



Assisted Living Policy Changes

2025 Legislative Updates

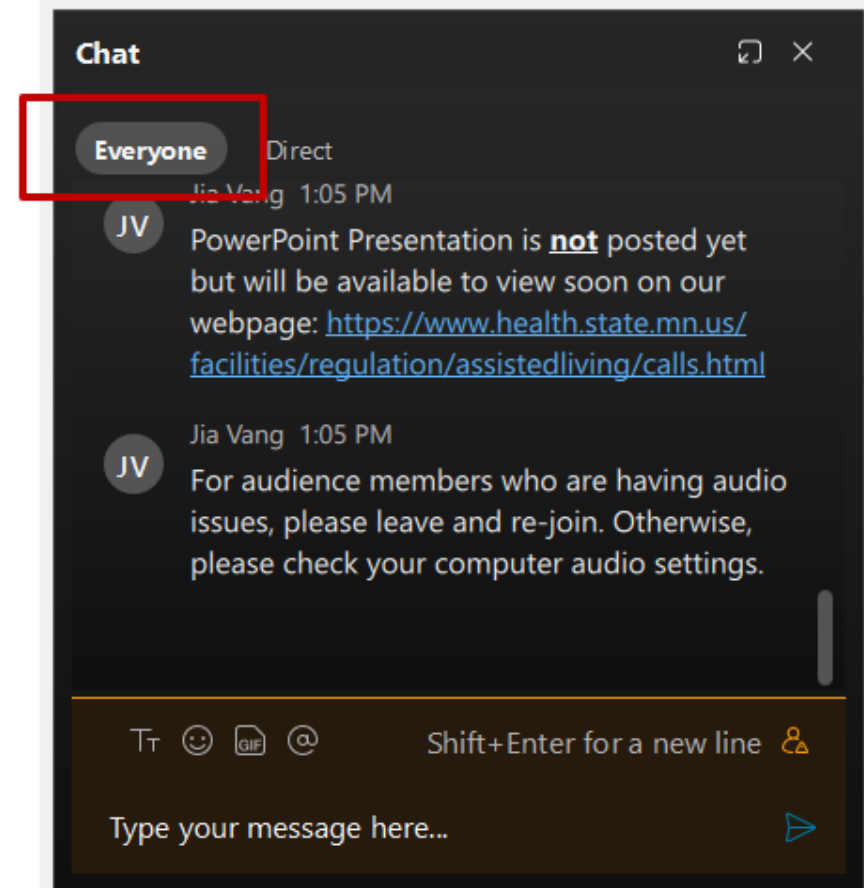
Lindsey Krueger | Assistant Division Director
Daphne Ponds | State Executive Operations Manager

Webex Participants

Participants are muted.

To ask a question, click on the chat bubble to open the chat, select “Everyone”, and ask a question or provide a comment. Messages sent privately may not be addressed due to logistics.

We will answer as many questions as we can at the end of our time today.



2025 Minnesota Legislative Session

- The 2025 Minnesota Legislative Session resulted in several policy changes enacted into law that clarify existing provisions and modify requirements under Minnesota Statutes, chapter 144G, which governs assisted living facilities.
- These changes directly affect the current 144G language.
- Unless otherwise specified, the revised provisions have taken effect **August 1, 2025.**

Minnesota Office of Revisor of Statutes

This Webex highlights the key policy changes impacting assisted living licensees but is not exhaustive and does not include all items passed under budget omnibus bills.

The provisions covered during this presentation are available on the Minnesota Office of Revisor of Statute website.

The Revisor website will not be updated until a later date.

[Human Services Policy Omnibus, Laws 2025, chapter 38](#)

[Health and Human Services Budget Omnibus, Laws 2025, 1st Special Session, chapter 3](#)

[Human Services Budget Omnibus, Laws 2025, 1st Special Session, chapter 9](#)



Licensing & Operations

Director of Record Requirement

Minn. Stat. 144G.10, subd. 1(a)

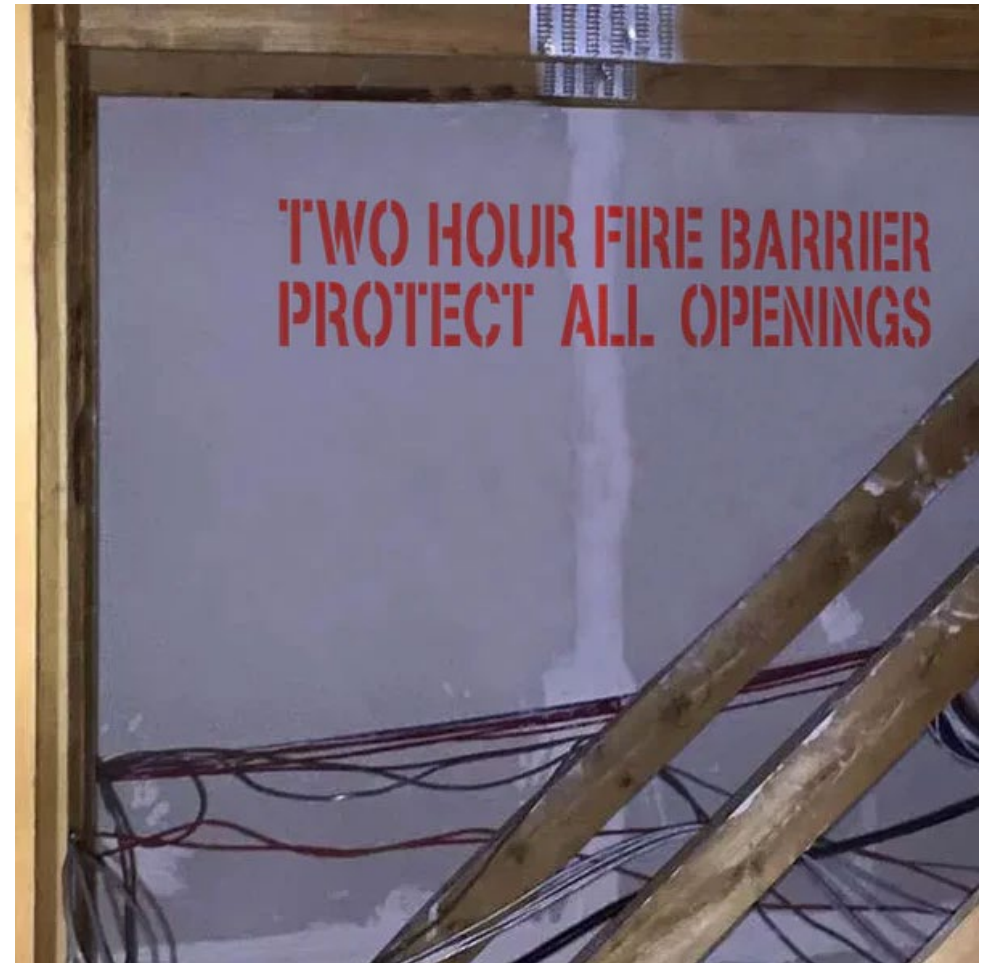
- ✓ Each facility must employ a licensed assisted living director (LALD) **and affiliate that LALD as the director of record** with the Board of Executives of Long Term Services and Supports (BELTSS).
- ✓ Reminder: A licensee must provide notice to the board within **five (5) working days** of any change in employment as an assisted living director. To update the Director of record, a licensee will go into their profile on the online portal.



Licensure Boundaries – 2 hr. Fire Barrier

Minn. Stat. 144G.10, subd. 1(c)

- ✓ Requires at least a vertical two-hour fire barrier between licensed and unlicensed areas of the facility if there is unlicensed space in the assisted living facility building.
- ✓ Requires at least a vertical two-hour fire barrier between different license types in the assisted living facility building.



Provisional License Denial

Minn. Stat. 144G.16, subd. 3(c)

- ✓ If a provisional assisted living license is denied, the owners and/or managers cannot reapply for a new provisional assisted living license for one year after closing the denied assisted living license.



Provisional Assisted Living Licensure Information and Application

General Instructions

This application is for applying for an assisted living license—either a license for an assisted living facility or an assisted living facility with dementia care. No assisted living services shall be provided until the Minnesota Department of Health (MDH) issues a license.

This application contains references to statutory authority and other information. For example, a reference to Minnesota Statutes, chapter 144G.12 could include a broad reference to the entire section (i.e., “144G.12”) or a detailed reference to a part of the section (i.e., 144G.12, subd. 1 refers to all of subdivision 1). A different reference type may include a specific subitem reference such as 144G.12, subd. 1(1). This refers to specific item (1) of subdivision (1). The statute references link to the Office of the Revisor of Statutes website. If you are working from a printed document, you can search for the statutory reference at the Office of the Revisor of Statutes website.

If an applicant provides inaccurate or incomplete information on the application, the commissioner of health may deny, revoke, suspend, restrict or refuse to renew the license or impose conditions according to [Minnesota Statutes, chapter 144G.15 \(https://www.revisor.mn.gov/statutes/cite/144G.15\)](https://www.revisor.mn.gov/statutes/cite/144G.15).



Resident Protections

Arbitration Agreements

Minn. Stat. 144G.51

- ✓ Assisted living facilities cannot require residents to sign binding arbitration agreements as a condition of admission or continued care.



Assisted Living Termination Protections (1/2)

Minn. Stat. 144G.55, subd. 1

- ✓ Assisted living facilities are required to identify other facilities willing and able to meet the resident's service needs to ensure residents have viable alternatives and are involved in the relocation decision.
- ✓ Effective July 1, 2025.



Assisted Living Termination Protections (2/2)

Minn. Stat. 144G.55, subd. 1

- **Metro Area Residents:** At least **three facilities** must be identified, including **one within** the seven-county metro area.
- **Non-Metro Residents:** At least **two facilities** must be identified, and if available, **one within two hours or 120 miles**.
- The facility must document in writing that the resident or their representative has either **consented to move** or **refused the offered options**.

Language Added to Hospice Bill of Rights

Minn. Stat. 144A.751, Subd.1(22)-(24)

Hospice residents have the right to:

- ✓ Have their pain and symptoms managed according to their comfort level, with necessary medications readily available.
- ✓ Revoke hospice care at any time.
- ✓ Receive curative treatment for conditions not related to their hospice-qualifying illness while still under hospice care.





Clinical Care

Registered Nurse Definition

Minn. Stat. 144G.08, subd. 55a

New language added to clarify the meaning of a “Registered nurse” is as defined under the Minnesota Nurse Practice Act in Minn. Stat. 148.171, subd. 20.

Minn. Stat. 148.171, Subd. 20 reads:
"Registered nurse," abbreviated RN, means an individual licensed by the board to practice professional nursing.



Medication Management

Minn. Stat. 144G.71, subd. 5

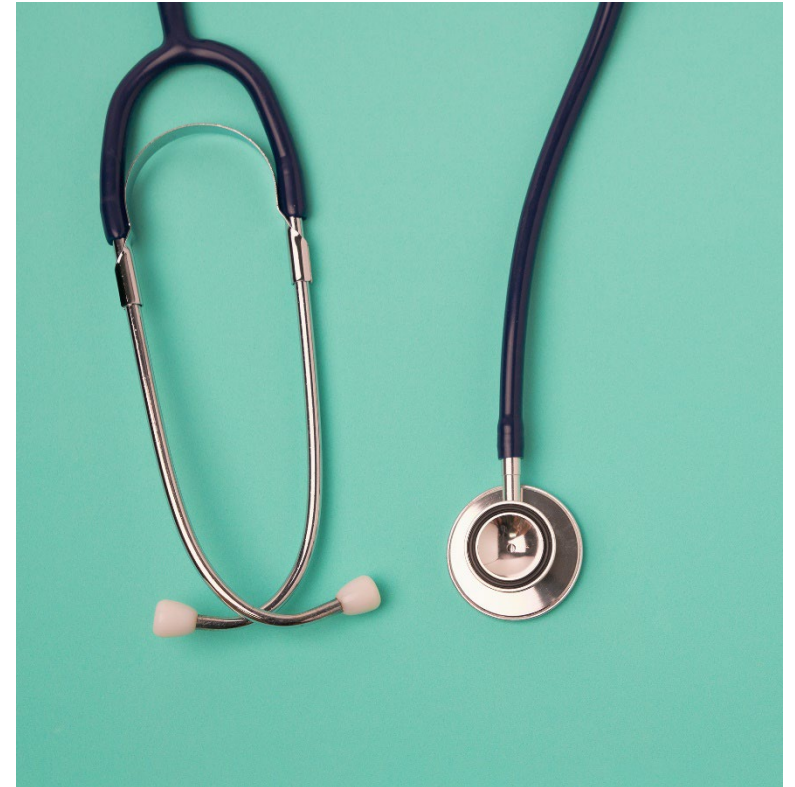
- ✓ Individual medication management services must be provided by a registered nurse (RN), advanced practice registered nurse (APRN), or qualified staff delegated to by an RN.
- ✓ Clarifies who (what staff role) is responsible for medication management services.
- ✓ A written medication management plan must be included in the resident's service plan.



Nursing Reassessments and Monitoring (1/2)

Minn. Stat. 144G.70, subd. 2

- ✓ Does not change the RN/LPN scope of practice and responsibilities with reassessment and monitoring but clarifies the responsibilities of the RN and LPN with reassessment and monitoring of residents.
- ✓ Specific statutory references to the MN Nurse Practice Act (148.171 to 148.285) added to 144G to clarify what reassessment and monitoring components may be completed by an LPN.
- ✓ Clarifies an RN must review the reassessment findings collected by an LPN.



Nursing Reassessments and Monitoring (2/2)

Minn. Stat. 144G.70, subd. 2

Subd. 2. **Initial reviews, assessments, and monitoring.**

~~(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.~~ by a registered nurse:

(1) no more than 14 calendar days after initiation of services;

(2) as needed based on changes in the resident's needs; and

(3) at least every 90 calendar days

(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.



Assessment

RISK

Facility Safety Risk Assessment

Facility Safety Risk Assessment (1/2)

Minn. Stat. 144G.81, subd. 1(1)

- ✓ The statutory language is changed to no longer call the assessment a “hazard vulnerability assessment” but requires a safety risk assessment which helps distinguish this 144G requirement from the Appendix Z hazard vulnerability assessment.
- ✓ ALFDCs must conduct and document a safety risk assessment on and around the property of the facility. Any identified safety risks identified on and around the property must be mitigated to protect residents from harm.
- ✓ The mitigation efforts must be documented in the facility’s records.

Facility Safety Risk Assessment (2/2)

Minn. Stat. 144G.81, subd. 1(1)

Statutory Language Change:

Fire protection and physical environment. An assisted living facility with dementia care ~~that has a secured dementia care unit~~ must meet the requirements of section 144G.45 and the following additional requirements:

(1) ~~a hazard vulnerability~~ an assessment ~~or of safety risk~~ risks must be performed on and around the property. The ~~hazards indicated~~ safety risks identified by the facility on the assessment must be ~~assessed and~~ mitigated to protect the residents from harm. The mitigation efforts must be documented in the facility's records; and



Advocacy

Designated Support Person (1/2)

Minn. Stat. 144G.91, subd. 6(a)-(c)

- ✓ An assisted living facility must allow, at a minimum, one designated support person chosen by the resident to be physically present with the resident at times of the resident's choosing while the resident resides at the facility.
- ✓ “Designated support person” means any person chosen by the resident to provide comfort to the resident, including but not limited to the resident's spouse, partner, family member, or another person related by affinity.
- ✓ **Effective January 1, 2026.**

Designated Support Person (2/2)

Minn. Stat. 144G.91, subd. 6(a)-(c)

A facility may restrict or prohibit the presence of a designated support person if:

- ✓ The designated support person is acting in a violent or threatening manner toward others.
- ✓ Restrict the presence of a resident's designated support person to ensure a designated support person who is not a facility resident is not living at the facility on a short-term or long-term basis.

If the facility restricts or prohibits a resident's designated support person from being present, the resident may file a complaint or inquiry with OOLTC or OOMHDD.



Level 1-5 Changes

Changes to the Definition of Level 1-5 Violations

Minn. Stat. 144G.31, subd. 2

Level 1: Violation that will cause only minimal impact on the resident and does not affect health or safety;

Level 2: Violation that did not harm resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death;

Level 3: Violation that harmed a resident's health or safety,-or a violation that had the potential to cause more than minimal harm to the resident;

Level 4: Violation that harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or death; and

Level 5: Violation that results in serious injury or death.

Monetary Fine Changes (1/2)

Minn. Stat. 144G.31, subd. 4

- ✓ Monetary amounts changed for fines related to issued correction orders. This reflects a fairer fine structure between Levels 2-5 and corrected the issue of some licensing fines being more than substantiated maltreatment fines.
- ✓ **Effective: July 1, 2025**



Monetary Fine Changes (2/2)

Minn. Stat. 144G.31, subd. 4

Level 1 - no fines or enforcement;

Level 2 - a fine of \$500 per violation, in addition to any of the enforcement mechanisms authorized in section 144A.475 ~~for widespread violations~~;

Level 3 - a fine of ~~\$3,000~~ \$1,000 per incident, in addition to any of the enforcement mechanisms authorized in section 144A.475;

Level 4 - a fine of ~~\$5,000~~ \$3,000 per incident, in addition to any of the enforcement mechanisms authorized in section 144A.475;

Level 5 - a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in section 144A.475; and

Home Care and Assisted Living Advisory Council

Minn. Stat. 144A.4799

- ✓ Council membership increased from 13 to 14.
- ✓ A new seat added for a representative from a consumer advocacy organization for long-term care recipients.
- ✓ Updated language related to the four public members on the Council.
- ✓ **Effective July 1, 2025.**

HOME CARE & ASSISTED LIVING

Advisory Council

The Home Care and Assisted Living Advisory Council is authorized in [Minnesota Statutes, section 144A.4799](#). Its purpose is to provide advice to the Home Care and Assisted Living programs in the Health Regulation Division of the Minnesota Department of Health, the regulatory authority for licensed home care and assisted living providers. This includes advice on the following:

- Community standards for home care and assisted living practices
- Enforcement of licensing standards and disciplinary actions
- Distribution of information to providers and consumers
- Training standards
- Emerging issues
- Allowable home care and assisted living licensing modifications and exemptions
- Other duties as directed by the commissioner



More to Come!

More Updates Coming this Fall

Effective January 1, 2026

Assisted living termination:

- ✓ Prohibits termination/nonrenewal of an assisted living contract if the resident changes from private pay to public funds.

Change of ownership & existing AL contracts:

- ✓ New licensee must honor the terms of an assisted living contract in effect at the time of the change of ownership.

Grant program implementation with fine monies:

- ✓ Requires MDH to administer a competitive grant program for initiatives that improve resident quality of care and outcomes in assisted living facilities.

Clearing the Air - Smoking Safety and Assessment in Assisted Living

Thursday, August 28
12:30 p.m.



Thank You!

Questions?

Email: health.assistedliving@state.mn.us