

553.1 Sec. 38. Minnesota Statutes 2018, section 144A.43, subdivision 11, is amended to read:

553.2 Subd. 11. **Medication administration.** "Medication administration" means performing  
553.3 a set of tasks ~~to ensure a client takes medications, and includes~~ that include the following:

553.4 (1) checking the client's medication record;

553.5 (2) preparing the medication as necessary;

553.6 (3) administering the medication to the client;

553.7 (4) documenting the administration or reason for not administering the medication; and

553.8 (5) reporting to a registered nurse or appropriate licensed health professional any concerns  
553.9 about the medication, the client, or the client's refusal to take the medication.

553.10 Sec. 39. Minnesota Statutes 2018, section 144A.43, is amended by adding a subdivision  
553.11 to read:

553.12 Subd. 12a. **Medication reconciliation.** "Medication reconciliation" means the process  
553.13 of identifying the most accurate list of all medications the client is taking, including the  
553.14 name, dosage, frequency, and route by comparing the client record to an external list of  
553.15 medications obtained from the client, hospital, prescriber, or other provider.

553.16 Sec. 40. Minnesota Statutes 2018, section 144A.43, subdivision 30, is amended to read:

553.17 Subd. 30. **Standby assistance.** "Standby assistance" means the presence of another  
553.18 person ~~within arm's reach to minimize the risk of injury while performing daily activities~~  
553.19 ~~through physical intervention or cueing~~ to assist a client with an assistive task by providing  
553.20 cues, oversight, and minimal physical assistance.

553.21 Sec. 41. Minnesota Statutes 2018, section 144A.472, subdivision 5, is amended to read:

553.22 Subd. 5. ~~Transfers prohibited; Changes in ownership.~~ Any (a) A home care license  
553.23 issued by the commissioner may not be transferred to another party. Before acquiring  
553.24 ownership of or a controlling interest in a home care provider business, a prospective  
553.25 ~~applicant~~ owner must apply for a new ~~temporary~~ license. A change of ownership is a transfer  
553.26 of operational control ~~to a different business entity~~ of the home care provider business and  
553.27 includes:

553.28 (1) transfer of the business to a different or new corporation;

553.29 (2) in the case of a partnership, the dissolution or termination of the partnership under  
553.30 chapter 323A, with the business continuing by a successor partnership or other entity;

554.1 (3) relinquishment of control of the provider to another party, including to a contract  
554.2 management firm that is not under the control of the owner of the business' assets;

554.3 (4) transfer of the business by a sole proprietor to another party or entity; or

554.4 (5) ~~in the case of a privately held corporation, the change in~~ transfer of ownership or  
554.5 control of 50 percent or more of the ~~outstanding voting stock~~ controlling interest of a home  
554.6 care provider business not covered by clauses (1) to (4).

554.7 (b) An employee who was employed by the previous owner of the home care provider  
554.8 business prior to the effective date of a change in ownership under paragraph (a), and who  
554.9 will be employed by the new owner in the same or a similar capacity, shall be treated as if  
554.10 no change in employer occurred, with respect to orientation, training, tuberculosis testing,  
554.11 background studies, and competency testing and training on the policies identified in  
554.12 subdivision 1, clause (14), and subdivision 2, if applicable.

554.13 (c) Notwithstanding paragraph (b), a new owner of a home care provider business must  
554.14 ensure that employees of the provider receive and complete training and testing on any  
554.15 provisions of policies that differ from those of the previous owner within 90 days after the  
554.16 date of the change in ownership.

554.17 Sec. 42. Minnesota Statutes 2018, section 144A.472, subdivision 7, is amended to read:

554.18 Subd. 7. **Fees; application, change of ownership, and renewal, and failure to**  
554.19 **notify.** (a) An initial applicant seeking temporary home care licensure must submit the  
554.20 following application fee to the commissioner along with a completed application:

554.21 (1) for a basic home care provider, \$2,100; or

554.22 (2) for a comprehensive home care provider, \$4,200.

554.23 (b) A home care provider who is filing a change of ownership as required under  
554.24 subdivision 5 must submit the following application fee to the commissioner, along with  
554.25 the documentation required for the change of ownership:

554.26 (1) for a basic home care provider, \$2,100; or

554.27 (2) for a comprehensive home care provider, \$4,200.

554.28 (c) For the period ending June 30, 2018, a home care provider who is seeking to renew  
554.29 the provider's license shall pay a fee to the commissioner based on revenues derived from  
554.30 the provision of home care services during the calendar year prior to the year in which the  
554.31 application is submitted, according to the following schedule:

555.1 **License Renewal Fee**

555.2	<b>Provider Annual Revenue</b>	<b>Fee</b>
555.3	greater than \$1,500,000	\$6,625
555.4	greater than \$1,275,000 and no more than	
555.5	\$1,500,000	\$5,797
555.6	greater than \$1,100,000 and no more than	
555.7	\$1,275,000	\$4,969
555.8	greater than \$950,000 and no more than	
555.9	\$1,100,000	\$4,141
555.10	greater than \$850,000 and no more than \$950,000	\$3,727
555.11	greater than \$750,000 and no more than \$850,000	\$3,313
555.12	greater than \$650,000 and no more than \$750,000	\$2,898
555.13	greater than \$550,000 and no more than \$650,000	\$2,485
555.14	greater than \$450,000 and no more than \$550,000	\$2,070
555.15	greater than \$350,000 and no more than \$450,000	\$1,656
555.16	greater than \$250,000 and no more than \$350,000	\$1,242
555.17	greater than \$100,000 and no more than \$250,000	\$828
555.18	greater than \$50,000 and no more than \$100,000	\$500
555.19	greater than \$25,000 and no more than \$50,000	\$400
555.20	no more than \$25,000	\$200

555.21 (d) For the period between July 1, 2018, and June 30, 2020, a home care provider who  
 555.22 is seeking to renew the provider's license shall pay a fee to the commissioner in an amount  
 555.23 that is ten percent higher than the applicable fee in paragraph (c). A home care provider's  
 555.24 fee shall be based on revenues derived from the provision of home care services during the  
 555.25 calendar year prior to the year in which the application is submitted.

555.26 (e) Beginning July 1, 2020, a home care provider who is seeking to renew the provider's  
 555.27 license shall pay a fee to the commissioner based on revenues derived from the provision  
 555.28 of home care services during the calendar year prior to the year in which the application is  
 555.29 submitted, according to the following schedule:

555.30 **License Renewal Fee**

555.31	<b>Provider Annual Revenue</b>	<b>Fee</b>
555.32	greater than \$1,500,000	\$7,651
555.33	greater than \$1,275,000 and no more than	
555.34	\$1,500,000	\$6,695
555.35	greater than \$1,100,000 and no more than	
555.36	\$1,275,000	\$5,739
555.37	greater than \$950,000 and no more than	
555.38	\$1,100,000	\$4,783

556.1	greater than \$850,000 and no more than \$950,000	\$4,304
556.2	greater than \$750,000 and no more than \$850,000	\$3,826
556.3	greater than \$650,000 and no more than \$750,000	\$3,347
556.4	greater than \$550,000 and no more than \$650,000	\$2,870
556.5	greater than \$450,000 and no more than \$550,000	\$2,391
556.6	greater than \$350,000 and no more than \$450,000	\$1,913
556.7	greater than \$250,000 and no more than \$350,000	\$1,434
556.8	greater than \$100,000 and no more than \$250,000	\$957
556.9	greater than \$50,000 and no more than \$100,000	\$577
556.10	greater than \$25,000 and no more than \$50,000	\$462
556.11	no more than \$25,000	\$231

556.12 (f) If requested, the home care provider shall provide the commissioner information to  
 556.13 verify the provider's annual revenues or other information as needed, including copies of  
 556.14 documents submitted to the Department of Revenue.

556.15 (g) At each annual renewal, a home care provider may elect to pay the highest renewal  
 556.16 fee for its license category, and not provide annual revenue information to the commissioner.

556.17 (h) A temporary license or license applicant, or temporary licensee or licensee that  
 556.18 knowingly provides the commissioner incorrect revenue amounts for the purpose of paying  
 556.19 a lower license fee, shall be subject to a civil penalty in the amount of double the fee the  
 556.20 provider should have paid.

556.21 (i) The fine for failure to comply with the notification requirements of section 144A.473,  
 556.22 subdivision 2, paragraph (c), is \$1,000.

556.23 (j) Fees and penalties collected under this section shall be deposited in the state treasury  
 556.24 and credited to the state government special revenue fund. All fees are nonrefundable. Fees  
 556.25 collected under paragraphs (c), (d), and (e) are nonrefundable even if received before July  
 556.26 1, 2017, for temporary licenses or licenses being issued effective July 1, 2017, or later.

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

556.28 Sec. 43. Minnesota Statutes 2018, section 144A.473, is amended to read:

556.29 **144A.473 ISSUANCE OF TEMPORARY LICENSE AND LICENSE RENEWAL.**

556.30 Subdivision 1. **Temporary license and renewal of license.** (a) The department shall  
 556.31 review each application to determine the applicant's knowledge of and compliance with  
 556.32 Minnesota home care regulations. Before granting a temporary license or renewing a license,  
 556.33 the commissioner may further evaluate the applicant or licensee by requesting additional

557.1 information or documentation or by conducting an on-site survey of the applicant to  
557.2 determine compliance with sections 144A.43 to 144A.482.

557.3 (b) Within 14 calendar days after receiving an application for a license, the commissioner  
557.4 shall acknowledge receipt of the application in writing. The acknowledgment must indicate  
557.5 whether the application appears to be complete or whether additional information is required  
557.6 before the application will be considered complete.

557.7 (c) Within 90 days after receiving a complete application, the commissioner shall issue  
557.8 a temporary license, renew the license, or deny the license.

557.9 (d) The commissioner shall issue a license that contains the home care provider's name,  
557.10 address, license level, expiration date of the license, and unique license number. All licenses,  
557.11 except for temporary licenses issued under subdivision 2, are valid for up to one year from  
557.12 the date of issuance.

557.13 Subd. 2. **Temporary license.** (a) For new license applicants, the commissioner shall  
557.14 issue a temporary license for either the basic or comprehensive home care level. A temporary  
557.15 license is effective for up to one year from the date of issuance, except that a temporary  
557.16 license may be extended according to subdivision 3. Temporary licensees must comply with  
557.17 sections 144A.43 to 144A.482.

557.18 (b) During the temporary license year period, the commissioner shall survey the temporary  
557.19 licensee within 90 calendar days after the commissioner is notified or has evidence that the  
557.20 temporary licensee is providing home care services.

557.21 (c) Within five days of beginning the provision of services, the temporary licensee must  
557.22 notify the commissioner that it is serving clients. The notification to the commissioner may  
557.23 be mailed or e-mailed to the commissioner at the address provided by the commissioner. If  
557.24 the temporary licensee does not provide home care services during the temporary license  
557.25 year period, then the temporary license expires at the end of the year period and the applicant  
557.26 must reapply for a temporary home care license.

557.27 (d) A temporary licensee may request a change in the level of licensure prior to being  
557.28 surveyed and granted a license by notifying the commissioner in writing and providing  
557.29 additional documentation or materials required to update or complete the changed temporary  
557.30 license application. The applicant must pay the difference between the application fees  
557.31 when changing from the basic level to the comprehensive level of licensure. No refund will  
557.32 be made if the provider chooses to change the license application to the basic level.

558.1 (e) If the temporary licensee notifies the commissioner that the licensee has clients within  
558.2 45 days prior to the temporary license expiration, the commissioner may extend the temporary  
558.3 license for up to 60 days in order to allow the commissioner to complete the on-site survey  
558.4 required under this section and follow-up survey visits.

558.5 Subd. 3. **Temporary licensee survey.** (a) If the temporary licensee is in substantial  
558.6 compliance with the survey, the commissioner shall issue either a basic or comprehensive  
558.7 home care license. If the temporary licensee is not in substantial compliance with the survey,  
558.8 the commissioner shall either: (1) not issue a basic or comprehensive license and there will  
558.9 be no contested hearing right under chapter 14. terminate the temporary license; or (2)  
558.10 extend the temporary license for a period not to exceed 90 days and apply conditions, as  
558.11 permitted under section 144A.475, subdivision 2, to the extension of a temporary license.  
558.12 If the temporary licensee is not in substantial compliance with the survey within the time  
558.13 period of the extension, or if the temporary licensee does not satisfy the license conditions,  
558.14 the commissioner may deny the license.

558.15 (b) If the temporary licensee whose basic or comprehensive license has been denied or  
558.16 extended with conditions disagrees with the conclusions of the commissioner, then the  
558.17 temporary licensee may request a reconsideration by the commissioner or commissioner's  
558.18 designee. The reconsideration request process must be conducted internally by the  
558.19 commissioner or commissioner's designee, and chapter 14 does not apply.

558.20 (c) The temporary licensee requesting reconsideration must make the request in writing  
558.21 and must list and describe the reasons why the temporary licensee disagrees with the decision  
558.22 to deny the basic or comprehensive home care license or the decision to extend the temporary  
558.23 license with conditions.

558.24 (d) The reconsideration request and supporting documentation must be received by the  
558.25 commissioner within 15 calendar days after the date the temporary licensee receives the  
558.26 correction order.

558.27 (e) A temporary licensee whose license is denied, is permitted to continue operating as  
558.28 a home care provider during the period of time when:

558.29 (1) a reconsideration request is in process;

558.30 (2) an extension of a temporary license is being negotiated;

558.31 (3) the placement of conditions on a temporary license is being negotiated; or

558.32 (4) a transfer of home care clients from the temporary licensee to a new home care  
558.33 provider is in process.

559.1 (f) A temporary licensee whose license is denied must comply with the requirements  
559.2 for notification and transfer of clients in section 144A.475, subdivision 5.

559.3 Sec. 44. Minnesota Statutes 2018, section 144A.474, subdivision 2, is amended to read:

559.4 Subd. 2. **Types of home care surveys.** (a) "Initial full survey" means the survey of a  
559.5 new temporary licensee conducted after the department is notified or has evidence that the  
559.6 temporary licensee is providing home care services to determine if the provider is in  
559.7 compliance with home care requirements. Initial full surveys must be completed within 14  
559.8 months after the department's issuance of a temporary basic or comprehensive license.

559.9 (b) "Change in ownership survey" means a full survey of a new licensee due to a change  
559.10 in ownership. Change in ownership surveys must be completed within six months after the  
559.11 department's issuance of a new license due to a change in ownership.

559.12 (c) "Core survey" means periodic inspection of home care providers to determine ongoing  
559.13 compliance with the home care requirements, focusing on the essential health and safety  
559.14 requirements. Core surveys are available to licensed home care providers who have been  
559.15 licensed for three years and surveyed at least once in the past three years with the latest  
559.16 survey having no widespread violations beyond Level 1 as provided in subdivision 11.  
559.17 Providers must also not have had any substantiated licensing complaints, substantiated  
559.18 complaints against the agency under the Vulnerable Adults Act or Maltreatment of Minors  
559.19 Act, or an enforcement action as authorized in section 144A.475 in the past three years.

559.20 (1) The core survey for basic home care providers must review compliance in the  
559.21 following areas:

- 559.22 (i) reporting of maltreatment;
- 559.23 (ii) orientation to and implementation of the home care bill of rights;
- 559.24 (iii) statement of home care services;
- 559.25 (iv) initial evaluation of clients and initiation of services;
- 559.26 (v) client review and monitoring;
- 559.27 (vi) service plan implementation and changes to the service plan;
- 559.28 (vii) client complaint and investigative process;
- 559.29 (viii) competency of unlicensed personnel; and
- 559.30 (ix) infection control.

560.1 (2) For comprehensive home care providers, the core survey must include everything  
560.2 in the basic core survey plus these areas:

560.3 (i) delegation to unlicensed personnel;

560.4 (ii) assessment, monitoring, and reassessment of clients; and

560.5 (iii) medication, treatment, and therapy management.

560.6 ~~(e)~~ (d) "Full survey" means the periodic inspection of home care providers to determine  
560.7 ongoing compliance with the home care requirements that cover the core survey areas and  
560.8 all the legal requirements for home care providers. A full survey is conducted for all  
560.9 temporary licensees ~~and~~, for licensees that receive licenses due to an approved change in  
560.10 ownership, for providers who do not meet the requirements needed for a core survey, and  
560.11 when a surveyor identifies unacceptable client health or safety risks during a core survey.  
560.12 A full survey must include all the tasks identified as part of the core survey and any additional  
560.13 review deemed necessary by the department, including additional observation, interviewing,  
560.14 or records review of additional clients and staff.

560.15 ~~(d)~~ (e) "Follow-up surveys" means surveys conducted to determine if a home care  
560.16 provider has corrected deficient issues and systems identified during a core survey, full  
560.17 survey, or complaint investigation. Follow-up surveys may be conducted via phone, e-mail,  
560.18 fax, mail, or on-site reviews. Follow-up surveys, other than complaint surveys, shall be  
560.19 concluded with an exit conference and written information provided on the process for  
560.20 requesting a reconsideration of the survey results.

560.21 ~~(e)~~ (f) Upon receiving information alleging that a home care provider has violated or is  
560.22 currently violating a requirement of sections 144A.43 to 144A.482, the commissioner shall  
560.23 investigate the complaint according to sections 144A.51 to 144A.54.

560.24 Sec. 45. Minnesota Statutes 2018, section 144A.475, subdivision 1, is amended to read:

560.25 Subdivision 1. **Conditions.** (a) The commissioner may refuse to grant a temporary  
560.26 license, refuse to grant a license as a result of a change in ownership, refuse to renew a  
560.27 license, suspend or revoke a license, or impose a conditional license if the home care provider  
560.28 or owner or managerial official of the home care provider:

560.29 (1) is in violation of, or during the term of the license has violated, any of the requirements  
560.30 in sections 144A.471 to 144A.482;

560.31 (2) permits, aids, or abets the commission of any illegal act in the provision of home  
560.32 care;

561.1 (3) performs any act detrimental to the health, safety, and welfare of a client;

561.2 (4) obtains the license by fraud or misrepresentation;

561.3 (5) knowingly made or makes a false statement of a material fact in the application for  
561.4 a license or in any other record or report required by this chapter;

561.5 (6) denies representatives of the department access to any part of the home care provider's  
561.6 books, records, files, or employees;

561.7 (7) interferes with or impedes a representative of the department in contacting the home  
561.8 care provider's clients;

561.9 (8) interferes with or impedes a representative of the department in the enforcement of  
561.10 this chapter or has failed to fully cooperate with an inspection, survey, or investigation by  
561.11 the department;

561.12 (9) destroys or makes unavailable any records or other evidence relating to the home  
561.13 care provider's compliance with this chapter;

561.14 (10) refuses to initiate a background study under section 144.057 or 245A.04;

561.15 (11) fails to timely pay any fines assessed by the department;

561.16 (12) violates any local, city, or township ordinance relating to home care services;

561.17 (13) has repeated incidents of personnel performing services beyond their competency  
561.18 level; or

561.19 (14) has operated beyond the scope of the home care provider's license level.

561.20 (b) A violation by a contractor providing the home care services of the home care provider  
561.21 is a violation by the home care provider.

561.22 Sec. 46. Minnesota Statutes 2018, section 144A.475, subdivision 2, is amended to read:

561.23 Subd. 2. **Terms to suspension or conditional license.** (a) A suspension or conditional  
561.24 license designation may include terms that must be completed or met before a suspension  
561.25 or conditional license designation is lifted. A conditional license designation may include  
561.26 restrictions or conditions that are imposed on the provider. Terms for a suspension or  
561.27 conditional license may include one or more of the following and the scope of each will be  
561.28 determined by the commissioner:

561.29 (1) requiring a consultant to review, evaluate, and make recommended changes to the  
561.30 home care provider's practices and submit reports to the commissioner at the cost of the  
561.31 home care provider;

562.1 (2) requiring supervision of the home care provider or staff practices at the cost of the  
562.2 home care provider by an unrelated person who has sufficient knowledge and qualifications  
562.3 to oversee the practices and who will submit reports to the commissioner;

562.4 (3) requiring the home care provider or employees to obtain training at the cost of the  
562.5 home care provider;

562.6 (4) requiring the home care provider to submit reports to the commissioner;

562.7 (5) prohibiting the home care provider from taking any new clients for a period of time;  
562.8 or

562.9 (6) any other action reasonably required to accomplish the purpose of this subdivision  
562.10 and section 144A.45, subdivision 2.

562.11 (b) A home care provider subject to this subdivision may continue operating during the  
562.12 period of time home care clients are being transferred to other providers.

562.13 Sec. 47. Minnesota Statutes 2018, section 144A.475, subdivision 5, is amended to read:

562.14 Subd. 5. **Plan required.** (a) The process of suspending or revoking a license must include  
562.15 a plan for transferring affected clients to other providers by the home care provider, which  
562.16 will be monitored by the commissioner. Within three business days of being notified of the  
562.17 final revocation or suspension action, the home care provider shall provide the commissioner,  
562.18 the lead agencies as defined in section 256B.0911, and the ombudsman for long-term care  
562.19 with the following information:

562.20 (1) a list of all clients, including full names and all contact information on file;

562.21 (2) a list of each client's representative or emergency contact person, including full names  
562.22 and all contact information on file;

562.23 (3) the location or current residence of each client;

562.24 (4) the payor sources for each client, including payor source identification numbers; and

562.25 (5) for each client, a copy of the client's service plan, and a list of the types of services  
562.26 being provided.

562.27 (b) The revocation or suspension notification requirement is satisfied by mailing the  
562.28 notice to the address in the license record. The home care provider shall cooperate with the  
562.29 commissioner and the lead agencies during the process of transferring care of clients to  
562.30 qualified providers. Within three business days of being notified of the final revocation or  
562.31 suspension action, the home care provider must notify and disclose to each of the home

563.1 care provider's clients, or the client's representative or emergency contact persons, that the  
563.2 commissioner is taking action against the home care provider's license by providing a copy  
563.3 of the revocation or suspension notice issued by the commissioner.

563.4 (c) A home care provider subject to this subdivision may continue operating during the  
563.5 period of time home care clients are being transferred to other providers.

563.6 Sec. 48. Minnesota Statutes 2018, section 144A.476, subdivision 1, is amended to read:

563.7 Subdivision 1. **Prior criminal convictions; owner and managerial officials.** (a) Before  
563.8 the commissioner issues a temporary license, issues a license as a result of an approved  
563.9 change in ownership, or renews a license, an owner or managerial official is required to  
563.10 complete a background study under section 144.057. No person may be involved in the  
563.11 management, operation, or control of a home care provider if the person has been disqualified  
563.12 under chapter 245C. If an individual is disqualified under section 144.057 or chapter 245C,  
563.13 the individual may request reconsideration of the disqualification. If the individual requests  
563.14 reconsideration and the commissioner sets aside or rescinds the disqualification, the individual  
563.15 is eligible to be involved in the management, operation, or control of the provider. If an  
563.16 individual has a disqualification under section 245C.15, subdivision 1, and the disqualification  
563.17 is affirmed, the individual's disqualification is barred from a set aside, and the individual  
563.18 must not be involved in the management, operation, or control of the provider.

563.19 (b) For purposes of this section, owners of a home care provider subject to the background  
563.20 check requirement are those individuals whose ownership interest provides sufficient  
563.21 authority or control to affect or change decisions related to the operation of the home care  
563.22 provider. An owner includes a sole proprietor, a general partner, or any other individual  
563.23 whose individual ownership interest can affect the management and direction of the policies  
563.24 of the home care provider.

563.25 (c) For the purposes of this section, managerial officials subject to the background check  
563.26 requirement are individuals who provide direct contact as defined in section 245C.02,  
563.27 subdivision 11, or individuals who have the responsibility for the ongoing management or  
563.28 direction of the policies, services, or employees of the home care provider. Data collected  
563.29 under this subdivision shall be classified as private data on individuals under section 13.02,  
563.30 subdivision 12.

563.31 (d) The department shall not issue any license if the applicant or owner or managerial  
563.32 official has been unsuccessful in having a background study disqualification set aside under  
563.33 section 144.057 and chapter 245C; if the owner or managerial official, as an owner or  
563.34 managerial official of another home care provider, was substantially responsible for the

564.1 other home care provider's failure to substantially comply with sections 144A.43 to  
564.2 144A.482; or if an owner that has ceased doing business, either individually or as an owner  
564.3 of a home care provider, was issued a correction order for failing to assist clients in violation  
564.4 of this chapter.

564.5 Sec. 49. Minnesota Statutes 2018, section 144A.479, subdivision 7, is amended to read:

564.6 Subd. 7. **Employee records.** The home care provider must maintain current records of  
564.7 each paid employee, regularly scheduled volunteers providing home care services, and of  
564.8 each individual contractor providing home care services. The records must include the  
564.9 following information:

564.10 (1) evidence of current professional licensure, registration, or certification, if licensure,  
564.11 registration, or certification is required by this statute or other rules;

564.12 (2) records of orientation, required annual training and infection control training, and  
564.13 competency evaluations;

564.14 (3) current job description, including qualifications, responsibilities, and identification  
564.15 of staff providing supervision;

564.16 (4) documentation of annual performance reviews which identify areas of improvement  
564.17 needed and training needs;

564.18 (5) for individuals providing home care services, verification that ~~required~~ any health  
564.19 screenings required by infection control programs established under section 144A.4798  
564.20 have taken place and the dates of those screenings; and

564.21 (6) documentation of the background study as required under section 144.057.

564.22 Each employee record must be retained for at least three years after a paid employee, home  
564.23 care volunteer, or contractor ceases to be employed by or under contract with the home care  
564.24 provider. If a home care provider ceases operation, employee records must be maintained  
564.25 for three years.

564.26 Sec. 50. Minnesota Statutes 2018, section 144A.479, is amended by adding a subdivision  
564.27 to read:

564.28 Subd. 8. **Labor market reporting.** A home care provider shall comply with the labor  
564.29 market reporting requirements described in section 256B.4912, subdivision 1a.

565.1 Sec. 51. Minnesota Statutes 2018, section 144A.4791, subdivision 1, is amended to read:

565.2 Subdivision 1. **Home care bill of rights; notification to client.** (a) The home care  
565.3 provider shall provide the client or the client's representative a written notice of the rights  
565.4 under section 144A.44 before the ~~initiation of~~ date that services are first provided to that  
565.5 client. The provider shall make all reasonable efforts to provide notice of the rights to the  
565.6 client or the client's representative in a language the client or client's representative can  
565.7 understand.

565.8 (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision  
565.9 1, the notice shall also contain the following statement describing how to file a complaint  
565.10 with these offices.

565.11 "If you have a complaint about the provider or the person providing your home care  
565.12 services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota  
565.13 Department of Health. You may also contact the Office of Ombudsman for Long-Term  
565.14 Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."

565.15 The statement should include the telephone number, website address, e-mail address,  
565.16 mailing address, and street address of the Office of Health Facility Complaints at the  
565.17 Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and  
565.18 the Office of the Ombudsman for Mental Health and Developmental Disabilities. The  
565.19 statement should also include the home care provider's name, address, e-mail, telephone  
565.20 number, and name or title of the person at the provider to whom problems or complaints  
565.21 may be directed. It must also include a statement that the home care provider will not retaliate  
565.22 because of a complaint.

565.23 (c) The home care provider shall obtain written acknowledgment of the client's receipt  
565.24 of the home care bill of rights or shall document why an acknowledgment cannot be obtained.  
565.25 The acknowledgment may be obtained from the client or the client's representative.  
565.26 Acknowledgment of receipt shall be retained in the client's record.

565.27 Sec. 52. Minnesota Statutes 2018, section 144A.4791, subdivision 3, is amended to read:

565.28 Subd. 3. **Statement of home care services.** Prior to the ~~initiation of~~ date that services  
565.29 are first provided to the client, a home care provider must provide to the client or the client's  
565.30 representative a written statement which identifies if the provider has a basic or  
565.31 comprehensive home care license, the services the provider is authorized to provide, and  
565.32 which services the provider cannot provide under the scope of the provider's license. The  
565.33 home care provider shall obtain written acknowledgment from the clients that the provider

566.1 has provided the statement or must document why the provider could not obtain the  
566.2 acknowledgment.

566.3 Sec. 53. Minnesota Statutes 2018, section 144A.4791, subdivision 6, is amended to read:

566.4 Subd. 6. **Initiation of services.** When a provider ~~initiates~~ provides home care services  
566.5 ~~and to a client before the individualized review or assessment by a licensed health~~  
566.6 professional or registered nurse as required in subdivisions 7 and 8 ~~has not been~~ is completed,  
566.7 ~~the provider~~ licensed health professional or registered nurse must complete a temporary  
566.8 ~~plan and agreement~~ with the client for services and orient staff assigned to deliver services  
566.9 as identified in the temporary plan.

566.10 Sec. 54. Minnesota Statutes 2018, section 144A.4791, subdivision 7, is amended to read:

566.11 Subd. 7. **Basic individualized client review and monitoring.** (a) When services being  
566.12 provided are basic home care services, an individualized initial review of the client's needs  
566.13 and preferences must be conducted at the client's residence with the client or client's  
566.14 representative. This initial review must be completed within 30 days after the ~~initiation of~~  
566.15 the date that home care services are first provided.

566.16 (b) Client monitoring and review must be conducted as needed based on changes in the  
566.17 needs of the client and cannot exceed 90 days from the date of the last review. The monitoring  
566.18 and review may be conducted at the client's residence or through the utilization of  
566.19 telecommunication methods based on practice standards that meet the individual client's  
566.20 needs.

566.21 Sec. 55. Minnesota Statutes 2018, section 144A.4791, subdivision 8, is amended to read:

566.22 Subd. 8. **Comprehensive assessment, monitoring, and reassessment.** (a) When the  
566.23 services being provided are comprehensive home care services, an individualized initial  
566.24 assessment must be conducted in person by a registered nurse. When the services are provided  
566.25 by other licensed health professionals, the assessment must be conducted by the appropriate  
566.26 health professional. This initial assessment must be completed within five days after ~~initiation~~  
566.27 of the date that home care services are first provided.

566.28 (b) Client monitoring and reassessment must be conducted in the client's home no more  
566.29 than 14 days after ~~initiation of~~ the date that home care services are first provided.

566.30 (c) Ongoing client monitoring and reassessment must be conducted as needed based on  
566.31 changes in the needs of the client and cannot exceed 90 days from the last date of the  
566.32 assessment. The monitoring and reassessment may be conducted at the client's residence

567.1 or through the utilization of telecommunication methods based on practice standards that  
567.2 meet the individual client's needs.

567.3 Sec. 56. Minnesota Statutes 2018, section 144A.4791, subdivision 9, is amended to read:

567.4 Subd. 9. **Service plan, implementation, and revisions to service plan.** (a) No later  
567.5 than 14 days after the ~~initiation of~~ date that home care services are first provided, a home  
567.6 care provider shall finalize a current written service plan.

567.7 (b) The service plan and any revisions must include a signature or other authentication  
567.8 by the home care provider and by the client or the client's representative documenting  
567.9 agreement on the services to be provided. The service plan must be revised, if needed, based  
567.10 on client review or reassessment under subdivisions 7 and 8. The provider must provide  
567.11 information to the client about changes to the provider's fee for services and how to contact  
567.12 the Office of the Ombudsman for Long-Term Care.

567.13 (c) The home care provider must implement and provide all services required by the  
567.14 current service plan.

567.15 (d) The service plan and revised service plan must be entered into the client's record,  
567.16 including notice of a change in a client's fees when applicable.

567.17 (e) Staff providing home care services must be informed of the current written service  
567.18 plan.

567.19 (f) The service plan must include:

567.20 (1) a description of the home care services to be provided, the fees for services, and the  
567.21 frequency of each service, according to the client's current review or assessment and client  
567.22 preferences;

567.23 (2) the identification of the staff or categories of staff who will provide the services;

567.24 (3) the schedule and methods of monitoring reviews or assessments of the client;

567.25 (4) ~~the frequency of sessions of supervision of staff and type of personnel who will~~  
567.26 ~~supervise staff; and~~ the schedule and methods of monitoring staff providing home care  
567.27 services; and

567.28 (5) a contingency plan that includes:

567.29 (i) the action to be taken by the home care provider and by the client or client's  
567.30 representative if the scheduled service cannot be provided;

568.1 (ii) information and a method for a client or client's representative to contact the home  
568.2 care provider;

568.3 (iii) names and contact information of persons the client wishes to have notified in an  
568.4 emergency or if there is a significant adverse change in the client's condition, ~~including~~  
568.5 ~~identification of and information as to who has authority to sign for the client in an~~  
568.6 ~~emergency~~; and

568.7 (iv) the circumstances in which emergency medical services are not to be summoned  
568.8 consistent with chapters 145B and 145C, and declarations made by the client under those  
568.9 chapters.

568.10 Sec. 57. Minnesota Statutes 2018, section 144A.4792, subdivision 1, is amended to read:

568.11 Subdivision 1. **Medication management services; comprehensive home care**  
568.12 **license.** (a) This subdivision applies only to home care providers with a comprehensive  
568.13 home care license that provide medication management services to clients. Medication  
568.14 management services may not be provided by a home care provider who has a basic home  
568.15 care license.

568.16 (b) A comprehensive home care provider who provides medication management services  
568.17 must develop, implement, and maintain current written medication management policies  
568.18 and procedures. The policies and procedures must be developed under the supervision and  
568.19 direction of a registered nurse, licensed health professional, or pharmacist consistent with  
568.20 current practice standards and guidelines.

568.21 (c) The written policies and procedures must address requesting and receiving  
568.22 prescriptions for medications; preparing and giving medications; verifying that prescription  
568.23 drugs are administered as prescribed; documenting medication management activities;  
568.24 controlling and storing medications; monitoring and evaluating medication use; resolving  
568.25 medication errors; communicating with the prescriber, pharmacist, and client and client  
568.26 representative, if any; disposing of unused medications; and educating clients and client  
568.27 representatives about medications. When controlled substances are being managed, stored,  
568.28 and secured by the comprehensive home care provider, the policies and procedures must  
568.29 also identify how the provider will ensure security and accountability for the overall  
568.30 management, control, and disposition of those substances in compliance with state and  
568.31 federal regulations and with subdivision 22.

569.1 Sec. 58. Minnesota Statutes 2018, section 144A.4792, subdivision 2, is amended to read:

569.2 Subd. 2. **Provision of medication management services.** (a) For each client who  
569.3 requests medication management services, the comprehensive home care provider shall,  
569.4 prior to providing medication management services, have a registered nurse, licensed health  
569.5 professional, or authorized prescriber under section 151.37 conduct an assessment to  
569.6 determine what medication management services will be provided and how the services  
569.7 will be provided. This assessment must be conducted face-to-face with the client. The  
569.8 assessment must include an identification and review of all medications the client is known  
569.9 to be taking. The review and identification must include indications for medications, side  
569.10 effects, contraindications, allergic or adverse reactions, and actions to address these issues.

569.11 (b) The assessment must:

569.12 (1) identify interventions needed in management of medications to prevent diversion of  
569.13 medication by the client or others who may have access to the medications; and

569.14 (2) provide instructions to the client or client's representative on interventions to manage  
569.15 the client's medications and prevent diversion of medications.

569.16 "Diversion of medications" means the misuse, theft, or illegal or improper disposition of  
569.17 medications.

569.18 Sec. 59. Minnesota Statutes 2018, section 144A.4792, subdivision 5, is amended to read:

569.19 Subd. 5. **Individualized medication management plan.** (a) For each client receiving  
569.20 medication management services, the comprehensive home care provider must prepare and  
569.21 include in the service plan a written statement of the medication management services that  
569.22 will be provided to the client. The provider must develop and maintain a current  
569.23 individualized medication management record for each client based on the client's assessment  
569.24 that must contain the following:

569.25 (1) a statement describing the medication management services that will be provided;

569.26 (2) a description of storage of medications based on the client's needs and preferences,  
569.27 risk of diversion, and consistent with the manufacturer's directions;

569.28 (3) documentation of specific client instructions relating to the administration of  
569.29 medications;

569.30 (4) identification of persons responsible for monitoring medication supplies and ensuring  
569.31 that medication refills are ordered on a timely basis;

570.1 (5) identification of medication management tasks that may be delegated to unlicensed  
570.2 personnel;

570.3 (6) procedures for staff notifying a registered nurse or appropriate licensed health  
570.4 professional when a problem arises with medication management services; and

570.5 (7) any client-specific requirements relating to documenting medication administration,  
570.6 verifications that all medications are administered as prescribed, and monitoring of  
570.7 medication use to prevent possible complications or adverse reactions.

570.8 (b) The medication management record must be current and updated when there are any  
570.9 changes.

570.10 (c) Medication reconciliation must be completed when a licensed nurse, licensed health  
570.11 professional, or authorized prescriber is providing medication management.

570.12 Sec. 60. Minnesota Statutes 2018, section 144A.4792, subdivision 10, is amended to read:

570.13 Subd. 10. **Medication management for clients who will be away from home.** (a) A  
570.14 home care provider who is providing medication management services to the client and  
570.15 controls the client's access to the medications must develop and implement policies and  
570.16 procedures for giving accurate and current medications to clients for planned or unplanned  
570.17 times away from home according to the client's individualized medication management  
570.18 plan. The policy and procedures must state that:

570.19 (1) for planned time away, the medications must be obtained from the pharmacy or set  
570.20 up by ~~the registered~~ a licensed nurse according to appropriate state and federal laws and  
570.21 nursing standards of practice;

570.22 (2) for unplanned time away, when the pharmacy is not able to provide the medications,  
570.23 a licensed nurse or unlicensed personnel shall give the client or client's representative  
570.24 medications in amounts and dosages needed for the length of the anticipated absence, not  
570.25 to exceed ~~120 hours~~ seven calendar days;

570.26 (3) the client or client's representative must be provided written information on  
570.27 medications, including any special instructions for administering or handling the medications,  
570.28 including controlled substances;

570.29 (4) the medications must be placed in a medication container or containers appropriate  
570.30 to the provider's medication system and must be labeled with the client's name and the dates  
570.31 and times that the medications are scheduled; and

571.1 (5) the client or client's representative must be provided in writing the home care  
571.2 provider's name and information on how to contact the home care provider.

571.3 (b) For unplanned time away when the licensed nurse is not available, the registered  
571.4 nurse may delegate this task to unlicensed personnel if:

571.5 (1) the registered nurse has trained the unlicensed staff and determined the unlicensed  
571.6 staff is competent to follow the procedures for giving medications to clients; and

571.7 (2) the registered nurse has developed written procedures for the unlicensed personnel,  
571.8 including any special instructions or procedures regarding controlled substances that are  
571.9 prescribed for the client. The procedures must address:

571.10 (i) the type of container or containers to be used for the medications appropriate to the  
571.11 provider's medication system;

571.12 (ii) how the container or containers must be labeled;

571.13 (iii) the written information about the medications to be given to the client or client's  
571.14 representative;

571.15 (iv) how the unlicensed staff must document in the client's record that medications have  
571.16 been given to the client or the client's representative, including documenting the date the  
571.17 medications were given to the client or the client's representative and who received the  
571.18 medications, the person who gave the medications to the client, the number of medications  
571.19 that were given to the client, and other required information;

571.20 (v) how the registered nurse shall be notified that medications have been given to the  
571.21 client or client's representative and whether the registered nurse needs to be contacted before  
571.22 the medications are given to the client or the client's representative; ~~and~~

571.23 (vi) a review by the registered nurse of the completion of this task to verify that this task  
571.24 was completed accurately by the unlicensed personnel; and

571.25 (vii) how the unlicensed staff must document in the client's record any unused medications  
571.26 that are returned to the provider, including the name of each medication and the doses of  
571.27 each returned medication.

571.28 Sec. 61. Minnesota Statutes 2018, section 144A.4793, subdivision 6, is amended to read:

571.29 Subd. 6. **Treatment and therapy orders or prescriptions.** There must be an up-to-date  
571.30 written or electronically recorded order ~~or prescription~~ from an authorized prescriber for  
571.31 all treatments and therapies. The order must contain the name of the client, a description of  
571.32 the treatment or therapy to be provided, and the frequency, duration, and other information

572.1 needed to administer the treatment or therapy. Treatment and therapy orders must be renewed  
572.2 at least every 12 months.

572.3 Sec. 62. Minnesota Statutes 2018, section 144A.4796, subdivision 2, is amended to read:

572.4 Subd. 2. **Content.** (a) The orientation must contain the following topics:

572.5 (1) an overview of sections 144A.43 to 144A.4798;

572.6 (2) introduction and review of all the provider's policies and procedures related to the  
572.7 provision of home care services by the individual staff person;

572.8 (3) handling of emergencies and use of emergency services;

572.9 (4) compliance with and reporting of the maltreatment of minors or vulnerable adults  
572.10 under sections 626.556 and 626.557;

572.11 (5) home care bill of rights under section 144A.44;

572.12 (6) handling of clients' complaints, reporting of complaints, and where to report  
572.13 complaints including information on the Office of Health Facility Complaints and the  
572.14 Common Entry Point;

572.15 (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care,  
572.16 Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care  
572.17 Ombudsman at the Department of Human Services, county managed care advocates, or  
572.18 other relevant advocacy services; and

572.19 (8) review of the types of home care services the employee will be providing and the  
572.20 provider's scope of licensure.

572.21 (b) In addition to the topics listed in paragraph (a), orientation may also contain training  
572.22 on providing services to clients with hearing loss. Any training on hearing loss provided  
572.23 under this subdivision must be high quality and research-based, may include online training,  
572.24 and must include training on one or more of the following topics:

572.25 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,  
572.26 and challenges it poses to communication;

572.27 (2) health impacts related to untreated age-related hearing loss, such as increased  
572.28 incidence of dementia, falls, hospitalizations, isolation, and depression; or

572.29 (3) information about strategies and technology that may enhance communication and  
572.30 involvement, including communication strategies, assistive listening devices, hearing aids,  
572.31 visual and tactile alerting devices, communication access in real time, and closed captions.

573.1 Sec. 63. Minnesota Statutes 2018, section 144A.4797, subdivision 3, is amended to read:

573.2 Subd. 3. **Supervision of staff providing delegated nursing or therapy home care**  
 573.3 **tasks.** (a) Staff who perform delegated nursing or therapy home care tasks must be supervised  
 573.4 by an appropriate licensed health professional or a registered nurse periodically where the  
 573.5 services are being provided to verify that the work is being performed competently and to  
 573.6 identify problems and solutions related to the staff person's ability to perform the tasks.  
 573.7 Supervision of staff performing medication or treatment administration shall be provided  
 573.8 by a registered nurse or appropriate licensed health professional and must include observation  
 573.9 of the staff administering the medication or treatment and the interaction with the client.

573.10 (b) The direct supervision of staff performing delegated tasks must be provided within  
 573.11 30 days after the date on which the individual begins working for the home care provider  
 573.12 and first performs delegated tasks for clients and thereafter as needed based on performance.  
 573.13 This requirement also applies to staff who have not performed delegated tasks for one year  
 573.14 or longer.

573.15 Sec. 64. Minnesota Statutes 2018, section 144A.4798, is amended to read:

573.16 **144A.4798 EMPLOYEE HEALTH STATUS DISEASE PREVENTION AND**  
 573.17 **INFECTION CONTROL.**

573.18 Subdivision 1. **Tuberculosis (TB) prevention and infection control.** (a) A home care  
 573.19 provider must establish and maintain a ~~TB prevention and~~ comprehensive tuberculosis  
 573.20 infection control program based on according to the most current tuberculosis infection  
 573.21 control guidelines issued by the United States Centers for Disease Control and Prevention  
 573.22 (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and  
 573.23 Mortality Weekly Report. Components of a TB prevention and control program include  
 573.24 screening all staff providing home care services, both paid and unpaid, at the time of hire  
 573.25 for active TB disease and latent TB infection, and developing and implementing a written  
 573.26 TB infection control plan. The commissioner shall make the most recent CDC standards  
 573.27 available to home care providers on the department's website. This program must include  
 573.28 a tuberculosis infection control plan that covers all paid and unpaid employees, contractors,  
 573.29 students, and volunteers. The commissioner shall provide technical assistance regarding  
 573.30 implementation of the guidelines.

573.31 (b) The home care provider must maintain written evidence of compliance with this  
 573.32 subdivision.

574.1 Subd. 2. **Communicable diseases.** A home care provider must follow current ~~federal~~  
 574.2 ~~or state guidelines~~ state requirements for prevention, control, and reporting of ~~human~~  
 574.3 ~~immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus, or other~~  
 574.4 communicable diseases as defined in Minnesota Rules, ~~part~~ parts 4605.7040, 4605.7044,  
 574.5 4605.7050, 4605.7075, 4605.7080, and 4605.7090.

574.6 Subd. 3. **Infection control program.** A home care provider must establish and maintain  
 574.7 an effective infection control program that complies with accepted health care, medical,  
 574.8 and nursing standards for infection control.

574.9 Sec. 65. Minnesota Statutes 2018, section 144A.4799, subdivision 1, is amended to read:

574.10 Subdivision 1. **Membership.** The commissioner of health shall appoint eight persons  
 574.11 to a home care and assisted living program advisory council consisting of the following:

574.12 (1) three public members as defined in section 214.02 who shall be ~~either~~ persons who  
 574.13 are currently receiving home care services ~~or,~~ persons who have received home care services  
 574.14 within five years of the application date, persons who have family members receiving home  
 574.15 care services, or persons who have family members who have received home care services  
 574.16 within five years of the application date;

574.17 (2) three Minnesota home care licensees representing basic and comprehensive levels  
 574.18 of licensure who may be a managerial official, an administrator, a supervising registered  
 574.19 nurse, or an unlicensed personnel performing home care tasks;

574.20 (3) one member representing the Minnesota Board of Nursing; and

574.21 (4) one member representing the Office of Ombudsman for Long-Term Care.

574.22 Sec. 66. Minnesota Statutes 2018, section 144A.4799, subdivision 3, is amended to read:

574.23 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide  
 574.24 advice regarding regulations of Department of Health licensed home care providers in this  
 574.25 chapter, including advice on the following:

574.26 (1) community standards for home care practices;

574.27 (2) enforcement of licensing standards and whether certain disciplinary actions are  
 574.28 appropriate;

574.29 (3) ways of distributing information to licensees and consumers of home care;

574.30 (4) training standards;

575.1 (5) identifying emerging issues and opportunities in ~~the home care field, including and~~  
575.2 assisted living;

575.3 (6) identifying the use of technology in home and telehealth capabilities;

575.4 ~~(6)~~ (7) allowable home care licensing modifications and exemptions, including a method  
575.5 for an integrated license with an existing license for rural licensed nursing homes to provide  
575.6 limited home care services in an adjacent independent living apartment building owned by  
575.7 the licensed nursing home; and

575.8 ~~(7)~~ (8) recommendations for studies using the data in section 62U.04, subdivision 4,  
575.9 including but not limited to studies concerning costs related to dementia and chronic disease  
575.10 among an elderly population over 60 and additional long-term care costs, as described in  
575.11 section 62U.10, subdivision 6.

575.12 (b) The advisory council shall perform other duties as directed by the commissioner.

575.13 (c) The advisory council shall annually review the balance of the account in the state  
575.14 government special revenue fund described in section 144A.474, subdivision 11, paragraph  
575.15 (i), and make annual recommendations by January 15 directly to the chairs and ranking  
575.16 minority members of the legislative committees with jurisdiction over health and human  
575.17 services regarding appropriations to the commissioner for the purposes in section 144A.474,  
575.18 subdivision 11, paragraph (i).

575.19 Sec. 67. Minnesota Statutes 2018, section 144A.484, subdivision 1, is amended to read:

575.20 Subdivision 1. **Integrated licensing established.** ~~(a) From January 1, 2014, to June 30,~~  
575.21 ~~2015, the commissioner of health shall enforce the home and community-based services~~  
575.22 ~~standards under chapter 245D for those providers who also have a home care license pursuant~~  
575.23 ~~to this chapter as required under Laws 2013, chapter 108, article 8, section 60, and article~~  
575.24 ~~11, section 31. During this period, the commissioner shall provide technical assistance to~~  
575.25 ~~achieve and maintain compliance with applicable law or rules governing the provision of~~  
575.26 ~~home and community-based services, including complying with the service recipient rights~~  
575.27 ~~notice in subdivision 4, clause (4). If during the survey, the commissioner finds that the~~  
575.28 ~~licensee has failed to achieve compliance with an applicable law or rule under chapter 245D~~  
575.29 ~~and this failure does not imminently endanger the health, safety, or rights of the persons~~  
575.30 ~~served by the program, the commissioner may issue a licensing survey report with~~  
575.31 ~~recommendations for achieving and maintaining compliance.~~

575.32 ~~(b) Beginning July 1, 2015,~~ A home care provider applicant or license holder may apply  
575.33 to the commissioner of health for a home and community-based services designation for

576.1 the provision of basic support services identified under section 245D.03, subdivision 1,  
576.2 paragraph (b). The designation allows the license holder to provide basic support services  
576.3 that would otherwise require licensure under chapter 245D, under the license holder's home  
576.4 care license governed by sections 144A.43 to ~~144A.481~~ 144A.4799.