

Re: S.F. 1969

Dear Members of the Human Services Committee:

The Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) appreciates this opportunity to provide our agency's perspective on S.F. 1969, which seeks to make several amendments to the assisted living licensure statute, chapter 144G. Chapter 144G is the relatively recently adopted result of years of collective advocacy aimed at establishing enforceable standards and client rights and protections in these residential settings. OMHDD has many clients in these settings and, for years, we have been actively involved with assisted living licensure implementation and refinement efforts.

S.F. 1969 seeks to relax various requirements and exempt some providers from others. We understand that assisted living providers operate a wide range of facilities, and that some regulations, especially those pertaining to physical plant requirements, pertain more to larger settings and work less well in small, home-like settings serving 4 or 5 individuals. Permitting some flexibility that does not compromise client care can make sense.

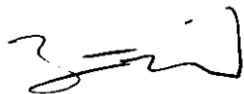
Nevertheless, some of the specific proposed changes in this bill warrant additional discussion. We submit the following observations and concerns for your consideration:

- Meal choice: We do not support eliminating the prohibition on requiring residents to include and pay for meals in their contract. Choosing one's meals is a basic resident right.
- Assessments: We understand that there is a shortage in some areas of registered nurses but have concerns that allowing 90-day reassessments to be done by someone other than a RN will fail to ensure correct and comprehensive assessments of critical client care needs.
- Orientation: We largely agree that staff who have undergone recent orientation should not have to repeat the orientation that is not related to individual client care plans when moving from one licensed facility to another, *except* for any portion of that training related to the unique physical layout or programming of the facility to which the staff is moving (e.g. handling of emergencies at that particular site).

We have shared and discussed these concerns and the areas where we have general agreement on possible changes with other agencies, advocates, and the Long-Term Care Imperative. We hope to be able to have ongoing dialogue on these issues. We also look forward to exchanging additional ideas and proposals aimed at ensuring that chapter 144G effectively balances the practical concerns of

providers with the need to ensure quality services and rights protections for the people who need and rely on these service settings. Please feel free to contact us should you have any questions or requests for additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Bud Rosenfield". The signature is stylized and cursive.

Barnett (Bud) Rosenfield

Ombudsman

Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities

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