

1.1 A bill for an act
1.2 relating to human services; permitting existing small customized living settings
1.3 to relocate; amending Minnesota Statutes 2022, sections 245A.03, subdivision 7;
1.4 256B.49, subdivision 28.

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

1.6 Section 1. Minnesota Statutes 2022, section 245A.03, subdivision 7, is amended to read:

1.7 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
1.8 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
1.9 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
1.10 for a physical location that will not be the primary residence of the license holder for the
1.11 entire period of licensure. If a family child foster care home or family adult foster care home
1.12 license is issued during this moratorium, and the license holder changes the license holder's
1.13 primary residence away from the physical location of the foster care license, the
1.14 commissioner shall revoke the license according to section 245A.07. The commissioner
1.15 shall not issue an initial license for a community residential setting licensed under chapter
1.16 245D. When approving an exception under this paragraph, the commissioner shall consider
1.17 the resource need determination process in paragraph (h), the availability of foster care
1.18 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
1.19 person's choices during their annual assessment and service plan review, and the
1.20 recommendation of the local county board. The determination by the commissioner is final
1.21 and not subject to appeal. Exceptions to the moratorium include:

1.22 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
1.23 older;

2.1 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
2.2 community residential setting licenses replacing adult foster care licenses in existence on
2.3 December 31, 2013, and determined to be needed by the commissioner under paragraph
2.4 (b);

2.5 (3) new foster care licenses or community residential setting licenses determined to be
2.6 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
2.7 or regional treatment center; restructuring of state-operated services that limits the capacity
2.8 of state-operated facilities; or allowing movement to the community for people who no
2.9 longer require the level of care provided in state-operated facilities as provided under section
2.10 256B.092, subdivision 13, or 256B.49, subdivision 24;

2.11 (4) new foster care licenses or community residential setting licenses determined to be
2.12 needed by the commissioner under paragraph (b) for persons requiring hospital-level care;
2.13 ~~or~~

2.14 (5) new foster care licenses or community residential setting licenses for people receiving
2.15 customized living or 24-hour customized living services under the brain injury or community
2.16 access for disability inclusion waiver plans under section 256B.49 and residing in the
2.17 customized living setting before July 1, 2022, for which a license is required. A customized
2.18 living service provider subject to this exception may rebut the presumption that a license
2.19 is required by seeking a reconsideration of the commissioner's determination. The
2.20 commissioner's disposition of a request for reconsideration is final and not subject to appeal
2.21 under chapter 14. The exception is available until June 30, 2023. This exception is available
2.22 when:

2.23 (i) the person's customized living services are provided in a customized living service
2.24 setting serving four or fewer people under the brain injury or community access for disability
2.25 inclusion waiver plans under section 256B.49 in a single-family home operational on or
2.26 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

2.27 (ii) the person's case manager provided the person with information about the choice of
2.28 service, service provider, and location of service, including in the person's home, to help
2.29 the person make an informed choice; and

2.30 (iii) the person's services provided in the licensed foster care or community residential
2.31 setting are less than or equal to the cost of the person's services delivered in the customized
2.32 living setting as determined by the lead agency; or

2.33 (6) new foster care licenses or community residential setting licenses for a customized
2.34 living setting that is a single-family home in which customized living or 24-hour customized

3.1 living services were authorized and delivered on June 30, 2021, under the brain injury or
3.2 community access for disability inclusion waiver plans under section 256B.49, or the elderly
3.3 waiver under chapter 256S, when the license holder relocates to a new address that is also
3.4 a single family home, provided the commissioner has determined the license holder meets
3.5 licensure requirements at the new location. The initial licensed capacity of the setting under
3.6 this exception must equal the licensed capacity of the license holder's prior location, or the
3.7 maximum resident capacity of the new location, whichever is lower. This exception is
3.8 available when:

3.9 (i) the case manager of each resident of the customized living setting provided the person
3.10 with information about the choice of service, service provider, and location of service,
3.11 including in the person's home, to help the person make an informed choice about remaining
3.12 in the newly licensed setting; and

3.13 (ii) the estimated average cost of services provided in the new location is less than or
3.14 equal to the estimated average cost of services delivered at the prior location as determined
3.15 by the lead agency.

3.16 (b) The commissioner shall determine the need for newly licensed foster care homes or
3.17 community residential settings as defined under this subdivision. As part of the determination,
3.18 the commissioner shall consider the availability of foster care capacity in the area in which
3.19 the licensee seeks to operate, and the recommendation of the local county board. The
3.20 determination by the commissioner must be final. A determination of need is not required
3.21 for a change in ownership at the same address.

3.22 (c) When an adult resident served by the program moves out of a foster home that is not
3.23 the primary residence of the license holder according to section 256B.49, subdivision 15,
3.24 paragraph (f), or the adult community residential setting, the county shall immediately
3.25 inform the Department of Human Services Licensing Division. The department may decrease
3.26 the statewide licensed capacity for adult foster care settings.

3.27 (d) Residential settings that would otherwise be subject to the decreased license capacity
3.28 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
3.29 residents whose primary diagnosis is mental illness and the license holder is certified under
3.30 the requirements in subdivision 6a or section 245D.33.

3.31 (e) A resource need determination process, managed at the state level, using the available
3.32 data required by section 144A.351, and other data and information shall be used to determine
3.33 where the reduced capacity determined under section 256B.493 will be implemented. The
3.34 commissioner shall consult with the stakeholders described in section 144A.351, and employ

4.1 a variety of methods to improve the state's capacity to meet the informed decisions of those
4.2 people who want to move out of corporate foster care or community residential settings,
4.3 long-term service needs within budgetary limits, including seeking proposals from service
4.4 providers or lead agencies to change service type, capacity, or location to improve services,
4.5 increase the independence of residents, and better meet needs identified by the long-term
4.6 services and supports reports and statewide data and information.

4.7 (f) At the time of application and reapplication for licensure, the applicant and the license
4.8 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
4.9 required to inform the commissioner whether the physical location where the foster care
4.10 will be provided is or will be the primary residence of the license holder for the entire period
4.11 of licensure. If the primary residence of the applicant or license holder changes, the applicant
4.12 or license holder must notify the commissioner immediately. The commissioner shall print
4.13 on the foster care license certificate whether or not the physical location is the primary
4.14 residence of the license holder.

4.15 (g) License holders of foster care homes identified under paragraph (f) that are not the
4.16 primary residence of the license holder and that also provide services in the foster care home
4.17 that are covered by a federally approved home and community-based services waiver, as
4.18 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
4.19 services licensing division that the license holder provides or intends to provide these
4.20 waiver-funded services.

4.21 (h) The commissioner may adjust capacity to address needs identified in section
4.22 144A.351. Under this authority, the commissioner may approve new licensed settings or
4.23 delicense existing settings. Delicensing of settings will be accomplished through a process
4.24 identified in section 256B.493.

4.25 (i) The commissioner must notify a license holder when its corporate foster care or
4.26 community residential setting licensed beds are reduced under this section. The notice of
4.27 reduction of licensed beds must be in writing and delivered to the license holder by certified
4.28 mail or personal service. The notice must state why the licensed beds are reduced and must
4.29 inform the license holder of its right to request reconsideration by the commissioner. The
4.30 license holder's request for reconsideration must be in writing. If mailed, the request for
4.31 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
4.32 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
4.33 reconsideration is made by personal service, it must be received by the commissioner within
4.34 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

5.1 (j) The commissioner shall not issue an initial license for children's residential treatment
5.2 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
5.3 for a program that Centers for Medicare and Medicaid Services would consider an institution
5.4 for mental diseases. Facilities that serve only private pay clients are exempt from the
5.5 moratorium described in this paragraph. The commissioner has the authority to manage
5.6 existing statewide capacity for children's residential treatment services subject to the
5.7 moratorium under this paragraph and may issue an initial license for such facilities if the
5.8 initial license would not increase the statewide capacity for children's residential treatment
5.9 services subject to the moratorium under this paragraph.

5.10 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2021.

5.11 Sec. 2. Minnesota Statutes 2022, section 256B.49, subdivision 28, is amended to read:

5.12 Subd. 28. **Customized living moratorium for brain injury and community access**
5.13 **for disability inclusion waivers.** (a) Notwithstanding section 245A.03, subdivision 2,
5.14 paragraph (a), clause (23), to prevent new development of customized living settings that
5.15 otherwise meet the residential program definition under section 245A.02, subdivision 14,
5.16 the commissioner shall not enroll new customized living settings serving four or fewer
5.17 people in a single-family home to deliver customized living services as defined under the
5.18 brain injury or community access for disability inclusion waiver plans under this section.

5.19 (b) The commissioner may approve an exception to paragraph (a) when an existing
5.20 customized living setting changes ownership at the same address or when the same owner
5.21 relocates an existing customized living setting to a new address.

5.22 (c) Customized living settings operational on or before June 30, 2021, are considered
5.23 existing customized living settings.

5.24 (d) For any new customized living settings serving four or fewer people in a single-family
5.25 home to deliver customized living services as defined in paragraph (a) and that was not
5.26 operational on or before June 30, 2021, the authorizing lead agency is financially responsible
5.27 for all home and community-based service payments in the setting.

5.28 (e) For purposes of this subdivision, "operational" means customized living services are
5.29 authorized and delivered to a person in the customized living setting.

5.30 **EFFECTIVE DATE.** This section is effective the day following final enactment.