract for nonpayment according to section 144G.52,  
37.15 subdivision 3, or for a violation of the assisted living contract according to section 144G.52,  
37.16 subdivision 4.

37.17 Subd. 3. **Requirements following notice.** If a facility provides notice of nonrenewal  
37.18 according to subdivision 1, the facility must:

37.19 ~~(3)~~ (1) ensure a coordinated move to a safe location, as defined in section 144G.55,  
37.20 subdivision 2, that is appropriate for the resident;

37.21 ~~(4)~~ (2) ensure a coordinated move to an appropriate service provider identified by the  
37.22 facility, if services are still needed and desired by the resident;

37.23 ~~(5)~~ (3) consult and cooperate with the resident, legal representative, designated  
37.24 representative, case manager for a resident who receives home and community-based waiver  
37.25 services under chapter 256S and section 256B.49, relevant health professionals, and any  
37.26 other persons of the resident's choosing to make arrangements to move the resident, including  
37.27 consideration of the resident's goals; and

37.28 ~~(6)~~ (4) prepare a written plan to prepare for the move.

37.29 Subd. 4. **Right to move to location of resident's choosing or to use provider of**  
37.30 **resident's choosing.** ~~(4)~~ A resident may decline to move to the location the facility identifies  
37.31 or to accept services from a service provider the facility identifies, and may instead choose  
38.1 to move to a location of the resident's choosing or receive services from a service provider  
38.2 of the resident's choosing within the timeline prescribed in the nonrenewal notice.

28.29       Sec. 19. Minnesota Statutes 2024, section 144G.70, subdivision 2, is amended to read:

28.30           Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not  
28.31 receiving any assisted living services shall not be required to undergo an initial  
28.32 comprehensive nursing assessment.

29.1           (b) An assisted living facility shall conduct a comprehensive nursing assessment by a  
29.2 registered nurse of the physical and cognitive needs of the prospective resident and propose  
29.3 a temporary service plan prior to the date on which a prospective resident executes a contract  
29.4 with a facility or the date on which a prospective resident moves in, whichever is earlier.  
29.5 If necessitated by either the geographic distance between the prospective resident and the  
29.6 facility, or urgent or unexpected circumstances, the comprehensive assessment may be

38.3       Sec. 28. **[144G.65] TRAINING IN EMERGENCY MANUAL RESTRAINTS.**

38.4           Subdivision 1. **Training.** The licensee must ensure that staff who may apply an  
38.5 emergency manual restraint complete a minimum of four hours of training from qualified  
38.6 individuals prior to assuming these responsibilities. Training must include:

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

38.8           (2) principles of person-centered planning and service delivery as identified in section  
38.9 245D.07, subdivision 1a;

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

38.11          (4) staff responsibilities related to prohibited procedures under section 144G.85,  
38.12 subdivision 4; why the procedures are not effective for reducing or eliminating symptoms  
38.13 or interfering behavior; and why the procedures are not safe;

38.14          (5) the situations in which staff must contact 911 services in response to an imminent  
38.15 risk of harm to the resident or others; and

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

38.17          Subd. 2. **Annual refresher training.** The licensee must ensure that staff who may apply  
38.18 an emergency manual restraint complete two hours of refresher training on an annual basis  
38.19 covering each of the training areas in subdivision 1.

38.20          Subd. 3. **Implementation.** The assisted living facility must implement all orientation  
38.21 and training topics in this section.

38.22          Subd. 4. **Verification and documentation of orientation and training.** For staff who  
38.23 may apply an emergency manual restraint, the assisted living facility must retain evidence  
38.24 in the employee record of each staff person having completed the orientation and training  
38.25 required under this section.

38.26          **EFFECTIVE DATE.** This section is effective January 1, 2026.

38.27       Sec. 29. Minnesota Statutes 2024, section 144G.70, subdivision 2, is amended to read:

38.28           Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not  
38.29 receiving any assisted living services shall not be required to undergo an initial  
38.30 comprehensive nursing assessment.

39.1           (b) An assisted living facility shall conduct a comprehensive nursing assessment by a  
39.2 registered nurse of the physical and cognitive needs of the prospective resident and propose  
39.3 a temporary service plan prior to the date on which a prospective resident executes a contract  
39.4 with a facility or the date on which a prospective resident moves in, whichever is earlier.  
39.5 If necessitated by either the geographic distance between the prospective resident and the  
39.6 facility, or urgent or unexpected circumstances, the comprehensive assessment may be

29.7 conducted using telecommunication methods based on practice standards that meet the  
29.8 resident's needs and reflect person-centered planning and care delivery.

29.9 (c) Resident comprehensive reassessment and monitoring must be conducted ~~no more~~  
29.10 ~~than 14 calendar days after initiation of services. Ongoing resident reassessment and~~  
29.11 ~~monitoring must be conducted as needed based on changes in the needs of the resident and~~  
29.12 ~~cannot exceed 90 calendar days from the last date of the assessment; by a registered nurse;~~

29.13 (1) no more than 14 calendar days after initiation of services;

29.14 (2) as needed based on changes in the resident's needs; and

29.15 (3) at least every 90 calendar days.

29.16 (d) Sections of the comprehensive reassessment and monitoring in paragraph (c) may  
29.17 be completed by a licensed practical nurse as allowed under the Nurse Practice Act in  
29.18 sections 148.171 to 148.285. A registered nurse must review the findings as part of the  
29.19 resident's comprehensive reassessment.

29.20 ~~(c)~~ (e) For residents only receiving assisted living services specified in section 144G.08,  
29.21 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review  
29.22 of the resident's needs and preferences. The initial review must be completed within 30  
29.23 calendar days of the start of services. Resident monitoring and review must be conducted  
29.24 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days  
29.25 from the date of the last review.

29.26 ~~(f)~~ (f) A facility must inform the prospective resident of the availability of and contact  
29.27 information for long-term care consultation services under section 256B.0911, prior to the  
29.28 date on which a prospective resident executes a contract with a facility or the date on which  
29.29 a prospective resident moves in, whichever is earlier.

39.7 conducted using telecommunication methods based on practice standards that meet the  
39.8 resident's needs and reflect person-centered planning and care delivery.

39.9 (c) Resident comprehensive reassessment and monitoring must be conducted ~~no more~~  
39.10 ~~than 14 calendar days after initiation of services. Ongoing resident reassessment and~~  
39.11 ~~monitoring must be conducted as needed based on changes in the needs of the resident and~~  
39.12 ~~cannot exceed 90 calendar days from the last date of the assessment by a registered nurse;~~

39.13 (1) no more than 14 calendar days after initiation of services;

39.14 (2) as needed based upon changes in the needs of the resident; and

39.15 (3) at least every 90 calendar days.

39.16 (d) Sections of the comprehensive reassessment and monitoring in paragraph (c) may  
39.17 be completed by a licensed practical nurse as allowed under the Nurse Practice Act in  
39.18 sections 148.171 to 148.285. A registered nurse must review the findings as part of the  
39.19 resident's comprehensive reassessment.

39.20 ~~(c)~~ (e) For residents only receiving assisted living services specified in section 144G.08,  
39.21 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review  
39.22 of the resident's needs and preferences. The initial review must be completed within 30  
39.23 calendar days of the start of services. Resident monitoring and review must be conducted  
39.24 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days  
39.25 from the date of the last review.

39.26 ~~(f)~~ (f) A facility must inform the prospective resident of the availability of and contact  
39.27 information for long-term care consultation services under section 256B.0911, prior to the  
39.28 date on which a prospective resident executes a contract with a facility or the date on which  
39.29 a prospective resident moves in, whichever is earlier.

39.30 Sec. 30. Minnesota Statutes 2024, section 144G.71, subdivision 3, is amended to read:

39.31 Subd. 3. **Individualized medication monitoring and reassessment.** ~~The assisted living~~  
39.32 ~~facility~~ A registered nurse, advanced practice registered nurse, or qualified staff delegated  
39.33 the task by a registered nurse must monitor and reassess the resident's medication  
40.1 management services as needed under subdivision 2 when the resident presents with  
40.2 symptoms or other issues that may be medication-related and, at a minimum, annually.

40.3 Sec. 31. Minnesota Statutes 2024, section 144G.71, subdivision 5, is amended to read:

40.4 Subd. 5. **Individualized medication management plan.** (a) For each resident receiving  
40.5 medication management services, the assisted living facility a registered nurse, advanced  
40.6 practice registered nurse, or qualified staff delegated the task by a registered nurse must  
40.7 prepare and include in the service plan a written statement of the medication management  
40.8 services that will be provided to the resident. The facility must develop and maintain a  
40.9 current individualized medication management record for each resident based on the resident's  
40.10 assessment that must contain the following:

29.30       Sec. 20. Minnesota Statutes 2024, section 144G.81, subdivision 1, is amended to read:

29.31           Subdivision 1. **Fire protection and physical environment.** An assisted living facility

29.32 with dementia care ~~that has a secured dementia care unit~~ must meet the requirements of

29.33 section 144G.45 and the following additional requirements:

30.1           (1) ~~a hazard vulnerability~~ an assessment ~~or~~ of safety ~~risk~~ risks must be performed on

30.2 and around the property. The ~~hazards indicated~~ safety risks identified by the facility on the

30.3 assessment must be ~~assessed and~~ mitigated to protect the residents from harm. The mitigation

30.4 efforts must be documented in the facility's records; and

30.5           (2) the facility shall be protected throughout by an approved supervised automatic

30.6 sprinkler system by August 1, 2029.

40.11           (1) a statement describing the medication management services that will be provided;

40.12           (2) a description of storage of medications based on the resident's needs and preferences,

40.13 risk of diversion, and consistent with the manufacturer's directions;

40.14           (3) documentation of specific resident instructions relating to the administration of

40.15 medications;

40.16           (4) identification of persons responsible for monitoring medication supplies and ensuring

40.17 that medication refills are ordered on a timely basis;

40.18           (5) identification of medication management tasks that may be delegated to unlicensed

40.19 personnel;

40.20           (6) procedures for staff notifying a registered nurse or appropriate licensed health

40.21 professional when a problem arises with medication management services; and

40.22           (7) any resident-specific requirements relating to documenting medication administration,

40.23 verifications that all medications are administered as prescribed, and monitoring of

40.24 medication use to prevent possible complications or adverse reactions.

40.25           (b) The medication management record must be current and updated when there are any

40.26 changes.

40.27           (c) Medication reconciliation must be completed when a licensed nurse, licensed health

40.28 professional, or authorized prescriber is providing medication management.

41.1       Sec. 32. Minnesota Statutes 2024, section 144G.81, subdivision 1, is amended to read:

41.2           Subdivision 1. **Fire protection and physical environment.** An assisted living facility

41.3 with a dementia care that has a secured dementia care unit license must meet the requirements

41.4 of section 144G.45 and the following additional requirements:

41.5           (1) ~~a hazard vulnerability~~ an assessment ~~or~~ of safety ~~risk~~ risks must be performed on

41.6 and around the property. The ~~hazards indicated~~ safety risks identified by the facility on the

41.7 assessment must be ~~assessed and~~ mitigated to protect the residents from harm. The mitigation

41.8 efforts must be documented in the facility's records; and

41.9           (2) the facility ~~shall~~ must be protected throughout by an approved supervised automatic

41.10 sprinkler system by August 1, 2029.

41.11       Sec. 33. Minnesota Statutes 2024, section 144G.81, subdivision 5, is amended to read:

41.12           Subd. 5. **Variance or waiver.** A facility may request under section 144G.45, subdivision

41.13 7 or 8, that the commissioner grant a variance or waiver from the provisions of this section,

41.14 except subdivision 4.

41.15 Sec. 34. **[144G.85] USE OF RESTRAINTS.**

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

41.18 Subd. 2. **Emergency use of manual restraints.** Emergency use of a manual restraint  
41.19 is permitted only when immediate intervention is needed to protect the resident or others  
41.20 from imminent risk of physical harm and is the least restrictive intervention to address the  
41.21 risk. The manual restraint must be imposed for the least amount of time necessary and  
41.22 removed when there is no longer imminent risk of physical harm to the resident or other  
41.23 persons in the facility. The use of a manual restraint under this subdivision must:

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

41.25 (2) not apply back or chest pressure while the resident is in a prone, supine, or side-lying  
41.26 position;

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

41.28 Subd. 3. **Documentation and notification of use of emergency manual restraints.** (a)  
41.29 The resident's legal representative must be notified within 12 hours of any use of an  
41.30 emergency manual restraint and of the circumstances that prompted the use of an emergency  
41.31 manual restraint. Notification and the use of an emergency manual restraint must be  
42.1 documented. If known, the advanced practice registered nurse, physician, or physician  
42.2 assistant must be notified within 12 hours of any use of an emergency manual restraint.

42.3 (b) On a form developed by the commissioner, the facility must notify the commissioner  
42.4 and the ombudsperson for long-term care within seven calendar days of the use of any  
42.5 emergency manual restraint. The commissioner will monitor reported uses of emergency  
42.6 manual restraints to detect overuse or unauthorized, inappropriate, or ineffective use of  
42.7 emergency manual restraints. The form must include:

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

42.9 (2) the date and time of the use of the emergency manual restraint;

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

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

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



30.7       Sec. 21. Minnesota Statutes 2024, section 144G.91, is amended by adding a subdivision  
30.8       to read:

30.9           Subd. 6a. **Designated support person.** (a) Subject to paragraph (c), an assisted living  
30.10       facility must allow, at a minimum, one designated support person chosen by the resident to  
30.11       be physically present with the resident at times of the resident's choosing while the resident  
30.12       resides at the facility.

30.13           (b) For purposes of this subdivision, "designated support person" means any person  
30.14       chosen by the resident to provide comfort to the resident, including but not limited to the  
30.15       resident's spouse, partner, family member, or another person related by affinity.

30.16           (c) A facility may restrict or prohibit the presence of a designated support person if the  
30.17       designated support person is acting in a violent or threatening manner toward others. If the  
30.18       facility restricts or prohibits a resident's designated support person from being present, the  
30.19       resident may file a complaint or inquiry with the facility according to subdivision 20, the

42.18           (6) a description of the mental, physical, and emotional condition of the resident who  
42.19       was manually restrained and of other persons involved in the incident leading up to, during,  
42.20       and following the manual restraint;

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

42.24           (8) whether there was a debriefing following the incident with the staff, and, if not  
42.25       contraindicated, with the resident who was manually restrained and other persons who were  
42.26       involved in or who witnessed the manual restraint, and the outcome of the debriefing. If the  
42.27       debriefing was not conducted at the time the incident report was made, the report should  
42.28       identify whether a debriefing is planned and whether there is a plan for mitigating use of  
42.29       emergency manual restraints in the future.

42.30           (c) A copy of the report submitted under paragraph (b) must be maintained in the  
42.31       resident's record.

43.1           (d) A copy of the report submitted under paragraph (b) must be sent to the resident's  
43.2       waiver case manager within seven calendar days of the use of any emergency manual  
43.3       restraints. Any use of emergency manual restraints on people served under section 256B.49  
43.4       and chapter 256S must be documented by the case manager in the resident's support plan,  
43.5       as defined in sections 256B.49, subdivision 15, and 256S.10.

43.6           Subd. 4. **Ordered treatment.** Any use of a restraint, other than the use of an emergency  
43.7       manual restraint to address an imminent risk, must be the least restrictive option and comply  
43.8       with the requirements for an ordered treatment under section 144G.72.

43.9           **EFFECTIVE DATE.** This section is effective January 1, 2026.

30.20 Office of Ombudsman for Long-Term Care, or the Office of Ombudsman for Mental Health  
30.21 and Developmental Disabilities.

30.22 **EFFECTIVE DATE.** This section is effective January 1, 2026.

30.23 Sec. 22. Minnesota Statutes 2024, section 148.235, subdivision 10, is amended to read:

30.24 Subd. 10. **Administration of medications by unlicensed personnel in nursing**  
30.25 **facilities.** Notwithstanding the provisions of Minnesota Rules, part 4658.1360, subpart 2,  
30.26 a graduate of a foreign nursing school who has successfully completed an approved  
30.27 competency evaluation under the provisions of section 144A.61 is eligible to administer  
30.28 medications in a nursing facility upon completion of a any medication training program for  
30.29 unlicensed personnel approved by the commissioner of health under section 144A.61,  
30.30 subdivision 3b, or offered through a postsecondary educational institution, which meets the  
30.31 requirements specified in Minnesota Rules, part 4658.1360, subpart 2, item B.

31.1 Sec. 23. **REVISOR INSTRUCTION.**

31.2 The revisor of statutes must modify the section headnote for Minnesota Statutes, section  
31.3 144G.81, to read "ADDITIONAL REQUIREMENTS FOR ASSISTED LIVING  
31.4 FACILITIES WITH DEMENTIA CARE AND ASSISTED LIVING FACILITIES WITH  
31.5 SECURED DEMENTIA CARE UNITS."

31.6 Sec. 24. **REPEALER.**

31.7 Minnesota Statutes 2024, section 144G.9999, subdivisions 1, 2, and 3, are repealed.

43.10 Sec. 35. **REVISOR INSTRUCTION.**

43.11 (a) The revisor of statutes shall renumber Minnesota Statutes, section 144A.70,  
43.12 subdivision 4a, as Minnesota Statutes, section 144A.70, subdivision 4c, and correct all  
43.13 cross-references.

43.14 (b) The revisor of statutes shall renumber Minnesota Statutes, section 144A.70,  
43.15 subdivision 7, as Minnesota Statutes, section 144A.714, and correct all cross-references.

43.16 Sec. 36. **REPEALER.**

43.17 Minnesota Statutes 2024, section 144G.9999, subdivisions 1, 2, and 3, are repealed.