

2.1 name, dosage, frequency, and route by comparing the client record to an external list of
2.2 medications obtained from the client, hospital, prescriber, or other provider.

2.3 Sec. 3. Minnesota Statutes 2018, section 144A.43, subdivision 27, is amended to read:

2.4 Subd. 27. **Service plan agreement.** "Service ~~plan~~ agreement" means the written ~~plan~~
2.5 agreement between the client or client's representative and the temporary licensee or licensee
2.6 about the services that will be provided to the client.

2.7 Sec. 4. Minnesota Statutes 2018, section 144A.43, subdivision 30, is amended to read:

2.8 Subd. 30. **Standby assistance.** "Standby assistance" means the presence of another
2.9 person ~~within arm's reach to minimize the risk of injury while performing daily activities~~
2.10 ~~through physical intervention or cueing~~ to assist a client with an assistive task by providing
2.11 cues, oversight, and minimal physical assistance.

2.12 Sec. 5. Minnesota Statutes 2018, section 144A.472, subdivision 5, is amended to read:

2.13 Subd. 5. ~~Transfers prohibited; Changes in ownership.~~ Any (a) A home care license
2.14 issued by the commissioner may not be transferred to another party. Before acquiring
2.15 ownership of or a controlling interest in a home care provider business, a prospective
2.16 ~~applicant owner~~ must apply for a new temporary license. A change of ownership is a transfer
2.17 ~~of operational control to a different business entity~~ of the home care provider business and
2.18 includes:

2.19 (1) transfer of the business to a different or new corporation;

2.20 (2) in the case of a partnership, the dissolution or termination of the partnership under
2.21 chapter 323A, with the business continuing by a successor partnership or other entity;

2.22 (3) relinquishment of control of the provider to another party, including to a contract
2.23 management firm that is not under the control of the owner of the business' assets;

2.24 (4) transfer of the business by a sole proprietor to another party or entity; or

2.25 (5) ~~in the case of a privately held corporation, the change in~~ transfer of ownership or
2.26 control of 50 percent or more of the outstanding voting stock controlling interest of a home
2.27 care provider business not covered by clauses (1) to (4).

2.28 (b) An employee who was employed by the previous owner of the home care provider
2.29 business prior to the effective date of a change in ownership under paragraph (a), and who
2.30 will be employed by the new owner in the same or a similar capacity, shall be treated as if
2.31 no change in employer occurred, with respect to orientation, training, tuberculosis testing,

3.1 background studies, and competency testing and training on the policies identified in
 3.2 subdivision 1, clause (14), and subdivision 2, if applicable.

3.3 (c) Notwithstanding paragraph (b), a new owner of a home care provider business must
 3.4 ensure that employees of the provider receive and complete training and testing on any
 3.5 provisions of policies that differ from those of the previous owner within 90 days after the
 3.6 date of the change in ownership.

3.7 Sec. 6. Minnesota Statutes 2018, section 144A.472, subdivision 7, is amended to read:

3.8 Subd. 7. **Fees; application, change of ownership, and renewal.** (a) An initial applicant
 3.9 seeking temporary home care licensure must submit the following application fee to the
 3.10 commissioner along with a completed application:

3.11 (1) for a basic home care provider, \$2,100; or

3.12 (2) for a comprehensive home care provider, \$4,200.

3.13 (b) A home care provider who is filing a change of ownership as required under
 3.14 subdivision 5 must submit the following application fee to the commissioner, along with
 3.15 the documentation required for the change of ownership:

3.16 (1) for a basic home care provider, \$2,100; or

3.17 (2) for a comprehensive home care provider, \$4,200.

3.18 (c) For the period ending June 30, 2018, a home care provider who is seeking to renew
 3.19 the provider's license shall pay a fee to the commissioner based on revenues derived from
 3.20 the provision of home care services during the calendar year prior to the year in which the
 3.21 application is submitted, according to the following schedule:

3.22 **License Renewal Fee**

3.23 Provider Annual Revenue	Fee
3.24 greater than \$1,500,000	\$6,625
3.25 greater than \$1,275,000 and no more than	
3.26 \$1,500,000	\$5,797
3.27 greater than \$1,100,000 and no more than	
3.28 \$1,275,000	\$4,969
3.29 greater than \$950,000 and no more than	
3.30 \$1,100,000	\$4,141
3.31 greater than \$850,000 and no more than \$950,000	\$3,727
3.32 greater than \$750,000 and no more than \$850,000	\$3,313
3.33 greater than \$650,000 and no more than \$750,000	\$2,898

4.1	greater than \$550,000 and no more than \$650,000	\$2,485
4.2	greater than \$450,000 and no more than \$550,000	\$2,070
4.3	greater than \$350,000 and no more than \$450,000	\$1,656
4.4	greater than \$250,000 and no more than \$350,000	\$1,242
4.5	greater than \$100,000 and no more than \$250,000	\$828
4.6	greater than \$50,000 and no more than \$100,000	\$500
4.7	greater than \$25,000 and no more than \$50,000	\$400
4.8	no more than \$25,000	\$200

4.9 (d) For the period between July 1, 2018, and June 30, 2020, a home care provider who
4.10 is seeking to renew the provider's license shall pay a fee to the commissioner in an amount
4.11 that is ten percent higher than the applicable fee in paragraph (c). A home care provider's
4.12 fee shall be based on revenues derived from the provision of home care services during the
4.13 calendar year prior to the year in which the application is submitted.

4.14 (e) Beginning July 1, 2020, a home care provider who is seeking to renew the provider's
4.15 license shall pay a fee to the commissioner based on revenues derived from the provision
4.16 of home care services during the calendar year prior to the year in which the application is
4.17 submitted, according to the following schedule:

4.18 **License Renewal Fee**

4.19	Provider Annual Revenue	Fee
4.20	greater than \$1,500,000	\$7,651
4.21	greater than \$1,275,000 and no more than	\$6,695
4.22	\$1,500,000	
4.23	greater than \$1,100,000 and no more than	\$5,739
4.24	\$1,275,000	
4.25	greater than \$950,000 and no more than	\$4,783
4.26	\$1,100,000	
4.27	greater than \$850,000 and no more than \$950,000	\$4,304
4.28	greater than \$750,000 and no more than \$850,000	\$3,826
4.29	greater than \$650,000 and no more than \$750,000	\$3,347
4.30	greater than \$550,000 and no more than \$650,000	\$2,870
4.31	greater than \$450,000 and no more than \$550,000	\$2,391
4.32	greater than \$350,000 and no more than \$450,000	\$1,913
4.33	greater than \$250,000 and no more than \$350,000	\$1,434
4.34	greater than \$100,000 and no more than \$250,000	\$957
4.35	greater than \$50,000 and no more than \$100,000	\$577
4.36	greater than \$25,000 and no more than \$50,000	\$462
4.37	no more than \$25,000	\$231

(f) If requested, the home care provider shall provide the commissioner information to verify the provider's annual revenues or other information as needed, including copies of documents submitted to the Department of Revenue.

(g) At each annual renewal, a home care provider may elect to pay the highest renewal fee for its license category, and not provide annual revenue information to the commissioner.

(h) A temporary license or license applicant, or temporary licensee or licensee that knowingly provides the commissioner incorrect revenue amounts for the purpose of paying a lower license fee, shall be subject to a civil penalty in the amount of double the fee the provider should have paid.

(i) The fee for failure to comply with the notification requirements of section 144A.473, subdivision 2, paragraph (c), is \$1,000.

(j) Fees and penalties collected under this section shall be deposited in the state treasury and credited to the state government special revenue fund. All fees are nonrefundable. Fees collected under paragraphs (c), (d), and (e) are nonrefundable even if received before July 1, 2017, for temporary licenses or licenses being issued effective July 1, 2017, or later.

Sec. 7. Minnesota Statutes 2018, section 144A.473, is amended to read:

144A.473 ISSUANCE OF TEMPORARY LICENSE AND LICENSE RENEWAL.

Subdivision 1. **Temporary license and renewal of license.** (a) The department shall review each application to determine the applicant's knowledge of and compliance with Minnesota home care regulations. Before granting a temporary license or renewing a license, the commissioner may further evaluate the applicant or licensee by requesting additional information or documentation or by conducting an on-site survey of the applicant to determine compliance with sections 144A.43 to 144A.482.

(b) Within 14 calendar days after receiving an application for a license, the commissioner shall acknowledge receipt of the application in writing. The acknowledgment must indicate whether the application appears to be complete or whether additional information is required before the application will be considered complete.

(c) Within 90 days after receiving a complete application, the commissioner shall issue a temporary license, renew the license, or deny the license.

(d) The commissioner shall issue a license that contains the home care provider's name, address, license level, expiration date of the license, and unique license number. All licenses,

6.1 except for temporary licenses issued under subdivision 2, are valid for up to one year from

6.2 the date of issuance.

6.3 Subd. 2. **Temporary license.** (a) For new license applicants, the commissioner shall

6.4 issue a temporary license for either the basic or comprehensive home care level. A temporary

6.5 license is effective for up to one year from the date of issuance, except that a temporary

6.6 license may be extended according to subdivision 3. Temporary licensees must comply with

6.7 sections 144A.43 to 144A.482.

6.8 (b) During the temporary license year period, the commissioner shall survey the temporary

6.9 licensee within 90 calendar days after the commissioner is notified or has evidence that the

6.10 temporary licensee is providing home care services.

6.11 (c) Within five days of beginning the provision of services, the temporary licensee must

6.12 notify the commissioner that it is serving clients. The notification to the commissioner may

6.13 be mailed or e-mailed to the commissioner at the address provided by the commissioner. If

6.14 the temporary licensee does not provide home care services during the temporary license

6.15 year period, then the temporary license expires at the end of the year period and the applicant

6.16 must reapply for a temporary home care license.

6.17 (d) A temporary licensee may request a change in the level of licensure prior to being

6.18 surveyed and granted a license by notifying the commissioner in writing and providing

6.19 additional documentation or materials required to update or complete the changed temporary

6.20 license application. The applicant must pay the difference between the application fees

6.21 when changing from the basic level to the comprehensive level of licensure. No refund will

6.22 be made if the provider chooses to change the license application to the basic level.

6.23 (e) If the temporary licensee notifies the commissioner that the licensee has clients within

6.24 45 days prior to the temporary license expiration, the commissioner may extend the temporary

6.25 license for up to 60 days in order to allow the commissioner to complete the on-site survey

6.26 required under this section and follow-up survey visits.

6.27 Subd. 3. **Temporary licensee survey.** (a) If the temporary licensee is in substantial

6.28 compliance with the survey, the commissioner shall issue either a basic or comprehensive

6.29 home care license. If the temporary licensee is not in substantial compliance with the survey,

6.30 the commissioner shall either: (1) not issue a basic or comprehensive license and there will

6.31 be no contested hearing right under chapter 14; terminate the temporary license; or (2)

6.32 extend the temporary license for a period not to exceed 90 days and apply conditions, as

6.33 permitted under section 144A.475, subdivision 2, to the extension of a temporary license.

6.34 If the temporary licensee is not in substantial compliance with the survey within the time

7.1 period of the extension, or if the temporary licensee does not satisfy the license conditions,
7.2 the commissioner may deny the license.

7.3 (b) If the temporary licensee whose basic or comprehensive license has been denied or
7.4 extended with conditions disagrees with the conclusions of the commissioner, then the
7.5 temporary licensee may request a reconsideration by the commissioner or commissioner's
7.6 designee. The reconsideration request process must be conducted internally by the
7.7 commissioner or commissioner's designee, and chapter 14 does not apply.

7.8 (c) The temporary licensee requesting reconsideration must make the request in writing
7.9 and must list and describe the reasons why the temporary licensee disagrees with the decision
7.10 to deny the basic or comprehensive home care license or the decision to extend the temporary
7.11 license with conditions.

7.12 (d) The reconsideration request and supporting documentation must be received by the
7.13 commissioner within 15 calendar days after the date the temporary licensee receives the
7.14 correction order.

7.15 (e) A temporary licensee whose license is denied, is permitted to continue operating as
7.16 a home care provider during the period of time when:

7.17 (1) a reconsideration request is in process;

7.18 (2) an extension of a temporary license is being negotiated;

7.19 (3) the placement of conditions on a temporary license is being negotiated; or

7.20 (4) a transfer of home care clients from the temporary licensee to a new home care
7.21 provider is in process.

7.22 (f) A temporary licensee whose license is denied must comply with the requirements
7.23 for notification and transfer of clients in section 144A.475, subdivision 5.

7.24 Sec. 8. Minnesota Statutes 2018, section 144A.474, subdivision 2, is amended to read:

7.25 Subd. 2. **Types of home care surveys.** (a) "Initial full survey" means the survey of a
7.26 new temporary licensee conducted after the department is notified or has evidence that the
7.27 temporary licensee is providing home care services to determine if the provider is in
7.28 compliance with home care requirements. Initial full surveys must be completed within 14
7.29 months after the department's issuance of a temporary basic or comprehensive license.

7.30 (b) "Change in ownership survey" means a full survey of a new licensee due to a change
7.31 in ownership. Change in ownership surveys must be completed within six months after the
7.32 department's issuance of a new license due to a change in ownership.

(c) "Core survey" means periodic inspection of home care providers to determine ongoing compliance with the home care requirements, focusing on the essential health and safety requirements. Core surveys are available to licensed home care providers who have been licensed for three years and surveyed at least once in the past three years with the latest survey having no widespread violations beyond Level 1 as provided in subdivision 11. Providers must also not have had any substantiated licensing complaints, substantiated complaints against the agency under the Vulnerable Adults Act or Maltreatment of Minors Act, or an enforcement action as authorized in section 144A.475 in the past three years.

(1) The core survey for basic home care providers must review compliance in the following areas:

- (i) reporting of maltreatment;
- (ii) orientation to and implementation of the home care bill of rights;
- (iii) statement of home care services;
- (iv) initial evaluation of clients and initiation of services;
- (v) client review and monitoring;
- (vi) service ~~plan~~ agreement implementation and changes to the service ~~plan~~ agreement;
- (vii) client complaint and investigative process;
- (viii) competency of unlicensed personnel; and
- (ix) infection control.

(2) For comprehensive home care providers, the core survey must include everything in the basic core survey plus these areas:

- (i) delegation to unlicensed personnel;
- (ii) assessment, monitoring, and reassessment of clients; and
- (iii) medication, treatment, and therapy management.

~~(c)~~ (d) "Full survey" means the periodic inspection of home care providers to determine ongoing compliance with the home care requirements that cover the core survey areas and all the legal requirements for home care providers. A full survey is conducted for all temporary licensees and, for licensees that receive licenses due to an approved change in ownership, for providers who do not meet the requirements needed for a core survey, and when a surveyor identifies unacceptable client health or safety risks during a core survey. A full survey must include all the tasks identified as part of the core survey and any additional

9.1 review deemed necessary by the department, including additional observation, interviewing,
9.2 or records review of additional clients and staff.

9.3 ~~(d)~~ (e) "Follow-up surveys" means surveys conducted to determine if a home care
9.4 provider has corrected deficient issues and systems identified during a core survey, full
9.5 survey, or complaint investigation. Follow-up surveys may be conducted via phone, e-mail,
9.6 fax, mail, or on-site reviews. Follow-up surveys, other than complaint surveys, shall be
9.7 concluded with an exit conference and written information provided on the process for
9.8 requesting a reconsideration of the survey results.

9.9 ~~(e)~~ (f) Upon receiving information alleging that a home care provider has violated or is
9.10 currently violating a requirement of sections 144A.43 to 144A.482, the commissioner shall
9.11 investigate the complaint according to sections 144A.51 to 144A.54.

9.12 Sec. 9. Minnesota Statutes 2018, section 144A.475, subdivision 1, is amended to read:

9.13 Subdivision 1. **Conditions.** (a) The commissioner may refuse to grant a temporary
9.14 license, refuse to grant a license as a result of a change in ownership, refuse to renew a
9.15 license, suspend or revoke a license, or impose a conditional license if the home care provider
9.16 or owner or managerial official of the home care provider:

9.17 (1) is in violation of, or during the term of the license has violated, any of the requirements
9.18 in sections 144A.471 to 144A.482;

9.19 (2) permits, aids, or abets the commission of any illegal act in the provision of home
9.20 care;

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

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

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

9.25 (6) denies representatives of the department access to any part of the home care provider's
9.26 books, records, files, or employees;

9.27 (7) interferes with or impedes a representative of the department in contacting the home
9.28 care provider's clients;

9.29 (8) interferes with or impedes a representative of the department in the enforcement of
9.30 this chapter or has failed to fully cooperate with an inspection, survey, or investigation by
9.31 the department;

10.1 (9) destroys or makes unavailable any records or other evidence relating to the home
10.2 care provider's compliance with this chapter;

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

10.4 (11) fails to timely pay any fines assessed by the department;

10.5 (12) violates any local, city, or township ordinance relating to home care services;

10.6 (13) has repeated incidents of personnel performing services beyond their competency
10.7 level; or

10.8 (14) has operated beyond the scope of the home care provider's license level.

10.9 (b) A violation by a contractor providing the home care services of the home care provider
10.10 is a violation by the home care provider.

10.11 Sec. 10. Minnesota Statutes 2018, section 144A.475, subdivision 2, is amended to read:

10.12 Subd. 2. **Terms to suspension or conditional license.** (a) A suspension or conditional
10.13 license designation may include terms that must be completed or met before a suspension
10.14 or conditional license designation is lifted. A conditional license designation may include
10.15 restrictions or conditions that are imposed on the provider. Terms for a suspension or
10.16 conditional license may include one or more of the following and the scope of each will be
10.17 determined by the commissioner:

10.18 (1) requiring a consultant to review, evaluate, and make recommended changes to the
10.19 home care provider's practices and submit reports to the commissioner at the cost of the
10.20 home care provider;

10.21 (2) requiring supervision of the home care provider or staff practices at the cost of the
10.22 home care provider by an unrelated person who has sufficient knowledge and qualifications
10.23 to oversee the practices and who will submit reports to the commissioner;

10.24 (3) requiring the home care provider or employees to obtain training at the cost of the
10.25 home care provider;

10.26 (4) requiring the home care provider to submit reports to the commissioner;

10.27 (5) prohibiting the home care provider from taking any new clients for a period of time;
10.28 or

10.29 (6) any other action reasonably required to accomplish the purpose of this subdivision
10.30 and section 144A.45, subdivision 2.

11.1 (b) A home care provider subject to this subdivision may continue operating during the
11.2 period of time home care clients are being transferred to other providers.

11.3 Sec. 11. Minnesota Statutes 2018, section 144A.475, subdivision 5, is amended to read:

11.4 Subd. 5. **Plan required.** (a) The process of suspending or revoking a license must include
11.5 a plan for transferring affected clients to other providers by the home care provider, which
11.6 will be monitored by the commissioner. Within three business days of being notified of the
11.7 final revocation or suspension action, the home care provider shall provide the commissioner,
11.8 the lead agencies as defined in section 256B.0911, and the ombudsman for long-term care
11.9 with the following information:

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

11.11 (2) a list of each client's representative or emergency contact person, including full names
11.12 and all contact information on file;

11.13 (3) the location or current residence of each client;

11.14 (4) the payor sources for each client, including payor source identification numbers; and

11.15 (5) for each client, a copy of the client's service plan, and a list of the types of services
11.16 being provided.

11.17 (b) The revocation or suspension notification requirement is satisfied by mailing the
11.18 notice to the address in the license record. The home care provider shall cooperate with the
11.19 commissioner and the lead agencies during the process of transferring care of clients to
11.20 qualified providers. Within three business days of being notified of the final revocation or
11.21 suspension action, the home care provider must notify and disclose to each of the home
11.22 care provider's clients, or the client's representative or emergency contact persons, that the
11.23 commissioner is taking action against the home care provider's license by providing a copy
11.24 of the revocation or suspension notice issued by the commissioner.

11.25 (c) A home care provider subject to this subdivision may continue operating during the
11.26 period of time home care clients are being transferred to other providers.

11.27 Sec. 12. Minnesota Statutes 2018, section 144A.476, subdivision 1, is amended to read:

11.28 Subdivision 1. **Prior criminal convictions; owner and managerial officials.** (a) Before
11.29 the commissioner issues a temporary license, issues a license as a result of an approved
11.30 change in ownership, or renews a license, an owner or managerial official is required to
11.31 complete a background study under section 144.057. No person may be involved in the

management, operation, or control of a home care provider if the person has been disqualified under chapter 245C. If an individual is disqualified under section 144.057 or chapter 245C, the individual may request reconsideration of the disqualification. If the individual requests reconsideration and the commissioner sets aside or rescinds the disqualification, the individual is eligible to be involved in the management, operation, or control of the provider. If an individual has a disqualification under section 245C.15, subdivision 1, and the disqualification is affirmed, the individual's disqualification is barred from a set aside, and the individual must not be involved in the management, operation, or control of the provider.

(b) For purposes of this section, owners of a home care provider subject to the background check requirement are those individuals whose ownership interest provides sufficient authority or control to affect or change decisions related to the operation of the home care provider. An owner includes a sole proprietor, a general partner, or any other individual whose individual ownership interest can affect the management and direction of the policies of the home care provider.

(c) For the purposes of this section, managerial officials subject to the background check requirement are individuals who provide direct contact as defined in section 245C.02, subdivision 11, or individuals who have the responsibility for the ongoing management or direction of the policies, services, or employees of the home care provider. Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.

(d) The department shall not issue any license if the applicant or owner or managerial official has been unsuccessful in having a background study disqualification set aside under section 144.057 and chapter 245C; if the owner or managerial official, as an owner or managerial official of another home care provider, was substantially responsible for the other home care provider's failure to substantially comply with sections 144A.43 to 144A.482; or if an owner that has ceased doing business, either individually or as an owner of a home care provider, was issued a correction order for failing to assist clients in violation of this chapter.

Sec. 13. Minnesota Statutes 2018, section 144A.479, subdivision 7, is amended to read:

Subd. 7. **Employee records.** The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information:

13.1 (1) evidence of current professional licensure, registration, or certification, if licensure,
13.2 registration, or certification is required by this statute or other rules;

13.3 (2) records of orientation, required annual training and infection control training, and
13.4 competency evaluations;

13.5 (3) current job description, including qualifications, responsibilities, and identification
13.6 of staff providing supervision;

13.7 (4) documentation of annual performance reviews which identify areas of improvement
13.8 needed and training needs;

13.9 (5) for individuals providing home care services, verification that ~~required~~ any health
13.10 screenings required by infection control programs established under section 144A.4798
13.11 have taken place and the dates of those screenings; and

13.12 (6) documentation of the background study as required under section 144.057.

13.13 Each employee record must be retained for at least three years after a paid employee, home
13.14 care volunteer, or contractor ceases to be employed by or under contract with the home care
13.15 provider. If a home care provider ceases operation, employee records must be maintained
13.16 for three years.

13.17 Sec. 14. Minnesota Statutes 2018, section 144A.4791, subdivision 1, is amended to read:

13.18 Subdivision 1. **Home care bill of rights; notification to client.** (a) The home care
13.19 provider shall provide the client or the client's representative a written notice of the rights
13.20 under section 144A.44 before the ~~initiation of~~ date that services are first provided to that
13.21 client. The provider shall make all reasonable efforts to provide notice of the rights to the
13.22 client or the client's representative in a language the client or client's representative can
13.23 understand.

13.24 (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision
13.25 1, the notice shall also contain the following statement describing how to file a complaint
13.26 with these offices.

13.27 "If you have a complaint about the provider or the person providing your home care
13.28 services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota
13.29 Department of Health. You may also contact the Office of Ombudsman for Long-Term
13.30 Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."

13.31 The statement should include the telephone number, website address, e-mail address,
13.32 mailing address, and street address of the Office of Health Facility Complaints at the

14.1 Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and
14.2 the Office of the Ombudsman for Mental Health and Developmental Disabilities. The
14.3 statement should also include the home care provider's name, address, e-mail, telephone
14.4 number, and name or title of the person at the provider to whom problems or complaints
14.5 may be directed. It must also include a statement that the home care provider will not retaliate
14.6 because of a complaint.

14.7 (c) The home care provider shall obtain written acknowledgment of the client's receipt
14.8 of the home care bill of rights or shall document why an acknowledgment cannot be obtained.
14.9 The acknowledgment may be obtained from the client or the client's representative.
14.10 Acknowledgment of receipt shall be retained in the client's record.

14.11 Sec. 15. Minnesota Statutes 2018, section 144A.4791, subdivision 3, is amended to read:

14.12 Subd. 3. **Statement of home care services.** Prior to the ~~initiation of~~ date that services
14.13 are first provided to the client, a home care provider must provide to the client or the client's
14.14 representative a written statement which identifies if the provider has a basic or
14.15 comprehensive home care license, the services the provider is authorized to provide, and
14.16 which services the provider cannot provide under the scope of the provider's license. The
14.17 home care provider shall obtain written acknowledgment from the clients that the provider
14.18 has provided the statement or must document why the provider could not obtain the
14.19 acknowledgment.

14.20 Sec. 16. Minnesota Statutes 2018, section 144A.4791, subdivision 6, is amended to read:

14.21 Subd. 6. **Initiation of services.** When a provider ~~initiates~~ provides home care services
14.22 ~~and to a client before the individualized review or assessment by a licensed health~~
14.23 professional or registered nurse as required in subdivisions 7 and 8 ~~has not been~~ is completed,
14.24 ~~the provider~~ licensed health professional or registered nurse must complete a temporary
14.25 ~~plan and agreement with the client for services~~ and orient staff assigned to deliver services
14.26 as identified in the temporary plan.

14.27 Sec. 17. Minnesota Statutes 2018, section 144A.4791, subdivision 7, is amended to read:

14.28 Subd. 7. **Basic individualized client review and monitoring.** (a) When services being
14.29 provided are basic home care services, an individualized initial review of the client's needs
14.30 and preferences must be conducted at the client's residence with the client or client's
14.31 representative. This initial review must be completed within 30 days after the ~~initiation of~~
14.32 ~~the~~ date that home care services are first provided.

15.1 (b) Client monitoring and review must be conducted as needed based on changes in the
15.2 needs of the client and cannot exceed 90 days from the date of the last review. The monitoring
15.3 and review may be conducted at the client's residence or through the utilization of
15.4 telecommunication methods based on practice standards that meet the individual client's
15.5 needs.

15.6 Sec. 18. Minnesota Statutes 2018, section 144A.4791, subdivision 8, is amended to read:

15.7 Subd. 8. **Comprehensive assessment, monitoring, and reassessment.** (a) When the
15.8 services being provided are comprehensive home care services, an individualized initial
15.9 assessment must be conducted in person by a registered nurse. When the services are provided
15.10 by other licensed health professionals, the assessment must be conducted by the appropriate
15.11 health professional. This initial assessment must be completed within five days after ~~initiation~~
15.12 of the date that home care services are first provided.

15.13 (b) Client monitoring and reassessment must be conducted in the client's home no more
15.14 than 14 days after ~~initiation of~~ the date that home care services are first provided.

15.15 (c) Ongoing client monitoring and reassessment must be conducted as needed based on
15.16 changes in the needs of the client and cannot exceed 90 days from the last date of the
15.17 assessment. The monitoring and reassessment may be conducted at the client's residence
15.18 or through the utilization of telecommunication methods based on practice standards that
15.19 meet the individual client's needs.

15.20 Sec. 19. Minnesota Statutes 2018, section 144A.4791, subdivision 9, is amended to read:

15.21 Subd. 9. **Service ~~plan~~ agreement, implementation, and revisions to service ~~plan~~**
15.22 **agreement.** (a) No later than 14 days after the ~~initiation of~~ date that home care services are
15.23 first provided, a home care provider shall finalize a current written service ~~plan~~ agreement.

15.24 (b) The service ~~plan~~ agreement and any revisions must include a signature or other
15.25 authentication by the home care provider and by the client or the client's representative
15.26 documenting agreement on the services to be provided. The service ~~plan~~ agreement must
15.27 be revised, if needed, based on client review or reassessment under subdivisions 7 and 8.
15.28 The provider must provide information to the client about changes to the provider's fee for
15.29 services and how to contact the Office of the Ombudsman for Long-Term Care.

15.30 (c) The home care provider must implement and provide all services required by the
15.31 current service ~~plan~~ agreement.

16.1 (d) The service ~~plan~~ agreement and revised service ~~plan~~ agreement must be entered into
16.2 the client's record, including notice of a change in a client's fees when applicable.

16.3 (e) Staff providing home care services must be informed of the current written service
16.4 ~~plan~~ agreement.

16.5 (f) The service ~~plan~~ agreement must include:

16.6 (1) a description of the home care services to be provided, the fees for services, and the
16.7 frequency of each service, according to the client's current review or assessment and client
16.8 preferences;

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

16.10 (3) the schedule and methods of monitoring reviews or assessments of the client;

16.11 (4) ~~the frequency of sessions of supervision of staff and type of personnel who will~~
16.12 ~~supervise staff; and~~ the schedule and methods of monitoring staff providing home care
16.13 services; and

16.14 (5) a contingency plan that includes:

16.15 (i) the action to be taken by the home care provider and by the client or client's
16.16 representative if the scheduled service cannot be provided;

16.17 (ii) information and a method for a client or client's representative to contact the home
16.18 care provider;

16.19 (iii) names and contact information of persons the client wishes to have notified in an
16.20 emergency or if there is a significant adverse change in the client's condition, ~~including~~
16.21 ~~identification of and information as to who has authority to sign for the client in an~~
16.22 ~~emergency; and~~

16.23 (iv) the circumstances in which emergency medical services are not to be summoned
16.24 consistent with chapters 145B and 145C, and declarations made by the client under those
16.25 chapters.

16.26 Sec. 20. Minnesota Statutes 2018, section 144A.4792, subdivision 1, is amended to read:

16.27 Subdivision 1. **Medication management services; comprehensive home care**
16.28 **license.** (a) This subdivision applies only to home care providers with a comprehensive
16.29 home care license that provide medication management services to clients. Medication
16.30 management services may not be provided by a home care provider who has a basic home
16.31 care license.

(b) A comprehensive home care provider who provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines.

(c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and client and client representative, if any; disposing of unused medications; and educating clients and client representatives about medications. When controlled substances are being managed, stored, and secured by the comprehensive home care provider, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 22.

Sec. 21. Minnesota Statutes 2018, section 144A.4792, subdivision 2, is amended to read:

Subd. 2. Provision of medication management services. (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.

(b) The assessment must:

(1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and

(2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications.

"Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.

18.1 Sec. 22. Minnesota Statutes 2018, section 144A.4792, subdivision 5, is amended to read:

18.2 Subd. 5. **Individualized medication management plan.** (a) For each client receiving
18.3 medication management services, the comprehensive home care provider must prepare and
18.4 include in the service ~~plan~~ agreement a written statement of the medication management
18.5 services that will be provided to the client. The provider must develop and maintain a current
18.6 individualized medication management record for each client based on the client's assessment
18.7 that must contain the following:

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

18.9 (2) a description of storage of medications based on the client's needs and preferences,
18.10 risk of diversion, and consistent with the manufacturer's directions;

18.11 (3) documentation of specific client instructions relating to the administration of
18.12 medications;

18.13 (4) identification of persons responsible for monitoring medication supplies and ensuring
18.14 that medication refills are ordered on a timely basis;

18.15 (5) identification of medication management tasks that may be delegated to unlicensed
18.16 personnel;

18.17 (6) procedures for staff notifying a registered nurse or appropriate licensed health
18.18 professional when a problem arises with medication management services; and

18.19 (7) any client-specific requirements relating to documenting medication administration,
18.20 verifications that all medications are administered as prescribed, and monitoring of
18.21 medication use to prevent possible complications or adverse reactions.

18.22 (b) The medication management record must be current and updated when there are any
18.23 changes.

18.24 (c) Medication reconciliation must be completed when a licensed nurse, licensed health
18.25 professional, or authorized prescriber is providing medication management.

18.26 Sec. 23. Minnesota Statutes 2018, section 144A.4792, subdivision 10, is amended to read:

18.27 Subd. 10. **Medication management for clients who will be away from home.** (a) A
18.28 home care provider who is providing medication management services to the client and
18.29 controls the client's access to the medications must develop and implement policies and
18.30 procedures for giving accurate and current medications to clients for planned or unplanned
18.31 times away from home according to the client's individualized medication management
18.32 plan. The policy and procedures must state that:

19.1 (1) for planned time away, the medications must be obtained from the pharmacy or set
19.2 up by ~~the registered~~ a licensed nurse according to appropriate state and federal laws and
19.3 nursing standards of practice;

19.4 (2) for unplanned time away, when the pharmacy is not able to provide the medications,
19.5 a licensed nurse or unlicensed personnel shall give the client or client's representative
19.6 medications in amounts and dosages needed for the length of the anticipated absence, not
19.7 to exceed ~~120 hours~~ seven calendar days;

19.8 (3) the client or client's representative must be provided written information on
19.9 medications, including any special instructions for administering or handling the medications,
19.10 including controlled substances;

19.11 (4) the medications must be placed in a medication container or containers appropriate
19.12 to the provider's medication system and must be labeled with the client's name and the dates
19.13 and times that the medications are scheduled; and

19.14 (5) the client or client's representative must be provided in writing the home care
19.15 provider's name and information on how to contact the home care provider.

19.16 (b) For unplanned time away when the licensed nurse is not available, the registered
19.17 nurse may delegate this task to unlicensed personnel if:

19.18 (1) the registered nurse has trained the unlicensed staff and determined the unlicensed
19.19 staff is competent to follow the procedures for giving medications to clients; and

19.20 (2) the registered nurse has developed written procedures for the unlicensed personnel,
19.21 including any special instructions or procedures regarding controlled substances that are
19.22 prescribed for the client. The procedures must address:

19.23 (i) the type of container or containers to be used for the medications appropriate to the
19.24 provider's medication system;

19.25 (ii) how the container or containers must be labeled;

19.26 (iii) the written information about the medications to be given to the client or client's
19.27 representative;

19.28 (iv) how the unlicensed staff must document in the client's record that medications have
19.29 been given to the client or the client's representative, including documenting the date the
19.30 medications were given to the client or the client's representative and who received the
19.31 medications, the person who gave the medications to the client, the number of medications
19.32 that were given to the client, and other required information;

20.1 (v) how the registered nurse shall be notified that medications have been given to the
20.2 client or client's representative and whether the registered nurse needs to be contacted before
20.3 the medications are given to the client or the client's representative; ~~and~~

20.4 (vi) a review by the registered nurse of the completion of this task to verify that this task
20.5 was completed accurately by the unlicensed personnel; and

20.6 (vii) how the unlicensed staff must document in the client's record any unused medications
20.7 that are returned to the provider, including the name of each medication and the doses of
20.8 each returned medication.

20.9 Sec. 24. Minnesota Statutes 2018, section 144A.4793, subdivision 6, is amended to read:

20.10 Subd. 6. **Treatment and therapy orders or prescriptions.** There must be an up-to-date
20.11 written or electronically recorded order ~~or prescription~~ from an authorized prescriber for
20.12 all treatments and therapies. The order must contain the name of the client, a description of
20.13 the treatment or therapy to be provided, and the frequency, duration, and other information
20.14 needed to administer the treatment or therapy. Treatment and therapy orders must be renewed
20.15 at least every 12 months.

20.16 Sec. 25. Minnesota Statutes 2018, section 144A.4796, subdivision 2, is amended to read:

20.17 Subd. 2. **Content.** (a) The orientation must contain the following topics:

20.18 (1) an overview of sections 144A.43 to 144A.4798;

20.19 (2) introduction and review of all the provider's policies and procedures related to the
20.20 provision of home care services by the individual staff person;

20.21 (3) handling of emergencies and use of emergency services;

20.22 (4) compliance with and reporting of the maltreatment of minors or vulnerable adults
20.23 under sections 626.556 and 626.557;

20.24 (5) home care bill of rights under section 144A.44;

20.25 (6) handling of clients' complaints, reporting of complaints, and where to report
20.26 complaints including information on the Office of Health Facility Complaints and the
20.27 Common Entry Point;

20.28 (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care,
20.29 Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care
20.30 Ombudsman at the Department of Human Services, county managed care advocates, or
20.31 other relevant advocacy services; and

21.1 (8) review of the types of home care services the employee will be providing and the
21.2 provider's scope of licensure.

21.3 (b) In addition to the topics listed in paragraph (a), orientation may also contain training
21.4 on providing services to clients with hearing loss. Any training on hearing loss provided
21.5 under this subdivision must be high quality and research-based, may include online training,
21.6 and must include training on one or more of the following topics:

21.7 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,
21.8 and challenges it poses to communication;

21.9 (2) health impacts related to untreated age-related hearing loss, such as increased
21.10 incidence of dementia, falls, hospitalizations, isolation, and depression; or

21.11 (3) information about strategies and technology that may enhance communication and
21.12 involvement, including communication strategies, assistive listening devices, hearing aids,
21.13 visual and tactile alerting devices, communication access in real time, and closed captions.

21.14 Sec. 26. Minnesota Statutes 2018, section 144A.4797, subdivision 3, is amended to read:

21.15 Subd. 3. **Supervision of staff providing delegated nursing or therapy home care**
21.16 **tasks.** (a) Staff who perform delegated nursing or therapy home care tasks must be supervised
21.17 by an appropriate licensed health professional or a registered nurse periodically where the
21.18 services are being provided to verify that the work is being performed competently and to
21.19 identify problems and solutions related to the staff person's ability to perform the tasks.
21.20 Supervision of staff performing medication or treatment administration shall be provided
21.21 by a registered nurse or appropriate licensed health professional and must include observation
21.22 of the staff administering the medication or treatment and the interaction with the client.

21.23 (b) The direct supervision of staff performing delegated tasks must be provided within
21.24 30 days after the date on which the individual begins working for the home care provider
21.25 and first performs delegated tasks for clients and thereafter as needed based on performance.
21.26 This requirement also applies to staff who have not performed delegated tasks for one year
21.27 or longer.

21.28 Sec. 27. Minnesota Statutes 2018, section 144A.4798, is amended to read:

21.29 **144A.4798 EMPLOYEE HEALTH STATUS DISEASE PREVENTION AND**
21.30 **INFECTION CONTROL.**

21.31 Subdivision 1. **Tuberculosis (TB) prevention and infection control.** (a) A home care
21.32 provider must establish and maintain a TB prevention and comprehensive tuberculosis

22.1 infection control program based on according to the most current tuberculosis infection
22.2 control guidelines issued by the United States Centers for Disease Control and Prevention
22.3 (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and
22.4 Mortality Weekly Report. Components of a TB prevention and control program include
22.5 screening all staff providing home care services, both paid and unpaid, at the time of hire
22.6 for active TB disease and latent TB infection, and developing and implementing a written
22.7 TB infection control plan. The commissioner shall make the most recent CDC standards
22.8 available to home care providers on the department's website. This program must include
22.9 a tuberculosis infection control plan that covers all paid and unpaid employees, contractors,
22.10 students, and volunteers. The commissioner shall provide technical assistance regarding
22.11 implementation of the guidelines.

22.12 (b) The home care provider must maintain written evidence of compliance with this
22.13 subdivision.

22.14 Subd. 2. **Communicable diseases.** A home care provider must follow current ~~federal~~
22.15 ~~or state guidelines~~ state requirements for prevention, control, and reporting of ~~human~~
22.16 ~~immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus, or other~~
22.17 communicable diseases as defined in Minnesota Rules, part parts 4605.7040, 4605.7044,
22.18 4605.7050, 4605.7075, 4605.7080, and 4605.7090.

22.19 Subd. 3. **Infection control program.** A home care provider must establish and maintain
22.20 an effective infection control program that complies with accepted health care, medical,
22.21 and nursing standards for infection control.

22.22 Sec. 28. Minnesota Statutes 2018, section 144A.4799, subdivision 1, is amended to read:

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

22.25 (1) three public members as defined in section 214.02 who shall be ~~either~~ persons who
22.26 are currently receiving home care services ~~or~~, persons who have received home care services
22.27 within five years of the application date, persons who have family members receiving home
22.28 care services, or persons who have family members who have received home care services
22.29 within five years of the application date;

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

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

23.1 (4) one member representing the Office of Ombudsman for Long-Term Care.

23.2 Sec. 29. Minnesota Statutes 2018, section 144A.4799, subdivision 3, is amended to read:

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

23.6 (1) community standards for home care practices;

23.7 (2) enforcement of licensing standards and whether certain disciplinary actions are
23.8 appropriate;

23.9 (3) ways of distributing information to licensees and consumers of home care;

23.10 (4) training standards;

23.11 (5) identifying emerging issues and opportunities in ~~the home care field, including and~~
23.12 assisted living;

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

23.14 ~~(6)~~ (7) allowable home care licensing modifications and exemptions, including a method
23.15 for an integrated license with an existing license for rural licensed nursing homes to provide
23.16 limited home care services in an adjacent independent living apartment building owned by
23.17 the licensed nursing home; and

23.18 ~~(7)~~ (8) recommendations for studies using the data in section 62U.04, subdivision 4,
23.19 including but not limited to studies concerning costs related to dementia and chronic disease
23.20 among an elderly population over 60 and additional long-term care costs, as described in
23.21 section 62U.10, subdivision 6.

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

23.23 (c) The advisory council shall annually review the balance of the account in the state
23.24 government special revenue fund described in section 144A.474, subdivision 11, paragraph
23.25 (i), and make annual recommendations by January 15 directly to the chairs and ranking
23.26 minority members of the legislative committees with jurisdiction over health and human
23.27 services regarding appropriations to the commissioner for the purposes in section 144A.474,
23.28 subdivision 11, paragraph (i).

24.1 Sec. 30. Minnesota Statutes 2018, section 144A.484, subdivision 1, is amended to read:

24.2 Subdivision 1. **Integrated licensing established.** ~~(a) From January 1, 2014, to June 30,~~
24.3 ~~2015, the commissioner of health shall enforce the home and community-based services~~
24.4 ~~standards under chapter 245D for those providers who also have a home care license pursuant~~
24.5 ~~to this chapter as required under Laws 2013, chapter 108, article 8, section 60, and article~~
24.6 ~~11, section 31. During this period, the commissioner shall provide technical assistance to~~
24.7 ~~achieve and maintain compliance with applicable law or rules governing the provision of~~
24.8 ~~home and community-based services, including complying with the service recipient rights~~
24.9 ~~notice in subdivision 4, clause (4). If during the survey, the commissioner finds that the~~
24.10 ~~licensee has failed to achieve compliance with an applicable law or rule under chapter 245D~~
24.11 ~~and this failure does not imminently endanger the health, safety, or rights of the persons~~
24.12 ~~served by the program, the commissioner may issue a licensing survey report with~~
24.13 ~~recommendations for achieving and maintaining compliance.~~

24.14 ~~(b) Beginning July 1, 2015,~~ A home care provider applicant or license holder may apply
24.15 to the commissioner of health for a home and community-based services designation for
24.16 the provision of basic support services identified under section 245D.03, subdivision 1,
24.17 paragraph (b). The designation allows the license holder to provide basic support services
24.18 that would otherwise require licensure under chapter 245D, under the license holder's home
24.19 care license governed by sections 144A.43 to ~~144A.481~~ 144A.4799.

24.20 Sec. 31. **REVISOR'S INSTRUCTIONS.**

24.21 (a) The revisor of statutes shall change the terms "service plan or service agreement"
24.22 and "service agreement or service plan" to "service agreement" in the following sections of
24.23 Minnesota Statutes: sections 144A.442; 144D.045; 144G.03, subdivision 4, paragraph (c);
24.24 and 144G.04.

24.25 (b) The revisor of statutes shall change the term "service plan" to "service agreement"
24.26 and the term "service plans" to "service agreements" in the following sections of Minnesota
24.27 Statutes: sections 144A.44; 144A.45; 144A.475; 144A.4791; 144A.4792; 144A.4793;
24.28 144A.4794; 144D.04; and 144G.03, subdivision 4, paragraph (a).

24.29 Sec. 32. **REPEALER.**

24.30 Minnesota Statutes 2018, sections 144A.45, subdivision 6; and 144A.481, are repealed.

144A.45 REGULATION OF HOME CARE SERVICES.

Subd. 6. **Home care providers; tuberculosis prevention and control.** (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality Weekly Report (MMWR). This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The Department of Health shall provide technical assistance regarding implementation of the guidelines.

(b) Written compliance with this subdivision must be maintained by the home care provider.

144A.481 HOME CARE LICENSING IMPLEMENTATION FOR NEW LICENSEES AND TRANSITION PERIOD FOR CURRENT LICENSEES.

Subdivision 1. **Temporary home care licenses and changes of ownership.** (a) Beginning January 1, 2014, all temporary license applicants must apply for either a temporary basic or comprehensive home care license.

(b) Temporary home care licenses issued beginning January 1, 2014, shall be issued according to sections 144A.43 to 144A.4798, and the fees in section 144A.472. Temporary licensees must comply with the requirements of this chapter.

(c) No temporary license applications will be accepted nor temporary licenses issued between December 1, 2013, and December 31, 2013.

(d) Beginning October 1, 2013, changes in ownership applications will require payment of the new fees listed in section 144A.472. Providers who are providing nursing, delegated nursing, or professional health care services, must submit the fee for comprehensive home care providers, and all other providers must submit the fee for basic home care providers as provided in section 144A.472. Change of ownership applicants will be issued a new home care license based on the licensure law in effect on June 30, 2013.

Subd. 2. **Current home care licensees with licenses as of December 31, 2013.** (a) Beginning July 1, 2014, department licensed home care providers must apply for either the basic or comprehensive home care license on their regularly scheduled renewal date.

(b) By June 30, 2015, all home care providers must either have a basic or comprehensive home care license or temporary license.

Subd. 3. **Renewal application of home care licensure during transition period.** (a) Renewal and change of ownership applications of home care licenses issued beginning July 1, 2014, will be issued according to sections 144A.43 to 144A.4798 and, upon license renewal or issuance of a new license for a change of ownership, providers must comply with sections 144A.43 to 144A.4798. Prior to renewal, providers must comply with the home care licensure law in effect on June 30, 2013.

(b) The fees charged for licenses renewed between July 1, 2014, and June 30, 2016, shall be the lesser of 200 percent or \$1,000, except where the 200 percent or \$1,000 increase exceeds the actual renewal fee charged, with a maximum renewal fee of \$6,625.

(c) For fiscal year 2014 only, the fees for providers with revenues greater than \$25,000 and no more than \$100,000 will be \$313 and for providers with revenues no more than \$25,000 the fee will be \$125.