

This Document can be made available  
in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. **90**

01/17/2019 Authored by Schultz, Olson, Bernardy, Becker-Finn and Cantrell  
The bill was read for the first time and referred to the Committee on Health and Human Services Policy  
02/25/2019 Adoption of Report: Amended and re-referred to the Judiciary Finance and Civil Law Division

1.1 A bill for an act

1.2 relating to health; establishing consumer protections for residents of assisted living

1.3 establishments; establishing an assisted living establishment license; providing

1.4 criminal penalties; granting rulemaking authority; adding provisions for processing

1.5 and enforcement of maltreatment reports; requiring reports; amending Minnesota

1.6 Statutes 2018, sections 144.057, subdivision 1; 144.0721; 144.122; 144.651,

1.7 subdivision 1, by adding a subdivision; 144A.10, subdivision 1; 144A.18; 144A.19,

1.8 subdivision 1; 144A.20, subdivision 1; 144A.21; 144A.23; 144A.24; 144A.251;

1.9 144A.2511; 144A.26; 144A.27; 144A.45, subdivisions 1, 2; 144A.474, subdivisions

1.10 8, 9, 11; 144A.4791, subdivision 10; 144A.53, subdivision 1, by adding

1.11 subdivisions; 144D.01, subdivisions 2a, 4, 5, by adding subdivisions; 144D.015;

1.12 144D.02; 144D.04, subdivision 1; 144D.05; 144D.06; 144D.09; 144D.10; 144D.11;

1.13 325F.72, subdivisions 1, 4; 626.557, subdivisions 4, 9c, 12b; proposing coding

1.14 for new law in Minnesota Statutes, chapter 144; proposing coding for new law as

1.15 Minnesota Statutes, chapters 144I; 144J; repealing Minnesota Statutes 2018,

1.16 sections 144A.44; 144A.441; 144A.442; 144D.01, subdivision 6; 144D.025;

1.17 144D.04, subdivisions 2, 3; 144D.045; 144D.065; 144D.066; 144D.07; 144D.09;

1.18 144G.01; 144G.02; 144G.03, subdivisions 1, 2, 3, 4, 5, 6; 144G.04; 144G.05;

1.19 144G.06.

1.20 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.21 **ARTICLE 1**

1.22 **ASSISTED LIVING AND HOME CARE RIGHTS AND CONSUMER**

1.23 **PROTECTIONS**

1.24 Section 1. **[144J.01] DEFINITIONS.**

1.25 Subdivision 1. **Applicability.** For the purposes of this chapter, the following terms have

1.26 the meanings given them unless the context clearly indicates otherwise.

1.27 Subd. 2. **Adult.** "Adult" means a person who is at least 18 years of age.

1.28 Subd. 3. **Affiliated home care provider.** "Affiliated home care provider" means a home

1.29 care provider licensed under chapter 144A that provides home care services to residents of

2.1 an assisted living establishment under a business relationship or other affiliation with the  
2.2 establishment.

2.3 Subd. 4. **Agent.** "Agent" means an employee of, or person or entity contracting or  
2.4 affiliated with, the assisted living establishment.

2.5 Subd. 5. **Assisted living contract.** "Assisted living contract" means the legal agreement  
2.6 between an assisted living establishment and a resident for the provision of:

2.7 (1) housing;

2.8 (2) home care services, whether directly or through an affiliated home care provider;

2.9 and

2.10 (3) any other services.

2.11 Subd. 6. **Assisted living establishment.** (a) "Assisted living establishment" means an  
2.12 entity that is governed under chapter 144G or, after July 1, 2020, is licensed by the  
2.13 commissioner of health to provide housing and offer or provide home care services directly  
2.14 or through an affiliated home care provider. For the purposes of this chapter, unless otherwise  
2.15 provided, an assisted living establishment also includes a housing with services establishment  
2.16 registered under chapter 144D.

2.17 (b) Assisted living establishment does not include:

2.18 (1) shelters, transitional housing, or any other residential units serving exclusively or  
2.19 primarily homeless individuals, as defined in section 116L.361;

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

2.21 (3) a hospital, as defined in section 144.50, subdivision 2;

2.22 (4) a boarding care home, as defined in Minnesota Rules, part 4655.0100, subpart 3;

2.23 (5) a supervised living facility, as defined in Minnesota Rules, part 4665.0100, subpart  
2.24 10;

2.25 (6) a board and lodging establishment licensed under chapter 157 or 245G or governed  
2.26 under Minnesota Rules, parts 9520.0500 to 9520.0670;

2.27 (7) any establishment that serves as a shelter for battered women or other similar purpose;

2.28 (8) adult foster care licensed by the Department of Human Services;

2.29 (9) private homes in which the residents are related to the providers of services by  
2.30 kinship, law, or affinity;

3.1 (10) residential settings for persons with developmental disabilities in which the services  
3.2 are licensed under chapter 245D;

3.3 (11) a home-sharing arrangement, including but not limited to arrangements where an  
3.4 older person, person with a disability, or single-parent family makes lodging in a private  
3.5 residence available to another person in exchange for services or rent, or both;

3.6 (12) a condominium, cooperative, common interest community, or owners' association  
3.7 organized under chapter 515B where at least 80 percent of the units that comprise the  
3.8 condominium, cooperative, common interest community, or association are occupied by  
3.9 individuals who are the owners, members, or shareholders of the units;

3.10 (13) services for persons with developmental disabilities that are provided under a license  
3.11 under chapter 245D; or

3.12 (14) a temporary family health care dwelling as defined in section 394.307, subdivision  
3.13 1.

3.14 Subd. 7. **Client.** "Client" means a person to whom an unaffiliated home care provider  
3.15 provides home care services under a home care contract.

3.16 Subd. 8. **Commissioner.** "Commissioner" means the commissioner of health.

3.17 Subd. 9. **Designated representative.** "Designated representative" means:

3.18 (1) a court-appointed guardian;

3.19 (2) a conservator;

3.20 (3) an attorney-in-fact;

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

3.22 (5) a person designated in writing by the resident and identified in the resident's records  
3.23 on file with the assisted living establishment.

3.24 Subd. 10. **Home care provider.** "Home care provider" means an affiliated or unaffiliated  
3.25 home care provider.

3.26 Subd. 11. **Home care service agreement or service agreement.** "Home care service  
3.27 agreement" or "service agreement" means the written plan described in section 144A.43,  
3.28 subdivision 27, between the home care client or the client's designated representative and  
3.29 an unaffiliated home care provider describing the home care services that will be provided  
3.30 to the client.

3.31 Subd. 12. **Home care services.** "Home care services" means:

4.1 (1) the basic home care services described in section 144A.471, subdivision 6, clauses  
4.2 (1) to (5);

4.3 (2) the comprehensive home care services described in section 144A.471, subdivision  
4.4 7;

4.5 (3) monitoring or supervising the resident's functioning and needs to ensure the resident's  
4.6 well-being;

4.7 (4) assistance with laundry, shopping, and household chores;

4.8 (5) housekeeping services;

4.9 (6) providing assistance with meals or food preparation;

4.10 (7) help with arranging for or providing transportation to medical, social, recreational,  
4.11 personal, or social service appointments; or

4.12 (8) social or recreational services.

4.13 Subd. 13. **Housing with services establishment.** "Housing with services establishment"  
4.14 has the meaning given in section 144D.01, subdivision 4.

4.15 Subd. 14. **Resident.** "Resident" means a person living in an assisted living establishment.

4.16 Subd. 15. **Unaffiliated home care provider.** "Unaffiliated home care provider" means  
4.17 a home care provider regularly engaged for a fee in the delivery of one or more home care  
4.18 services directly to a client in any setting, including to a resident of an assisted living  
4.19 establishment, provided the home care provider has no business relationship or affiliation  
4.20 with the assisted living establishment where the client contracting for or receiving home  
4.21 care services resides.

4.22 **EFFECTIVE DATE.** This section is effective August 1, 2019.

4.23 Sec. 2. **[144J.02] ASSISTED LIVING CONTRACTS.**

4.24 Subdivision 1. **Contract required.** (a) No assisted living establishment may offer or  
4.25 provide housing, home care services, or other services to a resident unless it has executed  
4.26 a written contract with the resident.

4.27 (b) The contract must:

4.28 (1) be signed by both:

4.29 (i) the resident or the resident's designated representative; and

5.1 (ii) the owner or owners, or an agent of the owner or owners, of the assisted living  
5.2 establishment;

5.3 (2) contain all the terms concerning the provision of:

5.4 (i) housing; and

5.5 (ii) services, including all home care services, whether provided directly by the assisted  
5.6 living establishment or by an affiliated home care provider.

5.7 (c) An assisted living establishment must:

5.8 (1) offer to prospective residents and provide to the Office of the Ombudsman for  
5.9 Long-Term Care a complete unsigned copy of its assisted living contract; and

5.10 (2) give a complete copy of any signed contract and any addendums, and all supporting  
5.11 documents and attachments, to the resident or the resident's designated representative  
5.12 promptly after a contract and any addendum has been signed by the resident or the resident's  
5.13 designated representative.

5.14 (d) A contract under this section is a consumer contract under sections 325G.29 to  
5.15 325G.37.

5.16 (e) Before or at the time of execution of an assisted living contract, the assisted living  
5.17 establishment must offer the resident the opportunity to identify a designated representative  
5.18 in writing in the contract. The contract must contain a page or space for the name and contact  
5.19 information of the designated representative and a box the resident must initial if the resident  
5.20 declines to name a designated representative. Notwithstanding paragraph (f), the resident  
5.21 has the right at any time to rescind the declination or add or change the name and contact  
5.22 information of the designated representative.

5.23 (f) The resident must agree in writing to any additions or amendments to the contract.  
5.24 Upon agreement between the resident or resident's designated representative and the assisted  
5.25 living establishment, a new contract or an addendum to the existing contract must be executed  
5.26 and signed.

5.27 Subd. 2. **Contents of contract; contact information.** (a) An assisted living contract  
5.28 must include in a conspicuous place and manner on the contract, the legal name, the license  
5.29 or registration number of the assisted living establishment, and the license number of any  
5.30 affiliated home care provider.

5.31 (b) An assisted living contract must include the name, telephone number, and physical  
5.32 mailing address, which may not be a public or private post office box, of:

- 6.1 (1) the assisted living establishment and any affiliated home care provider;  
6.2 (2) the owner or owners of the assisted living establishment and of any affiliated home  
6.3 care provider;  
6.4 (3) the managing agent of the assisted living establishment; and  
6.5 (4) at least one natural person who is authorized to accept service of process on behalf  
6.6 of the assisted living establishment and each affiliated home care provider.

6.7 Subd. 3. **Duration of contract.** An assisted living contract must include:

- 6.8 (1) a description of all the terms and conditions of the contract, including a description  
6.9 of and any limitations to the housing and home care services to be provided for the contracted  
6.10 amount;  
6.11 (2) a delineation of the cost and nature of any other services to be provided for an  
6.12 additional fee;  
6.13 (3) a delineation and description of any additional fees the resident may be required to  
6.14 pay if the resident's condition changes during the term of the contract;  
6.15 (4) a delineation of the grounds under which the resident may be discharged, evicted,  
6.16 or transferred or have services terminated; and  
6.17 (5) billing and payment procedures and requirements.

6.18 Subd. 4. **Complaint procedures.** An assisted living contract must include a description  
6.19 of the assisted living establishment's complaint resolution process available to residents,  
6.20 including the name and contact information of the person representing the assisted living  
6.21 establishment who is designated to handle and resolve complaints.

6.22 Subd. 5. **Notice required.** An assisted living contract must include a clear and  
6.23 conspicuous notice of:

- 6.24 (1) the right under section 144J.13 to challenge a discharge, eviction, or transfer or  
6.25 service termination;  
6.26 (2) the assisted living establishment's policy regarding transfer of residents within the  
6.27 establishment, under what circumstances transfer may occur, and whether or not consent  
6.28 of the resident being asked to transfer is required;  
6.29 (3) the toll-free complaint line for the long-term care ombudsman and the Office of  
6.30 Health Facility Complaints;  
6.31 (4) the resident's right to obtain services from an unaffiliated home care provider;

7.1 (5) the availability of public funds for eligible residents to pay for housing or services,  
7.2 or both; and

7.3 (6) the contact information to obtain long-term care consulting services under section  
7.4 256B.0911.

7.5 Subd. 6. **Contracts in permanent files.** Assisted living contracts and related documents  
7.6 executed by each resident or the resident's designated representative must be maintained  
7.7 by the assisted living establishment in files from the date of execution of the assisted living  
7.8 contract until three years after the contract is terminated or expires. Assisted living contracts  
7.9 and any applicable written disclosures required under section 325F.72 shall be made available  
7.10 for on-site inspection by the commissioner upon request at any time.

7.11 Subd. 7. **Waivers of liability prohibited.** An assisted living contract must not include  
7.12 a waiver of assisted living establishment liability for the health and safety or personal  
7.13 property of a resident. An assisted living contract must not include any provision that the  
7.14 assisted living establishment knows or should know to be deceptive, unlawful, or  
7.15 unenforceable under state or federal law, nor include any provision that requires or implies  
7.16 a lesser standard of care or responsibility than is required by law.

7.17 **EFFECTIVE DATE.** This section is effective for all assisted living contracts entered  
7.18 into on or after January 1, 2020. Prior to January 1, 2020, assisted living establishments are  
7.19 governed by the contract requirements in Minnesota Statutes, sections 144D.04 and  
7.20 144D.045.

7.21 Sec. 3. **[144J.03] HOUSING AND SERVICE-RELATED MATTERS.**

7.22 Subdivision 1. **Responsibility for housing and services.** The assisted living  
7.23 establishment is directly responsible to the resident for all housing and service-related  
7.24 matters provided directly or through an affiliated home care provider. Housing and  
7.25 service-related matters include but are not limited to the handling of complaints, the provision  
7.26 of notices, and the initiation of any adverse action against the resident involving housing  
7.27 or services provided by the assisted living establishment or any agent, including an affiliated  
7.28 home care provider.

7.29 Subd. 2. **Uniform checklist disclosure of services.** (a) On and after July 1, 2020, an  
7.30 assisted living establishment must provide to prospective residents, the prospective resident's  
7.31 designated representative, and any other person or persons the resident chooses:

8.1 (1) a written checklist listing all services permitted under the assisted living  
8.2 establishment's license and identifying all services the assisted living establishment offers  
8.3 to provide under the assisted living contract; and

8.4 (2) an oral explanation of the services offered under the assisted living contract.

8.5 (b) The requirements of paragraph (a) must be completed prior to the execution of an  
8.6 assisted living contract.

8.7 (c) The commissioner must, in consultation with all interested stakeholders, design the  
8.8 uniform checklist disclosure form for use as provided under paragraph (a).

8.9 Subd. 3. **Reservation of rights.** Nothing in this chapter or chapter 144I:

8.10 (1) requires a resident to utilize any service provided by or through, or made available  
8.11 in, an assisted living establishment;

8.12 (2) prevents an assisted living establishment from requiring, as a condition of the assisted  
8.13 living contract, that the resident pay for a package of services even if the resident does not  
8.14 choose to utilize all or some of the services in the package;

8.15 (3) requires an assisted living establishment to fundamentally alter the nature of the  
8.16 operations of the establishment in order to accommodate a resident's request; or

8.17 (4) affects the duty of an assisted living establishment to grant a resident's request for  
8.18 reasonable accommodations.

8.19 Sec. 4. **[144J.04] NOTICE TO RESIDENTS OF CHANGE IN OWNERSHIP OR**  
8.20 **MANAGEMENT.**

8.21 An assisted living establishment must provide prompt written notice to the resident or  
8.22 resident's designated representative of any change of legal name, telephone number, and  
8.23 physical mailing address, which may not be a public or private post office box, of:

8.24 (1) the owner or owners of the assisted living establishment or affiliated home care  
8.25 provider or, after July 1, 2020, the assisted living establishment or affiliated home care  
8.26 provider or housing with services registrant, if different from the owner or owners of the  
8.27 assisted living establishment;

8.28 (2) the manager of the assisted living establishment; and

8.29 (3) the natural person authorized to accept legal process on behalf of the assisted living  
8.30 establishment or affiliated home care provider.

8.31 **EFFECTIVE DATE.** This section is effective August 1, 2019.



9.1 Sec. 5. [144J.05] NOTICES IN PLAIN LANGUAGE AND LANGUAGE  
9.2 ACCOMMODATIONS.

9.3 Assisted living establishments and affiliated home care providers must provide all notices  
9.4 in plain language that residents can understand and make reasonable accommodations for  
9.5 residents who have communication disabilities and those whose primary language is a  
9.6 language other than English.

9.7 **EFFECTIVE DATE.** This section is effective August 1, 2019.

9.8 Sec. 6. [144J.06] ASSISTED LIVING AND HOME CARE RIGHTS.

9.9 Subdivision 1. **Definitions.** (a) "Assisted living establishment" includes an affiliated  
9.10 home care provider.

9.11 (b) "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the  
9.12 intentional and nontherapeutic infliction of physical pain or injury, or any persistent course  
9.13 of conduct intended to produce mental or emotional distress.

9.14 (c) "Resident" means a person residing in an assisted living establishment or any person  
9.15 receiving home care services from an affiliated or unaffiliated home care provider.

9.16 Subd. 2. **Applicability.** All home care providers, including those exempted from home  
9.17 care licensure under section 144A.471, subdivision 8, must comply with this section and  
9.18 the commissioner shall enforce this section against home care providers exempt from  
9.19 licensure in the same manner as for licensees.

9.20 Subd. 3. **Legislative intent.** It is the intent of the legislature to promote the interests and  
9.21 well-being of residents. It is the intent of this section that every resident's civil and religious  
9.22 liberties, including the right to independent personal decisions and knowledge of available  
9.23 choices, shall not be infringed and that the assisted living establishment or home care  
9.24 provider must encourage and assist in the fullest possible exercise of these rights. The rights  
9.25 established under this section for the benefit of residents do not limit the rights residents  
9.26 have under other applicable law.

9.27 Subd. 4. **Right to information about rights.** (a) Before receiving services, residents  
9.28 have the right to receive from the assisted living establishment or unaffiliated home care  
9.29 provider written information about rights under this section in plain language and in terms  
9.30 residents can understand. The provider must make reasonable accommodations for residents  
9.31 who have communication disabilities and those who speak a language other than English.  
9.32 The information must include:

10.1 (1) what recourse the resident has if rights are violated;

10.2 (2) the name, address, telephone number, and e-mail contact information of organizations  
10.3 that provide advocacy and legal services for residents to enforce their rights including but  
10.4 not limited to the designated protection and advocacy organization in Minnesota that provides  
10.5 advice and representation to individuals with disabilities; and

10.6 (3) the name, address, telephone number, and e-mail contact information for government  
10.7 agencies where the resident or private client may file a maltreatment report, complain, or  
10.8 seek assistance, including the Office of Health Facility Complaints, the long-term care  
10.9 ombudsman, and state and county agencies that regulate assisted living establishments and  
10.10 home care providers.

10.11 (b) Upon request, residents and their designated representatives have the right to current  
10.12 assisted living establishment or home care provider policies, inspection findings of state  
10.13 and local health authorities, and further explanation of the rights provided under this section,  
10.14 consistent with chapter 13 and section 626.557.

10.15 Subd. 5. **Right to courteous treatment.** Residents have the right to be treated with  
10.16 courtesy and respect, and to have the resident's property treated with respect.

10.17 Subd. 6. **Right to appropriate care and services.** (a) Residents have the right to care  
10.18 and services that are appropriate based on the resident's needs and according to an up-to-date  
10.19 plan for care and services. All plans for care and services must be designed to enable residents  
10.20 to achieve their highest level of emotional, psychological, physical, medical, and functional  
10.21 well-being and safety.

10.22 (b) Residents have the right to receive medical and personal care and services with  
10.23 continuity by people who are properly trained and competent to perform their duties and in  
10.24 sufficient numbers to adequately provide the services agreed to in the assisted living contract  
10.25 or home care service agreement.

10.26 Subd. 7. **Right to information about individuals providing services.** Residents have  
10.27 the right to be told before receiving services the type and disciplines of staff who will be  
10.28 providing the services, the frequency of visits proposed to be furnished, and other choices  
10.29 that are available for addressing the resident's needs.

10.30 Subd. 8. **Freedom from maltreatment.** Residents have the right to be free from  
10.31 maltreatment.

11.1 Subd. 9. Right to participate in care and service planning; notice of change. Residents  
11.2 have the right to actively participate in the planning, modification, and evaluation of their  
11.3 care and services. This right includes:

11.4 (1) the opportunity to discuss care, services, treatment, and alternatives with the  
11.5 appropriate caregivers;

11.6 (2) the opportunity to request and participate in formal care conferences;

11.7 (3) the right to include a family member or the resident's designated representative, or  
11.8 both; and

11.9 (4) the right to be told in advance of, and take an active part in decisions regarding, any  
11.10 recommended changes in the plan for care and services.

11.11 Subd. 10. Right to disclosure of contract services and rights to purchase outside  
11.12 services. (a) Residents have the right to be informed, prior to receiving care or services  
11.13 from an affiliated or unaffiliated home care provider and during their stay in an assisted  
11.14 living establishment of:

11.15 (1) care and services which are included under the terms of the assisted living contract  
11.16 and the home care service agreement, if applicable;

11.17 (2) information about care and other public services or private services that may be  
11.18 available in the community at additional charges; and

11.19 (3) any limits to the services available from the assisted living establishment or an  
11.20 unaffiliated home care provider.

11.21 (b) If an assisted living contract or home care service agreement permits changes in  
11.22 services, residents have the right to reasonable, advance notice of any change.

11.23 (c) Residents have the right to purchase or rent goods or services not included in the  
11.24 assisted living contract rate or home care service agreement rate from a supplier of their  
11.25 choice unless otherwise provided by law. The supplier must ensure that these purchases are  
11.26 sufficient to meet the medical or treatment needs of the residents.

11.27 (d) Residents have the right to change home care providers after services have begun,  
11.28 within the limits of health insurance, long-term care insurance, medical assistance, or other  
11.29 health programs, and contractual agreements.

11.30 (e) Home care providers must make every effort to assist residents in obtaining  
11.31 information regarding whether the Medicare, medical assistance, or other public program  
11.32 will pay for any or all of the services.

12.1 Subd. 11. **Right to information about charges.** (a) Before services are initiated, residents  
12.2 have the right to be notified:

12.3 (1) of home care provider charges for the services;

12.4 (2) as to what extent payment may be expected from health insurance, public programs,  
12.5 or other sources, if known; and

12.6 (3) what charges the resident may be responsible for paying.

12.7 (b) If an assisted living contract or home care service agreement permits changes in  
12.8 charges, residents have the right to reasonable, advance notice of any change.

12.9 Subd. 12. **Right to information about health care treatment.** Where applicable,  
12.10 residents have the right to be given by their physicians complete and current information  
12.11 concerning their diagnosis, cognitive functioning level, treatment, alternatives, risks, and  
12.12 prognosis as required by the physician's legal duty to disclose. This information must be in  
12.13 terms and language the residents can reasonably be expected to understand. This information  
12.14 shall include the likely medical or major psychological results of the treatment and its  
12.15 alternatives. Residents receiving home care services from the assisted living establishment  
12.16 directly, or through an affiliated home care provider, may be accompanied by a family  
12.17 member or other designated representative, or both.

12.18 Subd. 13. **Right to refuse services or care.** (a) Residents have the right to refuse services  
12.19 or care.

12.20 (b) Home care providers and assisted living establishments must document in the  
12.21 resident's record that the home care provider informed residents who refuse care, services,  
12.22 treatment, medication, or dietary restrictions of the likely medical, health-related, or  
12.23 psychological consequences of the refusal.

12.24 (c) In cases where a resident is incapable of understanding the circumstances but has  
12.25 not been adjudicated incompetent, or when legal requirements limit the right to refuse  
12.26 medical treatment, the conditions and circumstances must be fully documented by the  
12.27 attending physician in the resident's record.

12.28 Subd. 14. **Right to personal, treatment, and communication privacy.** (a) In assisted  
12.29 living establishments, residents have the right to:

12.30 (1) every consideration of their privacy, individuality, and cultural identity as related to  
12.31 their social, religious, and psychological well-being. Staff must respect the privacy of a  
12.32 resident's space by knocking on the door and seeking consent before entering, except in an  
12.33 emergency or where clearly inadvisable;

13.1 (2) respectfulness and privacy as they relate to the resident's medical and personal care  
13.2 program. Case discussion, consultation, examination, and treatment are confidential and  
13.3 must be conducted discreetly. Privacy must be respected during toileting, bathing, and other  
13.4 activities of personal hygiene, except as needed for resident safety or assistance;

13.5 (3) communicate privately with persons of their choice;

13.6 (4) enter and, if not residing in a secure assisted living establishment, leave the facility  
13.7 as they choose;

13.8 (5) private communication with a representative of a protection and advocacy services  
13.9 agency; and

13.10 (6) access Internet service at their expense, unless offered by the home care provider or  
13.11 assisted living establishment.

13.12 (b) Personal mail must be sent by the assisted living establishment without interference  
13.13 and received unopened unless medically or programmatically contraindicated and  
13.14 documented by the physician or advanced practice registered nurse in the resident's record.  
13.15 Residents must be provided access to a telephone to make and receive calls as well as speak  
13.16 privately. Assisted living establishments that are unable to provide a private area must make  
13.17 reasonable arrangements to accommodate the privacy of residents' calls.

13.18 Subd. 15. **Right to confidentiality of records.** Residents have the right to have personal,  
13.19 financial, and medical information kept private, to approve or refuse release of information  
13.20 to any outside party, and to be advised of the assisted living establishment and home care  
13.21 providers' policies and procedures regarding disclosure of the information. Residents must  
13.22 be notified when personal records are requested by any outside party.

13.23 Subd. 16. **Right to visitors and social participation.** (a) Residents have the right of  
13.24 reasonable access at reasonable times, or any time when the resident's welfare is in immediate  
13.25 jeopardy, to any available rights protection services and advocacy services.

13.26 (b) Residents have the right to meet with or receive visits at reasonable times by the  
13.27 resident's guardian, conservator, health care agent, family, attorney, advocate, religious or  
13.28 social work counselor, or any person of the resident's choosing, or at any time when the  
13.29 resident's welfare is in immediate jeopardy.

13.30 (c) Residents have the right to participate in commercial, religious, social, community,  
13.31 and political activities without interference and at their discretion if the activities do not  
13.32 infringe on the right to privacy of other residents.

14.1 Subd. 17. **Right to designate representative.** Residents have the right to name a  
14.2 designated representative. Before or at the time of execution of an assisted living contract,  
14.3 assisted living establishments must offer the resident the opportunity to identify a designated  
14.4 representative in writing in the contract. Residents have the right at any time at or after they  
14.5 enter into an assisted living contract to name a designated representative.

14.6 Subd. 18. **Right to form family and advisory councils.** Residents in assisted living  
14.7 establishments and their families have the right to organize, maintain, and participate in  
14.8 resident family and advisory councils. Assisted living establishments must provide assistance  
14.9 and space for meetings and afford privacy. Staff or visitors may attend only upon the council's  
14.10 invitation. A staff person must be designated the responsibility of providing this assistance  
14.11 and responding to written requests that result from council meetings. Resident and family  
14.12 councils must be encouraged to make recommendations regarding establishment policies.

14.13 Subd. 19. **Right to complain.** Residents have the right to:

14.14 (1) complain or inquire about either care or services that are provided or not provided;

14.15 (2) complain about the lack of courtesy or respect to the resident or to the resident's  
14.16 property;

14.17 (3) know how to contact the agent of the assisted living establishment or unaffiliated  
14.18 home care provider who is responsible for handling complaints and inquiries;

14.19 (4) have the assisted living establishment or the unaffiliated home care provider conduct  
14.20 an investigation, attempt to resolve, and provide a timely response to the complaint or  
14.21 inquiry; and

14.22 (5) recommend changes in policies and services to staff and others of their choice.

14.23 Subd. 20. **Right to assert rights.** Residents, their designated representatives, or any  
14.24 person or persons on behalf of the resident have the right to assert the rights granted to  
14.25 residents under this section or any other section.

14.26 **EFFECTIVE DATE.** This section is effective August 1, 2019.

14.27 Sec. 7. **[144J.07] ELECTRONIC MONITORING.**

14.28 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have  
14.29 the meanings given them.

14.30 (b) "Electronic monitoring device" means a camera or other device that captures, records,  
14.31 or broadcasts audio, video, or both, that is placed in a resident's room or private living space  
14.32 and is used to monitor the resident or activities in the room or private living space.

15.1 (c) "Facility" means a facility that is:

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

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

15.4 (3) an assisted living establishment, as defined in section 144J.01, subdivision 6.

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

15.6 (e) "Resident representative" means a court-appointed guardian, health care agent under  
15.7 section 145C.01, subdivision 2, or a person chosen by the resident and identified in the  
15.8 resident's records on file with the facility.

15.9 Subd. 2. **Electronic monitoring authorized.** (a) A facility must allow a resident or a  
15.10 resident representative to conduct electronic monitoring of the resident's room or private  
15.11 living space as provided in this section.

15.12 (b) Nothing in this section precludes the use of electronic monitoring of health care  
15.13 allowed under other law.

15.14 Subd. 3. **Consent on behalf of a resident.** (a) If the resident has not affirmatively  
15.15 objected to electronic monitoring and the resident's health care provider determines that the  
15.16 resident lacks the ability to understand and appreciate the nature and consequences of  
15.17 electronic monitoring, the resident representative may consent on behalf of the resident,  
15.18 subject to paragraph (b). For purposes of this subdivision, a resident affirmatively objects  
15.19 when the resident orally, visually, or through the use of auxiliary aids or services declines  
15.20 electronic monitoring.

15.21 (b) Prior to a resident representative consenting on behalf of a resident, the resident must  
15.22 be asked by the resident representative if the resident wants electronic monitoring to be  
15.23 conducted. The resident representative must explain to the resident:

15.24 (1) the reason for placing the electronic monitoring device;

15.25 (2) the type of electronic monitoring device to be used;

15.26 (3) that the resident may place conditions on the electronic monitoring device's use, as  
15.27 provided under subdivision 7, paragraph (a), clause (6);

15.28 (4) with whom the recording may be shared under this section; and

15.29 (5) the resident's ability to decline all recording.

15.30 The resident's response must be documented on the notification and consent form.

16.1 (c) A resident may set conditions for use of the electronic monitoring device, including  
16.2 the list of standard conditions provided under subdivision 7, paragraph (a), clause (6).

16.3 (d) A resident may request that the electronic monitoring device be turned off or the  
16.4 visual or audio recording component of the electronic monitoring device be blocked at any  
16.5 time.

16.6 (e) A resident may withdraw the consent made on the resident's behalf at any time by  
16.7 affirmatively objecting to the monitoring.

16.8 Subd. 4. Roommate consent. (a) Prior to implementing electronic monitoring, a resident  
16.9 or a resident representative must obtain the written consent on the notification and consent  
16.10 form of any other resident residing in the room or private living space.

16.11 (b) If the roommate has not affirmatively objected to the electronic monitoring in  
16.12 accordance with this subdivision and the roommate's physician determines that the roommate  
16.13 lacks the ability to understand and appreciate the nature and consequences of electronic  
16.14 monitoring, the roommate's resident representative may consent on behalf of the roommate.  
16.15 The roommate and the roommate's resident representative must be told:

16.16 (1) the reason for placing the electronic monitoring device;

16.17 (2) the type of electronic monitoring device to be used;

16.18 (3) that they can place conditions on the electronic monitoring device's use, including  
16.19 those listed under subdivision 7, paragraph (a), clause (6);

16.20 (4) with whom the recording may be shared under this section; and

16.21 (5) their ability to decline all recording.

16.22 (c) A roommate or roommate's resident representative may consent to electronic  
16.23 monitoring with any conditions of the roommate's choosing, including the list of standard  
16.24 conditions listed under subdivision 7, paragraph (a), clause (6). A roommate may request  
16.25 that the visual or audio recording component of the electronic monitoring device be disabled  
16.26 or blocked at any time.

16.27 (d) The roommate or roommate's resident representative may withdraw consent at any  
16.28 time by submitting written notice to the facility.

16.29 (e) Any resident currently conducting electronic monitoring must obtain consent from  
16.30 any new roommate before the resident continues authorized electronic monitoring. If a new  
16.31 roommate does not consent to electronic monitoring and the resident conducting the electronic



17.1 monitoring does not remove the electronic monitoring device, the facility must remove the  
17.2 electronic monitoring device.

17.3 Subd. 5. **Reasonable accommodation.** (a) If a resident of a facility who is residing in  
17.4 a shared room wants to conduct electronic monitoring and another resident living in or  
17.5 moving into the same shared room refuses to consent to the use of an electronic monitoring  
17.6 device, the facility must make a reasonable attempt to accommodate the resident who wants  
17.7 to conduct electronic monitoring. A facility has met the requirement to make a reasonable  
17.8 attempt when upon notification that a roommate has not consented to the use of an electronic  
17.9 monitoring device in the resident's room, the facility offers to move the resident to another  
17.10 shared room that is available at the time of the request.

17.11 (b) If a resident chooses to reside in a private room in a facility in order to accommodate  
17.12 the use of an electronic monitoring device, the resident must pay the private room rate. If  
17.13 a facility is unable to accommodate a resident due to lack of space, the facility must  
17.14 reevaluate the request every two weeks until the request is fulfilled. Notwithstanding any  
17.15 other provision of this chapter, a facility is not required to provide a private room or a  
17.16 single-bed room to a resident who is not a private-pay resident.

17.17 Subd. 6. **Notice of monitoring to the facility; exceptions to required notice.** (a)  
17.18 Electronic monitoring may begin only after the resident or resident representative who  
17.19 intends to place an electronic monitoring device completes and submits to the facility a  
17.20 notification and consent form prescribed by the commissioner.

17.21 (b) Notwithstanding paragraph (a), the resident or resident representative who intends  
17.22 to place an electronic monitoring device may do so without submitting a notification and  
17.23 consent form to the facility:

17.24 (1) for up to 30 days if the resident or the resident representative reasonably fears  
17.25 retaliation against the resident by the facility and timely submits a Minnesota Adult Abuse  
17.26 Reporting Center report or police report, or both, upon evidence from the electronic  
17.27 monitoring device that suspected maltreatment has occurred;

17.28 (2) for up to 30 days if there has not been a timely written response from the facility to  
17.29 a written communication from the resident or resident representative expressing a concern  
17.30 prompting the desire for placement of an electronic monitoring device; or

17.31 (3) for up to 30 days if the resident or resident representative has already submitted a  
17.32 Minnesota Adult Abuse Reporting Center report or police report regarding the resident's  
17.33 concerns prompting the desire for placement.

18.1 Subd. 7. Notification and consent form requirements. (a) The notification and consent  
18.2 form must include, at a minimum, the following information:

18.3 (1) the resident's signed consent to electronic monitoring or the signature of the resident  
18.4 representative, if applicable. If the resident representative signs the consent form, the form  
18.5 must document the following:

18.6 (i) the date the resident was asked if the resident wants electronic monitoring to be  
18.7 conducted;

18.8 (ii) who was present when the resident was asked; and

18.9 (iii) an acknowledgment that the resident did not affirmatively object;

18.10 (2) the resident's roommate's signed consent or the signature of the roommate's resident  
18.11 representative, if applicable. If a roommate's resident representative signs the consent form,  
18.12 the form must document the following:

18.13 (i) the date the roommate was asked if the roommate consents to electronic monitoring;

18.14 (ii) who was present when the roommate was asked; and

18.15 (iii) an acknowledgment that the roommate did not affirmatively object;

18.16 (3) the type of electronic monitoring device to be used;

18.17 (4) any installation needs, including the mounting of a device to a wall or ceiling;

18.18 (5) the proposed date of installation for scheduling purposes;

18.19 (6) a list of standard conditions or restrictions that the resident or a roommate may elect  
18.20 to place on the use of the electronic monitoring device including but not limited to:

18.21 (i) prohibiting audio recording;

18.22 (ii) prohibiting video recording;

18.23 (iii) prohibiting broadcasting of audio or video;

18.24 (iv) turning off the electronic monitoring device or blocking the visual recording

18.25 component of the electronic monitoring device for the duration of an exam or procedure by  
18.26 a health care professional;

18.27 (v) turning off the electronic monitoring device or blocking the visual recording

18.28 component of the electronic monitoring device while dressing or bathing is performed; and

18.29 (vi) turning off the electronic monitoring device for the duration of a visit with a spiritual  
18.30 adviser, ombudsman, attorney, financial planner, intimate partner, or other visitor;

19.1 (7) any other condition or restriction elected by the resident or roommate on the use of  
19.2 an electronic monitoring device;

19.3 (8) a signature box for documenting that the resident or roommate has withdrawn consent;  
19.4 and

19.5 (9) a statement of the circumstances under which a recording may be disseminated under  
19.6 subdivision 10.

19.7 (b) Subject to subdivision 6, paragraph (b), copies of the completed notification and  
19.8 consent form must be provided to the resident and the resident's roommate, if applicable.  
19.9 Copies of all completed notification and consent forms must be submitted to the facility,  
19.10 and the facility must keep the notification and consent forms on file in a location separate  
19.11 from the resident's clinical record.

19.12 (c) The commissioner must prepare a notification and consent form required in this  
19.13 section no later than August 1, 2019, and must make the form available on the department's  
19.14 website.

19.15 Subd. 8. **Costs and installation.** (a) A resident or resident representative choosing to  
19.16 conduct electronic monitoring must do so at the resident's own expense, including paying  
19.17 for the purchase, installation, maintenance, and removal costs.

19.18 (b) If a resident chooses to install an electronic monitoring device that uses Internet  
19.19 technology for visual or audio monitoring and Internet service is not included in the rate or  
19.20 available through facility, the resident may be responsible for contracting with an Internet  
19.21 service provider.

19.22 (c) The facility must make a reasonable attempt to accommodate the resident's installation  
19.23 needs, including allowing access to the facility's telecommunications or equipment room.  
19.24 A facility has the burden of proving that a requested accommodation is not reasonable.

19.25 (d) All electronic monitoring device installations and supporting services must be  
19.26 Underwriters Laboratories-listed.

19.27 Subd. 9. **Notice to visitors.** A facility must post a sign at each entrance accessible to  
19.28 visitors that states: "Electronic monitoring devices may be present to record persons and  
19.29 activities" using bold typeface and using a font size that can be easily seen. The facility is  
19.30 responsible for installing and maintaining the signage required in this subdivision.

19.31 Subd. 10. **Dissemination of data.** (a) No person may access any video or audio recording  
19.32 created through electronic monitoring without the written consent of the resident or the  
19.33 resident representative.

20.1 (b) Except as required under other law, a recording or copy of a recording made as  
20.2 provided in this section may only be disseminated for the purpose of addressing health,  
20.3 safety, or welfare concerns of a resident or residents.

20.4 (c) Disseminating a recording or a copy of a recording that was made according to this  
20.5 section but in violation of this subdivision may be grounds for civil or criminal liability.

20.6 (d) An employee of a facility who is the subject of proposed corrective or disciplinary  
20.7 action based upon evidence obtained by electronic monitoring must be given access to that  
20.8 evidence for purposes of defending against the proposed action. The recording or a copy  
20.9 of the recording must be treated confidentially by the employee and must not be further  
20.10 disseminated to any other person except as required under law. Any copy of the recording  
20.11 must be returned to the facility or resident who provided the copy when it is no longer  
20.12 needed for purposes of defending against a proposed action.

20.13 Subd. 11. **Facility liability.** (a) A facility is not civilly or criminally liable for the  
20.14 inadvertent or unintentional disclosure of a recording by a resident or a resident representative  
20.15 for any purpose not authorized by this section.

20.16 (b) A facility is not civilly or criminally liable for a violation of a resident's right to  
20.17 privacy based solely on the use of electronic monitoring conducted as provided for in this  
20.18 section.

20.19 Subd. 12. **Obstruction of electronic monitoring.** (a) A person must not knowingly  
20.20 hamper, obstruct, tamper with, or destroy an electronic monitoring device placed in a  
20.21 resident's room or private living space without the permission of the resident or the resident's  
20.22 legal representative.

20.23 (b) It is not a violation of this subdivision if a person turns off the electronic monitoring  
20.24 device or blocks the visual recording component of the electronic monitoring device at the  
20.25 direction of the resident or the resident representative, or if consent for use of electronic  
20.26 monitoring has been withdrawn.

20.27 Subd. 13. **Resident rights and protection.** A facility must not:

20.28 (1) refuse to admit a potential resident or remove a resident because the facility disagrees  
20.29 with the potential resident's, the resident's, or the resident representative's decisions regarding  
20.30 electronic monitoring;

20.31 (2) retaliate against any resident for consenting or refusing to consent to electronic  
20.32 monitoring under this section; or

21.1 (3) prevent the placement or use of an electronic monitoring device by a resident who  
21.2 has provided the facility with notice and consent as required under this section.

21.3 Subd. 14. **Penalties.** The commissioner may issue a correction order upon a finding that  
21.4 the facility has failed to comply with this section. The commissioner may impose a fine of  
21.5 up to \$500 upon a finding of noncompliance with a correction order issued under this  
21.6 subdivision.

21.7 **EFFECTIVE DATE.** This section is effective August 1, 2019.

21.8 Sec. 8. **[144J.08] USE OF RESTRAINTS IN ASSISTED LIVING**  
21.9 **ESTABLISHMENTS.**

21.10 Residents of assisted living establishments must be free from any physical or chemical  
21.11 restraints imposed for purposes of discipline or convenience.

21.12 **EFFECTIVE DATE.** This section is effective August 1, 2019.

21.13 Sec. 9. **[144J.09] RETALIATION PROHIBITED IN ASSISTED LIVING**  
21.14 **ESTABLISHMENTS.**

21.15 (a) No assisted living establishment or agent of the assisted living establishment may  
21.16 retaliate against a resident or employee if the resident, employee, or any person on behalf  
21.17 of the resident:

21.18 (1) files a complaint or grievance, makes an inquiry, or asserts any right;

21.19 (2) indicates an intention to file a complaint or grievance, make an inquiry, or assert any  
21.20 right;

21.21 (3) files or indicates an intention to file a maltreatment report, whether mandatory or  
21.22 voluntary, under section 626.557;

21.23 (4) seeks assistance from or reports a reasonable suspicion of a crime or systemic  
21.24 problems or concerns to the administrator or manager of an assisted living establishment,  
21.25 the long-term care ombudsman, a regulatory or other government agency, or a legal or  
21.26 advocacy organization;

21.27 (5) advocates or seeks advocacy assistance for necessary or improved care or services  
21.28 or enforcement of rights under this section or other law;

21.29 (6) takes or indicates an intention to take civil action;

- 22.1 (7) participates or indicates an intention to participate in any investigation or  
22.2 administrative or judicial proceeding;
- 22.3 (8) contracts or indicates an intention to contract to receive services from a service  
22.4 provider of the resident's choice other than the assisted living establishment; or
- 22.5 (9) places or indicates an intention to place a camera or electronic monitoring device in  
22.6 the resident's private space as provided under section 144J.07.
- 22.7 (b) For purposes of this section, to "retaliate" against a resident includes but is not limited  
22.8 to any of the following actions taken or threatened by an assisted living establishment or  
22.9 an agent of the assisted living establishment against a resident, or any person with a familial,  
22.10 personal, legal, or professional relationship with the resident:
- 22.11 (1) discharge, eviction, transfer, or termination of services;
- 22.12 (2) the imposition of discipline, punishment, or a sanction or penalty;
- 22.13 (3) any form of discrimination;
- 22.14 (4) restriction or prohibition of access:
- 22.15 (i) of the resident to the facility or visitors; or
- 22.16 (ii) of a family member or a person with a personal, legal, or professional relationship  
22.17 with the resident, to the resident;
- 22.18 (5) imposition of involuntary seclusion or the withholding of food, care, or services;
- 22.19 (6) restriction of any of the rights granted to residents under state or federal law;
- 22.20 (7) restriction or reduction of access to or use of amenities, care, services, privileges, or  
22.21 living arrangements;
- 22.22 (8) arbitrary increase in charges or fees;
- 22.23 (9) removal, tampering with, or deprivation of technology, communication, or electronic  
22.24 monitoring devices; or
- 22.25 (10) any oral or written communication of false information about a person advocating  
22.26 on behalf of the resident.
- 22.27 (c) For purposes of this section, to "retaliate" against an employee includes but is not  
22.28 limited to any of the following actions taken or threatened by the assisted living establishment  
22.29 or an agent of the assisted living establishment against an employee:
- 22.30 (1) discharge or transfer;

23.1 (2) demotion or refusal to promote;

23.2 (3) reduction in compensation, benefits, or privileges;

23.3 (4) the unwarranted imposition of discipline, punishment, or a sanction or penalty; or

23.4 (5) any form of discrimination.

23.5 (d) There is a rebuttable presumption that any action, described in paragraph (b) or (c)

23.6 and taken within 90 days of an initial action described in paragraph (a), is retaliatory.

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

23.8 **Sec. 10. [144J.10] DECEPTIVE MARKETING AND BUSINESS PRACTICES**

23.9 **PROHIBITED.**

23.10 (a) For the purposes of this section, "provider" includes an assisted living establishment

23.11 and an affiliated home care provider.

23.12 (b) Deceptive marketing and business practices by providers are prohibited. No employee

23.13 or agent of any provider may:

23.14 (1) make any false, fraudulent, deceptive, or misleading statements or representations,

23.15 or material omissions, in marketing, advertising, or any other description or representation

23.16 of care or services;

23.17 (2) fail to inform a resident in writing of any limitations to care services available prior

23.18 to executing an assisted living contract or home care service agreement; or

23.19 (3) advertise or represent that the assisted living establishment has a special care unit,

23.20 such as for dementia or memory care, without:

23.21 (i) complying with disclosure requirements under sections 325F.72 and any training

23.22 requirements required by law or rule; and

23.23 (ii) after July 1, 2020, meeting and complying with all the requirements under chapter

23.24 144I and any adopted rules.

23.25 **EFFECTIVE DATE.** This section is effective August 1, 2019.

23.26 **Sec. 11. [144J.11] NO DISCRIMINATION BASED ON SOURCE OF PAYMENT.**

23.27 Assisted living establishments and affiliated home care providers must, regardless of

23.28 the source of payment and for all persons seeking to reside or residing in the assisted living

23.29 establishment:

24.1 (1) provide equal access to quality care; and

24.2 (2) establish, maintain, and implement identical policies and practices regarding residency,  
24.3 transfer, and provision and termination of services.

24.4 **EFFECTIVE DATE.** This section is effective August 1, 2019.

24.5 Sec. 12. **[144J.12] ASSESSMENT OF RESIDENTS.**

24.6 (a) For each prospective resident, an assisted living establishment must conduct an initial  
24.7 assessment to determine the person's physical, cognitive, social, and service needs, and  
24.8 propose a plan for care and services based on the assessment, before the earlier of the date  
24.9 the prospective resident:

24.10 (1) enters into an assisted living contract under section 144J.02; or

24.11 (2) moves in.

24.12 (b) An assisted living establishment must conduct ongoing physical, cognitive, social,  
24.13 and service assessments to identify changes in the resident's conditions and indicate necessary  
24.14 changes in the resident's plan for care and services based on the assessment.

24.15 (c) The portion of the assessment that involves the prospective resident or resident's  
24.16 physical and cognitive condition must be conducted by a registered nurse, as required by  
24.17 applicable home care licensure requirements in chapter 144A and sections 148.171 to  
24.18 148.285. The social and service components must be conducted by a qualified professional.

24.19 (d) The prospective resident has the right to participate in the care and service planning  
24.20 process and may include the prospective resident's designated representative, one or more  
24.21 family members, any health care and social service professionals of the resident's choosing,  
24.22 and the prospective resident's home care provider.

24.23 (e) The commissioner must adopt rules establishing assessment standards.

24.24 **EFFECTIVE DATE.** This section is effective July 1, 2020.

24.25 Sec. 13. **[144J.13] ASSISTED LIVING ESTABLISHMENTS; INVOLUNTARY**  
24.26 **DISCHARGES AND SERVICE TERMINATIONS.**

24.27 Subdivision 1. **Definition.** "Termination of housing or services" means an involuntary  
24.28 discharge, eviction, transfer, or service termination.

24.29 Subd. 2. **Prerequisite to termination of housing or services.** Before terminating a  
24.30 resident's housing or services, an assisted living establishment must explain in detail the



25.1 reasons for the termination and work with the resident, the resident's designated  
25.2 representative, the resident's family, applicable agencies, and any relevant health-related or  
25.3 social service professionals to identify and offer reasonable accommodations, interventions,  
25.4 or alternatives to avoid the termination.

25.5 Subd. 3. **Permissible reasons to terminate housing or services.** (a) An assisted living  
25.6 establishment is prohibited from terminating housing or services for grounds other than  
25.7 those specified in paragraphs (b) and (c).

25.8 (b) A resident's housing or services may not be terminated except upon a written  
25.9 determination, supported by documentation, by the assisted living establishment administrator  
25.10 that termination is necessary because:

25.11 (1) it is mandated by law or court order;

25.12 (2) the resident has engaged in a documented pattern of conduct that:

25.13 (i) endangers the resident's own health, safety, or well-being;

25.14 (ii) endangers the health or safety of other residents or staff of the assisted living  
25.15 establishment or affiliated home care provider; or

25.16 (iii) repeatedly and substantially interferes with the rights, health, safety, or well-being  
25.17 of other residents; or

25.18 (3) the resident has committed any of the acts enumerated under section 504B.171,  
25.19 subdivision 1.

25.20 (c) A resident's housing or services may be terminated if the needs of the resident exceed  
25.21 the scope of the services for which the resident contracted for or, after July 1, 2020, exceed  
25.22 the scope of the assisted living establishment's license, only:

25.23 (1) upon a certification by the assisted living establishment administrator, based on an  
25.24 evaluation by a disinterested, licensed health care professional; and

25.25 (2) if the resident's needs cannot be safely met by reasonable accommodations,  
25.26 interventions, or alternatives.

25.27 (d) An assisted living establishment may initiate discharge, eviction, transfer, or  
25.28 termination of home care services procedures for nonpayment, provided the assisted living  
25.29 establishment:

25.30 (1) makes reasonable efforts to accommodate temporary financial hardship and provide  
25.31 information on government or private subsidies that may be available;

26.1 (2) timely responds to county social service agency questions regarding Medicaid or  
26.2 other public benefit eligibility and payment process; and

26.3 (3) provides the notice required under subdivision 4 to the ombudsman for long-term  
26.4 care.

26.5 A temporary interruption in benefits does not constitute nonpayment.

26.6 (e) When an affiliated home care provider voluntarily discontinues services to all  
26.7 residents, the affiliated home care provider must notify the commissioner, lead agencies,  
26.8 and ombudsman for long-term care about the residents and comply with the requirements  
26.9 of subdivisions 4 and 5.

26.10 Subd. 4. **Advance notice required.** An assisted living establishment must provide at  
26.11 least 30 days' advance notice to the resident and the ombudsman for long-term care of a  
26.12 termination of housing or services, except as provided in subdivision 6.

26.13 Subd. 5. **Content of notice.** The notice required under subdivision 4 must contain, at a  
26.14 minimum:

26.15 (1) the effective date of termination of housing or services;

26.16 (2) a detailed explanation of the basis for the termination, including but not limited to  
26.17 clinical or other supporting rationale;

26.18 (3) a list of known assisted living establishments and unaffiliated home care providers  
26.19 in the immediate geographic area;

26.20 (4) a statement that the resident has the right to appeal the termination, an explanation  
26.21 of how and to whom to appeal, and contact information for the Office of Administrative  
26.22 Hearings;

26.23 (5) information on how to contact the ombudsman for long-term care;

26.24 (6) if the resident must relocate, a statement that the assisted living establishment must  
26.25 actively participate in a coordinated transfer of care of the resident to another provider or  
26.26 caregiver, as required under subdivision 8.

26.27 (7) the name and contact information of a person employed by the assisted living  
26.28 establishment with whom the resident may discuss the notice of termination of housing or  
26.29 services; and

26.30 (8) if the termination is for services, a statement, if applicable, that the notice of  
26.31 termination of services does not constitute a termination of housing or an eviction from the  
26.32 resident's home, and that the resident has the right to remain in the assisted living

27.1 establishment if the resident can secure necessary home care services from an unaffiliated  
27.2 home care provider.

27.3 Subd. 6. **Exception for emergencies.** (a) An assisted living establishment may relocate  
27.4 a resident from an assisted living establishment with less than 30 days' notice if:

27.5 (1) emergency relocation is ordered by the resident's physician; or

27.6 (2) the assisted living establishment administrator, based on documented evidence,  
27.7 determines that the resident needs to be immediately relocated because the resident or  
27.8 another resident or staff member of the assisted living establishment is at imminent risk of:

27.9 (i) death;

27.10 (ii) life-threatening harm;

27.11 (iii) substantial harm, as that term is defined in section 609.02, subdivision 7a; or

27.12 (iv) great bodily harm, as that term is defined in section 609.02, subdivision 8.

27.13 (b) An assisted living establishment relocating a resident under this subdivision must:

27.14 (1) ensure that the resident is moved to a safe and appropriate location;

27.15 (2) immediately notify the ombudsman for long-term care and the resident's designated  
27.16 representative or, if no designated representative and if known, a family member or interested  
27.17 person:

27.18 (i) that the resident has been relocated;

27.19 (ii) the reason for the relocation; and

27.20 (iii) the name, address, telephone number, and any other relevant contact information  
27.21 of the location to which the resident has been transferred; and

27.22 (3) upon removal of the conditions precipitating the emergency transfer, work and  
27.23 coordinate with the resident or the resident's designated representative and family, if  
27.24 applicable, to enable the resident to return to the assisted living establishment or, if return  
27.25 is not feasible or if any of the conditions under subdivision 3 exist, provide the resident with  
27.26 all the rights available under this section.

27.27 Subd. 7. **Right to appeal termination of housing or services.** (a) A resident or resident's  
27.28 designated representative has the right to appeal a termination of housing or services and  
27.29 request a hearing from the Office of Administrative Hearings. An appeal must be filed, in  
27.30 writing, to the Office of Administrative Hearings.

28.1 (b) The Office of Administrative Hearings must conduct an expedited hearing as soon  
28.2 as practicable after the office receives the request. The hearing must be held at the assisted  
28.3 living establishment where the resident lives, unless it is impractical, or the parties agree  
28.4 to a different place.

28.5 (c) The assisted living establishment bears the burden of proof to establish the termination  
28.6 of housing or services is permissible.

28.7 (d) During the pendency of an appeal and until a final determination is made by the  
28.8 Office of Administrative Hearings:

28.9 (1) housing or services may not be terminated; and

28.10 (2) the resident must be readmitted if the resident was hospitalized for medical necessity.

28.11 (e) The commissioner of health may order the assisted living establishment to rescind  
28.12 the termination of housing and services if the termination was in violation of state or federal  
28.13 law.

28.14 (f) Nothing in this section limits the right of a resident or the resident's designated  
28.15 representative to request or receive assistance from the ombudsman for long-term care and  
28.16 the protection and advocacy agency concerning the termination of housing or services.

28.17 Subd. 8. **Discharge planning.** (a) Unless the resident or the designated representative  
28.18 indicates a desire to assume full control of arranging the resident's relocation, the assisted  
28.19 living establishment from which a resident must relocate under this section:

28.20 (1) has an affirmative duty to ensure a coordinated and orderly transfer of the resident  
28.21 to a safe location that is appropriate for the resident; and

28.22 (2) must consult and cooperate with the resident, the resident's designated representative,  
28.23 family members, any interested professionals, and applicable agencies to make arrangements  
28.24 to relocate the resident.

28.25 (b) The assisted living establishment must prepare a written relocation plan. The plan  
28.26 must:

28.27 (1) contain all necessary steps to be taken to reduce transfer trauma; and

28.28 (2) specify the measures to be taken until relocation to protect the resident and meet the  
28.29 resident's health and safety needs.

28.30 (c) An assisted living establishment may not relocate the resident unless the place to  
28.31 which the resident is to be relocated indicates it will accept the resident.

29.1 (d) An assisted living establishment must timely convey the resident's records and any  
29.2 medication for which it is responsible to the location to which the resident will be transferred.

29.3 (e) An assisted living establishment must notify the ombudsman for long-term care, the  
29.4 Department of Health, and, if the resident is a vulnerable adult as defined in section 626.5572,  
29.5 subdivision 21, adult protective services, if:

29.6 (1) the resident whose housing or services are being terminated does not have a designated  
29.7 representative, family member, an agency responsible for the resident's placement, or any  
29.8 other person who agrees to assist with or assumes responsibility for the relocation; or

29.9 (2) a safe and appropriate relocation place for the resident whose housing or services  
29.10 are being terminated cannot be found.

29.11 **EFFECTIVE DATE.** This section is effective August 1, 2019.

29.12 **Sec. 14. [144J.14] FORCED ARBITRATION.**

29.13 (a) An assisted living establishment must affirmatively disclose to the resident any forced  
29.14 arbitration provision in an assisted living contract that precludes, limits, or delays the ability  
29.15 of a resident from taking a civil action. For contracts entered into on or after July 1, 2020,  
29.16 forced arbitration provisions must be conspicuously disclosed in a contract.

29.17 (b) A forced arbitration requirement must not include a choice of law or choice of venue  
29.18 provision. Assisted living contracts must adhere to Minnesota law and any other applicable  
29.19 federal or local law. Any civil actions by any litigant must be taken in Minnesota courts.

29.20 (c) A forced arbitration provision must not be unconscionable. All or the portion of a  
29.21 forced arbitration provision found by a court to be unconscionable shall have no effect on  
29.22 the remaining provisions, terms, or conditions of the contract.

29.23 **EFFECTIVE DATE.** This section is effective August 1, 2019, for contracts entered  
29.24 into on or after that date.

29.25 **Sec. 15. [144J.15] PRIVATE ENFORCEMENT OF RIGHTS.**

29.26 (a) For a violation of section 144J.06, subdivisions 9, 16, 19, or 20, or 144J.09, a resident  
29.27 or resident's designated representative may bring a civil action against an assisted living  
29.28 establishment and recover actual damages or \$3,000, whichever is greater, plus costs,  
29.29 including costs of investigation, and reasonable attorney fees, and receive other equitable  
29.30 relief as determined by the court in addition to seeking any other remedy otherwise available  
29.31 under law.

30.1 (b) For a violation of section 144J.10, 144J.11, or 144J.14, a resident is entitled to a  
30.2 permanent injunction, and any other legal or equitable relief as determined by the court,  
30.3 including but not limited to reformation of the contract and restitution for harm suffered,  
30.4 plus reasonable attorney fees and costs.

30.5 **EFFECTIVE DATE.** This section is effective August 1, 2019.

30.6 Sec. 16. **[144J.16] APPLICABILITY OF OTHER LAWS.**

30.7 (a) Assisted living establishments are subject to and must comply with chapter 504B.

30.8 (b) Housing with services establishments who operate under title protection under chapter  
30.9 144G and, after July 1, 2020, all licensed assisted living establishments must comply with  
30.10 section 325F.72.

30.11 (c) Assisted living establishments are not required to obtain a lodging license under  
30.12 chapter 157 and related rules.

30.13 **EFFECTIVE DATE.** This section is effective August 1, 2019.

30.14 Sec. 17. Minnesota Statutes 2018, section 325F.72, subdivision 4, is amended to read:

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

30.18 Sec. 18. **REPEALER.**

30.19 (a) Minnesota Statutes 2018, sections 144A.44; 144A.441; 144A.442; 144D.07; 144G.03,  
30.20 subdivision 6; and 144G.04, are repealed effective August 1, 2019.

30.21 (b) Minnesota Statutes 2018, sections 144D.04, subdivisions 2 and 3; and 144D.045,  
30.22 are repealed effective January 1, 2020.

## 30.23 **ARTICLE 2**

### 30.24 **NURSING HOMES**

30.25 Section 1. Minnesota Statutes 2018, section 144.651, subdivision 1, is amended to read:

30.26 Subdivision 1. **Legislative intent.** It is the intent of the legislature and the purpose of  
30.27 this section to promote the interests and well being of the patients and residents of health  
30.28 care facilities. No health care facility may require a patient or resident to waive these rights  
30.29 as a condition of admission to the facility. Any designated representative, guardian, or

31.1 conservator of a patient or resident ~~or, in the absence of a guardian or conservator, an~~  
 31.2 ~~interested person,~~ may seek enforcement of these rights on behalf of a patient or resident.  
 31.3 ~~An interested person~~ A designated representative may also seek enforcement of these rights  
 31.4 on behalf of a patient or resident who has a guardian or conservator through administrative  
 31.5 agencies or in district court ~~having jurisdiction over guardianships and conservatorships,~~  
 31.6 under section 144.6512. Pending the outcome of an enforcement proceeding the health care  
 31.7 facility may, in good faith, comply with the instructions of a guardian or conservator. It is  
 31.8 the intent of this section that every patient's civil and religious liberties, including the right  
 31.9 to independent personal decisions and knowledge of available choices, shall not be infringed  
 31.10 and that the facility shall encourage and assist in the fullest possible exercise of these rights.

31.11 **EFFECTIVE DATE.** This section is effective August 1, 2019.

31.12 Sec. 2. Minnesota Statutes 2018, section 144.651, is amended by adding a subdivision to  
 31.13 read:

31.14 Subd. 34. **Retaliation prohibited.** (a) A facility may not retaliate against a patient,  
 31.15 resident, or employee if the resident or any person with a familial, personal, legal, or  
 31.16 professional relationship with the patient or resident:

31.17 (1) files a complaint or grievance, makes an inquiry, or asserts any right;

31.18 (2) indicates an intention to file a complaint or grievance, makes an inquiry, or asserts  
 31.19 any right;

31.20 (3) files or indicates an intention to file a maltreatment report, whether mandatory or  
 31.21 voluntary, under section 626.557;

31.22 (4) seeks assistance from or reports a reasonable suspicion of a crime or systemic  
 31.23 problems or concerns to the administrator or manager of a facility, the ombudsman for  
 31.24 long-term care, a regulatory or other government agency, or a legal or advocacy organization;

31.25 (5) advocates or seeks advocacy assistance for necessary or improved care or services  
 31.26 or enforcement of rights under this section or other law;

31.27 (6) takes or indicates an intention to take civil action; or

31.28 (7) participates or indicates an intention to participate in any investigation or  
 31.29 administrative or judicial proceeding.

31.30 (b) For purposes of this subdivision, "facility" includes an agent of the facility.

31.31 (c) For the purposes of this subdivision, to "retaliate" against a patient or resident includes  
 31.32 but is not limited to any of the following actions taken or threatened by the facility against

- 32.1 a patient or resident, or any person with a familial, personal, legal, or professional relationship  
32.2 with the patient or resident:
- 32.3 (1) discharge, transfer, or termination of services;  
32.4 (2) the imposition of discipline, punishment, or a sanction or penalty;  
32.5 (3) any form of discrimination;  
32.6 (4) restricting or prohibiting access:  
32.7 (i) of the patient or resident to the facility or visitors; or  
32.8 (ii) of a family member or a person with a personal, legal, or professional relationship  
32.9 with the patient or resident, to the patient or resident;  
32.10 (5) imposition of involuntary seclusion or withholding food, care, or services;  
32.11 (6) restriction of any of the rights granted to patients and residents under state or federal  
32.12 law;  
32.13 (7) restriction or reduction of access to or use of amenities, care, services, privileges, or  
32.14 living arrangements;  
32.15 (8) arbitrary increase in charges or fees; or  
32.16 (9) removal, tampering with, or deprivation of technology, communication, or electronic  
32.17 monitoring devices.
- 32.18 (d) For purposes of this subdivision, to "retaliate" against an employee includes but is  
32.19 not limited to any of the following actions taken or threatened by the facility:
- 32.20 (1) discharge or transfer;  
32.21 (2) demotion or refusal to promote;  
32.22 (3) reduction in compensation, benefits, or privileges;  
32.23 (4) the imposition of discipline, punishment, or a sanction or penalty; or  
32.24 (5) any form of discrimination.
- 32.25 (e) There is a rebuttable presumption that any action described in paragraph (b) or (c)  
32.26 and taken within 90 days of an initial action described in paragraph (a) is retaliatory.
- 32.27 **EFFECTIVE DATE.** This section is effective August 1, 2019.



33.1 Sec. 3. **[144.6512] ENFORCEMENT OF THE HEALTH CARE BILL OF RIGHTS**  
 33.2 **BY NURSING HOME RESIDENTS.**

33.3 In addition to the remedies otherwise provided by or available under law, a resident of  
 33.4 a nursing home, or a legal representative on behalf of a resident, in addition to seeking any  
 33.5 remedy otherwise available under law, may bring a civil action against a nursing home and  
 33.6 recover actual damages or \$3,000, whichever is greater, plus costs, including costs of  
 33.7 investigation, and reasonable attorney fees, and receive other equitable relief as determined  
 33.8 by the court for violation of section 144.651, subdivisions 14, 20, 26, 30, and 34.

33.9 **EFFECTIVE DATE.** This section is effective August 1, 2019.

33.10 **ARTICLE 3**

33.11 **HOUSING WITH SERVICES ESTABLISHMENTS**

33.12 Section 1. Minnesota Statutes 2018, section 144D.01, subdivision 2a, is amended to read:

33.13 Subd. 2a. ~~Arranged~~ **Affiliated home care provider.** "Arranged  
 33.14 provider" means a home care provider licensed under chapter 144A or a home management  
 33.15 provider registered under section 144A.482 that provides supportive services to some or all  
 33.16 of the residents of a housing with services establishment and that is either the establishment  
 33.17 itself or another entity with which the establishment has an arrangement under a business  
 33.18 relationship or other affiliation with the establishment.

33.19 **EFFECTIVE DATE.** This section is effective July 1, 2020.

33.20 Sec. 2. Minnesota Statutes 2018, section 144D.01, is amended by adding a subdivision to  
 33.21 read:

33.22 Subd. 2b. **Client.** "Client" means a person to whom an unaffiliated home care provider  
 33.23 provides supportive services.

33.24 Sec. 3. Minnesota Statutes 2018, section 144D.01, subdivision 4, is amended to read:

33.25 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with  
 33.26 services establishment" or "establishment" means:

33.27 ~~(1)~~ an establishment providing sleeping accommodations to one or more adult residents;  
 33.28 ~~at least 80 percent of which are 55 years of age or older,~~ and offering or providing, for a  
 33.29 fee, one or more ~~regularly scheduled health-related services or two or more regularly~~  
 33.30 ~~scheduled~~ supportive services, whether offered or provided directly or by the establishment  
 33.31 ~~or by another entity arranged for by the establishment, or an affiliated home care provider.~~

- 34.1 ~~(2) an establishment that registers under section 144D.025.~~
- 34.2 (b) Housing with services establishment does not include:
- 34.3 (1) a nursing home licensed under chapter 144A;
- 34.4 (2) a hospital, ~~certified~~ as defined in section 144.50, subdivision 2;
- 34.5 (3) a boarding care home, or as defined in Minnesota Rules, part 4655.0010, subpart 3;
- 34.6 (4) a supervised living facility licensed under sections 144.50 to 144.56, as defined in
- 34.7 Minnesota Rules, part 4665.0100, subpart 10;
- 34.8 ~~(3)~~ (5) a board and lodging establishment licensed under chapter 157 and or 245G, or
- 34.9 governed under Minnesota Rules, parts 9520.0500 to 9520.0670, or under chapter 245D or
- 34.10 245G;
- 34.11 (6) an assisted living establishment, as defined in section 144I.01, subdivision 6, that is
- 34.12 not a housing with services establishment;
- 34.13 ~~(4) a board and lodging~~ (7) any establishment which that serves as a shelter for battered
- 34.14 women or other similar purpose;
- 34.15 ~~(5) a family~~ (8) adult foster care home licensed by the Department of Human Services;
- 34.16 ~~(6)~~ (9) private homes in which the residents are related by kinship, law, or affinity with
- 34.17 the providers of services;
- 34.18 ~~(7)~~ (10) residential settings for persons with developmental disabilities in which the
- 34.19 services are licensed under chapter 245D;
- 34.20 ~~(8)~~ (11) a home-sharing arrangement such as when an elderly or disabled, including but
- 34.21 not limited to arrangements where an older person or person with a disability or single-parent
- 34.22 family makes lodging in a private residence available to another person in exchange for
- 34.23 services or rent, or both;
- 34.24 ~~(9)~~ (12) a duly organized condominium, cooperative, common interest community, or
- 34.25 owners' association of the foregoing organized under chapter 515B where at least 80 percent
- 34.26 of the units that comprise the condominium, cooperative, or common interest community
- 34.27 are occupied by individuals who are the owners, members, or shareholders of the units;
- 34.28 ~~(10)~~ (13) services for persons with developmental disabilities that are provided under a
- 34.29 license under chapter 245D; or
- 34.30 ~~(11)~~ (14) a temporary family health care dwelling as defined in sections 394.307 and
- 34.31 462.3593.

35.1 **EFFECTIVE DATE.** This section is effective July 1, 2020.

35.2 Sec. 4. Minnesota Statutes 2018, section 144D.01, is amended by adding a subdivision to  
35.3 read:

35.4 Subd. 4a. **Resident.** "Resident" means a person living in a housing with services  
35.5 establishment.

35.6 **EFFECTIVE DATE.** This section is effective July 1, 2020.

35.7 Sec. 5. Minnesota Statutes 2018, section 144D.01, subdivision 5, is amended to read:

35.8 Subd. 5. **Supportive services.** "Supportive services" means ~~help with personal laundry,~~  
35.9 ~~handling or assisting with personal funds of residents, or arranging for medical services,~~  
35.10 ~~health-related services, social services;~~

35.11 (1) assistance with laundry, shopping, and household chores;

35.12 (2) housekeeping services;

35.13 (3) provision or assistance with meals or food preparation;

35.14 (4) help with arranging for, or arranging transportation to, medical, social, recreational,  
35.15 personal, or social services appointments; or

35.16 (5) provision of social or recreational services.

35.17 Arranging for services does not include making referrals, ~~assisting a resident in contacting~~  
35.18 ~~a service provider of the resident's choice,~~ or contacting a service provider in an emergency.

35.19 **EFFECTIVE DATE.** This section is effective July 1, 2020.

35.20 Sec. 6. Minnesota Statutes 2018, section 144D.01, is amended by adding a subdivision to  
35.21 read:

35.22 Subd. 8. **Unaffiliated home care provider.** "Unaffiliated home care provider" means  
35.23 a home care provider licensed under chapter 144A or a home management provider registered  
35.24 under section 144A.482 that is regularly engaged for a fee in the delivery of one or more  
35.25 home care services directly to a client in any setting, including supportive services to a  
35.26 resident of a housing with services establishment, provided the home care provider has no  
35.27 business relationship or affiliation with the housing with services establishment in which  
35.28 the client contracting for or receiving supportive services resides.

35.29 **EFFECTIVE DATE.** This section is effective July 1, 2020.

36.1 Sec. 7. Minnesota Statutes 2018, section 144D.015, is amended to read:

36.2 **144D.015 DEFINITION FOR PURPOSES OF LONG-TERM CARE INSURANCE.**

36.3 For purposes of consistency with terminology commonly used in long-term care insurance  
36.4 policies ~~and notwithstanding chapter 144G~~, a housing with services establishment that is  
36.5 registered under section 144D.03 and that holds, or makes arrangements with an individual  
36.6 or entity that holds any type of home care license and all other licenses, permits, registrations,  
36.7 or other governmental approvals legally required for delivery of the services the establishment  
36.8 offers or provides to its residents, constitutes an "assisted living establishment," an "assisted  
36.9 living facility," or "assisted living residence."

36.10 **EFFECTIVE DATE.** This section is effective July 1, 2020.

36.11 Sec. 8. Minnesota Statutes 2018, section 144D.02, is amended to read:

36.12 **144D.02 REGISTRATION REQUIRED.**

36.13 No entity may establish, operate, conduct, or maintain a housing with services  
36.14 establishment in this state without registering and operating as required in sections 144D.01  
36.15 to ~~144D.06~~ 144D.11. After July 1, 2020, a housing with services establishment, either  
36.16 directly or through an affiliated home care provider, may provide only supportive services.  
36.17 No housing with services establishment may offer or provide services that require an assisted  
36.18 living license under chapter 144I.

36.19 **EFFECTIVE DATE.** This section is effective July 1, 2020.

36.20 Sec. 9. Minnesota Statutes 2018, section 144D.04, subdivision 1, is amended to read:

36.21 Subdivision 1. **Contract required.** No housing with services establishment may operate  
36.22 in this state unless a written housing with services contract, ~~as defined in subdivision 2,~~  
36.23 satisfying the requirements of section 144J.02 is executed between the establishment and  
36.24 each resident or resident's representative and unless the establishment operates in accordance  
36.25 with the terms of the contract. ~~The resident or the resident's representative shall be given a~~  
36.26 ~~complete copy of the contract and all supporting documents and attachments and any changes~~  
36.27 ~~whenever changes are made.~~

36.28 **EFFECTIVE DATE.** This section is effective January 1, 2020.

37.1 Sec. 10. Minnesota Statutes 2018, section 144D.05, is amended to read:

37.2 **144D.05 AUTHORITY OF COMMISSIONER.**

37.3 ~~The commissioner shall, upon receipt of information which may indicate the failure of~~  
 37.4 ~~the housing with services establishment, a resident, a resident's representative, or a service~~  
 37.5 ~~provider to comply with a legal requirement to which one or more of them may be subject,~~  
 37.6 ~~make appropriate referrals to other governmental agencies and entities having jurisdiction~~  
 37.7 ~~over the subject matter. The commissioner may also make referrals to any public or private~~  
 37.8 ~~agency the commissioner considers available for appropriate assistance to those involved.~~

37.9 ~~The commissioner shall have standing to bring an action for injunctive relief in the~~  
 37.10 ~~district court in the district in which an establishment is located to compel the housing with~~  
 37.11 ~~services establishment to meet the requirements of this chapter or other requirements of the~~  
 37.12 ~~state or of any county or local governmental unit to which the establishment is otherwise~~  
 37.13 ~~subject. Proceedings for securing an injunction may be brought by the commissioner through~~  
 37.14 ~~the attorney general or through the appropriate county attorney. The sanctions in this section~~  
 37.15 ~~do not restrict the availability of other sanctions all the authority and power vested under~~  
 37.16 ~~chapters 144 and 144I.~~

37.17 **EFFECTIVE DATE.** This section is effective July 1, 2020.

37.18 Sec. 11. Minnesota Statutes 2018, section 144D.06, is amended to read:

37.19 **144D.06 OTHER LAWS.**

37.20 In addition to registration under this chapter, a housing with services establishment must  
 37.21 comply with chapter 504B ~~and the provisions of section 325F.72~~, and shall obtain and  
 37.22 maintain all other licenses, permits, registrations, or other governmental approvals required  
 37.23 of it. A housing with services establishment is not required to obtain a lodging license under  
 37.24 chapter 157 and related rules.

37.25 **EFFECTIVE DATE.** This section is effective July 1, 2020.

37.26 Sec. 12. Minnesota Statutes 2018, section 144D.09, is amended to read:

37.27 **144D.09 TERMINATION OF LEASE HOUSING OR SUPPORTIVE SERVICES.**

37.28 Subdivision 1. Prerequisite to termination of housing or supportive services. ~~The~~  
 37.29 ~~housing with services establishment shall include with notice of termination of lease~~  
 37.30 ~~information about how to contact the ombudsman for long-term care, including the address~~  
 37.31 ~~and telephone number along with a statement of how to request problem-solving assistance.~~  
 37.32 Before involuntarily terminating a resident's housing or supportive services, whether provided

38.1 directly or through an affiliated home care provider, a housing with services establishment  
38.2 must explain in detail the reasons for the termination and work with the resident, the resident's  
38.3 representative, the resident's family, applicable agencies, and any professionals to identify  
38.4 and offer reasonable accommodations, interventions, or alternatives to avoid termination  
38.5 of housing or supportive services.

38.6 Subd. 2. **Advance notice required.** A housing with services establishment must provide  
38.7 at least 30 days' advance notice to the resident of a termination of housing or supportive  
38.8 services, except as provided in subdivision 4.

38.9 Subd. 3. **Content of notice.** The notice required under subdivision 2 must contain, at a  
38.10 minimum:

38.11 (1) the effective date of termination;

38.12 (2) the reason or reasons for termination;

38.13 (3) a list of known housing with services establishments and unaffiliated home care  
38.14 providers in the immediate geographic area;

38.15 (4) the name and contact information of a person employed by the housing with services  
38.16 establishment with whom the resident may discuss the notice of termination;

38.17 (5) information about how to contact the ombudsman for long-term care, including the  
38.18 address and telephone number along with a statement of how to request problem-solving  
38.19 assistance; and

38.20 (6) if the termination is for supportive services, a statement, if applicable, that the notice  
38.21 of termination of supportive services does not constitute a termination of housing or an  
38.22 eviction from the resident's housing, and that the resident has the right to remain in the  
38.23 housing with services establishment if the resident can secure necessary supportive services  
38.24 from an unaffiliated home care provider.

38.25 Subd. 4. **Exception for emergencies.** (a) A housing with services establishment may  
38.26 provide less than 30 days' notice when:

38.27 (1) an emergency relocation is ordered by the resident's physician or an advanced practice  
38.28 registered nurse; or

38.29 (2) the resident needs to be immediately relocated because, due to the resident's behavior,  
38.30 the resident or another resident or staff member of the housing with services establishment  
38.31 is at imminent risk of:

38.32 (i) death;

39.1 (ii) life-threatening harm;

39.2 (iii) substantial bodily harm, as defined in section 609.02, subdivision 7a; or

39.3 (iv) great bodily harm, as defined in section 609.02, subdivision 8.

39.4 (b) A housing with services establishment relocating a resident under this subdivision  
39.5 must:

39.6 (1) ensure that the resident is relocated to a safe and appropriate location; and

39.7 (2) immediately notify the person or persons representing the resident, or who are in a  
39.8 familial or other personal relationship with the resident:

39.9 (i) that the resident has been relocated;

39.10 (ii) the reason for the relocation; and

39.11 (iii) the name, address, telephone number, and any other relevant contact information  
39.12 of the location to which the resident has been transferred.

39.13 **EFFECTIVE DATE.** This section is effective July 1, 2020.

39.14 Sec. 13. Minnesota Statutes 2018, section 144D.10, is amended to read:

39.15 **144D.10 MANAGER REQUIREMENTS.**

39.16 (a) The person primarily responsible for oversight and management of a housing with  
39.17 services establishment, as designated by the owner of the housing with services establishment,  
39.18 must obtain at least 30 hours of continuing education every two years of employment as  
39.19 the manager in topics relevant to the operations of the housing with services establishment  
39.20 and the needs of its tenants. Continuing education earned to maintain a professional license,  
39.21 such as nursing home administrator license, nursing license, social worker license, and real  
39.22 estate license, can be used to complete this requirement.

39.23 ~~(b) For managers of establishments identified in section 325F.72, this continuing~~  
39.24 ~~education must include at least eight hours of documented training on the topics identified~~  
39.25 ~~in section 144D.065, paragraph (b), within 160 working hours of hire, and two hours of~~  
39.26 ~~training on these topics for each 12 months of employment thereafter.~~

39.27 ~~(c) For managers of establishments not covered by section 325F.72, but who provide~~  
39.28 ~~assisted living services under chapter 144G, this continuing education must include at least~~  
39.29 ~~four hours of documented training on the topics identified in section 144D.065, paragraph~~  
39.30 ~~(b), within 160 working hours of hire, and two hours of training on these topics for each 12~~  
39.31 ~~months of employment thereafter.~~

40.1 ~~(d)~~ (b) A statement verifying compliance with the continuing education requirement  
40.2 must be included in the housing with services establishment's annual registration to the  
40.3 commissioner of health. The establishment must maintain records for at least three years  
40.4 demonstrating that the person primarily responsible for oversight and management of the  
40.5 establishment has attended educational programs as required by this section.

40.6 ~~(e)~~ (c) New managers ~~may~~ must satisfy ~~the initial~~ and document satisfaction of dementia  
40.7 training requirements ~~by producing written proof of previously completed required training~~  
40.8 within the past 18 months adopted by the commissioner in rule.

40.9 ~~(f) This section does not apply to an establishment registered under section 144D.025~~  
40.10 ~~serving the homeless.~~

40.11 **EFFECTIVE DATE.** This section is effective July 1, 2020.

40.12 Sec. 14. Minnesota Statutes 2018, section 144D.11, is amended to read:

40.13 **144D.11 EMERGENCY PLANNING.**

40.14 (a) Each registered housing with services establishment must meet the following  
40.15 requirements:

40.16 (1) have a written emergency disaster plan that contains a plan for evacuation, addresses  
40.17 elements of sheltering in-place, identifies temporary relocation sites, and details staff  
40.18 assignments in the event of a disaster or an emergency;

40.19 (2) post an emergency disaster plan prominently;

40.20 (3) provide building emergency exit diagrams to all ~~tenants~~ residents upon signing a  
40.21 ~~lease~~ contract under section 144J.02;

40.22 (4) post emergency exit diagrams on each floor; and

40.23 (5) have a written policy and procedure regarding missing ~~tenants~~ residents.

40.24 (b) Each registered housing with services establishment must provide emergency and  
40.25 disaster training to all staff during the initial staff orientation and annually thereafter and  
40.26 must make emergency and disaster training available to all ~~tenants~~ residents annually. Staff  
40.27 who have not received emergency and disaster training are allowed to work only when  
40.28 trained staff are also working on site.

40.29 (c) Each registered housing with services location must conduct and document a fire  
40.30 drill or other emergency drill at least every six months. To the extent possible, drills must  
40.31 be coordinated with local fire departments or other community emergency resources.



41.1 **EFFECTIVE DATE.** This section is effective July 1, 2020.

41.2 Sec. 15. **REPEALER.**

41.3 Minnesota Statutes 2018, section 144D.09, is repealed effective August 1, 2019.

41.4 **ARTICLE 4**

41.5 **ASSISTED LIVING LICENSURE**

41.6 Section 1. Minnesota Statutes 2018, section 144.057, subdivision 1, is amended to read:

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

41.9 (1) individuals providing services ~~which~~ that have direct contact, as defined under section  
41.10 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,  
41.11 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and  
41.12 home care agencies licensed under chapter 144A; residential care homes licensed under  
41.13 chapter 144B, assisted living establishments licensed under chapter 144J, and board and  
41.14 lodging establishments that are registered to provide supportive or health supervision services  
41.15 under section 157.17;

41.16 (2) individuals specified in section 245C.03, subdivision 1, who perform direct contact  
41.17 services in a nursing home or a home care agency licensed under chapter 144A or a boarding  
41.18 care home licensed under sections 144.50 to 144.58. If the individual under study resides  
41.19 outside Minnesota, the study must include a check for substantiated findings of maltreatment  
41.20 of adults and children in the individual's state of residence when the information is made  
41.21 available by that state, and must include a check of the National Crime Information Center  
41.22 database;

41.23 (3) beginning July 1, 1999, all other employees in assisted living establishments licensed  
41.24 under chapter 144J, nursing homes licensed under chapter 144A, and boarding care homes  
41.25 licensed under sections 144.50 to 144.58. A disqualification of an individual in this section  
41.26 shall disqualify the individual from positions allowing direct contact or access to patients  
41.27 or residents receiving services. "Access" means physical access to a client or the client's  
41.28 personal property without continuous, direct supervision as defined in section 245C.02,  
41.29 subdivision 8, when the employee's employment responsibilities do not include providing  
41.30 direct contact services;

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

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

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

42.7 **EFFECTIVE DATE.** This section is effective July 1, 2020.

42.8 Sec. 2. Minnesota Statutes 2018, section 144.0721, is amended to read:

42.9 **144.0721 ASSESSMENTS OF CARE AND SERVICES TO NURSING HOME**  
42.10 **AND ASSISTED LIVING RESIDENTS.**

42.11 Subdivision 1. **Appropriateness and quality.** Until the date of implementation of the  
42.12 revised case mix system based on the minimum data set, the commissioner of health shall  
42.13 assess the appropriateness and quality of care and services furnished to private paying  
42.14 residents in assisted living establishments, nursing homes<sub>2</sub> and boarding care homes that  
42.15 are certified for participation in the medical assistance program under United States Code,  
42.16 title 42, sections 1396-1396p. These assessments shall be conducted until the date of  
42.17 implementation of the revised case mix system with the exception of provisions requiring  
42.18 recommendations for changes in the level of care provided to the private paying residents.

42.19 Subd. 2. **Access to data.** With the exception of summary data, data on individuals that  
42.20 is collected, maintained, used, or disseminated by the commissioner of health under  
42.21 subdivision 1 is private data on individuals and shall not be disclosed to others except:

42.22 (1) under section 13.05;

42.23 (2) under a valid court order;

42.24 (3) to the assisted living establishment, nursing home<sub>2</sub> or boarding care home in which  
42.25 the individual resided at the time the assessment was completed;

42.26 (4) to the commissioner of human services; or

42.27 (5) to county home care staff for the purpose of assisting the individual to be discharged  
42.28 from a nursing home or boarding care home and returned to the community.

42.29 **EFFECTIVE DATE.** This section is effective July 1, 2020.

43.1 Sec. 3. Minnesota Statutes 2018, section 144.122, is amended to read:

43.2 **144.122 LICENSE, PERMIT, AND SURVEY FEES.**

43.3 (a) The state commissioner of health, by rule, may prescribe procedures and fees for  
 43.4 filing with the commissioner as prescribed by statute and for the issuance of original and  
 43.5 renewal permits, licenses, registrations, and certifications issued under authority of the  
 43.6 commissioner. The expiration dates of the various licenses, permits, registrations, and  
 43.7 certifications as prescribed by the rules shall be plainly marked thereon. Fees may include  
 43.8 application and examination fees and a penalty fee for renewal applications submitted after  
 43.9 the expiration date of the previously issued permit, license, registration, and certification.  
 43.10 The commissioner may also prescribe, by rule, reduced fees for permits, licenses,  
 43.11 registrations, and certifications when the application therefor is submitted during the last  
 43.12 three months of the permit, license, registration, or certification period. Fees proposed to  
 43.13 be prescribed in the rules shall be first approved by the Department of Management and  
 43.14 Budget. All fees proposed to be prescribed in rules shall be reasonable. The fees shall be  
 43.15 in an amount so that the total fees collected by the commissioner will, where practical,  
 43.16 approximate the cost to the commissioner in administering the program. All fees collected  
 43.17 shall be deposited in the state treasury and credited to the state government special revenue  
 43.18 fund unless otherwise specifically appropriated by law for specific purposes.

43.19 (b) The commissioner may charge a fee for voluntary certification of medical laboratories  
 43.20 and environmental laboratories, and for environmental and medical laboratory services  
 43.21 provided by the department, without complying with paragraph (a) or chapter 14. Fees  
 43.22 charged for environment and medical laboratory services provided by the department must  
 43.23 be approximately equal to the costs of providing the services.

43.24 (c) The commissioner may develop a schedule of fees for diagnostic evaluations  
 43.25 conducted at clinics held by the services for children with disabilities program. All receipts  
 43.26 generated by the program are annually appropriated to the commissioner for use in the  
 43.27 maternal and child health program.

43.28 (d) The commissioner shall set license fees for hospitals, assisted living establishments,  
 43.29 and nursing homes that are not boarding care homes at the following levels:

43.30	Joint Commission on Accreditation of	\$7,655 plus \$16 per bed
43.31	Healthcare Organizations (JCAHO) and	
43.32	American Osteopathic Association (AOA)	
43.33	hospitals	
43.34	Non-JCAHO and non-AOA hospitals	\$5,280 plus \$250 per bed
43.35	Nursing home	\$183 plus \$91 per bed until June 30, 2018.
43.36		\$183 plus \$100 per bed between July 1, 2018,

44.1 and June 30, 2020. \$183 plus \$105 per bed  
 44.2 beginning July 1, 2020.

44.3 Level 1 assisted living establishment \$.....

44.4 Level 2 assisted living establishment \$.....

44.5 Level 3 assisted living establishment \$.....

44.6 The commissioner shall set license fees for outpatient surgical centers, boarding care  
 44.7 homes, and supervised living facilities at the following levels:

44.8 Outpatient surgical centers \$3,712

44.9 Boarding care homes \$183 plus \$91 per bed

44.10 Supervised living facilities \$183 plus \$91 per bed.

44.11 Fees collected under this paragraph are nonrefundable. The fees are nonrefundable even if  
 44.12 received before July 1, 2017, for licenses or registrations being issued effective July 1, 2017,  
 44.13 or later.

44.14 (e) Unless prohibited by federal law, the commissioner of health shall charge applicants  
 44.15 the following fees to cover the cost of any initial certification surveys required to determine  
 44.16 a provider's eligibility to participate in the Medicare or Medicaid program:

44.17 Prospective payment surveys for hospitals \$ 900

44.18 Swing bed surveys for nursing homes \$ 1,200

44.19 Psychiatric hospitals \$ 1,400

44.20 Rural health facilities \$ 1,100

44.21 Portable x-ray providers \$ 500

44.22 Home health agencies \$ 1,800

44.23 Outpatient therapy agencies \$ 800

44.24 End stage renal dialysis providers \$ 2,100

44.25 Independent therapists \$ 800

44.26 Comprehensive rehabilitation outpatient facilities \$ 1,200

44.27 Hospice providers \$ 1,700

44.28 Ambulatory surgical providers \$ 1,800

44.29 Hospitals \$ 4,200

44.30 Other provider categories or additional Actual surveyor costs: average  
 44.31 resurveys required to complete initial surveyor cost x number of hours for  
 44.32 certification the survey process.

44.33 These fees shall be submitted at the time of the application for federal certification and  
 44.34 shall not be refunded. All fees collected after the date that the imposition of fees is not  
 44.35 prohibited by federal law shall be deposited in the state treasury and credited to the state  
 44.36 government special revenue fund.

45.1 **EFFECTIVE DATE.** This section is effective July 1, 2020.

45.2 Sec. 4. Minnesota Statutes 2018, section 144A.18, is amended to read:

45.3 **144A.18 ADMINISTRATOR'S LICENSES; PENALTY.**

45.4 No person shall act as a nursing home administrator or assisted living establishment  
45.5 administrator or purport to be a nursing home administrator or assisted living establishment  
45.6 administrator unless that person is licensed by the Board of Examiners for Nursing Home  
45.7 and Assisted Living Establishment Administrators. A violation of this section is a  
45.8 misdemeanor.

45.9 **EFFECTIVE DATE.** This section is effective July 1, 2020.

45.10 Sec. 5. Minnesota Statutes 2018, section 144A.19, subdivision 1, is amended to read:

45.11 Subdivision 1. **Creation; membership.** There is hereby created the Board of Examiners  
45.12 for Nursing Home and Assisted Living Establishment Administrators ~~which~~ that shall consist  
45.13 of the following members:

45.14 (1) a designee of the commissioner of health who shall be a nonvoting member;

45.15 (2) a designee of the commissioner of human services who shall be a nonvoting member;

45.16 and

45.17 (3) the following members appointed by the governor:

45.18 (i) two members actively engaged in the management, operation, or ownership of  
45.19 proprietary nursing homes and two members actively engaged in the management, operation,  
45.20 or ownership of assisted living establishments;

45.21 (ii) two members actively engaged in the management or operation of nonprofit nursing  
45.22 homes and two members actively engaged in the management or operation of nonprofit  
45.23 assisted living establishments;

45.24 (iii) one member actively engaged in the practice of medicine;

45.25 (iv) one member actively engaged in the practice of professional nursing; and

45.26 (v) three public members as defined in section 214.02.

45.27 **EFFECTIVE DATE.** This section is effective July 1, 2020.

46.1 Sec. 6. Minnesota Statutes 2018, section 144A.20, subdivision 1, is amended to read:

46.2 Subdivision 1. **Criteria.** The Board of Examiners may issue licenses to qualified persons  
46.3 as nursing home or assisted living establishment administrators, and shall establish  
46.4 qualification criteria for nursing home and assisted living establishment administrators. No  
46.5 license shall be issued to a person as a nursing home or assisted living establishment  
46.6 administrator unless that person:

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

46.8 (2) has satisfactorily met standards set by the Board of Examiners, which standards shall  
46.9 be designed to assure that nursing home and assisted living establishment administrators  
46.10 will be individuals who, by training or experience are qualified to serve as nursing home  
46.11 or assisted living establishment administrators; and

46.12 (3) has passed an examination approved by the board and designed to test for competence  
46.13 in the subject matters referred to in clause (2), or has been approved by the Board of  
46.14 Examiners through the development and application of other appropriate techniques.

46.15 **EFFECTIVE DATE.** This section is effective July 1, 2020.

46.16 Sec. 7. Minnesota Statutes 2018, section 144A.21, is amended to read:

46.17 **144A.21 ADMINISTRATOR LICENSES.**

46.18 Subdivision 1. **Transferability.** A nursing home or assisted living establishment  
46.19 administrator's license shall not be transferable.

46.20 Subd. 2. **Rules; renewal.** The Board of Examiners by rule shall establish forms and  
46.21 procedures for the processing of license renewals. A nursing home or assisted living  
46.22 establishment administrator's license may be renewed only in accordance with the standards  
46.23 adopted by the Board of Examiners pursuant to section 144A.24.

46.24 **EFFECTIVE DATE.** This section is effective July 1, 2020.

46.25 Sec. 8. Minnesota Statutes 2018, section 144A.23, is amended to read:

46.26 **144A.23 JURISDICTION OF BOARD.**

46.27 Except as provided in section 144A.04, subdivision 5, the board of examiners shall have  
46.28 exclusive authority to determine the qualifications, skill and fitness required of any person  
46.29 to serve as an administrator of a nursing home or assisted living establishment. The holder  
46.30 of a license shall be deemed fully qualified to serve as the administrator of a nursing home  
46.31 or assisted living establishment.

47.1 **EFFECTIVE DATE.** This section is effective July 1, 2020.

47.2 Sec. 9. Minnesota Statutes 2018, section 144A.24, is amended to read:

47.3 **144A.24 DUTIES OF THE BOARD.**

47.4 The Board of Examiners shall:

47.5 (1) develop and enforce standards for nursing home and assisted living establishment  
47.6 administrator licensing, which standards shall be designed to assure that nursing home  
47.7 administrators will be individuals of good character who, by training or experience, are  
47.8 suitably qualified to serve as nursing home or assisted living establishment administrators;

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

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

47.13 (4) establish and implement procedures designed to assure that individuals licensed as  
47.14 nursing home and assisted living establishment administrators will comply with the board's  
47.15 standards;

47.16 (5) receive and investigate complaints and take appropriate action consistent with chapter  
47.17 214, to revoke or suspend the license or permit of a nursing home or assisted living  
47.18 establishment administrator or acting administrator who fails to comply with sections  
47.19 144A.18 to 144A.27 or the board's standards;

47.20 (6) conduct a continuing study and investigation of nursing homes, and the administrators  
47.21 of nursing homes and assisted living establishments within the state, with a view to the  
47.22 improvement of the standards imposed for the licensing of administrators and improvement  
47.23 of the procedures and methods used for enforcement of the board's standards; and

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

47.29 **EFFECTIVE DATE.** This section is effective July 1, 2020.

48.1 Sec. 10. Minnesota Statutes 2018, section 144A.251, is amended to read:

48.2 **144A.251 MANDATORY PROCEEDINGS.**

48.3 In addition to its discretionary authority to initiate proceedings under section 144A.24  
48.4 and chapter 214, the Board of Examiners shall initiate proceedings to suspend or revoke a  
48.5 nursing home or assisted living establishment administrator license or shall refuse to renew  
48.6 a license if within the preceding two-year period the administrator was employed at a nursing  
48.7 home ~~which~~ or assisted living establishment that during the period of employment incurred  
48.8 the following number of uncorrected violations, which violations were in the jurisdiction  
48.9 and control of the administrator and for which a fine was assessed and allowed to be  
48.10 recovered:

48.11 (1) two or more uncorrected violations which created an imminent risk of harm to a  
48.12 nursing home resident; or

48.13 (2) ten or more uncorrected violations of any nature.

48.14 **EFFECTIVE DATE.** This section is effective July 1, 2020.

48.15 Sec. 11. Minnesota Statutes 2018, section 144A.2511, is amended to read:

48.16 **144A.2511 COSTS; PENALTIES.**

48.17 If the Board of Examiners has initiated proceedings under section 144A.24 or 144A.251  
48.18 or chapter 214, and upon completion of the proceedings has found that a nursing home or  
48.19 assisted living establishment administrator has violated a provision or provisions of sections  
48.20 144A.18 to 144A.27, it may impose a civil penalty not exceeding \$10,000 for each separate  
48.21 violation, with all violations related to a single event or incident considered as one violation.  
48.22 The amount of the civil penalty shall be fixed so as to deprive the nursing home or assisted  
48.23 living establishment administrator of any economic advantage gained by reason of the  
48.24 violation charged or to reimburse the board for the cost of the investigation and proceeding.  
48.25 For purposes of this section, the cost of the investigation and proceeding may include, but  
48.26 is not limited to, fees paid for services provided by the Office of Administrative Hearings,  
48.27 legal and investigative services provided by the Office of the Attorney General, court  
48.28 reporters, witnesses, and reproduction of records.

48.29 **EFFECTIVE DATE.** This section is effective July 1, 2020.



49.1 Sec. 12. Minnesota Statutes 2018, section 144A.26, is amended to read:

49.2 **144A.26 RECIPROCITY WITH OTHER STATES.**

49.3 The board of examiners may issue a nursing home or assisted living establishment  
49.4 administrator's license, without examination, to any person who holds a current license as  
49.5 a nursing home or assisted living establishment administrator from another jurisdiction if  
49.6 the board finds that the standards for licensure in the other jurisdiction are at least the  
49.7 substantial equivalent of those prevailing in this state and that the applicant is otherwise  
49.8 qualified.

49.9 **EFFECTIVE DATE.** This section is effective July 1, 2020.

49.10 Sec. 13. Minnesota Statutes 2018, section 144A.27, is amended to read:

49.11 **144A.27 ACTING ADMINISTRATORS.**

49.12 If a licensed nursing home or assisted living establishment administrator is removed  
49.13 from the position by death or other unexpected cause, the controlling persons of the nursing  
49.14 home suffering the removal may designate an acting nursing home or assisted living  
49.15 establishment administrator who shall secure an acting administrator's permit within 30  
49.16 days of appointment as the acting administrator.

49.17 **EFFECTIVE DATE.** This section is effective July 1, 2020.

49.18 Sec. 14. **[144L.01] DEFINITIONS.**

49.19 Subdivision 1. **Administrator.** "Administrator" means a person who administers,  
49.20 manages, supervises, or is in general administrative charge of an assisted living establishment,  
49.21 whether or not the individual has an ownership interest in the assisted living establishment,  
49.22 and whether or not the person's functions and duties are shared with one or more individuals,  
49.23 and who is licensed under chapter 144A.

49.24 Subd. 2. **Adult.** "Adult" means a person who is at least 18 years of age.

49.25 Subd. 3. **Affiliated home care provider.** "Affiliated home care provider" means a home  
49.26 care provider licensed under chapter 144A that provides home care services to residents of  
49.27 an assisted living establishment under a business relationship or other affiliation with an  
49.28 assisted living establishment.

49.29 Subd. 4. **Applicant.** "Applicant" means the assisted living establishment.

49.30 Subd. 5. **Assisted living establishment.** (a) "Assisted living establishment" means an  
49.31 entity that, for a fee, provides sleeping accommodations to one or more adults and offers

50.1 or provides, directly or through an affiliated home care provider, home care services to any  
50.2 resident in the establishment.

50.3 (b) Assisted living establishment does not include:

50.4 (1) shelters, transitional housing, or any other residential units serving exclusively or  
50.5 primarily homeless individuals, as defined in section 116L.361;

50.6 (2) a housing with services establishment registered under chapter 144D;

50.7 (3) a hospital, as defined in section 144.50, subdivision 2;

50.8 (4) a boarding care home, as defined in Minnesota Rules, part 4655.0100, subpart 3;

50.9 (5) a supervised living facility, as defined in Minnesota Rules, part 4665.0100, subpart  
50.10 10;

50.11 (6) a board and lodging establishment licensed under chapter 157 or 245G, or governed  
50.12 under Minnesota Rules, parts 9520.0500 to 9520.0670;

50.13 (7) any establishment that serves as a shelter for battered women or other similar purpose;

50.14 (8) adult foster care licensed by the Department of Human Services;

50.15 (9) private homes in which the residents are related by kinship, law, or affinity to the  
50.16 providers of services;

50.17 (10) residential settings for persons with developmental disabilities in which the services  
50.18 are licensed under chapter 245D;

50.19 (11) a home-sharing arrangement, including but not limited to arrangements where an  
50.20 older person, person with a disability, or single-parent family makes lodging in a private  
50.21 residence available to another person in exchange for services or rent, or both;

50.22 (12) a condominium, cooperative, common interest community, or owners' association  
50.23 organized under chapter 515B where at least 80 percent of the units that comprise the  
50.24 condominium, cooperative, common interest community, or association are occupied by  
50.25 individuals who are the owners, members, or shareholders of the units; and

50.26 (13) services for persons with developmental disabilities that are provided under chapter  
50.27 245D; or

50.28 (14) a temporary family health care dwelling as defined in sections 394.307 and 462.3593.

50.29 Subd. 6. **Basic home care services.** "Basic home care services" means:

50.30 (1) the services described in section 144A.471, subdivision 6; and

51.1 (2) any of the following services:

51.2 (i) daily or periodic monitoring or supervision of the resident's functioning and needs  
51.3 to ensure the resident's well-being;

51.4 (ii) provision of meals;

51.5 (iii) help with arranging for medical, social, recreational, personal, or social service  
51.6 appointments, or arranging transportation for medical, social, recreational, personal, or  
51.7 social service appointments; or

51.8 (iv) provision of social or recreational services.

51.9 Subd. 7. **Commissioner.** "Commissioner" means the commissioner of health.

51.10 Subd. 8. **Comprehensive home care services.** "Comprehensive home care services"  
51.11 means the services described in section 144A.471, subdivision 7.

51.12 Subd. 9. **Controlling person.** (a) "Controlling person" means any business entity, officer,  
51.13 assisted living establishment administrator, or director whose responsibilities include the  
51.14 direction of the management or policies of an assisted living establishment. Controlling  
51.15 person also means any person who, directly or indirectly, beneficially owns any interest in:

51.16 (1) any corporation, partnership, or other business association that is a controlling person  
51.17 of an assisted living establishment;

51.18 (2) the land on which an assisted living establishment is located;

51.19 (3) the structure in which an assisted living establishment is located;

51.20 (4) any mortgage, contract for deed, or other obligation secured in whole or part by the  
51.21 land or structure comprising an assisted living establishment; or

51.22 (5) any lease or sublease of the land, structure, or facilities comprising an assisted living  
51.23 establishment.

51.24 (b) Controlling person does not include:

51.25 (1) a bank, savings bank, trust company, savings association, credit union, industrial  
51.26 loan and thrift company, investment banking firm, or insurance company, unless the entity  
51.27 directly or through a subsidiary operates an assisted living establishment;

51.28 (2) a public or government entity;

51.29 (3) an individual state official or state employee, or a member or employee of the  
51.30 governing body of a political subdivision of the state that operates one or more assisted  
51.31 living establishments, unless the individual is also an officer or director of an assisted living

52.1 establishment, receives any remuneration from an assisted living establishment, or owns  
52.2 any of the beneficial interests not excluded in this subdivision;

52.3 (4) a natural person who is a member of a tax-exempt organization under section 290.05,  
52.4 subdivision 2, unless the individual is also an officer or director of an assisted living  
52.5 establishment or owns any of the beneficial interests not excluded in this subdivision; and

52.6 (5) a natural person who owns less than five percent of the outstanding common shares  
52.7 of a corporation:

52.8 (i) whose securities are exempt as provided in section 80A.45, clause (6); or

52.9 (ii) whose transactions are exempt as provided in section 80A.46, clause (7).

52.10 **Subd. 10. Designated representative.** "Designated representative" means:

52.11 (1) a court-appointed guardian;

52.12 (2) a conservator;

52.13 (3) an attorney-in-fact;

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

52.15 (5) a person chosen by the resident and identified in the resident's records on file with  
52.16 the assisted living establishment.

52.17 **Subd. 11. Home care service agreement or service agreement.** "Home care service  
52.18 agreement" or "service agreement" means the written agreement described in section  
52.19 144A.43, subdivision 27, between a private client or a private client's representative and an  
52.20 unaffiliated home care provider delineating the home care services that will be provided to  
52.21 the private client for a fee.

52.22 **Subd. 12. Home care services.** "Home care services" means either basic or  
52.23 comprehensive home care services.

52.24 **Subd. 13. Ombudsman.** "Ombudsman" means the ombudsman for long-term care.

52.25 **Subd. 14. Plan for care and services.** "Plan for care and services" means the  
52.26 individualized written record documenting the results of the individualized care and service  
52.27 planning process based on the assessments described in section 144I.13, subdivision 3.

52.28 **Subd. 15. Resident.** "Resident" means a person living in an assisted living establishment.

52.29 **Subd. 16. Unaffiliated home care provider.** "Unaffiliated home care provider" means  
52.30 an individual, organization, association, corporation, or other entity that, for a fee:

53.1 (1) has a valid current temporary license or license issued under chapter 144A, or is  
53.2 exempt from licensure;

53.3 (2) is regularly engaged in the delivery of one or more home care services directly to a  
53.4 resident in any residential setting; and

53.5 (3) has no business relationship or affiliation with the assisted living establishment where  
53.6 the resident receiving services lives.

53.7 **EFFECTIVE DATE.** This section is effective July 1, 2020.

53.8 Sec. 15. **[144I.02] LICENSURE; PENALTY.**

53.9 **Subdivision 1. Licensing levels.** There shall be three levels of licensure of assisted living  
53.10 establishments. Level 1 licensure is required for all assisted living establishments that offer  
53.11 basic home care services. Level 2 licensure is required for all assisted living establishments  
53.12 that offer comprehensive home care services. Level 3 licensure is required for all Level 1  
53.13 or Level 2 licensed assisted living establishments that offer, provide, advertise, or hold  
53.14 themselves out by whatever name or descriptor as offering or providing special care for  
53.15 persons with cognitive impairments, including Alzheimer's disease or other forms of  
53.16 dementia.

53.17 **Subd. 2. License required.** (a) No entity may open, operate, maintain, or advertise itself  
53.18 as an assisted living establishment unless the entity is licensed as a Level 1 or Level 2  
53.19 assisted living establishment under this chapter. The commissioner may license an entity  
53.20 as an assisted living establishment if the entity meets the criteria established under this  
53.21 chapter, and any adopted rules.

53.22 (b) No entity may open, operate, maintain, or advertise itself as an assisted living  
53.23 establishment that offers, by any name, memory care, dementia care, or special care for  
53.24 persons with cognitive impairments, including Alzheimer's disease or other forms of  
53.25 dementia, unless the entity is licensed as a Level 3 assisted living establishment under this  
53.26 chapter and any adopted rules.

53.27 **Subd. 3. Contents of license.** A license must:

53.28 (1) include the address of the entity to be licensed and the legal property description;

53.29 (2) specify the location and square footage of the floor space constituting the entity;

53.30 (3) incorporate by reference the plans and specifications of the entity, which must be  
53.31 kept on file with the commissioner;

54.1 (4) specify the level or levels of care and services that the entity is licensed to provide;  
54.2 and

54.3 (5) state any conditions or limitations imposed on the entity according to the rules of  
54.4 the commissioner.

54.5 Subd. 4. **Home care provider license required.** (a) No assisted living establishment  
54.6 or affiliated home care provider may offer or provide home care services to a resident unless  
54.7 the establishment or provider has a valid home care provider license under chapter 144A.

54.8 (b) Assisted living establishments providing home care services directly and affiliated  
54.9 home care providers must comply with sections 144A.471 to 144A.483.

54.10 Subd. 5. **Violations; penalty.** (a) Operating an assisted living establishment without a  
54.11 license is a misdemeanor punishable by a fine imposed by the commissioner by adopted  
54.12 rule.

54.13 (b) A person or entity that, before obtaining a license, advertises an assisted living  
54.14 establishment that is required to be licensed under this chapter is guilty of a misdemeanor.

54.15 (c) A controlling person of an assisted living establishment in violation of this section  
54.16 is guilty of a misdemeanor. The provisions of this subdivision shall not apply to any  
54.17 controlling person who had no legal authority to affect or change decisions related to the  
54.18 operation of the assisted living establishment.

54.19 (d) The sanctions in this section do not restrict other available sanctions.

54.20 **EFFECTIVE DATE.** This section is effective July 1, 2020.

54.21 Sec. 16. **[144L.03] LICENSE APPLICATION.**

54.22 Subdivision 1. **Form; requirements.** (a) The commissioner shall establish forms and  
54.23 procedures for processing assisted living establishment license applications.

54.24 (b) An application for an assisted living establishment license must include the following  
54.25 information for the assisted living establishment:

54.26 (1) the business name, street address, mailing address if different from the street address,  
54.27 and legal property description of the establishment;

54.28 (2) the legal name or designation of the establishment and any affiliated home care  
54.29 provider;

54.30 (3) the name, mailing address, which may not be a post office box, e-mail address, and  
54.31 telephone number of:

- 55.1 (i) all owners, controlling persons, and managerial employees of the assisted living  
55.2 establishment;
- 55.3 (ii) any affiliated home care provider;
- 55.4 (iii) all officers and members of the governing body, or comparable person for  
55.5 partnerships, limited liability corporations, or other legal designation for the business  
55.6 organizational structure of the assisted living establishment;
- 55.7 (iv) the managing agent of the establishment, if different from the owner or owners; and
- 55.8 (v) the on-site manager of the establishment;
- 55.9 (4) disclosure of:
- 55.10 (i) whether any owner, controlling party, managing agent, on-site manager, or controlling  
55.11 person of the assisted living establishment or any affiliated home care provider has ever  
55.12 been convicted of a crime or found civilly liable for an offense involving moral turpitude,  
55.13 including forgery, embezzlement, obtaining money under false pretenses, larceny, extortion,  
55.14 conspiracy to defraud, or any other similar offense or violation, or any violation of section  
55.15 626.557 or any other similar law in any other state, or any violation of a federal or state law  
55.16 or regulation in connection with activities involving any consumer fraud, false advertising,  
55.17 deceptive trade practices, or similar consumer protection law;
- 55.18 (ii) any judgments, private or public litigation, tax liens, written complaints, administrative  
55.19 actions, or investigations by any government agency against the applicant or the applicant's  
55.20 affiliated home care provider, or officer, director or manager of, or shareholder owning  
55.21 more than five percent interest in the applicant or the applicant's affiliated home care provider  
55.22 that are unresolved or otherwise filed or commenced within the preceding ten years;
- 55.23 (iii) whether the applicant or the applicant's affiliated home care provider, or any person  
55.24 employed by the applicant or the applicant's affiliated home care provider, has a record of  
55.25 defaulting in the payment of money collected for others, including the discharge of debts  
55.26 through bankruptcy proceedings; and
- 55.27 (iv) whether the applicant or the applicant's home care provider's license or registration  
55.28 in this or any other state to provide the services for which the applicant seeks to be licensed  
55.29 has ever been revoked or suspended;
- 55.30 (5) a copy of the architectural and engineering plans and specifications of the facility as  
55.31 prepared and certified by an architect or engineer registered to practice in this state;

56.1 (6) a showing of proof that the establishment is in compliance with the workers'  
56.2 compensation insurance coverage requirement, as provided under section 176.82;

56.3 (7) a showing of proof that the establishment has sufficient liability coverage;

56.4 (8) for applicants for a Level 3 license:

56.5 (i) verification that the establishment will comply with the requirements of section  
56.6 325F.72; and

56.7 (ii) evidence satisfactory to the commissioner that the assisted living establishment has  
56.8 met the requirements in rules adopted by the commissioner for qualifications and training  
56.9 of administrators and staff of Level 3 licensed establishments;

56.10 (9) if applicable, evidence satisfactory to the commissioner that the affiliated home care  
56.11 provider has a current license, as required under section 144A.471, subdivision 1, and meets  
56.12 all applicable requirements under statute and rule to provide home care services to residents;  
56.13 and

56.14 (10) any other relevant information the commissioner determines is necessary to properly  
56.15 evaluate an application for license.

56.16 (c) An application for any assisted living license must be signed by the owner or owners,  
56.17 or an authorized agent of the owner or owners. An application submitted on behalf of a  
56.18 corporation, association, or governmental unit or instrumentality must be signed by at least  
56.19 two officers or managing agents of that entity.

56.20 (d) If the owner of the assisted living establishment is a corporation, an authorized agent  
56.21 of the corporation must submit copies of articles of incorporation and bylaws and any  
56.22 amendments as they occur, together with the names and addresses of the assisted living  
56.23 establishment's officers and directors. If the assisted living establishment is owned by a  
56.24 foreign corporation, an authorized agent must furnish the commissioner with a copy of the  
56.25 foreign corporation's certificate of authority to do business in this state.

56.26 Subd. 2. Agents. (a) An application for any assisted living establishment license or for  
56.27 renewal of an assisted living establishment license must specify one or more controlling  
56.28 persons or managerial employees as agents:

56.29 (1) who shall be responsible for dealing with the commissioner on all requirements of  
56.30 this chapter and chapter 144J; and



57.1 (2) on whom personal service of all notices and orders shall be made, and who shall be  
57.2 authorized to accept service on behalf of all of the controlling persons of the assisted living  
57.3 establishment, in proceedings under this chapter.

57.4 (b) Notwithstanding any law to the contrary, personal service on the designated person  
57.5 or persons named in the application is deemed to be service on all of the controlling persons  
57.6 or managerial employees of the assisted living establishment, and it is not a defense to any  
57.7 action arising under this chapter, that personal service was not made on each controlling  
57.8 person or managerial employee of the assisted living establishment. The designation of one  
57.9 or more controlling persons or managerial employees under this subdivision shall not affect  
57.10 the legal responsibility of any other controlling person or managerial employee under this  
57.11 chapter or chapter 144J.

57.12 **EFFECTIVE DATE.** This section is effective July 1, 2020.

57.13 **Sec. 17. [144I.04] LICENSE RENEWALS.**

57.14 Unless the assisted living establishment license expires or is suspended or revoked under  
57.15 section 144I.05, a license shall remain effective for a period of one year from the date of  
57.16 issuance. The commissioner must establish forms and procedures for the processing of  
57.17 license renewals. The commissioner must approve a license renewal application if the  
57.18 assisted living establishment continues to satisfy the requirements, standards, and conditions  
57.19 of this chapter and adopted rules.

57.20 **EFFECTIVE DATE.** This section is effective July 1, 2020.

57.21 **Sec. 18. [144I.05] LICENSE SUSPENSION OR REVOCATION; HEARING;**  
57.22 **RELICENSING.**

57.23 Subdivision 1. **Optional proceedings.** The commissioner may institute proceedings to  
57.24 suspend or revoke any assisted living establishment's license or may refuse to grant or renew  
57.25 an assisted living establishment's license if any action by a controlling person or employee  
57.26 of the assisted living establishment:

57.27 (1) violates any of the provisions of this chapter, or adopted rules;

57.28 (2) permits, aids, or abets the commission of any illegal act;

57.29 (3) performs any act contrary to the welfare of a resident of the assisted living  
57.30 establishment; or

57.31 (4) obtains, or attempts to obtain, a license by fraudulent means or misrepresentation.

58.1 Subd. 2. **Mandatory proceedings.** (a) The commissioner must initiate proceedings  
58.2 within 60 days of notification to suspend or revoke an assisted living establishment's license  
58.3 or must refuse to renew an assisted living establishment's license if within the preceding  
58.4 two years the assisted living establishment has incurred the following number of uncorrected  
58.5 or repeated violations:

58.6 (1) two or more uncorrected violations or one or more repeated violations that created  
58.7 an imminent risk to direct resident care or safety; or

58.8 (2) four or more uncorrected violations or two or more repeated violations of any nature  
58.9 for which the fines are in the four highest daily fine categories prescribed in rule.

58.10 (b) Notwithstanding paragraph (a), the commissioner is not required to revoke, suspend,  
58.11 or refuse to renew an assisted living establishment's license if the establishment corrects  
58.12 the violation.

58.13 Subd. 3. **Notice to residents.** (a) Within five working days after proceedings are initiated  
58.14 by the commissioner to revoke or suspend an assisted living establishment's license, or a  
58.15 decision by the commissioner not to renew an assisted living establishment's license, the  
58.16 controlling person of the assisted living establishment or a designee must provide to the  
58.17 commissioner and the ombudsman for long-term care the names of residents and the names  
58.18 and addresses of the residents' guardians, designated representatives, and family contacts.

58.19 (b) The controlling person or designees of the assisted living establishment must provide  
58.20 updated information each month until the proceeding is concluded. If the controlling person  
58.21 or designee of the assisted living establishment fails to provide the information within this  
58.22 time, the assisted living establishment is subject to the issuance of:

58.23 (1) a correction order; and

58.24 (2) a penalty assessment by the commissioner in rule.

58.25 (c) Notwithstanding section 144I.08, any correction order issued under this subdivision  
58.26 must require that the assisted living establishment immediately comply with the request for  
58.27 information and that, as of the date of the issuance of the correction order, the establishment  
58.28 shall forfeit to the state a \$500 fine the first day of noncompliance and an increase in the  
58.29 \$500 fine by \$100 increments for each day the noncompliance continues.

58.30 (d) Information provided under this subdivision may be used by the commissioner or  
58.31 the ombudsman for long-term care only for the purpose of providing affected consumers  
58.32 information about the status of the proceedings.

59.1 (e) Within ten working days after the commissioner initiates proceedings to revoke,  
59.2 suspend, or not renew an assisted living establishment license, the commissioner must send  
59.3 a written notice of the action and the process involved to each resident of the assisted living  
59.4 establishment and the resident's designated representative or, if there is no designated  
59.5 representative and if known, a family member or interested person.

59.6 (f) The commissioner shall provide the ombudsman for long-term care with monthly  
59.7 information on the department's actions and the status of the proceedings.

59.8 Subd. 4. **Hearing.** An assisted living establishment license may not be suspended or  
59.9 revoked, and renewal may not be denied, without a hearing held as a contested case hearing  
59.10 under chapter 14. The hearing must commence within 60 days after the proceedings are  
59.11 initiated. If the controlling person of the assisted living establishment designated under  
59.12 section 144I.03, subdivision 2, as an agent to accept service on behalf of all of the controlling  
59.13 persons of the assisted living establishment has been notified by the commissioner that the  
59.14 establishment will not receive an initial license or that a license renewal has been denied,  
59.15 the controlling person or a legal representative on behalf of the assisted living establishment  
59.16 may request and receive a hearing on the denial. This hearing shall be held as a contested  
59.17 case under chapter 14.

59.18 Subd. 5. **Mandatory revocation.** Notwithstanding the provisions of subdivision 4, the  
59.19 commissioner must revoke an assisted living license if a controlling person of the assisted  
59.20 living establishment is convicted of a felony or gross misdemeanor that relates to operation  
59.21 of the assisted living establishment or directly affects resident safety or care. The  
59.22 commissioner shall notify the assisted living establishment and the Office of Ombudsman  
59.23 for Long-Term Care 30 days in advance of the date of revocation.

59.24 Subd. 6. **Relicensing.** If an assisted living establishment license is revoked, a new  
59.25 application for license may be considered by the commissioner when the conditions upon  
59.26 which the revocation was based have been corrected and satisfactory evidence of this fact  
59.27 has been furnished to the commissioner. A new license may be granted after an inspection  
59.28 has been made and the facility has been found to comply with all provisions of this chapter  
59.29 and chapter 144J and adopted rules.

59.30 **EFFECTIVE DATE.** This section is effective July 1, 2020.

59.31 Sec. 19. **[144I.06] REGULATORY POWERS.**

59.32 (a) With the exception of the Department of Public Safety, which has the exclusive  
59.33 jurisdiction to enforce state fire and safety standards, the commissioner is the exclusive

60.1 state agency charged with the responsibility and duty of inspecting assisted living  
60.2 establishments required to be licensed under this chapter and for enforcing adopted rules.  
60.3 The commissioner has all the powers vested and all the duties assigned with respect to  
60.4 assisted living establishments as the commissioner has with respect to nursing homes under  
60.5 sections 144A.10, subdivisions 1 to 6, 6d, 6e, 7, 8, 9, 10, and 17; and 144A.11.

60.6 (b) The commissioner may request and must be given access to relevant information,  
60.7 records, incident reports, or other documents in the possession of a licensed assisted living  
60.8 establishment if the commissioner considers them necessary for the discharge of  
60.9 responsibilities. For the purposes of inspections and securing information to determine  
60.10 compliance with licensure laws and rules, the commissioner need not present a release,  
60.11 waiver, or consent of the individual. The identities of patients or residents must be kept  
60.12 private as defined in section 13.02, subdivision 12.

60.13 **EFFECTIVE DATE.** This section is effective July 1, 2020.

60.14 **Sec. 20. [144I.07] FEES AND FINES.**

60.15 (a) Each application for a license and each renewal application to operate an assisted  
60.16 living establishment must be accompanied by a fee to be prescribed by rule by the  
60.17 commissioner as provided in section 144.122. No fee shall be refunded. In any assisted  
60.18 living establishment where home care services are delivered through an affiliated home  
60.19 care provider, the fee will be applied to the assisted living establishment license only.

60.20 (b) The commissioner shall adopt rules to establish a schedule of fines for violations of  
60.21 this chapter and any applicable rules.

60.22 **EFFECTIVE DATE.** This section is effective July 1, 2020.

60.23 **Sec. 21. [144I.08] INJUNCTIVE RELIEF; SUBPOENAS.**

60.24 Subdivision 1. **Injunctive relief.** In addition to any other remedy provided by law, the  
60.25 commissioner may bring an action in district court to enjoin a person who is involved in  
60.26 the management, operation, or control of an assisted living establishment, or an employee  
60.27 of an assisted living establishment, from illegally engaging in activities regulated by this  
60.28 chapter and chapter 144J. A temporary restraining order may be granted by the court in the  
60.29 proceeding if continued activity by the controlling person or employee of the assisted living  
60.30 establishment would create an imminent risk of harm to a resident of the assisted living  
60.31 establishment.

61.1 Subd. 2. **Subpoenas.** In all matters pending before the commissioner under this chapter,  
61.2 the commissioner shall have the power to issue subpoenas and compel the attendance of  
61.3 witnesses and the production of all necessary papers, books, records, documents, and other  
61.4 evidentiary material. Any person failing or refusing to appear or testify regarding any matter  
61.5 about which that person may be lawfully questioned or to produce any papers, books,  
61.6 records, documents, or evidentiary materials in the matter to be heard, after having been  
61.7 required by order or subpoena of the commissioner to do so, may, upon application by the  
61.8 commissioner to the district court in any district, be ordered by the court to comply therewith.  
61.9 The commissioner may issue subpoenas and administer oaths to witnesses, or take their  
61.10 affirmation. Depositions may be taken within or without the state in the manner provided  
61.11 by law for the taking of depositions in civil actions. A subpoena or other process or paper  
61.12 may be served upon any named person anywhere within the state by any officer authorized  
61.13 to serve subpoenas in civil actions, with the same fees and mileage and in the same manner  
61.14 as prescribed by law for process issued by the district court of this state. Fees and mileage  
61.15 and other costs of persons subpoenaed by the commissioner shall be paid in the same manner  
61.16 as for proceedings in district court.

61.17 **EFFECTIVE DATE.** This section is effective July 1, 2020.

61.18 Sec. 22. **[144I.09] TRANSFER OF INTERESTS.**

61.19 Subdivision 1. **Notice; expiration of license.** Any controlling person who makes any  
61.20 transfer of a beneficial interest in any assisted living establishment must notify the  
61.21 commissioner of the transfer within 14 days of its occurrence. The notification must identify  
61.22 by name and address the transferor and transferee and must specify the nature and amount  
61.23 of the transferred interest. The commissioner upon determining that the transferred beneficial  
61.24 interest exceeds ten percent of the total beneficial interest in the assisted living establishment,  
61.25 the structure in which the facility is located, or the land upon which the structure is located  
61.26 may require that the license of the assisted living establishment expire 90 days after the day  
61.27 of transfer. The commissioner upon determining that the transferred beneficial interest  
61.28 exceeds 50 percent of the total beneficial interest in the establishment, the structure in which  
61.29 the facility is located, or the land upon which the structure is located must require that the  
61.30 license of the assisted living establishment expire 90 days after the date of transfer. The  
61.31 commissioner must notify the assisted living establishment by certified mail of the expiration  
61.32 of the license at least 60 days prior to the date of expiration.

61.33 Subd. 2. **Relicensure.** The commissioner shall prescribe procedures for relicensure under  
61.34 this section. The commissioner shall relicense the assisted living establishment if the

62.1 establishment satisfies the requirements of this chapter and chapter 144J. An assisted living  
 62.2 establishment must not be relicensed by the commissioner if at the time of transfer there  
 62.3 are any uncorrected violations. The commissioner may temporarily waive correction of one  
 62.4 or more violations if the commissioner determines that:

62.5 (1) temporary noncorrection of the violation will not create an imminent risk of harm  
 62.6 to any assisted living establishment resident; and

62.7 (2) a controlling person of the assisted living establishment on behalf of all other  
 62.8 controlling persons:

62.9 (i) has entered into a contract to obtain the materials or labor necessary to correct the  
 62.10 violation, but the supplier or other contractor has failed to perform the terms of the contract  
 62.11 and the inability of the assisted living establishment to correct the violation is due solely to  
 62.12 that failure; or

62.13 (ii) is otherwise making a diligent good faith effort to correct the violation.

62.14 **EFFECTIVE DATE.** This section is effective July 1, 2020.

62.15 **Sec. 23. [144L.10] ASSISTED LIVING ESTABLISHMENT ADMINISTRATORS.**

62.16 Each assisted living establishment must employ an administrator who must be licensed  
 62.17 or permitted as an assisted living establishment administrator by the Board of Examiners  
 62.18 for Nursing Home and Assisted Living Establishment Administrators, as provided under  
 62.19 section 144A.18. The assisted living establishment may share the services of a licensed  
 62.20 administrator. The administrator must maintain a sufficient on-site presence in the assisted  
 62.21 living establishment to effectively manage the establishment in compliance with applicable  
 62.22 statutes, rules, and regulations. The administrator must establish procedures and delegate  
 62.23 authority for on-site operations in the administrator's absence, but is ultimately responsible  
 62.24 for the management of the assisted living establishment. Each assisted living establishment  
 62.25 must have posted at all times the name of the administrator and the name of the person in  
 62.26 charge on the premises in the absence of the licensed administrator.

62.27 **EFFECTIVE DATE.** This section is effective July 1, 2020.

62.28 **Sec. 24. [144L.11] ADMINISTRATOR OR MANAGERIAL EMPLOYEE**  
 62.29 **RESTRICTIONS.**

62.30 Subdivision 1. **Restrictions.** An assisted living establishment may not employ as an  
 62.31 administrator or managerial employee any person who was an administrator or managerial

63.1 employee of a nursing home or another assisted living establishment during any period of  
63.2 time in the previous two-year period:

63.3 (1) during which time of employment that nursing home or other assisted living  
63.4 establishment incurred the following number of uncorrected violations:

63.5 (i) two or more uncorrected violations or one or more repeated violations that created  
63.6 an imminent risk to direct resident care or safety; or

63.7 (ii) four or more uncorrected violations or two or more repeated violations of any nature  
63.8 for which the fines are in the four highest daily fine categories prescribed in rule; or

63.9 (2) who, during that period, was convicted of a felony or gross misdemeanor that relates  
63.10 to the operation of the nursing home or assisted living establishment, or directly affects  
63.11 resident safety or care.

63.12 Subd. 2. **Exception.** The provisions of subdivision 1 do not apply to any violations  
63.13 incurred that were outside the jurisdiction and control of the managerial employee or the  
63.14 administrator.

63.15 **EFFECTIVE DATE.** This section is effective July 1, 2020.

63.16 Sec. 25. [144L.12] **CONTROLLING PERSON RESTRICTIONS.**

63.17 Subdivision 1. **Restrictions.** The controlling person of any assisted living establishment  
63.18 may not include any person who was a controlling person of a nursing home or another  
63.19 assisted living establishment during any period of time in the previous two-year period:

63.20 (1) during which time of control that nursing home or other assisted living establishment  
63.21 incurred the following number of uncorrected or repeated violations:

63.22 (i) two or more uncorrected violations or one or more repeated violations that created  
63.23 an imminent risk to direct resident care or safety; or

63.24 (ii) four or more uncorrected violations or two or more repeated violations of any nature  
63.25 for which the fines are in the four highest daily fine categories prescribed in rule; or

63.26 (2) who, during that period, was convicted of a felony or gross misdemeanor that relates  
63.27 to the operation of the nursing home or other assisted living establishment, or directly affects  
63.28 resident safety or care.

63.29 Subd. 2. **Exception.** The provisions of subdivision 1 do not apply to any controlling  
63.30 person of the assisted living establishment who had no legal authority to affect or change

64.1 decisions related to the operation of the nursing home or other assisted living establishment  
64.2 that incurred the uncorrected violations.

64.3 Subd. 3. Stay of adverse action required by controlling person restrictions. (a) In  
64.4 lieu of revoking, suspending, or refusing to renew the license of an assisted living  
64.5 establishment where a controlling person was disqualified by subdivision 1, clause (1), the  
64.6 commissioner may issue an order staying the revocation, suspension, or nonrenewal of the  
64.7 assisted living establishment's license. The order may but need not be contingent upon the  
64.8 assisted living establishment's compliance with restrictions and conditions imposed on the  
64.9 license to ensure the proper operation of the assisted living establishment and to protect the  
64.10 health, safety, comfort, treatment, and well-being of the residents in the establishment. The  
64.11 decision to issue an order for a stay must be made within 90 days of the commissioner's  
64.12 determination that a controlling person of the assisted living establishment is disqualified  
64.13 by subdivision 1, clause (1), from operating an assisted living establishment.

64.14 (b) In determining whether to issue a stay and to impose conditions and restrictions, the  
64.15 commissioner must consider the following factors:

64.16 (1) the ability of the controlling person to operate other assisted living establishments  
64.17 in accordance with the licensure rules and laws;

64.18 (2) the conditions in the nursing home or assisted living establishment that received the  
64.19 number and type of uncorrected or repeated violations described in subdivision 1, clause  
64.20 (1); and

64.21 (3) the conditions and compliance history of each of the nursing homes and assisted  
64.22 living establishments operated by the controlling persons.

64.23 (c) The commissioner's decision to exercise the authority under this subdivision in lieu  
64.24 of revoking, suspending, or refusing to renew the license of the assisted living establishment  
64.25 is not subject to administrative or judicial review.

64.26 (d) The order for the stay of revocation, suspension, or nonrenewal of the assisted living  
64.27 establishment license must include any conditions and restrictions on the license that the  
64.28 commissioner deems necessary based upon the factors listed in paragraph (b).

64.29 (e) Prior to issuing an order for stay of revocation, suspension, or nonrenewal, the  
64.30 commissioner shall inform the controlling person in writing of any conditions and restrictions  
64.31 that will be imposed. The controlling person shall, within ten working days, notify the  
64.32 commissioner in writing of a decision to accept or reject the conditions and restrictions. If  
64.33 the assisted living establishment rejects any of the conditions and restrictions, the



65.1 commissioner must either modify the conditions and restrictions or take action to suspend,  
65.2 revoke, or not renew the assisted living establishment's license.

65.3 (f) Upon issuance of the order for a stay of revocation, suspension, or nonrenewal, the  
65.4 controlling person shall be responsible for compliance with the conditions and restrictions  
65.5 contained therein. Any time after the conditions and restrictions have been in place for 180  
65.6 days, the controlling person may petition the commissioner for removal or modification of  
65.7 the conditions and restrictions. The commissioner must respond to the petition within 30  
65.8 days of the receipt of the written petition. If the commissioner denies the petition, the  
65.9 controlling person may request a hearing under the provisions of chapter 14. Any hearing  
65.10 shall be limited to a determination of whether the conditions and restrictions shall be modified  
65.11 or removed. At the hearing, the controlling person has the burden of proof.

65.12 (g) The failure of the controlling person to comply with the conditions and restrictions  
65.13 contained in the order for stay shall result in the immediate removal of the stay and the  
65.14 commissioner shall take action to suspend, revoke, or not renew the license.

65.15 (h) The conditions and restrictions are effective for two years after the date they are  
65.16 imposed.

65.17 (i) Nothing in this subdivision shall be construed to limit in any way the commissioner's  
65.18 ability to impose other sanctions against an assisted living establishment licensee under the  
65.19 standards in state or federal law whether or not a stay of revocation, suspension, or  
65.20 nonrenewal is issued.

65.21 **EFFECTIVE DATE.** This section is effective July 1, 2020.

65.22 Sec. 26. **[144L.13] MINIMUM SERVICES AND STANDARDS.**

65.23 Subdivision 1. **Generally.** (a) An assisted living establishment must meet the standards  
65.24 and requirements of this section and offer a package of housing, care, and services that meet  
65.25 the needs of the residents and for which the resident contracted.

65.26 (b) Provided they are within the scope of the license and consistent with this section,  
65.27 assisted living establishments may:

65.28 (1) offer to residents and prospective residents services other than those required as a  
65.29 minimum;

65.30 (2) offer any package of services to residents, provided the package includes those  
65.31 services required as a minimum; and

65.32 (3) offer or provide services directly or through a licensed affiliated home care provider.

66.1 (c) Assisted living establishments may offer and provide assisted living services to all  
66.2 or some of the residents.

66.3 Subd. 2. **Housing and safety.** (a) An assisted living establishment must maintain  
66.4 minimum health, sanitation, safety, and comfort standards prescribed by the commissioner  
66.5 in adopted rules with respect to the physical plant, equipment, maintenance, and operation  
66.6 of the assisted living establishment, including standards with respect to evacuation of  
66.7 ambulatory and nonambulatory residents and controlled egress and secured perimeters for  
66.8 residents in Level 3 licensed assisted living establishments.

66.9 (b) The commissioner may temporarily waive compliance with one or more of the  
66.10 standards or requirements if the commissioner determines that:

66.11 (1) temporary noncompliance with the standard or requirement will not create an  
66.12 imminent risk of harm to a resident; and

66.13 (2) a controlling person of an assisted living establishment on behalf of all other  
66.14 controlling persons of the establishment:

66.15 (i) has entered into a contract to obtain the materials or labor necessary to meet the  
66.16 standard or requirement established by the commissioner, but the supplier or other contractor  
66.17 has failed to perform the terms of the contract and the inability of the assisted living  
66.18 establishment to meet the standard or requirement is due solely to that failure; or

66.19 (ii) is otherwise making a diligent good faith effort to meet the standard or requirement.

66.20 Subd. 3. **Assessments.** (a) The commissioner must establish by rule assessment standards  
66.21 and protocols to determine the person's physical, cognitive, social, and service needs. The  
66.22 rules must provide that the physical and cognitive components of the assessments must be  
66.23 conducted by a registered nurse, as required by applicable home care licensure requirements  
66.24 in chapter 144A and sections 148.171 to 148.285, and the social and service components  
66.25 must be conducted by a qualified professional, with the active participation of the resident.

66.26 (b) The assessment prior to move-in must be:

66.27 (1) designed to ensure that the licensee can meet the needs and expectations of the  
66.28 resident;

66.29 (2) used to develop the plan for care and services; and

66.30 (3) conducted before the earlier of the date the prospective resident enters into an assisted  
66.31 living contract under section 144J.02 or moves in.

66.32 (c) The standards for assessments prior to move-in and ongoing assessments must cover:

67.1 (1) the qualifications and training required for persons conducting the social and service  
67.2 components of the assessments;

67.3 (2) the elements of the physical and cognitive evaluation of the resident;

67.4 (3) evaluation of activities of daily living, as defined in section 256B.0659, subdivision  
67.5 1, paragraph (b);

67.6 (4) evaluation of instrumental activities of daily living, as defined in section 256B.0659,  
67.7 subdivision 1, paragraph (i);

67.8 (5) evaluation of the resident's medicine administration and management abilities;

67.9 (6) any other standards deemed necessary by the commissioner.

67.10 (d) The commissioner must develop for use by all licensees a uniform assessment tool  
67.11 to be completed for all residents prior to the resident's move-in date and at subsequent  
67.12 intervals as determined by rule and is based on the standards under paragraph (c).

67.13 Subd. 4. **Minimum services.** (a) A Level 1 licensee may offer all or a package of basic  
67.14 home care services that at a minimum must include two meals per day, weekly housekeeping,  
67.15 and weekly laundry service. A Level 1 licensee may offer therapeutic or other dementia  
67.16 care services as determined by the commissioner in rule, but may not offer, provide, advertise,  
67.17 or hold themselves as offering or providing dementia care services that would require a  
67.18 Level 3 license. A Level 1 licensee may not offer or provide any comprehensive home care  
67.19 services.

67.20 (b) A Level 2 licensee may offer all or a package of comprehensive home care services  
67.21 that at a minimum must include two meals per day, weekly housekeeping, and weekly  
67.22 laundry service. A Level 2 licensee may offer therapeutic or other dementia care services  
67.23 as determined by the commissioner in rule, but may not offer, provide, advertise, or hold  
67.24 themselves as offering or providing dementia care services that would require a Level 3  
67.25 license.

67.26 (c) A Level 3 licensee must meet the requirements of a Level 2 licensee and may in  
67.27 addition offer, provide, advertise, or hold themselves as offering or providing dementia care  
67.28 services. The dementia care services offered or provided must meet the standards established  
67.29 by the commissioner, by rule, as provided under subdivision 5, and must be provided by  
67.30 staff who meet the standards established by the commissioner in rule to provide dementia  
67.31 care services in Level 3 establishments.

67.32 Subd. 5. **Staffing and training standards.** (a) Every assisted living establishment must:

68.1 (1) provide staff access to an on-call registered nurse 24 hours per day, seven days per  
68.2 week;

68.3 (2) have and maintain a system for delegation of health care activities to unlicensed  
68.4 personnel by a registered nurse, including supervision and evaluation of the delegated  
68.5 activities as required by applicable home care licensure requirements in chapter 144A and  
68.6 sections 148.171 to 148.285; and

68.7 (3) have a person or persons available 24 hours per day, seven days per week, who is  
68.8 responsible for responding to the requests of residents for assistance with health or safety  
68.9 needs, who must be:

68.10 (i) awake;

68.11 (ii) located in the same building, in an attached building, or on a contiguous campus  
68.12 with the assisted living establishment in order to respond within a reasonable amount of  
68.13 time;

68.14 (iii) capable of communicating with residents;

68.15 (iv) capable of recognizing the need for assistance;

68.16 (v) capable of providing either the assistance required or summoning the appropriate  
68.17 assistance; and

68.18 (vi) capable of following directions.

68.19 (b) The commissioner must establish, by rule, the minimum initial and ongoing training  
68.20 requirements for staff and administrators of Level 1, Level 2, and Level 3 assisted living  
68.21 establishments licensed under this chapter, including training on sections 144J.06 to 144J.10  
68.22 and minimum Alzheimer's disease, dementia, memory, and any other special care training  
68.23 requirements.

68.24 (c) The commissioner must adopt rules that, at a minimum:

68.25 (1) require all assisted living establishments to maintain sufficient staffing at all times  
68.26 to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as  
68.27 required by the residents' contracts, assessments, and plans for care and services;

68.28 (2) establish minimum educational, professional, skills, competency, and experiential  
68.29 requirements for administrators and staff of assisted living establishments; and

68.30 (3) include any additional requirements for licensing or certification of staff who are  
68.31 health care professionals and who are providing dementia care services in Level 3 assisted  
68.32 living establishments.

69.1 Subd. 6. Medications. The commissioner must establish, by rule, standards for Level  
69.2 1, Level 2, and Level 3 assisted living establishments to provide:

69.3 (1) medication administration, as defined in section 144A.43, subdivision 11;

69.4 (2) medication management, as defined in section 144A.43, subdivision 12; and

69.5 (3) medication storage.

69.6 Subd. 7. Dementia care standards. The commissioner must establish, by rule, service  
69.7 and training standards for the care of persons with cognitive impairments, including  
69.8 Alzheimer's disease and dementia, that are specific for staff and administrators at each level  
69.9 of licensure. The standards must include, at a minimum:

69.10 (1) core criteria;

69.11 (2) minimum safety and quality requirements;

69.12 (3) assessments;

69.13 (4) care planning;

69.14 (5) therapeutic activities;

69.15 (6) cultural competencies; and

69.16 (7) dementia care training curriculum.

69.17 **Sec. 27. [144L.14] TRANSFER OF RESIDENTS WITHIN ESTABLISHMENT.**

69.18 (a) An assisted living establishment must provide for the safe, orderly, and appropriate  
69.19 transfer of residents within the establishment.

69.20 (b) If an assisted living contract permits resident transfers within the assisted living  
69.21 establishment, the establishment must provide at least 30 days' advance notice of the transfer  
69.22 to the resident and the resident's designated representative.

69.23 (c) In situations where there is a curtailment, reduction, capital improvement, or change  
69.24 in operations within an assisted living establishment, the establishment must minimize the  
69.25 number of transfers needed to complete the project or change in operations, consider  
69.26 individual resident needs and preferences, and provide reasonable accommodation for  
69.27 individual resident requests regarding the room transfer. The assisted living establishment  
69.28 must provide notice to the Office of Ombudsman for Long-Term Care and, when appropriate,  
69.29 the Office of Ombudsman for Mental Health and Developmental Disabilities, in advance  
69.30 of any notice to residents, residents' designated representatives, and families, when all of  
69.31 the following circumstances apply:

70.1 (1) the transfers of residents within the assisted living establishment are being proposed  
70.2 due to curtailment, reduction, capital improvements, or change in operations;

70.3 (2) the transfers of residents within the assisted living establishment are not temporary  
70.4 moves to accommodate physical plan upgrades or renovation; and

70.5 (3) the transfers involve multiple residents being moved simultaneously.

70.6 **EFFECTIVE DATE.** This section is effective July 1, 2020.

70.7 Sec. 28. **[144L.15] REIMBURSEMENT UNDER ASSISTED LIVING SERVICE**  
70.8 **PACKAGES.**

70.9 The requirements for the elderly waiver program's assisted living payment rates under  
70.10 section 256B.0915, subdivision 3e, shall continue to be effective and providers who do not  
70.11 meet the requirements of this chapter may continue to receive payment under section  
70.12 256B.0915, subdivision 3e, as long as the provider continues to meet the definitions and  
70.13 standards for assisted living and assisted living plus in the federally approved Elderly Home  
70.14 and Community-Based Services Waiver Program. Providers of assisted living for the  
70.15 community access for disability inclusion (CADI) and Brain Injury (BI) waivers shall  
70.16 continue to receive payment as long as the provider continues to meet the definitions and  
70.17 standards for assisted living and assisted living plus in the federally approved CADI and  
70.18 BI waiver plans.

70.19 **EFFECTIVE DATE.** This section is effective July 1, 2020.

70.20 Sec. 29. **[144L.17] STATE RECEIVERSHIP.**

70.21 Subdivision 1. **Petition; notice.** (a) In addition to any other remedy provided by law,  
70.22 the commissioner may petition the district court for an order directing the controlling person  
70.23 of an assisted living establishment to show cause why the commissioner should not be  
70.24 appointed receiver to operate the establishment. The petition to the district court shall contain  
70.25 proof by affidavit that one or more of the following exists:

70.26 (1) the commissioner has commenced proceedings to suspend or revoke the state license,  
70.27 or refuses to renew a license;

70.28 (2) violations of this chapter or chapter 144J, adopted rules, or violations of other state  
70.29 laws or rules create an emergency for the residents of the establishment;

70.30 (3) a threat of imminent abandonment by the owner or operator of the assisted living  
70.31 establishment; or

71.1 (4) a pattern of failure to meet ongoing financial obligations such as failing to pay for  
71.2 food, pharmaceuticals, personnel, or required insurance.

71.3 (b) The order to show cause shall be personally served to either the assisted living  
71.4 establishment or to the person designated as the agent by the controlling person to accept  
71.5 service on their behalf pursuant to section 144I.03, subdivision 2.

71.6 Subd. 2. **Appointment of receiver, rental.** (a) If, after the hearing, the court finds that  
71.7 receivership is necessary as a means of protecting the health, safety, or welfare of a resident  
71.8 of the assisted living establishment, the court shall appoint the commissioner as a receiver  
71.9 to take charge of the establishment. The commissioner may enter into an agreement for a  
71.10 managing agent to work on the commissioner's behalf in operating the assisted living  
71.11 establishment during the receivership. The court shall determine a fair monthly rental for  
71.12 the assisted living establishment, taking into account all relevant factors including the  
71.13 condition of the establishment. This rental fee shall be paid by the receiver to the appropriate  
71.14 controlling person for each month that the receivership remains in effect but shall be reduced  
71.15 by the amount that the cost of the receivership provided under section 256R.52 are in excess  
71.16 of the establishment rate.

71.17 (b) The controlling person may agree to waive the fair monthly rent by affidavit to the  
71.18 court. Notwithstanding any other law to the contrary, no payment made to a controlling  
71.19 person of an assisted living establishment by any state agency during a period of receivership  
71.20 shall include any allowance for profit or be based on any formula that includes an allowance  
71.21 for profit.

71.22 (c) Notwithstanding state contracting requirements in chapter 16C, the commissioner  
71.23 shall establish and maintain a list of qualified licensed assisted living establishment  
71.24 administrators, or other qualified persons or organizations with experience in delivering  
71.25 skilled health care services, home care services, and the operation of long-term care facilities,  
71.26 for those interested in being a managing agent on the commissioner's behalf during a state  
71.27 receivership of an establishment. The list will be a resource for choosing a managing agent  
71.28 and the commissioner may update the list at any time. A managing agent cannot be someone  
71.29 who:

71.30 (1) is the owner, licensee, or administrator of the establishment;

71.31 (2) has a financial interest in the assisted living establishment at the time of the  
71.32 receivership or is a related party to the owner, licensee, or administrator; or

71.33 (3) has owned or operated any nursing home, assisted living establishment, or boarding  
71.34 care home that has been ordered into receivership.

72.1 Subd. 3. **Emergency procedure.** If it appears from the petition filed under subdivision  
72.2 1, or from an affidavit or affidavits filed with the petition, or from testimony of witnesses  
72.3 under oath when the court determines that this is necessary, that there is probable cause to  
72.4 believe that an emergency exists in an assisted living establishment requiring the receivership,  
72.5 the court shall issue a temporary order for appointment of a receiver within two days after  
72.6 receipt of the petition. Notice of the petition shall be served personally on the assisted living  
72.7 establishment administrator or on the person designated as the agent by the controlling  
72.8 person to accept service on their behalf according to section 144I.03, subdivision 2. A  
72.9 hearing on the petition shall be held within five days after notice is served unless the  
72.10 administrator or designated agent consents to a later date. After the hearing, the court may  
72.11 continue, modify, or terminate the temporary order.

72.12 Subd. 4. **Powers and duties of receiver.** (a) An assisted living establishment receiver  
72.13 appointed according to this section shall with all reasonable speed and within 18 months  
72.14 after the receivership order, determine whether to close the assisted living establishment or  
72.15 to make other provisions intended to keep it open. If closure is the determination, the  
72.16 commissioner shall provide for the orderly transfer of all of the assisted living establishment's  
72.17 residents to other locations according to the relocation procedures required in section  
72.18 144A.161. During the receivership, the receiver may correct or eliminate those deficiencies  
72.19 in the assisted living establishment that seriously endanger the life, health, or safety of the  
72.20 residents unless the correction or elimination of deficiencies involves major alterations in  
72.21 the physical structure of the assisted living establishment. The receiver shall during this  
72.22 period operate the assisted living establishment in a manner designed to guarantee the safety  
72.23 and adequate care of and services to the residents. The receiver shall take no action that  
72.24 impairs the legal rights of a resident of the assisted living establishment. The receiver has  
72.25 authority to make contracts and incur lawful expenses. The receiver shall use the building,  
72.26 fixtures, furnishings, and any accompanying consumable goods in the provision of care and  
72.27 services to the residents during the receivership period. The receiver shall take action as is  
72.28 reasonably necessary to protect or conserve the tangible assets or property during  
72.29 receivership. The receiver shall collect incoming payments from all sources and apply them  
72.30 to the cost incurred in the performance of the receiver's functions. No security interest in  
72.31 any real or personal property comprising the assisted living establishment or contained  
72.32 within it, or in any fixture of the facility, shall be impaired or diminished in priority by the  
72.33 receiver. The receiver shall pay all valid obligations the assisted living establishment incurred  
72.34 during the course of the receivership and may pay obligations incurred prior to the  
72.35 receivership if, in the judgment of the commissioner, these payments must be made to ensure  
72.36 the health, safety, or welfare of the residents, and shall deduct these expenses from rental



73.1 payments owed to any controlling person by virtue of the receivership. The receiver has  
73.2 authority to hire, direct, manage, and discharge any employees of the assisted living  
73.3 establishment including the administrator, director of nursing, medical director, manager  
73.4 of the establishment, or affiliated home care provider.

73.5 (b) Nothing in this section shall relieve any owner, operator, or controlling person of an  
73.6 assisted living establishment placed in receivership of any civil or criminal liability incurred,  
73.7 or any duty imposed by law, by reason of acts or omissions of the owner, licensee, or  
73.8 controlling person prior to the order for receivership under this section, nor shall anything  
73.9 contained in this section be construed to suspend during the receivership any obligation of  
73.10 the owner, licensee, or controlling person for payment of taxes or other operating and  
73.11 maintenance expenses of the assisted living establishment nor of the owner, licensee, or  
73.12 controlling person or any other person for the payment of mortgages or liens.

73.13 Subd. 5. **Receiver's fee; liability; commissioner assistance.** The commissioner, as  
73.14 receiver appointed by the court, may hire a managing agent to work on the commissioner's  
73.15 behalf to operate the assisted living establishment during the receivership, and that managing  
73.16 agent is entitled to a reasonable fee. The receiver and its managing agent shall be liable only  
73.17 in an official capacity for injury to person and property by reason of the conditions of the  
73.18 assisted living establishment. The receiver and its managing agent shall not be personally  
73.19 liable, except for gross negligence and intentional acts. The commissioner shall assist the  
73.20 managing agent in carrying out its duties.

73.21 Subd. 6. **Termination.** Receivership imposed pursuant to this section shall terminate  
73.22 18 months after the date on which it was ordered, or at any other time designated by the  
73.23 court, or upon the occurrence of any of the following events:

73.24 (1) a determination by the commissioner that the assisted living establishment's license  
73.25 should be renewed or should not be suspended or revoked;

73.26 (2) the granting of a new license to the assisted living establishment; or

73.27 (3) a determination by the commissioner that all of the residents of the assisted living  
73.28 establishment have been provided alternative health care or services, either in another  
73.29 assisted living establishment or otherwise.

73.30 Subd. 7. **Postreceivership period; establishment remaining open.** If an assisted living  
73.31 establishment remains open after the receivership is concluded, a new operator is only  
73.32 legally responsible under state law for its actions after the receivership has concluded.

73.33 **EFFECTIVE DATE.** This section is effective July 1, 2020.

74.1 Sec. 30. **[144I.18] PLACEMENT OF MONITOR.**

74.2 Subdivision 1. Authority. The commissioner may place a person to act as a monitor in  
74.3 an assisted living establishment in any of the following circumstances:

74.4 (1) in any situation for which a receiver may be appointed under section 144I.17; or

74.5 (2) when the commissioner determines that violations of this chapter, or sections 144J.06,  
74.6 144J.07, 144J.08, 144J.09, 144J.12, or 626.557, or rules or regulations adopted under those  
74.7 provisions, require extended surveillance to enforce compliance or to protect the health,  
74.8 safety, or welfare of the residents.

74.9 Subd. 2. Duties of monitor. The monitor shall observe the operation of the assisted  
74.10 living establishment; provide advice to the establishment on methods of complying with  
74.11 state law and rules, where documented deficiencies from the law or rules exist; and  
74.12 periodically shall submit a written report to the commissioner on the ways in which the  
74.13 assisted living establishment meets or fails to meet state law or rules.

74.14 Subd. 3. Selection of monitor. The commissioner may select as monitor an employee  
74.15 of the department or may contract with any other individual to serve as a monitor. The  
74.16 commissioner must publish a notice in the State Register that requests proposals from  
74.17 individuals who wish to be considered for placement as monitors and that describes the  
74.18 criteria for selecting individuals as monitors. The commissioner must maintain a list of  
74.19 individuals who are not employees of the department who are interested in serving as  
74.20 monitors. The commissioner may contract with those individuals determined to be qualified.

74.21 Subd. 4. Payment of monitor. An assisted living establishment in which a monitor is  
74.22 placed must pay to the department the actual cost associated with the placement, unless  
74.23 payment would create an undue hardship for the assisted living establishment.

74.24 **EFFECTIVE DATE.** This section is effective July 1, 2020.

74.25 Sec. 31. **[144I.19] EXPEDITED RULEMAKING.**

74.26 The commissioner shall adopt rules to carry out this chapter using the expedited  
74.27 rulemaking process under section 14.389, including rules establishing standards identified  
74.28 in sections 144I.13 and 144I.14.

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

## ARTICLE 5

## MISCELLANEOUS

75.1  
75.2  
75.3 Section 1. Minnesota Statutes 2018, section 144A.4791, subdivision 10, is amended to  
75.4 read:

75.5 Subd. 10. **Termination of service plan.** (a) ~~If a~~ An unaffiliated home care provider  
75.6 must provide at least 30 days' advance notice of termination of a client's service plan.

75.7 (b) If an unaffiliated home care provider terminates a service plan with a client, and the  
75.8 client continues to need home care services, the home care provider shall provide the client  
75.9 and the client's representative, if any, with a written notice of termination which includes  
75.10 the following information:

75.11 (1) the effective date of termination;

75.12 (2) the reason for termination;

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

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

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

75.20 (6) if applicable, a statement that the notice of termination of home care services does  
75.21 not constitute notice of termination of the assisted living establishment or housing with  
75.22 services contract with an assisted living establishment or a housing with services  
75.23 establishment.

75.24 ~~(b)~~ (c) When the unaffiliated home care provider voluntarily discontinues services to  
75.25 all clients, the unaffiliated home care provider must notify the commissioner, lead agencies,  
75.26 and ombudsman for long-term care about its clients and comply with the requirements in  
75.27 this subdivision.

75.28 (d) For the purposes of this subdivision:

75.29 (1) "assisted living establishment" has the meaning given in section 144J.01, subdivision  
75.30 6. Assisted living establishment does not include a housing with services establishment  
75.31 defined in section 144D.01, subdivision 4; and

76.1 (2) "unaffiliated home care provider" has the meaning given in section 144J.01,  
 76.2 subdivision 15.

76.3 **EFFECTIVE DATE.** This section is effective August 1, 2019.

76.4 Sec. 2. Minnesota Statutes 2018, section 325F.72, subdivision 1, is amended to read:

76.5 Subdivision 1. **Persons to whom disclosure is required.** ~~Housing with services~~  
 76.6 ~~establishments, as defined in sections 144D.01 to 144D.07,~~ (a) Assisted living establishments,  
 76.7 as defined in section 144J.01, subdivision 6, that secure, segregate, or provide a special  
 76.8 program or special unit for residents with a diagnosis of probable Alzheimer's disease or a  
 76.9 related disorder or that advertise, market, or otherwise promote the establishment as providing  
 76.10 specialized care for Alzheimer's disease or a related disorder are considered a "special care  
 76.11 unit." All special care units shall provide a written disclosure to the following:

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

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

76.14 (3) each person seeking placement within a residence, or the ~~person's authorized~~ resident's  
 76.15 designated representative, as defined in section 144J.01, subdivision 9, before an agreement  
 76.16 to provide the care is entered into.

76.17 **EFFECTIVE DATE.** This section is effective July 1, 2020.

76.18 Sec. 3. **REPEALER.**

76.19 Minnesota Statutes 2018, sections 144D.01, subdivision 6; 144D.025; 144D.065;  
 76.20 144D.066; 144G.01; 144G.02; 144G.03, subdivisions 1, 2, 3, 4, and 5; 144G.05; and  
 76.21 144G.06, are repealed effective July 1, 2020.

## 76.22 **ARTICLE 6**

### 76.23 **OFFICE OF HEALTH FACILITY COMPLAINTS; MINNESOTA VULNERABLE** 76.24 **ADULTS ACT**

76.25 Section 1. Minnesota Statutes 2018, section 144A.10, subdivision 1, is amended to read:

76.26 Subdivision 1. **Enforcement authority.** The commissioner of health is the exclusive  
 76.27 state agency charged with the responsibility and duty of inspecting all facilities required to  
 76.28 be licensed under section 144A.02, and issuing correction orders and imposing fines as  
 76.29 provided in this section, Minnesota Rules, chapter 4658, or any other applicable law. The  
 76.30 commissioner of health shall enforce the rules established pursuant to sections 144A.01 to  
 76.31 144A.155, subject only to the authority of the Department of Public Safety respecting the

77.1 enforcement of fire and safety standards in nursing homes and the responsibility of the  
77.2 commissioner of human services under sections 245A.01 to 245A.16 or 252.28.

77.3 The commissioner may request and must be given access to relevant information, records,  
77.4 incident reports, or other documents in the possession of a licensed facility if the  
77.5 commissioner considers them necessary for the discharge of responsibilities. For the purposes  
77.6 of inspections and securing information to determine compliance with the licensure laws  
77.7 and rules, the commissioner need not present a release, waiver, or consent of the individual.  
77.8 A nursing home's refusal to cooperate in providing lawfully requested information is grounds  
77.9 for a correction order, a fine according to Minnesota Rules, part 4658.0190, item EE, or  
77.10 both. The identities of patients or residents must be kept private as defined by section 13.02,  
77.11 subdivision 12.

77.12 Sec. 2. Minnesota Statutes 2018, section 144A.45, subdivision 1, is amended to read:

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

77.15 (1) provisions to assure, to the extent possible, the health, safety, well-being, and  
77.16 appropriate treatment of persons who receive home care services while respecting a client's  
77.17 autonomy and choice;

77.18 (2) requirements that home care providers furnish the commissioner with specified  
77.19 information necessary to implement sections 144A.43 to 144A.482;

77.20 (3) standards of training of home care provider personnel;

77.21 (4) standards for provision of home care services;

77.22 (5) standards for medication management;

77.23 (6) standards for supervision of home care services;

77.24 (7) standards for client evaluation or assessment;

77.25 (8) requirements for the involvement of a client's health care provider, the documentation  
77.26 of health care providers' orders, if required, and the client's service plan;

77.27 (9) standards for the maintenance of accurate, current client records;

77.28 (10) the establishment of basic and comprehensive levels of licenses based on services  
77.29 provided; and

78.1 (11) provisions to enforce these regulations and the home care bill of rights, including  
78.2 provisions for issuing penalties and fines according to section 144A.474, subdivision 11,  
78.3 for violations of sections 144A.43 to 144A.482.

78.4 Sec. 3. Minnesota Statutes 2018, section 144A.45, subdivision 2, is amended to read:

78.5 Subd. 2. **Regulatory functions.** The commissioner shall:

78.6 (1) license, survey, and monitor without advance notice, home care providers in  
78.7 accordance with sections 144A.43 to 144A.482;

78.8 (2) survey every temporary licensee within one year of the temporary license issuance  
78.9 date subject to the temporary licensee providing home care services to a client or clients;

78.10 (3) survey all licensed home care providers on an interval that will promote the health  
78.11 and safety of clients;

78.12 (4) with the consent of the client, visit the home where services are being provided;

78.13 (5) issue correction orders and assess civil penalties in accordance with ~~section~~ sections  
78.14 144.653, subdivisions 5 to 8, 144A.474, and 144A.475, for violations of sections 144A.43  
78.15 to 144A.482;

78.16 (6) take action as authorized in section 144A.475; and

78.17 (7) take other action reasonably required to accomplish the purposes of sections 144A.43  
78.18 to 144A.482.

78.19 Sec. 4. Minnesota Statutes 2018, section 144A.474, subdivision 8, is amended to read:

78.20 Subd. 8. **Correction orders.** (a) A correction order may be issued whenever the  
78.21 commissioner finds upon survey or during a complaint investigation that a home care  
78.22 provider, a managerial official, or an employee of the provider is not in compliance with  
78.23 sections 144A.43 to 144A.482. The correction order shall cite the specific statute and  
78.24 document areas of noncompliance and the time allowed for correction. In addition to issuing  
78.25 a correction order, the commissioner may impose an immediate fine as provided in  
78.26 subdivision 11.

78.27 (b) The commissioner shall mail copies of any correction order to the last known address  
78.28 of the home care provider, or electronically scan the correction order and e-mail it to the  
78.29 last known home care provider e-mail address, within 30 calendar days after the survey exit  
78.30 date. A copy of each correction order, the amount of any immediate fine issued, the correction  
78.31 plan, and copies of any documentation supplied to the commissioner shall be kept on file

79.1 by the home care provider, and public documents shall be made available for viewing by  
79.2 any person upon request. Copies may be kept electronically.

79.3 (c) By the correction order date, the home care provider must document in the provider's  
79.4 records any action taken to comply with the correction order. The commissioner may request  
79.5 a copy of this documentation and the home care provider's action to respond to the correction  
79.6 order in future surveys, upon a complaint investigation, and as otherwise needed.

79.7 Sec. 5. Minnesota Statutes 2018, section 144A.474, subdivision 9, is amended to read:

79.8 Subd. 9. **Follow-up surveys.** For providers that have Level 3 or Level 4 violations under  
79.9 subdivision 11, or any violations determined to be widespread, the department shall conduct  
79.10 a follow-up survey within 90 calendar days of the survey. When conducting a follow-up  
79.11 survey, the surveyor will focus on whether the previous violations have been corrected and  
79.12 may also address any new violations that are observed while evaluating the corrections that  
79.13 have been made. If a new violation is identified on a follow-up survey, ~~no fine will be~~  
79.14 ~~imposed unless it is not corrected on the next follow-up survey~~ the surveyor shall issue a  
79.15 correction order for the new violation and may impose an immediate fine for the new  
79.16 violation.

79.17 Sec. 6. Minnesota Statutes 2018, section 144A.474, subdivision 11, is amended to read:

79.18 Subd. 11. **Fines.** (a) Fines and enforcement actions under this subdivision may be assessed  
79.19 based on the level and scope of the violations described in paragraph (c) as follows:

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

79.21 (2) Level 2, fines ranging from \$0 to \$500, in addition to any of the enforcement  
79.22 mechanisms authorized in section 144A.475 for widespread violations;

79.23 (3) Level 3, fines ranging from \$500 to \$1,000, in addition to any of the enforcement  
79.24 mechanisms authorized in section 144A.475; and

79.25 (4) Level 4, fines ranging from \$1,000 to \$5,000, in addition to any of the enforcement  
79.26 mechanisms authorized in section 144A.475.

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

79.29 (1) level of violation:

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

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

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

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

80.8 (2) scope of violation:

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

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

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

80.16 (c) If the commissioner finds that the applicant or a home care provider required to be  
80.17 licensed under sections 144A.43 to 144A.482 has not corrected violations by the date  
80.18 specified in the correction order or conditional license resulting from a survey or complaint  
80.19 investigation, the commissioner may impose a an additional fine for noncompliance with  
80.20 a correction order. A notice of noncompliance with a correction order must be mailed to  
80.21 the applicant's or provider's last known address. ~~The noncompliance~~ notice of noncompliance  
80.22 with a correction order must list the violations not corrected and any fines imposed.

80.23 (d) The license holder must pay the fines assessed on or before the payment date specified  
80.24 on a correction order or on a notice of noncompliance with a correction order. If the license  
80.25 holder fails to ~~fully comply with the order~~ pay a fine by the specified date, the commissioner  
80.26 may issue a ~~second~~ late payment fine or suspend the license until the license holder ~~complies~~  
80.27 ~~by paying the fine~~ pays all outstanding fines. A timely appeal shall stay payment of the late  
80.28 payment fine until the commissioner issues a final order.

80.29 (e) A license holder shall promptly notify the commissioner in writing when a violation  
80.30 specified in ~~the order~~ a notice of noncompliance with a correction order is corrected. If upon  
80.31 reinspection the commissioner determines that a violation has not been corrected as indicated  
80.32 by the ~~order~~ notice of noncompliance with a correction order, the commissioner may issue  
80.33 ~~a second~~ an additional fine for noncompliance with a notice of noncompliance with a



81.1 correction order. The commissioner shall notify the license holder by mail to the last known  
81.2 address in the licensing record that ~~a second~~ an additional fine has been assessed. The license  
81.3 holder may appeal the ~~second~~ additional fine as provided under this subdivision.

81.4 (f) A home care provider that has been assessed a fine under this subdivision or  
81.5 subdivision 8 has a right to a reconsideration or a hearing under this section and chapter 14.

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

81.9 (h) In addition to any fine imposed under this section, the commissioner may assess  
81.10 costs related to an investigation that results in a final order assessing a fine or other  
81.11 enforcement action authorized by this chapter.

81.12 (i) Fines collected under this subdivision shall be deposited in the state government  
81.13 special revenue fund and credited to an account separate from the revenue collected under  
81.14 section 144A.472. Subject to an appropriation by the legislature, the revenue from the fines  
81.15 collected must be used by the commissioner for special projects to improve home care in  
81.16 Minnesota as recommended by the advisory council established in section 144A.4799.

81.17 Sec. 7. Minnesota Statutes 2018, section 144A.53, subdivision 1, is amended to read:

81.18 Subdivision 1. **Powers.** The director may:

81.19 (1) promulgate by rule, pursuant to chapter 14, and within the limits set forth in  
81.20 subdivision 2, the methods by which complaints against health facilities, health care  
81.21 providers, home care providers, ~~or residential care homes~~, or administrative agencies are  
81.22 to be made, reviewed, investigated, and acted upon; provided, however, that a fee may not  
81.23 be charged for filing a complaint;

81.24 (2) recommend legislation and changes in rules to the state commissioner of health,  
81.25 governor, administrative agencies or the federal government;

81.26 (3) investigate, upon a complaint or upon initiative of the director, any action or failure  
81.27 to act by a health care provider, home care provider, ~~residential care home~~, or a health  
81.28 facility;

81.29 (4) request and receive access to relevant information, records, incident reports, or  
81.30 documents in the possession of an administrative agency, a health care provider, a home  
81.31 care provider, ~~a residential care home~~, or a health facility, and issue investigative subpoenas  
81.32 to individuals and facilities for oral information and written information, including privileged

82.1 information which the director deems necessary for the discharge of responsibilities. For  
82.2 purposes of investigation and securing information to determine violations, the director  
82.3 need not present a release, waiver, or consent of an individual. The identities of patients or  
82.4 residents must be kept private as defined by section 13.02, subdivision 12;

82.5 (5) enter and inspect, at any time, a health facility ~~or residential care home~~ and be  
82.6 permitted to interview staff; provided that the director shall not unduly interfere with or  
82.7 disturb the provision of care and services within the facility ~~or home~~ or the activities of a  
82.8 patient or resident unless the patient or resident consents;

82.9 (6) issue correction orders and assess civil fines ~~pursuant to section~~ for violations of  
82.10 sections 144.651, 144.653, 144A.10, 144A.45, and 626.557, Minnesota Rules, chapters  
82.11 4655, 4658, 4664, and 4665, or any other law which that provides for the issuance of  
82.12 correction orders to health facilities or home care provider, or under section 144A.45. The  
82.13 director may use the authority in section 144A.474, subdivision 11, to calculate the fine  
82.14 amount. A facility's or home's refusal to cooperate in providing lawfully requested  
82.15 information within the requested time period may also be grounds for a correction order or  
82.16 fine at a Level 2 fine pursuant to section 144A.474, subdivision 11;

82.17 (7) recommend the certification or decertification of health facilities pursuant to Title  
82.18 XVIII or XIX of the United States Social Security Act;

82.19 (8) assist patients or residents of health facilities ~~or residential care homes~~ in the  
82.20 enforcement of their rights under Minnesota law; and

82.21 (9) work with administrative agencies, health facilities, home care providers, residential  
82.22 care homes, and health care providers and organizations representing consumers on programs  
82.23 designed to provide information about health facilities to the public and to health facility  
82.24 residents.

82.25 Sec. 8. Minnesota Statutes 2018, section 144A.53, is amended by adding a subdivision to  
82.26 read:

82.27 Subd. 5. **Safety and quality improvement technical panel.** The director shall establish  
82.28 an expert technical panel to examine and make recommendations, on an ongoing basis, on  
82.29 how to apply proven safety and quality improvement practices and infrastructure to settings  
82.30 and providers that provide long-term services and supports. The technical panel must include  
82.31 representation from nonprofit Minnesota-based organizations dedicated to patient safety or  
82.32 innovation in health care safety and quality, Department of Health staff with expertise in  
82.33 issues related to adverse health events, the University of Minnesota, organizations

83.1 representing long-term care providers and home care providers in Minnesota, national patient  
83.2 safety experts, and other experts in the safety and quality improvement field. The technical  
83.3 panel shall periodically provide recommendations to the legislature on legislative changes  
83.4 needed to promote safety and quality improvement practices in long-term care settings and  
83.5 with long-term care providers.

83.6 Sec. 9. Minnesota Statutes 2018, section 144A.53, is amended by adding a subdivision to  
83.7 read:

83.8 Subd. 6. **Training and operations panel.** (a) The director shall establish a training and  
83.9 operations panel within the Office of Health Facility Complaints to examine and make  
83.10 recommendations, on an ongoing basis, on continual improvements to the operation of the  
83.11 office. The training and operations panel shall be composed of office staff, including  
83.12 investigators and intake and triage staff; one or more representatives of the commissioner's  
83.13 office; and employees from any other divisions in the Department of Health with relevant  
83.14 knowledge or expertise. The training and operations panel may also consult with employees  
83.15 from other agencies in state government with relevant knowledge or expertise.

83.16 (b) The training and operations panel shall examine and make recommendations to the  
83.17 director and the commissioner regarding introducing or refining office systems, procedures,  
83.18 and staff training in order to improve office and staff efficiency; enhance communications  
83.19 between the office, health care facilities, home care providers, and residents or clients; and  
83.20 provide for appropriate, effective protection for vulnerable adults through rigorous  
83.21 investigations and enforcement of laws. Panel duties include but are not limited to:

83.22 (1) developing the office's training processes to adequately prepare and support  
83.23 investigators in performing their duties;

83.24 (2) developing clear, consistent internal policies for conducting investigations as required  
83.25 by federal law, including policies to ensure staff meet the deadlines in state and federal laws  
83.26 for triaging, investigating, and making final dispositions of cases involving maltreatment,  
83.27 and procedures for notifying the vulnerable adult, reporter, and facility of any delays in  
83.28 investigations; communicating these policies to staff in a clear, timely manner; and  
83.29 developing procedures to evaluate and modify these internal policies on an ongoing basis;

83.30 (3) developing and refining quality control measures for the intake and triage processes,  
83.31 through such practices as reviewing a random sample of the triage decisions made in case  
83.32 reports or auditing a random sample of the case files to ensure the proper information is  
83.33 being collected, the files are being properly maintained, and consistent triage and  
83.34 investigations determinations are being made;

84.1 (4) developing and maintaining systems and procedures to accurately determine the  
84.2 situations in which the office has jurisdiction over a maltreatment allegation;

84.3 (5) developing and maintaining audit procedures for investigations to ensure investigators  
84.4 obtain and document information necessary to support decisions;

84.5 (6) following a maltreatment determination, developing and maintaining procedures to  
84.6 clearly communicate the appeal or review rights of all parties upon final disposition; and

84.7 (7) continuously upgrading the information on and utility of the office's website through  
84.8 such steps as providing clear, detailed information about the appeal or review rights of  
84.9 vulnerable adults, alleged perpetrators, and providers and facilities.

84.10 Sec. 10. Minnesota Statutes 2018, section 144A.53, is amended by adding a subdivision  
84.11 to read:

84.12 Subd. 7. **Posting maltreatment reports.** (a) The director shall post on the Department  
84.13 of Health website the following information for the most recent five-year period:

84.14 (1) the public portions of all substantiated reports of maltreatment of a vulnerable adult  
84.15 at a facility or by a provider for which the Department of Health is the lead investigative  
84.16 agency under section 626.557; and

84.17 (2) whether the facility or provider has requested reconsideration or initiated any type  
84.18 of dispute resolution or appeal of a substantiated maltreatment report.

84.19 (b) Following a reconsideration, dispute resolution, or appeal, the director must update  
84.20 the information posted under this subdivision to reflect the results of the reconsideration,  
84.21 dispute resolution, or appeal.

84.22 (c) The information posted under this subdivision must be posted in coordination with  
84.23 other divisions or sections at the Department of Health and in a manner that does not duplicate  
84.24 information already published by the Department of Health, and must be posted in a format  
84.25 that allows consumers to search the information by facility or provider name and by the  
84.26 physical address of the facility or the local business address of the provider.

84.27 Sec. 11. Minnesota Statutes 2018, section 626.557, subdivision 4, is amended to read:

84.28 Subd. 4. **Reporting.** (a) Except as provided in paragraph (b), a mandated reporter shall  
84.29 immediately make an oral report to the common entry point. The common entry point may  
84.30 accept electronic reports submitted through a web-based reporting system established by  
84.31 the commissioner. Use of a telecommunications device for the deaf or other similar device

85.1 shall be considered an oral report. The common entry point may not require written reports.  
85.2 To the extent possible, the report must be of sufficient content to identify the vulnerable  
85.3 adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of  
85.4 previous maltreatment, the name and address of the reporter, the time, date, and location of  
85.5 the incident, and any other information that the reporter believes might be helpful in  
85.6 investigating the suspected maltreatment. The common entry point must provide a way to  
85.7 record that the reporter has electronic evidence to submit. A mandated reporter may disclose  
85.8 not public data, as defined in section 13.02, and medical records under sections 144.291 to  
85.9 144.298, to the extent necessary to comply with this subdivision.

85.10 (b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified  
85.11 under Title 19 of the Social Security Act, a nursing home that is licensed under section  
85.12 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital  
85.13 that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code  
85.14 of Federal Regulations, title 42, section 482.66, may submit a report electronically to the  
85.15 common entry point instead of submitting an oral report. The report may be a duplicate of  
85.16 the initial report the facility submits electronically to the commissioner of health to comply  
85.17 with the reporting requirements under Code of Federal Regulations, title 42, section 483.13.  
85.18 The commissioner of health may modify these reporting requirements to include items  
85.19 required under paragraph (a) that are not currently included in the electronic reporting form.

85.20 Sec. 12. Minnesota Statutes 2018, section 626.557, subdivision 9c, is amended to read:

85.21 Subd. 9c. **Lead investigative agency; notifications, dispositions, determinations.** (a)  
85.22 ~~Upon request of the reporter,~~ The lead investigative agency shall notify the reporter that it  
85.23 has received the report, and provide information on the initial disposition of the report within  
85.24 five business days of receipt of the report, provided that the notification will not endanger  
85.25 the vulnerable adult or hamper the investigation.

85.26 (b) Except to the extent prohibited by federal law, when the Department of Health is the  
85.27 lead investigative agency, the agency must provide the following information to the  
85.28 vulnerable adult or the vulnerable adult's guardian or health care agent, if known, within  
85.29 five days after the initiation of an investigation, provided that the provision of the information  
85.30 will not hamper the investigation or harm the vulnerable adult:

85.31 (1) the maltreatment allegations by types: abuse, neglect, financial exploitation, and  
85.32 drug diversion;

85.33 (2) the name of the facility or other location at which alleged maltreatment occurred;

86.1 (3) the dates of the alleged maltreatment if identified in the report at the time of the lead  
86.2 investigative agency disclosure;

86.3 (4) the name and contact information for the investigator or other information as requested  
86.4 and allowed under law; and

86.5 (5) confirmation of whether the lead investigative agency is investigating the matter  
86.6 and, if so:

86.7 (i) an explanation of the process;

86.8 (ii) an estimated timeline for the investigation;

86.9 (iii) a notification that the vulnerable adult or the vulnerable adult's guardian or health  
86.10 care agent may electronically submit evidence to support the maltreatment report, including  
86.11 but not limited to photographs, videos, and documents; and

86.12 (iv) a statement that the lead investigative agency will provide an update on the  
86.13 investigation upon request by the vulnerable adult or the vulnerable adult's guardian or  
86.14 health care agent and a report when the investigation is concluded.

86.15 (c) If the Department of Health is the lead investigative agency, the Department of Health  
86.16 shall provide maltreatment information, to the extent allowed under state and federal law,  
86.17 including any reports, upon request of the vulnerable adult that is the subject of a  
86.18 maltreatment report or upon request of that vulnerable adult's guardian or health care agent.

86.19 (d) If the common entry point data indicates that the reporter has electronic evidence,  
86.20 the lead investigative agency shall seek to receive such evidence prior to making a  
86.21 determination that the lead investigative agency will not investigate the matter. Nothing in  
86.22 this paragraph requires the lead investigative agency to stop investigating prior to receipt  
86.23 of the electronic evidence nor prevents the lead investigative agency from closing the  
86.24 investigation prior to receipt of the electronic evidence if, in the opinion of the investigator,  
86.25 the evidence is not necessary to the determination.

86.26 (e) The lead investigative agency may assign multiple reports of maltreatment for the  
86.27 same or separate incidences related to the same vulnerable adult to the same investigator,  
86.28 as deemed appropriate.

86.29 (f) Reports related to the same vulnerable adult, the same incident, or the same alleged  
86.30 perpetrator, facility, or licensee must be cross-referenced.

86.31 (g) Upon conclusion of every investigation it conducts, the lead investigative agency  
86.32 shall make a final disposition as defined in section 626.5572, subdivision 8.

87.1 ~~(e)~~ (h) When determining whether the facility or individual is the responsible party for  
87.2 substantiated maltreatment or whether both the facility and the individual are responsible  
87.3 for substantiated maltreatment, the lead investigative agency shall consider at least the  
87.4 following mitigating factors:

87.5 (1) whether the actions of the facility or the individual caregivers were in accordance  
87.6 with, and followed the terms of, an erroneous physician order, prescription, resident care  
87.7 plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible  
87.8 for the issuance of the erroneous order, prescription, plan, or directive or knows or should  
87.9 have known of the errors and took no reasonable measures to correct the defect before  
87.10 administering care;

87.11 (2) the comparative responsibility between the facility, other caregivers, and requirements  
87.12 placed upon the employee, including but not limited to, the facility's compliance with related  
87.13 regulatory standards and factors such as the adequacy of facility policies and procedures,  
87.14 the adequacy of facility training, the adequacy of an individual's participation in the training,  
87.15 the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a  
87.16 consideration of the scope of the individual employee's authority; and

87.17 (3) whether the facility or individual followed professional standards in exercising  
87.18 professional judgment.

87.19 ~~(d)~~ (i) When substantiated maltreatment is determined to have been committed by an  
87.20 individual who is also the facility license holder, both the individual and the facility must  
87.21 be determined responsible for the maltreatment, and both the background study  
87.22 disqualification standards under section 245C.15, subdivision 4, and the licensing actions  
87.23 under section 245A.06 or 245A.07 apply.

87.24 ~~(e)~~ (j) The lead investigative agency shall complete its final disposition within 60 calendar  
87.25 days. If the lead investigative agency is unable to complete its final disposition within 60  
87.26 calendar days, the lead investigative agency shall notify the following persons provided  
87.27 that the notification will not endanger the vulnerable adult or hamper the investigation: (1)  
87.28 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known,  
87.29 if the lead investigative agency knows them to be aware of the investigation; and (2) the  
87.30 facility, where applicable. The notice shall contain the reason for the delay and the projected  
87.31 completion date. If the lead investigative agency is unable to complete its final disposition  
87.32 by a subsequent projected completion date, the lead investigative agency shall again notify  
87.33 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known if  
87.34 the lead investigative agency knows them to be aware of the investigation, and the facility,

88.1 where applicable, of the reason for the delay and the revised projected completion date  
88.2 provided that the notification will not endanger the vulnerable adult or hamper the  
88.3 investigation. The lead investigative agency must notify the health care agent of the  
88.4 vulnerable adult only if the health care agent's authority to make health care decisions for  
88.5 the vulnerable adult is currently effective ~~under section 145C.06~~ and not suspended under  
88.6 section 524.5-310 ~~and the investigation relates to a duty assigned to the health care agent~~  
88.7 ~~by the principal~~. A lead investigative agency's inability to complete the final disposition  
88.8 within 60 calendar days or by any projected completion date does not invalidate the final  
88.9 disposition.

88.10 ~~(f)~~ (k) Within ten calendar days of completing the final disposition, the lead investigative  
88.11 agency shall provide a copy of the public investigation memorandum under subdivision  
88.12 12b, paragraph ~~(b)~~, ~~clause (1)~~ (d), when required to be completed under this section, to the  
88.13 following persons:

88.14 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,  
88.15 unless the lead investigative agency knows that the notification would endanger the  
88.16 well-being of the vulnerable adult;

88.17 (2) the reporter, ~~if~~ unless the reporter requested ~~notification~~ otherwise when making the  
88.18 report, provided this notification would not endanger the well-being of the vulnerable adult;

88.19 (3) the alleged perpetrator, if known;

88.20 (4) the facility; ~~and~~

88.21 (5) the ombudsman for long-term care, or the ombudsman for mental health and  
88.22 developmental disabilities, as appropriate;

88.23 (6) law enforcement; and

88.24 (7) the county attorney, as appropriate.

88.25 ~~(g)~~ (l) If, as a result of a reconsideration, review, or hearing, the lead investigative agency  
88.26 changes the final disposition, or if a final disposition is changed on appeal, the lead  
88.27 investigative agency shall notify the parties specified in paragraph ~~(f)~~ (k).

88.28 ~~(h)~~ (m) The lead investigative agency shall notify the vulnerable adult who is the subject  
88.29 of the report or the vulnerable adult's guardian or health care agent, if known, and any person  
88.30 or facility determined to have maltreated a vulnerable adult, of their appeal or review rights  
88.31 under this section or section 256.021.



89.1        ~~(f)~~ (n) The lead investigative agency shall routinely provide investigation memoranda  
89.2 for substantiated reports to the appropriate licensing boards. These reports must include the  
89.3 names of substantiated perpetrators. The lead investigative agency may not provide  
89.4 investigative memoranda for inconclusive or false reports to the appropriate licensing boards  
89.5 unless the lead investigative agency's investigation gives reason to believe that there may  
89.6 have been a violation of the applicable professional practice laws. If the investigation  
89.7 memorandum is provided to a licensing board, the subject of the investigation memorandum  
89.8 shall be notified and receive a summary of the investigative findings.

89.9        ~~(f)~~ (o) In order to avoid duplication, licensing boards shall consider the findings of the  
89.10 lead investigative agency in their investigations if they choose to investigate. This does not  
89.11 preclude licensing boards from considering other information.

89.12        ~~(k)~~ (p) The lead investigative agency must provide to the commissioner of human services  
89.13 its final dispositions, including the names of all substantiated perpetrators. The commissioner  
89.14 of human services shall establish records to retain the names of substantiated perpetrators.

89.15        Sec. 13. Minnesota Statutes 2018, section 626.557, subdivision 12b, is amended to read:

89.16        Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a  
89.17 lead investigative agency, the county social service agency shall maintain appropriate  
89.18 records. Data collected by the county social service agency under this section are welfare  
89.19 data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data  
89.20 under this paragraph that are inactive investigative data on an individual who is a vendor  
89.21 of services are private data on individuals, as defined in section 13.02. The identity of the  
89.22 reporter may only be disclosed as provided in paragraph ~~(e)~~ (g).

89.23        (b) Data maintained by the common entry point are ~~confidential~~ private data on  
89.24 individuals or ~~protected~~ nonpublic data as defined in section 13.02, provided that the name  
89.25 of the reporter is confidential data on individuals. Notwithstanding section 138.163, the  
89.26 common entry point shall maintain data for three calendar years after date of receipt and  
89.27 then destroy the data unless otherwise directed by federal requirements.

89.28        ~~(b)~~ (c) The commissioners of health and human services shall prepare an investigation  
89.29 memorandum for each report alleging maltreatment investigated under this section. County  
89.30 social service agencies must maintain private data on individuals but are not required to  
89.31 prepare an investigation memorandum. During an investigation by the commissioner of  
89.32 health or the commissioner of human services, data collected under this section are  
89.33 confidential data on individuals or protected nonpublic data as defined in section 13.02,  
89.34 provided that data, other than data on the reporter, may be shared with the vulnerable adult

90.1 or guardian or health care agent if the lead investigative agency determines that sharing of  
 90.2 the data is needed to protect the vulnerable adult. Upon completion of the investigation, the  
 90.3 data are classified as provided in ~~clauses (1) to (3) and paragraph (e)~~ paragraphs (d) to (g).

90.4 ~~(d)~~ (d) The investigation memorandum must contain the following data, which are public:

90.5 ~~(i)~~ (1) the name of the facility investigated;

90.6 ~~(ii)~~ (2) a statement of the nature of the alleged maltreatment;

90.7 ~~(iii)~~ (3) pertinent information obtained from medical or other records reviewed;

90.8 ~~(iv)~~ (4) the identity of the investigator;

90.9 ~~(v)~~ (5) a summary of the investigation's findings;

90.10 ~~(vi)~~ (6) statement of whether the report was found to be substantiated, inconclusive,  
 90.11 false, or that no determination will be made;

90.12 ~~(vii)~~ (7) a statement of any action taken by the facility;

90.13 ~~(viii)~~ (8) a statement of any action taken by the lead investigative agency; and

90.14 ~~(ix)~~ (9) when a lead investigative agency's determination has substantiated maltreatment,  
 90.15 a statement of whether an individual, individuals, or a facility were responsible for the  
 90.16 substantiated maltreatment, if known.

90.17 The investigation memorandum must be written in a manner which protects the identity  
 90.18 of the reporter and of the vulnerable adult and may not contain the names or, to the extent  
 90.19 possible, data on individuals or private data on individuals listed in ~~clause (2) paragraph~~  
 90.20 (e).

90.21 ~~(2)~~ (e) Data on individuals collected and maintained in the investigation memorandum  
 90.22 are private data on individuals, including:

90.23 ~~(i)~~ (1) the name of the vulnerable adult;

90.24 ~~(ii)~~ (2) the identity of the individual alleged to be the perpetrator;

90.25 ~~(iii)~~ (3) the identity of the individual substantiated as the perpetrator; and

90.26 ~~(iv)~~ (4) the identity of all individuals interviewed as part of the investigation.

90.27 ~~(3)~~ (f) Other data on individuals maintained as part of an investigation under this section  
 90.28 are private data on individuals upon completion of the investigation.

90.29 ~~(e)~~ (g) After the assessment or investigation is completed, the name of the reporter must  
 90.30 be confidential, except:

91.1 (1) the subject of the report may compel disclosure of the name of the reporter only with  
 91.2 the consent of the reporter; or

91.3 (2) upon a written finding by a court that the report was false and there is evidence that  
 91.4 the report was made in bad faith.

91.5 This subdivision does not alter disclosure responsibilities or obligations under the Rules  
 91.6 of Criminal Procedure, except that where the identity of the reporter is relevant to a criminal  
 91.7 prosecution, the district court shall do an in-camera review prior to determining whether to  
 91.8 order disclosure of the identity of the reporter.

91.9 ~~(d)~~ (h) Notwithstanding section 138.163, data maintained under this section by the  
 91.10 commissioners of health and human services must be maintained under the following  
 91.11 schedule and then destroyed unless otherwise directed by federal requirements:

91.12 (1) data from reports determined to be false, maintained for three years after the finding  
 91.13 was made;

91.14 (2) data from reports determined to be inconclusive, maintained for four years after the  
 91.15 finding was made;

91.16 (3) data from reports determined to be substantiated, maintained for seven years after  
 91.17 the finding was made; and

91.18 (4) data from reports which were not investigated by a lead investigative agency and for  
 91.19 which there is no final disposition, maintained for three years from the date of the report.

91.20 ~~(e)~~ (i) The commissioners of health and human services shall annually publish on their  
 91.21 websites the number and type of reports of alleged maltreatment involving licensed facilities  
 91.22 reported under this section, the number of those requiring investigation under this section,  
 91.23 and the resolution of those investigations. On a biennial basis, the commissioners of health  
 91.24 and human services shall jointly report the following information to the legislature and the  
 91.25 governor:

91.26 (1) the number and type of reports of alleged maltreatment involving licensed facilities  
 91.27 reported under this section, the number of those requiring investigations under this section,  
 91.28 the resolution of those investigations, and which of the two lead agencies was responsible;

91.29 (2) trends about types of substantiated maltreatment found in the reporting period;

91.30 (3) ~~if there are upward trends for types of maltreatment substantiated,~~ recommendations  
 91.31 for preventing, addressing, and responding to them substantiated maltreatment;

91.32 (4) efforts undertaken or recommended to improve the protection of vulnerable adults;

92.1 (5) whether and where backlogs of cases result in a failure to conform with statutory  
92.2 time frames and recommendations for reducing backlogs if applicable;

92.3 (6) recommended changes to statutes affecting the protection of vulnerable adults; and

92.4 (7) any other information that is relevant to the report trends and findings.

92.5 ~~(f)~~ (j) Each lead investigative agency must have a record retention policy.

92.6 ~~(g)~~ (k) Lead investigative agencies, prosecuting authorities, and law enforcement agencies  
92.7 may exchange not public data, as defined in section 13.02, if the agency or authority  
92.8 requesting the data determines that the data are pertinent and necessary to the requesting  
92.9 agency in initiating, furthering, or completing an investigation under this section. Data  
92.10 collected under this section must be made available to prosecuting authorities and law  
92.11 enforcement officials, local county agencies, and licensing agencies investigating the alleged  
92.12 maltreatment under this section. The lead investigative agency shall exchange not public  
92.13 data with the vulnerable adult maltreatment review panel established in section 256.021 if  
92.14 the data are pertinent and necessary for a review requested under that section.  
92.15 Notwithstanding section 138.17, upon completion of the review, not public data received  
92.16 by the review panel must be destroyed.

92.17 ~~(h)~~ (l) Each lead investigative agency shall keep records of the length of time it takes to  
92.18 complete its investigations.

92.19 ~~(i)~~ (m) Notwithstanding paragraph (a) or (b), a lead investigative agency may share  
92.20 common entry point or investigative data and may notify other affected parties, including  
92.21 the vulnerable adult and their authorized representative, if the lead investigative agency has  
92.22 reason to believe maltreatment has occurred and determines the information will safeguard  
92.23 the well-being of the affected parties or dispel widespread rumor or unrest in the affected  
92.24 facility.

92.25 ~~(j)~~ (n) Under any notification provision of this section, where federal law specifically  
92.26 prohibits the disclosure of patient identifying information, a lead investigative agency may  
92.27 not provide any notice unless the vulnerable adult has consented to disclosure in a manner  
92.28 which conforms to federal requirements.

92.29 **Sec. 14. DIRECTION TO COMMISSIONER OF HEALTH; PROGRESS IN**  
92.30 **IMPLEMENTING RECOMMENDATIONS OF LEGISLATIVE AUDITOR.**

92.31 By March 1, 2020, the commissioner of health must submit a report to the chairs and  
92.32 ranking minority members of the legislative committees with jurisdiction over health, human  
92.33 services, or aging on the progress toward implementing each recommendation of the Office

93.1 of the Legislative Auditor with which the commissioner agreed in the commissioner's letter  
93.2 to the legislative auditor dated March 1, 2018. The commissioner shall include in the report  
93.3 existing data collected in the course of the commissioner's continuing oversight of the Office  
93.4 of Health Facility Complaints sufficient to demonstrate the implementation of the  
93.5 recommendations with which the commissioner agreed.

93.6 **Sec. 15. REPORTS; OFFICE OF HEALTH FACILITY COMPLAINTS' RESPONSE**  
93.7 **TO VULNERABLE ADULT MALTREATMENT ALLEGATIONS.**

93.8 (a) On a quarterly basis until January 2022, and annually thereafter, the commissioner  
93.9 of health must publish on the Department of Health website a report on the Office of Health  
93.10 Facility Complaints' response to allegations of maltreatment of vulnerable adults. The report  
93.11 must include:

93.12 (1) a description and assessment of the office's efforts to improve its internal processes  
93.13 and compliance with federal and state requirements concerning allegations of maltreatment  
93.14 of vulnerable adults, including any relevant timelines;

93.15 (2)(i) the number of reports received by type of reporter;

93.16 (ii) the number of reports investigated;

93.17 (iii) the percentage and number of reported cases awaiting triage;

93.18 (iv) the number and percentage of open investigations;

93.19 (v) the number and percentage of reports that have failed to meet state or federal timelines  
93.20 for triaging, investigating, or making a final disposition of an investigation by cause of  
93.21 delay; and

93.22 (vi) processes the office will implement to bring the office into compliance with state  
93.23 and federal timelines for triaging, investigating, and making final dispositions of  
93.24 investigations;

93.25 (3) a trend analysis of internal audits conducted by the office; and

93.26 (4) trends and patterns in maltreatment of vulnerable adults, licensing violations by  
93.27 facilities or providers serving vulnerable adults, and other metrics as determined by the  
93.28 commissioner.

93.29 (b) The commissioner shall maintain on the Department of Health website reports  
93.30 published under this section for at least the past three years.

94.1 Sec. 16. **REPORT; SAFETY AND QUALITY IMPROVEMENT PRACTICES.**

94.2 By January 15, 2020, the safety and quality improvement technical panel established  
94.3 under Minnesota Statutes, section 144A.53, subdivision 5, shall provide recommendations  
94.4 to the legislature on legislative changes needed to promote safety and quality improvement  
94.5 practices in long-term care settings and with long-term care providers. The recommendations  
94.6 must address:

94.7 (1) how to implement a system for adverse health events reporting, learning, and  
94.8 prevention in long-term care settings and with long-term care providers; and

94.9 (2) interim actions to improve systems for the timely analysis of reports and complaints  
94.10 submitted to the Office of Health Facility Complaints to identify common themes and key  
94.11 prevention opportunities, and to disseminate key findings to providers across the state for  
94.12 the purposes of shared learning and prevention.

**144A.44 HOME CARE BILL OF RIGHTS.**

Subdivision 1. **Statement of rights.** A person who receives home care services has these rights:

- (1) the right to receive written information about rights before receiving services, including what to do if rights are violated;
- (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services;
- (3) the right to be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services;
- (4) the right to be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan;
- (5) the right to refuse services or treatment;
- (6) the right to know, before receiving services or during the initial visit, any limits to the services available from a home care provider;
- (7) the right to be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying;
- (8) the right to know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services;
- (9) the right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, or other health programs;
- (10) the right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information;
- (11) the right to access the client's own records and written information from those records in accordance with sections 144.291 to 144.298;
- (12) the right to be served by people who are properly trained and competent to perform their duties;
- (13) the right to be treated with courtesy and respect, and to have the client's property treated with respect;
- (14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;
- (15) the right to reasonable, advance notice of changes in services or charges;
- (16) the right to know the provider's reason for termination of services;
- (17) the right to at least ten days' advance notice of the termination of a service by a provider, except in cases where:
  - (i) the client engages in conduct that significantly alters the terms of the service plan with the home care provider;
  - (ii) the client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
  - (iii) an emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider;
- (18) the right to a coordinated transfer when there will be a change in the provider of services;
- (19) the right to complain about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property;

APPENDIX  
Repealed Minnesota Statutes: H0090-1

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

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

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

Subd. 2. **Interpretation and enforcement of rights.** These rights are established for the benefit of clients who receive home care services. All home care providers, including those exempted under section 144A.471, must comply with this section. The commissioner shall enforce this section and the home care bill of rights requirement against home care providers exempt from licensure in the same manner as for licensees. A home care provider may not request or require a client to surrender any of these rights as a condition of receiving services. This statement of rights does not replace or diminish other rights and liberties that may exist relative to clients receiving home care services, persons providing home care services, or providers licensed under sections 144A.43 to 144A.482.

**144A.441 ASSISTED LIVING BILL OF RIGHTS ADDENDUM.**

Assisted living clients, as defined in section 144G.01, subdivision 3, shall be provided with the home care bill of rights required by section 144A.44, except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section 144A.44, subdivision 1, clause (17):

"(17) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:

(i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;

(ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided."

**144A.442 ASSISTED LIVING CLIENTS; SERVICE TERMINATION.**

If an arranged home care provider, as defined in section 144D.01, subdivision 2a, who is not also Medicare certified terminates a service agreement or service plan with an assisted living client, as defined in section 144G.01, subdivision 3, the home care provider shall provide the assisted living client and the legal or designated representatives of the client, if any, with a written notice of termination which includes the following information:

(1) the effective date of termination;

(2) the reason for termination;

(3) without extending the termination notice period, an affirmative offer to meet with the assisted living client or client representatives within no more than five business days of the date of the termination notice to discuss the termination;

(4) contact information for a reasonable number of other home care providers in the geographic area of the assisted living client, as required by section 144A.4791, subdivision 10;

(5) a statement that the provider will participate in a coordinated transfer of the care of the client to another provider or caregiver, as required by section 144A.44, subdivision 1, clause (18);

(6) the name and contact information of a representative of the home care provider with whom the client may discuss the notice of termination;

(7) a copy of the home care bill of rights; and

(8) a statement that the notice of termination of home care services by the home care provider does not constitute notice of termination of the housing with services contract with a housing with services establishment.



**144D.01 DEFINITIONS.**

Subd. 6. **Health-related services.** "Health-related services" include professional nursing services, home health aide tasks, or the central storage of medication for residents.

**144D.025 OPTIONAL REGISTRATION.**

An establishment that meets all the requirements of this chapter except that fewer than 80 percent of the adult residents are age 55 or older, or a supportive housing establishment developed and funded in whole or in part with funds provided specifically as part of the plan to end long-term homelessness required under Laws 2003, chapter 128, article 15, section 9, may, at its option, register as a housing with services establishment.

**144D.04 HOUSING WITH SERVICES CONTRACTS.**

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

- (1) the name, street address, and mailing address of the establishment;
- (2) the name and mailing address of the owner or owners of the establishment and, if the owner or owners is not a natural person, identification of the type of business entity of the owner or owners;
- (3) the name and mailing address of the managing agent, through management agreement or lease agreement, of the establishment, if different from the owner or owners;
- (4) the name and address of at least one natural person who is authorized to accept service of process on behalf of the owner or owners and managing agent;
- (5) a statement describing the registration and licensure status of the establishment and any provider providing health-related or supportive services under an arrangement with the establishment;
- (6) the term of the contract;
- (7) a description of the services to be provided to the resident in the base rate to be paid by the resident, including a delineation of the portion of the base rate that constitutes rent and a delineation of charges for each service included in the base rate;
- (8) a description of any additional services, including home care services, available for an additional fee from the establishment directly or through arrangements with the establishment, and a schedule of fees charged for these services;
- (9) a conspicuous notice informing the tenant of the policy concerning the conditions under which and the process through which the contract may be modified, amended, or terminated, including whether a move to a different room or sharing a room would be required in the event that the tenant can no longer pay the current rent;
- (10) a description of the establishment's complaint resolution process available to residents including the toll-free complaint line for the Office of Ombudsman for Long-Term Care;
- (11) the resident's designated representative, if any;
- (12) the establishment's referral procedures if the contract is terminated;
- (13) requirements of residency used by the establishment to determine who may reside or continue to reside in the housing with services establishment;
- (14) billing and payment procedures and requirements;
- (15) a statement regarding the ability of a resident to receive services from service providers with whom the establishment does not have an arrangement;
- (16) a statement regarding the availability of public funds for payment for residence or services in the establishment; and
- (17) a statement regarding the availability of and contact information for long-term care consultation services under section 256B.0911 in the county in which the establishment is located.

Subd. 3. **Contracts in permanent files.** Housing with services contracts and related documents executed by each resident or resident's representative shall be maintained by the establishment in files from the date of execution until three years after the contract is terminated. The contracts and

the written disclosures required under section 325F.72, if applicable, shall be made available for on-site inspection by the commissioner upon request at any time.

**144D.045 INFORMATION CONCERNING ARRANGED HOME CARE PROVIDERS.**

If a housing with services establishment has one or more arranged home care providers, the establishment shall arrange to have that arranged home care provider deliver the following information in writing to a prospective resident, prior to the date on which the prospective resident executes a contract with the establishment or the prospective resident's move-in date, whichever is earlier:

- (1) the name, mailing address, and telephone number of the arranged home care provider;
- (2) the name and mailing address of at least one natural person who is authorized to accept service of process on behalf of the entity described in clause (1);
- (3) a description of the process through which a home care service agreement or service plan between a resident and the arranged home care provider, if any, may be modified, amended, or terminated;
- (4) the arranged home care provider's billing and payment procedures and requirements; and
- (5) any limits to the services available from the arranged provider.

**144D.065 TRAINING IN DEMENTIA CARE REQUIRED.**

(a) If a housing with services establishment registered under this chapter has a special program or special care unit for residents with Alzheimer's disease or other dementias or advertises, markets, or otherwise promotes the establishment as providing services for persons with Alzheimer's disease or other dementias, whether in a segregated or general unit, employees of the establishment and of the establishment's arranged home care provider must meet the following training requirements:

- (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;
- (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b), or a supervisor meeting the requirements in clause (1), must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;
- (3) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and
- (4) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.

(b) Areas of required training include:

- (1) an explanation of Alzheimer's disease and related disorders;
- (2) assistance with activities of daily living;
- (3) problem solving with challenging behaviors; and
- (4) communication skills.

(c) The establishment shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This information satisfies the disclosure requirements of section 325F.72, subdivision 2, clause (4).

(d) Housing with services establishments not included in paragraph (a) that provide assisted living services under chapter 144G must meet the following training requirements:

APPENDIX  
Repealed Minnesota Statutes: H0090-1

(1) supervisors of direct-care staff must have at least four hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;

(2) direct-care employees must have completed at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial four hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or supervisor meeting the requirements under paragraph (a), clause (1), must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;

(3) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and

(4) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.

**144D.066 ENFORCEMENT OF DEMENTIA CARE TRAINING REQUIREMENTS.**

Subdivision 1. **Enforcement.** (a) The commissioner shall enforce the dementia care training standards for staff working in housing with services settings and for housing managers according to clauses (1) to (3):

(1) for dementia care training requirements in section 144D.065, the commissioner shall review training records as part of the home care provider survey process for direct care staff and supervisors of direct care staff, in accordance with section 144A.474. The commissioner may also request and review training records at any time during the year;

(2) for dementia care training standards in section 144D.065, the commissioner shall review training records for maintenance, housekeeping, and food service staff and other staff not providing direct care working in housing with services settings as part of the housing with services registration application and renewal application process in accordance with section 144D.03. The commissioner may also request and review training records at any time during the year; and

(3) for housing managers, the commissioner shall review the statement verifying compliance with the required training described in section 144D.10, paragraph (d), through the housing with services registration application and renewal application process in accordance with section 144D.03. The commissioner may also request and review training records at any time during the year.

(b) The commissioner shall specify the required forms and what constitutes sufficient training records for the items listed in paragraph (a), clauses (1) to (3).

Subd. 2. **Fines for noncompliance.** (a) Beginning January 1, 2017, the commissioner may impose a \$200 fine for every staff person required to obtain dementia care training who does not have training records to show compliance. For violations of subdivision 1, paragraph (a), clause (1), the fine will be imposed upon the home care provider, and may be appealed under the contested case procedure in section 144A.475, subdivisions 3a, 4, and 7. For violations of subdivision 1, paragraph (a), clauses (2) and (3), the fine will be imposed on the housing with services registrant and may be appealed under the contested case procedure in section 144A.475, subdivisions 3a, 4, and 7. Prior to imposing the fine, the commissioner must allow two weeks for staff to complete the required training. Fines collected under this section shall be deposited in the state treasury and credited to the state government special revenue fund.

(b) The housing with services registrant and home care provider must allow for the required training as part of employee and staff duties. Imposition of a fine by the commissioner does not negate the need for the required training. Continued noncompliance with the requirements of sections 144D.065 and 144D.10 may result in revocation or nonrenewal of the housing with services registration or home care license. The commissioner shall make public the list of all housing with services establishments that have complied with the training requirements.

Subd. 3. **Technical assistance.** From January 1, 2016, to December 31, 2016, the commissioner shall provide technical assistance instead of imposing fines for noncompliance with the training

APPENDIX  
Repealed Minnesota Statutes: H0090-1

requirements. During the year of technical assistance, the commissioner shall review the training records to determine if the records meet the requirements and inform the home care provider. The commissioner shall also provide information about available training resources.

**144D.07 RESTRAINTS.**

Residents must be free from any physical or chemical restraints imposed for purposes of discipline or convenience.

**144D.09 TERMINATION OF LEASE.**

The housing with services establishment shall include with notice of termination of lease information about how to contact the ombudsman for long-term care, including the address and telephone number along with a statement of how to request problem-solving assistance.

**144G.01 DEFINITIONS.**

Subdivision 1. **Scope; other definitions.** For purposes of sections 144G.01 to 144G.05, the following definitions apply. In addition, the definitions provided in section 144D.01 also apply to sections 144G.01 to 144G.05.

Subd. 2. **Assisted living.** "Assisted living" means a service or package of services advertised, marketed, or otherwise described, offered, or promoted using the phrase "assisted living" either alone or in combination with other words, whether orally or in writing, and which is subject to the requirements of this chapter.

Subd. 3. **Assisted living client; client.** "Assisted living client" or "client" means a housing with services resident who receives assisted living that is subject to the requirements of this chapter.

Subd. 4. **Commissioner.** "Commissioner" means the commissioner of health.

**144G.02 ASSISTED LIVING; PROTECTED TITLE; REGULATORY FUNCTION.**

Subdivision 1. **Protected title; restriction on use.** No person or entity may use the phrase "assisted living," whether alone or in combination with other words and whether orally or in writing, to advertise, market, or otherwise describe, offer, or promote itself, or any housing, service, service package, or program that it provides within this state, unless the person or entity is a housing with services establishment that meets the requirements of this chapter, or is a person or entity that provides some or all components of assisted living that meet the requirements of this chapter. A person or entity entitled to use the phrase "assisted living" shall use the phrase only in the context of its participation in assisted living that meets the requirements of this chapter. A housing with services establishment offering or providing assisted living that is not made available to residents in all of its housing units shall identify the number or location of the units in which assisted living is available, and may not use the term "assisted living" in the name of the establishment registered with the commissioner under chapter 144D, or in the name the establishment uses to identify itself to residents or the public.

Subd. 2. **Authority of commissioner.** (a) The commissioner, upon receipt of information that may indicate the failure of a housing with services establishment, the arranged home care provider, an assisted living client, or an assisted living client's representative to comply with a legal requirement to which one or more of the entities may be subject, shall make appropriate referrals to other governmental agencies and entities having jurisdiction over the subject matter. The commissioner may also make referrals to any public or private agency the commissioner considers available for appropriate assistance to those involved.

(b) In addition to the authority with respect to licensed home care providers under section 144A.45 and with respect to housing with services establishments under chapter 144D, the commissioner shall have standing to bring an action for injunctive relief in the district court in the district in which a housing with services establishment is located to compel the housing with services establishment or the arranged home care provider to meet the requirements of this chapter or other requirements of the state or of any county or local governmental unit to which the establishment or arranged home care provider is otherwise subject. Proceedings for securing an injunction may be brought by the commissioner through the attorney general or through the appropriate county attorney. The sanctions in this section do not restrict the availability of other sanctions.

**144G.03 ASSISTED LIVING REQUIREMENTS.**

Subdivision 1. **Verification in annual registration.** A registered housing with services establishment using the phrase "assisted living," pursuant to section 144G.02, subdivision 1, shall

APPENDIX  
Repealed Minnesota Statutes: H0090-1

verify to the commissioner in its annual registration pursuant to chapter 144D that the establishment is complying with sections 144G.01 to 144G.05, as applicable.

**Subd. 2. Minimum requirements for assisted living.** (a) Assisted living shall be provided or made available only to individuals residing in a registered housing with services establishment. Except as expressly stated in this chapter, a person or entity offering assisted living may define the available services and may offer assisted living to all or some of the residents of a housing with services establishment. The services that comprise assisted living may be provided or made available directly by a housing with services establishment or by persons or entities with which the housing with services establishment has made arrangements.

(b) A person or entity entitled to use the phrase "assisted living," according to section 144G.02, subdivision 1, shall do so only with respect to a housing with services establishment, or a service, service package, or program available within a housing with services establishment that, at a minimum:

(1) provides or makes available health-related services under a home care license. At a minimum, health-related services must include:

(i) assistance with self-administration of medication, medication management, or medication administration as defined in section 144A.43; and

(ii) assistance with at least three of the following seven activities of daily living: bathing, dressing, grooming, eating, transferring, continence care, and toileting.

All health-related services shall be provided in a manner that complies with applicable home care licensure requirements in chapter 144A and sections 148.171 to 148.285;

(2) provides necessary assessments of the physical and cognitive needs of assisted living clients by a registered nurse, as required by applicable home care licensure requirements in chapter 144A and sections 148.171 to 148.285;

(3) has and maintains a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by applicable home care licensure requirements in chapter 144A and sections 148.171 to 148.285;

(4) provides staff access to an on-call registered nurse 24 hours per day, seven days per week;

(5) has and maintains a system to check on each assisted living client at least daily;

(6) provides a means for assisted living clients to request assistance for health and safety needs 24 hours per day, seven days per week, from the establishment or a person or entity with which the establishment has made arrangements;

(7) has a person or persons available 24 hours per day, seven days per week, who is responsible for responding to the requests of assisted living clients for assistance with health or safety needs, who shall be:

(i) awake;

(ii) located in the same building, in an attached building, or on a contiguous campus with the housing with services establishment in order to respond within a reasonable amount of time;

(iii) capable of communicating with assisted living clients;

(iv) capable of recognizing the need for assistance;

(v) capable of providing either the assistance required or summoning the appropriate assistance; and

(vi) capable of following directions;

(8) offers to provide or make available at least the following supportive services to assisted living clients:

(i) two meals per day;

(ii) weekly housekeeping;

(iii) weekly laundry service;

APPENDIX  
Repealed Minnesota Statutes: H0090-1

(iv) upon the request of the client, reasonable assistance with arranging for transportation to medical and social services appointments, and the name of or other identifying information about the person or persons responsible for providing this assistance;

(v) upon the request of the client, reasonable assistance with accessing community resources and social services available in the community, and the name of or other identifying information about the person or persons responsible for providing this assistance; and

(vi) periodic opportunities for socialization; and

(9) makes available to all prospective and current assisted living clients information consistent with the uniform format and the required components adopted by the commissioner under section 144G.06. This information must be made available beginning no later than six months after the commissioner makes the uniform format and required components available to providers according to section 144G.06.

**Subd. 3. Exemption from awake-staff requirement.** A housing with services establishment that offers or provides assisted living is exempt from the requirement in subdivision 2, paragraph (b), clause (7), item (i), that the person or persons available and responsible for responding to requests for assistance must be awake, if the establishment meets the following requirements:

(1) the establishment has a maximum capacity to serve 12 or fewer assisted living clients;

(2) the person or persons available and responsible for responding to requests for assistance are physically present within the housing with services establishment in which the assisted living clients reside;

(3) the establishment has a system in place that is compatible with the health, safety, and welfare of the establishment's assisted living clients;

(4) the establishment's housing with services contract, as required by section 144D.04, includes a statement disclosing the establishment's qualification for, and intention to rely upon, this exemption;

(5) the establishment files with the commissioner, for purposes of public information but not review or approval by the commissioner, a statement describing how the establishment meets the conditions in clauses (1) to (4), and makes a copy of this statement available to actual and prospective assisted living clients; and

(6) the establishment indicates on its housing with services registration, under section 144D.02 or 144D.03, as applicable, that it qualifies for and intends to rely upon the exemption under this subdivision.

**Subd. 4. Nursing assessment.** (a) A housing with services establishment offering or providing assisted living shall:

(1) offer to have the arranged home care provider conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a service plan prior to the date on which a prospective resident executes a contract with a housing with services establishment or the date on which a prospective resident moves in, whichever is earlier; and

(2) inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a housing with services establishment or the date on which a prospective resident moves in, whichever is earlier.

(b) An arranged home care provider is not obligated to conduct a nursing assessment by a registered nurse when requested by a prospective resident if either the geographic distance between the prospective resident and the provider, or urgent or unexpected circumstances, do not permit the assessment to be conducted prior to the date on which the prospective resident executes a contract or moves in, whichever is earlier. When such circumstances occur, the arranged home care provider shall offer to conduct a telephone conference whenever reasonably possible.

(c) The arranged home care provider shall comply with applicable home care licensure requirements in chapter 144A and sections 148.171 to 148.285, with respect to the provision of a nursing assessment prior to the delivery of nursing services and the execution of a home care service plan or service agreement.

**Subd. 5. Assistance with arranged home care provider.** The housing with services establishment shall provide each assisted living client with identifying information about a person or persons reasonably available to assist the client with concerns the client may have with respect

APPENDIX  
Repealed Minnesota Statutes: H0090-1

to the services provided by the arranged home care provider. The establishment shall keep each assisted living client reasonably informed of any changes in the personnel referenced in this subdivision. Upon request of the assisted living client, such personnel or designee shall provide reasonable assistance to the assisted living client in addressing concerns regarding services provided by the arranged home care provider.

Subd. 6. **Termination of housing with services contract.** If a housing with services establishment terminates a housing with services contract with an assisted living client, the establishment shall provide the assisted living client, and the legal or designated representative of the assisted living client, if any, with a written notice of termination which includes the following information:

(1) the effective date of termination;

(2) the section of the contract that authorizes the termination;

(3) without extending the termination notice period, an affirmative offer to meet with the assisted living client and, if applicable, client representatives, within no more than five business days of the date of the termination notice to discuss the termination;

(4) an explanation that:

(i) the assisted living client must vacate the apartment, along with all personal possessions, on or before the effective date of termination;

(ii) failure to vacate the apartment by the date of termination may result in the filing of an eviction action in court by the establishment, and that the assisted living client may present a defense, if any, to the court at that time; and

(iii) the assisted living client may seek legal counsel in connection with the notice of termination;

(5) a statement that, with respect to the notice of termination, reasonable accommodation is available for the disability of the assisted living client, if any; and

(6) the name and contact information of the representative of the establishment with whom the assisted living client or client representatives may discuss the notice of termination.

#### **144G.04 RESERVATION OF RIGHTS.**

Subdivision 1. **Use of services.** Nothing in this chapter requires an assisted living client to utilize any service provided or made available in assisted living.

Subd. 2. **Housing with services contracts.** Nothing in this chapter requires a housing with services establishment to execute or refrain from terminating a housing with services contract with a prospective or current resident who is unable or unwilling to meet the requirements of residency, with or without assistance.

Subd. 3. **Provision of services.** Nothing in this chapter requires the arranged home care provider to offer or continue to provide services under a service agreement or service plan to a prospective or current resident of the establishment whose needs cannot be met by the arranged home care provider.

Subd. 4. **Altering operations; service packages.** Nothing in this chapter requires a housing with services establishment or arranged home care provider offering assisted living to fundamentally alter the nature of the operations of the establishment or the provider in order to accommodate the request or need for facilities or services by any assisted living client, or to refrain from requiring, as a condition of residency, that an assisted living client pay for a package of assisted living services even if the client does not choose to utilize all or some of the services in the package.

#### **144G.05 REIMBURSEMENT UNDER ASSISTED LIVING SERVICE PACKAGES.**

Notwithstanding the provisions of this chapter, the requirements for the elderly waiver program's assisted living payment rates under section 256B.0915, subdivision 3e, shall continue to be effective and providers who do not meet the requirements of this chapter may continue to receive payment under section 256B.0915, subdivision 3e, as long as they continue to meet the definitions and standards for assisted living and assisted living plus set forth in the federally approved Elderly Home and Community Based Services Waiver Program (Control Number 0025.91). Providers of assisted living for the community access for disability inclusion (CADI) and Brain Injury (BI) waivers shall continue to receive payment as long as they continue to meet the definitions and

APPENDIX  
Repealed Minnesota Statutes: H0090-1

standards for assisted living and assisted living plus set forth in the federally approved CADI and BI waiver plans.

**144G.06 UNIFORM CONSUMER INFORMATION GUIDE.**

The commissioner shall adopt a uniform format for the guide to be used by individual providers, and the required components of materials to be used by providers to inform assisted living clients of their legal rights, and shall make the uniform format and the required components available to assisted living providers.