



S.F. No. 2443 – Human Services Omnibus Policy Bill (as proposed to be amended by the a-5 delete-everything amendment)

Author: Senator John A. Hoffman

Prepared by: Liam Monahan, Legislative Analyst (liam.monahan@mnsenate.gov)

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S.F. 2443 is the Human Services Omnibus Policy bill.

Article 1 – Aging and Disability Services Policy

Section 1 amends **245A.11, subdivision 4 - Location of residential programs**, by repealing existing exceptions to the quarter mile spatial separation requirement between residential programs newly licensed by the Department of Human Services (DHS), and includes existing assisted living facilities in the spatial separation requirement such that any newly licensed residential program must not be within a quarter mile of any existing residential program or any existing assisted living facility serving six or fewer residents.

Section 2 adds **245D.10, subdivision 1a – Prohibited condition of service provision**, which prohibits a home and community-based services provider regulated by chapter 245D from requiring a client to have or obtain a guardian or conservator as a condition of receiving or continuing to receive services.

Section 3 amends **252.28, subdivision 2 - Rules; program standards; licenses**, by cleaning up an out-of-date cross-reference.

Section 4 amends **252.41, subdivision 3 - Day services for adults with disabilities**, by correcting cross-references and clarifying that day training and habilitation is no longer a service included under the disability waiver plans.

Section 5 amends **252.42 – SERVICE PRINCIPLES**, by correcting a cross-reference.

Section 6 amends **252.43 – COMMISSIONER’S DUTIES**, by removing the commissioner’s duty to perform a needs assessment for adult day services and by limiting the required needs determination for day services provided under chapter 252 to those day services provided in facilities licensed under chapter 245D.

Section 7 amends **252.44 – LEAD AGENCY BOARD RESPONSIBILITIES**, by correcting cross-references and eliminating unnecessary references to case management services provided under alternative care and elderly waiver.

Section 8 amends **252.45 – VENDOR'S DUTIES**, by correcting cross-references.

Section 9 amends **252.46, subdivision 1a - Day training and habilitation rates**, by clarifying that the rates for day training and habilitation and associated transportation are the historic rates plus legislatively enacted increases and are not established under the Disability Waiver Rate System (DWRS).

Section 10 amends **256B.0654, subdivision 4 - Hardship criteria; home care nursing**, by increasing from 40 to 60 the number of authorized home care nursing hours may be provided by the service recipient's parents, spouse, foster parent, or legal guardian; by increasing from 8 to 12 the total number of hours in a day authorized home care nursing hours may be provided by the service recipient's parents, spouse, foster parent, or legal guardian; and by allowing a parent, spouse, foster parent, or legal guardian who is providing services under the hardship allowance to be employed by more than one home care nursing agency.

Section 11 amends **256B.0911, subdivision 24 - Remote reassessments**, by inserting a conforming cross-reference related to the proposed amendment to the required frequency of reassessments for disability waiver services.

Section 12 amends **256B.0911, subdivision 25 - Reassessment frequency for Rule 185 case management and waiver services**, by authorizing lead agencies with the informed consent of a waiver participant to forego a full MnCHOICES assessment every year for certain individuals with stable needs, provided a full assessment is performed at least every three years; and by specifying what must be included in an abbreviated annual assessment.

Section 13 amends **256B.092, subdivision 1a - Case management services**, by requiring the current 20 hours of training for developmental disabilities waiver case managers to include an informed decision-making curriculum and a competency evaluation.

Section 14 amends **256B.092, subdivision 11a - Residential support services criteria**, by making a technical correction to a cross-reference.

Section 15 amends **256B.49, subdivision 13 - Case management**, by requiring the current 20 hours of training for CAC, BI, and CADI waiver case managers to include an informed decision-making curriculum and a competency evaluation.

Section 16 amends **256B.49, subdivision 29 - Residential support services criteria**, by making a technical correction to a cross-reference.

Section 17 amends **256B.4914, subdivision 10a - Reporting and analysis of cost data**, by retroactively delaying until January 1, 2029, implementation of the enforcement of the required encumbrances of specified percentages of MA disability waiver services revenue for direct care staff compensation.

Section 18 amends **256B.4914, subdivision 10d - Direct care staff; compensation**, by retroactively delaying until January 1, 2029, the effective date of the required encumbrances of specified percentages of MA disability waiver services revenue for direct care staff compensation; and by exempting from this requirement all revenue from MA reimbursement for services provided in licensed assisted living facilities.

Section 19 amends **256R.38 PERFORMANCE-BASED INCENTIVE PAYMENTS**, by correction terminology.

Section 20 amends **256R.40, subdivision 5 - Planned closure rate adjustment**, by correcting terminology.

Article 2 – Department of Health Policy

Section 1 amends **144.0724, subdivision 2 – Definitions**, by adding a definition for “patient driven payment model,” which is the name of the case mix reimbursement classification system that will become effective October 1, 2025; and by defining “Resource utilization groups,” which is the current case mix reimbursement classification system that will be replaced on October 1, 2025.

Section 2 amends **144.0724, subdivision 3a - Resident case mix reimbursement classifications**, by making a conforming change to remove reference to the optional state assessment. Beginning October 1, 2025, the new classification system will capture the information that was collected on the optional state assessment.

Section 3 amends **144.0724, subdivision 4 - Resident assessment schedule**, by removing the language related to the optional state assessment; and by specifying that a significant change of status comprehensive assessment is required 15 days following the end of isolation for an infectious disease.

Section 4 amends **144.0724, subdivision 8 - Request for reconsideration of resident classifications**, by making a conforming change to update a cross-reference.

Section 5 amends **144.0724, subdivision 9 - Audit authority**, by making a conforming change to remove a reference to the optional state plan assessment.

Section 6 amends **144.0724, subdivision 11 - Nursing facility level of care**, by making a conforming change to update a cross-reference.

Section 7 amends **144.586, subdivision 2 - Postacute care discharge planning**, by requiring hospitals to document in its discharge plan when restraints were used on a patient and ensure that when a patient is transferred to another provider, the receiving provider is provided with this documentation.

Section 8 amends **144.6502, subdivision 3 - Consent to electronic monitoring**. Existing law provides that if a nursing home or assisted living facility resident has not objected to electronic monitoring of the resident’s room or private living area and a medical professional made the determination that the resident cannot understand and appreciate the nature and consequences of electronic monitoring, the resident’s representative may consent to the monitoring on the resident’s behalf. This section adds that the resident’s representative must attest that the resident’s medical professional made the determination regarding the resident’s capacity.

Section 9 amends **144.6512, subdivision 3 - Retaliation against a resident**, by adding an explicit statement that a nursing home resident has the right to be free from retaliation.

Section 10 adds **144.6512, subdivision 5a - Other remedies**, which permits a nursing home resident or their legal representative to bring an action in district court against a nursing home for retaliation.

Section 11 adds **144A.04, subdivision 13 - Retaliation prevention training required**, which requires, as a condition of nursing home licensure, all nursing home employees to participate

in annual training on the prohibition on retaliation in nursing homes and on preventing retaliation against nursing home residents.

Section 12 adds **144A.104 - PROHIBITED CONDITION FOR ADMISSION OR CONTINUED RESIDENCE**, which prohibits nursing homes from requiring a resident to have or acquire a guardian or conservator to reside at the nursing home.

Section 13 amends **144A.70, subdivision 3 - Controlling person**, by clarifying the definition of a controlling person for purposes of the registration requirements for supplemental nursing services agencies.

Section 14 adds **144A.70, subdivision 3a – Direct ownership interest**, which clarifies the meaning of direct ownership for the purposes of the registration requirements for supplemental nursing services agencies.

Section 15 adds **144A.70, subdivision 4b – Indirect ownership interest**, which clarifies the meaning of indirect ownership for the purposes of the registration requirements for supplemental nursing services agencies.

Section 16 amends **144A.70, subdivision 7 – Oversight**, by decreasing from twice a year to once every two years the frequency of unannounced surveys of supplemental nursing services agencies.

Section 17 amends **144A.751, subdivision 1 - Statement of rights**, by specifying new rights under the hospice bill of rights. This section adds the rights to ensure appropriate pain medications are immediately available to a patient when managing pain and symptoms; to revoke hospice election at any time; and to receive curative treatment for any condition unrelated to the condition that qualifies the individual for hospice.

Section 18 adds **144G.08, subdivision 26a – Imminent risk**, which defines imminent risk for the purposes of the assisted living facility licensing statutes, particularly which respect to the use of emergency manual restraints.

Section 19 adds **144G.08, subdivision 54a – Prone restraint**, which defines prone restraint for the purposes of the assisted living facility licensing statutes.

Section 20 adds **144G.08, subdivision 55a – Registered nurse**, which defines registered nurse for the purposes of the assisted living facility licensing statutes.

Section 21 adds **144G.08, subdivision 61a – Restraints**, which defines restraints for the purposes of the assisted living facility licensing statutes.

Section 22 amends **144G.10, subdivision 1 - License required**, by requiring an applicant for an assisted living facility license to construct vertical 2-hour fire barriers between any areas of a building that the applicant seeks to license as an assisted living facility and any other area of the building.

Section 23 amends **144G.10, subdivision 1a - Assisted living director license required**, by requiring an assisted living director to be the director of record, not merely employed by the facility.

Section 24 amends **144G.10, subdivision 5 - Protected title; restriction on use**, by delaying by one year the current law effective date of the assisted living title protection provisions.

Section 25 amends **144G.15 – CONSIDERATION OF APPLICATIONS**, by imposing a quarter mile spatial separation requirement between newly licensed assisted living facilities and both any existing residential program serving six or few people and any existing assisted living facility serving six or fewer residents.

Section 26 amends **144G.16, subdivision 3 - Licensure; termination or extension of provisional licenses**, by prohibiting provisional assisted living facility licensees who are subsequently denied an assisted living facility license from reapplying for one year.

Section 27 adds **144G.505 - PROHIBITED CONDITION OF ADMISSION OR CONTINUED RESIDENCE**, which prohibits an assisted living facility from requiring a resident to have or acquire a guardian or conservator to reside at the assisted living facility.

Section 28 amends **144G.51- Arbitration**, by modifying certain requirements related to arbitration provisions in assisted living contracts, including, but not limited to: informing an assisted living facility resident or their representative that they cannot be required to sign a contract containing a provision for binding arbitration as a condition of admission to, or as a requirement for, continued care at a facility.

Section 29 adds **144G.42, subdivision 5a - Impermissible ground for termination**, which prohibits an assisted living facility from terminating an assisted living contract because the source of funding for the resident's housing or services changes to a public source.

Section 30 amends **144G.53 NONRENEWAL OF HOUSING**, by making technical changes to the sections and by prohibiting an assisted living facility from declining to renew an assisted living contract because the source of funding for the resident's housing changes to a public source.

Section 31 adds **144G.65 – TRAINING IN EMERGENCY MANUAL RESTRAINTS**, which requires an assisted living facility that permits its staff to use emergency manual restraints to complete training on the proper and safe use of emergency manual restraints and to document the successful completion of the training.

Section 32 amends **144G.70, subdivision 2 - Initial reviews, assessments, and monitoring**, by clarifying the responsibility of registered nurses for comprehensive assessments of assisted living residents and clarifies the ability of licensed practical nurses to participate in the preparation of the comprehensive assessments.

Section 33 amends **144G.71, subdivision 3 – Individualized medication monitoring and reassessment**, by specifying that a registered nurse must provide medication management services, or the RN may delegate the provision of medication management services to a qualified staff member.

Section 34 amends **144G.71, subdivision 5 - Individualized medication management plan**, by specifying that a registered nurse member must prepare the required statement of medication management services, or the RN may delegate the preparation of the statement to a qualified staff member.

Section 35 amends **144G.81, subdivision 1 - Fire protection and physical environment**, by clarifying the additional safety risk mitigation measures that are required of assisted living facilities with a dementia care license.

Section 36 adds **144G.85 - USE OF RESTRAINTS**, which prohibits the use of restraints in assisted living facilities unless the use of restraints is a permitted use of emergency manual restraints or the use of a restraint as part of an order treatment plan and the facility adheres to the requirements of section 144G.72. This section also requires documentation and notice of every instance of the use of emergency manual restraints.

Section 37 amends **144G.92, subdivision 2 – Retaliation against a resident**, by adding an explicit statement that an assisted living facility resident has the right to be free from retaliation.

Section 38 adds **144G.92, subdivision 4a - Other remedies**, which permits assisted living facility residents or their legal representatives to bring an action in district court against an assisted living resident for retaliation.

Section 39 adds **145C.07, subdivision 6 – Visits by others**, which prohibits a health care agent (an individual who is appointed by a principal in a health care power of attorney to make health care decisions on behalf of the principal) from restricting the visitation and communication of a principal unless the health care agent has good cause to believe a restriction is necessary for the principal's safety and there are no means to ensure safety other than restricting visitation and communication. This section further provides that there is no legal presumption that a health care agent restricting a principal's visitation and communication is acting in good faith.

Section 40 amends **145C.10 – Presumptions**, by providing that there is no legal presumption that a health care agent restricting a principal's visitation and communication is acting in good faith.

Article 3 – Direct Care and Treatment Policy

The majority of Article 3 are sections containing DCT separation statutory clean up. These changes ensure that the statutes accurately reflect where DCT and DHS, and in some cases both agencies, are responsible for various functions and ensure that DCT retains its current authorities when it becomes a standalone agency on July 1, 2025. These changes are not intended to confer any new authorities to DCT that it does not currently have as a part of DHS.

Sections 40 and 41 amend **253B.10, subdivision 1 - Administrative requirements** and add **253B.1005 - ADMISSION TIMELINES**, which together extend for an additional two years, until June 30, 2027, the sunset for the 48-hour rule for admission to a “medically appropriate bed.”

Article 4 – Substance Use Disorder Treatment Services Policy

Section 1 amends **245G.05, subdivision 1 - Comprehensive assessment**, by permitting qualified individuals other than alcohol and drug counselors to administer comprehensive assessments of substance use disorders.

Section 2 amends **245G.11, subdivision 7 – Treatment coordination provider qualifications**, by modifying the required qualifications for individuals providing SUD treatment coordination.

Section 3 amends **254B.05, subdivision 1 - Licensure or certification required**, by requiring recovery community organizations to plan for and comply with the record retention and record transfer requirements that apply to license holders under chapter 245A when the license holder closes or ceases operations.

Section 4 amends **254B.05, subdivision 5 - Rate requirements**, by modifying the 10-day timeline to provide certain mental health diagnostic screenings to individuals with co-occurring mental health issues and substance use disorder by excluding weekends and holidays from the calculation of 10 days.

Section 5 adds **256G.061 – WITHDRAWAL MANAGEMENT SERVICES**, which clarifies the county of financial responsibility for withdrawal management services.

Article 5 – Miscellaneous Policy

Section 1 amends **62Q.75, subdivision 3 - Claims filing**, by permitting a health care provider an additional 6 months to submit its charges to a health plan company or third-party administrator if the health plan company or third-party administrator makes any adjustment or recoupment of payment.



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95 University Ave. W., STE 3300, Saint Paul, MN, 55155