### Minnesota

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<th>Department of Health, Health Regulation Division</th>
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<td>Websites</td>
<td><a href="https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html">https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html</a></td>
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<th>Licensure Term</th>
<th>Assisted Living Facility</th>
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| Opening Statement | The 2019 state legislature enacted the Assisted Living Licensure law under Minnesota Statutes, chapter 144G; the law was updated as part of the Legislature's 2020 7th Special Session. The law established regulatory standards for assisted living facilities and assisted living facilities with dementia care and authorized the Department of Health Commissioner to adopt rules for all assisted living facilities that advance person-centered care and that ensure the protection of resident rights. |

| Legislative and Regulatory Update | In 2022, the Minnesota legislature passed a bill, HF4065, that outlines a number of technical changes made to licensed assisted living statues. |

| | In 2019, the Minnesota legislature passed a bill, HF90, that licenses two levels of assisted living – assisted living facilities, and assisted living facilities with dementia care – effective August 1, 2021. The law establishes regulatory standards governing the provision of housing and services in assisted living facilities and assisted living facilities with dementia care to help ensure the health, safety, well-being, and appropriate treatment of residents. It also authorizes the Department of Health Commissioner to adopt rules for all assisted living facilities that promote person-centered planning and service delivery and optimal quality of life, and that ensure resident rights are protected, resident choice is allowed, and public health and safety is ensured. |

While the majority of HF90 did not go into effect until August 1, 2021, providers were required to comply with retaliation prohibitions effective August 1, 2019 and new

**Definition**

“Assisted living facility” means a facility that provides sleeping accommodations and assisted living services to one or more adults. Assisted living facility includes assisted living facility with dementia care, and does not include:

1. emergency shelter, transitional housing, or any other residential units serving exclusively or primarily homeless individuals, as defined under section 116L.361;
2. a nursing home licensed under chapter 144A;
3. a hospital, certified boarding care, or supervised living facility licensed under sections 144.50 to 144.56;
4. a lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, or under chapter 245D, 245G, or 245I;
5. services and residential settings licensed under chapter 245A, including adult foster care and services and settings governed under the standards in chapter 245D;
6. a private home in which the residents are related by kinship, law, or affinity with the provider of services;
7. a duly organized condominium, cooperative, and common interest community, or owners’ association of the condominium, cooperative, and common interest community where at least 80 percent of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units;
8. a temporary family health care dwelling as defined in sections 394.307 and 462.3593;
9. a setting offering services conducted by and for the adherents of any recognized church or religious denomination for its members exclusively through spiritual means or by prayer for healing;
10. housing financed pursuant to sections 462A.37 and 462A.375, units financed with low-income housing tax credits pursuant to United States Code, title 26, section 42, and units financed by the Minnesota Housing Finance Agency that are intended to serve individuals with disabilities or individuals who are homeless, except for those developments that market or hold themselves out as assisted living facilities and provide assisted living services;
11. rental housing developed under United States Code, title 42, section 1437, or United States Code, title 12, section 1701q;
(12) rental housing designated for occupancy by only elderly or elderly and disabled residents under United States Code, title 42, section 1437e, or rental housing for qualifying families under Code of Federal Regulations, title 24, section 983.56;
(13) rental housing funded under United States Code, title 42, chapter 89, or United States Code, title 42, section 8011;
(14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or
(15) any establishment that exclusively or primarily serves as a shelter or temporary shelter for victims of domestic or any other form of violence.

Disclosure Items

All assisted living facilities must provide to prospective residents:
(1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility;
(2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and
(3) an oral explanation of the services offered under the contract.

Assisted living facilities must provide the uniform checklist disclosure of services to prospective residents before a contract is executed.

Facility Scope of Care

Assisted living services in 144G Subd.9 includes one or more of the following:
(1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing;
(2) providing standby assistance;
(3) providing verbal or visual reminders to the resident to take regularly scheduled medication, which includes bringing the resident previously set up medication, medication in original containers, or liquid or food to accompany the medication;
(4) providing verbal or visual reminders to the resident to perform regularly scheduled treatments and exercises;
(5) preparing specialized diets ordered by a licensed health professional;
(6) services of an advanced practice registered nurse, registered nurse, licensed practical nurse, physical
therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker;
(7) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed health professional within the person's scope of practice;
(8) medication management services;
(9) hands-on assistance with transfers and mobility;
(10) treatment and therapies;
(11) assisting residents with eating when the residents have complicated eating problems as identified in the resident record or through an assessment such as difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous instruments to be fed;
(12) providing other complex or specialty health care services; and
(13) supportive services in addition to the provision of at least one of the services listed in clauses (1) to (12).

Third Party Scope of Care
Effective August 1, 2021, an assisted living facility must allow for outside services as a resident right.

Admission and Retention Policy
A person or entity offering assisted living may determine which services it will provide and may offer assisted living to all or only some of the residents.

Termination means: (1) a facility-initiated termination of housing provided to the resident under the contract; or (2) a facility-initiated termination or nonrenewal of all assisted living services the resident receives from the facility under the contract.

Resident Assessment
An assisted living facility shall conduct a nursing assessment by an RN of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. Under certain circumstances, the assessment may be conducted via telecommunication methods that align with practice standards that meet the resident's needs and reflect person-centered planning and care delivery. Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of
the resident and cannot exceed 90 calendar days from the last date of the assessment.

**Medication Management**

Medication administration” means performing a set of tasks that includes the following:
(1) checking the resident's medication record;
(2) preparing the medication as necessary;
(3) administering the medication to the resident;
(4) documenting the administration or reason for not administering the medication; and
(5) reporting to a registered nurse or appropriate licensed health professional any concerns about the medication, the resident, or the resident's refusal to take the medication.

Medication management includes: performing medication setup; administering medications; storing and securing medications; documenting medication activities; verifying and monitoring the effectiveness of systems to ensure safe handling and administration; coordinating refills; handling and implementing changes to prescriptions; communicating with the pharmacy about the resident's medications; and coordinating and communicating with the prescriber.

**Square Feet Requirements**

Establishments must comply with state and local building codes. The state does not specify minimum square foot requirements for private rooms.

**Residents Allowed Per Room**

Residents have the right to choose a roommate, if sharing a unit. The state does not specify the maximum number of residents allowed per unit.

**Bathroom Requirements**

The state does not specify whether establishments must provide private bathrooms to each resident or provide bathrooms for specific resident ratios.

**Life Safety**

Assisted living facilities must comply with the Minnesota State Building code and the Minnesota State Fire Code and applicable local building and zoning codes and requirements for the type of structure utilized for the housing component of assisted living. The Minnesota State Fire Code is comprised of the International Fire Code plus Minnesota amendments. All assisted living facilities having six or more residents must also comply with the National Fire Protection Association.
Unit and Staffing
Requirements for Serving Persons with Dementia

Additional training requirements for assisted living facilities with dementia care include:
(a) An assisted living facility with dementia care must provide residents with dementia-trained staff who have been instructed in the person-centered care approach. All direct care staff assigned to care for residents with dementia must be specially trained to work with residents with Alzheimer's disease and other dementias.
(b) Only staff trained as specified in 144G.83 subdivisions 2 and 3 shall be assigned to care for dementia residents.

(c) Staffing levels must be sufficient to meet the scheduled and unscheduled needs of residents. Staffing levels during nighttime hours shall be based on the sleep patterns and needs of residents.
(d) In an emergency situation when trained staff are not available to provide services, the facility may assign staff who have not completed the required training. The particular emergency situation must be documented and must address:
   (1) the nature of the emergency;
   (2) how long the emergency lasted; and
   (3) the names and positions of staff that provided coverage.

Staffing requirements include:
(a) The licensee must ensure that staff who provide support to residents with dementia can demonstrate a basic understanding and ability to apply dementia training to the residents' emotional and unique health care needs using person-centered planning delivery. Direct care dementia-trained staff and other staff must be trained on the topics identified during the expedited rulemaking process. These requirements are in addition to the licensing requirements for training.
(b) Failure to comply with paragraph (a) or subdivision 1 shall result in a fine under section 144G.31.

Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including:
(1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and
(2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner.

Preservice and in-service training may include various methods of instruction, such as classroom style, web-based training, video, or one-to-one training. The licensee must have a method for determining and documenting each staff person’s knowledge and understanding of the training provided. All training must be documented.

**Staffing Requirements**

Assisted living facilities are required to have a person available 24 hours a day, seven days a week, who is responsible for responding to the requests of assisted living clients for assistance with health or safety needs. Secure dementia units must have an awake person who is physically present in the secure dementia care unit 24 hours per day, seven days per week. There are no mandated staffing ratios.

**Administrator Education/Training**

An Assisted Living Director (ALD) is the person who administers, manages, supervises, or is in general administrative charge of an assisted living facility. There must be one designed Licensed Assisted Living Director (LALD) as the Director of Record of each licensed facility. (MN State Rules 6400.7000)

LALD’s must meet the minimum requirements:

1. Minimum education of a GED/ High school degree or higher
2. Has read and understands parts 6400.7000 to 6400.7095 and the Department of Health 144G rules relating to the licensure of assisted living facilities
3. Completed a MN approved ALD program
4. Pass the MN State ALD exam
5. Pass the NAB CORE & NAB RCAL Exam
6. Complete the required field experience hours ranging from 400-1000 hours

If an individual holds a Health Services Executive (HSE) no additional ALD license is required.

Assisted Living Director-in-Residence (ALDIR) is designed to allow individuals who are currently serving as Director and do not qualify an opportunity to apply for licensure and complete their education and experience while working in
an assisted living setting as a Director under supervision/mentorship of a LALD for up to a year as they complete their licensure requirements.

Licensed Assisted Living Directors (LALD) require 30 clock hours per every two-year period.

Additionally, an Assisted Living Director of an assisted living facility with dementia care must complete and document that at least ten hours of the required annual continuing educational requirements relate to the care of individuals with dementia. The training must include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for residents with dementia.

**Staff Education/Training**

All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility.

The orientation must contain the following topics:

1. an overview of this chapter;
2. an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;
3. handling of emergencies and use of emergency services;
4. compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);
5. the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;
6. the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;
7. handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;
8. consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman
All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services.

**Entity Approving CE Program**
Licensed Assisted Living Directors must obtain approved continuing education clock hours from either the Board of Executives for Long Term Services and Supports (BELTSS) or the National Association of Long Term Care Administrator Boards (NAB).

**Medicaid Policy and Reimbursement**
For new assisted living facilities that did not operate as registered housing with services establishments prior to August 1, 2021, home and community-based services under section 256B.49 are not available when the new facility setting is adjoined to, or on the same property as, an institution as defined in Code of Federal Regulations, title 42, section 441.301(c).

**COVID-19 Public Health Emergency**
There are no permanent regulatory changes related to the COVID-19 public health emergency.

**Citations**
2021 Minnesota Statutes. Chapter 144D: Housing with Services Establishment. [https://www.revisor.mn.gov/statutes/?id=144D](https://www.revisor.mn.gov/statutes/?id=144D)

2021 Minnesota Statutes. Chapter 144G: Assisted Living. [https://www.revisor.mn.gov/statutes/?id=144G](https://www.revisor.mn.gov/statutes/?id=144G)

2021 Minnesota Statutes. Chapter 325F.72: Disclosure of Special Care Status. [https://www.revisor.mn.gov/statutes/?id=325F.72](https://www.revisor.mn.gov/statutes/?id=325F.72)

Minnesota Department of Human Services, Community-Based Services Manual (CBSM).