Section 1. Minnesota Statutes 2022, section 144A.20, subdivision 4, is amended to read:

Subd. 4. Assisted living director qualifications; ongoing training. (a) The Board of Executives for Long Term Services and Supports may issue licenses to qualified persons as an assisted living director and shall approve training and examinations. No license shall be issued to a person as an assisted living director unless that person:

1. is eligible for licensure;
2. has applied for licensure under this subdivision within six months of hire as an assisted living director; and
3. has satisfactorily met standards set by the board or is scheduled to complete the training in paragraph (b) within one year of hire. The standards shall be designed to assure that assisted living directors are individuals who, by training or experience, are qualified to serve as assisted living directors.

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

1. have completed an approved training course and passed an examination approved by the board that is designed to test for competence and that includes assisted living facility laws in Minnesota; or
2. (i) currently be licensed in the state of Minnesota as a nursing home administrator or have been validated as a qualified health services executive by the National Association of Long Term Care Administrator Boards; and
   (ii) have core knowledge of assisted living facility laws; or
3. apply for licensure by July 1, 2021, and satisfy one of the following:
   (i) have a higher education degree in nursing, social services, or mental health, or another professional degree with training specific to management and regulatory compliance;
   (ii) have at least three years of supervisory, management, or operational experience and higher education training applicable to an assisted living facility;
   (iii) have completed at least 1,000 hours of an executive in training program provided by an assisted living director licensed under this subdivision or
   (iv) have managed a housing with services establishment operating under assisted living title protection for at least three years.
4. (a) An assisted living director must receive at least 30 hours of training every two years on topics relevant to the operation of an assisted living facility and the needs of its residents. An assisted living director must maintain records of the
Sec. 2. Minnesota Statutes 2022, section 144G.30, subdivision 5, is amended to read:

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

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

(c) By the correction order date, the facility must:

(1) document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed; and

(2) post or otherwise make available, in a manner or location readily accessible to residents and others, the most recent plan of correction documenting the actions taken by the facility to comply with the correction order.

(d) After the plan of correction is posted or otherwise made available under paragraph (c), clause (2), the facility must provide a copy of the facility's most recent plan of correction to any individual who requests it. A copy of the most recent plan of correction must be provided within 30 days after the request and in a format determined by the facility, except the facility must make reasonable accommodations in providing the plan of correction in another format upon request.

EFFECTIVE DATE. This section is effective August 1, 2024, and applies to correction orders issued on or after that date.

Subd. 7e. Long-term care options counseling for assisted living at critical care transitions. (a) The purpose of long-term care options counseling for assisted living is to support persons with current or anticipated long-term care needs in making informed choices among options that include the most cost-effective and least restrictive settings.
residents maintain the right to choose assisted living if that option is their preference. Reaching people before a crisis and during care transitions is important to ensure quality of care and life, prevent unnecessary hospitalizations and readmissions, reduce the burden on the health care system, reduce costs, and support personal preferences.

(b) Licensed assisted living facilities shall inform each prospective resident or the prospective resident's designated or legal representative of the availability of long-term care options counseling for assisted living and the need to receive and verify the counseling prior to signing a contract. Long-term care options counseling for assisted living is provided as determined by the commissioner of human services. The service is delivered under a partnership between land agencies as defined in subdivision 10, paragraph (a), and the Area Agencies on Aging, and is a point of entry to a combination of telephone-based long-term care options counseling provided by Senior LinkAge Line and in-person long-term care consultation provided by lead agencies. The point of entry service must be provided within five working days of the request of the prospective resident as follows:

1. Counseling must be delivered by Senior LinkAge Line either by telephone or in person. Counseling must:
   a. be performed in a manner that provides objective and complete information; and
   b. include a review of the prospective resident's personal goals, discussion of the prospective resident's immediate and projected long-term care needs, and alternative community services or settings that may meet the prospective resident's needs; and
   c. must inform each prospective resident or the prospective resident's designated or legal representative of the availability of and contact information for long-term care options counseling provided by Senior LinkAge Line upon completion of the telephone-based counseling.

2. Counseling and referral protocols in subdivision 7, paragraph (b), clauses (11) to (13).

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counseling services under this subdivision by providing Senior LinkAge Line information
at the facility tour.

(2) receive a copy of the verification of counseling prior to executing a contract with
the prospective resident; and

(3) retain a copy of the verification of counseling as part of the resident's file.

(d) Emergency admissions to licensed assisted living facilities prior to consultation under
paragraph (b) are permitted according to policies established by the commissioner. Prior to
discharge, hospitals must refer older adults who are at risk of nursing home placement to
the Senior LinkAge Line for long-term care options counseling. Hospitals must make these
referrals using referral protocols and processes developed under subdivision 7.

EFFECTIVE DATE. This section is effective August 1, 2024.

Sec. 4. Minnesota Statutes 2022, section 256B.69, is amended by adding a subdivision to
read:

Subd. 6h. Continuity of care for seniors receiving personal assistance. (a) If an
individual 65 years of age or older is receiving personal assistance from the same agency
continuously during the six months prior to being newly enrolled with any managed care
or county-based purchasing plan, the managed care plan or county-based purchasing plan
with which the individual is newly enrolled must offer the agency a contract for the purposes
of allowing the enrollee to receive any personal assistance covered under the terms of the
plan from the enrollee's current agency, provided the enrollee continues to live in the service
area of the enrollee's current agency.

(b) This subdivision applies only if the enrollee's current agency agrees to accept as
payment in full the managed care plan's or county-based purchasing plan's in-network
reimbursement rate for the same covered service at the time the service is provided, and
agrees to enter into a managed care plan's or county-based purchasing plan's contract for
personal assistance.

(For the purposes of this subdivision, "agency" means any of the following:

(1) an agency provider as described in section 256B.85;

(2) a financial management services provider for an enrollee who directly employs direct
care staff through the community first services and supports budget model or through the
consumer-directed community supports option available under the elderly waiver; or

(3) a personal care assistance provider agency as defined under section 256B.0659,
subdivision 1, paragraph (i).

Subd. 6h. Continuity of care for seniors receiving personal assistance. (a) If an
individual 65 years of age or older is receiving personal assistance from the same agency
continuously during the six months prior to being newly enrolled with any managed care
or county-based purchasing plan, the managed care plan or county-based purchasing plan
with which the individual is newly enrolled must offer the agency a contract for the purposes
of allowing the enrollee to receive any personal assistance covered under the terms of the plan
from the enrollee's current agency, provided the enrollee continues to live in the service
area of the enrollee's current agency.

(b) This subdivision applies only if the enrollee's current agency agrees to accept as
payment in full the managed care plan's or county-based purchasing plan's in-network
reimbursement rate for the same covered service at the time the service is provided, and
agrees to enter into a managed care plan's or county-based purchasing plan's contract for
personal assistance of like kind.

(For the purposes of this subdivision, the following terms have the meanings given:

(i) "agency" means any of the following:

(ii) an agency provider as described in section 256B.85, subdivision 2, paragraph (c);

(iii) a financial management services provider for an enrollee who directly employs
direct care staff through the community first services and supports budget model or through
the consumer-directed community supports option available under the elderly waiver; and

(For the purposes of this subdivision, "agency" means any of the following:

(i) a personal care assistance provider agency as defined under section 256B.0659,
subdivision 1, paragraph (i).

Subd. 6h. Continuity of care for seniors receiving personal assistance. (a) If an
individual 65 years of age or older is receiving personal assistance from the same agency
continuously during the six months prior to being newly enrolled with any managed care
or county-based purchasing plan, the managed care plan or county-based purchasing plan
with which the individual is newly enrolled must offer the agency a contract for the purposes
of allowing the enrollee to receive any personal assistance covered under the terms of the
plan from the enrollee's current agency, provided the enrollee continues to live in the service
area of the enrollee's current agency.

(b) This subdivision applies only if the enrollee's current agency agrees to accept as
payment in full the managed care plan's or county-based purchasing plan's in-network
reimbursement rate for the same covered service at the time the service is provided, and
agrees to enter into a managed care plan's or county-based purchasing plan's contract for
personal assistance.

(For the purposes of this subdivision, "agency" means any of the following:

(i) an agency provider as described in section 256B.85;

(ii) an agency provider as described in section 256B.85, subdivision 2, paragraph (c);

(iii) a financial management services provider for an enrollee who directly employs
direct care staff through the community first services and supports budget model or through
the consumer-directed community supports option available under the elderly waiver; and

(For the purposes of this subdivision, "agency" means any of the following:

(i) a personal care assistance provider agency as defined under section 256B.0659,
subdivision 1, paragraph (i).

Subd. 6h. Continuity of care for seniors receiving personal assistance. (a) If an
individual 65 years of age or older is receiving personal assistance from the same agency
continuously during the six months prior to being newly enrolled with any managed care
or county-based purchasing plan, the managed care plan or county-based purchasing plan
with which the individual is newly enrolled must offer the agency a contract for the purposes
of allowing the enrollee to receive any personal assistance covered under the terms of the plan
from the enrollee's current agency, provided the enrollee continues to live in the service
area of the enrollee's current agency.

(b) This subdivision applies only if the enrollee's current agency agrees to accept as
payment in full the managed care plan's or county-based purchasing plan's in-network
reimbursement rate for the same covered service at the time the service is provided, and
agrees to enter into a managed care plan's or county-based purchasing plan's contract for
personal assistance.

(For the purposes of this subdivision, "agency" means any of the following:

(i) an agency provider as described in section 256B.85;

(ii) an agency provider as described in section 256B.85, subdivision 2, paragraph (c);

(iii) a financial management services provider for an enrollee who directly employs
direct care staff through the community first services and supports budget model or through
the consumer-directed community supports option available under the elderly waiver; and

(For the purposes of this subdivision, "agency" means any of the following:

(i) a personal care assistance provider agency as defined under section 256B.0659,
subdivision 1, paragraph (i).

Subd. 6h. Continuity of care for seniors receiving personal assistance. (a) If an
individual 65 years of age or older is receiving personal assistance from the same agency
continuously during the six months prior to being newly enrolled with any managed care
or county-based purchasing plan, the managed care plan or county-based purchasing plan
with which the individual is newly enrolled must offer the agency a contract for the purposes
of allowing the enrollee to receive any personal assistance covered under the terms of the plan
from the enrollee's current agency, provided the enrollee continues to live in the service
area of the enrollee's current agency.

(b) This subdivision applies only if the enrollee's current agency agrees to accept as
payment in full the managed care plan's or county-based purchasing plan's in-network
reimbursement rate for the same covered service at the time the service is provided, and
agrees to enter into a managed care plan's or county-based purchasing plan's contract for
personal assistance.

(For the purposes of this subdivision, "agency" means any of the following:

(i) an agency provider as described in section 256B.85;

(ii) an agency provider as described in section 256B.85, subdivision 2, paragraph (c);

(iii) a financial management services provider for an enrollee who directly employs
direct care staff through the community first services and supports budget model or through
the consumer-directed community supports option available under the elderly waiver; and

(For the purposes of this subdivision, "agency" means any of the following:

(i) a personal care assistance provider agency as defined under section 256B.0659,
(2) For the purposes of this subdivision, "personal assistance" means any of the following:

(1) community first services and supports, extended community first services and supports, or enhanced rate community first services and supports under section 256B.55;

(2) personal assistance provided through the consumer-directed community supports option available under the elderly waiver; or

(3) personal care assistance services, extended personal care assistance services, or enhanced rate personal care assistance services under section 256B.0659;

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 3. Minnesota Statutes 2022, section 256R.08, subdivision 1, is amended to read:

Subdivision 1. Reporting of financial statements. (a) No later than February 1 of each year, a nursing facility must:

(1) provide the state agency with a copy of its audited financial statements or its working trial balance;

(2) provide the state agency with a copy of its audited financial statements for each year an audit is conducted;

(3) provide the state agency with a statement of ownership for the facility;

(4) provide the state agency with separate, audited financial statements or working trial balances for every other facility owned in whole or in part by an individual or entity that has an ownership interest in the facility;

(5) provide the state agency with information regarding whether the licensee or a general partner, director, or officer of the licensee controls or has an ownership interest of five percent or more in a related organization that provides any services, facilities, or supplies to the nursing facility;

(6) upon request, provide the state agency with separate, audited financial statements or working trial balances for every organization with which the facility conducts business and which is owned in whole or in part by an individual or entity which has an ownership interest in the facility;

(7) provide the state agency with copies of leases, purchase agreements, and other documents related to the lease or purchase of the nursing facility; and

(8) upon request, provide the state agency with copies of leases, purchase agreements, and other documents related to the acquisition of equipment, goods, and services which are claimed as allowable costs.

If the licensee or the general partner, director, or officer of the licensee controls or has an interest as described in paragraph (a), clause (5), the licensee must disclose all services.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 5. Minnesota Statutes 2022, section 256R.08, subdivision 1, is amended to read:

Subdivision 1. Reporting of financial statements. (a) No later than February 1 of each year, a nursing facility must:

(1) provide the state agency with a copy of its audited financial statements or its working trial balance;

(2) provide the state agency with a copy of its audited financial statements for each year an audit is conducted;

(3) provide the state agency with a statement of ownership for the facility;

(4) provide the state agency with separate, audited financial statements or working trial balances for every other facility owned in whole or in part by an individual or entity that has an ownership interest in the facility;

(5) provide the state agency with information regarding whether the licensee or a general partner, director, or officer of the licensee controls or has an ownership interest of five percent or more in a related organization that provides any services, facilities, or supplies to the nursing facility;

(6) upon request, provide the state agency with separate, audited financial statements or working trial balances for every organization with which the facility conducts business and which is owned in whole or in part by an individual or entity which has an ownership interest in the facility;

(7) provide the state agency with copies of leases, purchase agreements, and other documents related to the lease or purchase of the nursing facility; and

(8) upon request, provide the state agency with copies of leases, purchase agreements, and other documents related to the acquisition of equipment, goods, and services which are claimed as allowable costs.

If the licensee or the general partner, director, or officer of the licensee controls or has an interest as described in paragraph (a), clause (5), the licensee must disclose all services.
facilities, or supplies provided to the nursing facility; the number of individuals who provide
services, facilities, or supplies at the nursing facility; and any other information requested
by the state agency.

(4c) Audited financial statements submitted under paragraphs (a) and (b)
must include a balance sheet, income statement, statement of the rate or rates charged to
private paying residents, statement of retained earnings, statement of cash flows, notes to
the financial statements, audited applicable supplemental information, and the public
accountant's report. Public accountants must conduct audits in accordance with chapter
326A. The cost of an audit must not be an allowable cost unless the nursing facility submits
its audited financial statements in the manner otherwise specified in this subdivision. A
nursing facility must permit access by the state agency to the public accountant's audit work
papers that support the audited financial statements submitted under paragraphs
(a) and (b).

(4d) Documents or information provided to the state agency pursuant to this subdivision
must be public unless prohibited by the Health Insurance Portability and Accountability
Act or any other federal or state regulation. Data, notes, and preliminary drafts of reports
created, collected, and maintained by the audit offices of government entities, or persons
performing audits for government entities, and relating to an audit or investigation are
confidential data on individuals or protected nonpublic data until the final report has been
published or the audit or investigation is no longer being pursued actively, except that the
data must be disclosed as required to comply with section 6.67 or 609.456.

(4e) If the requirements of paragraphs (a) and (b), and (c) are not met, the
reimbursement rate may be reduced to 80 percent of the rate in effect on the first day of the
fourth calendar month after the close of the reporting period and the reduction must continue
until the requirements are met.

(f) Licensees must provide the information required in this section to the commissioner
in a manner prescribed by the commissioner.

For purposes of this section, "related organization" and "control" have the meanings
given in section 256R.02, subdivision 43.

EFFECTIVE DATE. This section is effective August 1, 2024.

Sec. 6. Minnesota Statutes 2022, section 256R.08, is amended by adding a subdivision to read:

Subd. 5. Notice of costs associated with leases, rent, and use of land or other real
property by nursing homes. (a) Nursing homes must annually report to the commissioner,
in a manner determined by the commissioner, their cost associated with leases, rent, and
use of land or other real property and any other related information requested by the state
agency.

facilities, or supplies provided to the nursing facility; the number of individuals who provide
services, facilities, or supplies at the nursing facility; and any other information requested
by the state agency.

(4c) Audited financial statements submitted under paragraphs (a) and (b)
must include a balance sheet, income statement, statement of the rate or rates charged to
private paying residents, statement of retained earnings, statement of cash flows, notes to
the financial statements, audited applicable supplemental information, and the public
accountant's report. Public accountants must conduct audits in accordance with chapter
326A. The cost of an audit must not be an allowable cost unless the nursing facility submits
its audited financial statements in the manner otherwise specified in this subdivision. A
nursing facility must permit access by the state agency to the public accountant's audit work
papers that support the audited financial statements submitted under paragraphs
(a) and (b).

(4d) Documents or information provided to the state agency pursuant to this subdivision
must be public unless prohibited by the Health Insurance Portability and Accountability
Act or any other federal or state regulation. Data, notes, and preliminary drafts of reports
created, collected, and maintained by the audit offices of government entities, or persons
performing audits for government entities, and relating to an audit or investigation are
confidential data on individuals or protected nonpublic data until the final report has been
published or the audit or investigation is no longer being pursued actively, except that the
data must be disclosed as required to comply with section 6.67 or 609.456.

(4e) If the requirements of paragraphs (a) and (b), and (c) are not met, the
reimbursement rate may be reduced to 80 percent of the rate in effect on the first day of the
fourth calendar month after the close of the reporting period and the reduction must continue
until the requirements are met.

(f) Licensees must provide the information required in this section to the commissioner
in a manner prescribed by the commissioner.

For purposes of this section, "related organization" and "control" have the meanings
given in section 256R.02, subdivision 43.

EFFECTIVE DATE. This section is effective August 1, 2024.

Sec. 6. Minnesota Statutes 2022, section 256R.08, is amended by adding a subdivision to read:

Subd. 5. Notice of costs associated with leases, rent, and use of land or other real
property by nursing homes. (a) Nursing homes must annually report to the commissioner,
in a manner determined by the commissioner, their cost associated with leases, rent, and
use of land or other real property and any other related information requested by the state
agency.
(b) A nursing facility that violates this subdivision is subject to the penalties and procedures under section 256R.04, subdivision 7.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 7. Minnesota Statutes 2022, section 256S.205, subdivision 5, is amended to read:

Subd. 5. **Rate adjustment; rate floor.** (a) Notwithstanding the 24-hour customized living monthly service rate limits under section 256S.202, subdivision 2, and the component service rates established under section 256S.201, subdivision 4, the commissioner must establish a rate floor equal to $119 per resident per day for 24-hour customized living services provided to an elderly waiver participant in a designated disproportionate share facility.

(b) The commissioner must apply the rate floor to the services described in paragraph (a) provided during the rate year.

(c) The commissioner must adjust the rate floor by the same amount and at the same time as any adjustment to the 24-hour customized living monthly service rate limits under section 256S.202, subdivision 2.

(d) The commissioner shall not implement the rate floor under this section if the customized living rates established under sections 256S.21 to 256S.215 will be implemented at 100 percent on January 1 of the year following an application year.

Sec. 8. Minnesota Statutes 2022, section 256S.205, is amended by adding a subdivision to read:

Subd. 7. **Expiration.** This section expires on the first December 31 that occurs at least 23 months following the effective date of the repeal, expiration, or removal of all rate phase-in provisions in section 256S.2101. The commissioner of human services shall inform the revisor of statutes when this section expires.

Sec. 9. **REPEALER.**

(a) Minnesota Statutes 2022, section 256.975, subdivisions 7f and 7g, are repealed.

(b) Minnesota Statutes 2022, section 256R.18, is repealed.

**EFFECTIVE DATE.** Paragraph (a) is effective August 1, 2024. Paragraph (b) is effective July 1, 2024.

Sec. 5. **REPEALER.**

(a) Minnesota Statutes 2022, section 256.975, subdivisions 7f and 7g, are repealed.

(b) Minnesota Statutes 2022, section 256R.18, is repealed.

**EFFECTIVE DATE.** Paragraph (a) is effective August 1, 2024. Paragraph (b) is effective July 1, 2024.