

144A.43	Definitions		
Subd 1	Applicability.	The definitions in this section apply to sections 144.699, subdivision 2, and 144A.43 to 144A.47.	
Subd 2	Commissioner	Commissioner means the commissioner of health	
	Department	Department means the Minnesota Department of Health.	
Subd. 3.	Home care service	<p>Home care service means any of the following services when delivered in a place of residence to a person whose illness, disability, or physical condition creates a need for the service:</p> <ul style="list-style-type: none"> (1) nursing services, including the services of a home <u>care</u> health aide; (2) <u>home care aide services</u>; (2) (3) personal care assistance services not included under sections 148.171 to 148.285; as defined in Minn. Stat. §256.xxx (3) (4) physical therapy; (4) (5) speech-language pathology therapy (5) (6) respiratory therapy; (6) (7) occupational therapy; (7) (8) nutritional services; (8) home management services when provided to a person who is unable to perform these activities due to illness, disability, or physical condition. Home management services include at least two of the following services: housekeeping, meal preparation, and shopping; (9) medical social services; (10) the provision of medical supplies and equipment when accompanied by the provision of a home care service; and (11) other similar medical services and health-related support services identified by the commissioner in rule. <u>(12) audiology services; and</u> <u>(13) unlicensed complementary and alternative health care services as defined in Minn. Stat. § 146A.01.</u> <p>Home care service does not include the following activities conducted by the commissioner of health or a board of health as defined in section 145A.02, subdivision 2: communicable disease investigations or testing; administering or monitoring a prescribed therapy necessary to control or prevent a communicable disease; or the</p>	<p>(3)cite PCAs reg in DHS statutes</p> <p>(5)SLP or speech-language pathologist is title</p> <p>(6) an aside, RTs are now licensed, not registered</p> <p>(8) removing home management regulation</p> <p>(11) what does this include? What if we just rewrote # 11 to allow for “other” professional health care services...</p> <p>(12) do audiologist provide services in the home now?</p> <p>(13) Should we include complementary/alternative health care services? Massage Therapists are included in this group; do MTs provide services</p>

		<p>monitoring of an individual's compliance with a health directive as defined in section 144.4172, subdivision 6.</p>	<p>in the home? What about blood pressure or other health screening services?</p>
<p>Subd. 4.</p>	<p>Home care provider.</p>	<p>Home care provider means an individual, organization, association, corporation, unit of government, or other entity that is regularly engaged in the delivery, directly or by contractual arrangement, of home care services for a fee. At least one home care service must be provided directly, although additional home care services may be provided by contractual arrangements.</p> <p>Home care provider does not include:</p> <p>(1) any home care or nursing services conducted by and for the adherents of any recognized church or religious denomination for the purpose of providing care and services for those who depend upon spiritual means, through prayer alone, for healing;</p> <p>(2) an individual who only provides services to a relative;</p> <p>(3) an individual not connected with a home care provider who provides assistance with home management services or personal care needs if the assistance is provided primarily as a contribution and not as a business;</p> <p>(4) an individual not connected with a home care provider who shares housing with and provides primarily housekeeping or homemaking services to an elderly or disabled person in return for free or reduced-cost housing;</p> <p>(5) an individual or agency providing home-delivered meal services;</p> <p>(6) an agency providing senior companion services and other older American volunteer programs established under the Domestic Volunteer Service Act of 1973, Public Law 98-288;</p> <p>(7) an employee of a nursing home licensed under this chapter or an employee of a boarding care home licensed under sections 144.50 to 144.56 who responds to occasional emergency calls from individuals residing in a residential setting that is attached to or located on property contiguous to the nursing home or boarding care home;</p> <p>(8) a member of a professional corporation organized under chapter 319B that does not regularly offer or provide home care services as defined in subdivision 3;</p> <p>(9) the following organizations established to provide medical or surgical services that do not regularly offer or provide home care services as defined in subdivision 3: a business trust organized under sections 318.01 to 318.04, a nonprofit corporation organized under chapter 317A, a partnership organized under chapter 323, or any</p>	<p>Should we leave in “individual” or take out? <i>DISCUSSION ITEM</i></p> <p>Have investigated individuals - Do individuals need to form org/assoc, to provide home care services?</p> <p>(1) removed “nursing services” b/c it’s already included as part of definition of “home care services” above</p> <p>(3) removed home management services b/c this proposal does not regulate it. Aside from that, what does the rest of the line mean?</p> <p>(7) does this need clarification</p> <p>(9) what would “any other entity determined by commissioner” include?</p>

		<p>other entity determined by the commissioner</p> <p>(10) an individual or agency that provides medical supplies or durable medical equipment, except when the provision of supplies or equipment is accompanied by a home care service;</p> <p>(11) an individual licensed under chapter 147; or</p> <p>(12) an individual who provides home care services to a person with a developmental disability who lives in a place of residence with a family, foster family, or primary caregiver.</p>	<p>(10) how cld the first part exist without the second part?</p> <p>(11)147 = Bd of Med Practice</p> <p>What about providing services to one client?</p>
Subd. 5.	<u>License</u>	<u>License</u> means the license issued by the Commissioner when the home care services provider has met the requirements to provide Basic Home Health Care Services in Minnesota and has received an approved on-site survey result sufficient to be issued a license by the Commissioner.	**new language
	<u>Licensee</u>	<u>Licensee</u> means a provider that is licensed under parts 4668.0002 to 4668.0870 and MS 144A.43 to 144A.47	
Subd. 6	<u>Provisional License</u>	<u>Provisional License</u> means the non permanent license issued to a Basic Home Care Services provider after the written application has been approved by the Commissioner and before an on-site survey has been completed resulting in an approved license by the Commissioner. Provisional Licensees cannot use the protected title, “License”.	**new language
Subd. 7.	<u>Basic Home Health Care Services</u>	<u>Basic Home Health Care Services</u> means the non-delegated nursing services and assistance with Activities of Daily Living (ADLs) and is the minimal level of home health care services licensed in Minnesota.	**new language
Subd. 8.	<u>Home Care Aides</u>	<u>Home Care Aides</u> are individuals who provide non-delegated nursing services in the home	**new language
Subd. 9	<u>Home Care Aide Tasks</u>	<p><u>Home Care Aide Tasks</u> may include the following:</p> <p>i) preparing <i>food for</i> modified diets, such as diabetic or low sodium diets.</p> <p>ii) reminding clients to take regularly scheduled medications or perform exercises.</p> <p>iii) household chores in presence of technically sophisticated medical equipment or episodes of acute illness or infectious disease;</p> <p>iv) household chores when the client’s care requires the prevention of exposure to infectious disease or containment of infectious disease; and</p> <p>v) assisting with dressing, oral hygiene, hair care, grooming, and bathing, if the client is ambulatory, and if the client has no serious acute illness or infectious disease. Oral hygiene means care of teeth, gums, and oral prosthetic devices.</p>	<p>(i) 4668.0110, added “food for”</p> <p>(ii) 4668.0110, subp. 1B</p> <p>(iii)4668.0110,subp 1C-</p> <p>(iv) 4668.0110, subp. 1D</p> <p>(v) 4668.0110, subp. 1E</p> <p>replace ambulatory with mobile/mobility</p>

Subd. 10	Home Health Care Aides	Home Health Care Aides are individuals who provide delegated nursing services in the home.	**new language - do it need to state unlicensed as we define ULP later in subp 45 or paraprofessional -should this title include “Care”
Subd. 11	Home Health Care Aide Tasks	Home Health Care Aide Tasks may include the following: i) administration of medications; ii) performing routine delegated medical or nursing or assigned therapy procedures; iii) assisting with body positioning or transfers of client who are not ambulatory; iv) feeding of clients who, because of their condition, are at risk of choking; v) assistance with bowel and bladder control, devices, and training programs; vi) assistance with therapeutic or passive range of motion exercises; vii) providing skin care, including full or partial bathing and foot soaks; and viii) during episodes of serious disease or acute illness, assisting with dressing, oral hygiene, hair care, grooming, bathing, toileting, bedding changes, basic housekeeping, meal preparation, assisting with client’s mobility, including movement, changing location, and positioning. Oral hygiene means care of teeth, gums, and oral prosthetic devices.	identical meaning, but reworded fr 4668.0100, subp. 1H— consider just defining the activity instead of listing out every possibility- Language draft required if go that route Sh this title include “Care” What about ADL’s for person who is dependent on mobility
Subd. 12	Comprehensive Home Health Care Services	Comprehensive Home Health Care Services are services provided in addition to the <u>Basic level and for which Commissioner approval is required in order to provide these services. Comprehensive services include delegated nursing services and licensed health care services such as physical therapy, speech-language pathology, occupational therapy, nutritional services, medical social services, respiratory therapy, and the provision of medical supplies and equipment when accompanied by the provision of a home care service</u>	**new language, but added specific references to licensed occupations under 4668.0012, subp. 3—Class A Consider better word than “approval”
Subd. 13	Specialty Home Health Care Services	Specialty Home Health Care Services means services provided in addition to the <u>Basic level and Comprehensive level and for which Commissioner approval is required in order to provide these services. A provider must have the Basic level license and the Comprehensive approval in order to apply for the Specialty Services approval from the commissioner.</u>	**new language Consider word other than approval
Subd. 14	Managerial Official	Managerial Official means a director, officer, trustee, or employee of a provider, however designated, who has the authority to establish or control business policy.	4668.0003, subp. 20 Should it be more than business policy?
Subd.15.	Medication	Medication Administration means performing a task to ensure a client takes a	4668.0003, subd. 21a

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	Administration	medication, and include s the following tasks, performed in the following order: i) checking the client’s medication record; ii) preparing the medication for administration; iii) administering the medication to the client; iv) documenting after administration or the reason for not administering the medication as ordered; and v) reporting information to a nurse regarding concerns about the medication or the client’s refusal to take the medication.	Include language re: herbs, OTC, other non-traditional medications
Subd. 16	Medication reminder	Medication reminder means providing a verbal or visual reminder to a client to take medication. <u>This includes bringing the medication to the client and providing liquids or nutrition to accompany medication that a client is self-administering.</u>	4668.0003, subp 21b Add from 09 legislation bill
Subd.17.	Nurse	Nurse means a registered nurse or licensed practical nurse.	4668.0003, subd. 22
Subd. 18	Licensed Practice Nurse	Licensed Practice Nurse has the meaning given it by Minnesota Statutes, section 148.171, subd. 8.	4668.0003, subd. 19
Subd. 19	<u>Serious Health Violations</u>	<u>Serious Health Violations</u> means those that preclude issuance of a <u>Basic License</u> from a Provisional License and are detected through a <u>complaint investigation or survey and are listed in sections _____ to _____</u> [sections will be new ones we add to this proposal]	**new language and designed to form basis for denying provisional license Consider language for Immediate Jeopardy-
Subd. 20	Nursing home	Nursing home means a facility licensed under Minnesota Statutes, sections 144A.01 to 144A.16.	4668.0003, subp. 23
Subd. 21	Medical Social work or medical social services	Medical Social work or medical social services means social work related to the medical, health, or supportive care of clients.	4668.0003, subp. 21
Subd. 22	Nutritional Services	Nutritional Services means the services provided by a dietitian, including evaluation of a client’s nutritional status and recommendation for changes in nutritional care, planning, organizing, and coordinating nutritional parts of other health services; adapting a medically ordered diet to the need san understanding of the client; and translating the recommendations for nutritional care into appropriate food selection and food preparation guidelines.	4668.0003

Subd. 23	<u>Occupational Therapist</u>	<u>Occupational Therapist</u> means a person licensed pursuant to Minnesota Statutes, Sec 148.6401 to 148.6450	4668.0003 subp 25 – chg to state reference for OTP License
	<u>Occupational Therapy</u>	Occupational Therapy means services designed to assist a client who has functional disabilities related to developmental, restorative, or health needs, to adapt the client’s environment and skills to aid in the performance of daily living tasks.	4668.0003 subp 26 – sh be same as Ch 148 definition
Subd.24	Over the counter drug	Over the counter drug means a drug that is not required by federal law to bear the statement “caution: Federal law prohibits dispensing without prescription,” and as a result may be sold without a prescription “	4668.0003 subp 26b—consider re-wording according to other definitions of OTC --doublechk citation- also chk pharmacy regs Add Herbal medications.. Vitamins-- etc
	Legend Drug	Legend Drug has the meaning given in Minn. Stat. § 151.01, subd. 17”	4668.0003 subp 17a
Subd. 25	Owner	Owner means a i) proprietor; ii) general partner, iii) limited partner who has five percent or more of equity interest in a limited partnership; iv) a person who owns or controls voting stock in a corporation in an amount equal to or greater than five percent of the shares issued and outstanding; or v) a corporation that owns an equity interest in a licensee or applicant for a license	4668.0003, subp. 27
Subd. 26	Pharmacist	Pharmacist means a person licensed under Minnesota Statutes, chapter 151.	4668.0003, subp.28a
Subd. 27	Physical Therapist	Physical Therapist means a person licensed under Minnesota Statutes, § 148.65	reworded from 4668.0003, subp. 29 – rule states “has the meaning given by MS 148.65”
	Physical Therapy	Physical Therapy has the meaning given by MN Statutes section 148.65, subd 1	4668.0003 subp 30 –sh reference scope of practice for PT or list duties from statue instead o this language from rule
Subd. 28	Physician	Physician means a person licensed under MS Chapter 147	4668.0003 subp 31
Subd. 29	Prescriber	Prescriber means a person authorized by law to prescribe legend drugs.	4668.0003 subp 32

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Subd. 30	Registered Nurse	Registered Nurse has the meaning given it by Minnesota Statutes, § 148.171, subdivision 20.	4668.0003, subp.33
Subd. 31	Regularly scheduled	Regularly scheduled means ordered or planned to be completed at predetermined times or according to a predetermined routine.	4668.0003, subp.34
Subd. 32	Residential Center	Residential Center means a building or complex of contiguous or adjacent buildings in which clients rents or own distinct living units.	4668.0003 subp 35 Also see language re: residential in DHS regs – ie 256.xxx)
Subd. 33	Respiratory Therapist	Respiratory Therapist is a person licensed by Minn. Stat. § _____ to _____, and provides therapy as defined in Minn. Stat. § ____.	4668.0003 subp 37 –reworded to cite the statute that regulates them, since they are now licensed, not registered as per 2009 session
Subd. 34	Responsible Person	Responsible Person means a person who, because of the client’s incapacity, makes decisions about the client’s care on behalf of the client. A responsible person may be a guardian conservator, attorney-in-fact, family member or other agent of the client. Nothing in this section expands or diminishes the rights of persons to act on behalf of clients under other law.	4668.0003, subp. 38
Subd. 35	Social Work	Social Work means the practice as defined in Minn. Stat. § 148B.18, subd 11F ____.	4668.0003 subp 39 changed to just cite the statute that regulates them
	Speech Therapy	Speech Therapy means diagnostic, screening, preventive or corrective services for clients with speech, hearing, and language disorders.	4668.0003 subp 40 – In statute for SLPx their title is “speech-language pathologist” not “therapist”.
Subd. 34.	Surveyor	Surveyor means a representative staff person of the department authorized to conduct surveys of licensees <u>and applicants in the case of pre-licensing surveys</u>	4668.0003 subp 42 modified to include pre-licensing survey reference and “staff” person
Subd. 36	Survey	Survey means an inspection of a licensee or applicant for licensure for compliance with this chapter and Minnesota Statutes, sections 144A.43 to 144A.47. Surveys include investigations of complaints.	4668.0003 subp 41 Should we include investigations of complaints
	Therapist	Therapist means a respiratory therapist, physical therapists, occupational	MS 4668.0003. Subd 43

		therapist, speech therapist or provider of nutritional services	Do we need this – need to address SLP
Subd. 37	Ambulatory (change to Mobility)	Ambulatory means the ability to move about and transfer between locations without the assistance of another person, either with or without the assistance of a walking device or wheelchair	4668.0003 subp 2,- consider altering by using term Mobility
Subd. 38	Assistance with Self-Administration of Medication	Assistance with Self-Administration of Medication means performing a task to enable a client to self-administer medication, including: a) bringing the medication to the client; b) opening a container containing medications set up by a nurse, physician, or pharmacist; c) emptying the contents from the container into the client’s hand; d) providing liquids or nutrition to accompany medication that a client is self-administering; or e) reporting information to a nurse regarding concerns about a client’s self-administration of medication.	4668.0003, subp 2a- chk new statutory chg re: med reminders and how might affect this
Subd.39.	Assisted Living home care service	Assisted Living home care service means a nursing service, delegated nursing service, or other service performed by an unlicensed person, or central storage of medications provided solely for a resident of a housing with services establishment registered under Minn. Stat. Ch. 144D.	4668.0003,subp 2c Need to reflect 144G
	Assisted Living Services	Assisted Living Services as provided under Class E means individualize home care aide tasks or home management tasks provided to clients of a residential center in their living units, and provided either by the management of the residential center or by providers under contract with the management. In this subpart, “ individualized” means chosen and designed specifically for each client’s needs , rather than provided or offered to all clients regardless of their illnesses, disabilities, or physical conditions.	4668.0003, subp 3 Need to reflect 144G
144G.01 Subd 2	Assisted Living	Assisted Living means a service or package of services advertised, marketed, or otherwise described, offered, or promoted using the phrase “ assisted living” either alone or in combination with other words, whether orally or in writing, and which is subject to the requirements of this chapter.	Need to reflect 144G
144G.01 Subd 3	Assisted Living Client	Assisted Living Client or client means a housing with services resident who receives assisted living that is subject to the requirements of this chapter	Remove client.. see def for client. Need to reflect 144G
Subd. 40	Client	Client means a person to whom a home care provider provides home care services.	4668.0003 subp 5
Subd. 41	Contract	Contract means a legally binding agreement, whether in writing or not.	4668.0003, subp 7

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Subd. 42	Hospital	Hospital means a facility licensed as a hospital under chapter 4640 and Minn. Statutes, § 144.50 to 144.56.	4668.0003, subp 16
Subd. 43	Inpatient facility	Inpatient facility means a hospital or nursing home.	4668.0003, subp 17
Subd 44	Oral Hygiene	Oral Hygiene means care of teeth, gums, and oral prosthetic devices.	4668.0003, 26a
Subd. 45	Paraprofessional	Paraprofessional means a person who performs home health aide, or home care aide tasks	4668.0003, subp 23 - removed home management tasks
Subd. 46	Unit of Government	Unit of Government means every city, county, town, school district, other political subdivisions of the state, and any agency of the state or the United States, and includes any instrumentality of a unit of government.	4668.0003 subp 44
Subd. 47	Unlicensed person	Unlicensed person means a person who is employed by the licensee and who is not a nurse. Unlicensed person does not include non-employee family members, nonemployee significant others, and nonemployee responsible persons.	4668.0003 subp 44a
Subd. 48	Verbal	Verbal means oral and not in writing.	4668.0003 subp 45
	Agent	Agent means one 1) who is authorized to transact business with the commissioner of health on all matters provided for in this chapter; and 2) one upon whom all notices and orders shall be served ,and who is authorized to accept service of notices and orders on behalf of the licensee, in proceedings under this chapter. The designation of one or more persons under this <u>item as an agent</u> shall not affect the legal responsibility of any other owner or managerial official under this chapter.	4668.0012, subp 7 – Licensure – slight rewording
	Certification	Medicare Certification	
	Hospice		
	Medication Set-Up	Medication Set-Up	
	Investigator		
	Applicant	Applicant means a provider of home care services that applies for a new license or renewal license under chapter 4668	4669.0010 subp 1
	Provider	Provider means a home care provider required to be licensed under Minnesota	4669.0010 subp 3

		Statutes, Sections 144A.43 to 144A.47	
	Revenues	Revenues means all money or the value of property or services received by registrants and derived from the provision of home care services, including fee for services, grant, bequests, gifts, donation, appropriates of public money and earned interest or dividends.	4669.0010 subp 4
144D.01, supd 2a	Arranged Home care provider	Arranged home care provider means a home care provider licensed under MR 4668. that provides services to some or all of the residents of a housing with services establishment and that is either the establishment itself or another entity with which the establishment has an arrangement.	
144D.01, subd 4	Housing with Services HWS provisions in 144D are re-printed here for your convenience.	Housing with services establishment or establishment. (a) "Housing with services establishment" or "establishment" means: (1) an establishment providing sleeping accommodations to one or more adult residents, at least 80 percent of which are 55 years of age or older, and offering or providing, for a fee, one or more regularly scheduled health-related services or two or more regularly scheduled supportive services, whether offered or provided directly by the establishment or by another entity arranged for by the establishment; or (2) an establishment that registers under section 144D.025 . (b) Housing with services establishment does not include: (1) a nursing home licensed under chapter 144A; (2) a hospital, certified boarding care home, or supervised living facility licensed under sections 144.50 to 144.56 ; (3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, 9525.0215 to 9525.0355, 9525.0500 to 9525.0660, or 9530.4100 to 9530.4450, or under chapter 245B; (4) a board and lodging establishment which serves as a shelter for battered women or other similar purpose; (5) a family adult foster care home licensed by the Department of Human Services; (6) private homes in which the residents are related by kinship, law, or affinity with the providers of services; (7) residential settings for persons with developmental disabilities in which the services are licensed under Minnesota Rules, parts 9525.2100 to 9525.2140, or applicable successor rules or laws; (8) a home-sharing arrangement such as when an elderly or disabled person or	need to review HWS reg to ensure no conflicting language

		<p>single-parent family makes lodging in a private residence available to another person in exchange for services or rent, or both;</p> <p>(9) a duly organized condominium, cooperative, common interest community, or owners' association of the foregoing 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; or</p> <p>(10) services for persons with developmental disabilities that are provided under a license according to Minnesota Rules, parts 9525.2000 to 9525.2140 in effect until January 1, 1998, or under chapter 245B.</p>	
144D.01, subd 5	Supportive Services	<p>Supportive services means help with personal laundry, handling or assisting with personal funds of residents, or arranging for medical services, health-related services, social services, or transportation to medical or social services appointments. Arranging for services does not include making referrals, assisting a resident in contacting a service provider of the resident's choice, or contacting a service provider in an emergency.</p>	Does this include home care aide tasks (see 144D.01, subd 6
144D.01, subd 6	Health Related Services	<p>Health-related services include professional nursing services, home health aide tasks, and identified in Minnesota Rules, parts 4668.0100, subparts 1 and 2; and 4668.0110, subpart 1; or the central storage of medication for residents.</p>	
144D.01 subd 7	Family Adult Foster Care Home	<p>Family adult foster care home means an adult foster care home that is licensed by the Department of Human Services, that is the primary residence of the license holder, and in which the license holder is the primary caregiver.</p>	Check DHS

<p>144A.45</p>	<p>Regulation Of Home Care Services.</p>	
<p>Subd 1</p>	<p>Rules. The commissioner shall adopt rules for the regulation of home care providers pursuant to sections 144A.43 to 144A.47. The rules shall include the following:</p> <p>(1) provisions to assure, to the extent possible, protect the health, safety and well-being, and appropriate treatment of persons who receive home care services in Minnesota.</p> <p>(2) requirements that home care providers furnish the commissioner with specified information necessary to implement sections 144A.43 to 144A.47;</p> <p>(3) standards of training of home care provider personnel, which may vary according to the nature of the services provided or the health status of the consumer;</p> <p>(4) standards for medication management which may vary according to the nature of the services provided, the setting in which the services are provided, or the status of the consumer. Medication management includes the central storage, handling, distribution, and administration of medications;</p> <p>(5) standards for supervision of home care services requiring , except that, notwithstanding the provisions of Minnesota Rules, part 4668.0110, subpart 5, item B, supervision of a person performing home care aide tasks for a class B licensee providing paraprofessional services must occur only every 180 days, or more frequently if indicated by a clinical assessment</p> <p>(6) standards for client evaluation or assessment which may vary according to the nature of the services provided or the status of the consumer;</p> <p>(7) requirements for the involvement of a consumer's physician, the documentation of physicians' orders, if required, and the consumer's treatment plan, and the maintenance of accurate, current clinical records;</p> <p>(8) the establishment of different classes of licenses for different types of providers and different standards and requirements for different kinds of home care services; and</p> <p>(9) operating procedures required to implement the home care bill of rights.</p> <p>Subd. 1a. Home care aide tasks. Notwithstanding the provisions of Minnesota Rules, part 4668.0110, subpart 1, item E, home care aide tasks also include assisting toileting, transfers, and ambulation if the client is ambulatory and if the client has no serious acute illness or infectious disease.</p>	<p>Subd 1a- took t his out only because language exists in definitions section.</p> <p>Do we need to keep some of this in here- Such as req to provide specified info, training standards, medication managed stads, supervision stds, client evaluation and assessment stds, req for involvement of physician/document of orders, operating procedures for BOR</p> <p><i>Change in section 5 in 2009 legislative session</i></p> <p>(5) standards for supervision of home care services requiring supervision by a registered nurse or other appropriate health care professional which must occur on site at least every 62 days, or more frequently if indicated by a clinical assessment, and in accordance with sections 148.171 to 148.285 and rules adopted there under, except that, notwithstanding the provisions of Minnesota Rules, part 4668.0110, subpart 5, item B, supervision of a person performing home care aide tasks for a class B licensee providing paraprofessional services must occur only every 180 days, or more frequently if indicated by a clinical assessment <u>does not require nursing supervision;</u></p> <p><i>Also added this in "staff" section of draft.</i></p>

	<p>Subp. 10. Equivalent requirements for certified providers. A licensee certified to provide comprehensive care and is also certified for participation in Medicare as a home health agency under Code of Federal Regulations, title 42, part 484, need not comply with this part, or with the following items, if the Medicare certification is based on compliance with the federal conditions of participation, and on survey and enforcement by the Minnesota Department of Health as agent for the United States Department of Health and Human Services: _____</p>	<p>4668.0180, subp 10</p>
<p>Subd. 5.</p>	<p>Home care providers; services for Alzheimer's disease or related disorder. (a) If a home care provider licensed or <u>provisionally licensed</u> under section 144A.46 or 144A.4605 markets or otherwise promotes services for persons with Alzheimer's disease or related disorders, the facility's <u>provider's</u> direct care staff and their supervisors must be trained in dementia care (b) Areas of required training include: (1) an explanation of Alzheimer's disease and related disorders; (2) assistance with activities of daily living; (3) problem solving with challenging behaviors; and (4) communication skills. (c) The licensee <u>provider</u> shall provide to consumers <u>clients and families or other persons who request it</u> in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered, <u>in written or electronic form</u>. This information satisfies the disclosure requirements of section 325F.72 subd 2, clause 4</p>	<p>Not Basic care Is this really comprehensive or specialty care consider whether provisional licensee shld be allowed to provide care to Alzheimer's or whether Alzheimer's level care should be specialty (c) last statement from 144D.065 HWS statutes</p>
<p>144A.46</p>	<p>LICENSURE</p>	<p><i>include approval for comprehensive and/or specialty – here or elsewhere</i></p>
<p>Subd1.</p>	<p>License required. (a) A home care provider may not operate in the state without a current <u>provisional license or license</u> issued by the commissioner of health. A home care provider may hold a separate license certification for each class of home care licensure. <u>Before providing Comprehensive, or Specialty Home Health Care, a licensed home care provider must obtain a separate approval for each from the Commissioner.</u> (b) Provisional License. Home health care providers applicants must first apply for a <u>provisional license</u>. Within ten <u>business</u> days after receiving an application for a <u>provisional</u> license, the commissioner shall acknowledge receipt of the application in writing, <u>which may be electronic</u>. The acknowledgment must indicate whether the application</p>	

<p>appears to be complete or whether additional information is required before the application will be considered complete. Within 90 days after receiving a complete application, the commissioner shall either grant or deny the <u>provisional license</u>. If an applicant is not granted or denied a <u>provisional license</u> within 90 days after submitting a complete application, the license must be deemed granted. An applicant whose license has been deemed granted must provide written notice to the commissioner before providing a home care service</p> <p>(c) Each application for a home care provider <u>provisional license, license, for a license renewal of a license, Comprehensive or Specialty approval</u> shall be accompanied by a fee to be set by the commissioner under section 144.122.</p> <p>(d) The commissioner of health, in consultation with the commissioner of human services, shall provide recommendations to the legislature by February 15, 2009, for provider standards for personal care assistant services as described in section 256B.0655.</p> <p>(e) an applicant for an initial, provisional or renewal license must provide the following information on forms provided by the commissioner:</p> <ol style="list-style-type: none"> (1) the applicant’s name and address, including the name of the county in which the applicant resides or has its principal place of business; (2) address and telephone number of the principal administrative office; (3) address and telephone number of each branch office; if any; (4) names and addresses of all owners and managerial officials; (5) documentation of compliance with the background study requirements of Minnesota Statutes, section 144.46, subd. 5 for all persons involved in the management, operation, or control of a provider; (6) evidence of workers’ compensation coverage as required by Minnesota Statutes, sections 176.181 and 176.182; (7) proof that all direct care workers are not contagious with tuberculosis (8) a list of those home care services that will be made available to clients. <u>(9) documentation of all applicable training, examination and education requirements for home care aides, home health care aides, owners and managerial officials; (training in specialty cares)</u> <u>(10) documentation of current valid licenses for each licensed staff person directly from the state licensing agency or obtained by MDH staff from the licensing agency’s website when such information is available;</u> (11) for applications on behalf of a corporation, association, or unit of government, it must be signed by an officer or managing agent 	<p>(b) removed a ‘deemed license’—this is very unusual and doesn’t prioritize consumer protection</p> <p>(c) added provisional, Comp & Spec</p> <p>(d) only removing b/c this activity is completed</p> <p>(e) 4668.0012 Licensure</p> <p>(e)(7) this part modified fr rule—fr class C to “direct care workers” should it be communicable diseases language not just TB</p> <p>(e)(9) this is new addition; consider entry reqs for owners and managerial officials</p> <p>(e)(10) This is new requirement.. Include documentation of training relating to provision of home care services/specialty care services etc. Add also policies/procedures re: service plans , medication, central storage of med,</p> <p>(e)(11) same as in 4668.0012, subp. 6B</p>
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<p>(f) Agent. Each application for a provisional license, license or renewal license shall designate one or more owners, managerial officials, or employees, as an agent.</p> <p>(1) an agent is authorized to transact business with the commissioner on all matters provided for in these provisions; and</p> <p>(2) upon whom all notices and orders shall be served, and who is authorized to accept services of notices and orders on behalf of the licensee, in proceedings under this chapter and Minnesota Statutes, sections 144A.43 to 144A.47. The designation of one or more persons under this provision shall not affect the legal responsibility of any other owner or managerial official under this chapter and Minnesota Statutes, sections 144A.43 to 144A.47</p> <p>(g) Notification of Changes of Information. The provisional licensee and licensee shall notify the commissioner in writing, including electronically, within 10 working days after any change in the information required to be provided to the commissioner.</p> <p>(h) Prelicensing survey. Before granting a license, the commissioner may evaluate the applicant for compliance with this chapter.</p> <p>(i) Each initial license, <u>provisional</u> or renewal license issued by the commissioner will contain the provider's name, address, the <u>approvals</u> issued, if any; the beginning and expiration dates; and the unique license number</p> <p>Subd. 1a. Multiple Units. Multiple Units of a provider must share the same management that supervises and administers services provided by all units. Multiple units of a provider must be separately licensed if the commissioner determines that the units cannot adequately share supervision and administration of services with the main office because of distinct organizational structures.</p> <hr/> <p>Exemptions. The following individuals or organizations are exempt from the requirement to obtain a home care provider license:</p> <p>(1) a person who is licensed as a registered nurse under sections 148.171 to 148.285 and who independently provides nursing services in the home without any contractual or employment relationship to a home care provider or other organization;</p> <p>(2) a personal care assistant who provides services to only one individual under the medical assistance program as <u>is</u> authorized under sections 256B.0625,</p>	<p>(f) 4668.0012, subp 7 (f)(1) 4668.0012, subp. 7</p> <p>(g) 4668.0012, subp 8 except all updates are req within 10 days, not any other time periods are allowed</p> <p>(h)4668.0012, subp. 10</p> <p>(i)4668.0012-Licensure, subp 1—added provisional and Approvals for Comp or Spec.</p> <p>(Subd 1a) identical to 4668.0012, subp. 2—SONAR describes this a bit</p> <hr/> <p>(3) double check new PCA cites--Maybe we can</p>
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<p>subdivision 19a, and 256B.04, subdivision 16; (3) a person or organization that offers, provides, or arranges for personal care assistant services under the medical assistance program as authorized under sections 256B.0625, subdivision 19a, and 256B.04, subdivision 16; until provider standards are implemented based on the recommendations in section 144A.46, subdivision 1, paragraph (d); 4) a person who is licensed under sections 148.65 to 148.78 and who independently provides physical therapy services in the home without any contractual or employment relationship to a home care provider or other organization; (5) a provider that is licensed by the commissioner of human services to provide semi-independent living services under Minnesota Rules, parts 9525.0500 to 9525.0660 when providing home care services to a person with a developmental disability; (6) a provider that is licensed by the commissioner of human services to provide home and community-based services under Minnesota Rules, parts 9525.2000 to 9525.2140 when providing home care services to a person with a developmental disability; (7) a person or organization that provides only home management services; if the person or organization is registered under section 144A.461; or (8) a person who is licensed as a social worker under chapter 148D and who provides social work services in the home independently and not through any contractual or employment relationship with a home care provider or other organization. (9) a paraprofessional not regularly engaged in delivering home care services. For purposes of subpart 5, who performs home care aide tasks or home management tasks for no more than 14 hours each calendar week to no more than one client, is not regularly engaged in the delivery of home care services, and is not subject to licensure under this chapter. 10) Subp. 7. An individual who is an individual contractor and is not an employee of a licensed provider need not be licensed under this chapter, if the person: A. only provides services as an independent contractor with one or more licensed providers; B. provides no services under direct agreements with clients; and C. is contractually bound to perform services in compliance with the contracting providers' policies and service agreements. Individuals excluded from licensure</p>	<p>combine these</p> <p>(4) Is this just for PT's? do we need it to reflect other therapies?</p> <p>(6) check with DHS</p> <p>(9 – 15) 4668.0008</p> <p>(10 c) consider changing this—why is this a good idea?</p>
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<p>under this subpart must comply with the same requirements of this chapter as employees of the contracting licensee.</p> <p>(11) Subp. 8. Except as otherwise provided in this chapter or in law, home care services that are provided by the state, counties, or other units of government must be licensed under this chapter.</p> <p>(12) Subp. 9A A business is not subject to Minnesota Statutes, sections 144A.43 to 144A.47, and is not required to be licensed under this chapter if the business only provides services that are primarily instructional and not medical services or health-related support services.</p> <p>(13) Subp. 10. business that provides staff to home care providers, such as temporary employment agencies, is not required to be licensed under this chapter if the business:</p> <ul style="list-style-type: none"> A. only provides staff under contract to licensed or exempt providers; B. provides no services under direct agreements with clients; and C. is contractually bound to perform services under the contracting providers' direction and supervision. <p>(14) Subp. 11. For purposes of this chapter, staff of businesses excluded from licensure under subpart 10 shall be treated as if they are employees of the contracting licensee.</p> <p>(15) Subp. 12 A provider of medical supplies and equipment is subject to this chapter only if:</p> <ul style="list-style-type: none"> A. the provider provides a home care service; B. the provider makes more than one visit to a client's residence to provide the home care service; and C. the supplies or equipment are ordered by a physician, osteopath, dentist, podiatrist, chiropractor, or other prescriber. <p>In this subpart, home care service does not include maintenance of supplies or equipment or instruction in their use.</p> <p>An exemption under this subdivision does not excuse the individual from complying with applicable provisions of the home care bill of rights.</p>	<p>(13) consider changing this too</p> <p>(14) consider changing this too</p> <p>Need to add something re: individual who provides care only to one individual</p> <p>Can a home care agency contract with another HC provider for RN services?</p>
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144A.xx	<p>License renewals. (a) Except as provided in subpart 14 or 15, a license will be renewed for a period of one year, if the licensee satisfies items A to C. The licensee must:</p> <p>A. submit an application for renewal on forms provided by the commissioner at least 30 days before expiration of the license;</p> <p>B. submit the renewal fee, in the amount provided by subpart 18; and</p> <p>C. comply with this chapter and Minnesota Statutes, sections 144A.43 to 144A.47.</p>	<p>4668.0012 Sub 13</p> <p>Based on Survey- History- Provisional</p>
144A.xx	<p>Subp. 16. Transfers prohibited; changes in ownership. A license, <u>provisional license, comprehensive certificate, or specialty certificate</u> issued under this part by the commissioner may not be transferred to another party. Before changing ownership, a prospective provider must apply for a new <u>provisional license</u>, under this part. A change of ownership means a transfer of operational control to a different business entity, and includes:</p> <p>A. transfer of the business to a different or new corporation;</p> <p>B. in the case of a partnership, the dissolution or termination of the partnership under Minnesota Statutes, chapter 323A, with the business continuing by a successor partnership or other entity;</p> <p>C. relinquishment of control of the provider by the <u>provisional licensee or licensee</u> to another party, including to a contract management firm that is not under the control of the owner of the business' assets;</p> <p>D. transfer of the business by a sole proprietor to another party or entity; or</p> <p>E. in the case of a privately held corporation, the change in ownership or control of 50 percent or more of the outstanding voting stock.</p>	<p>4668.0012 subd 16</p> <p>Need more ??- license expires if no renewal</p>
144A.xx	<p>Subp. 17. Display of license. The original <u>provisional license or license</u> must be displayed in the provider's principal business office and copies must be displayed in all other offices. The <u>provisional licensee or licensee</u> must provide a copy of the license to any person who requests it.</p>	<p>must include the HFID and License expiration date</p>
144A.46	<p>Enforcement.</p>	<p>See Failure to Correct Deficiency</p>
144A.xx	<p>Surveys and Quality Assurance</p>	
	<p>Subp. 9. Quality assurance. The licensee shall establish and implement a quality assurance plan, described in writing, in which the licensee must:</p> <p>A. monitor and evaluate two or more selected components of its services at least once every 12 months; and</p> <p>B. document the collection and analysis of data and the action taken as a result.</p>	<p>4668.0180</p>

1 to 9 from Rules	Subpart 1. Surveys. Except as provided in subpart 3 or 10, the commissioner may survey each applicant or licensee before issuing a new license or renewing an existing license. An applicant for a license that is certified and surveyed by the Minnesota Department of Health for Medicare or medical assistance shall be surveyed at the time of its next certification survey. Applicants and licensees shall provide any and all information requested by the surveyor or investigator that is within the scope of licensure.	4668.0220 surveys and investigations. What about surveys for Comp & Specialty providers? Need to determine how to ensure competency for comp and specialty –Language Needed
	Subp. 2. Coordination of surveys. If feasible, the commissioner shall survey licensees to determine compliance with this chapter at the same time as surveys for certification for Medicare and medical assistance if Medicare certification is based on compliance with the federal conditions of participation and on survey and enforcement by the Minnesota Department of Health as agent for the United States Department of Health and Human Services.	4668.0220
	Subp. 3. Biennial surveys. A licensee that has been licensed for at least two consecutive years and that has been in substantial compliance with this chapter and Minnesota Statutes, sections 144A.43 to 144A.47, and has had no serious violations in that period, may be surveyed every second license term rather than during each license term.	4668.0220
	Subp. 4. Complaint investigations. Upon receiving information that a licensee may be violating or may have violated a requirement of this chapter or Minnesota Statutes, sections 144A.43 to 144A.47, the commissioner shall investigate the complaint.	4668.0220
	Subp. 5. Scheduling surveys. Surveys and investigations shall be conducted without advance notice to licensees. Surveyors may contact licensees on the day of a survey to arrange for someone to be available at the survey site. The contact does not constitute advance notice.	4668.0220
	Subp. 6. Contacting and visiting clients. Surveyors may contact or visit a licensee's clients without notice to the licensee. Licensees shall provide a list of current and past clients and responsible persons with addresses and telephone numbers upon request of a surveyor. Before visiting a client, a surveyor shall obtain the client's or responsible person's permission by telephone, by mail, or in person. Surveyors shall inform all clients and responsible persons of their right to decline permission for a visit.	4668.0220
	Subp. 7. Information from clients. The commissioner may solicit information from clients by telephone, mail, or other means.	4668.0220
	Subp. 8. Client information. Upon the commissioner's request, licensees shall	4668.0220 (also see 4668.0200 subp 6)

	provide to the commissioner information identifying some or all of its clients and any other information about the licensee's services to the clients.	
	Subp. 9. Sampling of clientele. The commissioner may conduct a written survey of all or a sampling of home care clients to determine their satisfaction with the services provided. Subp. 10. Surveys of class C licensees. The commissioner may survey class C licensees by telephoning, visiting, or writing to the licensees' clients. Office visits may be conducted, but are not required.	4668.0220
144A.xx	Fines For Uncorrected Violations.	4668.0230
	Subpart 1. Authority. The fines provided under this part are under the authority of Minnesota Statutes, sections 144.653, subdivision 6, and 144A.45, subdivision 2, clause (4).	4668.0230
	Subp. 2. Fines for license classes. Class A and class B licensees shall be assessed fines at 100 percent of the amounts provided in subpart 3. Class C licensees shall be assessed fines at 25 percent of the amounts provided in subpart 3.	4668.0230
	Subp. 3. Schedule of fines for violations of statutory provisions. For each violation of a statutory provision subject to a fine under Minnesota Statutes, section 144.653, subdivision 6, the following fines shall be assessed for the respective provision that was violated in Minnesota Statutes:	4668.0230
	Subp. 5. Schedule of fines for violations of rules. For each violation of a rule provision subject to a fine under Minnesota Statutes, section 144.653, subdivision 6, the following fines shall be assessed for the respective rule that was violated:	Need New Schedule of Fines that is less complex and more meaningful- cannot be only tool available either
144A.xx	Failure To Correct Deficiency After Fine Has Been Imposed	need to condense the following sections Need to conform with MS 245C and/or MS 626
	If, upon subsequent reinspection after a fine has been imposed under part 4668.0230 , the deficiency has still not been corrected, another fine shall be assessed. This fine shall be double the amount of the previous fine.	Fr 4668.0240
144A.xx	Enforcement Actions	
	(a) Provisional License. The commissioner may refuse to grant a <u>provisional license or license</u> or renew a license, or may suspend or revoke a <u>provisional or license</u> , for violation of statutes or rules relating to home care services or for conduct detrimental to the welfare of the consumer. b) Conditional license. If a licensee is not in full compliance with this chapter and Minnesota Statutes, sections 144A.43 to 144A.47, at the time of expiration of its license, and the violations do not warrant denial of renewal of the license, the commissioner shall issue a license for a limited period conditioned on the licensee	MR 4668.0012 sub 14 Refuse if not prepared to provide care

	achieving full compliance within the term of the license or the term of any correction orders.	
	<u>(c) all violations of this chapter, § 626..., are criminal gross misdemeanors for the managing agent, owner, and/or direct care provider.</u>	new idea—strengthen the personal responsibility for actions—prevent moving onto a new organization-- 10 Year disqual – need MS 245C modification- look at what is the crime – is there a gen level..
	<u>(d) the commissioner shall copy the county, the city or township officials, ombudsman for long-term care, attorney general’s office, department of human services, and any appropriate law enforcement agency when the commissioner has initiated action against a home care provider under this chapter</u>	note “initiated”, it’s intentional moved from earlier section
	<u>(e) any managing agent, owner, and/or direct care provider who worked for a home care provider licensed or provisionally licensed by this chapter that had a revocation or suspension of the license cannot become or continue their status as an enrolled Personal Care Provider Organization or Personal Care Provider under statutes enforced by Department of Human Services.</u>	this is new and designed to close all doors to providers when their license is suspended or revoked—can’t just morph into a PCA provider under DHS..need a way better way of phrasing it Look at MS 245C – may need to modify if we do this
144A.46 Subd 3a	<u>(f) Prior to any suspension, revocation, or refusal to renew a license, the home care provider shall be entitled to notice and a hearing as provided by sections 14.57 to 14.69. In addition to any other remedy provided by law, the commissioner may, without a prior contested case hearing, temporarily suspend a license or prohibit delivery of services by a provider for not more than 60 90 days if the commissioner determines that the health or safety of a consumer is in imminent danger, provided (1) advance notice is given to the provider; (2) after notice, the provider fails to correct the problem; (3) the commissioner has reason to believe that other administrative remedies are not likely to be effective; and (4) there is an opportunity for a contested case hearing within the 60 days. The process of suspending or revoking a license must include a plan for transferring affected clients to other providers.</u>	ask AGO for input on days needed to set up contested case need to conform with MS 245C & 626
	<u>(g) A provisional license may be suspended or revoked and an initial license may be denied if serious health violations are found during a complaint investigation or</u>	lang partly taken from health boards lang re: temp suspension in 214.21; this option allows for a

	<p><u>survey. A suspension or revocation under this provision is effective upon service of the notice of suspension or revocation by the Commissioner. Service is considered effective when the notice is mailed to the last known address. The suspension or revocation will remain in effect until the commissioner issues a final order based on a stipulation or after a hearing. At the time the commissioner mails the suspension or revocation notice, the commissioner shall schedule a contested case hearing pursuant to Minnesota Statutes, chapter 14. The affected provider shall be provided with at least 20 days notice of a hearing held under this section</u></p>	<p>stipulation</p>
<p>144A.46 Subd 3b</p>	<p>(b)(h) The owner and managerial officials, as defined in the home care licensure rules, Minnesota Rules, chapter 4668, this chapter, of a home care provider whose Minnesota license has not been renewed or has been revoked because of noncompliance with applicable law or rule shall not be eligible to apply for nor will be granted a <u>provisional license</u> or license for five years following the effective date of the nonrenewal or revocation.</p>	<p>Should prohibit from ever getting another provisional license after it's revoked, but this makes it explicit</p> <p>Do we need to change if beefing up the crim level</p>
<p>144A.46 Subd 3c</p>	<p>(e) (f) The commissioner shall not issue a license to a home care provider if an owner or managerial official includes any individual who was an owner or managerial official of a home care provider whose Minnesota license was not renewed or was revoked as described in paragraphs <u>(a) and (b)</u> for five years following the effective date of nonrenewal or revocation.</p>	<p>Do we need to change if beefing up the crim level</p>
<p>144A.46 subd 3d</p>	<p>(d)(j). The commissioner shall notify the home care provider 30 days in advance of the date of nonrenewal, suspension, or revocation of the license. Within ten days after the receipt of this notification, the home care provider may request, in writing, that the commissioner stay the nonrenewal, revocation, or suspension of the license. The home care provider shall specify the reasons for requesting the stay; the steps that will be taken to attain or maintain compliance with the licensure laws and regulations; any limits on the authority or responsibility of the owners or managerial officials whose actions resulted in the notice of nonrenewal, revocation, or suspension; and any other information to establish that the continuing affiliation with these individuals will not jeopardize client health, safety, or well being. The commissioner shall determine whether the stay will be granted within 30 days of receiving the provider's request.</p> <p>The commissioner may propose additional restrictions or limitations on the provider's license and require that the granting of the stay be contingent upon compliance with those provisions. The commissioner shall take into consideration</p>	<p>***this section needs work Part Duplicative to 3c</p> <p>This section refers to rights if license denied, revokes under 144A.46, subd 3c</p> <p>Check statutes-</p>

<p>the following factors when determining whether the stay should be granted:</p> <ul style="list-style-type: none">(1) the threat that continued involvement of the owners and managerial officials in the home care provider poses to client health, safety, and well being;(2) the compliance history of the home care provider; and(3) the appropriateness of any limits suggested by the home care provider. <p>If the commissioner grants the stay, the order shall include any restrictions or limitation on the provider's license. The failure of the provider to comply with any restrictions or limitations shall result in the immediate removal of the stay and the commissioner shall take immediate action to suspend, revoke, or not renew the license.</p>	
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	<p>Subp. 15. Suspension, revocation, or denial of renewal of license. Prohibited Acts for owner, managerial official or agent. The commissioner may deny renewal of a license, or may suspend, revoke, or make conditional a license, if the licensee, or an owner or managerial official of the licensee:</p> <p>A. is in violation, or during the term of the license has violated, any of the requirements of this chapter or Minnesota Statutes, sections 144A.43 to 144A.47;</p> <p>B. permits, aids, or abets the commission of any illegal act in the provision of home care;</p> <p>C. performs any act detrimental to the welfare, <u>safety or health</u> of a client;</p> <p>D. obtained the license by fraud or misrepresentation;</p> <p>E. knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter;</p> <p>F. denies representatives of the commissioner access to any part of the provider, its books, records, or files, or employees;</p> <p>G. interferes with or impedes a representative of the commissioner in contacting the provider's clients;</p> <p>H. interferes with or impedes a representative of the commissioner in the enforcement of this chapter and Minnesota Statutes, sections 144A.43 to 144A.47, <u>or has failed to fully cooperate with an investigation by the commissioner;</u></p> <p>I. destroys or makes unavailable any records or other evidence relating to the licensee's compliance with this chapter and Minnesota Statutes, sections 144A.43 to 144A.47;</p> <p>J. refuses to initiate a background study under Minnesota Statutes, section 144.057 or 245A.04; or</p> <p>K. has failed to timely pay any fines assessed under part 4668.0230 or 4668.0800, subpart 6 <u>by the commissioner.</u></p> <p><u>L. violated any local, city or township ordinance relating to the provision of home care services including the operation of housing with services and assisted living settings</u></p>	<p>4668.0012 sub 15</p> <p>local authorities are increasingly more concerned about these services provided in substandard buildings for treating vulnerable adults</p> <p>(j) check 245C</p>
<p>Subd xx</p>	<p>Hearings.</p>	

	<p>a). Hearing rights. An applicant for a <u>provisional</u> license or a licensee that has been assessed a fine, under part 4668.0230 or 4668.0800, subpart 6, that has had a waiver or variance denied or revoked under part 4668.0016, or that has a right to a hearing under Minnesota Statutes, section 144A.46, subdivision 3, <u>had a license denied, suspended or revoked</u>, may request a hearing to contest that action or decision according to the rights and procedures provided by Minnesota Statutes, chapter 14., and this part.</p> <p>b) Request for hearing. A request for a hearing shall be in writing and shall:</p> <ol style="list-style-type: none"> 1. be mailed or delivered to the commissioner or the commissioner's designee; 2. contain a brief and plain statement describing every matter or issue contested; and 3. contain a brief and plain statement of any new matter that the licensee believes constitutes a defense or mitigating factor. <p>c) Informal conference. At any time, the licensee and the commissioner may hold an informal conference to exchange information, clarify issues, or resolve any or all issues.</p>	<p>MR 4668.0017 Hearings</p> <p>(a) contested case- check language in statute</p>
<p>144A.46 Subd 3</p>	<p>3a. Injunctive relief. In addition to any other remedy provided by law, the commissioner may bring an action in district court to enjoin a person who is involved in the management, operation, or control of a home care provider, or an employee of the home care provider from illegally engaging in activities regulated by sections 144A.43 to 144A.47. The commissioner may bring an action under this subdivision in the district court in Ramsey County or in the district in which a home care provider is providing services. The court may grant a temporary restraining order in the proceeding if continued activity by the person who is involved in the management, operation, or control of a home care provider, or by an employee of the home care provider, would create an imminent risk of harm to a recipient of home care services.</p> <p>3b. Subpoena. In matters pending before the commissioner under sections 144A.43 to 144A.47, the commissioner may issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, records, documents, and other evidentiary material. If a person fails or refuses to comply with a subpoena or order of the commissioner to appear or testify regarding any matter about which the person may be lawfully questioned or to produce any papers, books, records, documents, or evidentiary materials in the matter to be heard, the commissioner may apply to the district court in any</p>	<p>consider adding more relevant statutes</p> <p>(a) does it need to say Ramsey County? Compare language in (a) to (b) stated differently is there reason.</p>

	<p>district, and the court shall order the person to comply with the commissioner's order or subpoena. The commissioner of health may administer oaths to witnesses, or take their affirmation. Depositions may be taken in or outside the state in the manner provided by law for the taking of depositions in civil actions. A subpoena or other process or paper may be served upon a named person anywhere within the state by an officer authorized to serve subpoenas in civil actions, with the same fees and mileage and in the same manner as prescribed by law for process issued out of a district court. A person subpoenaed under this subdivision shall receive the same fees, mileage, and other costs that are paid in proceedings in district court.</p> <p>3c. Time limits for appeals. To appeal the assessment of civil penalties under section 144A.45, subdivision 2, clause (4), a denial of a waiver or variance, and an action against a license under subdivision 3, a provider must request a hearing no later than 15 days after the provider receives notice of the action.</p>	<p>(Subd. 3c) needs more work</p>
<p>144A.xx</p>	<p>Relation to other regulatory programs. In the exercise of the authority granted under sections 144A.43 to 144A.47, the commissioner shall not duplicate or replace standards and requirements imposed under another state regulatory program. The commissioner shall not impose additional training or education requirements upon members of a licensed or registered occupation or profession, except as necessary to address or prevent problems that are unique to the delivery of services in the home or to enforce and protect the rights of consumers listed in section 144A.44. The commissioner of health shall not require a home care provider certified under the Medicare program to comply with a rule adopted under section 144A.45 if the home care provider is required to comply with any equivalent federal law or regulation relating to the same subject matter. The commissioner of health shall specify in the rules those provisions that are not applicable to Medicare certified home care providers. To the extent possible, the commissioner shall coordinate the inspections required under sections 144A.45 to 144A.47 with the health facility licensure inspections required under sections 144.50 to 144.58 or 144A.10 when the health care facility is also licensed under the provisions of Laws 1987, chapter 378.</p>	<p>144A.46 Subd 4</p> <p>get right citation</p>
<p>144A.xx</p>	<p>Professional Licenses</p>	
	<p>Nothing in this chapter limits or expands the rights of health care professionals to provide services within the scope of their licenses or registrations, as provided by Minnesota law</p>	<p>4668.0005</p>

	<p>legal authority to affect or change decisions related to the management, operation, or control of a home care provider.</p>	<p>does this need a MS 609 reference.</p>
<p>144A.460 5, Subd. 4.</p>	<p>Housing with services establishment. License required. (a) A housing with services establishment registered under chapter 144D that is required to obtain a home care <u>Basic</u> license, must obtain a class F home care license according to this section or a class A or class B license according to rule. A housing with services establishment that obtains a class B license under this subdivision remains subject to the payment limitations in sections 256B.0913, subdivision 5f, paragraph (b), and 256B.0915, subdivision 3d.</p> <p>(b) A board and lodging establishment registered for special services as of December 31, 1996, and also registered as a housing with services establishment under chapter 144D, must deliver home care services according to sections 144A.43 to 144A.47, and may apply for a waiver from requirements under Minnesota Rules, parts 4668.0002 to 4668.0240, to operate a licensed agency under the standards of section 157.17. Such waivers as may be granted by the department will expire upon promulgation of home care rules implementing section 144A.4605.</p> <p>(c) A class F home care provider licensed under this section must comply with the disclosure provisions of section 325F.72 to the extent they are applicable.</p> <p>Subd. 5. License fees. The license fees for class F home care providers shall be as follows:</p> <p>(1) \$125 annually for those providers serving a monthly average of 15 or fewer clients, and for class F providers of all sizes during the first year of operation;</p> <p>(2) \$200 annually for those providers serving a monthly average of 16 to 30 clients;</p> <p>(3) \$375 annually for those providers serving a monthly average of 31 to 50 clients; and</p> <p>(4) \$625 annually for those providers serving a monthly average of 51 or more clients.</p> <p>Subd. 6. Waiver. Upon request of the home care provider, the commissioner may waive the provisions of this section relating to registered nurse duties.</p>	<p>(a) doublechk with DHS what this would affect</p> <p>Contradicts language in 144D re: req for HWS to have license</p> <p>(b) need to ascertain what effect this wld be</p>
<p>144A.461</p>	<p>REGISTRATION. HOME MANAGEMENT SERVICES ONLY</p>	<p>Move this to “exceptions/exemptions</p>

<p>A person or organization that provides only home management services, <u>which are includes housekeeping, meal preparation, shopping provided to a person who is unable to perform these activities due to illness, disability, or physical condition, defined as home care services under section 144A.43, subdivision 3, clause (8),</u> may not operate in the state without a current certificate of registration issued by the commissioner of health. To obtain a certificate of registration, the person or organization must annually submit to the commissioner the name, address, and telephone number of the person or organization and a signed statement declaring that the person or organization is aware that the Home Care Bill of Rights applies to their clients and that the person or organization will comply with the bill of rights provisions contained in section 144A.44. A person who provides home management services under this section must, within 120 days after beginning to provide services, attend an orientation session approved by the commissioner that provides training on the bill of rights and an orientation on the aging process and the needs and concerns of elderly and disabled persons. An organization applying for a certificate must also provide the name, business address, and telephone number of each of the individuals responsible for the management or direction of the organization. The commissioner shall charge an annual registration fee of \$20 for individuals and \$50 for organizations. A home care provider that provides home management services and other home care services must be licensed, but licensure requirements other than the home care bill of rights do not apply to those employees or volunteers who provide only home management services to clients who do not receive any other home care services from the provider. A licensed home care provider need not be registered as a home management service provider, but must provide an orientation on the home care bill of rights to its employees or volunteers who provide home management services. The commissioner may suspend or revoke a provider's certificate of registration or assess fines for violation of the home care bill of rights. Any fine assessed for a violation of the bill of rights by a provider registered under this section shall be in the amount established in the licensure rules for home care providers. As a condition of registration, a provider must cooperate fully with any investigation conducted by the commissioner, including providing specific information requested by the commissioner on clients served and the employees and volunteers who provide services. The commissioner may use any of the powers granted in sections 144A.43 to 144A.47 to administer the registration system and enforce the home care bill of rights under this section.</p>	<p>Takes “home management services” out of regulation. No regulation by MDH Should home management services be regulated by some other agency or entity? What other protections exist?</p>
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144A.47	Information And Referral Services.	
	<p>The commissioner shall ensure that information and referral services relating to home care are available in all regions of the state. The commissioner shall collect and make available information about available home care services, sources of payment, providers, and the rights of consumers. The commissioner may require home care providers to provide information requested for the purposes of this section as a condition of registration or licensure. The commissioner may publish and make available:</p> <p>(1) general information describing home care services in the state;</p> <p>(2) limitations on hours, availability of services, and eligibility for third-party payments, applicable to individual providers; and</p> <p>(3) other information the commissioner determines to be appropriate.</p>	
144A.xx	Services included in and excluded from licensure	4668.0008
	<p>Subpart 1. Purpose. This part implements Minnesota Statutes, section 144A.43, and establishes a process for determining what businesses are subject to licensure under this chapter. This part must be read together with Minnesota Statutes, section 144A.43. A business that is not required to be licensed under this chapter may obtain a license for the purpose of excluding individual contractors under subpart 6 or for other lawful purposes.</p>	4668.0008 struck out b/c don't need this explanation to make sense of below language.
	<p>Subp. 2. Determination of direct services. . A service that is provided directly means a service provided to a client by the provider or employees of the provider, and not by contract with an independent contractor. Factors that shall be considered in determining whether a business provides home care services directly include whether the business:</p> <p>A. has the right to control and does control the types of services provided;</p> <p>B. has the right to control and does control when and how the services are provided;</p> <p>C. establishes the charges;</p> <p>D. collects fees from the clients or receives payment from third party payers on the clients' behalf;</p> <p>E. pays compensation on an hourly, weekly, or similar time basis;</p> <p>F. treats the individuals as employees for purposes of payroll taxes and workers' compensation insurance; and</p> <p>G. holds itself out as a provider of services or acts in a manner that leads clients or potential clients reasonably to believe that it is a provider of services.</p> <p>None of the factors listed in items A to G is solely determinative.</p>	4668.0008 We could move this up into the licensee section

	Subp. 3. Contract services. If a licensee contracts for a home care service with a business that is not subject to licensure under this chapter, it must require, in the contract, that the business comply with this chapter and Minnesota Statutes, sections 144A.43 to 144A.47. The administration of a contract for home care services is not in itself a direct service.	4668.0008
	Subp. 4. Coordination of providers of home care services. The coordination of home care services is not itself a home care service. Coordination of home care services means one or more of the following: A. Determination whether a client needs home care services, what services are needed, and whether existing services need to continue or be modified. B. Referral of clients to home care providers. C. Administration of payments for home care services.	4668.0008 Add health care home
	Subp. 5. Determination of regularly engaged. As used in Minnesota Statutes, section 144A.43, subdivision 4, "regularly engaged" means providing, or offering to provide, home care services as a regular part of a provider's business. The following factors shall be considered by the commissioner in determining whether a person is regularly engaged in providing home care services: A. whether the person markets services specifically to individuals whose illnesses, disabilities, or physical conditions create needs for the services; B. whether the services are designed and intended specifically to assist the individuals; C. whether the individuals constitute a substantial part of the person's clientele; and D. whether the home care services are other than occasional or incidental to the provision of services that are not home care services. None of the factors listed in items A to D is solely determinative.	4668.0008 Move part to definitions.
144A.xx	<u>WAIVERS AND Experimental Variances</u>	4668.0016
	Subpart 1. (a) Definitions. For purposes of this part: A. "waiver" means an exemption from compliance with a requirement of this chapter; and B. "variance" means a specified alternative to a requirement of this chapter.	4668.0016 normally waivers are only for rules—not sure it's allowed for this..will hve to doublechk

<p>Subp. 2. Criteria for waiver or variance. Upon application of a licensee, the commissioner shall waive or vary any provision of this chapter, except for those provisions relating to criminal disqualification, part 4668.0020, and to the home care bill of rights, part 4668.0030, if the commissioner finds that:</p> <p>A. the waiver or variance is necessary because of the unavailability of services or resources in the provider's geographic area; or</p> <p>B. enforcement of a requirement would result in unreasonable hardship on the licensee; and</p> <p>C. the waiver or variance will not adversely affect the health, safety, or welfare of any client.</p>	4668.0016
<p>Subp. 3. (b) <u>Experimental variance.</u> A variance may be granted to allow a provider to offer home care services of a type or in a manner that is innovative, will not impair the services provided, will not adversely affect the health, safety, or welfare of the clients, and is likely to improve the services provided.</p>	4668.0016
<p>Subp. 4. (c) <u>Conditions.</u> The commissioner may impose conditions on the granting of a waiver or variance that the commissioner considers necessary.</p>	4668.0016
<p>Subp. 5. (d) <u>Duration and renewal.</u> The commissioner may limit the duration of any waiver or variance, and may renew a limited waiver or variance.</p>	4668.0016
<p>Subp. 6. (e) <u>Applications.</u> An application for waiver or variance from the requirements of this chapter may be made at any time, must be made in writing to the commissioner, and must specify the following:</p> <p>A. the <u>rule statute</u> from which the waiver or variance is requested;</p> <p>B. the time period for which the waiver or variance is requested;</p> <p>C. if the request is for a variance, the specific alternative action that the licensee proposes;</p> <p>D. the reasons for the request; and</p> <p>E. justification that subpart 2 or 3 (b) will be satisfied.</p> <p>The commissioner may require additional information from the <u>provisional licensee or licensee</u> before acting on the request.</p>	4668.0016 What about info bulletins as a means to clarify requirements?
<p>Subp. 7. (f) <u>Grants and denials.</u> The commissioner shall grant or deny each request for waiver or variance in writing. Notice of a denial shall contain the reasons for the denial. The terms of a requested variance may be modified upon agreement between the commissioner and a <u>provisional licensee or licensee</u>.</p>	4668.0016
<p>Subp. 8. (g) <u>Violation of variances.</u> A failure to comply with the terms of a variance shall be deemed to be a violation of this chapter.</p>	4668.0016

	<p>Subp. 9. (h) Revocation or denial of renewal. The commissioner shall revoke or deny renewal of a waiver or variance if:</p> <p>A. it is determined that the waiver or variance is adversely affecting the health, safety, or welfare of the <u>provisional licensee's or licensee's</u> clients;</p> <p>B. the <u>provisional licensee or licensee</u> has failed to comply with the terms of the variance;</p> <p>C. the <u>provisional licensee or licensee</u> notifies the commissioner in writing that it wishes to relinquish the waiver or variance and be subject to the rule <u>statute</u> previously waived or varied; or</p> <p>D. the revocation or denial is required by a change in law.</p>	4668.0016
	<p>Subp. 10. (i) Hearings. A denial of a waiver or variance may <u>not</u> be contested by requesting a hearing, as provided by part 4668.0017. The licensee bears the burden of proving that the denial of a waiver or variance was in error.</p>	4668.0016a variance of a statute is not a right— no right to a hearing reword to be like 245C
144A.xx	<p>Advertising.</p>	4668.0019
	<p>Licensees and agencies (registered) certified as Comprehensive or Specialty shall not use false, fraudulent, or misleading advertising in the marketing of services. For purposes of this part, advertising includes any means, <u>in writing</u>, <u>electronically or verbally</u>, of communicating to potential clients the availability, nature, or terms of home care services.</p>	4668.0019 – will there be penalties?
	<p>All providers licensed or certified under this statute must display their MDH license number on all advertising.</p>	

	CLIENT	
144A.44	Home Care Bill of Rights	
Subd 1.	Statement of rights. A person who receives home care services has these rights:	Need to review this section with Ombudsmen
	(1) the right to receive written information about rights in advance of receiving care or <u>and</u> during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated;	(1) changed to increase knowledge of rights by requiring its disclosure during the process not just as an option - Does this mean it is given twice?
	2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;	
	(3) the right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the <u>health and monetary</u> consequences of these choices including the consequences of refusing these services	(3) add specifics of what info should be explained
	(4) the right to be told in advance of any change in the plan of care and to take an active part in any change;	what does 'active part' mean? Should this be added to definitions
	(5) the right to refuse services or treatment;	
	(6) the right to know, in advance, <u>of receiving care</u> , any limits to the services available from a provider, and the <u>provider's grounds</u> for a termination of services;	(6) increase knowledge about what will happen
	(7) the right to know in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, the charges for services that will not be covered by Medicare, and the charges that the individual may have to pay;	
	(8) the right to know what the charges are for services, no matter who will be paying the bill;	
	(9) the right to know that there may be other services available in the community, including other home care services and providers, and to know where to go for information about these services;	
	(10) the right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, medical assistance, or other health programs;	
	(11) the right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information;	

	(12) the right to be allowed access to records and written information from records in accordance with sections 144.291 to 144.298;	
	(13) the right to be served by people who are properly trained and competent to perform their duties;	
	(14) the right to be treated with courtesy and respect, and to have the patient's property treated with respect;	
	(15) the right to be free from physical and verbal abuse;	
	(16) the right to reasonable, advance notice of changes in services or charges, including at least ten days' advance notice of the termination of a service by a provider, except in cases where: (i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services; or (ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider;	(16)(ii)Do we need to define informal? Family member or neighbor – or it is understood
	(17) the right to a coordinated transfer when there will be a change in the provider of services;	
	(18) the right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property;	
	(19) the right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint;	
	(20) the right to know the name and address of the state or county agency to contact for additional information or assistance; and	
	(21) the right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent, without retaliation.	
Subd. 2.	Interpretation and enforcement of rights. These rights are established for the benefit of persons who receive home care services. "Home care services" means home care services as defined in section 144A.43, subdivision 3, <u>and unlicensed personal care assistance services, including services covered by medical assistance under section 256B.0625, subdivision 19a.)</u>	2009 session language added

	<p>A guardian or conservator or, when there is no guardian or conservator, a designated person <u>or responsible party</u>, may seek to enforce these rights. This statement of rights does not replace or diminish other rights and liberties that may exist relative to persons receiving home care services, persons providing home care services, or providers licensed under Laws 1987, chapter 378.</p>	
	<p>All home care providers, including those exempt from licensure under Minnesota Statutes, section 144A.46, subdivision 2, must comply with this part and the home care bill of rights, as provided in by Minnesota Statutes, section 144A.44.Subd X. The commissioner shall enforce this part and the home care bill of rights against providers exempt from licensure in the same manner as against licensees.</p>	<p>4668.0030 – How can Commissioner enforce when there is not license?</p>
	<p>Notification of client. The provider shall give a written copy of the home care bill of rights, to each client or each client's responsible person.</p>	<p>4668.0030 Subp. 2.</p>
	<p>Time of notice. The provider shall deliver the bill of rights at the time that the provider and the client or the client's responsible person agree to a service agreement, or before services are initiated, whichever is earlier. A copy of these rights must be provided to an individual at the time home care services, <u>including personal care assistance services,</u> are initiated.</p>	<p>4668.0030 Subp. 3.—may need to be reworded</p>
	<p>Content of notice. In addition to the text of the bill of rights in Minnesota Statutes, section 144A.44, subdivision 1, the copy shall also contain the following and a brief statement describing how to file a complaint with these offices. The written notice to the client must include the following: A. a statement, printed prominently in capital letters, <u>in no less than 12-point font,</u> that is substantially the same as the following: <p style="margin-left: 40px;">IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR OLDER MINNESOTANS <u>LONG TERM CARE.</u></p> B. the telephone number, <u>website address,</u> mailing address, and street address, of the Office of Health Facility Complaints <u>in the Minnesota Department of Health;</u> C. the telephone number, <u>website address and mailing</u> address of the Office of the ombudsman for older Minnesotans; <u>long term care;</u> and D. the <u>provisional licensee's</u> or licensee's name, address, telephone number, and name or title of the person to whom problems or complaints may be directed.</p>	<p>4668.0030 Subp. 4.</p> <p>Added LTC reference to update language</p> <p>Added website as alternative communication form</p>

	The information required by items B and C shall be provided by the commissioner to <u>provisional licensees or</u> licensees upon issuance of licenses and whenever changes are made	**This line looks out of place?.
	Acknowledgment of receipt. The provider shall obtain written acknowledgment of the client's receipt of the bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's responsible person.	4668.0030 Subp. 5.
	Documentation. The licensee shall retain in the client's record documentation of compliance with this part.	4668.0030 Subp. 6.
	Prohibition against waivers. The licensee may not request nor obtain from clients any waiver of any of the rights enumerated in Minnesota Statutes, section 144A.44, subdivision 1. Any waiver obtained in violation of this subpart is void. A home care provider may not require a person to surrender these rights as a condition of receiving services. Information about how to contact the Office of Ombudsman for Long-Term Care shall be included in notices of change in client fees and in notices where home care providers initiate transfer or discontinuation of services.	4668.0030 Subp. 7. Move this under Client Services area... doesn't really fit with BOR?
144A.441	Assisted Living Bill Of Rights Addendum.	
	Assisted living clients, as defined in section 144G.01, subdivision 3, shall be provided with the home care bill of rights required by section 144A.44, except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section 144A.44, subdivision 1, clause (16): "(16) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where: (i) the recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services; (ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or (iii) the provider has not received payment for services, for which at least ten days'	Put this in with rest of BOR?

	advance notice of the termination of a service shall be provided."	
144A.442	Assisted Living Clients; Service Termination.	
	<p>If an arranged home care provider, as defined in section 144D.01, subdivision 2a, who is not also Medicare certified terminates a service agreement or service plan with an assisted living client, as defined in section 144G.01, subdivision 3, the home care provider shall provide the assisted living client and the legal or designated representatives of the client, if any, with a written notice of termination which includes the following information:</p> <p>(1) the effective date of termination;</p> <p>(2) the reason for termination;</p> <p>(3) without extending the termination notice period, an affirmative offer to meet with the assisted living client or client representatives within no more than five business days of the date of the termination notice to discuss the termination;</p> <p>(4) contact information for a reasonable number of other home care providers in the geographic area of the assisted living client, as required by Minnesota Rules, part 4668.0050;</p> <p>(5) a statement that the provider will participate in a coordinated transfer of the care of the client to another provider or caregiver, as required by section 144A.44, subdivision 1, clause (17);</p> <p>(6) the name and contact information of a representative of the home care provider with whom the client may discuss the notice of termination;</p> <p>(7) a copy of the home care bill of rights; and</p> <p>(8) a statement that the notice of termination of home care services by the home care provider does not constitute notice of termination of the housing with services contract with a housing with services establishment</p>	
144A.xx	Service Agreements. No later than the second visit to a client, a licensee shall enter into a written service agreement with the client or the client's responsible person. Any modifications of the service agreement must be in writing and agreed to by the client or the client's responsible person.	4668.0140 Determine appropriate term services agreement/service plan -Class F call it a service plan
144A.xx	Evaluation And Service Plan	
Needs more work	Subpart 1. Evaluation; documentation. No later than two weeks after the initiation of home care services to a client, a registered nurse must complete an individualized evaluation of the client's needs and must establish, with the client or the client's responsible person, a suitable and up-to-date service plan for providing home care services in accordance with accepted standards of practice for professional nursing. The service plan must be in writing and include a	4668.0815

<p>signature or other authentication by the home care provider licensee and by the client or the client's responsible person documenting agreement on the services to be provided.</p> <p>Subp xx. Nursing Assessment and Service Plan. Before initiating delegated nursing services for a client a registered nurse must conduct a nursing assessment of the client's functional status and need for nursing services. This assessment is used in developing a plan for providing services according to the clients' needs and preferences. Service plans including nursing or delegated nursing services must include the frequency of supervision of the tasks and the person providing the service for the client according to part (4668.0815)</p> <p>Subp. 2. Reevaluation. A registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.</p> <p>Subp. 3. Modifications. A modification of the service plan must be in writing and agreed to by the client or the client's responsible person before the modification is initiated. A modification must be authenticated by the client or the client's responsible person and must be entered into the client's record no later than two weeks after the modification is initiated.</p> <p>Subp. 4. Contents of service plan. The service plan required under subpart 1 must include:</p> <p>A. a description of the home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;</p> <p>B. the identification of the persons or categories of persons who are to provide the services;</p> <p>C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;</p> <p>D. the fees for each service; and</p> <p>E. a plan for contingency action that includes:</p> <p>(1) the action to be taken by the home care provider licensee, client, and responsible person if scheduled services cannot be provided;</p> <p>(2) the method for a client or responsible person to contact a representative of the home care provider licensee whenever staff are providing services;</p> <p>(3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;</p>	<p>4668.0825-subp 2</p> <p>(subp 4) also see 4668.0140</p>
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	<p>(4) the method for the home care provider licensee to contact a responsible person of the client, if any; and</p> <p>(5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>Subp. 7. Schedule of fines. For a violation of the following subparts, the stated fine shall be assessed</p>	
144A.xx	Handling Of Clients' Finances And Property.	4668.0035 – What would this look like – give examples
	<p>Subpart 1. Powers-of-attorney. A <u>provisional licensee or licensee</u> may not accept powers-of-attorney from clients for any purpose, and may not accept appointments as guardians or conservators of clients, unless the <u>provisional licensee or licensee</u> maintains a clear organizational separation between the home care service and the program that accepts guardianship or conservatorship appointments. This subpart does not apply to licensees that are Minnesota counties or other units of government.</p>	4668.0035
	<p>Subp. 2. Handling clients' finances. A <u>provisional licensee or licensee</u> may assist clients with household budgeting, including paying bills and purchasing household goods, but may not otherwise manage a client's property. A <u>provisional licensee or licensee</u> must provide a client with receipts for all transactions and purchases paid with the clients' funds. When receipts are not available, the transaction or purchase must be documented. A <u>provisional licensee or licensee</u> must maintain records of all such transactions.</p>	4668.0035
	<p>Subp. 3. Security of clients' property. A <u>provisional licensee or licensee</u> may not borrow a client's property, nor in any way convert a client's property to the <u>provisional licensee's or licensee's</u> possession, except in payment of a fee at the fair market value of the property.</p>	4668.0035 – give examples
	<p>Subp. 4. Gifts and donations. Nothing in this part precludes a <u>provisional licensee or licensee</u> or its staff from accepting bona fide gifts of minimal value, or precludes the acceptance of donations or bequests made to a licensee that are exempt from income tax under section 501(c) of the Internal Revenue Code of 1986.</p>	4668.0035 – examples
144A.xx	Complaint Procedure.	4668.0040
	<p>Subpart 1. Complaint procedure. A <u>provisional licensee or licensee</u> that has more than one direct care staff person must establish a system for receiving,</p>	4668.0040 Subp1. Add “access” per MS 245C along with

	investigating, and resolving complaints from its clients.	Direct care
	Subp. 2. Informing clients. The system required by subpart 1 must provide written notice to each client that includes: A. the client's right to complain to the <u>provisional licensee or licensee</u> about the services received; B. the name or title of the person or persons to contact with complaints; C. the method of submitting a complaint to the <u>provisional licensee or licensee</u> ; D. the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and E. a statement that the provider will in no way retaliate because of a complaint.	4668.0040 Add Ombudsmen
	Subp. 3. Prohibition against retaliation. A <u>provisional licensee or licensee</u> must not take any action that negatively affects a client in retaliation for a complaint made by the client.	4668.0040
	Subp. 4. Scope. This part applies to all licensees except class C licensees.	4668.0040
144A.xx	Acceptance, Retention, Discontinuation Of Services, And Discharge Of Clients.	4668.0050
	Subpart 1. Acceptance of clients. No <u>provisional licensee or licensee</u> may accept a person as a client unless the <u>provisional licensee or licensee</u> has staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement, under part 4668.0140 for class A, B, and C licensees, or the service plan, under part 4668.0815, for class F home care provider licensees.	4668.0050
	Subp. 2. Assistance upon discontinuance of services. If the <u>provisional licensee or licensee</u> discontinues a home care service to a client for any reason and the client continues to need the home care service, the <u>provisional licensee or licensee</u> shall provide to the client a list of home care providers that provide similar services in the client's geographic area. This subpart does not apply to a licensee that discontinues a service to a client because of the client's failure to pay for the service.	4668.0050 What about the services for clients who fail to pay?
144A.xx	Administration. Contracts/Services Agreements	
	Subpart 1. Services by contract. The <u>provisional licensee or licensee</u> may contract for services to be provided to its clients. Personnel providing services under contract must meet the same requirements required by this chapter of personnel employed by the <u>provisional licensee or licensee</u> .	4668.0060
	Subp. 2. Responsibility of <u>provisional licensee or licensee</u> for contractors. A violation of this chapter by a contractor of the <u>provisional licensee or licensee</u> will be considered to be a violation by the <u>provisional licensee or licensee</u> .	4668.0060

	Subp. 3. Fulfillment of services. The <u>provisional licensee or licensee</u> shall provide all services required by the client's service agreement, required by part 4668.0140.	4668.0060
	Subp. 4. Scheduled appointments for nonessential services. If a <u>provisional licensee or licensee</u> , contractor, or employee of a <u>provisional licensee or licensee</u> is unable, for any reason, to keep a scheduled appointment for a service that is not essential for medical or safety reasons, the <u>provisional licensee or licensee</u> shall A. follow the procedure, if any, established in the service agreement plan; B. provide a replacement person; or C. notify the client that the appointment will not be kept, and schedule a new appointment or arrange for some other reasonable alternative.	4668.0060 4668.0815-Class F says MUST
	Subp. 5. Scheduled appointments for essential services. If, for medical or safety reasons, a service to be provided must be completed at the scheduled time, and the <u>provisional licensee or licensee</u> , contractor, or employee of a <u>provisional licensee or licensee</u> is unable, for any reason, to keep the scheduled appointment, the <u>provisional licensee or licensee</u> shall make arrangements to complete the service through a contract with another provider or through other reasonable means.	4668.0060
	Subp. 6. Availability of contact person. Every class A or class B <u>provisional licensee or licensee</u> must have a contact person available for consultation whenever a (unlicensed personnel) paraprofessional employed by the licensee is performing home health aide or home care aide tasks for a client. The contact person must be available to the paraprofessional in person, by telephone, or by other means.	4668.0060
144A.xx	Medication And Treatment Orders.	also see Class F rules language re: Meds 4668.0855, 4668.0860. and then we also need to figure out how/where to put Central Storage of Meds
	Subpart 1. Scope. This part applies to medications and treatments that are ordered by a physician, osteopath, dentist, podiatrist, chiropractor, or other prescriber to be administered by the licensee.	4668.0150
	Subp. 2. Prescriber's order required. There must be a written prescriber's order for a drug for which a home care provider licensee provides assistance with self-administration of medication or medication administration, including an over-the-counter drug.	4668.0860
	Subp. x. Medication and treatment orders. Medications and treatments must be administered by a nurse or therapist qualified to implement the order or by an	4668.0150 & 4668.0860

	unlicensed under the direction and supervision of the registered nurse or therapist consistent with part 4668.0100, subparts 2 to 4.	
	Subp. 3. Authorizations. All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.	4668.0150
	Subp. 4. Content of orders. All orders for medications must contain the name of the drug, dosage, indications and directions for use.	4668.0150 & 4668.0860
	Subp. 5. Verbal orders. Upon receiving an order verbally from a prescriber, the nurse or therapist shall: A. record and sign the order; and B. forward the written order to the prescriber for the prescriber's signature no later than seven days after receipt of the verbal order.	4668.0150
	Subp. 7. Electronically transmitted orders. A. An order received by telephone, facsimile machine, or other electronic means must be kept confidential according to Minnesota Statutes, sections 144.291 to 144.298 and 144A.44 . B. An order received by telephone, facsimile machine, or other electronic means must be communicated to the supervising registered nurse within one hour of receipt. C. An order received by electronic means, not including facsimile machine, must be immediately recorded or placed in the client's record by a nurse and must be countersigned by the prescriber within 62 days. D. An order received by facsimile machine must have been signed by the prescriber and must be immediately recorded or a durable copy placed in the client's record by a person authorized by the home care provider licensee.	4668.0860 Electronic Signatures
	Subp. 8. Implementation of order. When an order is received, the class F home care provider licensee or an employee of the licensee must take action to implement the order within 24 hours of receipt of the order.	4668.0860
	Subp. 6. Renewal of orders. All orders must be renewed at least every 12 months or more frequently as indicated by the nursing assessment required under subparts xxxx.	4668.0150 insert portions of 4668.0860
144A.xx	Client Records.	
	Subpart 1. Maintenance of client record. The licensee shall maintain a record for each client. A home care provider licensee must maintain a record for each client where the services are provided. The client record must be readily accessible to personnel authorized by the licensee to use the client record	4668.0160 plus insert from Class F 4668.0810 subp 1

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	<p>Subp X. Retention. A home care provider licensee must retain a client's record for at least five years following the client's discharge or discontinuation of services. Arrangements must be made for secure storage and retrieval of client records if the licensee ceases business.</p>	<p>4668.0810 subp 3</p>
	<p>Subp x. Notice of clientele. Upon request by the commissioner licensees shall provide the name, address, and telephone numbers of all or specified clients and the clients' responsible persons.</p>	<p>4668.0200, subp 6 also see 4668.0220 under surveys</p>
	<p>Subp. 2. Security. The licensee shall establish and implement written procedures to control use and removal of client records from the provider's offices; for security in client residences and to establish criteria for release of client information.</p>	<p>4668.0160</p>
	<p>Subp. 4. Transfer of client. If a client transfers to another home care provider, other health care practitioner or provider, or is admitted to an inpatient facility, the licensee, upon request of the client, shall send a copy or summary of the client's record to the new provider or facility or to the client.</p>	<p>4668.0160</p>
	<p>Subp. 5. Form of entries. Except as required by subpart 6, items F and G, documentation of a home care service must be created and signed by the staff person providing the service no later than the end of the work period. The documentation must be entered into the client record no later than two weeks after the end of the day service was provided. All entries in the client record must be: A. legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry; or B. recorded in an electronic media in a secure manner. recorded in an electronic media in a manner that ensures the confidentiality and security of the electronic information, according to current standards of practice in health information management, and that allows for a printed copy to be created or for information to be transferred electronically.</p>	<p>4668.0810 (b) 4668.0810 Check e-health records law-</p>
	<p>Subp. 6. Content of client record. The client record must be accurate, up to date, and available to all persons responsible for assessing, planning, and providing assisted living home care services.</p>	<p>4668.0810</p>

<p>The client record must contain:</p> <p>A. the following information about the client:</p> <ul style="list-style-type: none"> (1) name; (2) address; (3) telephone number; (4) date of birth; (5) dates of the beginning and end of services; and (6) names, addresses, and telephone numbers of any responsible persons; (7) primary diagnosis and any other relevant current diagnoses; (8) allergies, if any; and (9) the client's advance directive, if any; <p>B. an evaluation and service plan as required under part xxx</p> <p>C. a nursing assessment for nursing services, delegated nursing services, or central storage of medications, if any;</p> <p>D. medication and treatment orders, if any;</p> <p>E. the client's current tuberculosis infection status, if known;</p> <p>F. documentation of each instance of assistance with self-administration of medication and of medication administration, if any;</p> <p>G. documentation on the day of occurrence of any significant change in the client's status or any significant incident, including a fall or a refusal to take medications, and any actions by staff in response to the change or incident;</p> <p>H. documentation at least weekly of the client's status and the home care services provided, if not addressed under item F or G;</p> <p>I. a service agreement as required by part</p> <p>J. medication and treatment orders, if any;</p> <p>K. notes summarizing each contact with the client in the client's residence, signed by each individual providing service including volunteers, and entered in the record no later than two weeks after the contact;</p> <p>L. names, addresses, and telephone numbers of the client's medical services providers and other home care providers, if known;</p> <p>M. a summary following the termination (<i>discontinuation</i>) of services, which includes the reason for the initiation and discontinuation termination of services, and the client's condition at the termination of services.</p> <p>N. any other information necessary to provide care for each individual client.</p>	<p>(e) if we change caregiver to wider category of infectious diseases should we also add to Client?</p> <p>(f) – (h) – ensure these are not confusing..</p>
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	<p>Class C licensees need only include the information required by items A, B, and E. Class E licensees need only include the information required by items A, B, D, and E.</p>	
	<p>Subp. 7. Confidentiality. The licensee shall not disclose to any other person any personal, financial, medical, or other information about the client, except:</p> <ul style="list-style-type: none"> A. as may be required by law; B. to staff, contractors of the licensee, another home care provider, other health care practitioner or provider, or inpatient facility who require information in order to provide services to the client, but only such information that is necessary to the provision of services; C. to persons authorized in writing by the client or the client's responsible person to receive the information, including third-party payers; and D. representatives of the commissioner authorized to survey or investigate home care providers. 	<p>4668.0810 Sh we have something about HIPAA and Data Privacy</p>

STAFF		
144A.xx	Infection Control.	4668.0065
	<p>Subpart 1. Tuberculosis screening. No person who is contagious with tuberculosis may provide services that require direct contact with clients. All <u>provisional licensees or individual licensees</u> and employees and contractors of <u>provisional licensees or licensees</u> must document the following before providing services that require direct contact with clients:</p> <p>A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or</p> <p>B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:</p> <p>(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or</p> <p>(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or</p> <p>C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy. In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.</p>	<p>get updated TB requirements</p> <p>“According to requirements of MDH TB unit and consistent with CDC and OSHA”</p>
	<p>Subp. 2. Exposure to tuberculosis. In addition to the requirements of subpart 1, a person who has been exposed to active tuberculosis must document a negative result of a Mantoux test or chest x-ray administered no earlier than ten weeks and no later than 14 weeks after the exposure.</p>	4668.0065
	<p>Subp. 3. Infection control in-service training. For each 12 months of employment, all <u>provisional licensees or licensees</u> and employees and contractors of <u>provisional licensees or licensees</u> who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a</p>	<p style="text-align: center;">4668.0065</p> <p>Check with Infection Control staff about this – their recommendations</p>

	<p>person who performs only home management tasks. The training must include:</p> <ul style="list-style-type: none"> A. hand washing techniques; B. the need for and use of protective gloves, gowns, and masks; C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; D. disinfecting reusable equipment; and E. disinfecting environmental surfaces. 	
144A.xx	Personnel Records.	4668.0070
	Subpart 1. Scope. This part applies to all licensees except class C licensees.	
	<p>Subp. 2.1 Personnel records. The <u>provisional licensee or licensee</u> must maintain a record of each employee, of each individual contractor excluded under part 4668.0008, subpart 7, and of other individual contractors. The record must include the following information:</p> <ul style="list-style-type: none"> A. evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this chapter, statute, or other rules; B. records of training required by this chapter; and C. evidence of licensure under this chapter, if required. 	<p>4668.0070</p> <p>Add Background Study to items that must be in the record</p>
	<p>Subp. 3. Job descriptions. The licensee shall maintain current job descriptions, including qualifications, responsibilities, and identification of supervisors, if any, for each job classification.</p>	4668.0070
	<p>Subp. 4. Retention of personnel records. Each personnel record must be retained for at least three years after an employee or contractor ceases to be employed by the licensee.</p>	4668.0070
144A.xx	Orientation To Home Care Requirements.	4668.0075
	<p>Subpart 1. Orientation. Every individual applicant for a <u>provisional</u> license, and every person who provides direct care, supervision of direct care, or management of services for a <u>provisional licensee or licensee</u>, shall complete an orientation to home care requirements before providing home care services to clients. This orientation may be incorporated into the training required of paraprofessionals under part 4668.0130. This orientation need only be completed once.</p>	Class F Rule 4668.0805 sup 3 says must not shall

	<p>Subp. 2. Content. The orientation required by subpart 1 must contain the following topics:</p> <p>A. an overview of this chapter and Minnesota Statutes, sections 144A.43 to 144A.47;</p> <p>B. handling of emergencies and use of emergency services;</p> <p>C. reporting the maltreatment of vulnerable minors or adults under Minnesota Statutes, sections 626.556 and 626.557;</p> <p>D. home care bill of rights;</p> <p>E. handling of clients' complaints and reporting of complaints to the Office of Health Facility Complaints; and</p> <p>F. services of the ombudsman for older Minnesotans <u>long term care.</u></p> <p>Subp. 3. Sources of orientation. The orientation training required by this part may be provided by the <u>provisional licensee or licensee</u> or may be obtained from other sources. The commissioner (must) shall provide a curriculum and materials that may be used to present the orientation.</p> <p>Subp. 4. Verification and documentation. Each <u>provisional licensee or licensee</u> shall retain evidence that each person required under subpart 1, has completed the orientation training required by this part.</p> <p>Subp. 5. Transferability. <u>Provisional licensees or licensees</u> may accept from another provider written verification that a person has completed the orientation.</p>	<p>(subp2)- include content re: client property/gifts</p>
<p>144A.xx</p>	<p>Qualifications Of Professional Personnel.</p>	<p>Following would apply to Comprehensive/Specialty providers</p>
	<p>Nurse. Nursing Services must be provided according to MS 148.171 to 148.285 and rules adopted there under.</p>	<p>4668.0820 Need to add something about nurse quals</p>
	<p>Occupational therapy. A person who provides occupational therapy as a <u>provisional licensee or licensee</u> or as an employee or contractor of a <u>provisional licensee or licensee</u> must: A. have earned a baccalaureate degree from an occupational therapy program accredited jointly by the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; B. be registered as an occupational therapist by the American Occupational Therapy Certification Board; or C. meet the standards established for registration by the American Occupational Therapy Certification Board, in effect on June 1, 1990. <u>be licensed by the department pursuant to Minnesota Statutes, § _____.</u></p>	<p>4668.0080 – add correct statutory reference instead of reciting qualifications</p>
	<p>Speech therapy-Language Pathologist A person who provides speech-<u>language</u> therapy as a <u>provisional licensee or licensee</u> or as an employee or</p>	<p>4668.0080 Added appropriate title and reference</p>

	contractor of a <u>provisional licensee or licensee</u> must be registered licensed with by the department as a speech-language pathologist, under pursuant to parts 4750.0010 to 4750.0700. <u>Minnesota Statutes, § 148.6401, et seq.</u>	
	Subp. 3. Respiratory therapy. A person who provides respiratory therapy as a <u>provisional licensee or licensee</u> or as an employee or contractor of a <u>provisional licensee or licensee</u> must have completed a respiratory care program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation and the Joint Review Committee for Respiratory Therapy Education or by an accrediting agency approved by the commissioner. <u>be licensed by the Board of Medical Practice pursuant to Minnesota Statutes, § _____.</u>	4668.0080 Need to insert Stat cite
	Subp. 4. Dietitians. A person who provides nutritional services as a <u>provisional licensee or licensee</u> or as an employee or contractor of a <u>provisional licensee or licensee</u> , must have a baccalaureate degree in nutrition or a comparable program, including at least six months of supervised experience, or be registered by the Commission on Dietetic Registration of the American Dietetic Association. <u>be licensed by the Board of Dietetics and Nutrition pursuant to Minnesota Statutes, § _____.</u>	4668.0080
	Subp. 5. Physical therapy. A person who provides physical therapy as an employee or contractor of a <u>provisional licensee or licensee</u> must be registered <u>licensed</u> as a physical therapist with the Board of Medical Practice under Minnesota Statutes, sections 148.65 to 148.78.	4668.0080
144A.xx	Nursing Services Delegated to unlicensed personnel. A registered nurse may delegate the nursing services specified in items A-I only to a person who satisfies the requirements of parts (4668.0835) and possesses the knowledge and skills consistent with the complexity of the nursing task being delegated only in accordance with the Mn Nurse Practice Act.(ms 148.171 to 148.2855.	4668.0825, subp 2
144A.xx	Home Health Aide Tasks. (ULP Delegated)	4668.0100

	<p>Subpart 1. <u>Unlicensed personnel providing delegated nursing or therapy services.</u> For a class A or C licensee, a registered nurse may delegate nursing services or a therapist may assign therapy services as tasks only to a person who satisfies the requirements of xxxx. These delegated or assigned tasks, as set forth in this part, include home care aide tasks as set forth in xxxx . Class A licensees providing home care aide tasks must satisfy the training and supervision requirements of this part, and not part 4668.0110. These tasks include:</p> <ul style="list-style-type: none"> A. administration of medications, as provided by subpart 2; B. performing routine delegated medical or nursing or assigned therapy procedures, as provided by subpart 4, except items C to H; C. assisting with body positioning or transfers of clients who are not ambulatory; D. feeding of clients who, because of their condition, are at risk of choking; E. assistance with bowel and bladder control, devices, and training programs; F. assistance with therapeutic or passive range of motion exercises; G. providing skin care, including full or partial bathing and foot soaks; and H. during episodes of serious disease or acute illness, providing services performed for a client or to assist a client to <ul style="list-style-type: none"> 1. maintain the hygiene of the client's body and immediate environment, 2. satisfy nutritional needs, 3. assist with the client's mobility, including movement, change of location, and positioning, 4. bathe, 5. maintain oral hygiene, (Oral hygiene means care of teeth, gums, and oral prosthetic devices.) 6. dress, 7. care for hair, 8. use the toilet, 9. change bedding, 10. perform basic housekeeping, and 11. prepare meals . 	<p>Combine this and subp 5</p>
	<p>Subp X. A registered nurse may delegate providing central storage of medications, according to 4668.0865.</p>	<p>4668.0825</p>

<p>Subp. 2. Administration of medications. A person who satisfies the requirements of subpart 4668.0100 may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube, if:</p> <p>A. the medications are regularly scheduled;</p> <p>B. in the case of pro re nata medications, the administration of the medication is reported to a registered nurse either:</p> <p>(1) within 24 hours after its administration; or</p> <p>(2) within a time period that is specified by a registered nurse prior to the administration;</p> <p>C. prior to the administration, the person is instructed by a registered nurse in the procedures to administer the medications to each client;</p> <p>D. a registered nurse specifies, in writing, and documents in the clients' records, the procedures to administer the medications; and</p> <p>E. prior to the administration, the person demonstrates to a registered nurse the person's ability to competently follow the procedure.</p> <p>For purposes of this subpart, "pro re nata medication," commonly called p.r.n. medication, means a medication that is ordered to be administered to or taken by a client as necessary.</p>	<p>4668.0100 subp 2</p> <p>Include what needs to be documented</p> <p>Reference 4668.0855</p>
<p>Subp. 3. Limitations on administering medications. A person who administers medications under subpart 2 may not inject medications into veins, muscle, or skin.</p>	<p>4668.0100</p>
<p>Subp. 4. Performance of routine procedures. A person who satisfies the requirements of subpart 5 may perform delegated nursing and assigned therapy procedures, if:</p> <p>A. before performing the procedures, the person is instructed by a registered nurse or therapist, respectively, in the proper methods to perform the procedures with respect to each client;</p> <p>B. a registered nurse or therapist, respectively, specifies, in writing, specific instructions for performing the procedures for each client;</p> <p>C. prior to performing the procedures, the person demonstrates to a registered nurse or therapist, respectively, the person's ability to competently follow the procedures; and</p> <p>D. the procedures for each client are documented in the clients' records.</p> <p>E. the licensee retains documentation regarding the person's demonstrated competency.</p>	<p>4668.0100, subp 4</p> <p>Also 4668.0825 subp 4</p> <p>e- 668.0825 supb 4.e</p>

	<p>Subp 5. Information to determine delegation. The licensee must establish and implement policies and procedure to communicate up-to-date information to the registered nurse or therapist regarding the current available unlicensed personnel and their training and qualifications sot that they have sufficient information to determine the appropriateness of delegating tasks in individual situations.</p>	<p>4668.0825 subp 5</p>
	<p>Subp. 5x. Qualifications for unlicensed personnel. Unlicensed personnel may offer to perform or be employed to perform nursing services delegated (home health aide tasks.) as provided in part 4668.0825 , other services as provided in 4668.0830 or central storage of medication as provided in 4668.0865, only if the person has:</p> <p>A. successfully completed the training and passed the competency evaluation required by part 4668.0130, subpart 1; 4668.0840 subp 2, & 3</p> <p>B. passed the competency evaluation required by part 4668.0130, subpart 3;4668.0840 subp 4C. successfully completed training in another jurisdiction substantially equivalent to that required by item A;</p> <p>D. satisfied the requirements of Medicare for training or competency of home health aides, as provided by Code of Federal Regulations, title 42, section 484.36;</p> <p>E. satisfied sub items (1) and (2):</p> <p style="padding-left: 40px;">(1) meets the requirements of title XVIII of the Social Security Act for nursing assistants in nursing facilities certified for participation in the Medicare program, or has successfully completed a nursing assistant training program approved by the state; and</p> <p style="padding-left: 40px;">(2) has had at least 20 hours of supervised practical training or experience performing home health aide tasks in a home setting under the supervision of a registered nurse, or completes the supervised practical training or experience within one month after beginning work performing home health aide tasks, except that a class C licensee must have completed this supervised training or experience before a license will be issued; or</p> <p>F. before April 19, 1993, completed a training course of at least 60 hours for home health aides that had been approved by the department.</p> <p>G. Satisfied the requirements of part 4668.0100 subp 5</p> <p><u>Subd. 1b. Home health aide qualifications. Notwithstanding the provisions of Minnesota Rules, part 4668.0100, subpart 5, a person may perform home health aide tasks if the person maintains current registration as a nursing</u></p>	<p>4668.0835 (clss f) Add State chg from 09</p> <p>(E) what is required in Nursing homes?</p> <p>(subd. 1b) New language from the 2009 legislative session.</p>

	<p><u>assistant on the Minnesota nursing assistant registry. Maintaining current registration on the Minnesota nursing assistant registry satisfies the documentation requirements of Minnesota Rules, part 4668.0110, subpart 3</u></p>	
	<p>Subp. 6. In-service training and demonstration of competence. For each unlicensed person who performs home health services the licensee must comply with items A to C. A. For each 12 months of employment, each ULP person w shall complete at least eight hours of in-service training in topics relevant to the provision of home care services, including that required by part 4668.0065, subpart 3, obtained from the licensee or another source. B. If a person has not performed home health aide tasks for a continuous period of 24 consecutive months, the person must demonstrate to a registered nurse competence in the skills listed in part 4668.0130, subpart 3, item A, sub item (1).&4668.0840 subp 4c C. Licensees shall retain documentation of satisfying this part and shall provide documentation to persons who have completed the in-service training.</p>	<p>4668.0100, subp 6 Add owners who provide care</p>
	<p>Subp. 7. Documentation. licensees shall verify that ULP persons employed or contracted by the licensees to perform delegated and non-delegated tasks have satisfied the requirements of this part and shall retain documentation in the personnel records. ULP who perform delegated nursing and non-delegated tasks must provide documentation to the employing or contracting licensees of satisfying this part. licensees shall retain documentation of satisfying this part.</p>	<p>4668.0100, sub 7</p>
	<p>Subp. 8. Initiation of home health aide tasks. Prior to the initiation of delegated nursing services, a registered nurse or therapist shall orient each person who is to perform these services to each client and to the tasks to be performed. Based on the professional judgment of the registered nurse and on the individual needs of the client the orientation may occur onsite, verbally, or in writing.</p>	<p>4668.0100, sub 8</p>

	<p>Subp. 9. Periodic supervision of ULP. After the orientation required by subpart 8, a therapist or a registered nurse shall supervise, or a licensed practical nurse, under the direction of a registered nurse, shall monitor persons t the client's residence to verify that the work is being performed adequately, to identify problems, and to assess the appropriateness of the care to the client's needs. This supervision or monitoring must be provided no less often than the following schedule:</p> <p>A. within 14 days after initiation of services that require supervision by RN; and B. every 14 days thereafter, or more frequently if indicated by a clinical assessment, for home health aide tasks described in subparts 2 to 4; or every 60 (62) days thereafter, or more frequently if indicated by a nursing assessment and the clients individualized services plan .</p> <p>x. If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections 148.171 to 148.285.</p>	<p>4668.0100, subp 9 Or use 4668.0845</p> <p>Take out first B about every 14 days for supervising HHAide tasks. Class f doesn't have the 2nd 14 days</p>
	<p><u>Non Delegated Tasks</u></p>	
	<p><u>Subp 10. Services that do not require supervision by a RN.</u> After orientation ULP who perform services listed in part... that do not require supervision by a RN must be supervised at the residence to verify that the work is being performed adequately, identify problems, and asses the appropriateness of care to the client's needs. The service plan developed must address the frequency of the supervision of each service and the appropriate person to perform supervision.</p>	<p><u>4668.0845, subp 3</u></p>
<p>144A.xx</p>	<p>Home Care Aide Tasks.</p>	<p>4668.0110</p>
	<p>Subpart 1. Services provided by unlicensed personnel (Home care aide) A person who satisfies the requirements of subpart 2 or part 4668.0100, subpart 5, may perform the following services for clients:</p> <p>A. preparing modified diets, such as diabetic or low sodium diets; B. reminding clients to take regularly scheduled medications or perform exercises; C. performing household chores in the presence of technically sophisticated medical equipment or episodes of acute illness or infectious disease; D. performing household chores when the client's care requires the prevention of exposure to infectious disease or containment of infectious disease; and E. assisting with dressing, oral hygiene, hair care, grooming, and bathing, if the</p>	<p>Sh we combine with HHA section</p>

	<p>client is ambulatory, and if the client has no serious acute illness or infectious disease. Oral hygiene means care of teeth, gums, and oral prosthetic devices.</p>	
		<p><i>Qualifications section needs work</i></p>
	<p>Subp. 2. Qualifications for unlicensed personnel . No person may offer or perform home care aide tasks, or be employed to perform home care aide tasks, unless the person has: A. successfully completed training and passed the competency evaluation required by part 4668.0130, subpart 1; B. passed the competency evaluation required by part 4668.0130, subpart 3; C. successfully completed training in another jurisdiction comparable to that required by item A; or D. satisfied the requirements of part 4668.0100.</p>	<p>Combine?</p>
	<p>Subp. 3. Documentation. Licensees shall verify that the persons employed or contracted by the licensees to perform home care aide tasks have satisfied the requirements of this part and shall retain documentation in the personnel records. Persons who perform home care aide tasks must provide documentation to the employing or contracting licensees of satisfying this part. Class C licensees shall retain documentation of satisfying this part.</p>	<p>Combine?</p>
	<p>Subp. 4. In-service training. For each person who performs home care aide tasks, the licensee must comply with items A to C. A. For each 12 months of employment, each person who performs home care aide tasks must complete at least six hours of in-service training in topics relevant to the provision of home care services, including that required by part 4668.0065, subpart 3, obtained from the licensee or another source. B. Licensees shall retain documentation of satisfying this part and shall provide documentation to persons who have completed the in-service training.</p>	<p>Combine?</p>
	<p>Subp. 5. Supervision. Licensee must have a registered nurse supervise or a licensed practical nurse monitor a person who provides home care aide tasks under this part no less often than the following schedule: A. within 14 days after initiation of home care aide tasks; and B. every 60 days thereafter, or more frequently if indicated by a clinical assessment. If monitored by a licensed practical nurse, the client must be supervised at the residence by a registered nurse at least every other visit, and the licensed practical nurse must be under the direction of a registered nurse, according to Minnesota Statutes, sections 148.171 to 148.285.</p>	<p>Combine</p> <p><u>4668.0110, subpart 5, is repealed</u></p> <p><i>2009 session language change of –</i> 144A.45 Subd 1 (5) standards for supervision of home care services requiring supervision by a registered nurse or other appropriate health care professional which must occur on site at least every 62 days, or more frequently if</p>

		indicated by a clinical assessment, and in accordance with sections 148.171 to 148.285 and rules adopted there under, except that, notwithstanding the provisions of Minnesota Rules, part 4668.0110, subpart 5, item B, supervision of a person performing home care aide tasks for a class B licensee providing paraprofessional services must occur only every 180 days, or more frequently if indicated by a clinical assessment <u>does not require nursing supervision;</u>
	Subp. 6. Class E visits. A class E licensee must visit the client and observe the provision of home care services every 60 days after initiation of home care aide tasks to verify that the work is being performed adequately and to identify problems.	
144A.xx	Training And Competency Evaluation For ULP	4668.0130/ 4668.0840
	Subpart 1. Scope of training course and instructor. The training required by part 4668.0100, subpart 5, and by part 4668.0110, subpart 2, must: A. include each service offered to clients that the ULP will perform B. include the topics and course requirements specified in subpart 2 C. use a curriculum approved by the commissioner; D. be taught by a registered nurse with experience or training in home care, except that specific topics required by subpart 2 may be taught by another instructor in conjunction with the registered nurse; and E. include a competency evaluation required by subpart 3.	4668.0130/ 4668.0840

	<p>Subp 2 . Core Training of Unlicensed Personnel. An unlicensed person performing home care services must successfully complete training or demonstrate competency in the topics described in subitems 1-12. These are</p> <ul style="list-style-type: none"> A. An overview of this chapter & MS 144A B. Recognizing and handling emergencies and using emergency services C. Reporting maltreatment of vulnerable minors and adults under MS 626.556-557 D. The home care bill of rights E. Handling client complaints & reporting complaints to OHFC F. Services of the Ombudsmen for LTC G. Communication skills H. Observing, reporting and documenting client status and the care or services provided I. Basic infection control J. Maintaining g a clean, safe, and health environment K. Basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional L. Physical emotional and developmental needs of the client, the client’s property and the client’s family. 	<p>4668.0130/ 4668.0840</p>
	<p>Subp. 3. Delegated. The training required in part 4668.0100, subpart 5 for ULP performing delegated nursing tasks must contain the topics described in items A to N, and must contain no less than 75 hours of classroom and laboratory instruction. and must contain no less than 24 hours of classroom and laboratory instruction. The required topics are:</p> <ul style="list-style-type: none"> A. those topics required in the orientation training required by part 4668.0075; E. medication reminders; F. appropriate and safe techniques in personal hygiene and grooming, including bathing and skin care, the care of teeth, gums, and oral prosthetic devices, and assisting with toileting; G. adequate nutrition and fluid intake including basic meal preparation and special diets; H. reading and recording temperature, pulse, and respiration; J. physical, emotional, and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family; K. safe transfer techniques and ambulation; and 	

	L. range of motion and positioning.	
	<p>Subp. 3. Competency evaluation. a. The competency evaluation tests required under part xx must meet the requirements of this chapter and Minnesota Statutes Section 144A.43 to 144A.47 and must be approved by the commissioner. b. A registered nurse must complete and document each competency evaluation.</p> <p>To qualify to perform ULP delegated tasks, the person must meet the requirements of this chapter and MS and must demonstrate competency by successfully completing the following: (1) a practical skill test, administered by a registered nurse, that tests the subjects described in subpart 2, items E, F, I, M, and N; and (2) of the topics listed in subpart 2, items A to D, G, H, and J to L. (3) a written, oral, or practical test of all the delegated nursing services/tasks the person will perform. (4) A Registered nurse must complete and document each competency evaluation.</p>	Insert part from 4668.0840 supb 4 a & b
	<p>Subp. 4. Evidence of qualifications. A licensee that provides the training and the competency evaluation required by this part shall provide each ULP person who completes the training or passes the competency evaluation with written verification certification of satisfying this part.</p>	4668.0130/ 4668.0840

144A. xx	Comprehensive and Specialty Home Health Care Agency	
	Subpart 1. Scope. This part applies only to a home health care agency registered to provide comprehensive services .	4668.0180
	Subp. 2. Required services. The Comprehensive Licensee shall provide at least one of the following home care services directly: A. professional nursing; B. physical therapy; C. speech therapy; D. respiratory therapy; E. occupational therapy; F. nutritional services; G. medical social services; H. delegated nursing services; or I. provision of medical supplies and equipment when accompanied by the provision of a home care service.	4668.0180
	<u>Subp2a. A Specialty Services licensee shall provide basic home care services with focus on specialty care such as Alzheimers, Vent Dependent, Central storage of meds in HWS/AL.</u>	** new- determine if these categories of care fit specialty Level - Discussion
	Subp. 3. Scope of services. The licensee may provide all home care services, except that the licensee may provide a hospice program only if licensed as a hospice program under part 4664.0010, as provided by Minnesota Statutes, section 144A.753, subdivision 1.	4668.0180
	Subp. 4. Medical social services. If provided, medical social services must be provided in compliance with Minnesota Statutes, sections 148B.18 to 148B.28.	4668.0180
	Subp. 5. Nursing services. If provided, nursing services must be provided according to Minnesota Statutes, sections 148.171 to 148.285.	4668.0180
	Subp. 6. Physical therapy. If provided, physical therapy must be provided according to Minnesota Statutes, sections 148.65 to 148.78.	4668.0180
	Subp. 7. Other services. Other services not addressed in this chapter may be provided.	4668.0180

	<p>Subp. 8. Referrals. If a licensee reasonably believes that a client is in need of another medical or health service, including that of a physician, osteopath, dentist, podiatrist, chiropractor, other health professional, or social service provider, the licensee shall:</p> <p>A. inform the client of the possible need;</p> <p>B. determine the client's preferences with respect to obtaining the service; and</p> <p>C. if the client desires the service, inform the client about available providers or referral to their health care home coordinator services.</p>	<p>4668.0180</p>
	<p>Central Storage of Medications</p> <p>Subp 1.Scope.This part applies to a home care provider licensee that provides central storage of medications.</p> <p>Subp. 2. Nursing assessment and service plan. For a client for whom medications will be centrally stored, a registered nurse must conduct a nursing assessment of a client's functional status and need for central medication storage, and develop a service plan for the provision of that service according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part 4668.0845. The service plan for central storage of medication must be maintained as part of the service plan required under part 4668.0815.</p> <p>Subp. 3.Control of medications.</p> <p>A. A registered nurse or pharmacist must establish and maintain a system that addresses the control of medications, handling of medications, medication containers, medication records, and disposition of medications.</p> <p>B. The system must contain at least the following provisions:</p> <p>(1)a statement of whether the staff will provide medication reminders, assistance with self-administration of medication, medication administration, or a combination of those services;</p> <p>(2)a description of how the distribution and storage of medications will be handled, including a description of suitable storage facilities;</p> <p>(3)the procedures for recording medications that clients are taking;</p> <p>(4)the procedures for storage of legend and over-the-counter drugs;</p> <p>(5)a method of refrigeration of biological medications; and</p> <p>(6)the procedures for notifying a registered nurse when a problem with administration, record keeping, or storage of medications is discovered.</p> <p>Subp. 4.Over-the-counter drugs.An over-the-counter drug may be retained in general stock supply and must be kept in the original labeled container.</p>	<p>4668.0865</p>

	<p>Subp. 5.Legend drugs.A legend drug must be kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of a time-dated drug, directions for use, client's name, prescriber's name, date of issue, and the name and address of the licensed pharmacy that issued the medications.</p> <p>Subp. 6.Medication samples.A sample of medication provided to a client by an authorized prescriber may be used by that client, and must be kept in its original container bearing the original label with legible directions for use. If assistance with self-administration of medication or medication administration is provided by the home care provider licensee, a client's plan of care must address the use of a medication sample.</p> <p>Subp. 7.Prohibitions.No legend drug supply for one client may be used or saved for the use of another client.</p> <p>Subp. 8.Storage of drugs.A home care provider licensee providing central storage of medications must store all drugs in locked compartments under proper temperature controls and permit only authorized nursing personnel to have access to keys.</p> <p>Subp. 9.Storage of Schedule II drugs.A home care provider licensee providing central storage of medications must provide separately locked compartments, permanently affixed to the physical plant or medication cart, for storage of controlled drugs listed in Minnesota Statutes, section 152.02, subdivision 3.</p> <p>Subp. 10.Schedule of fines.For a violation fine shall be assessed</p>	
144A.xx	<p>Disposition Of Medications.</p> <p>Subpart 1.Scope. This part applies to home care provider licensee that provides central storage of medications.</p> <p>Subp. 2. Drugs given to discharged clients. Current medications belonging to a client must be given to the client, or the client's responsible person, when the client is discharged or moves from the establishment. A home care provider licensee must document in the client's record to whom the medications were given.</p> <p>Subp. 3. Disposition of medications.</p> <p>A. Unused portions of a controlled substance remaining after death or discharge of the client for whom the controlled substance was prescribed, or any controlled substance discontinued permanently, must be disposed of by contacting the</p>	4668.0870

	<p>Minnesota Board of Pharmacy, which shall furnish the necessary instructions and forms, a copy of which shall be kept on file by the home care provider licensee for two years.</p> <p>B.Unused portions of a legend drug remaining in a after the death or discharge of the client for whom the legend drug was prescribed, or any legend drug permanently discontinued, must be destroyed by the home care provider licensee or a designee of the licensee, in the presence of a pharmacist or nurse who shall witness the destruction. A notation of the destruction listing the date, quantity, name of drug, prescription number, signature of the person destroying the drugs, and signature of the witness to the destruction must be recorded in the client's record.</p> <p>Subp. 4. Loss or spillage. When a loss or spillage of a Schedule II drug occurs, an explanatory notation must be made in the client's record. The notation must be signed by the person responsible for the loss or spillage and by one witness who must also observe the destruction of any remaining contaminated drug by flushing into the sewer system or wiping up the spill.</p> <p>Subp. 5. Schedule of fines. For a violation of the following subparts, the stated fine shall be assessed: A.subpart 2, \$300; B.subpart 3, \$300; and C.subpart 4, \$300.</p>	
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144D.015		<p>For purposes of consistency with terminology commonly used in long-term care insurance policies and notwithstanding chapter 144G, a housing with services establishment that is registered under section 144D.03 and that holds, or makes arrangements with an individual or entity that holds any type of home care license and all other licenses, permits, registrations, or other governmental approvals legally required for delivery of the services the establishment offers or provides to its residents, constitutes an "assisted living facility" or "assisted living residence."</p>	
144D.06	Other Laws	<p>A housing with services establishment shall obtain and maintain all other licenses, permits, registrations or other governmental approvals required of it in addition to registration under this chapter. A housing with services establishment is subject to the provisions of section 325F.72 and 504B</p>	