

45.16

ARTICLE 3

45.17

AGING SERVICES

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

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

45.23 (1) is eligible for licensure;

45.24 (2) has applied for licensure under this subdivision within ~~six months~~ 30 days of hire as
45.25 an assisted living director; and

45.26 (3) has satisfactorily met standards set by the board ~~or is scheduled to complete the~~
45.27 training in paragraph (b) within one year of hire. The standards shall be designed to assure
45.28 that assisted living directors are individuals who, by training or experience, are qualified to
45.29 serve as assisted living directors.

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

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

46.4 (2)(i) currently be licensed in the state of Minnesota as a nursing home administrator or
46.5 have been validated as a qualified health services executive by the National Association of
46.6 Long Term Care Administrator Boards; and

46.7 (ii) have core knowledge of assisted living facility laws; ~~or.~~

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

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

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

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

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

46.17 (c) An assisted living director must receive at least 30 hours of training continuing
46.18 education every two years on topics relevant to the operation of an assisted living facility
46.19 and the needs of its residents. An assisted living director must maintain records of the

41.7

ARTICLE 4

41.8

AGING SERVICES

46.20 training required by this paragraph for at least the most recent three-year period and must
46.21 provide these records to Department of Health surveyors upon request. Continuing education
46.22 earned to maintain another professional license, such as a nursing home administrator license,
46.23 nursing license, social worker license, mental health professional license, or real estate
46.24 license, may be used to satisfy this requirement when the continuing education is relevant
46.25 to the assisted living services offered and residents served at the assisted living facility.

46.26 Sec. 2. Minnesota Statutes 2022, section 144G.30, subdivision 5, is amended to read:

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

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

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

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

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

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

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

47.22 Sec. 3. Minnesota Statutes 2022, section 256.975, subdivision 7e, is amended to read:

47.23 Subd. 7e. **Long-term care options counseling for assisted living at critical care**
47.24 **transitions.** (a) The purpose of long-term care options counseling for assisted living is to
47.25 support persons with current or anticipated long-term care needs in making informed choices
47.26 among options that include the most cost-effective and least restrictive settings. ~~Prospective~~

41.9 Section 1. Minnesota Statutes 2022, section 256.975, subdivision 7e, is amended to read:

41.10 Subd. 7e. **Long-term care options counseling for assisted living at critical care**
41.11 **transitions.** (a) The purpose of long-term care options counseling for assisted living is to
41.12 support persons with current or anticipated long-term care needs in making informed choices
41.13 among options that include the most cost-effective and least restrictive settings. ~~Prospective~~

47.27 residents maintain the right to choose assisted living if that option is their preference.
47.28 Reaching people before a crisis and during care transitions is important to ensure quality
47.29 of care and life, prevent unnecessary hospitalizations and readmissions, reduce the burden
47.30 on the health care system, reduce costs, and support personal preferences.

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

48.9 (1) the counseling shall be conducted with the prospective resident, or in the alternative,
48.10 the resident's designated or legal representative, if:

48.11 (i) the resident verbally requests; or

48.12 (ii) the assisted living facility has documentation of the designated or legal representative's
48.13 authority to enter into a lease or contract on behalf of the prospective resident and accepts
48.14 the documentation in good faith;

48.15 (2) the counseling shall (1) be performed in a manner that provides objective and complete
48.16 information;

48.17 (3) the counseling must (2) include a review of the prospective resident's reasons for
48.18 considering assisted living services, the prospective resident's person's personal goals, a
48.19 discussion of the prospective resident's person's immediate and projected long-term care
48.20 needs, and alternative community services or settings that may meet the prospective resident's
48.21 person's needs; and

48.22 (4) the prospective resident must be informed of the availability of an in-person visit
48.23 from a long-term care consultation team member at no charge to the prospective resident
48.24 to assist the prospective resident in assessment and planning to meet the prospective resident's
48.25 long-term care needs; and

48.26 (5) verification of counseling shall be generated and provided to the prospective resident
48.27 by Senior LinkAge Line upon completion of the telephone-based counseling (3) include
48.28 the counseling and referral protocols in subdivision 7, paragraph (b), clauses (11) to (13).

48.29 (c) An assisted living facility licensed under chapter 144G shall:

48.30 (1) must inform each prospective resident or the prospective resident's designated or
48.31 legal representative of the availability of and contact information for long-term care options

41.14 residents maintain the right to choose assisted living if that option is their preference.
41.15 Reaching people before a crisis and during care transitions is important to ensure quality
41.16 of care and life, prevent unnecessary hospitalizations and readmissions, reduce the burden
41.17 on the health care system, reduce costs, and support personal preferences.

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

41.29 (1) the counseling shall be conducted with the prospective resident, or in the alternative,
41.30 the resident's designated or legal representative, if:

41.31 (i) the resident verbally requests; or

42.1 (ii) the assisted living facility has documentation of the designated or legal representative's
42.2 authority to enter into a lease or contract on behalf of the prospective resident and accepts
42.3 the documentation in good faith;

42.4 (2) the counseling shall (1) be performed in a manner that provides objective and complete
42.5 information;

42.6 (3) the counseling must (2) include a review of the prospective resident's reasons for
42.7 considering assisted living services, the prospective resident's person's personal goals, a
42.8 discussion of the prospective resident's person's immediate and projected long-term care
42.9 needs, and alternative community services or settings that may meet the prospective resident's
42.10 person's needs; and

42.11 (4) the prospective resident must be informed of the availability of an in-person visit
42.12 from a long-term care consultation team member at no charge to the prospective resident
42.13 to assist the prospective resident in assessment and planning to meet the prospective resident's
42.14 long-term care needs; and

42.15 (5) verification of counseling shall be generated and provided to the prospective resident
42.16 by Senior LinkAge Line upon completion of the telephone-based counseling (3) include
42.17 the counseling and referral protocols in subdivision 7, paragraph (b), clauses (11) to (13).

42.18 (c) An assisted living facility licensed under chapter 144G shall:

42.19 (1) must inform each prospective resident or the prospective resident's designated or
42.20 legal representative of the availability of and contact information for long-term care options

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

43.1 Sec. 2. Minnesota Statutes 2022, section 256B.69, is amended by adding a subdivision to
43.2 read:

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

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

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

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

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

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

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

49.32 (d) For the purposes of this subdivision, "personal assistance" means any of the following:

50.1 (1) community first services and supports, extended community first services and

50.2 supports, or enhanced rate community first services and supports under section 256B.85;

50.3 (2) personal assistance provided through the consumer-directed community supports

50.4 option available under the elderly waiver; or

50.5 (3) personal care assistance services, extended personal care assistance services, or

50.6 enhanced rate personal care assistance services under section 256B.0659;

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

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

50.9 Subdivision 1. **Reporting of financial statements.** (a) No later than February 1 of each

50.10 year, a nursing facility must:

50.11 (1) provide the state agency with a copy of its ~~audited financial statements or its~~ working

50.12 trial balance;

50.13 (2) provide the state agency with a copy of its audited financial statements for each year

50.14 an audit is conducted;

50.15 ~~(3)~~ (3) provide the state agency with a statement of ownership for the facility;

50.16 ~~(4)~~ (4) provide the state agency with separate, audited financial statements ~~or and~~ working

50.17 trial balances for every other facility owned in whole or in part by an individual or entity

50.18 that has an ownership interest in the facility;

50.19 (5) provide the state agency with information regarding whether the licensee or a general

50.20 partner, director, or officer of the licensee controls or has an ownership interest of five

50.21 percent or more in a related organization that provides any services, facilities, or supplies

50.22 to the nursing facility;

50.23 ~~(6)~~ (6) upon request, provide the state agency with separate, audited financial statements

50.24 ~~or and~~ working trial balances for every organization with which the facility conducts business

50.25 and which is owned in whole or in part by an individual or entity which has an ownership

50.26 interest in the facility;

50.27 ~~(7)~~ (7) provide the state agency with copies of leases, purchase agreements, and other

50.28 documents related to the lease or purchase of the nursing facility; and

50.29 ~~(8)~~ (8) upon request, provide the state agency with copies of leases, purchase agreements,

50.30 and other documents related to the acquisition of equipment, goods, and services which are

50.31 claimed as allowable costs.

51.1 (b) If the licensee or the general partner, director, or officer of the licensee controls or

51.2 has an interest as described in paragraph (a), clause (5), the licensee must disclose all services,

43.20 (2) "personal assistance" means any of the following:

43.23 (ii) community first services and supports, extended community first services and

43.24 supports, or enhanced rate community first services and supports under section 256B.85;

43.25 ~~or~~

43.26 (iii) personal assistance provided through the consumer-directed community supports

43.27 option available under the elderly waiver;

43.21 (i) personal care assistance services, extended personal care assistance services, or

43.22 enhanced rate personal care assistance services under section 256B.0659;

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

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

44.3 Subdivision 1. **Reporting of financial statements.** (a) No later than February 1 of each

44.4 year, a nursing facility must:

44.5 (1) provide the state agency with a copy of its ~~audited financial statements or its~~ working

44.6 trial balance;

44.7 (2) provide the state agency with a copy of its audited financial statements for each year

44.8 an audit is conducted;

44.9 ~~(3)~~ (3) provide the state agency with a statement of ownership for the facility;

44.10 ~~(4)~~ (4) provide the state agency with separate, audited financial statements ~~or and~~ working

44.11 trial balances for every other facility owned in whole or in part by an individual or entity

44.12 that has an ownership interest in the facility;

44.13 (5) provide the state agency with information regarding whether the licensee or a general

44.14 partner, director, or officer of the licensee controls or has an ownership interest of five

44.15 percent or more in a related organization that provides any services, facilities, or supplies

44.16 to the nursing facility;

44.17 ~~(6)~~ (6) upon request, provide the state agency with separate, audited financial statements

44.18 ~~or and~~ working trial balances for every organization with which the facility conducts business

44.19 and which is owned in whole or in part by an individual or entity which has an ownership

44.20 interest in the facility;

44.21 ~~(7)~~ (7) provide the state agency with copies of leases, purchase agreements, and other

44.22 documents related to the lease or purchase of the nursing facility; and

44.23 ~~(8)~~ (8) upon request, provide the state agency with copies of leases, purchase agreements,

44.24 and other documents related to the acquisition of equipment, goods, and services which are

44.25 claimed as allowable costs.

44.26 (b) If the licensee or the general partner, director, or officer of the licensee controls or

44.27 has an interest as described in paragraph (a), clause (5), the licensee must disclose all services,

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

51.6 ~~(b)~~ (c) Audited financial statements submitted under ~~paragraph~~ paragraphs (a) and (b)
51.7 must include a balance sheet, income statement, statement of the rate or rates charged to
51.8 private paying residents, statement of retained earnings, statement of cash flows, notes to
51.9 the financial statements, audited applicable supplemental information, and the public
51.10 accountant's report. Public accountants must conduct audits in accordance with chapter
51.11 326A. The cost of an audit must not be an allowable cost unless the nursing facility submits
51.12 its audited financial statements in the manner otherwise specified in this subdivision. A
51.13 nursing facility must permit access by the state agency to the public accountant's audit work
51.14 papers that support the audited financial statements submitted under ~~paragraph~~ paragraphs
51.15 (a) and (b).

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

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

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

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

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

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

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

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

44.31 ~~(b)~~ (c) Audited financial statements submitted under ~~paragraph~~ paragraphs (a) and (b)
44.32 must include a balance sheet, income statement, statement of the rate or rates charged to
45.1 private paying residents, statement of retained earnings, statement of cash flows, notes to
45.2 the financial statements, audited applicable supplemental information, and the public
45.3 accountant's report. Public accountants must conduct audits in accordance with chapter
45.4 326A. The cost of an audit must not be an allowable cost unless the nursing facility submits
45.5 its audited financial statements in the manner otherwise specified in this subdivision. A
45.6 nursing facility must permit access by the state agency to the public accountant's audit work
45.7 papers that support the audited financial statements submitted under ~~paragraph~~ paragraphs
45.8 (a) and (b).

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

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

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

45.23 (g) For purposes of this section, "related organization" and "control" have the meaning
45.24 given in section 256R.02, subdivision 43.

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

45.26 Sec. 4. Minnesota Statutes 2022, section 256R.08, is amended by adding a subdivision to
45.27 read:

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

52.8 (b) A nursing facility that violates this subdivision is subject to the penalties and
52.9 procedures under section 256R.04, subdivision 7.

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

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

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

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

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

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

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

52.28 Subd. 7. **Expiration.** This section expires on the first December 31 that occurs at least
52.29 23 months following the effective date of the repeal, expiration, or removal of all rate
52.30 phase-in provisions in section 256S.2101. The commissioner of human services shall inform
52.31 the revisor of statutes when this section expires.

53.1 Sec. 9. **REPEALER.**

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

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

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

46.1 (b) A nursing facility that violates this subdivision is subject to the penalties and
46.2 procedures under section 256R.04, subdivision 7.

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

46.4 Sec. 5. **REPEALER.**

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

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

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