

Human Services Omnibus Policy Bill Index  
S.F. 2443 (Hoffman)  
March 31, 2025

Article 1: AGING AND DISABILITY SERVICES POLICY

Section	S.F./Source	Description
1	Modified <b>SF 3006</b> , sec. 1 (Hoffman)	Repeals existing exceptions to the quarter mile spatial separation requirement between residential programs 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 any existing residential program nor within a quarter mile of any existing assisted living facility serving 6 or fewer residents.
2	Modified <b>SF 2522-1E</b> , sec. 8 (Mann)	Prohibits HCBS providers regulated by chapter 245D from requiring a client to have or acquire a guardian or conservator to receive or continue to receive 245D HCBS services.
3 to 9	<b>SF 2443, as amended</b> (Hoffman)	<b>DHS policy proposals</b> related to day services and DT&H rates.
10	<b>SF 3071</b> (Westrom)	Modifies the hardship allowance for home care nursing by increasing the number of authorized home care nursing hours may be provided to a person by the person's parents, spouse, foster parents, or legal guardians.
11 and 12	<b>SF 2598, as amended</b> (Abeler)	Modifies the required frequency of full reassessments for individuals on the disability waivers, and provides for abbreviated reassessments.
13 and 15	<b>SF 2443, as amended</b> (Hoffman)	<b>DHS policy proposals</b> related to informed choice training requirements for waiver case managers.
14 and 16	<b>SF 2443, as amended</b> (Hoffman)	<b>DHS technical corrections</b> related to implementation of the residential support services criteria.
17 and 18	<b>SF 2168, as amended</b> , sections 1 and 2 (Fateh)	Retroactively delays until 2029 the implementation and enforcement of the current law requirement that wavier service providers reimbursed under

		DWRS devote specified percentages of MA revenue to direct care staff compensation, and exempts from this requirement all MA revenue for services provided in licensed assisted living facilities.
19	<b>SF 401</b> , section 3 (Utke)	Requires DHS to consult with existing groups of interested parties regarding how requests for DWRS rate exceptions are submitted to lead agencies and the department.
20 and 21	<b>SF 2750, as introduced</b> (Hoffman)	Makes technical changes to the nursing facility reimbursement statutes.

## Article 2: DEPARTMENT OF HEALTH POLICY

Section	S.F./Source	Description
1 to 6	Modified <b>SF 2893</b> (Mann)	<b>MDH policy proposals</b> related to implementation of a new case mix reimbursement classification system.
7, 18, 19, 21 to 24, 26, 31, 35, 36, and 42	Modified <b>SF 2934</b> (Hoffman)	<b>MDH policy proposals</b> related to assisted living facilities: specifying permitted uses of restraints; modifying physical plant requirements; clarifying requirements pertaining to assisted living directors; delaying assisted living title protection; clarifying implications of license denials; and repealing of the Resident Quality of Care and Outcomes Improvement Task Force
8 to 11, 17, 20, 28, 33, 34, 37 to 40	Modified <b>SF 1918-2E</b> , sections 1 to 4, 7, 8, and 10 to 16 (Dibble)	Modifies various requirements for long-term care facilities related to consent to electronic monitoring, retaliation, arbitration provisions, and medication management. These sections also include modifications to conditions under which a health care agent may restrict visitation for a person.
12, 27, 29, 30	<b>SF 2522-1E</b> , sections 1 and 5 to 7 (Mann)	Prohibits assisted living facilities and nursing homes from requiring a resident to have or acquire a guardian or conservator to reside in an assisted living facility; prohibits an assisted living facility from terminating an assisted living contract on the

		basis of a change in source of the payment from private sources to a public program.
13 to 16 and 41	Modified <b>SF 2894</b> (Bolden)	<b>MDH policy proposals</b> clarifying types of ownership and frequency of regulatory activities related to supplemental nursing services agencies.
25	Modified <b>SF 3006</b> , section 1 (Hoffman)	Imposes a quarter mile spatial separation requirement between newly licensed assisted living facilities and both any existing residential program serving 6 or few people and any existing assisted living facility serving 6 or fewer residents.
32	<b>SF 2537, as amended</b> (Rasmusson)	Clarifies 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 assessments.

### Article 3: DIRECT CARE AND TREATMENT POLICY

Section	S.F./Source	Description
1 to 84	Modified <b>SF 2443</b> , as amended (Hoffman)	<b>DCT policy proposals</b> , clarifications and technical clean-up. <ul style="list-style-type: none"> <li>• Sec 4 is new, TA from DCT</li> <li>• Sections 40 and 41 are a technical redraft of the proposed 2-year extension of the 48-hour rule after a medically appropriate bed becomes available</li> </ul>

### Article 4: SUBSTANCE USE DISORDER SERVICES POLICY

Section	S.F./Source	Description
1 and 2	<b>SF 2647, as amended</b> (Abeler)	Permits qualified individuals other than alcohol and drug counselors to administer comprehensive assessments of substance use disorders and modifies the qualifications for individuals providing SUD treatment coordination.
3 to 5	<b>SF 1966</b> , sections 2 to 4 (Abeler)	Requires recovery community organizations to plan for and comply with the record retention and transfer requirements that apply to license holders under 245A when the license holder closes or

		ceases operations; modifies 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; and clarifies the county of financial responsibility for withdrawal management services.
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#### Article 5: MISCELLANEOUS POLICY

Section	S.F./Source	Description
1	<b>SF 1966</b> , section 1 (Abeler)	Allows 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.