

239.24

ARTICLE 10

239.25

DEPARTMENT OF HEALTH

239.26 Section 1. Minnesota Statutes 2024, section 144A.01, subdivision 4, is amended to read:

239.27 Subd. 4. **Controlling person.** (a) "Controlling person" means an owner and the following
239.28 individuals and entities, if applicable:

240.1 (1) each officer of the organization, including the chief executive officer and the chief
240.2 financial officer;

240.3 (2) the nursing home administrator; ~~and~~

240.4 (3) any managerial official; and

240.5 (4) if no individual has at least a five percent ownership interest, every individual with
240.6 an ownership interest in a privately held corporation, limited liability company, or other
240.7 business entity, including a business entity that is publicly traded or nonpublicly traded,
240.8 that collects capital investments from individuals or entities.

240.9 (b) "Controlling person" also means any entity or natural person who has any direct or
240.10 indirect ownership interest in:

240.11 (1) any corporation, partnership or other business association which is a controlling
240.12 person;

240.13 (2) the land on which a nursing home is located;

240.14 (3) the structure in which a nursing home is located;

240.15 (4) any entity with at least a five percent mortgage, contract for deed, deed of trust, or
240.16 other security interest in the land or structure comprising a nursing home; or

240.17 (5) any lease or sublease of the land, structure, or facilities comprising a nursing home.

240.18 (c) "Controlling person" does not include:

240.19 (1) a bank, savings bank, trust company, savings association, credit union, industrial
240.20 loan and thrift company, investment banking firm, or insurance company unless the entity
240.21 directly or through a subsidiary operates a nursing home;

240.22 (2) government and government-sponsored entities such as the United States Department
240.23 of Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the
240.24 Minnesota Housing Finance Agency which provide loans, financing, and insurance products
240.25 for housing sites;

240.26 (3) an individual who is a state or federal official, a state or federal employee, or a
240.27 member or employee of the governing body of a political subdivision of the state or federal
240.28 government that operates one or more nursing homes, unless the individual is also an officer,

240.29 owner, or managerial official of the nursing home, receives any remuneration from a nursing
240.30 home, or who is a controlling person not otherwise excluded in this subdivision;

241.1 (4) a natural person who is a member of a tax-exempt organization under section 290.05,
241.2 subdivision 2, unless the individual is also a controlling person not otherwise excluded in
241.3 this subdivision; and

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

241.6 (i) whose securities are exempt by virtue of section 80A.45, clause (6); or
241.7 (ii) whose transactions are exempt by virtue of section 80A.46, clause (7).

241.8 Sec. 2. Minnesota Statutes 2024, section 144A.474, subdivision 11, is amended to read:

241.9 Subd. 11. **Fines.** (a) Fines and enforcement actions under this subdivision may be assessed
241.10 based on the level and scope of the violations described in paragraph (b) and imposed
241.11 immediately with no opportunity to correct the violation first as follows:

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

241.13 (2) Level 2, a fine of \$500 per violation, in addition to any of the enforcement
241.14 mechanisms authorized in section 144A.475 for widespread violations;

241.15 (3) Level 3, a fine of \$3,000 per incident, in addition to any of the enforcement
241.16 mechanisms authorized in section 144A.475;

241.17 (4) Level 4, a fine of \$5,000 per incident, in addition to any of the enforcement
241.18 mechanisms authorized in section 144A.475;

241.19 (5) for maltreatment violations for which the licensee was determined to be responsible
241.20 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000.
241.21 A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible
241.22 for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury;
241.23 and

241.24 (6) the fines in clauses (1) to (4) are increased and immediate fine imposition is authorized
241.25 for both surveys and investigations conducted.

241.26 When a fine is assessed against a facility for substantiated maltreatment, the commissioner
241.27 shall not also impose an immediate fine under this chapter for the same circumstance.

241.28 (b) Correction orders for violations are categorized by both level and scope and fines
241.29 shall be assessed as follows:

241.30 (1) level of violation:

242.1 (i) Level 1 is a violation that has no potential to cause more than a minimal impact on
242.2 the client and does not affect health or safety;

- 242.3 (ii) Level 2 is a violation that did not harm a client's health or safety but had the potential
242.4 to have harmed a client's health or safety, but was not likely to cause serious injury,
242.5 impairment, or death;
- 242.6 (iii) Level 3 is a violation that harmed a client's health or safety, not including serious
242.7 injury, impairment, or death, or a violation that has the potential to lead to serious injury,
242.8 impairment, or death; and
- 242.9 (iv) Level 4 is a violation that results in serious injury, impairment, or death;
- 242.10 (2) scope of violation:
- 242.11 (i) isolated, when one or a limited number of clients are affected or one or a limited
242.12 number of staff are involved or the situation has occurred only occasionally;
- 242.13 (ii) pattern, when more than a limited number of clients are affected, more than a limited
242.14 number of staff are involved, or the situation has occurred repeatedly but is not found to be
242.15 pervasive; and
- 242.16 (iii) widespread, when problems are pervasive or represent a systemic failure that has
242.17 affected or has the potential to affect a large portion or all of the clients.
- 242.18 (c) If the commissioner finds that the applicant or a home care provider has not corrected
242.19 violations by the date specified in the correction order or conditional license resulting from
242.20 a survey or complaint investigation, the commissioner shall provide a notice of
242.21 noncompliance with a correction order by email to the applicant's or provider's last known
242.22 email address. The noncompliance notice must list the violations not corrected.
- 242.23 (d) For every violation identified by the commissioner, the commissioner shall issue an
242.24 immediate fine pursuant to paragraph (a), clause (6). The license holder must still correct
242.25 the violation in the time specified. The issuance of an immediate fine can occur in addition
242.26 to any enforcement mechanism authorized under section 144A.475. The immediate fine
242.27 may be appealed as allowed under this subdivision.
- 242.28 (e) The license holder must pay the fines assessed on or before the payment date specified.
242.29 If the license holder fails to fully comply with the order, the commissioner may issue a
242.30 second fine or suspend the license until the license holder complies by paying the fine. A
242.31 timely appeal shall stay payment of the fine until the commissioner issues a final order.
- 243.1 (f) A license holder shall promptly notify the commissioner in writing when a violation
243.2 specified in the order is corrected. If upon reinspection the commissioner determines that
243.3 a violation has not been corrected as indicated by the order, the commissioner may issue a
243.4 second fine. The commissioner shall notify the license holder by mail to the last known
243.5 address in the licensing record that a second fine has been assessed. The license holder may
243.6 appeal the second fine as provided under this subdivision.
- 243.7 (g) A home care provider that has been assessed a fine under this subdivision has a right
243.8 to a reconsideration or a hearing under this section and chapter 14.

243.9 (h) When a fine has been assessed, the license holder may not avoid payment by closing,
243.10 selling, or otherwise transferring the licensed program to a third party. In such an event, the
243.11 license holder shall be liable for payment of the fine.

243.12 (i) In addition to any fine imposed under this section, the commissioner may assess a
243.13 penalty amount based on costs related to an investigation that results in a final order assessing
243.14 a fine or other enforcement action authorized by this chapter.

243.15 (j) Fines collected under paragraph (a), clauses (1) to (4), shall be deposited in a dedicated
243.16 special revenue account. On an annual basis, the balance in the special revenue account
243.17 shall be appropriated to the commissioner to implement the recommendations of the advisory
243.18 council established in section 144A.4799. The commissioner must publish on the department's
243.19 website an annual report on the fines assessed and collected, and how the appropriated
243.20 money was allocated.

243.21 ~~(k) Fines collected under paragraph (a), clause (5), shall be deposited in a dedicated~~
243.22 ~~special revenue account and appropriated to the commissioner to provide compensation~~
243.23 ~~according to subdivision 14 to clients subject to maltreatment. A client may choose to receive~~
243.24 ~~compensation from this fund, not to exceed \$5,000 for each substantiated finding of~~
243.25 ~~maltreatment, or take civil action. This paragraph expires July 31, 2021.~~

243.26 Sec. 3. Minnesota Statutes 2024, section 144A.4799, is amended to read:

243.27 **144A.4799 DEPARTMENT OF HEALTH LICENSED HOME CARE PROVIDER**
243.28 **AND ASSISTED LIVING ADVISORY COUNCIL.**

243.29 Subdivision 1. **Membership.** The commissioner of health shall appoint ~~13~~ **14** persons
243.30 to a home care and assisted living ~~program~~ advisory council consisting of the following:

243.31 (1) ~~two~~ **four** public members as defined in section 214.02 ~~who shall be persons who are~~
243.32 ~~currently receiving home care services, persons who have received home care services~~
243.33 ~~within five years of the application date, persons who have family members receiving home~~
244.1 ~~care services, or persons who have family members who have received home care services~~
244.2 ~~within five years of the application date, one of whom must be a person who either is~~
244.3 ~~receiving or has received home care services preferably within the five years prior to initial~~
244.4 ~~appointment, one of whom must be a person who has or had a family member receiving~~
244.5 ~~home care services preferably within the five years prior to initial appointment, one of whom~~
244.6 ~~must be a person who either is or has been a resident in an assisted living facility preferably~~
244.7 ~~within the five years prior to initial appointment, and one of whom must be a person who~~
244.8 ~~has or had a family member residing in an assisted living facility preferably within the five~~
244.9 ~~years prior to initial appointment;~~

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

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

- 244.14 (4) one member representing the Office of Ombudsman for Long-Term Care;
- 244.15 (5) one member representing the Office of Ombudsman for Mental Health and
244.16 Developmental Disabilities;
- 244.17 (6) ~~beginning July 1, 2021,~~ one member of a county health and human services or county
244.18 adult protection office;
- 244.19 (7) two Minnesota assisted living facility licensees representing assisted living facilities
244.20 and assisted living facilities with dementia care levels of licensure who may be the facility's
244.21 assisted living director, managerial official, or clinical nurse supervisor;
- 244.22 (8) one organization representing long-term care providers, home care providers, and
244.23 assisted living providers in Minnesota; and
- 244.24 (9) ~~two public members as defined in section 214.02. One public member shall be a~~
244.25 ~~person who either is or has been a resident in an assisted living facility and one public~~
244.26 ~~member shall be a person who has or had a family member living in an assisted living~~
244.27 ~~facility setting one representative of a consumer advocacy organization representing~~
244.28 ~~individuals receiving long-term care from licensed home care or assisted living providers.~~
- 244.29 Subd. 2. **Organizations and meetings.** The advisory council shall be organized and
244.30 administered under section 15.059 with per diems and costs paid within the limits of available
244.31 appropriations. Meetings will be held quarterly and hosted by the department. Subcommittees
244.32 may be developed as necessary by the commissioner. Advisory council meetings are subject
244.33 to the Open Meeting Law under chapter 13D.
- 245.1 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide
245.2 advice regarding regulations of Department of Health licensed assisted living and home
245.3 care providers in this chapter and chapter 144G, including advice on the following:
- 245.4 (1) community standards for home care practices;
- 245.5 (2) enforcement of licensing standards and whether certain disciplinary actions are
245.6 appropriate;
- 245.7 (3) ways of distributing information to licensees and consumers of home care and
245.8 assisted living services defined under chapter 144G;
- 245.9 (4) training standards;
- 245.10 (5) identifying emerging issues and opportunities in home care and assisted living services
245.11 defined under chapter 144G;
- 245.12 (6) identifying the use of technology in home and telehealth capabilities;
- 245.13 (7) allowable home care licensing modifications and exemptions, including a method
245.14 for an integrated license with an existing license for rural licensed nursing homes to provide

245.15 limited home care services in an adjacent independent living apartment building owned by
245.16 the licensed nursing home; and

245.17 (8) recommendations for studies using the data in section 62U.04, subdivision 4, including
245.18 but not limited to studies concerning costs related to dementia and chronic disease among
245.19 an elderly population over 60 and additional long-term care costs, ~~as described in section~~
245.20 ~~62U.10, subdivision 6.~~

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

245.22 (c) The advisory council shall ~~annually~~ make recommendations annually to the
245.23 commissioner for the purposes of allocating the appropriation in ~~section~~ sections 144A.474,
245.24 subdivision 11, paragraph ~~(i)~~ (j), and 144G.31, subdivision 8. The commissioner shall act
245.25 upon the recommendations of the advisory council within one year of the advisory council
245.26 submitting its recommendations to the commissioner. The recommendations shall address
245.27 ways the commissioner may improve protection of the public under existing statutes and
245.28 laws and improve quality of care. The council's recommendations may include but are not
245.29 limited to special projects or initiatives that:

245.30 (1) create and administer training of licensees and ongoing training for their employees
245.31 to improve clients' and residents' lives, supporting ways that support licensees, can improve
246.1 and enhance quality care, and ways to provide technical assistance to licensees to improve
246.2 compliance;

246.3 (2) develop and implement information technology and data projects that analyze and
246.4 communicate information about trends of in violations or lead to ways of improving resident
246.5 and client care;

246.6 (3) improve communications strategies to licensees and the public;

246.7 (4) recruit and retain direct care staff;

246.8 (5) recommend education related to the care of vulnerable adults in professional nursing
246.9 programs, nurse aide programs, and home health aide programs; and

246.10 (6) ~~other projects or pilots that~~ benefit residents, clients, families, and the public in other
246.11 ways.

246.12 **EFFECTIVE DATE.** This section is effective July 1, 2025, and the amendments to
246.13 subdivision 1, clause (1), apply to members whose initial appointment occurs on or after
246.14 that date.

246.15 Sec. 4. Minnesota Statutes 2024, section 144G.08, subdivision 15, is amended to read:

246.16 Subd. 15. **Controlling individual.** (a) "Controlling individual" means an owner and the
246.17 following individuals and entities, if applicable:

246.18 (1) each officer of the organization, including the chief executive officer and chief
246.19 financial officer;

- 246.20 (2) each managerial official; ~~and~~
- 246.21 (3) any entity with at least a five percent mortgage, deed of trust, or other security interest
- 246.22 in the facility; ~~and~~
- 246.23 (4) if no individual has at least a five percent ownership interest, every individual with
- 246.24 an ownership interest in a privately held corporation, limited liability company, or other
- 246.25 business entity, including a business entity that is publicly traded or nonpublicly traded,
- 246.26 that collects capital investments from individuals or entities.
- 246.27 (b) Controlling individual also means any entity or natural person who has any direct
- 246.28 or indirect ownership interest in:
- 246.29 (1) any corporation, partnership, or other business association such as a limited liability
- 246.30 company that is a controlling individual;
- 246.31 (2) the land on which an assisted living facility is located; or
- 247.1 (3) the structure in which an assisted living facility is located.
- 247.2 ~~(b)~~ (c) Controlling individual does not include:
- 247.3 (1) a bank, savings bank, trust company, savings association, credit union, industrial
- 247.4 loan and thrift company, investment banking firm, or insurance company unless the entity
- 247.5 operates a program directly or through a subsidiary;
- 247.6 (2) government and government-sponsored entities such as the U.S. Department of
- 247.7 Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the Minnesota
- 247.8 Housing Finance Agency which provide loans, financing, and insurance products for housing
- 247.9 sites;
- 247.10 (3) an individual who is a state or federal official, a state or federal employee, or a
- 247.11 member or employee of the governing body of a political subdivision of the state or federal
- 247.12 government that operates one or more facilities, unless the individual is also an officer,
- 247.13 owner, or managerial official of the facility, receives remuneration from the facility, or
- 247.14 owns any of the beneficial interests not excluded in this subdivision;
- 247.15 (4) an individual who owns less than five percent of the outstanding common shares of
- 247.16 a corporation:
- 247.17 (i) whose securities are exempt under section 80A.45, clause (6); or
- 247.18 (ii) whose transactions are exempt under section 80A.46, clause (2);
- 247.19 (5) an individual who is a member of an organization exempt from taxation under section
- 247.20 290.05, unless the individual is also an officer, owner, or managerial official of the license
- 247.21 or owns any of the beneficial interests not excluded in this subdivision. This clause does
- 247.22 not exclude from the definition of controlling individual an organization that is exempt from
- 247.23 taxation; or

247.24 (6) an employee stock ownership plan trust, or a participant or board member of an
247.25 employee stock ownership plan, unless the participant or board member is a controlling
247.26 individual.

247.27 Sec. 5. Minnesota Statutes 2024, section 144G.31, subdivision 8, is amended to read:

247.28 Subd. 8. **Deposit of fines.** (a) Fines collected under this section shall be deposited in a
247.29 dedicated special revenue account. On an annual basis, the balance in the special revenue
247.30 account shall be appropriated to a competitive grant program for assisted living providers
247.31 licensed under chapter 144G or other organizations with experience in assisted living
247.32 operations, compliance, and best practices for the purpose of the commissioner for special
248.1 projects to improve resident quality of care and outcomes in assisted living facilities licensed
248.2 under this chapter in Minnesota. A provider with a provisional license under chapter 144G
248.3 is not eligible to apply. The balance in the special revenue account as of January 1, 2026,
248.4 must be appropriated for grants within two years, provided there are enough grant requests
248.5 totaling the sum in the account. Thereafter, money in the special revenue account must be
248.6 appropriated annually as recommended by the advisory council established in section
248.7 144A.4799, or as recommended by the commissioner after the advisory council's review
248.8 and approval. The minimum amount of a grant award is \$10,000. The commissioner may
248.9 retain up to ten percent of the amount available to cover costs to administer the grants under
248.10 this section.

248.11 (b) The commissioner must publish on the department's website an annual report on the
248.12 fines assessed and collected, and how the appropriated money was allocated.

248.13 Sec. 6. Minnesota Statutes 2024, section 144G.52, subdivision 1, is amended to read:

248.14 Subdivision 1. **Definition.** For purposes of sections 144G.52 to 144G.55, "termination"
248.15 means:

248.16 (1) a facility-initiated termination of ~~housing provided to the resident under the contract~~
248.17 an assisted living contract; or

248.18 (2) a facility-initiated termination ~~or nonrenewal~~ of all assisted living services the resident
248.19 receives from the facility under the assisted living contract.

248.20 Sec. 7. Minnesota Statutes 2024, section 144G.52, subdivision 2, is amended to read:

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

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

248.26 (2) identify and offer reasonable accommodations or modifications, interventions, or
248.27 alternatives to avoid the termination or enable the resident to remain in the facility, including
248.28 but not limited to securing services from another provider of the resident's choosing that

248.29 may allow the resident to avoid the termination. A facility is not required to offer
248.30 accommodations, modifications, interventions, or alternatives that fundamentally alter the
248.31 nature of the operation of the facility.

249.1 (b) For a termination pursuant to subdivision 3 or 4, the meeting must be scheduled to
249.2 take place at least seven days before a notice of termination is issued. The facility must
249.3 make reasonable efforts to ensure that the resident, legal representative, and designated
249.4 representative are able to attend the meeting.

249.5 (c) For a termination pursuant to subdivision 5, the meeting must be scheduled to take
249.6 place at least five days before a notice of termination is issued. The facility must make
249.7 reasonable efforts to ensure that the resident, legal representative, and designated
249.8 representative are able to attend the meeting.

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

249.15 ~~(d)~~ (e) In the event of an emergency relocation under subdivision 9, where the facility
249.16 intends to issue a notice of termination and an in-person meeting is impractical or impossible,
249.17 the facility must use telephone, video, or other electronic means to conduct and participate
249.18 in the meeting required under this subdivision and rules within Minnesota Rules, chapter
249.19 4659.

249.20 Sec. 8. Minnesota Statutes 2024, section 144G.52, subdivision 3, is amended to read:

249.21 Subd. 3. **Termination for nonpayment.** (a) A facility may initiate a termination of
249.22 housing because of nonpayment of rent or a termination of services because of nonpayment
249.23 for services. Upon issuance of a notice of termination for nonpayment, the facility must
249.24 inform the resident that public benefits may be available and must provide contact
249.25 information for the Senior LinkAge Line under section 256.975, subdivision 7, or the
249.26 Disability Hub under section 256.01, subdivision 24.

249.27 (b) An interruption to a resident's public benefits that lasts for no more than 60 days
249.28 does not constitute nonpayment.

249.29 Sec. 9. Minnesota Statutes 2024, section 144G.52, subdivision 8, is amended to read:

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

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

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

- 250.3 (3) a detailed explanation of the conditions under which a new or amended contract may
250.4 be executed;
- 250.5 (4) a statement that the resident has the right to appeal the termination by requesting a
250.6 hearing, and information concerning the time frame within which the request must be
250.7 submitted and the contact information for the agency to which the request must be submitted;
- 250.8 (5) a statement that the facility must participate in a coordinated move to another provider
250.9 or caregiver, as required under section 144G.55;
- 250.10 (6) the name and contact information of the person employed by the facility with whom
250.11 the resident may discuss the notice of termination;
- 250.12 (7) information on how to contact the Office of Ombudsman for Long-Term Care and
250.13 the Office of Ombudsman for Mental Health and Developmental Disabilities to request an
250.14 advocate to assist regarding the termination;
- 250.15 (8) information on how to contact the Senior LinkAge Line under section 256.975,
250.16 subdivision 7, or the Disability Hub under section 256.01, subdivision 24, and an explanation
250.17 that the Senior LinkAge Line and the Disability Hub may provide information about other
250.18 available housing or service options; and
- 250.19 (9) if the termination is only for services, a statement that the resident may remain in
250.20 the facility and may secure any necessary services from another provider of the resident's
250.21 choosing.
- 250.22 Sec. 10. Minnesota Statutes 2024, section 144G.54, subdivision 3, is amended to read:
- 250.23 Subd. 3. **Appeals process.** (a) The Office of Administrative Hearings must conduct an
250.24 expedited hearing as soon as practicable under this section, but in no event later than 14
250.25 calendar days after the office receives the request, unless the parties agree otherwise or the
250.26 chief administrative law judge deems the timing to be unreasonable, given the complexity
250.27 of the issues presented. For terminations initiated pursuant to section 144G.52, subdivision
250.28 5, the Office of Administrative Hearings must conduct an expedited hearing as soon as
250.29 practicable but in no event later than ten calendar days after the office receives the request,
250.30 unless the parties agree otherwise. The Office of Administrative Hearings has discretion to
250.31 order a continuance.
- 251.1 (b) The hearing must be held at the facility where the resident lives, unless holding the
251.2 hearing at that location is impractical, the parties agree to hold the hearing at a different
251.3 location, or the chief administrative law judge grants a party's request to appear at another
251.4 location or by telephone or interactive video.
- 251.5 (c) The hearing is not a formal contested case proceeding, except when determined
251.6 necessary by the chief administrative law judge.
- 251.7 (d) Parties may but are not required to be represented by counsel. The appearance of a
251.8 party without counsel does not constitute the unauthorized practice of law.

251.9 (e) The hearing shall be limited to the amount of time necessary for the participants to
251.10 expeditiously present the facts about the proposed termination. The administrative law judge
251.11 shall issue a recommendation to the commissioner as soon as practicable, but in no event
251.12 later than ten business days after the hearing related to a termination issued under section
251.13 144G.52, subdivision 3 or 4, or five business days for a hearing related to a termination
251.14 issued under section 144G.52, subdivision 5.

251.15 Sec. 11. Minnesota Statutes 2024, section 144G.54, subdivision 7, is amended to read:

251.16 Subd. 7. **Application of chapter 504B to appeals of terminations.** A resident may not
251.17 bring an action under chapter 504B to challenge a termination that has occurred and been
251.18 upheld under this section. A facility is entitled to a writ of recovery of premises and order
251.19 to vacate pursuant to section 504B.361 when a termination has been upheld under this
251.20 section and the facility has met its obligation under section 144G.55.

251.21 Sec. 12. Minnesota Statutes 2024, section 144G.55, subdivision 1, is amended to read:

251.22 Subdivision 1. **Duties of facility.** (a) If a facility terminates an assisted living contract,
251.23 reduces services to the extent that a resident needs to move or obtain a new service provider
251.24 or the facility has its license restricted under section 144G.20, or the facility conducts a
251.25 planned closure under section 144G.57, the facility:

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

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

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

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

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

252.13 (d) A facility has met its obligations under this section, following a termination completed
252.14 in accordance with section 144G.52 if:

- 252.15 (1) for residents of facilities in the seven-county metropolitan area, the facility identifies
252.16 at least three other facilities willing and able to meet the individual's service needs, one of
252.17 which is within the seven-county metropolitan area;
- 252.18 (2) for residents of facilities outside of the seven-county metropolitan area, the facility
252.19 identifies at least two other facilities willing and able to meet the individual's service needs,
252.20 and to the extent such facilities exist, one must be within two hours or 120 miles from the
252.21 resident's current location; and
- 252.22 (3) the facility documents, in writing, the resident or the resident's designated
252.23 representative has:
- 252.24 (i) consented to move; or
- 252.25 (ii) expressly refused to relocate to any of the facilities identified in accordance with
252.26 this subdivision.
- 252.27 (e) Sixty days before the facility plans to reduce or eliminate one or more services for
252.28 a particular resident, the facility must provide written notice of the reduction that includes:
- 252.29 (1) a detailed explanation of the reasons for the reduction and the date of the reduction;
- 252.30 (2) the contact information for the Office of Ombudsman for Long-Term Care, the Office
252.31 of Ombudsman for Mental Health and Developmental Disabilities, and the name and contact
253.1 information of the person employed by the facility with whom the resident may discuss the
253.2 reduction of services;
- 253.3 (3) a statement that if the services being reduced are still needed by the resident, the
253.4 resident may remain in the facility and seek services from another provider; and
- 253.5 (4) a statement that if the reduction makes the resident need to move, the facility must
253.6 participate in a coordinated move of the resident to another provider or caregiver, as required
253.7 under this section.
- 253.8 ~~(e)~~ (f) In the event of an unanticipated reduction in services caused by extraordinary
253.9 circumstances, the facility must provide the notice required under paragraph ~~(d)~~ (e) as soon
253.10 as possible.
- 253.11 ~~(f)~~ (g) If the facility, a resident, a legal representative, or a designated representative
253.12 determines that a reduction in services will make a resident need to move to a new location,
253.13 the facility must ensure a coordinated move in accordance with this section, and must provide
253.14 notice to the Office of Ombudsman for Long-Term Care.
- 253.15 ~~(g)~~ (h) Nothing in this section affects a resident's right to remain in the facility and seek
253.16 services from another provider.

253.17 Sec. 13. **[145D.40] DEFINITIONS.**

253.18 Subdivision 1. **Application.** For purposes of sections 145D.40 to 145D.41, the following
253.19 terms have the meanings given.

253.20 Subd. 2. **Assisted living facility.** "Assisted living facility" has the meaning given in
253.21 section 144G.08, subdivision 7. Assisted living facility includes an assisted living facility
253.22 with dementia care as defined in section 144G.08, subdivision 8.

253.23 Subd. 3. **Health care professional.** "Health care professional" means an individual who
253.24 is licensed or registered by the state to provide health care services within the professional's
253.25 scope of practice and in accordance with state law.

253.26 Subd. 4. **Nursing home.** "Nursing home" means a facility licensed as a nursing home
253.27 under chapter 144A.

253.28 Subd. 5. **Ownership or control.** "Ownership or control" means the assumption of
253.29 governance or the acquisition of an ownership interest or direct or indirect control by a
253.30 for-profit entity over the operations of a nonprofit nursing home or a nonprofit assisted
253.31 living facility through any means, including but not limited to a purchase, lease, transfer,
253.32 exchange, option, conveyance, creation of a joint venture, or other manner of acquisition
254.1 of assets, governance, an ownership interest, or direct or indirect control of a nonprofit
254.2 nursing home or a nonprofit assisted living facility.

254.3 Sec. 14. **[145D.41] NOTICE, INFORMATION, AND AFFIDAVIT REQUIRED.**

254.4 Subdivision 1. **Notice and information.** (a) At least 120 days prior to the transfer of
254.5 ownership or control of a nonprofit nursing home or nonprofit assisted living facility to a
254.6 for-profit entity, the nursing home or assisted living facility must provide written notice to
254.7 the attorney general, the commissioner of health, and the commissioner of human services
254.8 of its intent to transfer ownership or control to a for-profit entity.

254.9 (b) Together with the notice, the for-profit entity seeking to acquire ownership or control
254.10 of the nonprofit nursing home or nonprofit assisted living facility must provide the following
254.11 information to the attorney general, commissioner of health, and commissioner of human
254.12 services:

254.13 (1) the names of each individual with an interest in the for-profit entity and the percentage
254.14 of interest each individual holds in the for-profit entity;

254.15 (2) a complete and detailed description of the for-profit entity's corporate structure;

254.16 (3) the names of each individual holding an interest in, and the percentage of interest
254.17 held in, any affiliate, subsidiary, or otherwise related entity that the for-profit entity has a
254.18 contract to provide goods or services for the operation or maintenance of the nursing home
254.19 or assisted living facility or has a contract for goods and services to be provided to residents,
254.20 including any real estate investment trusts;

- 254.21 (4) for the previous five years, any filings required to be made to any federal or state
254.22 agency;
- 254.23 (5) the for-profit entity's current balance sheet;
- 254.24 (6) all application materials required under section 144A.03 or 144G.12, as applicable;
- 254.25 (7) a description of the condition of the buildings the for-profit entity seeks to acquire
254.26 or manage, identifying any cooling problems, electric medical devices present, recent exterior
254.27 additions and replacements, external building conditions, recent flush toilet breakdowns,
254.28 foreclosure status in the last 12 months, heat risk, heating problems, indoor air quality,
254.29 recent interior additions and replacements, and mold, as those terms are defined and described
254.30 in Appendix A of the American Housing Survey for the United States: 2023;
- 254.31 (8) an affidavit and evidence as required under subdivision 2; and
- 255.1 (9) other information required by the attorney general, commissioner of health, and
255.2 commissioner of human services.
- 255.3 Subd. 2. **Affidavit and evidence.** In addition to the notice required under subdivision
255.4 1, a for-profit entity seeking to acquire ownership or control of a nonprofit nursing home
255.5 or nonprofit assisted living facility must submit to the attorney general an affidavit and
255.6 evidence sufficient to demonstrate that:
- 255.7 (1) the for-profit entity has the financial, managerial, and operational ability to operate
255.8 or manage the nursing home or assisted living facility consistent with the requirements of
255.9 (i) for a nursing home, sections 144A.01 to 144A.1888, chapter 256R, and Minnesota Rules,
255.10 chapter 4658; or (ii) for an assisted living facility, chapter 144G and Minnesota Rules,
255.11 chapter 4659;
- 255.12 (2) neither the for-profit entity nor any of its owners, managerial officials, or managers
255.13 have committed a crime listed in, or been found civilly liable for an offense listed in section
255.14 144A.03, subdivision 1, clause (13), or 144G.12, subdivision 1, clause (13), as applicable;
- 255.15 (3) in the preceding ten years, there have been no judgments and no filed, pending, or
255.16 completed public or private litigations, tax liens, written complaints, administrative actions,
255.17 or investigations by a government agency against the for-profit entity or any of its owners,
255.18 managerial officials, or managers;
- 255.19 (4) in the preceding ten years, the for-profit entity has not defaulted in the payment of
255.20 money collected for others and has not discharged debts through bankruptcy proceedings;
- 255.21 (5) the for-profit entity will invest sufficient capital in the nursing home or assisted living
255.22 facility to maintain or improve the facility's infrastructure and staffing;
- 255.23 (6)(i) housing costs or costs for services in a nursing home or assisted living facility in
255.24 the United States over which the for-profit entity acquired ownership or control have not
255.25 increased by more than the increase in the Consumer Price Index for all urban consumers

255.26 published by the federal Bureau of Labor Statistics for the 12 months preceding the month
255.27 in which the increase became effective; or (ii) if housing costs or costs for services in the
255.28 nursing home or assisted living facility increased by more than the increase in the Consumer
255.29 Price Index as described in item (i), the increase was justified;

255.30 (7) within five years after acquiring ownership or control of any other nursing home or
255.31 assisted living facility in the United States, the for-profit entity did not sell or otherwise
255.32 transfer ownership or control of the nursing home or assisted living facility to another person;
255.33 and

256.1 (8) after acquiring ownership or control of another nursing home in the United States,
256.2 that nursing home, with respect to the Centers for Medicare and Medicaid Services rating
256.3 system;

256.4 (i) maintained or improved the nursing home's rating if upon acquisition of ownership
256.5 or control the rating was three or more stars; or

256.6 (ii) improved the nursing home's rating to at least three stars if upon acquisition of
256.7 ownership or control the rating was one or two stars.

256.8 Sec. 15. [256.4751] MINNESOTA HOMELESS STUDY GRANTS.

256.9 Subdivision 1. **Minnesota homeless study grant program established.** The
256.10 commissioner shall establish a grant program for activities directly related to a triennial
256.11 Minnesota homeless study.

256.12 Subd. 2. **Eligibility.** Minnesota-based nonprofits with experience conducting point-in-time
256.13 studies of prevalence of homelessness in Minnesota are eligible for grants under this section.

256.14 Subd. 3. **Study administration and reporting.** Beginning in fiscal year 2027, the grantee
256.15 must conduct a triennial point-in-time study that includes face-to-face interviews with people
256.16 experiencing homelessness. The grantee must submit a copy of the Minnesota homeless
256.17 study and a report that summarizes the findings of the study to the chairs and ranking
256.18 minority members of the legislative committees with jurisdiction over human services and
256.19 housing and homelessness by March 1 of the year that is approximately 18 months after the
256.20 date of the point-in-time study.

256.21 Subd. 4. **Minnesota homeless study account created.** A Minnesota homeless study
256.22 account is created in the special revenue fund in the state treasury. Appropriations made
256.23 for the Minnesota homeless study administered under this section must be transferred to
256.24 this account. Money in the Minnesota homeless study account is appropriated to the
256.25 commissioner of human services for purposes of this section. Notwithstanding section
256.26 16B.98, subdivision 14, for each fiscal year in which a grant is awarded under this section,
256.27 the commissioner may use an amount not to exceed one percent of the money awarded.

256.28 Subd. 5. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, money in the
256.29 Minnesota homeless study account does not cancel.

- 257.1 Sec. 16. Minnesota Statutes 2024, section 256B.092, subdivision 1a, is amended to read:
- 257.2 Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based
257.3 waiver shall be provided case management services by qualified vendors as described in
257.4 the federally approved waiver application.
- 257.5 (b) Case management service activities provided to or arranged for a person include:
- 257.6 (1) development of the person-centered support plan under subdivision 1b;
- 257.7 (2) informing the individual or the individual's legal guardian or conservator, or parent
257.8 if the person is a minor, of service options, including all service options available under the
257.9 waiver plan;
- 257.10 (3) consulting with relevant medical experts or service providers;
- 257.11 (4) assisting the person in the identification of potential providers of chosen services,
257.12 including:
- 257.13 (i) providers of services provided in a non-disability-specific setting;
- 257.14 (ii) employment service providers;
- 257.15 (iii) providers of services provided in settings that are not controlled by a provider; and
- 257.16 (iv) providers of financial management services;
- 257.17 (5) assisting the person to access services and assisting in appeals under section 256.045;
- 257.18 (6) coordination of services, if coordination is not provided by another service provider;
- 257.19 (7) evaluation and monitoring of the services identified in the support plan, which must
257.20 incorporate at least one annual face-to-face visit by the case manager with each person; ~~and~~
- 257.21 (8) reviewing support plans and providing the lead agency with recommendations for
257.22 service authorization based upon the individual's needs identified in the support plan; and
- 257.23 (9) assisting and cooperating with providers licensed under chapter 144G with the
257.24 licensee's obligations under section 144G.55.
- 257.25 (c) Case management service activities that are provided to the person with a
257.26 developmental disability shall be provided directly by county agencies or under contract.
257.27 If a county agency contracts for case management services, the county agency must provide
257.28 each recipient of home and community-based services who is receiving contracted case
257.29 management services with the contact information the recipient may use to file a grievance
257.30 with the county agency about the quality of the contracted services the recipient is receiving
257.31 from a county-contracted case manager. If a county agency provides case management
258.1 under contracts with other individuals or agencies and the county agency utilizes a
258.2 competitive proposal process for the procurement of contracted case management services,
258.3 the competitive proposal process must include evaluation criteria to ensure that the county

258.4 maintains a culturally responsive program for case management services adequate to meet
258.5 the needs of the population of the county. For the purposes of this section, "culturally
258.6 responsive program" means a case management services program that: (1) ensures effective,
258.7 equitable, comprehensive, and respectful quality care services that are responsive to
258.8 individuals within a specific population's values, beliefs, practices, health literacy, preferred
258.9 language, and other communication needs; and (2) is designed to address the unique needs
258.10 of individuals who share a common language or racial, ethnic, or social background.

258.11 (d) Case management services must be provided by a public or private agency that is
258.12 enrolled as a medical assistance provider determined by the commissioner to meet all of
258.13 the requirements in the approved federal waiver plans. Case management services must not
258.14 be provided to a recipient by a private agency that has a financial interest in the provision
258.15 of any other services included in the recipient's support plan. For purposes of this section,
258.16 "private agency" means any agency that is not identified as a lead agency under section
258.17 256B.0911, subdivision 10.

258.18 (e) Case managers are responsible for service provisions listed in paragraphs (a) and
258.19 (b). Case managers shall collaborate with consumers, families, legal representatives, and
258.20 relevant medical experts and service providers in the development and annual review of the
258.21 person-centered support plan and habilitation plan.

258.22 (f) For persons who need a positive support transition plan as required in chapter 245D,
258.23 the case manager shall participate in the development and ongoing evaluation of the plan
258.24 with the expanded support team. At least quarterly, the case manager, in consultation with
258.25 the expanded support team, shall evaluate the effectiveness of the plan based on progress
258.26 evaluation data submitted by the licensed provider to the case manager. The evaluation must
258.27 identify whether the plan has been developed and implemented in a manner to achieve the
258.28 following within the required timelines:

258.29 (1) phasing out the use of prohibited procedures;

258.30 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
258.31 timeline; and

258.32 (3) accomplishment of identified outcomes.

259.1 If adequate progress is not being made, the case manager shall consult with the person's
259.2 expanded support team to identify needed modifications and whether additional professional
259.3 support is required to provide consultation.

259.4 (g) The Department of Human Services shall offer ongoing education in case management
259.5 to case managers. Case managers shall receive no less than 20 hours of case management
259.6 education and disability-related training each year. The education and training must include
259.7 person-centered planning, informed choice, cultural competency, employment planning,
259.8 community living planning, self-direction options, and use of technology supports. By
259.9 August 1, 2024, all case managers must complete an employment support training course
259.10 identified by the commissioner of human services. For case managers hired after August

259.11 1, 2024, this training must be completed within the first six months of providing case
259.12 management services. For the purposes of this section, "person-centered planning" or
259.13 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
259.14 managers must document completion of training in a system identified by the commissioner.

259.15 Sec. 17. Minnesota Statutes 2024, section 256B.49, subdivision 13, is amended to read:

259.16 Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver
259.17 shall be provided case management services by qualified vendors as described in the federally
259.18 approved waiver application. The case management service activities provided must include:

259.19 (1) finalizing the person-centered written support plan within the timelines established
259.20 by the commissioner and section 256B.0911, subdivision 29;

259.21 (2) informing the recipient or the recipient's legal guardian or conservator of service
259.22 options, including all service options available under the waiver plans;

259.23 (3) assisting the recipient in the identification of potential service providers of chosen
259.24 services, including:

259.25 (i) available options for case management service and providers;

259.26 (ii) providers of services provided in a non-disability-specific setting;

259.27 (iii) employment service providers;

259.28 (iv) providers of services provided in settings that are not community residential settings;
259.29 and

259.30 (v) providers of financial management services;

259.31 (4) assisting the recipient to access services and assisting with appeals under section
259.32 256.045; ~~and~~

260.1 (5) coordinating, evaluating, and monitoring of the services identified in the service
260.2 plan; and

260.3 (6) assisting and cooperating with providers licensed under chapter 144G with the
260.4 licensee's obligations under section 144G.55.

260.5 (b) The case manager may delegate certain aspects of the case management service
260.6 activities to another individual provided there is oversight by the case manager. The case
260.7 manager may not delegate those aspects which require professional judgment including:

260.8 (1) finalizing the person-centered support plan;

260.9 (2) ongoing assessment and monitoring of the person's needs and adequacy of the
260.10 approved person-centered support plan; and

260.11 (3) adjustments to the person-centered support plan.

260.12 (c) Case management services must be provided by a public or private agency that is
260.13 enrolled as a medical assistance provider determined by the commissioner to meet all of
260.14 the requirements in the approved federal waiver plans. If a county agency provides case
260.15 management under contracts with other individuals or agencies and the county agency
260.16 utilizes a competitive proposal process for the procurement of contracted case management
260.17 services, the competitive proposal process must include evaluation criteria to ensure that
260.18 the county maintains a culturally responsive program for case management services adequate
260.19 to meet the needs of the population of the county. For the purposes of this section, "culturally
260.20 responsive program" means a case management services program that: (1) ensures effective,
260.21 equitable, comprehensive, and respectful quality care services that are responsive to
260.22 individuals within a specific population's values, beliefs, practices, health literacy, preferred
260.23 language, and other communication needs; and (2) is designed to address the unique needs
260.24 of individuals who share a common language or racial, ethnic, or social background.

260.25 (d) Case management services must not be provided to a recipient by a private agency
260.26 that has any financial interest in the provision of any other services included in the recipient's
260.27 support plan. For purposes of this section, "private agency" means any agency that is not
260.28 identified as a lead agency under section 256B.0911, subdivision 10.

260.29 (e) For persons who need a positive support transition plan as required in chapter 245D,
260.30 the case manager shall participate in the development and ongoing evaluation of the plan
260.31 with the expanded support team. At least quarterly, the case manager, in consultation with
260.32 the expanded support team, shall evaluate the effectiveness of the plan based on progress
260.33 evaluation data submitted by the licensed provider to the case manager. The evaluation must
261.1 identify whether the plan has been developed and implemented in a manner to achieve the
261.2 following within the required timelines:

261.3 (1) phasing out the use of prohibited procedures;

261.4 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
261.5 timeline; and

261.6 (3) accomplishment of identified outcomes.

261.7 If adequate progress is not being made, the case manager shall consult with the person's
261.8 expanded support team to identify needed modifications and whether additional professional
261.9 support is required to provide consultation.

261.10 (f) The Department of Human Services shall offer ongoing education in case management
261.11 to case managers. Case managers shall receive no less than 20 hours of case management
261.12 education and disability-related training each year. The education and training must include
261.13 person-centered planning, informed choice, cultural competency, employment planning,
261.14 community living planning, self-direction options, and use of technology supports. By
261.15 August 1, 2024, all case managers must complete an employment support training course
261.16 identified by the commissioner of human services. For case managers hired after August
261.17 1, 2024, this training must be completed within the first six months of providing case

261.18 management services. For the purposes of this section, "person-centered planning" or
261.19 "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case
261.20 managers shall document completion of training in a system identified by the commissioner.

261.21 Sec. 18. **DIRECTION TO COMMISSIONER; COMPLIANCE COSTS AND**
261.22 **REIMBURSEMENT RATES.**

261.23 (a) The commissioner of human services and the commissioner of health must convene
261.24 a group of interested parties to examine the relationship between the costs incurred to comply
261.25 with the licensing requirements under Minnesota Statutes, chapter 144G, and reimbursement
261.26 rates for providing customized living services under Minnesota Statutes, chapter 256S, and
261.27 section 256B.4914, subdivision 6d. The commissioners must include among the interested
261.28 parties the Long-Term Care Imperative, the Residential Providers Association of Minnesota,
261.29 the Minnesota Association of County Social Service Administrators, and people with
261.30 disabilities currently receiving customized living services under the federally approved
261.31 brain injury, community access for disability inclusion, and elderly waiver plans.

261.32 (b) The commissioners of human services and health must develop draft legislative
261.33 language to better align the licensing requirements and reimbursement framework so that
262.1 the costs incurred to comply with licensing requirements and fees are adequately reimbursed
262.2 through the rates paid for providing customized living services.

262.3 (c) The commissioners must submit the draft legislation to the chairs and ranking minority
262.4 members of the legislative committees with jurisdiction over health and human services
262.5 policy and finance by January 1, 2027.

262.6 Sec. 19. **DIRECTION TO THE COMMISSIONER OF HEALTH; COMMUNITY**
262.7 **CARE HUB GRANT.**

262.8 Subdivision 1. **Establishment.** The commissioner of health shall establish a single grant
262.9 to expand and strengthen the community care hub model in Minnesota by organizing and
262.10 supporting a network of health and social care service providers to address health-related
262.11 social needs.

262.12 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
262.13 meanings given.

262.14 (b) "Community-based organization" means a public or private nonprofit organization
262.15 of demonstrated effectiveness that is representative of a community or significant segments
262.16 of a community and provides services that address the social drivers of health, education,
262.17 or related services to individuals in the community.

262.18 (c) "Community care hub" means a nonprofit organization that provides a centralized
262.19 administrative and operational interface between health care institutions and a network of
262.20 community-based organizations that provide health promotion and social care services.

- 262.21 (d) "Health-related social needs" means the individual-level, adverse social conditions
262.22 that can negatively impact a person's health or health care, such as poor health literacy, food
262.23 insecurity, housing instability, and lack of access to transportation.
- 262.24 (e) "Social care services" means culturally informed services to address health-related
262.25 social needs and community-informed health promotion programs.
- 262.26 Subd. 3. **Eligible applicants.** To be eligible for the single grant available under this
262.27 section, a grant applicant must:
- 262.28 (1) be recognized as a selected community care hub by the federal Administration for
262.29 Community Living and the Centers for Disease Control and Prevention;
- 262.30 (2) be the recipient of the community care hub planning grant under Laws 2024, chapter
262.31 127, article 53, section 3, subdivision 2, paragraph (a);
- 263.1 (3) hold contracts with health plans within Minnesota that allow the applicant to provide
263.2 social care services to a plan's covered member population; and
- 263.3 (4) demonstrate active engagement in providing, coordinating, and aiding health care
263.4 and social care services at the community level.
- 263.5 Subd. 4. **Eligible uses.** The grantee must use awarded money to:
- 263.6 (1) engage and organize community-based organizations to deliver social care services;
- 263.7 (2) expand the reach and scope of social care services;
- 263.8 (3) centralize administrative functions and operational infrastructure of community care
263.9 hubs related to:
- 263.10 (i) contracting with health care organizations;
- 263.11 (ii) payment operations;
- 263.12 (iii) management of referrals, including reporting on the outcome of the services and
263.13 the specific help provided;
- 263.14 (iv) service delivery fidelity and compliance;
- 263.15 (v) quality improvement;
- 263.16 (vi) technology;
- 263.17 (vii) information security; and
- 263.18 (viii) data collection, data analysis, and reporting;
- 263.19 (4) create sustainable financial pathways for services that address health-related social
263.20 needs throughout the state of Minnesota; and

263.21 (5) support tracking of the financial pathways and the services provided.

263.22 Subd. 5. **Grantee report.** The grantee must report community care hub initiative
263.23 outcomes as determined by the commissioner of health to the commissioner on the forms
263.24 and according to the timelines established by the commissioner.

263.25 Subd. 6. **Evaluation.** The commissioner of health shall design, conduct, and evaluate
263.26 the community care hub initiative implemented by the grantee using measures to assess
263.27 cost savings, impact, and health impact outcomes.

263.28 **EFFECTIVE DATE.** This section is effective July 1, 2025.

264.1 Sec. 20. **RESIDENTIAL HOSPICE; IVY HOUSE.**

264.2 (a) Southern Minnesota Crisis Nursery, DBA Ivy House, may apply under Minnesota
264.3 Statutes, sections 144A.75 to 144A.756, to be a licensed residential hospice facility as
264.4 defined in Minnesota Statutes, section 144A.75, subdivision 13, paragraph (a). Nothing in
264.5 this section shall be construed to require the commissioner of health to issue a license to an
264.6 applicant that does not meet the licensing requirements under Minnesota Statutes, sections
264.7 144A.75 to 144A.756.

264.8 (b) If Southern Minnesota Crisis Nursery, DBA Ivy House, is issued a residential hospice
264.9 facility license under Minnesota Statutes, sections 144A.75 to 144A.756, and meets all
264.10 applicable enrollment criteria under Minnesota Statutes, chapter 256B, it may seek
264.11 reimbursement for the provision of hospice respite and end-of-life care for children under
264.12 Minnesota Statutes, section 256B.0625, subdivision 22a. Nothing in this section shall be
264.13 construed to require the commissioner of human services to make payments to any provider
264.14 of hospice respite or end-of-life care for children that the provider is not otherwise lawfully
264.15 eligible to receive under Minnesota Statutes, chapter 256B.