

1.1 moves to amend H.F. No. 4579, the delete everything amendment
1.2 (H4579DE2), as follows:

1.3 Page 1, after line 2, insert:

1.4 **"ARTICLE 1**
1.5 **CONTACT TRACING, CASE INVESTIGATION, AND FOLLOW-UP SERVICES**
1.6 **PROGRAM"**

1.7 Page 3, after line 24, insert:

1.8 **"ARTICLE 2**
1.9 **ASSISTED LIVING LICENSURE CHANGES; CONSUMER PROTECTIONS FOR**
1.10 **ASSISTED LIVING CLIENTS**

1.11 Section 1. Minnesota Statutes 2019 Supplement, section 144.6502, subdivision 1, is
1.12 amended to read:

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

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

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

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

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

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

- 2.1 (1) licensed as a nursing home under chapter 144A;
- 2.2 (2) licensed as a boarding care home under sections 144.50 to 144.56;
- 2.3 (3) until August 1, ~~2021~~ 2022, a housing with services establishment registered under
- 2.4 chapter 144D that is either subject to chapter 144G or has a disclosed special unit under
- 2.5 section 325F.72; or
- 2.6 (4) on or after August 1, ~~2021~~ 2022, an assisted living facility.
- 2.7 (g) "Resident" means a person 18 years of age or older residing in a facility.
- 2.8 (h) "Resident representative" means one of the following in the order of priority listed,
- 2.9 to the extent the person may reasonably be identified and located:
- 2.10 (1) a court-appointed guardian;
- 2.11 (2) a health care agent as defined in section 145C.01, subdivision 2; or
- 2.12 (3) a person who is not an agent of a facility or of a home care provider designated in
- 2.13 writing by the resident and maintained in the resident's records on file with the facility.
- 2.14 Sec. 2. Minnesota Statutes 2019 Supplement, section 144.6512, is amended by adding a
- 2.15 subdivision to read:
- 2.16 Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available
- 2.17 under section 626.557, subdivisions 10, 17, and 20.
- 2.18 **EFFECTIVE DATE.** This section is effective August 1, 2020.
- 2.19 Sec. 3. Minnesota Statutes 2019 Supplement, section 144A.20, subdivision 4, is amended
- 2.20 to read:
- 2.21 **Subd. 4. Assisted living director qualifications; ongoing training.** (a) The Board of
- 2.22 Executives may issue licenses to qualified persons as an assisted living director and shall
- 2.23 approve training and examinations. No license shall be issued to a person as an assisted
- 2.24 living director unless that person:
- 2.25 (1) is eligible for licensure;
- 2.26 (2) has applied for licensure under this subdivision within six months of hire; and
- 2.27 (3) has satisfactorily met standards set by the board or is scheduled to complete the
- 2.28 training in paragraph (b) within one year of hire. The standards shall be designed to assure
- 2.29 that assisted living directors are individuals who, by training or experience, are qualified to
- 2.30 serve as assisted living directors.

3.1 (b) In order to be qualified to serve as an assisted living director, an individual must:

3.2 (1) have completed an approved training course and passed an examination approved
3.3 by the board that is designed to test for competence and that includes assisted living facility
3.4 laws in Minnesota;

3.5 (2)(i) currently be licensed as a nursing home administrator or have been validated as a
3.6 qualified health services executive by the National Association of Long Term Care
3.7 Administrator Boards; and

3.8 (ii) have core knowledge of assisted living facility laws; or

3.9 (3) apply for licensure by July 1, ~~2021~~ 2022, and satisfy one of the following:

3.10 (i) have a higher education degree in nursing, social services, or mental health, or another
3.11 professional degree with training specific to management and regulatory compliance;

3.12 (ii) have at least three years of supervisory, management, or operational experience and
3.13 higher education training applicable to an assisted living facility;

3.14 (iii) have completed at least 1,000 hours of an executive in training program provided
3.15 by an assisted living director licensed under this subdivision; or

3.16 (iv) have managed a housing with services establishment operating under assisted living
3.17 title protection for at least three years.

3.18 (c) An assisted living director must receive at least 30 hours of training every two years
3.19 on topics relevant to the operation of an assisted living facility and the needs of its residents.
3.20 An assisted living director must maintain records of the training required by this paragraph
3.21 for at least the most recent three-year period and must provide these records to Department
3.22 of Health surveyors upon request. Continuing education earned to maintain another
3.23 professional license, such as a nursing home administrator license, nursing license, social
3.24 worker license, mental health professional license, or real estate license, may be used to
3.25 satisfy this requirement when the continuing education is relevant to the assisted living
3.26 services offered and residents served at the assisted living facility.

3.27 **EFFECTIVE DATE.** This section is effective July 1, 2021.

3.28 Sec. 4. Minnesota Statutes 2019 Supplement, section 144A.474, subdivision 11, is amended
3.29 to read:

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

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

4.2 (2) Level 2, a fine of \$500 per violation, in addition to any of the enforcement
4.3 mechanisms authorized in section 144A.475 for widespread violations;

4.4 (3) Level 3, a fine of \$3,000 per incident, in addition to any of the enforcement
4.5 mechanisms authorized in section 144A.475;

4.6 (4) Level 4, a fine of \$5,000 per incident, in addition to any of the enforcement
4.7 mechanisms authorized in section 144A.475;

4.8 (5) for maltreatment violations for which the licensee was determined to be responsible
4.9 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000.
4.10 A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible
4.11 for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury;
4.12 and

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

4.15 When a fine is assessed against a facility for substantiated maltreatment, the commissioner
4.16 shall not also impose an immediate fine under this chapter for the same circumstance.

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

4.19 (1) level of violation:

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

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

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

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

4.29 (2) scope of violation:

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

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

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

5.6 (c) If the commissioner finds that the applicant or a home care provider has not corrected
5.7 violations by the date specified in the correction order or conditional license resulting from
5.8 a survey or complaint investigation, the commissioner shall provide a notice of
5.9 noncompliance with a correction order by e-mail to the applicant's or provider's last known
5.10 e-mail address. The noncompliance notice must list the violations not corrected.

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

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

5.20 (f) A license holder shall promptly notify the commissioner in writing when a violation
5.21 specified in the order is corrected. If upon reinspection the commissioner determines that
5.22 a violation has not been corrected as indicated by the order, the commissioner may issue a
5.23 second fine. The commissioner shall notify the license holder by mail to the last known
5.24 address in the licensing record that a second fine has been assessed. The license holder may
5.25 appeal the second fine as provided under this subdivision.

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

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

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

6.1 (j) Fines collected under paragraph (a), clauses (1) to (4), shall be deposited in a dedicated
6.2 special revenue account. On an annual basis, the balance in the special revenue account
6.3 shall be appropriated to the commissioner to implement the recommendations of the advisory
6.4 council established in section 144A.4799.

6.5 (k) Fines collected under paragraph (a), clause (5), shall be deposited in a dedicated
6.6 special revenue account and appropriated to the commissioner to provide compensation
6.7 according to subdivision 14 to clients subject to maltreatment. A client may choose to receive
6.8 compensation from this fund, not to exceed \$5,000 for each substantiated finding of
6.9 maltreatment, or take civil action. This paragraph expires July 31, ~~2021~~ 2022.

6.10 Sec. 5. Minnesota Statutes 2019 Supplement, section 144A.474, subdivision 14, is amended
6.11 to read:

6.12 Subd. 14. **Maltreatment compensation fund.** (a) Once a finding of maltreatment for
6.13 which the licensee is determined to be responsible is substantiated and any request for
6.14 reconsideration, if applicable, is completed, the commissioner shall pay the fine assessed
6.15 under subdivision 11, paragraph (a), clause (5), as compensation to the client who was
6.16 subject to the maltreatment, if:

6.17 (1) the client chooses to receive a compensation payment of either \$1,000 or \$5,000 as
6.18 determined by the fine assessed under subdivision 11, paragraph (a), clause (5), depending
6.19 on the level of maltreatment; and

6.20 (2) the client accepts payment of compensation under this subdivision as payment in
6.21 full and agrees to waive any civil claims, including claims under section 626.557, subdivision
6.22 20, arising from the specific maltreatment incident that resulted in the fine.

6.23 (b) The commissioner shall notify the client that the client may reject a compensation
6.24 payment under this subdivision and instead pursue any civil claims.

6.25 (c) Except as provided in paragraph (a), nothing in this subdivision affects the rights
6.26 available to clients under section 626.557 or prevents a client from filing a maltreatment
6.27 report in the future.

6.28 (d) This subdivision expires July 31, ~~2021~~ 2022.

6.29 Sec. 6. Minnesota Statutes 2019 Supplement, section 144A.4799, subdivision 1, is amended
6.30 to read:

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

7.1 (1) three public members as defined in section 214.02 who shall be persons who are
7.2 currently receiving home care services, persons who have received home care services
7.3 within five years of the application date, persons who have family members receiving home
7.4 care services, or persons who have family members who have received home care services
7.5 within five years of the application date;

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

7.9 (3) one member representing the Minnesota Board of Nursing;

7.10 (4) one member representing the Office of Ombudsman for Long-Term Care; and

7.11 (5) beginning July 1, ~~2021~~ 2022, one member of a county health and human services or
7.12 county adult protection office.

7.13 Sec. 7. Minnesota Statutes 2019 Supplement, section 144G.07, is amended by adding a
7.14 subdivision to read:

7.15 Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available
7.16 under section 626.557, subdivisions 10, 17, and 20.

7.17 **EFFECTIVE DATE.** This section is effective August 1, 2020.

7.18 Sec. 8. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 7, is amended
7.19 to read:

7.20 Subd. 7. **Assisted living facility.** "Assisted living facility" means a ~~licensed~~ facility that
7.21 provides sleeping accommodations and assisted living services to one or more adults.
7.22 Assisted living facility includes assisted living facility with dementia care, and does not
7.23 include:

7.24 (1) emergency shelter, transitional housing, or any other residential units serving
7.25 exclusively or primarily homeless individuals, as defined under section 116L.361;

7.26 (2) a nursing home licensed under chapter 144A;

7.27 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
7.28 144.50 to 144.56;

7.29 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
7.30 9520.0500 to 9520.0670, or under chapter 245D or 245G;

8.1 (5) services and residential settings licensed under chapter 245A, including adult foster
8.2 care and services and settings governed under the standards in chapter 245D;

8.3 (6) a private home in which the residents are related by kinship, law, or affinity with the
8.4 provider of services;

8.5 (7) a duly organized condominium, cooperative, and common interest community, or
8.6 owners' association of the condominium, cooperative, and common interest community
8.7 where at least 80 percent of the units that comprise the condominium, cooperative, or
8.8 common interest community are occupied by individuals who are the owners, members, or
8.9 shareholders of the units;

8.10 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

8.11 (9) a setting offering services conducted by and for the adherents of any recognized
8.12 church or religious denomination for its members exclusively through spiritual means or
8.13 by prayer for healing;

8.14 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
8.15 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
8.16 units financed by the Minnesota Housing Finance Agency that are intended to serve
8.17 individuals with disabilities or individuals who are homeless, except for those developments
8.18 that market or hold themselves out as assisted living facilities and provide assisted living
8.19 services;

8.20 (11) rental housing developed under United States Code, title 42, section 1437, or United
8.21 States Code, title 12, section 1701q;

8.22 (12) rental housing designated for occupancy by only elderly or elderly and disabled
8.23 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
8.24 families under Code of Federal Regulations, title 24, section 983.56;

8.25 (13) rental housing funded under United States Code, title 42, chapter 89, or United
8.26 States Code, title 42, section 8011; ~~or~~

8.27 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

8.28 (15) any establishment that exclusively or primarily serves as a shelter or temporary
8.29 shelter for victims of domestic or any other form of violence.

8.30 **EFFECTIVE DATE.** This section is effective August 1, 2022.

9.1 Sec. 9. Minnesota Statutes 2019 Supplement, section 144G.08, is amended by adding a
9.2 subdivision to read:

9.3 Subd. 7a. **Assisted living facility license.** "Assisted living facility license" means a
9.4 certificate issued by the commissioner under section 144G.10 that authorizes the licensee
9.5 to manage, control, and operate an assisted living facility for a specified period of time and
9.6 in accordance with the terms of the license and the rules of the commissioner.

9.7 **EFFECTIVE DATE.** This section is effective August 1, 2022.

9.8 Sec. 10. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 9, is amended
9.9 to read:

9.10 Subd. 9. **Assisted living services.** "Assisted living services" includes one or more of
9.11 the following:

9.12 (1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and
9.13 bathing;

9.14 (2) providing standby assistance;

9.15 (3) providing verbal or visual reminders to the resident to take regularly scheduled
9.16 medication, which includes bringing the resident previously set up medication, medication
9.17 in original containers, or liquid or food to accompany the medication;

9.18 (4) providing verbal or visual reminders to the resident to perform regularly scheduled
9.19 treatments and exercises;

9.20 (5) preparing ~~modified~~ specialized diets ordered by a licensed health professional;

9.21 (6) services of an advanced practice registered nurse, registered nurse, licensed practical
9.22 nurse, physical therapist, respiratory therapist, occupational therapist, speech-language
9.23 pathologist, dietitian or nutritionist, or social worker;

9.24 (7) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed
9.25 health professional within the person's scope of practice;

9.26 (8) medication management services;

9.27 (9) hands-on assistance with transfers and mobility;

9.28 (10) treatment and therapies;

9.29 (11) assisting residents with eating when the residents have complicated eating problems
9.30 as identified in the resident record or through an assessment such as difficulty swallowing,

10.1 recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous
10.2 instruments to be fed;

10.3 (12) providing other complex or specialty health care services; and

10.4 (13) supportive services in addition to the provision of at least one of the services listed
10.5 in clauses (1) to (12).

10.6 **EFFECTIVE DATE.** This section is effective August 1, 2022.

10.7 Sec. 11. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 23, is amended
10.8 to read:

10.9 Subd. 23. **Direct ownership interest.** "Direct ownership interest" means an individual
10.10 or ~~organization~~ legal entity with the possession of at least five percent equity in capital,
10.11 stock, or profits of the licensee, or who is a member of a limited liability company of the
10.12 licensee.

10.13 **EFFECTIVE DATE.** This section is effective August 1, 2022.

10.14 Sec. 12. Minnesota Statutes 2019 Supplement, section 144G.09, subdivision 3, is amended
10.15 to read:

10.16 Subd. 3. **Rulemaking authorized.** (a) The commissioner shall adopt rules for all assisted
10.17 living facilities that promote person-centered planning and service delivery and optimal
10.18 quality of life, and that ensure resident rights are protected, resident choice is allowed, and
10.19 public health and safety is ensured.

10.20 (b) On July 1, 2019, the commissioner shall begin rulemaking.

10.21 (c) The commissioner shall adopt rules that include but are not limited to the following:

10.22 (1) staffing appropriate for each licensure category to best protect the health and safety
10.23 of residents no matter their vulnerability;

10.24 (2) training prerequisites and ongoing training, including dementia care training and
10.25 standards for demonstrating competency;

10.26 (3) procedures for discharge planning and ensuring resident appeal rights;

10.27 (4) initial assessments, continuing assessments, and a uniform assessment tool;

10.28 (5) emergency disaster and preparedness plans;

10.29 (6) uniform checklist disclosure of services;

- 11.1 (7) a definition of serious injury that results from maltreatment;
- 11.2 (8) conditions and fine amounts for planned closures;
- 11.3 (9) procedures and timelines for the commissioner regarding termination appeals between
11.4 facilities and the Office of Administrative Hearings;
- 11.5 (10) establishing base fees and per-resident fees for each category of licensure;
- 11.6 (11) considering the establishment of a maximum amount for any one fee;
- 11.7 (12) procedures for relinquishing an assisted living facility with dementia care license
11.8 and fine amounts for noncompliance; and
- 11.9 (13) procedures to efficiently transfer existing housing with services registrants and
11.10 home care licensees to the new assisted living facility licensure structure.
- 11.11 (d) The commissioner shall publish the proposed rules by December 31, 2019, and shall
11.12 publish ~~final rules~~ the notice of adoption by December 31, ~~2020~~ 2021.

11.13 Sec. 13. Minnesota Statutes 2019 Supplement, section 144G.10, subdivision 1, is amended
11.14 to read:

11.15 Subdivision 1. **License required.** (a) Beginning August 1, 2021, no assisted living
11.16 facility may operate in Minnesota unless it is licensed under this chapter.

11.17 The licensee is legally responsible for the management, control, and operation of the
11.18 facility, regardless of the existence of a management agreement or subcontract. Nothing in
11.19 this chapter shall in any way affect the rights and remedies available under other law. August
11.20 1, 2022, unless licensed under this chapter, no individual, organization, or government entity
11.21 may:

11.22 (1) manage, control, or operate an assisted living facility in Minnesota; or

11.23 (2) advertise, market, or otherwise promote its facility as providing assisted living
11.24 services or specialized care for individuals with Alzheimer's disease or other dementias.

11.25 (b) The licensee is legally responsible for the management, control, and operation of the
11.26 facility, regardless of the existence of a management agreement or subcontract. Nothing in
11.27 this chapter shall in any way affect the rights and remedies available under other law.

11.28 (c) Upon approving an application for an assisted living facility license, the commissioner
11.29 shall issue a single assisted living facility license for each facility located at a separate
11.30 address, except as provided in paragraph (d).

12.1 (d) Upon approving an application for an assisted living facility located on a campus
12.2 and at the request of the applicant, the commissioner may issue an assisted living facility
12.3 license for the campus at the address of the campus' main building. An assisted living facility
12.4 license for a campus shall identify the address and licensed resident capacity of each building
12.5 located on the campus in which assisted living services are provided.

12.6 (e) Before any building to be included on a campus advertises, markets, or promotes
12.7 itself as providing specialized care for individuals with Alzheimer's disease or other dementias
12.8 or a secured dementia care unit, the individual, organization, or government entity must
12.9 apply for the assisted living with dementia care level of licensure for that campus license
12.10 or apply for a separate assisted living facility with dementia care level of licensure. These
12.11 services may not be provided at the building until the license is issued by the commissioner.

12.12 **EFFECTIVE DATE.** This section is effective August 1, 2022.

12.13 Sec. 14. Minnesota Statutes 2019 Supplement, section 144G.10, is amended by adding a
12.14 subdivision to read:

12.15 Subd. 1a. **Definitions.** (a) For the purposes of this section, the terms defined in this
12.16 subdivision have the meaning given.

12.17 (b) "Adjacent" means sharing a portion of a legal boundary.

12.18 (c) "Campus" means an assisted living facility that provides sleeping accommodations
12.19 and assisted living services operated by the same licensee in:

12.20 (1) two or more buildings, each with a separate address, located on the same property
12.21 identified by a single property identification number;

12.22 (2) a single building having two or more addresses, located on the same property,
12.23 identified by a single property identification number; or

12.24 (3) two or more buildings at different addresses, identified by different property
12.25 identification numbers, when the buildings are located on adjacent properties.

12.26 (d) "Campus' main building" means a building designated by the commissioner as the
12.27 main building of a campus and to which the commissioner may issue an assisted living
12.28 facility license for a campus.

12.29 **EFFECTIVE DATE.** This section is effective August 1, 2022.

13.1 Sec. 15. Minnesota Statutes 2019 Supplement, section 144G.16, subdivision 1, is amended
13.2 to read:

13.3 Subdivision 1. **Provisional license.** Beginning August 1, ~~2021~~ 2022, for new assisted
13.4 living facility license applicants, the commissioner shall issue a provisional license from
13.5 one of the licensure categories specified in section 144G.10, subdivision 2. A provisional
13.6 license is effective for up to one year from the initial effective date of the license, except
13.7 that a provisional license may be extended according to subdivisions 2, paragraph (d), and
13.8 3.

13.9 **EFFECTIVE DATE.** This section is effective August 1, 2022.

13.10 Sec. 16. **[144G.191] ASSISTED LIVING FACILITY LICENSING**
13.11 **IMPLEMENTATION; PROVISIONAL LICENSES; TRANSITION PERIOD FOR**
13.12 **CURRENT PROVIDERS.**

13.13 Subdivision 1. **Provisional licenses.** (a) Beginning March 1, 2022, applications for
13.14 provisional assisted living facility licenses under section 144G.16 may be submitted. No
13.15 provisional assisted living facility licenses under this chapter shall be effective prior to
13.16 August 1, 2022.

13.17 (b) Beginning June 1, 2022, no initial housing with services establishment registration
13.18 applications will be accepted under chapter 144D.

13.19 (c) Beginning June 1, 2022, no temporary comprehensive home care provider license
13.20 applications will be accepted for providers that do not intend to provide home care services
13.21 under sections 144A.43 to 144A.484 on or after August 1, 2022.

13.22 Subd. 2. **New construction; building permit.** (a) All prospective assisted living facility
13.23 license applicants seeking a license for new construction who have submitted a complete
13.24 building permit application to the appropriate building code jurisdiction on or before July
13.25 31, 2022, may meet construction requirements in effect when the application was submitted.

13.26 (b) All prospective assisted living facility license applicants seeking a license for new
13.27 construction who have submitted a complete building permit application to the appropriate
13.28 building code jurisdiction on or after August 1, 2022, must meet the construction
13.29 requirements under section 144G.45.

13.30 (c) For the purposes of paragraph (a), in areas of jurisdiction where there is no building
13.31 code authority, a complete application for an electrical or plumbing permit is acceptable in
13.32 lieu of the building permit application.

14.1 (d) For the purposes of paragraph (a), in jurisdictions where building plan review
14.2 applications are separated from building permit applications, a complete application for
14.3 plan review is acceptable in lieu of the building permit application.

14.4 Subd. 3. **New construction; plan review.** Beginning March 1, 2022, prospective assisted
14.5 living facility license applicants under new construction may submit to the commissioner
14.6 plans and specifications described in section 144G.45, subdivision 6, for plan review of the
14.7 new construction requirements under section 144G.45.

14.8 Subd. 4. **Current comprehensive home care providers; provision of assisted living**
14.9 **services.** (a) Comprehensive home care providers that do not intend to provide home care
14.10 services under chapter 144A on or after August 1, 2022, shall be issued a prorated license
14.11 period upon renewal, effective for license renewals beginning on or after September 1,
14.12 2021. The prorated license period will be effective from the provider's current comprehensive
14.13 home care license renewal date through July 31, 2022.

14.14 (b) Comprehensive home care providers with prorated license periods shall pay a prorated
14.15 fee based on the number of months the comprehensive home care license is in effect.

14.16 (c) A comprehensive home care provider using the prorated license period in paragraph
14.17 (a), or who otherwise does not intend to provide home care services under chapter 144A
14.18 on or after August 1, 2022, must notify the recipients of changes to their home care services
14.19 in writing at least 60 days before the expiration of its license, or no later than May 31, 2022,
14.20 whichever is earlier. The notice must:

14.21 (1) state that the provider will no longer be providing home care services under chapter
14.22 144A;

14.23 (2) include the date when the provider will no longer be providing these services;

14.24 (3) include the name, e-mail address, and phone number of the individual associated
14.25 with the comprehensive home care provider that the recipient of home care services may
14.26 contact to discuss the notice;

14.27 (4) include the contact information consisting of the phone number, e-mail address,
14.28 mailing address, and website for the state Office of Ombudsman for Long-Term Care and
14.29 the Office of Ombudsman for Mental Health and Developmental Disabilities; and

14.30 (5) for recipients of home care services who receive home and community-based waiver
14.31 services under chapter 256S and section 256B.49, this written notice must also be provided
14.32 to the resident's case manager at the same time that it is provided to the resident.

15.1 A comprehensive home care provider that will obtain an assisted living facility license but
15.2 will do so under a different business name as a result of reincorporation, and will continue
15.3 to provide services to the recipient, is not subject to the 60-day notice required under this
15.4 paragraph. However, the provider must otherwise provide notice to the recipient as required
15.5 under sections 144A.44, 144A.441, and 144A.442, as applicable, and section 144A.4791.

15.6 Subd. 5. **Current housing with services establishment registration to an assisted**
15.7 **living facility license; conversion to licensure.** (a) Beginning January 1, 2022, all current
15.8 housing with services establishments registered under chapter 144D and intending to provide
15.9 assisted living services on or after August 1, 2022, must apply for an assisted living facility
15.10 license under this chapter. The applicant on the assisted living facility license application
15.11 may but need not be the same as the current housing with services establishment registrant.

15.12 (b) Notwithstanding the housing with services contract requirements identified in section
15.13 144D.04, any existing housing with services establishment registered under chapter 144D
15.14 that does not intend to convert its registration to an assisted living facility license under this
15.15 chapter must provide written notice to its residents at least 60 days before the expiration of
15.16 its registration, or no later than May 31, 2022, whichever is earlier. This notice must:

15.17 (1) state that the housing with services establishment does not intend to convert to an
15.18 assisted living facility;

15.19 (2) include the date when the housing with services establishment will no longer provide
15.20 housing with services;

15.21 (3) include the name, e-mail address, and phone number of the individual associated
15.22 with the housing with services establishment that the recipient of home care services may
15.23 contact to discuss the notice;

15.24 (4) include the contact information consisting of the phone number, e-mail address,
15.25 mailing address, and website for the state Office of Ombudsman for Long-Term Care and
15.26 the Office of Ombudsman for Mental Health and Developmental Disabilities; and

15.27 (5) for residents who receive home and community-based waiver services under chapter
15.28 256S and section 256B.49, this written notice must also be provided to the resident's case
15.29 manager at the same time that it is provided to the resident.

15.30 A housing with services provider that will obtain an assisted living facility license, but will
15.31 do so under a different business name as a result of reincorporation, and will continue to
15.32 provide services to the recipient, is not subject to the 60-day notice required under this

16.1 paragraph. However, the provider must otherwise provide notice to the recipient as required
16.2 under sections 144D.04 and 144D.045, as applicable, and section 144D.09.

16.3 (c) By August 1, 2022, all registered housing with services establishments providing
16.4 assisted living as defined in section 144G.01, subdivision 2, prior to August 1, 2022, must
16.5 have an assisted living facility license under this chapter.

16.6 (d) Effective August 1, 2022, any housing with services establishment registered under
16.7 chapter 144D that has not converted its registration to an assisted living facility license
16.8 under this chapter is prohibited from providing assisted living services.

16.9 **Subd. 6. Conversion to assisted living licensure; renewal periods; prorated**
16.10 **licenses.** (a) Applicants converting from a housing with services establishment registration
16.11 under chapter 144D to an assisted living facility license under this chapter must be provided
16.12 a new renewal date upon application for an assisted living facility license. The commissioner
16.13 shall assign a new, randomly generated renewal date to evenly disperse assisted living
16.14 facility license renewal dates throughout a calendar year.

16.15 (b) Applicants converting from a housing with services establishment registration to an
16.16 assisted living facility license that receive new license renewal dates occurring in September
16.17 or October shall receive one assisted living facility license upon conversion that is effective
16.18 from August 1, 2022, and prorated for 13- or 14-month periods, respectively.

16.19 (c) Applicants converting from a housing with services establishment registration to an
16.20 assisted living facility license that receive new license renewal dates occurring in November
16.21 or December must choose one of two options:

16.22 (1) receive one assisted living facility license upon conversion effective August 1, 2022,
16.23 and prorated for 15- or 16-month periods, respectively; or

16.24 (2) receive one assisted living facility license upon conversion, effective August 1, 2022,
16.25 prorated for three- or four-month periods, respectively.

16.26 (d) Applicants for current housing with services establishments that receive new license
16.27 renewal dates occurring in January through July shall receive one assisted living facility
16.28 license upon conversion effective August 1, 2022, and prorated for five- to 11-month periods,
16.29 respectively.

16.30 (e) Applicants converting from a current housing with services establishment registration
16.31 to an assisted living facility license that receive a new license renewal date occurring in
16.32 August shall receive one assisted living facility license upon conversation effective for a
16.33 full 12-month period.

17.1 (f) An assisted living facility shall receive its first assisted living facility license renewal
17.2 application for a full 12-month effective period approximately 90 days prior to the expiration
17.3 of the facility's prorated license.

17.4 (g) Applicants for current housing with services establishments who intend to obtain
17.5 more than one assisted living facility license under this chapter may request that the
17.6 commissioner allow all applicable renewal dates to occur on the same date or may request
17.7 all applicable renewal dates to occur at different points throughout a calendar year.

17.8 (h) All prorated licensing fee amounts for applicants converting from a housing with
17.9 services establishment to an assisted living facility license must be determined by calculating
17.10 the appropriate annual fee based on section 144.122, paragraph (d), and dividing the total
17.11 annual fee amount by the number of months the prorated license will be effective.

17.12 Subd. 7. Conversion to assisted living licensure; background studies. (a) Any
17.13 individual listed on an application of a registered housing with services establishment
17.14 converting to an assisted living facility license who both is not on the existing housing with
17.15 services registration and either has a direct ownership interest or is a managerial official is
17.16 subject to the background study requirements of section 144.057. No individual may be
17.17 involved in the management, operation, or control of an assisted living facility if the
17.18 individual has been disqualified under chapter 245C.

17.19 (b) The commissioner shall not issue a license if any controlling individual, including
17.20 a managerial official, has been unsuccessful in having a background study disqualification
17.21 set aside under section 144.057 and chapter 245C.

17.22 (c) If the individual requests reconsideration of a disqualification under section 144.057
17.23 or chapter 245C and the commissioner sets aside or rescinds the disqualification, the
17.24 individual is eligible to be involved in the management, operation, or control of the assisted
17.25 living facility.

17.26 (d) If an individual has a disqualification under section 245C.15, subdivision 1, and the
17.27 disqualification is affirmed, the individual's disqualification is barred from a set aside and
17.28 the individual must not be involved in the management, operation, or control of the assisted
17.29 living facility.

17.30 (e) Data collected under this subdivision shall be classified as private data on individuals
17.31 under section 13.02, subdivision 12.

17.32 Subd. 8. Changes of ownership; current housing with services establishment
17.33 registrations. (a) If an applicant converting from a housing with services establishment

18.1 registration to an assisted living facility license anticipates a change of ownership transaction
18.2 effective on or after August 1, 2022, the applicant must submit an assisted living facility
18.3 change of ownership application with its assisted living facility license application and the
18.4 assisted living licensure fees in section 144.122, paragraph (d).

18.5 (b) Applications for changes of ownership under paragraph (a) must be submitted to the
18.6 commissioner at least 60 calendar days prior to the anticipated effective date of the sale or
18.7 transaction.

18.8 Subd. 9. **Expiration.** This section expires August 1, 2023.

18.9 **EFFECTIVE DATE.** This section is effective August 1, 2021.

18.10 Sec. 17. Minnesota Statutes 2019 Supplement, section 144G.401, is amended to read:

18.11 **144G.401 PAYMENT FOR SERVICES UNDER DISABILITY WAIVERS.**

18.12 For new assisted living facilities that did not operate as registered housing with services
18.13 establishments prior to August 1, ~~2021~~ 2022, home and community-based services under
18.14 section 256B.49 are not available when the new facility setting is adjoined to, or on the
18.15 same property as, an institution as defined in Code of Federal Regulations, title 42, section
18.16 441.301(c).

18.17 **EFFECTIVE DATE.** This section is effective August 1, 2022.

18.18 Sec. 18. Minnesota Statutes 2019 Supplement, section 144G.42, subdivision 9, is amended
18.19 to read:

18.20 **Subd. 9. Tuberculosis prevention and control.** (a) The facility must establish and
18.21 maintain a comprehensive tuberculosis infection control program according to the most
18.22 current tuberculosis infection control guidelines issued by the United States Centers for
18.23 Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published
18.24 in the CDC's Morbidity and Mortality Weekly Report (~~MMWR~~). The program must include
18.25 a tuberculosis infection control plan that covers all paid and unpaid ~~employees~~ staff,
18.26 contractors, students, and regularly scheduled volunteers. The commissioner shall provide
18.27 technical assistance regarding implementation of the guidelines.

18.28 (b) The facility must maintain written evidence of compliance with this subdivision.

18.29 **EFFECTIVE DATE.** This section is effective August 1, 2022.

19.1 Sec. 19. Minnesota Statutes 2019 Supplement, section 144G.42, is amended by adding a
19.2 subdivision to read:

19.3 Subd. 9a. **Communicable diseases.** A facility must follow current state requirements
19.4 for prevention, control, and reporting of communicable diseases as defined in Minnesota
19.5 Rules, parts 4605.7040, 4605.7044, 4605.7050, 4605.7075, 4605.7080, and 4605.7090.

19.6 **EFFECTIVE DATE.** This section is effective August 1, 2022.

19.7 Sec. 20. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 2, is amended
19.8 to read:

19.9 Subd. 2. **Fire protection and physical environment.** (a) Each assisted living facility
19.10 must ~~have a comprehensive fire protection system that includes~~ comply with the State Fire
19.11 Code in Minnesota Rules, chapter 7511, and:

19.12 ~~(1) protection throughout by an approved supervised automatic sprinkler system according~~
19.13 ~~to building code requirements established in Minnesota Rules, part 1305.0903, or smoke~~
19.14 ~~detectors in each occupied room installed and maintained in accordance with the National~~
19.15 ~~Fire Protection Association (NFPA) Standard 72 for dwellings, dwelling, or sleeping units,~~
19.16 as defined in the Minnesota State Fire Code: (i) provide smoke alarms in each room used
19.17 for sleeping purposes; (ii) provide smoke alarms outside of each separate sleeping area in
19.18 the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a
19.19 dwelling unit, including basements, but not including crawl spaces and unoccupied attics;
19.20 (iv) where more than one smoke alarm is required within an individual dwelling unit or
19.21 sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms
19.22 in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply
19.23 for existing smoke alarms complies with the State Fire Code, except that newly introduced
19.24 smoke alarms in existing buildings may be battery operated;

19.25 (2) install portable fire extinguishers ~~installed and~~ tested in accordance with the NFPA
19.26 Standard 10; and

19.27 (3) keep the physical environment, including walls, floors, ceiling, all furnishings,
19.28 grounds, systems, and equipment ~~that is kept~~ in a continuous state of good repair and
19.29 operation with regard to the health, safety, comfort, and well-being of the residents in
19.30 accordance with a maintenance and repair program.

19.31 (b) Fire drills in assisted living facilities shall be conducted in accordance with the
19.32 residential board and care requirements in the Life Safety Code, except that fire drills in

20.1 secured dementia care units shall be conducted in accordance with section 144G.81,
20.2 subdivision 2.

20.3 (c) Existing construction or elements, including assisted living facilities that were
20.4 registered as housing with services establishments under chapter 144D prior to August 1,
20.5 ~~2021~~ 2022, shall be permitted to ~~be continued~~ continue in use provided such use does not
20.6 constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction
20.7 deems a distinct hazard to life must be corrected. The facility must document in the facility's
20.8 records any actions taken to comply with a correction order, and must submit to the
20.9 commissioner for review and approval prior to correction.

20.10 **EFFECTIVE DATE.** This section is effective August 1, 2022.

20.11 Sec. 21. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 5, is amended
20.12 to read:

20.13 Subd. 5. **Assisted living facilities; Life Safety Code.** (a) All assisted living facilities
20.14 with six or more residents must meet the applicable provisions of the ~~most current~~ 2018
20.15 edition of the NFPA Standard 101, Life Safety Code, Residential Board and Care
20.16 Occupancies chapter. The minimum design standard shall be met for all new licenses, new
20.17 construction, modifications, renovations, alterations, changes of use, or additions.

20.18 (b) If the commissioner decides to update the Life Safety Code for purposes of this
20.19 subdivision, the commissioner must notify the chairs and ranking minority members of the
20.20 legislative committees and divisions with jurisdiction over health care and public safety of
20.21 the planned update by January 15 of the year in which the new Life Safety Code will become
20.22 effective. Following notice from the commissioner, the new edition shall become effective
20.23 for assisted living facilities beginning August 1 of that year, unless provided otherwise in
20.24 law. The commissioner shall, by publication in the State Register, specify a date by which
20.25 facilities must comply with the updated Life Safety Code. The date by which facilities must
20.26 comply shall not be sooner than six months after publication of the commissioner's notice
20.27 in the State Register.

20.28 **EFFECTIVE DATE.** This section is effective August 1, 2022.

20.29 Sec. 22. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 6, is amended
20.30 to read:

20.31 Subd. 6. **New construction; plans.** (a) For all new licensure and construction beginning
20.32 on or after August 1, ~~2021~~ 2022, the following must be provided to the commissioner:

21.1 (1) architectural and engineering plans and specifications for new construction must be
21.2 prepared and signed by architects and engineers who are registered in Minnesota. Final
21.3 working drawings and specifications for proposed construction must be submitted to the
21.4 commissioner for review and approval;

21.5 (2) final architectural plans and specifications must include elevations and sections
21.6 through the building showing types of construction, and must indicate dimensions and
21.7 assignments of rooms and areas, room finishes, door types and hardware, elevations and
21.8 details of nurses' work areas, utility rooms, toilet and bathing areas, and large-scale layouts
21.9 of dietary and laundry areas. Plans must show the location of fixed equipment and sections
21.10 and details of elevators, chutes, and other conveying systems. Fire walls and smoke partitions
21.11 must be indicated. The roof plan must show all mechanical installations. The site plan must
21.12 indicate the proposed and existing buildings, topography, roadways, walks and utility service
21.13 lines; and

21.14 (3) final mechanical and electrical plans and specifications must address the complete
21.15 layout and type of all installations, systems, and equipment to be provided. Heating plans
21.16 must include heating elements, piping, thermostatic controls, pumps, tanks, heat exchangers,
21.17 boilers, breeching, and accessories. Ventilation plans must include room air quantities,
21.18 ducts, fire and smoke dampers, exhaust fans, humidifiers, and air handling units. Plumbing
21.19 plans must include the fixtures and equipment fixture schedule; water supply and circulating
21.20 piping, pumps, tanks, riser diagrams, and building drains; the size, location, and elevation
21.21 of water and sewer services; and the building fire protection systems. Electrical plans must
21.22 include fixtures and equipment, receptacles, switches, power outlets, circuits, power and
21.23 light panels, transformers, and service feeders. Plans must show location of nurse call signals,
21.24 cable lines, fire alarm stations, and fire detectors and emergency lighting.

21.25 (b) Unless construction is begun within one year after approval of the final working
21.26 drawing and specifications, the drawings must be resubmitted for review and approval.

21.27 (c) The commissioner must be notified within 30 days before completion of construction
21.28 so that the commissioner can make arrangements for a final inspection by the commissioner.

21.29 (d) At least one set of complete life safety plans, including changes resulting from
21.30 remodeling or alterations, must be kept on file in the facility.

21.31 **EFFECTIVE DATE.** This section is effective August 1, 2022.

22.1 Sec. 23. Minnesota Statutes 2019 Supplement, section 144G.92, subdivision 5, is amended
22.2 to read:

22.3 Subd. 5. **Other laws.** Nothing in this section affects the rights and remedies available
22.4 ~~to a resident~~ under section 626.557, subdivisions 10, 17, and 20.

22.5 **EFFECTIVE DATE.** This section is effective August 1, 2022.

22.6 Sec. 24. Minnesota Statutes 2019 Supplement, section 144G.9999, subdivision 3, is
22.7 amended to read:

22.8 Subd. 3. **Recommendations.** The task force shall periodically provide recommendations
22.9 to the commissioner and the legislature on changes needed to promote safety and quality
22.10 improvement practices in long-term care settings and with long-term care providers. The
22.11 task force shall meet no fewer than four times per year. The task force shall be established
22.12 by July 1, ~~2020~~ 2021.

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

22.14 Sec. 25. Laws 2019, chapter 60, article 1, section 45, is amended to read:

22.15 Sec. 45. **TRANSITION PERIOD.**

22.16 (a) The commissioner shall begin rulemaking on July 1, 2019.

22.17 (b) From July 1, 2020, to July 31, ~~2021~~ 2022, the commissioner shall prepare for the
22.18 new assisted living facility and assisted living facility with dementia care licensure by hiring
22.19 staff, developing forms, and communicating with stakeholders about the new facility
22.20 licensing.

22.21 (c) Effective August 1, ~~2021~~ 2022, all existing housing with services establishments
22.22 providing home care services under Minnesota Statutes, chapter 144A, must convert their
22.23 registration to licensure under Minnesota Statutes, chapter ~~144H~~ 144G.

22.24 (d) Effective August 1, ~~2021~~ 2022, all new assisted living facilities and assisted living
22.25 facilities with dementia care must be licensed by the commissioner.

23.1 Sec. 26. Laws 2019, chapter 60, article 1, section 46, is amended to read:

23.2 Sec. 46. **PRIORITIZATION OF ENFORCEMENT ACTIVITIES.**

23.3 Within available appropriations to the commissioner of health for enforcement activities
23.4 for fiscal years 2020 ~~and~~, 2021, and 2022, the commissioner of health shall prioritize
23.5 enforcement activities taken under Minnesota Statutes, section 144A.442.

23.6 Sec. 27. Laws 2019, chapter 60, article 1, section 48, is amended to read:

23.7 Sec. 48. **REPEALER.**

23.8 Minnesota Statutes 2018, sections 144D.01; 144D.015; 144D.02; 144D.025; 144D.03;
23.9 144D.04; 144D.045; 144D.05; 144D.06; 144D.065; 144D.066; 144D.07; 144D.08; 144D.09;
23.10 144D.10; 144D.11; 144G.01; 144G.02; 144G.03; 144G.04; 144G.05; and 144G.06, are
23.11 repealed effective August 1, ~~2021~~ 2022.

23.12 Sec. 28. Laws 2019, chapter 60, article 4, section 35, is amended to read:

23.13 Sec. 35. **REPEALER.**

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

23.15 (b) Minnesota Statutes 2018, sections 144A.441; and 144A.442, are repealed August 1,
23.16 ~~2021~~ 2022.

23.17 Sec. 29. Laws 2019, chapter 60, article 5, section 2, is amended to read:

23.18 Sec. 2. **COMMISSIONER OF HEALTH.**

23.19 Subdivision 1. **General fund appropriation.** (a) \$9,656,000 in fiscal year 2020 and
23.20 \$9,416,000 in fiscal year 2021 are appropriated from the general fund to the commissioner
23.21 of health to implement regulatory activities relating to vulnerable adults and assisted living
23.22 licensure.

23.23 (b) Of the amount in paragraph (a), \$7,438,000 in fiscal year 2020 and \$4,302,000 in
23.24 fiscal year 2021 are for improvements to the current regulatory activities, systems, analysis,
23.25 reporting, and communications relating to regulation of vulnerable adults. The base for this
23.26 appropriation is \$5,800,000 in fiscal year 2022 and \$5,369,000 in fiscal year 2023.

23.27 (c) Of the amount in paragraph (a), \$2,218,000 in fiscal year 2020 and \$5,114,000 in
23.28 fiscal year 2021 are to establish assisted living licensure under Minnesota Statutes, ~~section~~

24.1 ~~144I.01~~ sections 144G.08 to 144G.9999. The fiscal year 2021 appropriation is available
 24.2 until June 30, 2023. This is a onetime appropriation.

24.3 Subd. 2. **State government special revenue fund appropriation.** \$1,103,000 in fiscal
 24.4 year 2020 and \$1,103,000 in fiscal year 2021 are appropriated from the state government
 24.5 special revenue fund to improve the frequency of home care provider inspections and to
 24.6 implement assisted living licensure activities under Minnesota Statutes, ~~section 144I.01~~
 24.7 sections 144G.08 to 144G.9999. The base for this appropriation is ~~\$8,131,000~~ \$1,103,000
 24.8 in fiscal year 2022 and \$8,339,000, \$8,131,000 in fiscal year 2023, \$8,339,000 in fiscal
 24.9 year 2024, and \$8,339,000 in fiscal year 2025.

24.10 Subd. 3. **Transfer.** The commissioner shall transfer fine revenue previously deposited
 24.11 to the state government special revenue fund under Minnesota Statutes, section 144A.474,
 24.12 subdivision 11, estimated to be \$632,000 to a dedicated special revenue account in the state
 24.13 treasury established for the purposes of implementing the recommendations of the Home
 24.14 Care Advisory Council under Minnesota Statutes, section 144A.4799.

24.15 Sec. 30. **AMENDMENTS TO EFFECTIVE DATES FOR CERTAIN SECTIONS**
 24.16 **IN LAWS 2019, CHAPTER 60.**

24.17 (a) Notwithstanding any law to the contrary, the following sections enacted in Laws
 24.18 2019, chapter 60, and recodified in Minnesota Statutes, chapter 144G, shall be effective
 24.19 August 1, 2022: article 1, sections 2 to 30, 32 to 39, and 42 to 44; and article 2, sections 1
 24.20 to 4.

24.21 (b) Notwithstanding any law to the contrary, the following sections enacted in Laws
 24.22 2019, chapter 60, shall be effective August 1, 2022: article 1, section 1; and article 4, sections
 24.23 1 to 4, 13, 14, 31, and 32.

24.24 (c) Notwithstanding any law to the contrary, Laws 2019, chapter 60, article 1, section
 24.25 31, shall be effective August 1, 2022, for contracts entered into on or after that date.

24.26 (d) Notwithstanding any law to the contrary, Laws 2019, chapter 60, article 3, section
 24.27 3, shall expire July 31, 2022.

24.28 (e) Notwithstanding any law to the contrary, Laws 2019, chapter 60, article 3, section
 24.29 4, shall be effective for contracts entered into on or after August 1, 2022.

24.30 (f) Notwithstanding any law to the contrary, the following sections enacted in Laws
 24.31 2019, chapter 60, shall be effective July 1, 2021: article 4, sections 6 to 12.

25.1 (g) Notwithstanding any law to the contrary, Laws 2019, chapter 60, article 4, section
25.2 18, shall be effective July 1, 2022.

25.3 **EFFECTIVE DATE.** Paragraph (f) is effective the day following final enactment.

25.4 Sec. 31. **CONSUMER PROTECTIONS FOR ASSISTED LIVING CLIENTS.**

25.5 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

25.6 (b) "Arranged home care provider" has the meaning given in Minnesota Statutes, section
25.7 144D.01, subdivision 2a.

25.8 (c) "Client" has the meaning given in Minnesota Statutes, section 144G.01, subdivision
25.9 3.

25.10 (d) "Client representative" means one of the following in the order of priority listed, to
25.11 the extent the person may reasonably be identified and located:

25.12 (1) a court-appointed guardian acting in accordance with the powers granted to the
25.13 guardian under Minnesota Statutes, chapter 524;

25.14 (2) a conservator acting in accordance with the powers granted to the conservator under
25.15 Minnesota Statutes, chapter 524;

25.16 (3) a health care agent acting in accordance with the powers granted to the health care
25.17 agent under Minnesota Statutes, chapter 145C;

25.18 (4) an attorney-in-fact acting in accordance with the powers granted to the attorney-in-fact
25.19 by a written power of attorney under Minnesota Statutes, chapter 523; or

25.20 (5) a person who: (i) is not an agent of a facility or an agent of a home care provider;
25.21 and (ii) is designated by the client orally or writing to act on the client's behalf.

25.22 (e) "Facility" means: (1) a housing with services establishment registered under Minnesota
25.23 Statutes, section 144D.02 and operating under title protection under Minnesota Statutes,
25.24 sections 144G.01 to 144G.07; or (2) a housing with services establishment registered under
25.25 Minnesota Statutes, section 144D.02 and required to disclose special care status under
25.26 Minnesota Statutes, section 325F.72.

25.27 (f) "Home care provider" has the meaning given in Minnesota Statutes, section 144A.43,
25.28 subdivision 4.

25.29 (g) "Safe location" means a location that does not place a client's health or safety at risk.
25.30 A safe location is not a private home where the occupant is unwilling or unable to care for
25.31 the client, a homeless shelter, a hotel, or a motel.

26.1 (h) "Service plan" has the meaning given in Minnesota Statutes, section 144A.43,
26.2 subdivision 27.

26.3 (i) "Services" means services provided to a client by a home care provider according to
26.4 a service plan.

26.5 **Subd. 2. Prerequisite to termination or nonrenewal of lease, services, or service**
26.6 **plan. (a) A facility must schedule and participate in a meeting with the client and the client**
26.7 **representative before:**

26.8 (1) the facility issues a notice of termination of a lease;

26.9 (2) the facility issues a notice of termination or nonrenewal of all services; or

26.10 (3) an arranged home care provider issues a notice of termination or nonrenewal of a
26.11 service plan.

26.12 (b) The purposes of the meeting required under paragraph (a) are to:

26.13 (1) explain in detail the reasons for the proposed termination or nonrenewal; and

26.14 (2) identify and offer reasonable accommodations or modifications, interventions, or
26.15 alternatives to avoid the termination or nonrenewal and enable the client to remain in the
26.16 facility, including but not limited to securing services from another home care provider of
26.17 the client's choosing. A facility is not required to offer accommodations, modifications,
26.18 interventions, or alternatives that fundamentally alter the nature of the operation of the
26.19 facility.

26.20 (c) The meeting required under paragraph (a) must be scheduled to take place at least
26.21 seven days before a notice of termination or nonrenewal is issued. The facility must make
26.22 reasonable efforts to ensure that the client and the client representative are able to attend
26.23 the meeting.

26.24 (d) The facility must notify the client that the client may invite family members, relevant
26.25 health professionals, a representative of the Office of Ombudsman for Long-Term Care, or
26.26 other persons of the client's choosing to attend the meeting. For clients who receive home
26.27 and community-based waiver services under Minnesota Statutes, chapter 256S and Minnesota
26.28 Statutes, section 256B.49, the facility must notify the client's case manager of the meeting.

26.29 **Subd. 3. Restrictions on lease terminations. (a) A facility may not terminate a lease**
26.30 **except as provided in this subdivision.**

26.31 (b) Upon 30 days' prior written notice, a facility may initiate a termination of a lease
26.32 only for:

27.1 (1) nonpayment of rent, provided the facility informs the client that public benefits may
27.2 be available and provides contact information for the Senior LinkAge Line under Minnesota
27.3 Statutes, section 256.975, subdivision 7. An interruption to a client's public benefits that
27.4 lasts for no more than 60 days does not constitute nonpayment; or

27.5 (2) a violation of a lawful provision of the lease if the client does not cure the violation
27.6 within a reasonable amount of time after the facility provides written notice to the client of
27.7 the ability to cure. Written notice of the ability to cure may be provided in person or by first
27.8 class mail. A facility is not required to provide a client with written notice of the ability to
27.9 cure for a violation that threatens the health or safety of the client or another individual in
27.10 the facility, or for a violation that constitutes illegal conduct.

27.11 (c) Upon 15 days' prior written notice, a facility may terminate a lease only if the client
27.12 has:

27.13 (1) engaged in conduct that substantially interferes with the rights, health, or safety of
27.14 other clients;

27.15 (2) engaged in conduct that substantially and intentionally interferes with the safety or
27.16 physical health of facility staff; or

27.17 (3) committed an act listed in Minnesota Statutes, section 504B.171 that substantially
27.18 interferes with the rights, health, or safety of other clients.

27.19 (d) Nothing in this subdivision affects the rights and remedies available to facilities and
27.20 clients under Minnesota Statutes, chapter 504B.

27.21 **Subd. 4. Restrictions on terminations and nonrenewals of services and service**
27.22 **plans. (a) An arranged home care provider may not terminate or fail to renew a service plan**
27.23 **of a client in a facility except as provided in this subdivision.**

27.24 (b) Upon 30 days' prior written notice, an arranged home care provider may initiate a
27.25 termination of services for nonpayment if the client does not cure the violation within a
27.26 reasonable amount of time after the facility provides written notice to the client of the ability
27.27 to cure. An interruption to a client's public benefits that lasts for no more than 60 days does
27.28 not constitute nonpayment.

27.29 (c) Upon 15 days' prior written notice, an arranged home care provider may terminate
27.30 or fail to renew a service plan only if:

27.31 (1) the client has engaged in conduct that substantially interferes with the client's health
27.32 or safety;

28.1 (2) the client's assessed needs exceed the scope of services agreed upon in the service
28.2 plan and are not otherwise offered by the arranged home care provider; or

28.3 (3) extraordinary circumstances exist, causing the arranged home care provider to be
28.4 unable to provide the client with the services agreed to in the service plan that are necessary
28.5 to meet the client's needs.

28.6 (d) A violation of paragraph (b) that would make it necessary for the client to move out
28.7 of the facility in which the arranged home care provider is providing the services, constitutes
28.8 a constructive eviction. A client alleging that an arranged home care provider is terminating
28.9 services in violation of paragraph (b) may seek a temporary injunction against the termination
28.10 under Minnesota Statutes, section 504B.381. The court may grant a temporary injunction
28.11 upon a showing by the client that: (1) there is a genuine issue of material fact as to whether
28.12 the arranged home care provider is terminating services in violation of paragraph (b); and
28.13 (2) the termination would cause irreparable harm to the client. Upon a grant of a temporary
28.14 injunction, the termination shall be automatically stayed while the underlying dispute is
28.15 adjudicated in a court of competent jurisdiction. If a client prevails in an action brought
28.16 under this paragraph, the client is entitled to reasonable attorney fees and court costs. During
28.17 the period of time between the issuance of a temporary injunction and final adjudication of
28.18 the underlying dispute, the client is responsible for contracting for those additional services
28.19 the client needs from the arranged home care provider or another home care provider, and
28.20 for ensuring that the costs for those additional services are covered.

28.21 Subd. 5. **Restriction on lease nonrenewals.** If a facility decides to not renew a client's
28.22 lease, the facility must:

28.23 (1) provide the client with 60 calendar days' notice of the nonrenewal;

28.24 (2) ensure a coordinated move as provided under subdivision 7;

28.25 (3) consult and cooperate with the client; the client representative; the case manager of
28.26 a client who receives home and community-based waiver services under Minnesota Statutes,
28.27 chapter 256S and Minnesota Statutes, section 256B.49; relevant health professionals; and
28.28 any other person of the client's choosing, to make arrangements to move the client; and

28.29 (4) prepare a written plan to prepare for the move.

28.30 Subd. 6. **Right to return.** If a client is absent from a facility for any reason, the facility
28.31 shall not refuse to allow a client to return if a lease termination has not been effectuated.

28.32 Subd. 7. **Coordinated moves.** (a) A facility or arranged home care provider, as applicable,
28.33 must arrange a coordinated move for a client according to this subdivision if:

- 29.1 (1) a facility terminates a lease or closes the facility;
- 29.2 (2) an arranged home care provider terminates or does not renew a service plan; or
- 29.3 (3) an arranged home care provider reduces or eliminates services to the extent that the
- 29.4 client needs to move.
- 29.5 (b) If an event listed in paragraph (a) occurs, the facility or arranged home care provider,
- 29.6 as applicable, must:
- 29.7 (1) ensure a coordinated move to a safe location that is appropriate for the client and
- 29.8 that is identified by the facility;
- 29.9 (2) ensure a coordinated move to an appropriate service provider identified by the facility,
- 29.10 provided services are still needed and desired by the client; and
- 29.11 (3) consult and cooperate with the client; the client representative; the case manager for
- 29.12 a client who receives home and community-based waiver services under Minnesota Statutes,
- 29.13 chapter 256S and Minnesota Statutes, section 256B.49; relevant health professionals; and
- 29.14 any other person of the client's choosing, to make arrangements to move the client.
- 29.15 (c) A facility may satisfy the requirements in paragraph (b), clauses (1) and (2), by
- 29.16 moving the client to a different location within the same facility, if appropriate for the client.
- 29.17 (d) A client may decline to move to the location the facility identifies or to accept services
- 29.18 from a service provider the facility identifies, and may choose instead to move to a location
- 29.19 of the client's choosing or receive services from a service provider of the client's choosing.
- 29.20 (e) Sixty days before the facility or arranged home care provider reduces or eliminates
- 29.21 one or more services for a particular client, the facility must provide written notice of the
- 29.22 reduction or elimination. If the facility, arranged home care provider, client, or client
- 29.23 representative determines that the reduction or elimination of services will force the client
- 29.24 to move to a new location, the facility must ensure a coordinated move in accordance with
- 29.25 this subdivision, and must provide notice to the Office of Ombudsman for Long-Term Care.
- 29.26 (f) The facility or arranged home care provider, as applicable, must prepare a relocation
- 29.27 plan to prepare for the move to the new location or service provider.
- 29.28 (g) With the client's knowledge and consent, if the client is relocated to another facility
- 29.29 or to a nursing home, or if care is transferred to another service provider, the facility must
- 29.30 timely convey to the new facility, nursing home, or service provider:
- 29.31 (1) the client's full name, date of birth, and insurance information;
- 29.32 (2) the name, telephone number, and address of the client representative, if any;

30.1 (3) the client's current, documented diagnoses that are relevant to the services being
30.2 provided;

30.3 (4) the client's known allergies that are relevant to the services being provided;

30.4 (5) the name and telephone number of the client's physician, if known, and the current
30.5 physician orders that are relevant to the services being provided;

30.6 (6) all medication administration records that are relevant to the services being provided;

30.7 (7) the most recent client assessment, if relevant to the services being provided; and

30.8 (8) copies of health care directives, "do not resuscitate" orders, and any guardianship
30.9 orders or powers of attorney.

30.10 Subd. 8. **No waiver.** No facility or arranged home care provider may request or require
30.11 that a client waive the client's rights or requirements under this section at any time or for
30.12 any reason, including as a condition of admission to the facility.

30.13 **EFFECTIVE DATE.** This section is effective for contracts entered into on or after
30.14 August 1, 2021 and expires July 31, 2022."

30.15 Renumber the sections in sequence and correct the internal references

30.16 Amend the title accordingly