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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 4572

03/23/2022 Authored by Schultz
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; modifying a definition of electronic monitoring; modifying
1.3 provisions for the home care and assisted living program advisory council;
1.4 modifying provisions for assisted living licensure; amending Minnesota Statutes
1.5 2020, sections 144.6502, subdivision 1; 144A.4799, subdivisions 1, 3; 144G.08,
1.6 by adding a subdivision; 144G.15; 144G.17; 144G.19, by adding a subdivision;
1.7 144G.20, subdivisions 1, 4, 5, 8, 9, 12, 15; 144G.30, subdivision 5; 144G.31,
1.8 subdivisions 4, 8; 144G.41, subdivisions 7, 8; 144G.42, subdivision 10; 144G.50,
1.9 subdivision 2; 144G.52, subdivisions 2, 8, 9; 144G.53; 144G.55, subdivisions 1,
1.10 3; 144G.56, subdivisions 3, 5; 144G.57, subdivisions 1, 3, 5; 144G.70, subdivisions
1.11 2, 4; 144G.80, subdivision 2; 144G.90, subdivision 1; 144G.91, subdivisions 13,
1.12 21, by adding a subdivision; 144G.92, subdivision 1; 144G.93; 144G.95.

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

1.14 Section 1. Minnesota Statutes 2020, section 144.6502, subdivision 1, is amended to read:

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

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

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

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

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

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

- 2.1 (1) licensed as a nursing home under chapter 144A;
- 2.2 (2) licensed as a boarding care home under sections 144.50 to 144.56;
- 2.3 (3) until August 1, 2021, a housing with services establishment registered under chapter
- 2.4 144D that is either subject to chapter 144G or has a disclosed special unit under section
- 2.5 325F.72; or
- 2.6 (4) on or after August 1, 2021, an assisted living facility.
- 2.7 (g) "Resident" means a person 18 years of age or older residing in a facility.
- 2.8 (h) "Resident representative" means one of the following in the order of priority listed,
- 2.9 to the extent the person may reasonably be identified and located:
- 2.10 (1) a court-appointed guardian;
- 2.11 (2) a health care agent as defined in section 145C.01, subdivision 2; or
- 2.12 (3) a person who is not an agent of a facility or of a home care provider designated in
- 2.13 writing by the resident and maintained in the resident's records on file with the facility.
- 2.14 Sec. 2. Minnesota Statutes 2020, section 144A.4799, subdivision 1, is amended to read:
- 2.15 Subdivision 1. **Membership.** The commissioner of health shall appoint ~~eight~~ 12 persons
- 2.16 to a home care and assisted living program advisory council consisting of the following:
- 2.17 (1) ~~three~~ two public members as defined in section 214.02 who shall be persons who
- 2.18 are currently receiving home care services, persons who have received home care services
- 2.19 within five years of the application date, persons who have family members receiving home
- 2.20 care services, or persons who have family members who have received home care services
- 2.21 within five years of the application date;
- 2.22 (2) ~~three~~ two Minnesota home care licensees representing basic and comprehensive
- 2.23 levels of licensure who may be a managerial official, an administrator, a supervising
- 2.24 registered nurse, or an unlicensed personnel performing home care tasks;
- 2.25 (3) one member representing the Minnesota Board of Nursing;
- 2.26 (4) one member representing the Office of Ombudsman for Long-Term Care and the
- 2.27 Office of Ombudsman for Mental Health and Developmental Disabilities; ~~and~~
- 2.28 (5) beginning July 1, 2021, one member of a county health and human services or county
- 2.29 adult protection office;

3.1 (6) two Minnesota assisted living facility licensees representing assisted living facilities
3.2 and assisted living facilities with dementia care levels of licensure who may be the facility's
3.3 assisted living director, managerial official, or clinical nurse supervisor;

3.4 (7) one organization representing long-term care providers, home care providers, and
3.5 assisted living providers in Minnesota; and

3.6 (8) two public members as defined in section 214.02. One public member shall be a
3.7 person who either is or has been a resident in an assisted living facility and one public
3.8 member shall be a person who has or had a family member living in an assisted living
3.9 facility setting.

3.10 Sec. 3. Minnesota Statutes 2020, section 144A.4799, subdivision 3, is amended to read:

3.11 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide
3.12 advice regarding regulations of Department of Health licensed assisted living and home
3.13 care providers in this chapter, including advice on the following:

3.14 (1) community standards for home care practices;

3.15 (2) enforcement of licensing standards and whether certain disciplinary actions are
3.16 appropriate;

3.17 (3) ways of distributing information to licensees and consumers of home care and assisted
3.18 living services defined under chapter 144G;

3.19 (4) training standards;

3.20 (5) identifying emerging issues and opportunities in home care and assisted living services
3.21 defined under chapter 144G;

3.22 (6) identifying the use of technology in home and telehealth capabilities;

3.23 (7) allowable home care licensing modifications and exemptions, including a method
3.24 for an integrated license with an existing license for rural licensed nursing homes to provide
3.25 limited home care services in an adjacent independent living apartment building owned by
3.26 the licensed nursing home; and

3.27 (8) recommendations for studies using the data in section 62U.04, subdivision 4, including
3.28 but not limited to studies concerning costs related to dementia and chronic disease among
3.29 an elderly population over 60 and additional long-term care costs, as described in section
3.30 62U.10, subdivision 6.

3.31 (b) The advisory council shall perform other duties as directed by the commissioner.

4.1 (c) The advisory council shall annually make recommendations to the commissioner for
4.2 the purposes in section 144A.474, subdivision 11, paragraph (i). The recommendations shall
4.3 address ways the commissioner may improve protection of the public under existing statutes
4.4 and laws and include but are not limited to projects that create and administer training of
4.5 licensees and their employees to improve residents' lives, supporting ways that licensees
4.6 can improve and enhance quality care and ways to provide technical assistance to licensees
4.7 to improve compliance; information technology and data projects that analyze and
4.8 communicate information about trends of violations or lead to ways of improving client
4.9 care; communications strategies to licensees and the public; and other projects or pilots that
4.10 benefit clients, families, and the public.

4.11 Sec. 4. Minnesota Statutes 2020, section 144G.08, is amended by adding a subdivision to
4.12 read:

4.13 Subd. 62a. **Serious injury.** "Serious injury" has the meaning given in section 245.91,
4.14 subdivision 6.

4.15 Sec. 5. Minnesota Statutes 2020, section 144G.15, is amended to read:

4.16 **144G.15 CONSIDERATION OF APPLICATIONS.**

4.17 (a) Before issuing a provisional license or license or renewing a license, the commissioner
4.18 shall consider an applicant's compliance history in providing care in this state or any other
4.19 state in a facility that provides care to children, the elderly, ill individuals, or individuals
4.20 with disabilities.

4.21 (b) The applicant's compliance history shall include repeat violation, rule violations, and
4.22 any license or certification involuntarily suspended or terminated during an enforcement
4.23 process.

4.24 (c) The commissioner may deny, revoke, suspend, restrict, or refuse to renew the license
4.25 or impose conditions if:

4.26 (1) the applicant fails to provide complete and accurate information on the application
4.27 and the commissioner concludes that the missing or corrected information is needed to
4.28 determine if a license shall be granted;

4.29 (2) the applicant, knowingly or with reason to know, made a false statement of a material
4.30 fact in an application for the license or any data attached to the application or in any matter
4.31 under investigation by the department;

5.1 (3) the applicant refused to allow agents of the commissioner to inspect its books, records,
5.2 and files related to the license application, or any portion of the premises;

5.3 (4) the applicant willfully prevented, interfered with, or attempted to impede in any way:
5.4 (i) the work of any authorized representative of the commissioner, the ombudsman for
5.5 long-term care, or the ombudsman for mental health and developmental disabilities; or (ii)
5.6 the duties of the commissioner, local law enforcement, city or county attorneys, adult
5.7 protection, county case managers, or other local government personnel;

5.8 (5) the applicant, owner, controlling individual, managerial official, or assisted living
5.9 director for the facility has a history of noncompliance with federal or state regulations that
5.10 were detrimental to the health, welfare, or safety of a resident or a client; or

5.11 (6) the applicant violates any requirement in this chapter.

5.12 (d) If a license is denied, the applicant has the reconsideration rights available under
5.13 section 144G.16, subdivision 4.

5.14 Sec. 6. Minnesota Statutes 2020, section 144G.17, is amended to read:

5.15 **144G.17 LICENSE RENEWAL.**

5.16 A license that is not a provisional license may be renewed for a period of up to one year
5.17 if the licensee:

5.18 (1) submits an application for renewal in the format provided by the commissioner at
5.19 least 60 calendar days before expiration of the license;

5.20 (2) submits the renewal fee under section 144G.12, subdivision 3;

5.21 (3) submits the late fee under section 144G.12, subdivision 4, if the renewal application
5.22 is received less than 30 days before the expiration date of the license or after the expiration
5.23 of the license;

5.24 (4) provides information sufficient to show that the applicant meets the requirements of
5.25 licensure, including items required under section 144G.12, subdivision 1; ~~and~~

5.26 (5) provides information sufficient to show the licensee provided assisted living services
5.27 to at least one resident during the immediately preceding license year and at the assisted
5.28 living facility listed on the license; and

5.29 ~~(5)~~ (6) provides any other information deemed necessary by the commissioner.

6.1 Sec. 7. Minnesota Statutes 2020, section 144G.19, is amended by adding a subdivision to
6.2 read:

6.3 Subd. 4. **Change of licensee.** Notwithstanding any other provision of law, a change of
6.4 licensee under subdivision 2 does not require the facility to meet the design requirements
6.5 of section 144G.45, subdivisions 4 to 6, or 144G.81, subdivision 3.

6.6 Sec. 8. Minnesota Statutes 2020, section 144G.20, subdivision 1, is amended to read:

6.7 Subdivision 1. **Conditions.** (a) The commissioner may refuse to grant a provisional
6.8 license, refuse to grant a license as a result of a change in ownership, refuse to renew a
6.9 license, suspend or revoke a license, or impose a conditional license if the owner, controlling
6.10 individual, or employee of an assisted living facility:

6.11 (1) is in violation of, or during the term of the license has violated, any of the requirements
6.12 in this chapter or adopted rules;

6.13 (2) permits, aids, or abets the commission of any illegal act in the provision of assisted
6.14 living services;

6.15 (3) performs any act detrimental to the health, safety, and welfare of a resident;

6.16 (4) obtains the license by fraud or misrepresentation;

6.17 (5) knowingly makes a false statement of a material fact in the application for a license
6.18 or in any other record or report required by this chapter;

6.19 (6) denies representatives of the department access to any part of the facility's books,
6.20 records, files, or employees;

6.21 (7) interferes with or impedes a representative of the department in contacting the facility's
6.22 residents;

6.23 (8) interferes with or impedes ombudsman access according to section 256.9742,
6.24 subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental
6.25 Health and Developmental Disabilities according to section 245.94, subdivision 1;

6.26 (9) interferes with or impedes a representative of the department in the enforcement of
6.27 this chapter or fails to fully cooperate with an inspection, survey, or investigation by the
6.28 department;

6.29 (10) destroys or makes unavailable any records or other evidence relating to the assisted
6.30 living facility's compliance with this chapter;

6.31 (11) refuses to initiate a background study under section 144.057 or 245A.04;

7.1 (12) fails to timely pay any fines assessed by the commissioner;

7.2 (13) violates any local, city, or township ordinance relating to housing or assisted living
7.3 services;

7.4 (14) has repeated incidents of personnel performing services beyond their competency
7.5 level; or

7.6 (15) has operated beyond the scope of the assisted living facility's license category.

7.7 (b) A violation by a contractor providing the assisted living services of the facility is a
7.8 violation by the facility.

7.9 Sec. 9. Minnesota Statutes 2020, section 144G.20, subdivision 4, is amended to read:

7.10 Subd. 4. **Mandatory revocation.** Notwithstanding the provisions of subdivision 13,
7.11 paragraph (a), the commissioner must revoke a license if a controlling individual of the
7.12 facility is convicted of a felony or gross misdemeanor that relates to operation of the facility
7.13 or directly affects resident safety or care. The commissioner shall notify the facility and the
7.14 Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health
7.15 and Developmental Disabilities 30 calendar days in advance of the date of revocation.

7.16 Sec. 10. Minnesota Statutes 2020, section 144G.20, subdivision 5, is amended to read:

7.17 Subd. 5. **Owners and managerial officials; refusal to grant license.** (a) The owners
7.18 and managerial officials of a facility whose Minnesota license has not been renewed or
7.19 whose ~~Minnesota~~ license in this state or any other state has been revoked because of
7.20 noncompliance with applicable laws or rules shall not be eligible to apply for nor will be
7.21 granted an assisted living facility license under this chapter or a home care provider license
7.22 under chapter 144A, or be given status as an enrolled personal care assistance provider
7.23 agency or personal care assistant by the Department of Human Services under section
7.24 256B.0659, for five years following the effective date of the nonrenewal or revocation. If
7.25 the owners or managerial officials already have enrollment status, the Department of Human
7.26 Services shall terminate that enrollment.

7.27 (b) The commissioner shall not issue a license to a facility for five years following the
7.28 effective date of license nonrenewal or revocation if the owners or managerial officials,
7.29 including any individual who was an owner or managerial official of another licensed
7.30 provider, had a ~~Minnesota~~ license in this state or any other state that was not renewed or
7.31 was revoked as described in paragraph (a).

8.1 (c) Notwithstanding subdivision 1, the commissioner shall not renew, or shall suspend
8.2 or revoke, the license of a facility that includes any individual as an owner or managerial
8.3 official who was an owner or managerial official of a facility whose ~~Minnesota~~ license in
8.4 this state or any other state was not renewed or was revoked as described in paragraph (a)
8.5 for five years following the effective date of the nonrenewal or revocation.

8.6 (d) The commissioner shall notify the facility 30 calendar days in advance of the date
8.7 of nonrenewal, suspension, or revocation of the license.

8.8 Sec. 11. Minnesota Statutes 2020, section 144G.20, subdivision 8, is amended to read:

8.9 Subd. 8. **Controlling individual restrictions.** (a) The commissioner has discretion to
8.10 bar any controlling individual of a facility if the person was a controlling individual of any
8.11 other nursing home, home care provider licensed under chapter 144A, or given status as an
8.12 enrolled personal care assistance provider agency or personal care assistant by the Department
8.13 of Human Services under section 256B.0659, or assisted living facility in the previous
8.14 two-year period and:

8.15 (1) during that period of time the nursing home, home care provider licensed under
8.16 chapter 144A, or given status as an enrolled personal care assistance provider agency or
8.17 personal care assistant by the Department of Human Services under section 256B.0659, or
8.18 assisted living facility incurred the following number of uncorrected or repeated violations:

8.19 (i) two or more repeated violations that created an imminent risk to direct resident care
8.20 or safety; or

8.21 (ii) four or more uncorrected violations that created an imminent risk to direct resident
8.22 care or safety; or

8.23 (2) during that period of time, was convicted of a felony or gross misdemeanor that
8.24 related to the operation of the nursing home, home care provider licensed under chapter
8.25 144A, or given status as an enrolled personal care assistance provider agency or personal
8.26 care assistant by the Department of Human Services under section 256B.0659, or assisted
8.27 living facility, or directly affected resident safety or care.

8.28 (b) When the commissioner bars a controlling individual under this subdivision, the
8.29 controlling individual may appeal the commissioner's decision under chapter 14.

8.30 Sec. 12. Minnesota Statutes 2020, section 144G.20, subdivision 9, is amended to read:

8.31 Subd. 9. **Exception to controlling individual restrictions.** Subdivision 8 does not apply
8.32 to any controlling individual of the facility who had no legal authority to affect or change

9.1 decisions related to the operation of the nursing home ~~or~~, assisted living facility, or home
 9.2 care that incurred the uncorrected or repeated violations.

9.3 Sec. 13. Minnesota Statutes 2020, section 144G.20, subdivision 12, is amended to read:

9.4 Subd. 12. **Notice to residents.** (a) Within five business days after proceedings are initiated
 9.5 by the commissioner to revoke or suspend a facility's license, or a decision by the
 9.6 commissioner not to renew a living facility's license, the controlling individual of the facility
 9.7 or a designee must provide to the commissioner ~~and~~, the ombudsman for long-term care,
 9.8 and the Office of Ombudsman for Mental Health and Developmental Disabilities the names
 9.9 of residents and the names and addresses of the residents' designated representatives and
 9.10 legal representatives, and family or other contacts listed in the assisted living contract.

9.11 (b) The controlling individual or designees of the facility must provide updated
 9.12 information each month until the proceeding is concluded. If the controlling individual or
 9.13 designee of the facility fails to provide the information within this time, the facility is subject
 9.14 to the issuance of:

9.15 (1) a correction order; and

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

9.17 (c) Notwithstanding subdivisions 21 and 22, any correction order issued under this
 9.18 subdivision must require that the facility immediately comply with the request for information
 9.19 and that, as of the date of the issuance of the correction order, the facility shall forfeit to the
 9.20 state a \$500 fine the first day of noncompliance and an increase in the \$500 fine by \$100
 9.21 increments for each day the noncompliance continues.

9.22 (d) Information provided under this subdivision may be used by the commissioner ~~or~~,
 9.23 the ombudsman for long-term care, or the Office of Ombudsman for Mental Health and
 9.24 Developmental Disabilities only for the purpose of providing affected consumers information
 9.25 about the status of the proceedings.

9.26 (e) Within ten business days after the commissioner initiates proceedings to revoke,
 9.27 suspend, or not renew a facility license, the commissioner must send a written notice of the
 9.28 action and the process involved to each resident of the facility, legal representatives and
 9.29 designated representatives, and at the commissioner's discretion, additional resident contacts.

9.30 (f) The commissioner shall provide the ombudsman for long-term care and the Office
 9.31 of Ombudsman for Mental Health and Developmental Disabilities with monthly information
 9.32 on the department's actions and the status of the proceedings.

10.1 Sec. 14. Minnesota Statutes 2020, section 144G.20, subdivision 15, is amended to read:

10.2 Subd. 15. **Plan required.** (a) The process of suspending, revoking, or refusing to renew
10.3 a license must include a plan for transferring affected residents' cares to other providers by
10.4 the facility. The commissioner shall monitor the transfer plan. Within three calendar days
10.5 of being notified of the final revocation, refusal to renew, or suspension, the licensee shall
10.6 provide the commissioner, the lead agencies as defined in section 256B.0911, county adult
10.7 protection and case managers, ~~and the ombudsman for long-term care,~~ and the Office of
10.8 Ombudsman for Mental Health and Developmental Disabilities with the following
10.9 information:

10.10 (1) a list of all residents, including full names and all contact information on file;

10.11 (2) a list of the resident's legal representatives and designated representatives and family
10.12 or other contacts listed in the assisted living contract, including full names and all contact
10.13 information on file;

10.14 (3) the location or current residence of each resident;

10.15 (4) the payor sources for each resident, including payor source identification numbers;
10.16 and

10.17 (5) for each resident, a copy of the resident's service plan and a list of the types of services
10.18 being provided.

10.19 (b) The revocation, refusal to renew, or suspension notification requirement is satisfied
10.20 by mailing the notice to the address in the license record. The licensee shall cooperate with
10.21 the commissioner and the lead agencies, county adult protection and case managers, ~~and~~
10.22 the ombudsman for long-term care, and the Office of Ombudsman for Mental Health and
10.23 Developmental Disabilities during the process of transferring care of residents to qualified
10.24 providers. Within three calendar days of being notified of the final revocation, refusal to
10.25 renew, or suspension action, the facility must notify and disclose to each of the residents,
10.26 or the resident's legal and designated representatives or emergency contact persons, that the
10.27 commissioner is taking action against the facility's license by providing a copy of the
10.28 revocation, refusal to renew, or suspension notice issued by the commissioner. If the facility
10.29 does not comply with the disclosure requirements in this section, the commissioner shall
10.30 notify the residents, legal and designated representatives, or emergency contact persons
10.31 about the actions being taken. Lead agencies, county adult protection and case managers,
10.32 and the Office of Ombudsman for Long-Term Care may also provide this information. The
10.33 revocation, refusal to renew, or suspension notice is public data except for any private data
10.34 contained therein.

11.1 (c) A facility subject to this subdivision may continue operating while residents are being
11.2 transferred to other service providers.

11.3 Sec. 15. Minnesota Statutes 2020, section 144G.30, subdivision 5, is amended to read:

11.4 Subd. 5. **Correction orders.** (a) A correction order may be issued whenever the
11.5 commissioner finds upon survey or during a complaint investigation that a facility, a
11.6 managerial official, an agent of the facility, or an employee of the facility is not in compliance
11.7 with this chapter. The correction order shall cite the specific statute and document areas of
11.8 noncompliance and the time allowed for correction.

11.9 (b) The commissioner shall mail or e-mail copies of any correction order to the facility
11.10 within 30 calendar days after the survey exit date. A copy of each correction order and
11.11 copies of any documentation supplied to the commissioner shall be kept on file by the
11.12 facility and public documents shall be made available for viewing by any person upon
11.13 request. Copies may be kept electronically.

11.14 (c) By the correction order date, the facility must document in the facility's records any
11.15 action taken to comply with the correction order. The commissioner may request a copy of
11.16 this documentation and the facility's action to respond to the correction order in future
11.17 surveys, upon a complaint investigation, and as otherwise needed.

11.18 Sec. 16. Minnesota Statutes 2020, section 144G.31, subdivision 4, is amended to read:

11.19 Subd. 4. **Fine amounts.** (a) Fines and enforcement actions under this subdivision may
11.20 be assessed based on the level and scope of the violations described in subdivisions 2 and
11.21 3 as follows and may be imposed immediately with no opportunity to correct the violation
11.22 prior to imposition:

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

11.24 (2) Level 2, a fine of \$500 per violation, in addition to any enforcement mechanism
11.25 authorized in section 144G.20 for widespread violations;

11.26 (3) Level 3, a fine of \$3,000 per violation ~~per incident~~, in addition to any enforcement
11.27 mechanism authorized in section 144G.20;

11.28 (4) Level 4, a fine of \$5,000 per ~~incident~~ violation, in addition to any enforcement
11.29 mechanism authorized in section 144G.20; and

11.30 (5) for maltreatment violations for which the licensee was determined to be responsible
11.31 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000.

12.1 A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible
 12.2 for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury.

12.3 (b) When a fine is assessed against a facility for substantiated maltreatment, the
 12.4 commissioner shall not also impose an immediate fine under this chapter for the same
 12.5 circumstance.

12.6 Sec. 17. Minnesota Statutes 2020, section 144G.31, subdivision 8, is amended to read:

12.7 Subd. 8. **Deposit of fines.** Fines collected under this section shall be deposited in a
 12.8 dedicated special revenue account. On an annual basis, the balance in the special revenue
 12.9 account shall be appropriated to the commissioner for special projects to improve ~~home~~
 12.10 ~~care~~ resident quality of care and outcomes in assisted living facilities licensed under chapter
 12.11 144G in Minnesota as recommended by the advisory council established in section
 12.12 144A.4799.

12.13 **EFFECTIVE DATE.** This section is effective retroactively for fines collected on or
 12.14 after August 1, 2021.

12.15 Sec. 18. Minnesota Statutes 2020, section 144G.41, subdivision 7, is amended to read:

12.16 Subd. 7. **Resident grievances; reporting maltreatment.** All facilities must post in a
 12.17 conspicuous place information about the facilities' grievance procedure, and the name,
 12.18 telephone number, and e-mail contact information for the individuals who are responsible
 12.19 for handling resident grievances. The notice must also have the contact information for the
 12.20 ~~state and applicable regional~~ Office of Ombudsman for Long-Term Care and the Office of
 12.21 Ombudsman for Mental Health and Developmental Disabilities, and must have information
 12.22 for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The
 12.23 notice must also state that if an individual has a complaint about the facility or person
 12.24 providing services, the individual may contact the Office of Health Facility Complaints at
 12.25 the Minnesota Department of Health.

12.26 Sec. 19. Minnesota Statutes 2020, section 144G.41, subdivision 8, is amended to read:

12.27 Subd. 8. **Protecting resident rights.** All facilities shall ensure that every resident has
 12.28 access to consumer advocacy or legal services by:

12.29 (1) providing names and contact information, including telephone numbers and e-mail
 12.30 addresses of at least three organizations that provide advocacy or legal services to residents,
 12.31 one of which must include the designated protection and advocacy organization in Minnesota
 12.32 that provides advice and representation to individuals with disabilities;

13.1 (2) providing the name and contact information for the Minnesota Office of Ombudsman
 13.2 for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental
 13.3 Disabilities, ~~including both the state and regional contact information;~~

13.4 (3) assisting residents in obtaining information on whether Medicare or medical assistance
 13.5 under chapter 256B will pay for services;

13.6 (4) making reasonable accommodations for people who have communication disabilities
 13.7 and those who speak a language other than English; and

13.8 (5) providing all information and notices in plain language and in terms the residents
 13.9 can understand.

13.10 Sec. 20. Minnesota Statutes 2020, section 144G.42, subdivision 10, is amended to read:

13.11 Subd. 10. **Disaster planning and emergency preparedness plan.** (a) The facility must
 13.12 meet the following requirements:

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

13.16 (2) post an emergency disaster plan prominently;

13.17 (3) provide building emergency exit diagrams to all residents;

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

13.19 (5) have a written policy and procedure regarding missing ~~tenant~~ residents.

13.20 (b) The facility must provide emergency and disaster training to all staff during the initial
 13.21 staff orientation and annually thereafter and must make emergency and disaster training
 13.22 annually available to all residents. Staff who have not received emergency and disaster
 13.23 training are allowed to work only when trained staff are also working on site.

13.24 (c) The facility must meet any additional requirements adopted in rule.

13.25 Sec. 21. Minnesota Statutes 2020, section 144G.50, subdivision 2, is amended to read:

13.26 Subd. 2. **Contract information.** (a) The contract must include in a conspicuous place
 13.27 and manner on the contract the legal name and the license number of the facility.

13.28 (b) The contract must include the name, telephone number, and physical mailing address,
 13.29 which may not be a public or private post office box, of:

13.30 (1) the facility and contracted service provider when applicable;

- 14.1 (2) the licensee of the facility;
- 14.2 (3) the managing agent of the facility, if applicable; and
- 14.3 (4) the authorized agent for the facility.
- 14.4 (c) The contract must include:
- 14.5 (1) a disclosure of the category of assisted living facility license held by the facility and,
- 14.6 if the facility is not an assisted living facility with dementia care, a disclosure that it does
- 14.7 not hold an assisted living facility with dementia care license;
- 14.8 (2) a description of all the terms and conditions of the contract, including a description
- 14.9 of and any limitations to the housing or assisted living services to be provided for the
- 14.10 contracted amount;
- 14.11 (3) a delineation of the cost and nature of any other services to be provided for an
- 14.12 additional fee;
- 14.13 (4) a delineation and description of any additional fees the resident may be required to
- 14.14 pay if the resident's condition changes during the term of the contract;
- 14.15 (5) a delineation of the grounds under which the resident may be ~~discharged, evicted,~~
- 14.16 ~~or~~ transferred or have housing or services terminated or be subject to an emergency
- 14.17 relocation;
- 14.18 (6) billing and payment procedures and requirements; and
- 14.19 (7) disclosure of the facility's ability to provide specialized diets.
- 14.20 (d) The contract must include a description of the facility's complaint resolution process
- 14.21 available to residents, including the name and contact information of the person representing
- 14.22 the facility who is designated to handle and resolve complaints.
- 14.23 (e) The contract must include a clear and conspicuous notice of:
- 14.24 (1) the right under section 144G.54 to appeal the termination of an assisted living contract;
- 14.25 (2) the facility's policy regarding transfer of residents within the facility, under what
- 14.26 circumstances a transfer may occur, and the circumstances under which resident consent is
- 14.27 required for a transfer;
- 14.28 (3) contact information for the Office of Ombudsman for Long-Term Care, the
- 14.29 Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health
- 14.30 Facility Complaints;
- 14.31 (4) the resident's right to obtain services from an unaffiliated service provider;

15.1 (5) a description of the facility's policies related to medical assistance waivers under
15.2 chapter 256S and section 256B.49 and the housing support program under chapter 256I,
15.3 including:

15.4 (i) whether the facility is enrolled with the commissioner of human services to provide
15.5 customized living services under medical assistance waivers;

15.6 (ii) whether the facility has an agreement to provide housing support under section
15.7 256I.04, subdivision 2, paragraph (b);

15.8 (iii) whether there is a limit on the number of people residing at the facility who can
15.9 receive customized living services or participate in the housing support program at any
15.10 point in time. If so, the limit must be provided;

15.11 (iv) whether the facility requires a resident to pay privately for a period of time prior to
15.12 accepting payment under medical assistance waivers or the housing support program, and
15.13 if so, the length of time that private payment is required;

15.14 (v) a statement that medical assistance waivers provide payment for services, but do not
15.15 cover the cost of rent;

15.16 (vi) a statement that residents may be eligible for assistance with rent through the housing
15.17 support program; and

15.18 (vii) a description of the rent requirements for people who are eligible for medical
15.19 assistance waivers but who are not eligible for assistance through the housing support
15.20 program;

15.21 (6) the contact information to obtain long-term care consulting services under section
15.22 256B.0911; and

15.23 (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.

15.24 Sec. 22. Minnesota Statutes 2020, section 144G.52, subdivision 2, is amended to read:

15.25 Subd. 2. **Prerequisite to termination of a contract.** (a) Before issuing a notice of
15.26 termination of an assisted living contract, a facility must schedule and participate in a meeting
15.27 with the resident and the resident's legal representative and designated representative. The
15.28 purposes of the meeting are to:

15.29 (1) explain in detail the reasons for the proposed termination; and

15.30 (2) identify and offer reasonable accommodations or modifications, interventions, or
15.31 alternatives to avoid the termination or enable the resident to remain in the facility, including

16.1 but not limited to securing services from another provider of the resident's choosing that
 16.2 may allow the resident to avoid the termination. A facility is not required to offer
 16.3 accommodations, modifications, interventions, or alternatives that fundamentally alter the
 16.4 nature of the operation of the facility.

16.5 (b) The meeting must be scheduled to take place at least seven days before a notice of
 16.6 termination is issued. The facility must make reasonable efforts to ensure that the resident,
 16.7 legal representative, and designated representative are able to attend the meeting.

16.8 (c) The facility must notify the resident that the resident may invite family members,
 16.9 relevant health professionals, a representative of the Office of Ombudsman for Long-Term
 16.10 Care, a representative of the Office of Ombudsman for Mental Health and Developmental
 16.11 Disabilities, or other persons of the resident's choosing to participate in the meeting. For
 16.12 residents who receive home and community-based waiver services under chapter 256S and
 16.13 section 256B.49, the facility must notify the resident's case manager of the meeting.

16.14 (d) In the event of an emergency relocation under subdivision 9, where the facility intends
 16.15 to issue a notice of termination and an in-person meeting is impractical or impossible, the
 16.16 facility ~~may attempt to schedule and participate in a meeting under this subdivision via~~ must
 16.17 use telephone, video, or other electronic means to conduct and participate in the meeting
 16.18 required under this subdivision and rules within Minnesota Rules, chapter 4659.

16.19 Sec. 23. Minnesota Statutes 2020, section 144G.52, subdivision 8, is amended to read:

16.20 Subd. 8. **Content of notice of termination.** The notice required under subdivision 7
 16.21 must contain, at a minimum:

16.22 (1) the effective date of the termination of the assisted living contract;

16.23 (2) a detailed explanation of the basis for the termination, including the clinical or other
 16.24 supporting rationale;

16.25 (3) a detailed explanation of the conditions under which a new or amended contract may
 16.26 be executed;

16.27 (4) a statement that the resident has the right to appeal the termination by requesting a
 16.28 hearing, and information concerning the time frame within which the request must be
 16.29 submitted and the contact information for the agency to which the request must be submitted;

16.30 (5) a statement that the facility must participate in a coordinated move to another provider
 16.31 or caregiver, as required under section 144G.55;

17.1 (6) the name and contact information of the person employed by the facility with whom
17.2 the resident may discuss the notice of termination;

17.3 (7) information on how to contact the Office of Ombudsman for Long-Term Care and
17.4 the Office of Ombudsman for Mental Health and Developmental Disabilities to request an
17.5 advocate to assist regarding the termination;

17.6 (8) information on how to contact the Senior LinkAge Line under section 256.975,
17.7 subdivision 7, and an explanation that the Senior LinkAge Line may provide information
17.8 about other available housing or service options; and

17.9 (9) if the termination is only for services, a statement that the resident may remain in
17.10 the facility and may secure any necessary services from another provider of the resident's
17.11 choosing.

17.12 Sec. 24. Minnesota Statutes 2020, section 144G.52, subdivision 9, is amended to read:

17.13 **Subd. 9. Emergency relocation.** (a) A facility may remove a resident from the facility
17.14 in an emergency if necessary due to a resident's urgent medical needs or an imminent risk
17.15 the resident poses to the health or safety of another facility resident or facility staff member.
17.16 An emergency relocation is not a termination.

17.17 (b) In the event of an emergency relocation, the facility must provide a written notice
17.18 that contains, at a minimum:

17.19 (1) the reason for the relocation;

17.20 (2) the name and contact information for the location to which the resident has been
17.21 relocated and any new service provider;

17.22 (3) contact information for the Office of Ombudsman for Long-Term Care and the Office
17.23 of Ombudsman for Mental Health and Developmental Disabilities;

17.24 (4) if known and applicable, the approximate date or range of dates within which the
17.25 resident is expected to return to the facility, or a statement that a return date is not currently
17.26 known; and

17.27 (5) a statement that, if the facility refuses to provide housing or services after a relocation,
17.28 the resident has the right to appeal under section 144G.54. The facility must provide contact
17.29 information for the agency to which the resident may submit an appeal.

17.30 (c) The notice required under paragraph (b) must be delivered as soon as practicable to:

17.31 (1) the resident, legal representative, and designated representative;

18.1 (2) for residents who receive home and community-based waiver services under chapter
18.2 256S and section 256B.49, the resident's case manager; and

18.3 (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated
18.4 and has not returned to the facility within four days.

18.5 (d) Following an emergency relocation, a facility's refusal to provide housing or services
18.6 constitutes a termination and triggers the termination process in this section.

18.7 Sec. 25. Minnesota Statutes 2020, section 144G.53, is amended to read:

18.8 **144G.53 NONRENEWAL OF HOUSING.**

18.9 (a) If a facility decides to not renew a resident's housing under a contract, the facility
18.10 must either (1) provide the resident with 60 calendar days' notice of the nonrenewal and
18.11 assistance with relocation planning, or (2) follow the termination procedure under section
18.12 144G.52.

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

18.16 (c) A facility must:

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

18.18 (2) for residents who receive home and community-based waiver services under chapter
18.19 256S and section 256B.49, provide notice to the resident's case manager;

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

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

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

18.29 (6) prepare a written plan to prepare for the move.

18.30 (d) A resident may decline to move to the location the facility identifies or to accept
18.31 services from a service provider the facility identifies, and may instead choose to move to

19.1 a location of the resident's choosing or receive services from a service provider of the
19.2 resident's choosing within the timeline prescribed in the nonrenewal notice.

19.3 Sec. 26. Minnesota Statutes 2020, section 144G.55, subdivision 1, is amended to read:

19.4 Subdivision 1. **Duties of facility.** (a) If a facility terminates an assisted living contract,
19.5 reduces services to the extent that a resident needs to move or obtain a new service provider
19.6 because of a reduction or elimination of services or the facility has its license restricted
19.7 under section 144G.20, or the facility conducts a planned closure under section 144G.57,
19.8 the facility:

19.9 (1) must ensure, subject to paragraph (c), a coordinated move to a safe location that is
19.10 appropriate for the resident and that is identified by the facility prior to any hearing under
19.11 section 144G.54;

19.12 (2) must ensure a coordinated move of the resident to an appropriate service provider
19.13 identified by the facility prior to any hearing under section 144G.54, provided services are
19.14 still needed and desired by the resident; and

19.15 (3) must consult and cooperate with the resident, legal representative, designated
19.16 representative, case manager for a resident who receives home and community-based waiver
19.17 services under chapter 256S and section 256B.49, relevant health professionals, and any
19.18 other persons of the resident's choosing to make arrangements to move the resident, including
19.19 consideration of the resident's goals.

19.20 (b) A facility may satisfy the requirements of paragraph (a), clauses (1) and (2), by
19.21 moving the resident to a different location within the same facility, if appropriate for the
19.22 resident.

19.23 (c) A resident may decline to move to the location the facility identifies or to accept
19.24 services from a service provider the facility identifies, and may choose instead to move to
19.25 a location of the resident's choosing or receive services from a service provider of the
19.26 resident's choosing within the timeline prescribed in the termination notice.

19.27 (d) Sixty days before the facility plans to reduce or eliminate one or more services for
19.28 a particular resident, the facility must provide written notice of the reduction or elimination
19.29 that includes:

19.30 (1) a detailed explanation of the reasons for the reduction or elimination and the date of
19.31 the reduction;

20.1 (2) the contact information for the Office of Ombudsman for Long-Term Care, the Office
 20.2 of Ombudsman for Mental Health and Developmental Disabilities, and the name and contact
 20.3 information of the person employed by the facility with whom the resident may discuss the
 20.4 reduction or elimination of services;

20.5 (3) a statement that if the services being reduced or eliminated are still needed by the
 20.6 resident, the resident may remain in the facility and seek services from another provider;
 20.7 and

20.8 (4) a statement that if the reduction or elimination makes the resident need to move, the
 20.9 facility must participate in a coordinated move of the resident to another provider or
 20.10 caregiver, as required under this section.

20.11 (e) In the event of an unanticipated reduction or elimination in services caused by
 20.12 extraordinary circumstances, the facility must provide the notice required under paragraph
 20.13 (d) as soon as possible.

20.14 (f) If the facility, a resident, a legal representative, or a designated representative
 20.15 determines that a reduction in services will make a resident need to move to a new location,
 20.16 the facility must ensure a coordinated move in accordance with this section, and must provide
 20.17 notice to the Office of Ombudsman for Long-Term Care.

20.18 (g) Nothing in this section affects a resident's right to remain in the facility and seek
 20.19 services from another provider.

20.20 Sec. 27. Minnesota Statutes 2020, section 144G.55, subdivision 3, is amended to read:

20.21 Subd. 3. **Relocation plan required.** The facility must prepare a relocation plan to prepare
 20.22 for the move to ~~the~~ a new safe location or appropriate service provider, as required by this
 20.23 section.

20.24 Sec. 28. Minnesota Statutes 2020, section 144G.56, subdivision 3, is amended to read:

20.25 Subd. 3. **Notice required.** (a) A facility must provide at least 30 calendar days' advance
 20.26 written notice to the resident and the resident's legal and designated representative of a
 20.27 facility-initiated transfer. The notice must include:

20.28 (1) the effective date of the proposed transfer;

20.29 (2) the proposed transfer location;

20.30 (3) a statement that the resident may refuse the proposed transfer, and may discuss any
 20.31 consequences of a refusal with staff of the facility;

21.1 (4) the name and contact information of a person employed by the facility with whom
21.2 the resident may discuss the notice of transfer; and

21.3 (5) contact information for the Office of Ombudsman for Long-Term Care and the Office
21.4 of Ombudsman for Mental Health and Developmental Disabilities.

21.5 (b) Notwithstanding paragraph (a), a facility may conduct a facility-initiated transfer of
21.6 a resident with less than 30 days' written notice if the transfer is necessary due to:

21.7 (1) conditions that render the resident's room or private living unit uninhabitable;

21.8 (2) the resident's urgent medical needs; or

21.9 (3) a risk to the health or safety of another resident of the facility.

21.10 Sec. 29. Minnesota Statutes 2020, section 144G.56, subdivision 5, is amended to read:

21.11 Subd. 5. **Changes in facility operations.** (a) In situations where there is a curtailment,
21.12 reduction, or capital improvement within a facility necessitating transfers, the facility must:

21.13 (1) minimize the number of transfers it initiates to complete the project or change in
21.14 operations;

21.15 (2) consider individual resident needs and preferences;

21.16 (3) provide reasonable accommodations for individual resident requests regarding the
21.17 transfers; and

21.18 (4) in advance of any notice to any residents, legal representatives, or designated
21.19 representatives, provide notice to the Office of Ombudsman for Long-Term Care and, ~~when~~
21.20 ~~appropriate,~~ the Office of Ombudsman for Mental Health and Developmental Disabilities
21.21 of the curtailment, reduction, or capital improvement and the corresponding needed transfers.

21.22 Sec. 30. Minnesota Statutes 2020, section 144G.57, subdivision 1, is amended to read:

21.23 Subdivision 1. **Closure plan required.** In the event that an assisted living facility elects
21.24 to voluntarily close the facility, the facility must notify the commissioner ~~and~~ the Office
21.25 of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and
21.26 Developmental Disabilities in writing by submitting a proposed closure plan.

21.27 Sec. 31. Minnesota Statutes 2020, section 144G.57, subdivision 3, is amended to read:

21.28 Subd. 3. **Commissioner's approval required prior to implementation.** (a) The plan
21.29 shall be subject to the commissioner's approval and subdivision 6. The facility shall take
21.30 no action to close the residence prior to the commissioner's approval of the plan. The

22.1 commissioner shall approve or otherwise respond to the plan ~~as soon as practicable~~ within
 22.2 14 calendar days.

22.3 (b) The commissioner may require the facility to work with a transitional team comprised
 22.4 of department staff, staff of the Office of Ombudsman for Long-Term Care, the Office of
 22.5 Ombudsman for Mental Health and Developmental Disabilities, and other professionals the
 22.6 commissioner deems necessary to assist in the proper relocation of residents.

22.7 Sec. 32. Minnesota Statutes 2020, section 144G.57, subdivision 5, is amended to read:

22.8 Subd. 5. **Notice to residents.** After the commissioner has approved the relocation plan
 22.9 and at least 60 calendar days before closing, except as provided under subdivision 6, the
 22.10 facility must notify residents, designated representatives, and legal representatives of the
 22.11 closure, the proposed date of closure, the contact information of the ombudsman for long-term
 22.12 care and the ombudsman for mental health and developmental disabilities, and that the
 22.13 facility will follow the termination planning requirements under section 144G.55, and final
 22.14 accounting and return requirements under section 144G.42, subdivision 5. For residents
 22.15 who receive home and community-based waiver services under chapter 256S and section
 22.16 256B.49, the facility must also provide this information to the resident's case manager.

22.17 Sec. 33. Minnesota Statutes 2020, section 144G.70, subdivision 2, is amended to read:

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

22.21 (b) An assisted living facility shall conduct a nursing assessment by a registered nurse
 22.22 of the physical and cognitive needs of the prospective resident and propose a temporary
 22.23 service plan prior to the date on which a prospective resident executes a contract with a
 22.24 facility or the date on which a prospective resident moves in, whichever is earlier. If
 22.25 necessitated by either the geographic distance between the prospective resident and the
 22.26 facility, or urgent or unexpected circumstances, the assessment may be conducted using
 22.27 telecommunication methods based on practice standards that meet the resident's needs and
 22.28 reflect person-centered planning and care delivery.

22.29 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar
 22.30 days after initiation of services. Ongoing resident reassessment and monitoring must be
 22.31 conducted as needed based on changes in the needs of the resident and cannot exceed 90
 22.32 calendar days from the last date of the assessment.

23.1 (d) For residents only receiving assisted living services specified in section 144G.08,
 23.2 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review
 23.3 of the resident's needs and preferences. The initial review must be completed within 30
 23.4 calendar days of the start of services. Resident monitoring and review must be conducted
 23.5 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days
 23.6 from the date of the last review.

23.7 (e) A facility must inform the prospective resident of the availability of and contact
 23.8 information for long-term care consultation services under section 256B.0911, prior to the
 23.9 date on which a prospective resident executes a contract with a facility or the date on which
 23.10 a prospective resident moves in, whichever is earlier.

23.11 Sec. 34. Minnesota Statutes 2020, section 144G.70, subdivision 4, is amended to read:

23.12 Subd. 4. **Service plan, implementation, and revisions to service plan.** (a) No later
 23.13 than 14 calendar days after the date that services are first provided, an assisted living facility
 23.14 shall finalize a current written service plan.

23.15 (b) The service plan and any revisions must include a signature or other authentication
 23.16 by the facility and by the resident documenting agreement on the services to be provided.
 23.17 The service plan must be revised, if needed, based on resident reassessment under subdivision
 23.18 2. The facility must provide information to the resident about changes to the facility's fee
 23.19 for services and how to contact the Office of Ombudsman for Long-Term Care and the
 23.20 Office of Ombudsman for Mental Health and Developmental Disabilities.

23.21 (c) The facility must implement and provide all services required by the current service
 23.22 plan.

23.23 (d) The service plan and the revised service plan must be entered into the resident record,
 23.24 including notice of a change in a resident's fees when applicable.

23.25 (e) Staff providing services must be informed of the current written service plan.

23.26 (f) The service plan must include:

23.27 (1) a description of the services to be provided, the fees for services, and the frequency
 23.28 of each service, according to the resident's current assessment and resident preferences;

23.29 (2) the identification of staff or categories of staff who will provide the services;

23.30 (3) the schedule and methods of monitoring assessments of the resident;

23.31 (4) the schedule and methods of monitoring staff providing services; and

24.1 (5) a contingency plan that includes:

24.2 (i) the action to be taken if the scheduled service cannot be provided;

24.3 (ii) information and a method to contact the facility;

24.4 (iii) the names and contact information of persons the resident wishes to have notified
 24.5 in an emergency or if there is a significant adverse change in the resident's condition,
 24.6 including identification of and information as to who has authority to sign for the resident
 24.7 in an emergency; and

24.8 (iv) the circumstances in which emergency medical services are not to be summoned
 24.9 consistent with chapters 145B and 145C, and declarations made by the resident under those
 24.10 chapters.

24.11 Sec. 35. Minnesota Statutes 2020, section 144G.80, subdivision 2, is amended to read:

24.12 Subd. 2. **Demonstrated capacity.** (a) An applicant for licensure as an assisted living
 24.13 facility with dementia care must have the ability to provide services in a manner that is
 24.14 consistent with the requirements in this section. The commissioner shall consider the
 24.15 following criteria, including, but not limited to:

24.16 (1) the experience of the ~~applicant in~~ applicant's assisted living director, managerial
 24.17 official, and clinical nurse supervisor managing residents with dementia or previous long-term
 24.18 care experience; and

24.19 (2) the compliance history of the applicant in the operation of any care facility licensed,
 24.20 certified, or registered under federal or state law.

24.21 (b) If the ~~applicant does~~ applicant's assisted living director, managerial official, and
 24.22 clinical nurse supervisor do not have experience in managing residents with dementia, the
 24.23 applicant must employ a consultant for at least the first six months of operation. The
 24.24 consultant must meet the requirements in paragraph (a), clause (1), and make
 24.25 recommendations on providing dementia care services consistent with the requirements of
 24.26 this chapter. The consultant must (1) have two years of work experience related to dementia,
 24.27 health care, gerontology, or a related field, and (2) have completed at least the minimum
 24.28 core training requirements in section 144G.64. The applicant must document an acceptable
 24.29 plan to address the consultant's identified concerns and must either implement the
 24.30 recommendations or document in the plan any consultant recommendations that the applicant
 24.31 chooses not to implement. The commissioner must review the applicant's plan upon request.

25.1 (c) The commissioner shall conduct an on-site inspection prior to the issuance of an
25.2 assisted living facility with dementia care license to ensure compliance with the physical
25.3 environment requirements.

25.4 (d) The label "Assisted Living Facility with Dementia Care" must be identified on the
25.5 license.

25.6 Sec. 36. Minnesota Statutes 2020, section 144G.90, subdivision 1, is amended to read:

25.7 Subdivision 1. **Assisted living bill of rights; notification to resident.** (a) An assisted
25.8 living facility must provide the resident a written notice of the rights under section 144G.91
25.9 before the initiation of services to that resident. The facility shall make all reasonable efforts
25.10 to provide notice of the rights to the resident in a language the resident can understand.

25.11 (b) In addition to the text of the assisted living bill of rights in section 144G.91, the
25.12 notice shall also contain the following statement describing how to file a complaint or report
25.13 suspected abuse:

25.14 "If you want to report suspected abuse, neglect, or financial exploitation, you may contact
25.15 the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about
25.16 the facility or person providing your services, you may contact the Office of Health Facility
25.17 Complaints, Minnesota Department of Health. If you would like to request advocacy services,
25.18 you may ~~also~~ contact the Office of Ombudsman for Long-Term Care or the Office of
25.19 Ombudsman for Mental Health and Developmental Disabilities."

25.20 (c) The statement must include contact information for the Minnesota Adult Abuse
25.21 Reporting Center and the telephone number, website address, e-mail address, mailing
25.22 address, and street address of the Office of Health Facility Complaints at the Minnesota
25.23 Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of
25.24 Ombudsman for Mental Health and Developmental Disabilities. The statement must include
25.25 the facility's name, address, e-mail, telephone number, and name or title of the person at
25.26 the facility to whom problems or complaints may be directed. It must also include a statement
25.27 that the facility will not retaliate because of a complaint.

25.28 (d) A facility must obtain written acknowledgment from the resident of the resident's
25.29 receipt of the assisted living bill of rights or shall document why an acknowledgment cannot
25.30 be obtained. Acknowledgment of receipt shall be retained in the resident's record.

26.1 Sec. 37. Minnesota Statutes 2020, section 144G.91, subdivision 13, is amended to read:

26.2 Subd. 13. **Personal and treatment privacy.** (a) Residents have the right to consideration
 26.3 of their privacy, individuality, and cultural identity as related to their social, religious, and
 26.4 psychological well-being. Staff must respect the privacy of a resident's space by knocking
 26.5 on the door and seeking consent before entering, except in an emergency or ~~where clearly~~
 26.6 ~~inadvisable or~~ unless otherwise documented in the resident's service plan.

26.7 (b) Residents have the right to have and use a lockable door to the resident's unit. The
 26.8 facility shall provide locks on the resident's unit. Only a staff member with a specific need
 26.9 to enter the unit shall have keys. This right may be restricted in certain circumstances if
 26.10 necessary for a resident's health and safety and documented in the resident's service plan.

26.11 (c) Residents have the right to respect and privacy regarding the resident's service plan.
 26.12 Case discussion, consultation, examination, and treatment are confidential and must be
 26.13 conducted discreetly. Privacy must be respected during toileting, bathing, and other activities
 26.14 of personal hygiene, except as needed for resident safety or assistance.

26.15 Sec. 38. Minnesota Statutes 2020, section 144G.91, subdivision 21, is amended to read:

26.16 Subd. 21. **Access to counsel and advocacy services.** Residents have the right to the
 26.17 immediate access by:

26.18 (1) the resident's legal counsel;

26.19 (2) any representative of the protection and advocacy system designated by the state
 26.20 under Code of Federal Regulations, title 45, section 1326.21; or

26.21 (3) any representative of the Office of Ombudsman for Long-Term Care or the Office
 26.22 of Ombudsman for Mental Health and Developmental Disabilities.

26.23 Sec. 39. Minnesota Statutes 2020, section 144G.91, is amended by adding a subdivision
 26.24 to read:

26.25 Subd. 27. **Restraints.** Residents must be free from any physical or chemical restraints
 26.26 imposed for purposes of discipline or convenience.

26.27 Sec. 40. Minnesota Statutes 2020, section 144G.92, subdivision 1, is amended to read:

26.28 Subdivision 1. **Retaliation prohibited.** A facility or agent of a facility may not retaliate
 26.29 against a resident or employee if the resident, employee, or any person acting on behalf of
 26.30 the resident:

27.1 (1) files a good faith complaint or grievance, makes a good faith inquiry, or asserts any
27.2 right;

27.3 (2) indicates a good faith intention to file a complaint or grievance, make an inquiry, or
27.4 assert any right;

27.5 (3) files, in good faith, or indicates an intention to file a maltreatment report, whether
27.6 mandatory or voluntary, under section 626.557;

27.7 (4) seeks assistance from or reports a reasonable suspicion of a crime or systemic
27.8 problems or concerns to the director or manager of the facility, the Office of Ombudsman
27.9 for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental
27.10 Disabilities, a regulatory or other government agency, or a legal or advocacy organization;

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

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

27.14 (7) participates or indicates an intention to participate in any investigation or
27.15 administrative or judicial proceeding;

27.16 (8) contracts or indicates an intention to contract to receive services from a service
27.17 provider of the resident's choice other than the facility; or

27.18 (9) places or indicates an intention to place a camera or electronic monitoring device in
27.19 the resident's private space as provided under section 144.6502.

27.20 Sec. 41. Minnesota Statutes 2020, section 144G.93, is amended to read:

27.21 **144G.93 CONSUMER ADVOCACY AND LEGAL SERVICES.**

27.22 Upon execution of an assisted living contract, every facility must provide the resident
27.23 with the names and contact information, including telephone numbers and e-mail addresses,
27.24 of:

27.25 (1) nonprofit organizations that provide advocacy or legal services to residents including
27.26 but not limited to the designated protection and advocacy organization in Minnesota that
27.27 provides advice and representation to individuals with disabilities; and

27.28 (2) the Office of Ombudsman for Long-Term Care, ~~including both the state and regional~~
27.29 ~~contact information~~ and the Office of Ombudsman for Mental Health and Developmental
27.30 Disabilities.

28.1 Sec. 42. Minnesota Statutes 2020, section 144G.95, is amended to read:

28.2 **144G.95 OFFICE OF OMBUDSMAN FOR LONG-TERM CARE AND OFFICE**
28.3 **OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL**
28.4 **DISABILITIES.**

28.5 Subdivision 1. **Immunity from liability.** (a) The Office of Ombudsman for Long-Term
28.6 Care and representatives of the office are immune from liability for conduct described in
28.7 section 256.9742, subdivision 2.

28.8 (b) The Office of Ombudsman for Mental Health and Developmental Disabilities and
28.9 representatives of the office are immune from liability for conduct described in section
28.10 245.96.

28.11 Subd. 2. **Data classification.** (a) All forms and notices received by the Office of
28.12 Ombudsman for Long-Term Care under this chapter are classified under section 256.9744.

28.13 (b) All data collected or received by the Office of Ombudsman for Mental Health and
28.14 Developmental Disabilities are classified under section 245.94.