

1.1 Senator moves to amend S.F. No. 911 as follows:

1.2 Page 1, after line 4, insert:

1.3 "Section 1. Minnesota Statutes 2016, section 144D.04, subdivision 2, is amended to read:

1.4 Subd. 2. **Contents of contract.** A housing with services contract, which need not be
1.5 entitled as such to comply with this section, shall include at least the following elements in
1.6 itself or through supporting documents or attachments:

1.7 (1) the name, street address, and mailing address of the establishment;

1.8 (2) the name and mailing address of the owner or owners of the establishment and, if
1.9 the owner or owners is not a natural person, identification of the type of business entity of
1.10 the owner or owners;

1.11 (3) the name and mailing address of the managing agent, through management agreement
1.12 or lease agreement, of the establishment, if different from the owner or owners;

1.13 (4) the name and address of at least one natural person who is authorized to accept service
1.14 of process on behalf of the owner or owners and managing agent;

1.15 (5) a statement describing the registration and licensure status of the establishment and
1.16 any provider providing health-related or supportive services under an arrangement with the
1.17 establishment;

1.18 (6) the term of the contract;

1.19 (7) a description of the services to be provided to the resident in the base rate to be paid
1.20 by resident, including a delineation of the portion of the base rate that constitutes rent and
1.21 a delineation of charges for each service included in the base rate;

1.22 (8) a description of any additional services, including home care services, available for
1.23 an additional fee from the establishment directly or through arrangements with the
1.24 establishment, and a schedule of fees charged for these services;

1.25 (9) a description of the process through which the contract may be modified, amended,
1.26 or terminated, including whether a move to a different room or sharing a room would be
1.27 required in the event that the tenant can no longer pay the current rent;

1.28 (10) a description of the establishment's complaint resolution process available to residents
1.29 including the toll-free complaint line for the Office of Ombudsman for Long-Term Care;

1.30 (11) the resident's designated representative, if any;

1.31 (12) the establishment's referral procedures if the contract is terminated;

2.1 (13) requirements of residency used by the establishment to determine who may reside
2.2 or continue to reside in the housing with services establishment;

2.3 (14) billing and payment procedures and requirements;

2.4 (15) a statement regarding the ability of ~~residents~~ a resident to receive services from
2.5 service providers with whom the establishment does not have an arrangement;

2.6 (16) a statement regarding the availability of public funds for payment for residence or
2.7 services in the establishment; and

2.8 (17) a statement regarding the availability of and contact information for long-term care
2.9 consultation services under section 256B.0911 in the county in which the establishment is
2.10 located.

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

2.12 Sec. 2. Minnesota Statutes 2016, section 144D.04, is amended by adding a subdivision to
2.13 read:

2.14 Subd. 2a. **Additional contract requirements.** (a) For a resident receiving one or more
2.15 health-related services from the establishment's arranged home care provider, as defined in
2.16 section 144D.01, subdivision 6, the contract must include the requirements in paragraph
2.17 (b), clauses (1) to (5). A restriction of a resident's rights under this subdivision is allowed
2.18 only if determined necessary for health and safety reasons identified by the home care
2.19 provider's registered nurse in an initial assessment or reassessment, as defined under section
2.20 144A.4791, subdivision 8, and documented in the written service plan under section
2.21 144A.4791, subdivision 9. Any restrictions of those rights for people served under sections
2.22 256B.0915 and 256B.49 must be documented in the resident's coordinated service and
2.23 support plan (CSSP), as defined under sections 256B.49, subdivision 15, and 256B.0915,
2.24 subdivision 6.

2.25 (b) The contract must include a statement:

2.26 (1) regarding the ability of a resident to furnish and decorate the resident's unit within
2.27 the terms of the lease;

2.28 (2) regarding the resident's right to access food at any time;

2.29 (3) regarding a resident's right to choose the resident's visitors and times of visits;

2.30 (4) regarding the resident's right to choose a roommate if sharing a unit; and

3.1 (5) notifying the resident of the resident's right to have and use a lockable door to the
3.2 resident's unit. The landlord shall provide the locks on the unit. Only a staff member with
3.3 a specific need to enter the unit shall have keys, and advance notice must be given to the
3.4 resident before entrance, when possible.

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

3.6 Sec. 3. Minnesota Statutes 2016, section 245A.03, subdivision 7, is amended to read:

3.7 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
3.8 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
3.9 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
3.10 for a physical location that will not be the primary residence of the license holder for the
3.11 entire period of licensure. If a license is issued during this moratorium, and the license
3.12 holder changes the license holder's primary residence away from the physical location of
3.13 the foster care license, the commissioner shall revoke the license according to section
3.14 245A.07. The commissioner shall not issue an initial license for a community residential
3.15 setting licensed under chapter 245D. Exceptions to the moratorium include:

3.16 (1) foster care settings that are required to be registered under chapter 144D;

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

3.21 (3) new foster care licenses or community residential setting licenses determined to be
3.22 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
3.23 or regional treatment center; restructuring of state-operated services that limits the capacity
3.24 of state-operated facilities; or allowing movement to the community for people who no
3.25 longer require the level of care provided in state-operated facilities as provided under section
3.26 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

3.30 (5) new foster care licenses or community residential setting licenses determined to be
3.31 needed by the commissioner for the transition of people from personal care assistance to
3.32 the home and community-based services. When approving an exception under this paragraph,
3.33 the commissioner shall consider the resource need determination process in paragraph (h),

4.1 the availability of foster care licensed beds in the geographic area in which the licensee
4.2 seeks to operate, the results of a person's choices during their annual assessment and service
4.3 plan review, and the recommendation of the local county board. The determination by the
4.4 commissioner is final and not subject to appeal;

4.5 (6) new foster care licenses or community residential setting licenses determined to be
4.6 needed by the commissioner for the transition of people from the residential care waiver
4.7 service to foster care services. This exception applies only when:

4.8 (i) the person's case manager provided the person with information about the choice of
4.9 service, service provider, and location of service to help the person make an informed choice;
4.10 and

4.11 (ii) the person's foster care services are less than or equal to the cost of the person's
4.12 services delivered in the residential care waiver service setting as determined by the lead
4.13 agency; or

4.14 (7) new foster care licenses or community residential setting licenses determined to be
4.15 needed by the commissioner for people receiving services under chapter 245D while residing
4.16 in an unlicensed setting before May 1, 2017, and for which a license is required, as
4.17 determined by the commissioner. The exception is available until June 30, 2018. This
4.18 exception is available when:

4.19 (i) the person's case manager provided the person with information about the choice of
4.20 service, service provider, and location of service, including in the person's home, to help
4.21 the person make an informed choice; and

4.22 (ii) the person's services provided in the licensed foster care or community residential
4.23 setting are less than or equal to the cost of the person's services delivered in the unlicensed
4.24 setting as determined by the lead agency.

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

4.31 (c) When an adult resident served by the program moves out of a foster home that is not
4.32 the primary residence of the license holder according to section 256B.49, subdivision 15,
4.33 paragraph (f), or the adult community residential setting, the county shall immediately

5.1 inform the Department of Human Services Licensing Division. The department shall may
5.2 decrease the statewide licensed capacity for adult foster care settings ~~where the physical~~
5.3 ~~location is not the primary residence of the license holder, or for adult community residential~~
5.4 ~~settings, if the voluntary changes described in paragraph (e) are not sufficient to meet the~~
5.5 ~~savings required by reductions in licensed bed capacity under Laws 2011, First Special~~
5.6 ~~Session chapter 9, article 7, sections 1 and 40, paragraph (f), and maintain statewide long-term~~
5.7 ~~care residential services capacity within budgetary limits. Implementation of the statewide~~
5.8 ~~licensed capacity reduction shall begin on July 1, 2013. The commissioner shall delicense~~
5.9 ~~up to 128 beds by June 30, 2014, using the needs determination process. Prior to any~~
5.10 ~~involuntary reduction of licensed capacity, the commissioner shall consult with lead agencies~~
5.11 ~~and license holders to determine which adult foster care settings, where the physical location~~
5.12 ~~is not the primary residence of the license holder, or community residential settings, are~~
5.13 ~~licensed for up to five beds, but have operated at less than full capacity for 12 or more~~
5.14 ~~months as of March 1, 2014. The settings that meet these criteria must be the first to be~~
5.15 ~~considered for an involuntary decrease in statewide licensed capacity, up to a maximum of~~
5.16 ~~35 beds. If more than 35 beds are identified that meet these criteria, the commissioner shall~~
5.17 ~~prioritize the selection of those beds to be closed based on the length of time the beds have~~
5.18 ~~been vacant. The longer a bed has been vacant, the higher priority it must be given for~~
5.19 ~~closure. Under this paragraph, the commissioner has the authority to reduce unused licensed~~
5.20 ~~capacity of a current foster care program, or the community residential settings, to accomplish~~
5.21 ~~the consolidation or closure of settings. Under this paragraph, the commissioner has the~~
5.22 ~~authority to manage statewide capacity, including adjusting the capacity available to each~~
5.23 ~~county and adjusting statewide available capacity, to meet the statewide needs identified~~
5.24 ~~through the process in paragraph (e). A decreased licensed capacity according to this~~
5.25 ~~paragraph is not subject to appeal under this chapter.~~

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

5.30 (e) A resource need determination process, managed at the state level, using the available
5.31 reports required by section 144A.351, and other data and information shall be used to
5.32 determine where the reduced capacity ~~required~~ determined under ~~paragraph (e)~~ section
5.33 256B.493 will be implemented. The commissioner shall consult with the stakeholders
5.34 described in section 144A.351, and employ a variety of methods to improve the state's
5.35 capacity to meet the informed decisions of those people who want to move out of corporate

6.1 foster care or community residential settings, long-term care service needs within budgetary
6.2 limits, including seeking proposals from service providers or lead agencies to change service
6.3 type, capacity, or location to improve services, increase the independence of residents, and
6.4 better meet needs identified by the long-term care services and supports reports and statewide
6.5 data and information. By February 1, 2013, and August 1, 2014, and each following year,
6.6 the commissioner shall provide information and data and targets on ~~the overall~~ capacity of
6.7 licensed long-term care services and supports, actions taken under this subdivision to manage
6.8 statewide long-term care services and supports resources, and any recommendations for
6.9 change to the legislative committees with jurisdiction over health and human services budget.

6.10 (f) At the time of application and reapplication for licensure, the applicant and the license
6.11 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
6.12 required to inform the commissioner whether the physical location where the foster care
6.13 will be provided is or will be the primary residence of the license holder for the entire period
6.14 of licensure. If the primary residence of the applicant or license holder changes, the applicant
6.15 or license holder must notify the commissioner immediately. The commissioner shall print
6.16 on the foster care license certificate whether or not the physical location is the primary
6.17 residence of the license holder.

6.18 (g) License holders of foster care homes identified under paragraph (f) that are not the
6.19 primary residence of the license holder and that also provide services in the foster care home
6.20 that are covered by a federally approved home and community-based services waiver, as
6.21 authorized under section 256B.0915, 256B.092, or 256B.49, must inform the human services
6.22 licensing division that the license holder provides or intends to provide these waiver-funded
6.23 services.

6.24 (h) The commissioner may adjust capacity to address needs identified in section
6.25 144A.351. Under this authority, the commissioner may approve new licensed settings and/or
6.26 delicense exiting settings. Delicensing of settings will be accomplished through a process
6.27 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
6.28 information and data on capacity of licensed long-term services and supports, actions taken
6.29 under the subdivision to manage statewide long-term services and supports resources, and
6.30 any recommendations for change to the legislative committees with jurisdiction over health
6.31 and human services budget.

6.32 (i) The commissioner must notify a license holder when its corporate foster care or
6.33 community residential setting licensed beds are reduced under this section. The notice of
6.34 reduction of licensed beds must be in writing and delivered to the license holder by certified
6.35 mail or personal service. The notice must state why the licensed beds are reduced and must

7.1 inform the license holder of its right to request reconsideration by the commissioner. The
7.2 license holder's request for reconsideration must be in writing. If mailed, the request for
7.3 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
7.4 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
7.5 reconsideration is made by personal service, it must be received by the commissioner within
7.6 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

7.7 Sec. 4. Minnesota Statutes 2016, section 245A.04, subdivision 14, is amended to read:

7.8 Subd. 14. **Policies and procedures for program administration required and**
7.9 **enforceable.** (a) The license holder shall develop program policies and procedures necessary
7.10 to maintain compliance with licensing requirements under Minnesota Statutes and Minnesota
7.11 Rules.

7.12 (b) The license holder shall:

7.13 (1) provide training to program staff related to their duties in implementing the program's
7.14 policies and procedures developed under paragraph (a);

7.15 (2) document the provision of this training; and

7.16 (3) monitor implementation of policies and procedures by program staff.

7.17 (c) The license holder shall keep program policies and procedures readily accessible to
7.18 staff and index the policies and procedures with a table of contents or another method
7.19 approved by the commissioner.

7.20 (d) An adult foster care license holder that provides foster care services to a resident
7.21 under section 256B.0915 must annually provide a copy of the resident termination policy
7.22 under section 245A.11, subdivision 11, to a resident covered by the policy.

7.23 Sec. 5. Minnesota Statutes 2016, section 245A.11, is amended by adding a subdivision to
7.24 read:

7.25 Subd. 9. **Adult foster care bedrooms.** (a) A resident receiving services must have a
7.26 choice of roommate. Each roommate must consent in writing to sharing a bedroom with
7.27 one another. The license holder is responsible for notifying a resident of the resident's right
7.28 to request a change of roommate.

7.29 (b) The license holder must provide a lock for each resident's bedroom door, unless
7.30 otherwise indicated for the resident's health, safety, or well-being. A restriction on the use
7.31 of the lock must be documented and justified in the resident's individual abuse prevention

8.1 plan required by sections 626.557, subdivision 14, and 245A.65, subdivision 2, paragraph
8.2 (b). For a resident served under section 256B.0915, the case manager must be part of the
8.3 interdisciplinary team under section 245A.65, subdivision 2, paragraph (b).

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

8.5 Sec. 6. Minnesota Statutes 2016, section 245A.11, is amended by adding a subdivision to
8.6 read:

8.7 Subd. 10. **Adult foster care resident rights.** (a) The license holder shall ensure that a
8.8 resident and a resident's legal representative are given, at admission:

8.9 (1) an explanation and copy of the resident's rights specified in paragraph (b);

8.10 (2) a written summary of the Vulnerable Adults Protection Act prepared by the
8.11 department; and

8.12 (3) the name, address, and telephone number of the local agency to which a resident or
8.13 a resident's legal representative may submit an oral or written complaint.

8.14 (b) Adult foster care resident rights include the right to:

8.15 (1) have daily, private access to and use of a non-coin-operated telephone for local and
8.16 long-distance telephone calls made collect or paid for by the resident;

8.17 (2) receive and send, without interference, uncensored, unopened mail or electronic
8.18 correspondence or communication;

8.19 (3) have use of and free access to common areas in the residence and the freedom to
8.20 come and go from the residence at will;

8.21 (4) have privacy for visits with the resident's spouse, next of kin, legal counsel, religious
8.22 adviser, or others, according to section 363A.09 of the Human Rights Act, including privacy
8.23 in the resident's bedroom;

8.24 (5) keep, use, and access the resident's personal clothing and possessions as space permits,
8.25 unless this right infringes on the health, safety, or rights of another resident or household
8.26 member, including the right to access the resident's personal possessions at any time;

8.27 (6) choose the resident's visitors and time of visits and participate in activities of
8.28 commercial, religious, political, and community groups without interference if the activities
8.29 do not infringe on the rights of another resident or household member;

8.30 (7) if married, privacy for visits by the resident's spouse, and, if both spouses are residents
8.31 of the adult foster home, the residents have the right to share a bedroom and bed;

- 9.1 (8) privacy, including use of the lock on the resident's bedroom door or unit door. A
9.2 resident's privacy must be respected by license holders, caregivers, household members,
9.3 and volunteers by knocking on the door of a resident's bedroom or bathroom and seeking
9.4 consent before entering, except in an emergency;
- 9.5 (9) furnish and decorate the resident's bedroom or living unit;
- 9.6 (10) engage in chosen activities and have an individual schedule supported by the license
9.7 holder that meets the resident's preferences;
- 9.8 (11) freedom and support to access food at any time;
- 9.9 (12) have personal, financial, service, health, and medical information kept private, and
9.10 be advised of disclosure of this information by the license holder;
- 9.11 (13) access records and recorded information about the resident according to applicable
9.12 state and federal law, regulation, or rule;
- 9.13 (14) be free from maltreatment;
- 9.14 (15) be treated with courtesy and respect and receive respectful treatment of the resident's
9.15 property;
- 9.16 (16) reasonable observance of cultural and ethnic practice and religion;
- 9.17 (17) be free from bias and harassment regarding race, gender, age, disability, spirituality,
9.18 and sexual orientation;
- 9.19 (18) be informed of and use the license holder's grievance policy and procedures,
9.20 including how to contact the highest level of authority in the program;
- 9.21 (19) assert the resident's rights personally, or have the rights asserted by the resident's
9.22 family, authorized representative, or legal representative, without retaliation; and
- 9.23 (20) give or withhold written informed consent to participate in any research or
9.24 experimental treatment.
- 9.25 (c) A restriction of a resident's rights under paragraph (b), clauses (1) to (4), (6), (8),
9.26 (10), and (11), is allowed only if determined necessary to ensure the health, safety, and
9.27 well-being of the resident. Any restriction of a resident's right must be documented and
9.28 justified in the resident's individual abuse prevention plan required by sections 626.557,
9.29 subdivision 14, and 245A.65, subdivision 2, paragraph (b). For a resident served under
9.30 section 256B.0915, the case manager must be part of the interdisciplinary team under section
9.31 245A.65, subdivision 2, paragraph (b). The restriction must be implemented in the least

10.1 restrictive manner necessary to protect the resident and provide support to reduce or eliminate
10.2 the need for the restriction.

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

10.4 Sec. 7. Minnesota Statutes 2016, section 245A.11, is amended by adding a subdivision to
10.5 read:

10.6 Subd. 11. **Adult foster care service termination for elderly waiver participants.** (a)
10.7 This subdivision applies to foster care services for a resident served under section 256B.0915.

10.8 (b) The foster care license holder must establish policies and procedures for service
10.9 termination that promote continuity of care and service coordination with the resident and
10.10 the case manager and with another licensed caregiver, if any, who also provides support to
10.11 the resident. The policy must include the requirements specified in paragraphs (c) to (h).

10.12 (c) The license holder must allow a resident to remain in the program and cannot terminate
10.13 services unless:

10.14 (1) the termination is necessary for the resident's health, safety, and well-being and the
10.15 resident's needs cannot be met in the facility;

10.16 (2) the safety of the resident or another resident in the program is endangered and positive
10.17 support strategies were attempted and have not achieved and effectively maintained safety
10.18 for the resident or another resident in the program;

10.19 (3) the health, safety, and well-being of the resident or another resident in the program
10.20 would otherwise be endangered;

10.21 (4) the program was not paid for services;

10.22 (5) the program ceases to operate; or

10.23 (6) the resident was terminated by the lead agency from waiver eligibility.

10.24 (d) Before giving notice of service termination, the license holder must document the
10.25 action taken to minimize or eliminate the need for termination. The action taken by the
10.26 license holder must include, at a minimum:

10.27 (1) consultation with the resident's interdisciplinary team to identify and resolve issues
10.28 leading to a notice of service termination; and

10.29 (2) a request to the case manager or other professional consultation or intervention
10.30 services to support the resident in the program. This requirement does not apply to a notice
10.31 of service termination issued under paragraph (c), clause (4) or (5).

11.1 (e) If, based on the best interests of the resident, the circumstances at the time of notice
11.2 were such that the license holder was unable to take the action specified in paragraph (d),
11.3 the license holder must document the specific circumstances and the reason the license
11.4 holder was unable to take the action.

11.5 (f) The license holder must notify the resident or the resident's legal representative and
11.6 the case manager in writing of the intended service termination. The notice must include:

11.7 (1) the reason for the action;

11.8 (2) except for service termination under paragraph (c), clause (4) or (5), a summary of
11.9 the action taken to minimize or eliminate the need for termination and the reason the action
11.10 failed to prevent the termination;

11.11 (3) the resident's right to appeal the service termination under section 256.045, subdivision
11.12 3, paragraph (a); and

11.13 (4) the resident's right to seek a temporary order staying the service termination according
11.14 to the procedures in section 256.045, subdivision 4a, or subdivision 6, paragraph (c).

11.15 (g) Notice of the proposed service termination must be given at least 30 days before
11.16 terminating a resident's service.

11.17 (h) After the resident receives the notice of service termination and before the services
11.18 are terminated, the license holder must:

11.19 (1) work with the support team or expanded support team to develop reasonable
11.20 alternatives to support continuity of care and to protect the resident;

11.21 (2) provide information requested by the resident or case manager; and

11.22 (3) maintain information about the service termination, including the written notice of
11.23 service termination, in the resident's record.

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

11.25 Sec. 8. Minnesota Statutes 2016, section 245D.03, subdivision 1, is amended to read:

11.26 Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home
11.27 and community-based services to persons with disabilities and persons age 65 and older
11.28 pursuant to this chapter. The licensing standards in this chapter govern the provision of
11.29 basic support services and intensive support services.

11.30 (b) Basic support services provide the level of assistance, supervision, and care that is
11.31 necessary to ensure the health and welfare of the person and do not include services that

12.1 are specifically directed toward the training, treatment, habilitation, or rehabilitation of the
12.2 person. Basic support services include:

12.3 (1) in-home and out-of-home respite care services as defined in section 245A.02,
12.4 subdivision 15, and under the brain injury, community alternative care, community access
12.5 for disability inclusion, developmental disability, and elderly waiver plans, excluding
12.6 out-of-home respite care provided to children in a family child foster care home licensed
12.7 under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care license
12.8 holder complies with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8,
12.9 or successor provisions; and section 245D.061 or successor provisions, which must be
12.10 stipulated in the statement of intended use required under Minnesota Rules, part 2960.3000,
12.11 subpart 4;

12.12 (2) adult companion services as defined under the brain injury, community access for
12.13 disability inclusion, and elderly waiver plans, excluding adult companion services provided
12.14 under the Corporation for National and Community Services Senior Companion Program
12.15 established under the Domestic Volunteer Service Act of 1973, Public Law 98-288;

12.16 (3) personal support as defined under the developmental disability waiver plan;

12.17 (4) 24-hour emergency assistance, personal emergency response as defined under the
12.18 community access for disability inclusion and developmental disability waiver plans;

12.19 (5) night supervision services as defined under the brain injury waiver plan; and

12.20 (6) homemaker services as defined under the community access for disability inclusion,
12.21 brain injury, community alternative care, developmental disability, and elderly waiver plans,
12.22 excluding providers licensed by the Department of Health under chapter 144A and those
12.23 providers providing cleaning services only.

12.24 (c) Intensive support services provide assistance, supervision, and care that is necessary
12.25 to ensure the health and welfare of the person and services specifically directed toward the
12.26 training, habilitation, or rehabilitation of the person. Intensive support services include:

12.27 (1) intervention services, including:

12.28 (i) behavioral support services as defined under the brain injury and community access
12.29 for disability inclusion waiver plans;

12.30 (ii) in-home or out-of-home crisis respite services as defined under the developmental
12.31 disability waiver plan; and

13.1 (iii) specialist services as defined under the current developmental disability waiver
13.2 plan;

13.3 (2) in-home support services, including:

13.4 (i) in-home family support and supported living services as defined under the
13.5 developmental disability waiver plan;

13.6 (ii) independent living services training as defined under the brain injury and community
13.7 access for disability inclusion waiver plans; ~~and~~

13.8 (iii) semi-independent living services; and

13.9 (iv) individualized home supports services as defined under the brain injury, community
13.10 alternative care, and community access for disability inclusion waiver plans;

13.11 (3) residential supports and services, including:

13.12 (i) supported living services as defined under the developmental disability waiver plan
13.13 provided in a family or corporate child foster care residence, a family adult foster care
13.14 residence, a community residential setting, or a supervised living facility;

13.15 (ii) foster care services as defined in the brain injury, community alternative care, and
13.16 community access for disability inclusion waiver plans provided in a family or corporate
13.17 child foster care residence, a family adult foster care residence, or a community residential
13.18 setting; and

13.19 (iii) residential services provided to more than four persons with developmental
13.20 disabilities in a supervised living facility, including ICFs/DD;

13.21 (4) day services, including:

13.22 (i) structured day services as defined under the brain injury waiver plan;

13.23 (ii) day training and habilitation services under sections 252.41 to 252.46, and as defined
13.24 under the developmental disability waiver plan; and

13.25 (iii) prevocational services as defined under the brain injury and community access for
13.26 disability inclusion waiver plans; and

13.27 (5) supported employment as defined under the brain injury, developmental disability,
13.28 and community access for disability inclusion waiver plans.

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

14.1 Sec. 9. Minnesota Statutes 2016, section 245D.04, subdivision 3, is amended to read:

14.2 Subd. 3. **Protection-related rights.** (a) A person's protection-related rights include the
14.3 right to:

14.4 (1) have personal, financial, service, health, and medical information kept private, and
14.5 be advised of disclosure of this information by the license holder;

14.6 (2) access records and recorded information about the person in accordance with
14.7 applicable state and federal law, regulation, or rule;

14.8 (3) be free from maltreatment;

14.9 (4) be free from restraint, time out, seclusion, restrictive intervention, or other prohibited
14.10 procedure identified in section 245D.06, subdivision 5, or successor provisions, except for:

14.11 (i) emergency use of manual restraint to protect the person from imminent danger to self
14.12 or others according to the requirements in section 245D.061 or successor provisions; or (ii)
14.13 the use of safety interventions as part of a positive support transition plan under section
14.14 245D.06, subdivision 8, or successor provisions;

14.15 (5) receive services in a clean and safe environment when the license holder is the owner,
14.16 lessor, or tenant of the service site;

14.17 (6) be treated with courtesy and respect and receive respectful treatment of the person's
14.18 property;

14.19 (7) reasonable observance of cultural and ethnic practice and religion;

14.20 (8) be free from bias and harassment regarding race, gender, age, disability, spirituality,
14.21 and sexual orientation;

14.22 (9) be informed of and use the license holder's grievance policy and procedures, including
14.23 knowing how to contact persons responsible for addressing problems and to appeal under
14.24 section 256.045;

14.25 (10) know the name, telephone number, and the Web site, e-mail, and street addresses
14.26 of protection and advocacy services, including the appropriate state-appointed ombudsman,
14.27 and a brief description of how to file a complaint with these offices;

14.28 (11) assert these rights personally, or have them asserted by the person's family,
14.29 authorized representative, or legal representative, without retaliation;

14.30 (12) give or withhold written informed consent to participate in any research or
14.31 experimental treatment;

- 15.1 (13) associate with other persons of the person's choice;
- 15.2 (14) personal privacy, including the right to use the lock on the person's bedroom or unit
- 15.3 door; and
- 15.4 (15) engage in chosen activities; and
- 15.5 (16) access to the person's personal possessions at any time, including financial resources.
- 15.6 (b) For a person residing in a residential site licensed according to chapter 245A, or
- 15.7 where the license holder is the owner, lessor, or tenant of the residential service site,
- 15.8 protection-related rights also include the right to:
- 15.9 (1) have daily, private access to and use of a non-coin-operated telephone for local calls
- 15.10 and long-distance calls made collect or paid for by the person;
- 15.11 (2) receive and send, without interference, uncensored, unopened mail or electronic
- 15.12 correspondence or communication;
- 15.13 (3) have use of and free access to common areas in the residence and the freedom to
- 15.14 come and go from the residence at will; and
- 15.15 (4) choose the person's visitors and time of visits and have privacy for visits with the
- 15.16 person's spouse, next of kin, legal counsel, religious ~~advisor~~ adviser, or others, in accordance
- 15.17 with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom;
- 15.18 (5) the freedom and support to access food at any time;
- 15.19 (6) the freedom to furnish and decorate the person's bedroom or living unit;
- 15.20 (7) a setting that is clean and free from accumulation of dirt, grease, garbage, peeling
- 15.21 paint, mold, vermin, and insects;
- 15.22 (8) a setting that is free from hazards that threaten the person's health or safety;
- 15.23 (9) a setting that meets state and local building and zoning definitions of a dwelling unit
- 15.24 in a residential occupancy; and
- 15.25 (10) have access to potable water and three nutritionally balanced meals and nutritious
- 15.26 snacks between meals each day.
- 15.27 (c) Restriction of a person's rights under paragraph (a), clauses (13) to ~~(15)~~ (16), or
- 15.28 paragraph (b) is allowed only if determined necessary to ensure the health, safety, and
- 15.29 well-being of the person. Any restriction of those rights must be documented in the person's
- 15.30 coordinated service and support plan or coordinated service and support plan addendum.
- 15.31 The restriction must be implemented in the least restrictive alternative manner necessary

16.1 to protect the person and provide support to reduce or eliminate the need for the restriction
16.2 in the most integrated setting and inclusive manner. The documentation must include the
16.3 following information:

16.4 (1) the justification for the restriction based on an assessment of the person's vulnerability
16.5 related to exercising the right without restriction;

16.6 (2) the objective measures set as conditions for ending the restriction;

16.7 (3) a schedule for reviewing the need for the restriction based on the conditions for
16.8 ending the restriction to occur semiannually from the date of initial approval, at a minimum,
16.9 or more frequently if requested by the person, the person's legal representative, if any, and
16.10 case manager; and

16.11 (4) signed and dated approval for the restriction from the person, or the person's legal
16.12 representative, if any. A restriction may be implemented only when the required approval
16.13 has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the
16.14 right must be immediately and fully restored.

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

16.16 Sec. 10. Minnesota Statutes 2016, section 245D.071, subdivision 3, is amended to read:

16.17 Subd. 3. **Assessment and initial service planning.** (a) Within 15 days of service initiation
16.18 the license holder must complete a preliminary coordinated service and support plan
16.19 addendum based on the coordinated service and support plan.

16.20 (b) Within the scope of services, the license holder must, at a minimum, complete
16.21 assessments in the following areas before the 45-day planning meeting:

16.22 (1) the person's ability to self-manage health and medical needs to maintain or improve
16.23 physical, mental, and emotional well-being, including, when applicable, allergies, seizures,
16.24 choking, special dietary needs, chronic medical conditions, self-administration of medication
16.25 or treatment orders, preventative screening, and medical and dental appointments;

16.26 (2) the person's ability to self-manage personal safety to avoid injury or accident in the
16.27 service setting, including, when applicable, risk of falling, mobility, regulating water
16.28 temperature, community survival skills, water safety skills, and sensory disabilities; and

16.29 (3) the person's ability to self-manage symptoms or behavior that may otherwise result
16.30 in an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7), suspension
16.31 or termination of services by the license holder, or other symptoms or behaviors that may
16.32 jeopardize the health and welfare of the person or others.

17.1 Assessments must produce information about the person that describes the person's overall
17.2 strengths, functional skills and abilities, and behaviors or symptoms. Assessments must be
17.3 based on the person's status within the last 12 months at the time of service initiation.
17.4 Assessments based on older information must be documented and justified. Assessments
17.5 must be conducted annually at a minimum or within 30 days of a written request from the
17.6 person or the person's legal representative or case manager. The results must be reviewed
17.7 by the support team or expanded support team as part of a service plan review.

17.8 (c) Within 45 days of service initiation, the license holder must meet with the person,
17.9 the person's legal representative, the case manager, and other members of the support team
17.10 or expanded support team to determine the following based on information obtained from
17.11 the assessments identified in paragraph (b), the person's identified needs in the coordinated
17.12 service and support plan, and the requirements in subdivision 4 and section 245D.07,
17.13 subdivision 1a:

17.14 (1) the scope of the services to be provided to support the person's daily needs and
17.15 activities;

17.16 (2) the person's desired outcomes and the supports necessary to accomplish the person's
17.17 desired outcomes;

17.18 (3) the person's preferences for how services and supports are provided, including how
17.19 the provider will support the person to have control of the person's schedule;

17.20 (4) whether the current service setting is the most integrated setting available and
17.21 appropriate for the person; and

17.22 (5) how services must be coordinated across other providers licensed under this chapter
17.23 serving the person and members of the support team or expanded support team to ensure
17.24 continuity of care and coordination of services for the person.

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

17.26 Sec. 11. Minnesota Statutes 2016, section 245D.11, subdivision 4, is amended to read:

17.27 Subd. 4. **Admission criteria.** The license holder must establish policies and procedures
17.28 that promote continuity of care by ensuring that admission or service initiation criteria:

17.29 (1) is consistent with the service-related rights identified in section 245D.04, subdivisions
17.30 2, clauses (4) to (7), and 3, clause (8);

18.1 (2) identifies the criteria to be applied in determining whether the license holder can
18.2 develop services to meet the needs specified in the person's coordinated service and support
18.3 plan;

18.4 (3) requires a license holder providing services in a health care facility to comply with
18.5 the requirements in section 243.166, subdivision 4b, to provide notification to residents
18.6 when a registered predatory offender is admitted into the program or to a potential admission
18.7 when the facility was already serving a registered predatory offender. For purposes of this
18.8 clause, "health care facility" means a facility licensed by the commissioner as a residential
18.9 facility under chapter 245A to provide adult foster care or residential services to persons
18.10 with disabilities; ~~and~~

18.11 (4) requires that when a person or the person's legal representative requests services
18.12 from the license holder, a refusal to admit the person must be based on an evaluation of the
18.13 person's assessed needs and the license holder's lack of capacity to meet the needs of the
18.14 person. The license holder must not refuse to admit a person based solely on the type of
18.15 residential services the person is receiving, or solely on the person's severity of disability,
18.16 orthopedic or neurological handicaps, sight or hearing impairments, lack of communication
18.17 skills, physical disabilities, toilet habits, behavioral disorders, or past failure to make progress.
18.18 Documentation of the basis for refusal must be provided to the person or the person's legal
18.19 representative and case manager upon request; and

18.20 (5) requires the person or the person's legal representative and license holder to sign and
18.21 date the residency agreement when the license holder provides foster care or supported
18.22 living services under section 245D.03, subdivision 1, paragraph (c), clause (3), item (i) or
18.23 (ii), to a person living in a community residential setting defined in section 245D.02,
18.24 subdivision 4a; an adult foster home defined in Minnesota Rules, part 9555.5105, subpart
18.25 5; or a foster family home defined in Minnesota Rules, part 9560.0521, subpart 12. The
18.26 residency agreement must include service termination requirements specified in section
18.27 245D.10, subdivision 3a, paragraphs (b) to (f). The residency agreement must be reviewed
18.28 annually, dated, and signed by the person or the person's legal representative and license
18.29 holder.

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

18.31 Sec. 12. Minnesota Statutes 2016, section 245D.24, subdivision 3, is amended to read:

18.32 Subd. 3. **Bedrooms.** (a) ~~People~~ Each person receiving services must have a choice of
18.33 roommate and must mutually consent, in writing, to sharing a bedroom with one another.
18.34 No more than two people receiving services may share one bedroom.

19.1 (b) A single occupancy bedroom must have at least 80 square feet of floor space with a
19.2 7-1/2 foot ceiling. A double occupancy room must have at least 120 square feet of floor
19.3 space with a 7-1/2 foot ceiling. Bedrooms must be separated from halls, corridors, and other
19.4 habitable rooms by floor-to-ceiling walls containing no openings except doorways and must
19.5 not serve as a corridor to another room used in daily living.

19.6 (c) A person's personal possessions and items for the person's own use are the only items
19.7 permitted to be stored in a person's bedroom.

19.8 (d) Unless otherwise documented through assessment as a safety concern for the person,
19.9 each person must be provided with the following furnishings:

19.10 (1) a separate bed of proper size and height for the convenience and comfort of the
19.11 person, with a clean mattress in good repair;

19.12 (2) clean bedding appropriate for the season for each person;

19.13 (3) an individual cabinet, or dresser, shelves, and a closet, for storage of personal
19.14 possessions and clothing; and

19.15 (4) a mirror for grooming.

19.16 (e) When possible, a person must be allowed to have items of furniture that the person
19.17 personally owns in the bedroom, unless doing so would interfere with safety precautions,
19.18 violate a building or fire code, or interfere with another person's use of the bedroom. A
19.19 person may choose not to have a cabinet, dresser, shelves, or a mirror in the bedroom, as
19.20 otherwise required under paragraph (d), clause (3) or (4). A person may choose to use a
19.21 mattress other than an innerspring mattress and may choose not to have the mattress on a
19.22 mattress frame or support. If a person chooses not to have a piece of required furniture, the
19.23 license holder must document this choice and is not required to provide the item. If a person
19.24 chooses to use a mattress other than an innerspring mattress or chooses not to have a mattress
19.25 frame or support, the license holder must document this choice and allow the alternative
19.26 desired by the person.

19.27 (f) A person must be allowed to bring personal possessions into the bedroom and other
19.28 designated storage space, if such space is available, in the residence. The person must be
19.29 allowed to accumulate possessions to the extent the residence is able to accommodate them,
19.30 unless doing so is contraindicated for the person's physical or mental health, would interfere
19.31 with safety precautions or another person's use of the bedroom, or would violate a building
19.32 or fire code. The license holder must allow for locked storage of personal items. Any
19.33 restriction on the possession or locked storage of personal items, including requiring a

20.1 person to use a lock provided by the license holder, must comply with section 245D.04,
20.2 subdivision 3, paragraph (c), and allow the person to be present if and when the license
20.3 holder opens the lock.

20.4 (g) A person must be allowed to lock the person's bedroom door. The license holder
20.5 must document and assess the physical plant and the environment, and the population served,
20.6 and identify the risk factors that require using locked doors, and the specific action taken
20.7 to minimize the safety risk to a person receiving services at the site.

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

20.9 Sec. 13. Minnesota Statutes 2016, section 256.045, subdivision 3, is amended to read:

20.10 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

20.11 (1) any person applying for, receiving or having received public assistance, medical
20.12 care, or a program of social services granted by the state agency or a county agency or the
20.13 federal Food Stamp Act whose application for assistance is denied, not acted upon with
20.14 reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed
20.15 to have been incorrectly paid;

20.16 (2) any patient or relative aggrieved by an order of the commissioner under section
20.17 252.27;

20.18 (3) a party aggrieved by a ruling of a prepaid health plan;

20.19 (4) except as provided under chapter 245C, any individual or facility determined by a
20.20 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after
20.21 they have exercised their right to administrative reconsideration under section 626.557;

20.22 (5) any person whose claim for foster care payment according to a placement of the
20.23 child resulting from a child protection assessment under section 626.556 is denied or not
20.24 acted upon with reasonable promptness, regardless of funding source;

20.25 (6) any person to whom a right of appeal according to this section is given by other
20.26 provision of law;

20.27 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
20.28 under section 256B.15;

20.29 (8) an applicant aggrieved by an adverse decision to an application or redetermination
20.30 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

21.1 (9) except as provided under chapter 245A, an individual or facility determined to have
21.2 maltreated a minor under section 626.556, after the individual or facility has exercised the
21.3 right to administrative reconsideration under section 626.556;

21.4 (10) except as provided under chapter 245C, an individual disqualified under sections
21.5 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
21.6 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
21.7 individual has committed an act or acts that meet the definition of any of the crimes listed
21.8 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
21.9 626.556, subdivision 3, or 626.557, subdivision 3. Hearings regarding a maltreatment
21.10 determination under clause (4) or (9) and a disqualification under this clause in which the
21.11 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into
21.12 a single fair hearing. In such cases, the scope of review by the human services judge shall
21.13 include both the maltreatment determination and the disqualification. The failure to exercise
21.14 the right to an administrative reconsideration shall not be a bar to a hearing under this section
21.15 if federal law provides an individual the right to a hearing to dispute a finding of
21.16 maltreatment;

21.17 (11) any person with an outstanding debt resulting from receipt of public assistance,
21.18 medical care, or the federal Food Stamp Act who is contesting a setoff claim by the
21.19 Department of Human Services or a county agency. The scope of the appeal is the validity
21.20 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
21.21 the debt;

21.22 (12) a person issued a notice of service termination under section 245D.10, subdivision
21.23 3a, from residential supports and services as defined in section 245D.03, subdivision 1,
21.24 paragraph (c), clause (3), that is not otherwise subject to appeal under subdivision 4a; ~~or~~

21.25 (13) an individual disability waiver recipient based on a denial of a request for a rate
21.26 exception under section 256B.4914; or

21.27 (14) a person issued a notice of service termination under section 245A.11, subdivision
21.28 11, that is not otherwise subject to appeal under subdivision 4a.

21.29 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
21.30 is the only administrative appeal to the final agency determination specifically, including
21.31 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested
21.32 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or
21.33 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged
21.34 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case

22.1 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),
22.2 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A
22.3 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
22.4 available when there is no district court action pending. If such action is filed in district
22.5 court while an administrative review is pending that arises out of some or all of the events
22.6 or circumstances on which the appeal is based, the administrative review must be suspended
22.7 until the judicial actions are completed. If the district court proceedings are completed,
22.8 dismissed, or overturned, the matter may be considered in an administrative hearing.

22.9 (c) For purposes of this section, bargaining unit grievance procedures are not an
22.10 administrative appeal.

22.11 (d) The scope of hearings involving claims to foster care payments under paragraph (a),
22.12 clause (5), shall be limited to the issue of whether the county is legally responsible for a
22.13 child's placement under court order or voluntary placement agreement and, if so, the correct
22.14 amount of foster care payment to be made on the child's behalf and shall not include review
22.15 of the propriety of the county's child protection determination or child placement decision.

22.16 (e) The scope of hearings under paragraph (a), ~~clause~~ clauses (12) and (14), shall be
22.17 limited to whether the proposed termination of services is authorized under section 245D.10,
22.18 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements
22.19 of section 245D.10, subdivision 3a, ~~paragraph~~ paragraphs (c) to (e), or 245A.11, subdivision
22.20 2a, paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of
22.21 termination of services, the scope of the hearing shall also include whether the case
22.22 management provider has finalized arrangements for a residential facility, a program, or
22.23 services that will meet the assessed needs of the recipient by the effective date of the service
22.24 termination.

22.25 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
22.26 under contract with a county agency to provide social services is not a party and may not
22.27 request a hearing under this section, except if assisting a recipient as provided in subdivision
22.28 4.

22.29 (g) An applicant or recipient is not entitled to receive social services beyond the services
22.30 prescribed under chapter 256M or other social services the person is eligible for under state
22.31 law.

22.32 (h) The commissioner may summarily affirm the county or state agency's proposed
22.33 action without a hearing when the sole issue is an automatic change due to a change in state
22.34 or federal law.

23.1 (i) Unless federal or Minnesota law specifies a different time frame in which to file an
 23.2 appeal, an individual or organization specified in this section may contest the specified
 23.3 action, decision, or final disposition before the state agency by submitting a written request
 23.4 for a hearing to the state agency within 30 days after receiving written notice of the action,
 23.5 decision, or final disposition, or within 90 days of such written notice if the applicant,
 23.6 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision
 23.7 13, why the request was not submitted within the 30-day time limit. The individual filing
 23.8 the appeal has the burden of proving good cause by a preponderance of the evidence.

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

23.10 Sec. 14. **[256B.051] HOUSING SUPPORT SERVICES.**

23.11 **Subdivision 1. Purpose.** Housing support services are established to provide housing
 23.12 support services to an individual with a disability that limits the individual's ability to obtain
 23.13 or maintain stable housing. The services support an individual's transition to housing in the
 23.14 community and increases long-term stability in housing, to avoid future periods of being at
 23.15 risk of homelessness or institutionalization.

23.16 **Subd. 2. Definitions.** (a) For the purposes of this section, the terms defined in this
 23.17 subdivision have the meanings given.

23.18 (b) "At-risk of homelessness" means (1) an individual that is faced with a set of
 23.19 circumstances likely to cause the individual to become homeless, or (2) an individual
 23.20 previously homeless, who will be discharged from a correctional, medical, mental health,
 23.21 or treatment center, who lacks sufficient resources to pay for housing and does not have a
 23.22 permanent place to live.

23.23 (c) "Commissioner" means the commissioner of human services.

23.24 (d) "Homeless" means an individual or family lacking a fixed, adequate nighttime
 23.25 residence.

23.26 (e) "Individual with a disability" means:

23.27 (1) an individual who is aged, blind, or disabled as determined by the criteria used by
 23.28 the title 11 program of the Social Security Act, United States Code, title 42, section 416,
 23.29 paragraph (i), item (1); or

23.30 (2) an individual who meets a category of eligibility under section 256D.05, subdivision
 23.31 1, paragraph (a), clauses (1), (3), (5) to (9), or (14).

24.1 (f) "Institution" means a setting as defined in section 256B.0621, subdivision 2, clause
24.2 (3), and the Minnesota Security Hospital as defined in section 253.20.

24.3 Subd. 3. **Eligibility.** An individual with a disability is eligible for housing support services
24.4 if the individual:

24.5 (1) is 18 years of age or older;

24.6 (2) is enrolled in medical assistance;

24.7 (3) has an assessment of functional need that determines a need for services due to
24.8 limitations caused by the individual's disability;

24.9 (4) resides in or plans to transition to a community-based setting as defined in Code of
24.10 Federal Regulations, title 42, section 441.301(c); and

24.11 (5) has housing instability evidenced by:

24.12 (i) being homeless or at-risk of homelessness;

24.13 (ii) being in the process of transitioning from, or having transitioned in the past six
24.14 months from, an institution or licensed or registered setting;

24.15 (iii) being eligible for waiver services under section 256B.0915, 256B.092, or 256B.49;
24.16 or

24.17 (iv) having been identified by a long-term care consultation under section 256B.0911
24.18 as at risk of institutionalization.

24.19 Subd. 4. **Assessment requirements.** (a) An individual's assessment of functional need
24.20 must be conducted by one of the following methods:

24.21 (1) an assessor according to the criteria established in section 256B.0911, subdivision
24.22 3a, using a format established by the commissioner;

24.23 (2) documented need for services as verified by a professional statement of need as
24.24 defined in section 256I.03, subdivision 12; or

24.25 (3) according to the continuum of care coordinated assessment system established in
24.26 Code of Federal Regulations, title 24, section 578.3, using a format established by the
24.27 commissioner.

24.28 (b) An individual must be reassessed within one year of initial assessment, and annually
24.29 thereafter.

24.30 Subd. 5. **Housing support services.** (a) Housing support services include housing
24.31 transition services and housing and tenancy sustaining services.

25.1 (b) Housing transition services are defined as:

25.2 (1) tenant screening and housing assessment;

25.3 (2) assistance with the housing search and application process;

25.4 (3) identifying resources to cover one-time moving expenses;

25.5 (4) ensuring a new living arrangement is safe and ready for move-in;

25.6 (5) assisting in arranging for and supporting details of a move; and

25.7 (6) developing a housing support crisis plan.

25.8 (c) Housing and tenancy sustaining services include:

25.9 (1) prevention and early identification of behaviors that may jeopardize continued stable
25.10 housing;

25.11 (2) education and training on roles, rights, and responsibilities of the tenant and the
25.12 property manager;

25.13 (3) coaching to develop and maintain key relationships with property managers and
25.14 neighbors;

25.15 (4) advocacy and referral to community resources to prevent eviction when housing is
25.16 at risk;

25.17 (5) assistance with housing recertification process;

25.18 (6) coordination with the tenant to regularly review, update, and modify housing support
25.19 and crisis plan; and

25.20 (7) continuing training on being a good tenant, lease compliance, and household
25.21 management.

25.22 (d) A housing support service may include person-centered planning for people who are
25.23 not eligible to receive person-centered planning through any other service, if the
25.24 person-centered planning is provided by a consultation service provider that is under contract
25.25 with the department and enrolled as a Minnesota health care program.

25.26 Subd. 6. **Provider qualifications and duties.** A provider eligible for reimbursement
25.27 under this section shall:

25.28 (1) enroll as a medical assistance Minnesota health care program provider and meet all
25.29 applicable provider standards and requirements;

26.1 (2) demonstrate compliance with federal and state laws and policies for housing support
26.2 services as determined by the commissioner;

26.3 (3) comply with background study requirements under chapter 245C and maintain
26.4 documentation of background study requests and results; and

26.5 (4) directly provide housing support services and not use a subcontractor or reporting
26.6 agent.

26.7 Subd. 7. **Housing support supplemental service rates.** Supplemental service rates for
26.8 individuals in settings according to sections 144D.025, 256I.04, subdivision 3, paragraph
26.9 (a), clause (3), and 256I.05, subdivision 1g, shall be reduced by one-half over a two-year
26.10 period. This reduction only applies to supplemental service rates for individuals eligible for
26.11 housing support services under this section.

26.12 **EFFECTIVE DATE.** (a) Subdivisions 1 to 6 are contingent upon federal approval. The
26.13 commissioner of human services shall notify the revisor of statutes when federal approval
26.14 is obtained.

26.15 (b) Subdivision 7 is contingent upon federal approval of subdivisions 1 to 6. The
26.16 commissioner of human services shall notify the revisor of statutes when federal approval
26.17 is obtained.

26.18 Sec. 15. Minnesota Statutes 2016, section 256B.0911, subdivision 3a, is amended to read:

26.19 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
26.20 planning, or other assistance intended to support community-based living, including persons
26.21 who need assessment in order to determine waiver or alternative care program eligibility,
26.22 must be visited by a long-term care consultation team within 20 calendar days after the date
26.23 on which an assessment was requested or recommended. Upon statewide implementation
26.24 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
26.25 requesting personal care assistance services and home care nursing. The commissioner shall
26.26 provide at least a 90-day notice to lead agencies prior to the effective date of this requirement.
26.27 Face-to-face assessments must be conducted according to paragraphs (b) to (i).

26.28 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
26.29 assessors to conduct the assessment. For a person with complex health care needs, a public
26.30 health or registered nurse from the team must be consulted.

26.31 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
26.32 be used to complete a comprehensive, person-centered assessment. The assessment must
26.33 include the health, psychological, functional, environmental, and social needs of the

27.1 individual necessary to develop a community support plan that meets the individual's needs
27.2 and preferences.

27.3 (d) The assessment must be conducted in a face-to-face interview with the person being
27.4 assessed and the person's legal representative. At the request of the person, other individuals
27.5 may participate in the assessment to provide information on the needs, strengths, and
27.6 preferences of the person necessary to develop a community support plan that ensures the
27.7 person's health and safety. Except for legal representatives or family members invited by
27.8 the person, persons participating in the assessment may not be a provider of service or have
27.9 any financial interest in the provision of services. For persons who are to be assessed for
27.10 elderly waiver customized living services under section 256B.0915, with the permission of
27.11 the person being assessed or the person's designated or legal representative, the client's
27.12 current or proposed provider of services may submit a copy of the provider's nursing
27.13 assessment or written report outlining its recommendations regarding the client's care needs.
27.14 The person conducting the assessment must notify the provider of the date by which this
27.15 information is to be submitted. This information shall be provided to the person conducting
27.16 the assessment prior to the assessment. For a person who is to be assessed for waiver services
27.17 under section 256B.092 or 256B.49, with the permission of the person being assessed or
27.18 the person's designated legal representative, the person's current provider of services may
27.19 submit a written report outlining recommendations regarding the person's care needs prepared
27.20 by a direct service employee with at least 20 hours of service to that client. The person
27.21 conducting the assessment or reassessment must notify the provider of the date by which
27.22 this information is to be submitted. This information shall be provided to the person
27.23 conducting the assessment and the person or the person's legal representative, and must be
27.24 considered prior to the finalization of the assessment or reassessment.

27.25 (e) The person or the person's legal representative must be provided with a written
27.26 community support plan within 40 calendar days of the assessment visit, regardless of
27.27 whether the individual is eligible for Minnesota health care programs. The written community
27.28 support plan must include:

27.29 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

27.30 (2) the individual's options and choices to meet identified needs, including all available
27.31 options for case management services and providers;

27.32 (3) identification of health and safety risks and how those risks will be addressed,
27.33 including personal risk management strategies;

27.34 (4) referral information; and

28.1 (5) informal caregiver supports, if applicable.

28.2 For a person determined eligible for state plan home care under subdivision 1a, paragraph
28.3 (b), clause (1), the person or person's representative must also receive a copy of the home
28.4 care service plan developed by the certified assessor.

28.5 (f) A person may request assistance in identifying community supports without
28.6 participating in a complete assessment. Upon a request for assistance identifying community
28.7 support, the person must be transferred or referred to long-term care options counseling
28.8 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
28.9 telephone assistance and follow up.

28.10 (g) The person has the right to make the final decision between institutional placement
28.11 and community placement after the recommendations have been provided, except as provided
28.12 in section 256.975, subdivision 7a, paragraph (d).

28.13 (h) The lead agency must give the person receiving assessment or support planning, or
28.14 the person's legal representative, materials, and forms supplied by the commissioner
28.15 containing the following information:

28.16 (1) written recommendations for community-based services and consumer-directed
28.17 options;

28.18 (2) documentation that the most cost-effective alternatives available were offered to the
28.19 individual. For purposes of this clause, "cost-effective" means community services and
28.20 living arrangements that cost the same as or less than institutional care. For an individual
28.21 found to meet eligibility criteria for home and community-based service programs under
28.22 section 256B.0915 or 256B.49, "cost-effectiveness" has the meaning found in the federally
28.23 approved waiver plan for each program;

28.24 (3) the need for and purpose of preadmission screening conducted by long-term care
28.25 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
28.26 nursing facility placement. If the individual selects nursing facility placement, the lead
28.27 agency shall forward information needed to complete the level of care determinations and
28.28 screening for developmental disability and mental illness collected during the assessment
28.29 to the long-term care options counselor using forms provided by the commissioner;

28.30 (4) the role of long-term care consultation assessment and support planning in eligibility
28.31 determination for waiver and alternative care programs, and state plan home care, case
28.32 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
28.33 and (b);

- 29.1 (5) information about Minnesota health care programs;
- 29.2 (6) the person's freedom to accept or reject the recommendations of the team;
- 29.3 (7) the person's right to confidentiality under the Minnesota Government Data Practices
29.4 Act, chapter 13;
- 29.5 (8) the certified assessor's decision regarding the person's need for institutional level of
29.6 care as determined under criteria established in subdivision 4e and the certified assessor's
29.7 decision regarding eligibility for all services and programs as defined in subdivision 1a,
29.8 paragraphs (a), clause (6), and (b); and
- 29.9 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
29.10 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
29.11 (8), and (b), and incorporating the decision regarding the need for institutional level of care
29.12 or the lead agency's final decisions regarding public programs eligibility according to section
29.13 256.045, subdivision 3.
- 29.14 (i) Face-to-face assessment completed as part of eligibility determination for the
29.15 alternative care, elderly waiver, community access for disability inclusion, community
29.16 alternative care, and brain injury waiver programs under sections 256B.0913, 256B.0915,
29.17 and 256B.49 is valid to establish service eligibility for no more than 60 calendar days after
29.18 the date of assessment.
- 29.19 (j) The effective eligibility start date for programs in paragraph (i) can never be prior to
29.20 the date of assessment. If an assessment was completed more than 60 days before the
29.21 effective waiver or alternative care program eligibility start date, assessment and support
29.22 plan information must be updated and documented in the department's Medicaid Management
29.23 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
29.24 state plan services, the effective date of eligibility for programs included in paragraph (i)
29.25 cannot be prior to the date the most recent updated assessment is completed.
- 29.26 (k) At the time of reassessment, the certified assessor shall assess each person receiving
29.27 waiver services currently residing in a community residential setting, or licensed adult foster
29.28 care home that is not the primary residence of the license holder, or in which the license
29.29 holder is not the primary caregiver, to determine if that person would prefer to be served in
29.30 a community-living settings as defined in 256B.49, subdivision 23. The certified assessor
29.31 shall offer the person, through a person-centered planning process, the option to receive
29.32 alternative housing and service options.

30.1 Sec. 16. Minnesota Statutes 2016, section 256B.0915, subdivision 1, is amended to read:

30.2 Subdivision 1. **Authority.** (a) The commissioner is authorized to apply for a home and
30.3 community-based services waiver for the elderly, authorized under section 1915(c) of the
30.4 Social Security Act, in order to obtain federal financial participation to expand the availability
30.5 of services for persons who are eligible for medical assistance. The commissioner may
30.6 apply for additional waivers or pursue other federal financial participation which is
30.7 advantageous to the state for funding home care services for the frail elderly who are eligible
30.8 for medical assistance. The provision of waived services to elderly and disabled medical
30.9 assistance recipients must comply with the criteria for service definitions and provider
30.10 standards approved in the waiver.

30.11 (b) The commissioner shall comply with the requirements in the federally approved
30.12 transition plan for the home and community-based services waivers authorized under this
30.13 section.

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

30.15 Sec. 17. Minnesota Statutes 2016, section 256B.092, subdivision 4, is amended to read:

30.16 Subd. 4. **Home and community-based services for developmental disabilities.** (a)
30.17 The commissioner shall make payments to approved vendors participating in the medical
30.18 assistance program to pay costs of providing home and community-based services, including
30.19 case management service activities provided as an approved home and community-based
30.20 service, to medical assistance eligible persons with developmental disabilities who have
30.21 been screened under subdivision 7 and according to federal requirements. Federal
30.22 requirements include those services and limitations included in the federally approved
30.23 application for home and community-based services for persons with developmental
30.24 disabilities and subsequent amendments.

30.25 (b) Effective July 1, 1995, contingent upon federal approval and state appropriations
30.26 made available for this purpose, and in conjunction with Laws 1995, chapter 207, article 8,
30.27 section 40, the commissioner of human services shall allocate resources to county agencies
30.28 for home and community-based waived services for persons with developmental disabilities
30.29 authorized but not receiving those services as of June 30, 1995, based upon the average
30.30 resource need of persons with similar functional characteristics. To ensure service continuity
30.31 for service recipients receiving home and community-based waived services for persons
30.32 with developmental disabilities prior to July 1, 1995, the commissioner shall make available
30.33 to the county of financial responsibility home and community-based waived services
30.34 resources based upon fiscal year 1995 authorized levels.

31.1 (c) Home and community-based resources for all recipients shall be managed by the
31.2 county of financial responsibility within an allowable reimbursement average established
31.3 for each county. Payments for home and community-based services provided to individual
31.4 recipients shall not exceed amounts authorized by the county of financial responsibility.
31.5 For specifically identified former residents of nursing facilities, the commissioner shall be
31.6 responsible for authorizing payments and payment limits under the appropriate home and
31.7 community-based service program. Payment is available under this subdivision only for
31.8 persons who, if not provided these services, would require the level of care provided in an
31.9 intermediate care facility for persons with developmental disabilities.

31.10 (d) The commissioner shall comply with the requirements in the federally approved
31.11 transition plan for the home and community-based services waivers for the elderly authorized
31.12 under this section.

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

31.14 Sec. 18. Minnesota Statutes 2016, section 256B.49, subdivision 11, is amended to read:

31.15 Subd. 11. **Authority.** (a) The commissioner is authorized to apply for home and
31.16 community-based service waivers, as authorized under section 1915(c) of the Social Security
31.17 Act to serve persons under the age of 65 who are determined to require the level of care
31.18 provided in a nursing home and persons who require the level of care provided in a hospital.
31.19 The commissioner shall apply for the home and community-based waivers in order to:

- 31.20 (1) promote the support of persons with disabilities in the most integrated settings;
31.21 (2) expand the availability of services for persons who are eligible for medical assistance;
31.22 (3) promote cost-effective options to institutional care; and
31.23 (4) obtain federal financial participation.

31.24 (b) The provision of waived services to medical assistance recipients with disabilities
31.25 shall comply with the requirements outlined in the federally approved applications for home
31.26 and community-based services and subsequent amendments, including provision of services
31.27 according to a service plan designed to meet the needs of the individual. For purposes of
31.28 this section, the approved home and community-based application is considered the necessary
31.29 federal requirement.

31.30 (c) The commissioner shall provide interested persons serving on agency advisory
31.31 committees, task forces, the Centers for Independent Living, and others who request to be
31.32 on a list to receive, notice of, and an opportunity to comment on, at least 30 days before

32.1 any effective dates, (1) any substantive changes to the state's disability services program
32.2 manual, or (2) changes or amendments to the federally approved applications for home and
32.3 community-based waivers, prior to their submission to the federal Centers for Medicare
32.4 and Medicaid Services.

32.5 (d) The commissioner shall seek approval, as authorized under section 1915(c) of the
32.6 Social Security Act, to allow medical assistance eligibility under this section for children
32.7 under age 21 without deeming of parental income or assets.

32.8 (e) The commissioner shall seek approval, as authorized under section 1915(c) of the
32.9 Social Act, to allow medical assistance eligibility under this section for individuals under
32.10 age 65 without deeming the spouse's income or assets.

32.11 (f) The commissioner shall comply with the requirements in the federally approved
32.12 transition plan for the home and community-based services waivers authorized under this
32.13 section.

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

32.15 Sec. 19. Minnesota Statutes 2016, section 256B.49, subdivision 15, is amended to read:

32.16 Subd. 15. **Coordinated service and support plan; comprehensive transitional service**
32.17 **plan; maintenance service plan.** (a) Each recipient of home and community-based waived
32.18 services shall be provided a copy of the written coordinated service and support plan which
32.19 meets the requirements in section 256B.092, subdivision 1b.

32.20 (b) In developing the comprehensive transitional service plan, the individual receiving
32.21 services, the case manager, and the guardian, if applicable, will identify the transitional
32.22 service plan fundamental service outcome and anticipated timeline to achieve this outcome.
32.23 Within the first 20 days following a recipient's request for an assessment or reassessment,
32.24 the transitional service planning team must be identified. A team leader must be identified
32.25 who will be responsible for assigning responsibility and communicating with team members
32.26 to ensure implementation of the transition plan and ongoing assessment and communication
32.27 process. The team leader should be an individual, such as the case manager or guardian,
32.28 who has the opportunity to follow the recipient to the next level of service.

32.29 Within ten days following an assessment, a comprehensive transitional service plan must
32.30 be developed incorporating elements of a comprehensive functional assessment and including
32.31 short-term measurable outcomes and timelines for achievement of and reporting on these
32.32 outcomes. Functional milestones must also be identified and reported according to the
32.33 timelines agreed upon by the transitional service planning team. In addition, the

33.1 comprehensive transitional service plan must identify additional supports that may assist
33.2 in the achievement of the fundamental service outcome such as the development of greater
33.3 natural community support, increased collaboration among agencies, and technological
33.4 supports.

33.5 The timelines for reporting on functional milestones will prompt a reassessment of
33.6 services provided, the units of services, rates, and appropriate service providers. It is the
33.7 responsibility of the transitional service planning team leader to review functional milestone
33.8 reporting to determine if the milestones are consistent with observable skills and that
33.9 milestone achievement prompts any needed changes to the comprehensive transitional
33.10 service plan.

33.11 For those whose fundamental transitional service outcome involves the need to procure
33.12 housing, a plan for the recipient to seek the resources necessary to secure the least restrictive
33.13 housing possible should be incorporated into the plan, including employment and public
33.14 supports such as housing access and shelter needy funding.

33.15 (c) Counties and other agencies responsible for funding community placement and
33.16 ongoing community supportive services are responsible for the implementation of the
33.17 comprehensive transitional service plans. Oversight responsibilities include both ensuring
33.18 effective transitional service delivery and efficient utilization of funding resources.

33.19 (d) Following one year of transitional services, the transitional services planning team
33.20 will make a determination as to whether or not the individual receiving services requires
33.21 the current level of continuous and consistent support in order to maintain the recipient's
33.22 current level of functioning. Recipients who are determined to have not had a significant
33.23 change in functioning for 12 months must move from a transitional to a maintenance service
33.24 plan. Recipients on a maintenance service plan must be reassessed to determine if the
33.25 recipient would benefit from a transitional service plan at least every 12 months and at other
33.26 times when there has been a significant change in the recipient's functioning. This assessment
33.27 should consider any changes to technological or natural community supports.

33.28 (e) When a county is evaluating denials, reductions, or terminations of home and
33.29 community-based services under this section for an individual, the case manager shall offer
33.30 to meet with the individual or the individual's guardian in order to discuss the prioritization
33.31 of service needs within the coordinated service and support plan, comprehensive transitional
33.32 service plan, or maintenance service plan. The reduction in the authorized services for an
33.33 individual due to changes in funding for waived services may not exceed the amount

34.1 needed to ensure medically necessary services to meet the individual's health, safety, and
34.2 welfare.

34.3 ~~(f) At the time of reassessment, local agency case managers shall assess each recipient~~
34.4 ~~of community access for disability inclusion or brain injury waived services currently~~
34.5 ~~residing in a licensed adult foster home that is not the primary residence of the license~~
34.6 ~~holder, or in which the license holder is not the primary caregiver, to determine if that~~
34.7 ~~recipient could appropriately be served in a community-living setting. If appropriate for the~~
34.8 ~~recipient, the case manager shall offer the recipient, through a person-centered planning~~
34.9 ~~process, the option to receive alternative housing and service options. In the event that the~~
34.10 ~~recipient chooses to transfer from the adult foster home, the vacated bed shall not be filled~~
34.11 ~~with another recipient of waiver services and group residential housing and the licensed~~
34.12 ~~capacity shall be reduced accordingly, unless the savings required by the licensed bed closure~~
34.13 ~~reductions under Laws 2011, First Special Session chapter 9, article 7, sections 1 and 40,~~
34.14 ~~paragraph (f), for foster care settings where the physical location is not the primary residence~~
34.15 ~~of the license holder are met through voluntary changes described in section 245A.03,~~
34.16 ~~subdivision 7, paragraph (e), or as provided under paragraph (a), clauses (3) and (4). If the~~
34.17 ~~adult foster home becomes no longer viable due to these transfers, the county agency, with~~
34.18 ~~the assistance of the department, shall facilitate a consolidation of settings or closure. This~~
34.19 ~~reassessment process shall be completed by July 1, 2013.~~

34.20 Sec. 20. Minnesota Statutes 2016, section 256B.4913, is amended by adding a subdivision
34.21 to read:

34.22 Subd. 7. **New services.** A service added to section 256B.4914 after January 1, 2014, is
34.23 not subject to rate stabilization adjustment in this section.

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

34.25 Sec. 21. Minnesota Statutes 2016, section 256B.4914, subdivision 3, is amended to read:

34.26 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's
34.27 home and community-based services waivers under sections 256B.092 and 256B.49,
34.28 including the following, as defined in the federally approved home and community-based
34.29 services plan:

34.30 (1) 24-hour customized living;

34.31 (2) adult day care;

34.32 (3) adult day care bath;

- 35.1 (4) behavioral programming;
- 35.2 (5) companion services;
- 35.3 (6) customized living;
- 35.4 (7) day training and habilitation;
- 35.5 (8) housing access coordination;
- 35.6 (9) independent living skills;
- 35.7 (10) in-home family support;
- 35.8 (11) night supervision;
- 35.9 (12) personal support;
- 35.10 (13) prevocational services;
- 35.11 (14) residential care services;
- 35.12 (15) residential support services;
- 35.13 (16) respite services;
- 35.14 (17) structured day services;
- 35.15 (18) supported employment services;
- 35.16 (19) supported living services;
- 35.17 (20) transportation services; ~~and~~
- 35.18 (21) individualized home supports; and
- 35.19 (22) other services as approved by the federal government in the state home and
- 35.20 community-based services plan.

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

35.22 Sec. 22. Minnesota Statutes 2016, section 256B.4914, subdivision 5, is amended to read:

35.23 Subd. 5. **Base wage index and standard component values.** (a) The base wage index

35.24 is established to determine staffing costs associated with providing services to individuals

35.25 receiving home and community-based services. For purposes of developing and calculating

35.26 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard

35.27 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in

35.28 the most recent edition of the Occupational Handbook must be used. The base wage index

35.29 must be calculated as follows:

36.1 (1) for residential direct care staff, the sum of:

36.2 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home
36.3 health aide (SOC code 39-9021); 30 percent of the median wage for nursing aide (SOC
36.4 code 31-1012); and 20 percent of the median wage for social and human services aide (SOC
36.5 code 21-1093); and

36.6 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide
36.7 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide
36.8 (SOC code 39-9021); 20 percent of the median wage for nursing aide (SOC code 31-1012);
36.9 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 20
36.10 percent of the median wage for social and human services aide (SOC code 21-1093);

36.11 (2) for day services, 20 percent of the median wage for nursing aide (SOC code 31-1012);
36.12 20 percent of the median wage for psychiatric technician (SOC code 29-2053); and 60
36.13 percent of the median wage for social and human services aide (SOC code 21-1093);

36.14 (3) for residential asleep-overnight staff, the wage will be \$7.66 per hour, except in a
36.15 family foster care setting, the wage is \$2.80 per hour;

36.16 (4) for behavior program analyst staff, 100 percent of the median wage for mental health
36.17 counselors (SOC code 21-1014);

36.18 (5) for behavior program professional staff, 100 percent of the median wage for clinical
36.19 counseling and school psychologist (SOC code 19-3031);

36.20 (6) for behavior program specialist staff, 100 percent of the median wage for psychiatric
36.21 technicians (SOC code 29-2053);

36.22 (7) for supportive living services staff, 20 percent of the median wage for nursing aide
36.23 (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC code
36.24 29-2053); and 60 percent of the median wage for social and human services aide (SOC code
36.25 21-1093);

36.26 (8) for housing access coordination staff, 50 percent of the median wage for community
36.27 and social services specialist (SOC code 21-1099); and 50 percent of the median wage for
36.28 social and human services aide (SOC code 21-1093);

36.29 (9) for in-home family support staff, 20 percent of the median wage for nursing aide
36.30 (SOC code 31-1012); 30 percent of the median wage for community social service specialist
36.31 (SOC code 21-1099); 40 percent of the median wage for social and human services aide
36.32 (SOC code 21-1093); and ten percent of the median wage for psychiatric technician (SOC
36.33 code 29-2053);

37.1 (10) for independent living skills staff, 40 percent of the median wage for community
37.2 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and
37.3 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
37.4 technician (SOC code 29-2053);

37.5 (11) for individualized home supports services staff, 40 percent of the median wage for
37.6 community social service specialist (SOC code 21-1099); 50 percent of the median wage
37.7 for social and human services aide (SOC code 21-1093); and ten percent of the median
37.8 wage for psychiatric technician (SOC code 29-2053).

37.9 ~~(11)~~ (12) for supported employment staff, 20 percent of the median wage for nursing
37.10 aide (SOC code 31-1012); 20 percent of the median wage for psychiatric technician (SOC
37.11 code 29-2053); and 60 percent of the median wage for social and human services aide (SOC
37.12 code 21-1093);

37.13 ~~(12)~~ (13) for adult companion staff, 50 percent of the median wage for personal and
37.14 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,
37.15 orderlies, and attendants (SOC code 31-1012);

37.16 ~~(13)~~ (14) for night supervision staff, 20 percent of the median wage for home health
37.17 aide (SOC code 31-1011); 20 percent of the median wage for personal and home health
37.18 aide (SOC code 39-9021); 20 percent of the median wage for nursing aide (SOC code
37.19 31-1012); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);
37.20 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

37.21 ~~(14)~~ (15) for respite staff, 50 percent of the median wage for personal and home care
37.22 aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides, orderlies,
37.23 and attendants (SOC code 31-1012);

37.24 ~~(15)~~ (16) for personal support staff, 50 percent of the median wage for personal and
37.25 home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing aides,
37.26 orderlies, and attendants (SOC code 31-1012);

37.27 ~~(16)~~ (17) for supervisory staff, the basic wage is \$17.43 per hour with exception of the
37.28 supervisor of behavior analyst and behavior specialists, which must be \$30.75 per hour;

37.29 ~~(17)~~ (18) for registered nurse, the basic wage is \$30.82 per hour; and

37.30 ~~(18)~~ (19) for licensed practical nurse, the basic wage is \$18.64 per hour.

37.31 (b) Component values for residential support services are:

37.32 (1) supervisory span of control ratio: 11 percent;

- 38.1 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 38.2 (3) employee-related cost ratio: 23.6 percent;
- 38.3 (4) general administrative support ratio: 13.25 percent;
- 38.4 (5) program-related expense ratio: 1.3 percent; and
- 38.5 (6) absence and utilization factor ratio: 3.9 percent.
- 38.6 (c) Component values for family foster care are:
- 38.7 (1) supervisory span of control ratio: 11 percent;
- 38.8 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 38.9 (3) employee-related cost ratio: 23.6 percent;
- 38.10 (4) general administrative support ratio: 3.3 percent;
- 38.11 (5) program-related expense ratio: 1.3 percent; and
- 38.12 (6) absence factor: 1.7 percent.
- 38.13 (d) Component values for day services for all services are:
- 38.14 (1) supervisory span of control ratio: 11 percent;
- 38.15 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 38.16 (3) employee-related cost ratio: 23.6 percent;
- 38.17 (4) program plan support ratio: 5.6 percent;
- 38.18 (5) client programming and support ratio: ten percent;
- 38.19 (6) general administrative support ratio: 13.25 percent;
- 38.20 (7) program-related expense ratio: 1.8 percent; and
- 38.21 (8) absence and utilization factor ratio: 3.9 percent.
- 38.22 (e) Component values for unit-based services with programming are:
- 38.23 (1) supervisory span of control ratio: 11 percent;
- 38.24 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 38.25 (3) employee-related cost ratio: 23.6 percent;
- 38.26 (4) program plan supports ratio: 3.1 percent;
- 38.27 (5) client programming and supports ratio: 8.6 percent;

- 39.1 (6) general administrative support ratio: 13.25 percent;
- 39.2 (7) program-related expense ratio: 6.1 percent; and
- 39.3 (8) absence and utilization factor ratio: 3.9 percent.
- 39.4 (f) Component values for unit-based services without programming except respite are:
- 39.5 (1) supervisory span of control ratio: 11 percent;
- 39.6 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 39.7 (3) employee-related cost ratio: 23.6 percent;
- 39.8 (4) program plan support ratio: 3.1 percent;
- 39.9 (5) client programming and support ratio: 8.6 percent;
- 39.10 (6) general administrative support ratio: 13.25 percent;
- 39.11 (7) program-related expense ratio: 6.1 percent; and
- 39.12 (8) absence and utilization factor ratio: 3.9 percent.
- 39.13 (g) Component values for unit-based services without programming for respite are:
- 39.14 (1) supervisory span of control ratio: 11 percent;
- 39.15 (2) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 39.16 (3) employee-related cost ratio: 23.6 percent;
- 39.17 (4) general administrative support ratio: 13.25 percent;
- 39.18 (5) program-related expense ratio: 6.1 percent; and
- 39.19 (6) absence and utilization factor ratio: 3.9 percent.
- 39.20 (h) On July 1, 2017, the commissioner shall update the base wage index in paragraph
- 39.21 (a) based on the wage data by standard occupational code (SOC) from the Bureau of Labor
- 39.22 Statistics available on December 31, 2016. The commissioner shall publish these updated
- 39.23 values and load them into the rate management system. This adjustment occurs every five
- 39.24 years. For adjustments in 2021 and beyond, the commissioner shall use the data available
- 39.25 on December 31 of the calendar year five years prior.
- 39.26 (i) On July 1, 2017, the commissioner shall update the framework components in
- 39.27 paragraphs (b) to (g); subdivision 6, clauses (8) and (9); and subdivision 7, clauses (16) and
- 39.28 (17), for changes in the Consumer Price Index. The commissioner will adjust these values
- 39.29 higher or lower by the percentage change in the Consumer Price Index-All Items, United

40.1 States city average (CPI-U) from January 1, 2014, to January 1, 2017. The commissioner
40.2 shall publish these updated values and load them into the rate management system. This
40.3 adjustment occurs every five years. For adjustments in 2021 and beyond, the commissioner
40.4 shall use the data available on January 1 of the calendar year four years prior and January
40.5 1 of the current calendar year.

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

40.7 Sec. 23. Minnesota Statutes 2016, section 256B.4914, subdivision 8, is amended to read:

40.8 Subd. 8. **Payments for unit-based services with programming.** Payments for unit-based
40.9 services with programming, including behavior programming, housing access coordination,
40.10 in-home family support, independent living skills training, individualized home supports,
40.11 hourly supported living services, and supported employment provided to an individual
40.12 outside of any day or residential service plan must be calculated as follows, unless the
40.13 services are authorized separately under subdivision 6 or 7:

40.14 (1) determine the number of units of service to meet a recipient's needs;

40.15 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
40.16 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
40.17 5;

40.18 (3) for a recipient requiring customization for deaf and hard-of-hearing language
40.19 accessibility under subdivision 12, add the customization rate provided in subdivision 12
40.20 to the result of clause (2). This is defined as the customized direct-care rate;

40.21 (4) multiply the number of direct staff hours by the appropriate staff wage in subdivision
40.22 5, paragraph (a), or the customized direct-care rate;

40.23 (5) multiply the number of direct staff hours by the product of the supervision span of
40.24 control ratio in subdivision 5, paragraph (e), clause (1), and the appropriate supervision
40.25 wage in subdivision 5, paragraph (a), clause (16);

40.26 (6) combine the results of clauses (4) and (5), and multiply the result by one plus the
40.27 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (e), clause
40.28 (2). This is defined as the direct staffing rate;

40.29 (7) for program plan support, multiply the result of clause (6) by one plus the program
40.30 plan supports ratio in subdivision 5, paragraph (e), clause (4);

40.31 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
40.32 employee-related cost ratio in subdivision 5, paragraph (e), clause (3);

41.1 (9) for client programming and supports, multiply the result of clause (8) by one plus
41.2 the client programming and supports ratio in subdivision 5, paragraph (e), clause (5);

41.3 (10) this is the subtotal rate;

41.4 (11) sum the standard general and administrative rate, the program-related expense ratio,
41.5 and the absence and utilization factor ratio;

41.6 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
41.7 total payment amount;

41.8 (13) for supported employment provided in a shared manner, divide the total payment
41.9 amount in clause (12) by the number of service recipients, not to exceed three. For
41.10 independent living skills training and individualized home supports provided in a shared
41.11 manner, divide the total payment amount in clause (12) by the number of service recipients,
41.12 not to exceed two; and

41.13 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
41.14 to adjust for regional differences in the cost of providing services.

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

41.16 Sec. 24. Minnesota Statutes 2016, section 256B.4914, subdivision 16, is amended to read:

41.17 Subd. 16. **Budget neutrality adjustments.** (a) The commissioner shall use the following
41.18 adjustments to the rate generated by the framework to assure budget neutrality until the rate
41.19 information is available to implement paragraph (b). The rate generated by the framework
41.20 shall be multiplied by the appropriate factor, as designated below:

41.21 (1) for residential services: 1.003;

41.22 (2) for day services: 1.000;

41.23 (3) for unit-based services with programming: 0.941; and

41.24 (4) for unit-based services without programming: 0.796.

41.25 (b) Within 12 months of January 1, 2014, the commissioner shall compare estimated
41.26 spending for all home and community-based waiver services under the new payment rates
41.27 defined in subdivisions 6 to 9 with estimated spending for the same recipients and services
41.28 under the rates in effect on July 1, 2013. This comparison must distinguish spending under
41.29 each of subdivisions 6, 7, 8, and 9. The comparison must be based on actual recipients and
41.30 services for one or more service months after the new rates have gone into effect. The
41.31 commissioner shall consult with the commissioner of management and budget on this

42.1 analysis to ensure budget neutrality. If estimated spending under the new rates for services
42.2 under one or more subdivisions differs in this comparison by 0.3 percent or more, the
42.3 commissioner shall assure aggregate budget neutrality across all service areas by adjusting
42.4 the budget neutrality factor in paragraph (a) in each subdivision so that total estimated
42.5 spending for each subdivision under the new rates matches estimated spending under the
42.6 rates in effect on July 1, 2013.

42.7 (c) A service rate developed using values in subdivision 5, paragraph (a), clause (11),
42.8 is not subject to budget neutrality adjustments.

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

42.10 Sec. 25. Minnesota Statutes 2016, section 256B.493, subdivision 1, is amended to read:

42.11 Subdivision 1. **Commissioner's duties; report.** The commissioner of human services
42.12 ~~shall solicit proposals for the conversion of services provided for persons with disabilities~~
42.13 ~~in settings licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, or community~~
42.14 ~~residential settings licensed under chapter 245D, to other types of community settings in~~
42.15 ~~conjunction with the closure of identified licensed adult foster care settings~~ has the authority
42.16 to manage statewide licensed corporate foster care or community residential settings capacity
42.17 including the reduction and/or realignment of licensed capacity of a current foster care or
42.18 community residential setting to accomplish the consolidation or closure of settings. The
42.19 commissioner shall implement a program for planned closure of licensed corporate adult
42.20 foster care or community residential settings, necessary as a preferred method to: (1) respond
42.21 to the informed decisions of those individuals who want to move out of these settings into
42.22 other types of community settings; and (2) achieve necessary budgetary savings required
42.23 in section 245A.03, subdivision 7, paragraphs (c) and (d).

42.24 Sec. 26. Minnesota Statutes 2016, section 256B.493, subdivision 2, is amended to read:

42.25 Subd. 2. **Planned closure process needs determination.** ~~The commissioner shall~~
42.26 ~~announce and implement a program for planned closure of adult foster care homes. Planned~~
42.27 ~~closure shall be the preferred method for achieving necessary budgetary savings required~~
42.28 ~~by the licensed bed closure budget reduction in section 245A.03, subdivision 7, paragraph~~
42.29 ~~(c). If additional closures are required to achieve the necessary savings, the commissioner~~
42.30 ~~shall use the process and priorities in section 245A.03, subdivision 7, paragraph (c)~~ A
42.31 resource need determination process, managed at the state level, using available reports
42.32 required by section 144A.351 and other data and information shall be used by the
42.33 commissioner to align capacity where needed.

43.1 Sec. 27. Minnesota Statutes 2016, section 256B.493, is amended by adding a subdivision
43.2 to read:

43.3 Subd. 2a. Closure process. (a) The commissioner shall establish a process for the
43.4 application, review, approval, and implementation of setting closures. Voluntary proposals
43.5 from license holders for consolidation and closure of adult foster care or community
43.6 residential settings are encouraged. Whether voluntary or involuntary, all closure plans must
43.7 include:

43.8 (1) a description of the proposed closure plan, identifying the home or homes and
43.9 occupied beds;

43.10 (2) the proposed timetable for the proposed closure, including the proposed dates for
43.11 notification to people living there and the affected lead agencies, commencement of closure,
43.12 and completion of closure;

43.13 (3) the proposed relocation plan jointly developed by the counties of financial
43.14 responsibility, the people living there and their legal representatives, if any, who wish to
43.15 continue to receive services from the provider, and the providers for current residents of
43.16 any adult foster care home designated for closure; and

43.17 (4) documentation from the provider in a format approved by the commissioner that all
43.18 the adult foster care homes or community residential settings receiving a planned closure
43.19 rate adjustment under the plan have accepted joint and severable for recovery of
43.20 overpayments under section 256B.0641, subdivision 2, for the facilities designated for
43.21 closure under this plan.

43.22 (b) The commissioner shall give first priority to closure plans that:

43.23 (1) target counties and geographic areas which have:

43.24 (i) need for other types of services;

43.25 (ii) need for specialized services;

43.26 (iii) higher than average per capita use of licensed corporate foster care or community
43.27 residential settings; or

43.28 (iv) residents not living in the geographic area of their choice;

43.29 (2) demonstrate savings of medical assistance expenditures; and

43.30 (3) demonstrate that alternative services are based on the recipient's choice of provider
43.31 and are consistent with federal law, state law, and federally approved waiver plans.

44.1 The commissioner shall also consider any information provided by people using services,
44.2 their legal representatives, family members, or the lead agency on the impact of the planned
44.3 closure on people and the services they need.

44.4 (c) For each closure plan approved by the commissioner, a contract must be established
44.5 between the commissioner, the counties of financial responsibility, and the participating
44.6 license holder.

44.7 Sec. 28. Minnesota Statutes 2016, section 256D.44, subdivision 4, is amended to read:

44.8 Subd. 4. **Temporary absence due to illness.** For the purposes of this subdivision, "home"
44.9 means a residence owned or rented by a recipient or the recipient's spouse. ~~Home does not~~
44.10 ~~include a group residential housing facility.~~ Assistance payments for recipients who are
44.11 temporarily absent from their home due to hospitalization for illness must continue at the
44.12 same level of payment during their absence if the following criteria are met:

44.13 (1) a physician certifies that the absence is not expected to continue for more than three
44.14 months;

44.15 (2) a physician certifies that the recipient will be able to return to independent living;
44.16 and

44.17 (3) the recipient has expenses associated with maintaining a residence in the community.

44.18 **EFFECTIVE DATE.** This section is effective July 1, 2017.

44.19 Sec. 29. Minnesota Statutes 2016, section 256D.44, subdivision 5, is amended to read:

44.20 Subd. 5. **Special needs.** (a) In addition to the state standards of assistance established
44.21 in subdivisions 1 to 4, payments are allowed for the following special needs of recipients
44.22 of Minnesota supplemental aid who are not residents of a nursing home, a regional treatment
44.23 center, or a ~~group residential~~ setting authorized to receive housing facility support payments
44.24 under chapter 256I.

44.25 ~~(a)~~ (b) The county agency shall pay a monthly allowance for medically prescribed diets
44.26 if the cost of those additional dietary needs cannot be met through some other maintenance
44.27 benefit. The need for special diets or dietary items must be prescribed by a licensed physician.
44.28 Costs for special diets shall be determined as percentages of the allotment for a one-person
44.29 household under the thrifty food plan as defined by the United States Department of
44.30 Agriculture. The types of diets and the percentages of the thrifty food plan that are covered
44.31 are as follows:

- 45.1 (1) high protein diet, at least 80 grams daily, 25 percent of thrifty food plan;
- 45.2 (2) controlled protein diet, 40 to 60 grams and requires special products, 100 percent of
45.3 thrifty food plan;
- 45.4 (3) controlled protein diet, less than 40 grams and requires special products, 125 percent
45.5 of thrifty food plan;
- 45.6 (4) low cholesterol diet, 25 percent of thrifty food plan;
- 45.7 (5) high residue diet, 20 percent of thrifty food plan;
- 45.8 (6) pregnancy and lactation diet, 35 percent of thrifty food plan;
- 45.9 (7) gluten-free diet, 25 percent of thrifty food plan;
- 45.10 (8) lactose-free diet, 25 percent of thrifty food plan;
- 45.11 (9) antidumping diet, 15 percent of thrifty food plan;
- 45.12 (10) hypoglycemic diet, 15 percent of thrifty food plan; or
- 45.13 (11) ketogenic diet, 25 percent of thrifty food plan.

45.14 ~~(b)~~ (c) Payment for nonrecurring special needs must be allowed for necessary home
45.15 repairs or necessary repairs or replacement of household furniture and appliances using the
45.16 payment standard of the AFDC program in effect on July 16, 1996, for these expenses, as
45.17 long as other funding sources are not available.

45.18 ~~(e)~~ (d) A fee for guardian or conservator service is allowed at a reasonable rate negotiated
45.19 by the county or approved by the court. This rate shall not exceed five percent of the
45.20 assistance unit's gross monthly income up to a maximum of \$100 per month. If the guardian
45.21 or conservator is a member of the county agency staff, no fee is allowed.

45.22 ~~(d)~~ (e) The county agency shall continue to pay a monthly allowance of \$68 for restaurant
45.23 meals for a person who was receiving a restaurant meal allowance on June 1, 1990, and
45.24 who eats two or more meals in a restaurant daily. The allowance must continue until the
45.25 person has not received Minnesota supplemental aid for one full calendar month or until
45.26 the person's living arrangement changes and the person no longer meets the criteria for the
45.27 restaurant meal allowance, whichever occurs first.

45.28 ~~(e)~~ (f) A fee of ten percent of the recipient's gross income or \$25, whichever is less, is
45.29 allowed for representative payee services provided by an agency that meets the requirements
45.30 under SSI regulations to charge a fee for representative payee services. This special need

46.1 is available to all recipients of Minnesota supplemental aid regardless of their living
46.2 arrangement.

46.3 ~~(f)~~ (g)(1) Notwithstanding the language in this subdivision, an amount equal to one-half
46.4 of the maximum allotment authorized by the federal Food Stamp Program for a federal
46.5 Supplemental Security Income payment amount for a single individual which is in effect
46.6 on the first day of July of each year will be added to the standards of assistance established
46.7 in subdivisions 1 to 4 for adults under the age of 65 who qualify as ~~shelter needy~~ in need
46.8 of housing assistance and are:

46.9 (i) relocating from an institution, a setting authorized to receive housing support under
46.10 chapter 256I, or an adult mental health residential treatment program under section
46.11 256B.0622; ~~or~~

46.12 (ii) eligible for personal care assistance under section 256B.0659; or

46.13 (iii) home and community-based waiver recipients living in their own home or rented
46.14 or leased apartment which is not owned, operated, or controlled by a provider of service
46.15 not related by blood or marriage, unless allowed under paragraph (g).

46.16 (2) Notwithstanding subdivision 3, paragraph (c), an individual eligible for the shelter
46.17 needy benefit under this paragraph is considered a household of one. An eligible individual
46.18 who receives this benefit prior to age 65 may continue to receive the benefit after the age
46.19 of 65.

46.20 (3) "~~Shelter-needy~~ Housing assistance" means that the assistance unit incurs monthly
46.21 shelter costs that exceed 40 percent of the assistance unit's gross income before the application
46.22 of this special needs standard. "Gross income" for the purposes of this section is the
46.23 applicant's or recipient's income as defined in section 256D.35, subdivision 10, or the
46.24 standard specified in subdivision 3, paragraph (a) or (b), whichever is greater. A recipient
46.25 of a federal or state housing subsidy, that limits shelter costs to a percentage of gross income,
46.26 shall not be considered ~~shelter-needy~~ in need of housing assistance for purposes of this
46.27 paragraph.

46.28 ~~(g)~~ Notwithstanding this subdivision, ~~to access housing and services as provided in~~
46.29 ~~paragraph (f), the recipient may choose housing that may be owned, operated, or controlled~~
46.30 ~~by the recipient's service provider. When housing is controlled by the service provider, the~~
46.31 ~~individual may choose the individual's own service provider as provided in section 256B.49,~~
46.32 ~~subdivision 23, clause (3). When the housing is controlled by the service provider, the~~
46.33 ~~service provider shall implement a plan with the recipient to transition the lease to the~~
46.34 ~~recipient's name. Within two years of signing the initial lease, the service provider shall~~

47.1 ~~transfer the lease entered into under this subdivision to the recipient. In the event the landlord~~
47.2 ~~denies this transfer, the commissioner may approve an exception within sufficient time to~~
47.3 ~~ensure the continued occupancy by the recipient. This paragraph expires June 30, 2016.~~

47.4 **EFFECTIVE DATE.** Paragraphs (a); (b); (c); (d); (e); and (f) are effective July 1, 2017.
47.5 Paragraph (g), clause (1), is effective July 1, 2020, except paragraph g, clause (1), items (ii)
47.6 and (iii), are effective July 1, 2017.

47.7 Sec. 30. Minnesota Statutes 2016, section 256I.03, subdivision 8, is amended to read:

47.8 Subd. 8. **Supplementary services.** "Supplementary services" means housing support
47.9 services provided to ~~residents of group residential housing providers~~ individuals in addition
47.10 to room and board including, but not limited to, oversight and up to 24-hour supervision,
47.11 medication reminders, assistance with transportation, arranging for meetings and
47.12 appointments, and arranging for medical and social services.

47.13 **EFFECTIVE DATE.** This section is effective July 1, 2017.

47.14 Sec. 31. Minnesota Statutes 2016, section 256I.04, subdivision 1, is amended to read:

47.15 Subdivision 1. **Individual eligibility requirements.** An individual is eligible for and
47.16 entitled to a ~~group residential housing support~~ payment to be made on the individual's behalf
47.17 if the agency has approved the ~~individual's residence in a group residential~~ setting where
47.18 the individual will receive housing setting support and the individual meets the requirements
47.19 in paragraph (a) or (b).

47.20 (a) The individual is aged, blind, or is over 18 years of age and disabled as determined
47.21 under the criteria used by the title II program of the Social Security Act, and meets the
47.22 resource restrictions and standards of section 256P.02, and the individual's countable income
47.23 after deducting the (1) exclusions and disregards of the SSI program, (2) the medical
47.24 assistance personal needs allowance under section 256B.35, and (3) an amount equal to the
47.25 income actually made available to a community spouse by an elderly waiver participant
47.26 under the provisions of sections 256B.0575, paragraph (a), clause (4), and 256B.058,
47.27 subdivision 2, is less than the monthly rate specified in the agency's agreement with the
47.28 provider of ~~group residential housing support~~ in which the individual resides.

47.29 (b) The individual meets a category of eligibility under section 256D.05, subdivision 1,
47.30 paragraph (a), clauses (1), (3), (5) to (9), and (14), and paragraph (b), if applicable, and the
47.31 individual's resources are less than the standards specified by section 256P.02, and the
47.32 individual's countable income as determined under section 256P.06, less the medical

48.1 assistance personal needs allowance under section 256B.35 is less than the monthly rate
48.2 specified in the agency's agreement with the provider of ~~group residential~~ housing support
48.3 in which the individual resides.

48.4 **EFFECTIVE DATE.** This section is effective July 1, 2017.

48.5 Sec. 32. Minnesota Statutes 2016, section 256I.04, subdivision 2d, is amended to read:

48.6 Subd. 2d. **Conditions of payment; commissioner's right to suspend or terminate**
48.7 **agreement.** (a) ~~Group residential~~ Housing or supplementary services support must be
48.8 provided to the satisfaction of the commissioner, as determined at the sole discretion of the
48.9 commissioner's authorized representative, and in accordance with all applicable federal,
48.10 state, and local laws, ordinances, rules, and regulations, including business registration
48.11 requirements of the Office of the Secretary of State. A provider shall not receive payment
48.12 for room and board or supplementary services ~~or housing~~ found by the commissioner to be
48.13 performed or provided in violation of federal, state, or local law, ordinance, rule, or
48.14 regulation.

48.15 (b) The commissioner has the right to suspend or terminate the agreement immediately
48.16 when the commissioner determines the health or welfare of the housing or service recipients
48.17 is endangered, or when the commissioner has reasonable cause to believe that the provider
48.18 has breached a material term of the agreement under subdivision 2b.

48.19 (c) Notwithstanding paragraph (b), if the commissioner learns of a curable material
48.20 breach of the agreement by the provider, the commissioner shall provide the provider with
48.21 a written notice of the breach and allow ten days to cure the breach. If the provider does
48.22 not cure the breach within the time allowed, the provider shall be in default of the agreement
48.23 and the commissioner may terminate the agreement immediately thereafter. If the provider
48.24 has breached a material term of the agreement and cure is not possible, the commissioner
48.25 may immediately terminate the agreement.

48.26 **EFFECTIVE DATE.** This section is effective July 1, 2017.

48.27 Sec. 33. Minnesota Statutes 2016, section 256I.04, subdivision 2g, is amended to read:

48.28 Subd. 2g. **Crisis shelters.** Secure crisis shelters for battered women and their children
48.29 designated by the Minnesota Department of Corrections are not ~~group residences~~ eligible
48.30 for housing support under this chapter.

48.31 **EFFECTIVE DATE.** This section is effective July 1, 2017.

49.1 Sec. 34. Minnesota Statutes 2016, section 256I.04, subdivision 3, is amended to read:

49.2 Subd. 3. **Moratorium on development of ~~group residential housing support~~ beds.**

49.3 (a) Agencies shall not enter into agreements for new ~~group residential housing support~~ beds
49.4 with total rates in excess of the MSA equivalent rate except:

49.5 (1) for ~~group residential housing~~ establishments licensed under chapter 245D provided
49.6 the facility is needed to meet the census reduction targets for persons with developmental
49.7 disabilities at regional treatment centers;

49.8 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will
49.9 provide housing for chronic inebriates who are repetitive users of detoxification centers and
49.10 are refused placement in emergency shelters because of their state of intoxication, and
49.11 planning for the specialized facility must have been initiated before July 1, 1991, in
49.12 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,
49.13 subdivision 20a, paragraph (b);

49.14 (3) notwithstanding the provisions of subdivision 2a, for up to 190 supportive housing
49.15 units in Anoka, Dakota, Hennepin, or Ramsey County for homeless adults with a mental
49.16 illness, a history of substance abuse, or human immunodeficiency virus or acquired
49.17 immunodeficiency syndrome. For purposes of this section, "homeless adult" means a person
49.18 who is living on the street or in a shelter or discharged from a regional treatment center,
49.19 community hospital, or residential treatment program and has no appropriate housing
49.20 available and lacks the resources and support necessary to access appropriate housing. At
49.21 least 70 percent of the supportive housing units must serve homeless adults with mental
49.22 illness, substance abuse problems, or human immunodeficiency virus or acquired
49.23 immunodeficiency syndrome who are about to be or, within the previous six months, has
49.24 been discharged from a regional treatment center, or a state-contracted psychiatric bed in
49.25 a community hospital, or a residential mental health or chemical dependency treatment
49.26 program. If a person meets the requirements of subdivision 1, paragraph (a), and receives
49.27 a federal or state housing subsidy, the ~~group residential housing support~~ rate for that person
49.28 is limited to the supplementary rate under section 256I.05, subdivision 1a, and is determined
49.29 by subtracting the amount of the person's countable income that exceeds the MSA equivalent
49.30 rate from the ~~group residential housing support~~ supplementary service rate. A resident in a
49.31 demonstration project site who no longer participates in the demonstration program shall
49.32 retain eligibility for a ~~group residential housing support~~ payment in an amount determined
49.33 under section 256I.06, subdivision 8, using the MSA equivalent rate. Service funding under
49.34 section 256I.05, subdivision 1a, will end June 30, 1997, if federal matching funds are
49.35 available and the services can be provided through a managed care entity. If federal matching

50.1 funds are not available, then service funding will continue under section 256I.05, subdivision
50.2 1a;

50.3 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in
50.4 Hennepin County providing services for recovering and chemically dependent men that has
50.5 had a ~~group residential~~ housing support contract with the county and has been licensed as
50.6 a board and lodge facility with special services since 1980;

50.7 (5) for a ~~group residential~~ housing support provider located in the city of St. Cloud, or
50.8 a county contiguous to the city of St. Cloud, that operates a 40-bed facility, that received
50.9 financing through the Minnesota Housing Finance Agency Ending Long-Term Homelessness
50.10 Initiative and serves chemically dependent clientele, providing 24-hour-a-day supervision;

50.11 (6) for a new 65-bed facility in Crow Wing County that will serve chemically dependent
50.12 persons, operated by a ~~group residential~~ housing support provider that currently operates a
50.13 304-bed facility in Minneapolis, and a 44-bed facility in Duluth;

50.14 (7) for a ~~group residential~~ housing support provider that operates two ten-bed facilities,
50.15 one located in Hennepin County and one located in Ramsey County, that provide community
50.16 support and 24-hour-a-day supervision to serve the mental health needs of individuals who
50.17 have chronically lived unsheltered; and

50.18 (8) for a ~~group residential~~ facility authorized for recipients of housing support in Hennepin
50.19 County with a capacity of up to 48 beds that has been licensed since 1978 as a board and
50.20 lodging facility and that until August 1, 2007, operated as a licensed chemical dependency
50.21 treatment program.

50.22 (b) An agency may enter into a ~~group residential~~ housing support agreement for beds
50.23 with rates in excess of the MSA equivalent rate in addition to those currently covered under
50.24 a ~~group residential~~ housing support agreement if the additional beds are only a replacement
50.25 of beds with rates in excess of the MSA equivalent rate which have been made available
50.26 due to closure of a setting, a change of licensure or certification which removes the beds
50.27 from ~~group residential~~ housing support payment, or as a result of the downsizing of a ~~group~~
50.28 ~~residential housing~~ setting authorized for recipients of housing support. The transfer of
50.29 available beds from one agency to another can only occur by the agreement of both agencies.

50.30 **EFFECTIVE DATE.** This section is effective July 1, 2017.

50.31 Sec. 35. Minnesota Statutes 2016, section 256I.05, subdivision 1a, is amended to read:

50.32 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,
50.33 subdivision 3, the county agency may negotiate a payment not to exceed \$426.37 for other

51.1 services necessary to provide room and board ~~provided by the group residence~~ if the residence
51.2 is licensed by or registered by the Department of Health, or licensed by the Department of
51.3 Human Services to provide services in addition to room and board, and if the provider of
51.4 services is not also concurrently receiving funding for services for a recipient under a home
51.5 and community-based waiver under title XIX of the Social Security Act; or funding from
51.6 the medical assistance program under section 256B.0659, for personal care services for
51.7 residents in the setting; or residing in a setting which receives funding under section 245.73.
51.8 If funding is available for other necessary services through a home and community-based
51.9 waiver, or personal care services under section 256B.0659, then the GRH housing support
51.10 rate is limited to the rate set in subdivision 1. Unless otherwise provided in law, in no case
51.11 may the supplementary service rate exceed \$426.37. The registration and licensure
51.12 requirement does not apply to establishments which are exempt from state licensure because
51.13 they are located on Indian reservations and for which the tribe has prescribed health and
51.14 safety requirements. Service payments under this section may be prohibited under rules to
51.15 prevent the supplanting of federal funds with state funds. The commissioner shall pursue
51.16 the feasibility of obtaining the approval of the Secretary of Health and Human Services to
51.17 provide home and community-based waiver services under title XIX of the Social Security
51.18 Act for residents who are not eligible for an existing home and community-based waiver
51.19 due to a primary diagnosis of mental illness or chemical dependency and shall apply for a
51.20 waiver if it is determined to be cost-effective.

51.21 (b) The commissioner is authorized to make cost-neutral transfers from the GRH housing
51.22 support fund for beds under this section to other funding programs administered by the
51.23 department after consultation with the county or counties in which the affected beds are
51.24 located. The commissioner may also make cost-neutral transfers from the GRH housing
51.25 support fund to county human service agencies for beds permanently removed from the
51.26 GRH housing support census under a plan submitted by the county agency and approved
51.27 by the commissioner. The commissioner shall report the amount of any transfers under this
51.28 provision annually to the legislature.

51.29 (c) Counties must not negotiate supplementary service rates with providers of ~~group~~
51.30 ~~residential~~ housing support that are licensed as board and lodging with special services and
51.31 that do not encourage a policy of sobriety on their premises and make referrals to available
51.32 community services for volunteer and employment opportunities for residents.

51.33 **EFFECTIVE DATE.** This section is effective July 1, 2017.

52.1 Sec. 36. Minnesota Statutes 2016, section 256I.05, subdivision 1c, is amended to read:

52.2 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for ~~group~~
52.3 ~~residential~~ housing support above those in effect on June 30, 1993, except as provided in
52.4 paragraphs (a) to (f).

52.5 (a) An agency may increase the rates for ~~group residential housing settings~~ room and
52.6 board to the MSA equivalent rate for those settings whose current rate is below the MSA
52.7 equivalent rate.

52.8 (b) An agency may increase the rates for residents in adult foster care whose difficulty
52.9 of care has increased. The total ~~group residential~~ housing support rate for these residents
52.10 must not exceed the maximum rate specified in subdivisions 1 and 1a. Agencies must not
52.11 include nor increase ~~group residential housing~~ difficulty of care rates for adults in foster
52.12 care whose difficulty of care is eligible for funding by home and community-based waiver
52.13 programs under title XIX of the Social Security Act.

52.14 (c) The room and board rates will be increased each year when the MSA equivalent rate
52.15 is adjusted for SSI cost-of-living increases by the amount of the annual SSI increase, less
52.16 the amount of the increase in the medical assistance personal needs allowance under section
52.17 256B.35.

52.18 (d) When a ~~group residential~~ housing ~~rate is used to pay~~ support pays for an individual's
52.19 room and board, or other costs necessary to provide room and board, the rate payable to the
52.20 residence must continue for up to 18 calendar days per incident that the person is temporarily
52.21 absent from the residence, not to exceed 60 days in a calendar year, if the absence or absences
52.22 have received the prior approval of the county agency's social service staff. Prior approval
52.23 is not required for emergency absences due to crisis, illness, or injury.

52.24 (e) For facilities meeting substantial change criteria within the prior year. Substantial
52.25 change criteria exists if the ~~group residential housing~~ establishment experiences a 25 percent
52.26 increase or decrease in the total number of its beds, if the net cost of capital additions or
52.27 improvements is in excess of 15 percent of the current market value of the residence, or if
52.28 the residence physically moves, or changes its licensure, and incurs a resulting increase in
52.29 operation and property costs.

52.30 (f) Until June 30, 1994, an agency may increase by up to five percent the total rate paid
52.31 for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54 who
52.32 reside in residences that are licensed by the commissioner of health as a boarding care home,
52.33 but are not certified for the purposes of the medical assistance program. However, an increase
52.34 under this clause must not exceed an amount equivalent to 65 percent of the 1991 medical

53.1 assistance reimbursement rate for nursing home resident class A, in the geographic grouping
53.2 in which the facility is located, as established under Minnesota Rules, parts 9549.0051 to
53.3 9549.0058.

53.4 **EFFECTIVE DATE.** This section is effective July 1, 2017.

53.5 Sec. 37. Minnesota Statutes 2016, section 256I.05, subdivision 1e, is amended to read:

53.6 Subd. 1e. **Supplementary rate for certain facilities.** (a) Notwithstanding the provisions
53.7 of subdivisions 1a and 1c, beginning July 1, 2005, a county agency shall negotiate a
53.8 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$700 per
53.9 month, including any legislatively authorized inflationary adjustments, for a ~~group residential~~
53.10 housing support provider that:

53.11 (1) is located in Hennepin County and has had a ~~group residential~~ housing support
53.12 contract with the county since June 1996;

53.13 (2) operates in three separate locations a 75-bed facility, a 50-bed facility, and a 26-bed
53.14 facility; and

53.15 (3) serves a chemically dependent clientele, providing 24 hours per day supervision and
53.16 limiting a resident's maximum length of stay to 13 months out of a consecutive 24-month
53.17 period.

53.18 (b) Notwithstanding subdivisions 1a and 1c, a county agency shall negotiate a
53.19 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$700 per
53.20 month, including any legislatively authorized inflationary adjustments, of a ~~group residential~~
53.21 housing support provider that:

53.22 (1) is located in St. Louis County and has had a ~~group residential~~ housing support contract
53.23 with the county since 2006;

53.24 (2) operates a 62-bed facility; and

53.25 (3) serves a chemically dependent adult male clientele, providing 24 hours per day
53.26 supervision and limiting a resident's maximum length of stay to 13 months out of a
53.27 consecutive 24-month period.

53.28 (c) Notwithstanding subdivisions 1a and 1c, beginning July 1, 2013, a county agency
53.29 shall negotiate a supplementary rate in addition to the rate specified in subdivision 1, not
53.30 to exceed \$700 per month, including any legislatively authorized inflationary adjustments,
53.31 for the ~~group residential~~ provider described under paragraphs (a) and (b), not to exceed an
53.32 additional 115 beds.

54.1 **EFFECTIVE DATE.** This section is effective July 1, 2017.

54.2 Sec. 38. Minnesota Statutes 2016, section 256I.05, subdivision 1j, is amended to read:

54.3 Subd. 1j. **Supplementary rate for certain facilities; Crow Wing County.**

54.4 Notwithstanding the provisions of subdivisions 1a and 1c, beginning July 1, 2007, a county
 54.5 agency shall negotiate a supplementary rate in addition to the rate specified in subdivision
 54.6 1, not to exceed \$700 per month, including any legislatively authorized inflationary
 54.7 adjustments, for a new 65-bed facility in Crow Wing County that will serve chemically
 54.8 dependent persons operated by a ~~group residential~~ housing support provider that currently
 54.9 operates a 304-bed facility in Minneapolis and a 44-bed facility in Duluth which opened in
 54.10 January of 2006.

54.11 **EFFECTIVE DATE.** This section is effective July 1, 2017.

54.12 Sec. 39. Minnesota Statutes 2016, section 256I.05, subdivision 1m, is amended to read:

54.13 Subd. 1m. **Supplemental rate for certain facilities; Hennepin and Ramsey Counties.**

54.14 (a) Notwithstanding the provisions of this section, beginning July 1, 2007, a county agency
 54.15 shall negotiate a supplemental service rate in addition to the rate specified in subdivision
 54.16 1, not to exceed \$700 per month or the existing monthly rate, whichever is higher, including
 54.17 any legislatively authorized inflationary adjustments, for a ~~group residential~~ housing support
 54.18 provider that operates two ten-bed facilities, one located in Hennepin County and one located
 54.19 in Ramsey County, which provide community support and serve the mental health needs
 54.20 of individuals who have chronically lived unsheltered, providing 24-hour-per-day supervision.

54.21 (b) An individual who has lived in one of the facilities under paragraph (a), who is being
 54.22 transitioned to independent living as part of the program plan continues to be eligible for
 54.23 ~~group residential housing~~ room and board and the supplemental service rate negotiated with
 54.24 the county under paragraph (a).

54.25 **EFFECTIVE DATE.** This section is effective July 1, 2017.

54.26 Sec. 40. Minnesota Statutes 2016, section 256I.05, subdivision 8, is amended to read:

54.27 Subd. 8. **State participation.** For a ~~resident of a group residence~~ person who is eligible
 54.28 under section 256I.04, subdivision 1, paragraph (b), state participation in the ~~group residential~~
 54.29 housing support payment is determined according to section 256D.03, subdivision 2. For
 54.30 a ~~resident of a group residence~~ person who is eligible under section 256I.04, subdivision 1,
 54.31 paragraph (a), state participation in the ~~group residential~~ housing support rate is determined
 54.32 according to section 256D.36.

55.1 **EFFECTIVE DATE.** This section is effective July 1, 2017.

55.2 Sec. 41. Minnesota Statutes 2016, section 256I.06, subdivision 2, is amended to read:

55.3 Subd. 2. **Time of payment.** A county agency may make payments to a group residence
55.4 in advance for an individual whose stay in the group residence is expected to last beyond
55.5 the calendar month for which the payment is made. Group residential Housing support
55.6 payments made by a county agency on behalf of an individual who is not expected to remain
55.7 in the group residence beyond the month for which payment is made must be made
55.8 subsequent to the individual's departure from the group residence.

55.9 **EFFECTIVE DATE.** This section is effective July 1, 2017.

55.10 Sec. 42. Minnesota Statutes 2016, section 256I.06, subdivision 8, is amended to read:

55.11 Subd. 8. **Amount of group residential housing support payment.** (a) The amount of
55.12 a group residential housing room and board payment to be made on behalf of an eligible
55.13 individual is determined by subtracting the individual's countable income under section
55.14 256I.04, subdivision 1, for a whole calendar month from the group residential housing
55.15 charge room and board rate for that same month. The group residential housing charge
55.16 support payment is determined by multiplying the group residential housing support rate
55.17 times the period of time the individual was a resident or temporarily absent under section
55.18 256I.05, subdivision 1c, paragraph (d).

55.19 (b) For an individual with earned income under paragraph (a), prospective budgeting
55.20 must be used to determine the amount of the individual's payment for the following six-month
55.21 period. An increase in income shall not affect an individual's eligibility or payment amount
55.22 until the month following the reporting month. A decrease in income shall be effective the
55.23 first day of the month after the month in which the decrease is reported.

55.24 **EFFECTIVE DATE.** This section is effective July 1, 2017.

55.25 Sec. 43. **COMMUNITY LIVING INFRASTRUCTURE.**

55.26 The commissioner shall awards grants to agencies through an annual competitive process.
55.27 Grants awarded under this section may be used for: (1) outreach to locate and engage people
55.28 who are homeless or residing in segregated settings to screen for basic needs and assist with
55.29 referral to community living resources; (2) building capacity to provide technical assistance
55.30 and consultation on housing and related support service resources for persons with both
55.31 disabilities and low income; or (3) streamlining the administration and monitoring activities

56.1 related to housing support funds. Agencies may collaborate and submit a joint application
 56.2 for funding under this section.

56.3 **EFFECTIVE DATE.** This section is effective July 1, 2019.

56.4 Sec. 44. **REVISOR'S INSTRUCTION.**

56.5 In each section of Minnesota Statutes referred to in column A, the revisor of statutes
 56.6 shall change the phrase in column B to the phrase in column C. The revisor may make
 56.7 technical and other necessary changes to sentence structure to preserve the meaning of the
 56.8 text. The revisor shall make other changes in chapter titles; section, subdivision, part, and
 56.9 subpart headnotes; and in other terminology necessary as a result of the enactment of this
 56.10 section.

56.11	<u>Column A</u>	<u>Column B</u>	<u>Column C</u>
56.12	<u>144A.071, subdivision 4d</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
56.13			<u>256I</u>
56.14	<u>201.061, subdivision 3</u>	<u>group residential housing</u>	<u>setting authorized to provide</u>
56.15			<u>housing support</u>
56.16	<u>244.052, subdivision 4c</u>	<u>group residential housing</u>	<u>licensed setting authorized to</u>
56.17		<u>facility</u>	<u>provide housing support</u>
56.18			<u>under section 256I.04</u>
56.19	<u>245.466, subdivision 7</u>	<u>under group residential</u>	<u>by housing support under</u>
56.20		<u>housing</u>	<u>chapter 256I</u>
56.21	<u>245.466, subdivision 7</u>	<u>from group residential housing</u>	<u>from housing support</u>
56.22	<u>245.4661, subdivision 6</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
56.23			<u>256I</u>
56.24	<u>245C.10, subdivision 11</u>	<u>group residential housing or</u>	<u>housing support</u>
56.25		<u>supplementary services</u>	
56.26	<u>256.01, subdivision 18</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
56.27			<u>256I</u>
56.28	<u>256.017, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
56.29	<u>256.98, subdivision 8</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
56.30			<u>256I</u>
56.31	<u>256B.49, subdivision 15</u>	<u>group residential housing</u>	<u>housing support under chapter</u>
56.32			<u>256I</u>
56.33	<u>256B.4914, subdivision 10</u>	<u>group residential housing rate</u>	<u>housing support rate 3 costs</u>
56.34		<u>3 costs</u>	<u>under chapter 256I</u>
56.35	<u>256B.501, subdivision 4b</u>	<u>group residential housing</u>	<u>housing support</u>
56.36	<u>256B.77, subdivision 12</u>	<u>residential services covered</u>	<u>housing support services</u>
56.37		<u>under the group residential</u>	<u>under chapter 256I</u>
56.38		<u>housing program</u>	
56.39	<u>256D.44, subdivision 2</u>	<u>group residential housing</u>	<u>setting authorized to provide</u>
56.40		<u>facility</u>	<u>housing support</u>

57.1	<u>256G.01, subdivision 3</u>	<u>group residential housing</u>	<u>housing support under chapter 256I</u>
57.2			
57.3	<u>256I.01</u>	<u>Group Residential Housing</u>	<u>Housing Support</u>
57.4	<u>256I.02</u>	<u>Group Residential Housing</u>	<u>Housing Support</u>
57.5	<u>256I.03, subdivision 2</u>	<u>"Group residential housing"</u>	<u>"Room and board"</u>
57.6	<u>256I.03, subdivision 2</u>	<u>Group residential housing</u>	<u>The room and board</u>
57.7	<u>256I.03, subdivision 3</u>	<u>"Group residential housing"</u>	<u>"Housing support"</u>
57.8	<u>256I.03, subdivision 6</u>	<u>group residential housing</u>	<u>room and board</u>
57.9	<u>256I.03, subdivisions 7 and 9</u>	<u>group residential housing</u>	<u>housing support</u>
57.10	<u>256I.04, subdivisions 1a, 1b,</u>	<u>group residential housing</u>	<u>housing support</u>
57.11	<u>1c, and 2</u>		
57.12	<u>256I.04, subdivision 2a</u>	<u>provide group residential housing</u>	<u>provide housing support</u>
57.13			
57.14	<u>256I.04, subdivision 2a</u>	<u>of group residential housing or supplementary services</u>	<u>of housing support</u>
57.15			
57.16	<u>256I.04, subdivision 2a</u>	<u>complete group residential housing</u>	<u>complete housing support</u>
57.17			
57.18	<u>256I.04, subdivision 2b</u>	<u>group residential housing or supplementary services</u>	<u>housing support</u>
57.19			
57.20	<u>256I.04, subdivision 2b</u>	<u>provision of group residential housing</u>	<u>provision of housing support</u>
57.21			
57.22	<u>256I.04, subdivision 2c</u>	<u>group residential housing or supplementary services</u>	<u>housing support</u>
57.23			
57.24	<u>256I.04, subdivision 2e</u>	<u>group residential housing or supplementary services</u>	<u>housing support</u>
57.25			
57.26	<u>256I.04, subdivision 4</u>	<u>group residential housing payment for room and board</u>	<u>room and board rate</u>
57.27			
57.28	<u>256I.05, subdivision 1</u>	<u>living in group residential housing</u>	<u>receiving housing support</u>
57.29			
57.30	<u>256I.05, subdivisions 1h, 1k,</u>	<u>group residential housing</u>	<u>housing support</u>
57.31	<u>1l, 7b, and 7c</u>		
57.32	<u>256I.05, subdivision 2</u>	<u>group residential housing</u>	<u>room and board</u>
57.33	<u>256I.05, subdivision 3</u>	<u>group residential housing</u>	<u>room and board</u>
57.34	<u>256I.05, subdivision 6</u>	<u>reside in group residential housing</u>	<u>receive housing support</u>
57.35			
57.36	<u>256I.06, subdivisions 1, 3, 4,</u>	<u>group residential housing</u>	<u>housing support</u>
57.37	<u>and 6</u>		
57.38	<u>256I.06, subdivision 7</u>	<u>group residential housing</u>	<u>the housing support</u>
57.39	<u>256I.08</u>	<u>group residential housing</u>	<u>housing support</u>
57.40	<u>256P.03, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
57.41	<u>256P.05, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
57.42	<u>256P.07, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>
57.43	<u>256P.08, subdivision 1</u>	<u>group residential housing</u>	<u>housing support</u>

58.1 290A.03, subdivision 8 accepts group residential accepts housing support
58.2 housing

58.3 290A.03, subdivision 8 the group residential housing the housing support program
58.4 program

58.5 **EFFECTIVE DATE.** This section is effective July 1, 2017.

58.6 Sec. 45. **DISABILITY GRANTS.**

58.7 To the extent funding is available, the
58.8 commissioner may transfer funds from the
58.9 SILS account to a grant account to cover
58.10 transitional costs and facilitate movement of
58.11 people from corporate foster care.

58.12 Sec. 46. **APPROPRIATION.**

58.13 \$453,000 in fiscal year 2020 and \$453,000 in
58.14 fiscal year 2021 are for community living
58.15 infrastructure grant allocations under section
58.16 43.

58.17 \$130,000 in fiscal year 2018 and \$130,000 in
58.18 fiscal year 2019 are to operate the housing
58.19 benefit 101 Web site to help people who need
58.20 affordable housing, and supports to maintain
58.21 that housing, understand the range of housing
58.22 options and support services available."

58.23 Renumber the sections in sequence and correct the internal references

58.24 Amend the title accordingly