



## **S.F. No. 4476 – HUMAN SERVICE SUPPLEMENTAL BUDGET (2<sup>nd</sup> Engrossment)**

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S.F. No. 4476 is the 2026 Human Services Supplemental Budget.

### **ARTICLE 1 - CONTINUITY OF CARE**

Section 1 adds **256B.045 – CONTINUITY OF CARE**, which requires the commissioner to establish a continuity of care team at the Department of Human Services to preplan, coordinate, and oversee the continuity of care of all clients of a residential waiver service provider who is subject to a payment withhold initiated by the commissioner, and provides for direct intervention by the continuity of care team if the lead agency is unable to adequately establish continuity of care.

Section 2 amends **256B.064, subdivision 2 - Imposition of monetary recovery and sanctions**, by clarifying that the commissioner has authority to stop a payment withhold under federally defined good cause exemptions; and by requiring the commissioner to coordinate with the department’s continuity of care team before implementing a payment withhold so the continuity of care team has sufficient time to preplan for any disruption in residential waiver services that may result from the payment withhold.

### **ARTICLE 2 – AGING AND DISABILITY SERVICES**

Section 1 amends **144.0724, subdivision 2 – Definitions**, by modifying the definition of “nursing facility level of care determination” to distinguish to which service types the original and the new level of care standards apply.

Section 2 adds **144.0724, subdivision 11a - Nursing facility level of care; BI and CADI waivers**, which establishes a more limited set of criteria to qualify for the Brain Injury or the Community Access for Disability Inclusion than apply for nursing facility services, the elderly waiver, or alternative care. The primary difference is the following criteria are not sufficient to qualify for the BI or CADI waiver: requiring formal clinical monitoring once a day; having had a qualifying nursing facility stay of at least 90 days; the resident of a nursing home meets the nursing facility of care criteria 90 days after admission; or the person is at risk of a nursing home admission or readmission.

Section 3 amends **144.292, subdivision 6 – Cost**, by prohibiting a provider from charging more than \$10 for copies of medical records requested for the purposes of a SMRT disability determination, and from charging any fee if the patient seeking the disability determination is receiving public assistance.

Section 4 amends **245A.04, subdivision 2 - Notification of affected municipality**, by requiring the commissioner to provide local governments notice within 5 days after issuing a license to a program that is considered a permitted use of a single-family residential property and is located in the local government’s jurisdiction, and by specifying the content of the notice.

Section 5 amends **245A.04, subdivision 2a - Meeting fire and safety codes**, by authorizing the commissioner of human services to delegate to a local government the commissioner’s authority to perform specified inspections of existing residential programs provided inspections do not occur more frequently than once a year and once more annually as a reinspection following a violation; requiring the commissioner to cover the local government’s cost for conducting the delegated inspections; prohibiting a local government from charging the subject of the inspection a fee; requiring the commissioner of human services to provide ongoing oversight of the local governments to which the commissioner has delegated inspection authority; and requiring the licensing inspections and the delegated inspections to be coordinated.

Section 6 adds **245A.042, subdivision 7 - Colocation of certain home and community-based residential settings**, which specifies which newly authorized or licensed residential settings are subject to heightened HCBS setting standards that prohibit the commissioner from authorizing services at or issuing a license to any specified program type that would be located on a property adjoining any property on which an existing program is located. This section also defines “adjoining.”

Section 7 amends **256.01, subdivision 21 – Interagency agreements with Department of Health**, by requiring the commissioners of human services and health to execute an interagency agreement that requires the commissioner of human services to determine on behalf of the commissioner of health whether the proposed location of an assisted living facility meets the heightened HCBS setting standards of 245A.042, subdivision 7.

Section 8 amends **256.4792, subdivision 1 - Long-term services and supports loan program**, by prohibiting the commissioner from issuing new loans after June 30, 2026.

Section 9 amends **256.4792, subdivision 7 - Loan repayment**, by requiring the commissioner to submit to the legislature a report on nursing facilities with delinquent loan payments.

Section 10 adds **256.4792, subdivision 11 – Loan program expiration**, which repeals the loan program upon collection of the last outstanding loan repayment.

Section 11 adds **256B.04, subdivision 28 - Interpretive guidelines for disability waiver regulation**, which requires the commissioner of human services to publish timely interpretive guidelines of changing statutes, rules, regulations, and case law related to providing and billing for home and community-based services.

Section 12 amends **256B.04, subdivision 29 - Use of MnCHOICES certified assessors required**, by requiring the commissioner to employ a team of certified MnCHOICE assessors that the commissioner may deploy at the commissioner’s discretion to perform assessments on a lead agency’s behalf.

Section 13 amends **256B.0659, subdivision 12 - Documentation of personal care assistance services provided**, by making technical changes to terminology related to shared personal care assistance services.

Section 14 amends **256B.0659, subdivision 16 - Shared services**, by making technical changes to terminology related to shared personal care assistance services.

Section 15 amends **256B.0659, subdivision 17 - Shared services; rates**, by requiring a personal care assistance agency to pass through 95% of the marginal increase in the reimbursement rate for shared services to the personal care assistant providing shared services.

Section 16 amends **256B.0659, subdivision 19 - Personal care assistance choice option; qualifications; duties**, by making technical changes to terminology related to shared personal care assistance services.

Section 17 amends **256B.0911, subdivision 26 - Determination of institutional level of care**, by making conforming changes related to the modification of the nursing facility level of care criteria for the CADI and BI waivers.

Section 18 amends **256B.092, subdivision 3b - Service authorizations and service agreements**, by making a conforming change related to the repeal of Waiver Reimagine.

Section 19 amends **256B.092, subdivision 5 - Federal waivers**, by repealing the commissioner’s authority to submit waiver plans related to Waiver Reimagine.

Section 20 amends **256B.49, subdivision 11 – Authority**, by repealing the commissioner’s authority to submit waiver plans associated with Waiver Reimagine.

Section 21 amends **256B.49, subdivision 17a - Service authorizations and service agreements**, by making a conforming change related to the repeal of Waiver Reimagine.

Section 22 amends **256B.85, subdivision 7 - Community first services and supports; covered services**, by adding shared CFSS services to the CFSS statute as a covered service to conform with existing PCA policy and practice.

Section 23 adds **256B.85, subdivision 7c - Shared services under the agency-provider model**, which adds policies and procedures for authorizing shared CFSS services to conform with existing PCA policy and practice.

Section 24 adds **256B.85, subdivision 7d - Shared service rates under the agency-provider model**, which adds authorizing language for the commissioner to establish rates for shared CFSS services to conform with existing PCA policy and practice.

Section 25 adds **256B.85, subdivision 7e - Pass-through for shared services under the agency-provider model**, which requires a CFSS agency-provider to pass through to the support worker providing shared CFSS services 95% of the marginal increase in the reimbursement rate for shared services.

Section 26 adds **256B.85, subdivision 7f - Shared services under the budget model**, which adds policies and procedures for shared CFSS services under the budget model. The policies and procedures are based on existing policies and procedures for shared services under the consumer-directed community supports option.

Section 27 adds **256B.85, subdivision 7g - Pass-through for shared services under the budget model**, which requires a participant employer to pay the support worker providing the shared services at least 1.5 times or 2 times the applicable minimum wage when providing shared services.

Section 28 adds **256B.8502 COMMUNITY FIRST SERVICES AND SUPPORTS; DEFINITIONS**, which includes two new definitions —“additional revenue for shared services” and “wages and wage-related costs”—and will become the location of all CFSS related definitions upon implementation of the Revisor Instruction included at the end of the article.

Section 29 amends **Laws 2025, First Special Session chapter 9, article 2, section 57**, by adding an additional report and extending the due date of the final report on the supported decision-making grant program.

Section 30 amends **Laws 2025, First Special Session chapter 9, article 2, section 58, subdivision 9 - Savings determinations**, by reducing from \$177,542,000 to \$63,851,000 the savings assumed in the forecast for the biennium beginning July 1, 2027, attributable to the enacted savings identified by the Long-term Services and Supports advisory council.

Section 31 requires the commissioner of human services to establish a **WAIVER CASE MANAGEMENT QUALITY WORKING GROUP** to develop recommendations for providing HCBS waiver case management without counties contracting for the provision of waiver case management; specifies the membership, duties, and administration of the working group; requires a report to the legislature; and provides for the working group’s expiration.

Section 32 requires the commissioner of human services to conduct a **CASE MANAGEMENT AND HOME AND COMMUNITY-BASED SERVICES RATES STUDY** by issuing a request for proposals to analyze the current waiver case management reimbursement levels and methodology, analyze the current HCBS service reimbursement levels and methodology, submit an interim report to the legislature; and submit a final report by January 15, 2029, containing recommendations, legislative language, and a detailed fiscal analysis of the recommendations.

Section 33 requires the commissioner to convene a **MNCHOICES REDESIGN WORKING GROUP**, to develop recommendations related to state provision of MnCHOICE assessments.

Section 34 **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; IMPLEMENTATION OF NEW NURSING FACILITY LEVEL OF CARE CRITERIA** prohibits the commissioner from terminating waiver services for an individual until after 90 days after a reassessment determines that the person does not meet the new nursing facility level of care and thus is no longer eligible for the BI or CADI waivers.

Section 35 directs the commissioner to **INCREASE TIERED RATES FOR FAMILY RESIDENTIAL AND LIFE SHARING SERVICES.**

Section 36 directs the commissioner to submit disability waiver amendments to modify **ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS FOR HOMES** to limit authorizations for home adaptations.

Section 37 directs the commissioner to submit disability waiver amendments to modify **ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS FOR VEHICLES** to limit authorizations for vehicle adaptations.

Section 38 is a **REVISOR INSTRUCTION** related to the recodification of the definitions for community first services and support.

Section 39 is a **REPEALER**. Paragraph (a) repeals the HCBS Innovation Grant program. Paragraphs (b) and (c) repeal various provisions related to waiver reimagined, including the advisory taskforce on waiver reimagined, and the sunset of the disproportionate share facility program.

### **ARTICLE 3 – BEHAVIORAL HEALTH**

Section 1 amends **254A.03, subdivision 2 - American Indian programs**, by transitioning distribution of funding for Tribal substance misuse and substance use disorder programs to direct payments to Tribes.

Section 2 amends **254B.02, subdivision 5 - Tribal allocation**, by transitioning distribution of administrative allocations for eligibility determinations for the Behavioral Health Fund to direct payments to Tribes.

Section 3 amends **254B.0503, subdivision 1 - Eligible vendor requirements**, by changing by 6 months the date of the final free-standing room and board payment from June 30, 2027 to December 31, 2026.

Section 4 amends **254B.0509, subdivision 2 - Annual adjustments**, by correcting a 2025 drafting error to ensure substance use disorder payment rates receive annual inflation adjustments as intended by the 2025 legislature.

Section 5 amends **254B.17 - WITHDRAWAL MANAGEMENT START-UP AND CAPACITY-BUILDING GRANTS**, by expanding the permissible uses of withdrawal management start-up and capacity- building grants, allowing existing programs to access the grant opportunities, and requiring grants to align with ASAM criteria.

Section 6 amends **256B.04, subdivision 23 – Medical assistance costs for certain inmates**, by making a technical conforming change to account for a delayed repealer.

Section 7 adds **256B.0618 - COVERAGE FOR DETAINED INDIVIDUALS**, which aligns MA eligibility criteria for incarcerated individuals with state and federal policy, and relocates the language from the MA eligibility statute to this statutory section.

Section 8 adds **256B.0619 - CARCERAL TARGETED CASE MANAGEMENT SERVICES**, which creates a new “Carceral Targeted Case Management” MA benefit for youth and adults leaving carceral settings.

Section 9 adds **256B.0625, subdivision 77 - Carceral targeted case management**, which adds carceral targeted case management to the list of services covered by medical assistance.

Section 10 amends **256B.07, subdivision 2 – Eligible individuals**, by making a technical and conforming change related to a delayed repealer.

Section 11 amends **256I.04, subdivision 2a - License required; staffing qualifications**, by changing by six months, from January 1, 2027, to July 1, 2026, the date by which the commissioner of human services may begin executing housing support agreements directly with certified recovery residences.

Section 12 amends **297E.02, subdivision 3 - Collection; disposition**, by permitting the commissioner of human services to carry forward gambling treatment provider funds from year to year and to account for the carry forward in the commissioner’s annual reconciliation of amounts appropriated for compulsive gambling treatment programs and for state affiliate recognized by the National Council of Problem Gambling.

Sections 13 to 22 amend various effectives from **Laws 2025, First Special Session chapter 9, article 4**, by changing by six months, from January 1, 2027, to July 1, 2026, the effective date of the certified recovery residence language enacted following the 2025 legislative session.

Section 23 directs the commissioner to establish new **CARCERAL TARGETED CASE MANAGEMENT SERVICES BILLING UNITS**.

Section 24 is a delayed **REPEALER** of the current law limits on MA coverage for incarcerated individuals.

#### **ARTICLE 4 - LONG-TERM CARE FACILITY REGULATION**

Section 1 amends **144.1503, subdivision 7 - Selection process**, by permitting the commissioner of health to carry forward unspent appropriations for the HCBS grant and loan forgiveness program.

Section 2 adds **144A.04, subdivision 7b - Onsite registered nurse**, which requires a nursing home to have a registered nurse onsite 24 hours per day and available to provide direct patient care. This section also provides that a nursing home may request an exemption to these requirements. If the commissioner grants a time-limited exemption to this requirement, the nursing home must have a nurse available to respond immediately to telephone calls from the nursing home.

Section 3 adds **144A.04, subdivision 7c - Staffing competencies**, which requires a nursing home to ensure that all nurses are competent and sufficiently skilled to provide resident care as described in the residents' service plans.

Section 4 adds **144A.04, subdivision 7d - Required staff ratios**, which establishes a minimum staffing standard for nursing personnel using a calculation based on numbers of hours of care per resident. This section also provides that a nursing home issued a notice of noncompliance must be assessed a civil fine for \$300 per day of noncompliance.

Section 5 adds **144A.04, subdivision 7e - Nursing supervision**, which requires a nursing home to designate a registered nurse to serve as a charge nurse for each shift and a registered nurse to serve as the director of nursing on a full-time basis. This section also provides that a nursing home may request an exemption to these requirements.

Section 6 adds **144A.04, subdivision 7f - Exemption process**, which provides a process for exemption from the onsite registered nurse and nursing supervision requirements. The process requires a requesting nursing home to provide certain information to the commissioner of health supporting and explaining its request for a specific exemption. This section also directs the commissioner to evaluate requests for exemption and permits the commissioner to grant a 90-day exemption upon finding that compliance with a requirement cannot be accomplished without substantial hardship to the nursing home, and that granting an exemption will not significantly harm residents.

Section 7 adds **144A.082 - AUTOMATIC EXTERNAL DEFIBRILLATOR**, which requires licensed nursing home to install, maintain, test, and train staff in the use of AEDs.

Section 8 amends **144A.291, subdivision 2 – Amounts**, by modifying allowable maximum fees charged by the Board of Executives for Long Term Services and Supports.

Section 9 amends **144A.471, subdivision 8 – Exemption from home care licensure**, by exempting federally qualified health clinics from home care licensure when a FQHC provides home care as permitted under federal law.

Section 10 amends **144A.474, subdivision 11 – Fines**, by specifying how statutorily appropriated amounts deposited into a special revenue account from fines paid by licensed home care providers for licensing violations are to be spent. Specifically, the amounts are appropriated for a competitive grant program for special projects for improving home care client quality of care and outcomes.

Section 11 amends **144A.4799, subdivision 1 – Membership**, by setting a time limit of 81 calendar days from the date of a position being posted with the secretary of state, for the commissioner of health to select an applicant to be appointed to fill a vacancy on the home care and assisted living advisory council, if the application is received within 21 days from a qualified person and, if applicable, a person who is a licensee in good standing. If no qualified applications are received within 21 days, the time limit for appointment is extended to 60 calendar days of receiving an application from a qualified applicant who, if applicable, is a licensee in good standing.

Section 12 amends **144G.09, subdivision 2 - Regulatory functions**, by expanding the commissioner of health’s regulatory authority to include the duty to approve or disapprove rate increases charged by assisted living facilities for housing or assisted living services.

Section 13 amends **144G.15 - CONSIDERATION OF APPLICATIONS**, by requiring the commissioner of health before issuing a provisional license for an assisted living facility with a licensed resident capacity of six or fewer, to consider the population, size, land use plan, availability of community services, and the number and size of existing licensed assisted living facilities in the town, municipality, or county in which the applicant seeks to operate an assisted living facility. This section also prohibits the commissioner of health from issuing a provisional license for an assisted living facility with a licensed capacity of six or fewer if the property on which the applicant seeks to locate the assisted living facility violated the heightened HCBS setting standards under 245A.042, subdivision 7.

Section 14 adds **144G.16, subdivision 8 - Notice to affected municipality**, which requires the commissioner of health to notify any political subdivision in which a provisionally licensed assisted living facility with a licensed capacity of 6 or few residences is located and specifies the content of the notice.

Section 15 amends **144G.19, subd. 5 - Change of ownership; existing contracts**, by prohibiting an assisted living facility from increasing housing rates or assisted living services rates after a change of ownership without the approval of the commissioner of health. This section also requires the assisted living facility to provide documents to the commissioner of health justifying the increase in rates.

Section 16 amends **144G.195, subdivision 1 - New license not required**, by requiring the commissioner of health to delay a decision on an assisted living facility license relocation request until after receiving from the commissioner of human services a determination of whether the property of the proposed relocation meets the heightened HCBS setting standards under section 245A.042, subdivision 7.

Section 17 amends **144G.31, subdivision 7 - Additional penalties**, by adding an additional penalty the commissioner of health may impose on an assisted living facility licensee for a violation. This section permits the commissioner to increase a fine if a violation results in serious injury or death, and upon the commissioner's determination that the licensee's conduct was sufficiently egregious to warrant a fine increase. This provision is not limited by the \$5,000 fine provided in current law for each Level 5 violation, a violation that results in serious injury or death.

Section 18 adds **144G.40, subdivision 4 - Increase in amount charged for housing or services**, which prohibits an assisted living facility from increasing housing rates or assisted living services rates by an amount that exceeds inflation without the approval of the commissioner of health. Furthermore, if the commissioner approves a rate increase that exceeds inflation, the commissioner must make the approval conditional on the facility improving the quality of care it provides. This section also specifies the documentation an assisted living facility must submit to the commissioner of health to support the facility's request for approval of rate increases that exceed inflation.

Section 19 amends **144G.41, subdivision 1 - Minimum requirements**, by requiring assisted living facilities to maintain a log of resident requests for assistance and response times; and by adding additional requirements placed upon assisted living facilities: an assisted living facility must ensure a plan to immediately attend to resident needs in a medical emergency and must ensure that a person trained in emergency medical response is onsite at all times.

Section 20 amends **144G.41, subdivision 2 - Policies and procedures**, by requiring all assisted living facilities to have policies and procedures to address a medical emergency, and by requiring residents to receive a copy of the policy and procedures.

Section 21 adds **144G.41, subdivision 9 - Automatic external defibrillator**, which requires licensed assisted living facilities to install, maintain, and test automatic external defibrillators, and train staff in the use of AEDs.

Section 22 amends **144G.45, subdivision 3 - Local laws apply; delegating inspection authority**, by authorizing the commissioner of health to delegate to a local government the commissioner's authority to perform specified inspections of existing assisted living facilities provided inspections do not occur more frequently than every six months, and by requiring the commissioner of health to provide ongoing oversight of the local governments to which the commissioner has delegated inspection authority by reviewing the local government's performance at least every 4 years.

Section 23 amends **144G.60, subdivision 4 - Unlicensed personnel**, by making a conforming change.

Section 24 amends **144G.61, subdivision 2 - Training and evaluation of unlicensed personnel**, by requiring all assisted living facilities to train all unlicensed personnel on the procedures to use in a medical emergency.

Section 25 amends **144G.63, subdivision 2 - Content of required orientation**, by requiring prior to providing care that all staff providing and supervising direct services in an assisted living facility receive training in cardiopulmonary resuscitation, the use of automatic external defibrillators, the facility's process for checking a resident's code status before initiating lifesaving measures, and requesting emergency medical assistance as soon as practicable after an automatic external defibrillator is used.

Section 26 amends **144G.63, subdivision 5 - Required annual training**, by requiring annual training for staff performing direct service include training in cardiopulmonary resuscitation, the use of automatic external defibrillators, the facility's process for checking a resident's code status before initiating lifesaving measures, and requesting emergency medical assistance as soon as practicable after an automatic external defibrillator is used.

Section 27 adds **144G.63, subdivision 5a - Orientation and annual training; other staff**, which requires all staff not providing direct care or supervising direct care to complete an orientation and annual training on cardiopulmonary resuscitation, the use of automatic external defibrillators, the facility's process for checking a resident's code status before initiating lifesaving measures, and requesting emergency medical assistance as soon as practicable after an automatic external defibrillator is used.

Section 28 adds **144G.65 - Nursing staff requirements**, which provides nursing staff requirements for assisted living facilities licensed under Chapter 144G.

**Subdivision 1 - Onsite registered nurse.** This subdivision requires a facility to have a registered nurse onsite 24 hours per day and available to provide direct patient care. This subdivision also authorizes the commissioner to grant time-limited exemptions to these requirements. If an exemptions to this requirement is granted, the facility must have a nurse available to respond immediately to telephone calls from the facility.

**Subd. 2 - Staffing competencies.** This subdivision requires an assisted living facility to ensure that all nurses are competent and sufficiently skilled to provide resident care as described in the residents' service plans.

**Subd. 3 - Required staff ratio.** This subdivision establishes a minimum staffing standard for nursing personnel using a calculation based on numbers of hours of care per resident. This subdivision also provides that a facility issued a notice of noncompliance must be assessed a civil fine for \$300 per day of noncompliance.

**Subd. 4 - Nursing supervision.** This subdivision requires a facility to designate a registered nurse to serve as a charge nurse for each shift and a registered nurse to serve as the director of nursing on a full-time basis. This subdivision also authorizes the commissioner to grant time-limited exemptions to these requirements.

**Subd. 5. - Exemption process.** This subdivision provides a process for exemption from the onsite registered nurse and nursing supervision requirements. The process requires a requesting facility to provide certain information to the commissioner of health supporting and explaining its request for a specific exemption. This subdivision also directs the commissioner to evaluate requests for exemption and permits the commissioner to grant a 90-day exemption upon finding that compliance with a requirement cannot be accomplished without substantial hardship to the nursing home, and that granting an exemption will not significantly harm residents.

Section 29 adds **145D.40, subdivision 5 - Health care professional**, which adds a definition of “health care professional” to a list of definitions that apply to section 145D.41, relating to notice of certain acquisitions of nursing homes and assisted living facilities.

Section 30 amends **145D.41, subdivision 1 – Notice**, by requiring a nursing home or assisted living facility provide the attorney general with prior written notice of the facility’s intent to transfer control or ownership of a nonprofit nursing home or nonprofit assisted living facility to a for-profit entity.

Section 31 amends **145D.41, subdivision 2 – Information**, by adding information that must be provided by a for-profit entity seeking to acquire ownership or control of a nonprofit nursing home or nonprofit assisted living facility. Specifically, the for-profit entity must provide, among other information, a description of its corporate structure and current balance sheet, as well as a description of the condition buildings the for-profit entity seeks to acquire or manage.

Section 32 adds **145D.41, subdivision 3 - Affidavit and evidence**, which requires a for-profit entity seeking to acquire ownership or control of a nonprofit nursing home or nonprofit assisted living facility to submit to the attorney general an affidavit of evidence. Such affidavit of evidence must include, among other information, that the for-profit entity is financially, managerially, and operationally able to operate or manage the facility it seeks to acquire.

Section 33 adds **145D.42 - PROHIBITED PRACTICE**, which prohibits a for-profit entity that acquires ownership or control of a nonprofit nursing home or nonprofit assisted living facility from, among other things: interfering with the professional judgment, diagnosis, or treatment of a health care professional providing care at the nursing home or assisted living facility; spending less than 75 percent of the funds received by the nursing home or assisted living facility from public programs and state appropriations on the direct care of residents; raising resident housing costs beyond the CPI for all urban consumers based on certain BLS data, unless the for-profit entity can demonstrate that the increase is justified by legitimate business expenses.

Section 34 adds **145D.43 - ENFORCEMENT AND REMEDIES; NURSING HOMES AND ASSISTED LIVING FACILITIES**, which specifies the authorities of the attorney general to enforce the provisions of 145D.41 to 145D.42.

Section 35 directs the commissioner of health to convene a working group to propose a new category for **SMALL ASSISTED LIVING FACILITY LICENSURE**.

Section 36 establishes a **SPECIAL PROJECTS GRANT PROGRAM FOR HOME CARE PROVIDERS** and requires the commissioner of health to distribute the balance in a special revenue account by December 31, 2028, under a competitive grant program for special projects for improving home care client quality of care and outcomes. Any amount that has not been awarded as a grant by December 31, 2028, must be used for annual distributions under section 144A.474, subd. 11, as amended in section 1 of this bill.

Section 37 is a **REPEALER**. This section repeals section 144A.04, subdivision 7, which provides minimum staffing standards for nursing personnel in nursing homes.

## ARTICLE 5 – DIRECT CARE AND TREATMENT

Section 1 amends **15.43, subdivision 3 - Other exemptions**, by transferring authority to accept gifts on behalf of patients from the commissioner of human services to the to the Direct Care and Treatment Executive Board, an authority DCT previously held when it was a division of the Department of Human Services.

Section 2 amends **144.121, subdivision 1a - Fees for ionizing radiation-producing equipment**, by clarifying the fee DCT must pay to operate security body scanners.

Section 3 amends **144.121, subdivision 9 - Exemption from examination requirements**, by allowing DCT security employees to operate security body scanners without meeting statutory examination and inspection requirements that apply to medical professionals using x-ray machines.

## ARTICLE 6 – MISCELLANEOUS

Section 1 amends various non-emergency medical transportation statutes to delay implementation of contracted administration of NEMT.



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