

Meeting minutes Home Care and Assisted Living Program Advisory Council

DATE: SEPTEMBER 22, 2025

Attendance Council members

- Genevieve Gaboriault
- Jarrod Peterson
- Anna Petermeyer
- Brianna Lindell
- Michaun Shetler
- Patricia FitzGibbon
- Chelsea Lorenz
- Dan Stewart
- Megan Leach

Minnesota Department of Health (MDH)

- Daphne Ponds
- Public: Many attendees via conference call (estimate of 123 participants)

Agenda

- Welcome & Housekeeping
- New Council Appointments & Open Vacancies
- 2025 Legislative Changes Related to the Advisory Council
- Request for Proposal Updates & Council Discussion

Welcome

Daphne Ponds, chair to the Advisory Council, welcomed the Council Members. Council Members were unmuted and encouraged to speak freely while public attendees were muted to reduce distractions but were encouraged to place any comments or questions in the chat feature.

New Council Appointments & Open Vacancies

3 new members

- Brainna Wallen Lindell
 - Appointed to Home Care Licensee #1 position. Brainna work for a comprehensive home care licensee and has a background with the Minnesota Home Care Association.
- Chelsea Lorenz
 - Appointed to the County Health and Human Services/ Adult County Protection Position. Chelsea currently works for Dakota County Social Services as a program coordinator, helping low-income adults and adults with disabilities pay for room and board in licensed settings.
- Dan Stewart:
 - Appointed to the Office of Ombudsman for Mental Health and Developmental Disabilities position, replacing Lisa Antony Thomas. Dan has been with the Ombudsman's office for a month and a half and previously worked with Minnesota Disability Policy and Legal Services since 2006.

Open Vacancies

- Public Member (Assisted Living): Karen Webb resigned due to a relocation. The position will be updated on the Secretary of State website to accept applications
- Public Member (Home Care): Applications are under review to make sure applicants meet all qualification. The goal is to have the position fill by early October 2025
 - Q. *Can you explain the process of selection to this position, what are the criteria to ensure the applicant align with statutory criteria and qualifications?*
 - A. The selection process for members of the Home Care and Assisted Living Advisory Council is primarily guided by the statutory criteria outlined in the Minnesota Statutes 144A. The process includes reviewing the applications to ensure applicants meet the specific qualifications defined in the relevant statutes. For example, for the home care licensee position, the statute may suggest qualifications such as being an administrator, managerial official, supervising RN, or unlicensed personnel with delegation responsibilities. However, it's important to note whether the language uses "may" (suggested) or "must" (required). For licensee position(s), it's confirmed that the applicant is indeed a licensee and affiliated with the appropriate type of organization (e.g., comprehensive or basic home care licensee). In the application process, applicants have the option to submit a resume, cover letter, and other supporting documentation for consideration. Applicant(s) may be contacted by selected team for additional questions and clarify background and ensure the

applicant(s) meet the statutory qualifications. Further, there is a partial interview may be conducted to gather more information and assess the candidates' suitability for the role. In addition, the candidate's employment status during the application process is important. If an applicant changes employer(s), they may no longer be eligible. The credentials of the organization will be reviewed to determine the organization is long-term care, specifically home care and assisted living. Therefore, questions will be asked to determine if the organization works with home care and assisted living facilities and whether their work aligns with the statutory definition of the representative.

New vacancy

- *Representative of a consumer advocacy organization representing individuals receiving long-term care from licensed home care providers and assisted living facilities.*
- This position is a result of new legislation and will be added to the Secretary of State website in early October 2025.

2025 Legislative Changes Related to the Advisory Council

Introduced by Jill Freudenwald, HRD Legislative Agency Policy Specialist

See Legislative Changes: <https://www.revisor.mn.gov/laws/2025/1/9/laws.8.3.0#laws.8.3.0>

Slide 10: Change to Minn. Stat. 144A.4799

144A.4799 Home Care and Assisted Living Advisory Council

- Name Change: The council's name is officially changed to the "Home Care and Assisted Living Advisory Council" effective July 1, 2025

Slide 11 and 12: Changes to Minn. Stat. 144A.4799, subd. 1

- Council Membership, increased from 13 to 14 members with changes to the representation of public members. There are now four public members.
- A new position is created for a representative from a consumer advocacy organization focused on long-term care recipients in home care and assisted living.

Slide 13 to 15: Changes to Minn. Stat. 144A. 4799, subd. 3(a) and Minn. Stat. 144A. 4799, subd. 3(c)

- Language change
- The duties were rearranged for clarity, emphasizing developing/implementing projects, improving communications, recruiting/retraining staff, and recommending education programs related to vulnerable adult care.

Competitive Grant Program

- Creates a competitive grant program for a two-year period, for special projects or initiatives for assisted living facilities and these this will be run by the MDH, and people would apply for this grant money with a minimum of \$10,000. The program is effective January 1, 2026. More information to come.
- The Council member had questions as the grant program refer to 144G.31.
 - Q. *What about the 144A home care providers who have paid in? If the language has changed in 144G as the legislation only addresses assisted living licensees. Does this mean Home Care providers who paid in will not be benefit?*
 - A. Home care fines would be separated and not used for assisted living grant. Though, 144G. 31 does not address home care. The money for home care will be separated from the assisted living grant and the Council can still make recommendations on how to utilize the home care fine money for home care providers.
 - Q. *If the two specific groups as stated in the 144G. 31 chapter 9, article 8, section 5 “the balance of the special revenue account as of January 1 must be appropriated for grants within two years. Is it just for assisted living purposes...”?*
 - A. We are still learning and understanding how we are going to create a competitive brand program utilizing these funds. A meeting is scheduled with Health Regulation Division where the assisted living home care programs are housed in MDH. The agency has experts, and the team will learn from and understand more about this competitive grant program. The meeting will include how to set the application up, what forms are needed, criteria, etc.
- Competitive Grant program is effective January 1, 2026. However, there will need to be a clear communication, forms, a plan, and some criteria before anything. In Min. Stat. 144G. 31 under subd 8. Deposit of fines. *“The commissioner may retain up to 10% of the amount available to cover costs to administer the grants under this section”* (e.g., processing, reviewing, making decisions the grant).
- The council member is not responsible for the Competitive Grant; however, any comments or input are welcome. This grant is the Commissioner of Health to tasked with administering these grants and MDH is administering in an equitable way.
 - Q. The fine money will be separated out by assisted living vs. home care. Is that written into the statute? If not, who’s driving this initiative? Why did this come about? Who was unhappy with the process that the language in the statutes is changed? Was it MDH? Was it a particular legislator?
 - A. No, the separate of the money is not written into the statutes. MDH gives technical assistance on all bills if MDH is asked. However, this change is outside stakeholders. The changes to the statutes language are only in Chapter 144G. Based on the language, MDH will only use assisted living money and not be touching the home care.

- *Q. Due to the changes in the language and understanding of the structure. Does this mean assisted living is priority and home care is not?*
- A. This does not change anything for the advisory council wants to work on. MDH has obligation for 144G applications. We've been tasked with administering a competitive grant program for assisted living providers. The Advisory Council will continue to make recommendations to the commissioner, and this does not stop the work advisory council is working on.
- *Q. How and if does this impact the current RFP has already been allocated, so that would be removed from the balance?*
- A. Not effective law until January 1, 2026. We've already done the request for proposal and had the money allocated. Not all have been invoiced by. It's all been allocated and set aside separately, so the money will be utilized to benefit both the home care and assisted living providers through the request for proposal process.
- *Q. Regarding the grant program for special projects, based on the language. The commissioners obligated to review recommendations from the council. However, with these changes about the money or the special accounts through the grant, this includes external sources not just from the council or from the Ddepartment?*
- A. The commissioner's obligation to review recommendations is not limited to just the council's recommendations. The language in the statutes opens it up to other organizations or entities with experience and knowledge of the system and living operations, compliance, etc. In the specific language the statutes refer to "other organizations or entities with experience and knowledge of assisted living operations, compliance". This opens opportunities for licensees, organization that work with assisted living providers, and other entities to apply for the grant money.
- *Q. Will the council have an opportunity to influence or inform those criteria?*
- A. We will learn more and what are the criteria directly from the statutes.
- *Q. Are council member limited to making recommendations?*
- A. At this point for assisted living, yes. However, recommendations could be more related to policy change, directions, and collaboration with other programs/organizations.
- *Q. There are 14 members, what is the breakdown of providers vs. non-providers?*
- A. Even distribution, 7 and 7

Request for Proposal Updates & Council Discussion

The RFP is for creating educational resources (statutory correct forms, training materials, digital toolkit) for home care and assisted living licensees, based on the council's 2024 recommendations. The RFP was awarded to Stratus Health, and the contract was executed on September 10th. Stratus Health will work closely with MDH and the Advisory Council on the initiative.

Kristina Bloomquist from Stratus Health.

Senior Vice President at Stratus Health.

- Introduced the organization, highlighting their work in quality improvement, health equity, close gaps in care for individuals experiencing disparities, and patient safety and environment health in the work and receiving care.
- Stratus Health aim to co-create effective tools and training to improve compliance, improve, and understanding for licensees.

Another member from Stratus Health, Kelly O'Neil

Advisory Council Discussion

- Group discussion on regulatory topics that should be prioritized with the creation of the education materials and what resources applicants and licensees need most.
- Suggestions:
 - Reviewing the top 10 most cited correction orders to identify areas for improvement
 - Surveyors are noticing in new licensees as a gap or barrier on resources and knowledge
 - Addressing the inconsistency of rule interpretation among surveyors
 - Strengthening the partnership and collaboration between providers communities and MDH/surveyors (e.g., collaborate in training, improve quality of services)
 - Assisted Living report card was developed, and a lot of the tags and citations roll up into a rating. An opportunity to develop a better understanding and ensure the tags and citations do not fall within the top ten cited items. Several are related to safety such as physical plan emergency preparedness, fire planning. This continues to be challenging in assisted living settings. Staying consistency and the level of citations is important.
 - Home Care provider would appreciate videos or highlights material for any new rules or changes, and the materials are accessible
 - Determine which violations or issues that have the most significant or serious health safety residents, rights, implications, and then focus on those efforts.

- Surveyors have different level of expertise but need to keep consistent on the method of surveying facilities. Any ways to work collaborative to keep consistency across including surveyors.
 - For example, the statutes in 144A language based on interpretation of the language can lead to misunderstanding or unclear especially in different scenarios
 - Data collection: Providers can complete after survey questionnaires. Providers can submit their feedback on how survey went and what MDH could be to improve or if there were concerns or issues.
- Medicare home care agencies have interpretive guidelines to follow for all Medicare regulations; it's a long doc that gives these guidelines for almost all the regulations in details. It would be great to have something similar to this for 144A and 144G. While we have CMS state operation guidelines for Medicare home care/hospice--- so we might want to be cautious in what we ask for!
- Addressing all applicable laws, not just 144A or 144G as the statutes does not have all the rule including food code, CLIA certificates, building/fire safety etc. requirements. Something to better support in decision making for new providers.
- Focusing on new applicants to clarify the nature of the home care/assisted living business, differentiate MDH vs. DHS requirements, especially clarify the LALD position requirements including resource links, statutes relevant to the position. In addition, develop a clear process as different types of services could be provided within an assisted living facility which might be licensed by MHD but the services being provided are licensed through a different agency (e.g., reimbursement, waivers).

Next Steps

A regular meeting with Stratus health to kick off the project and develop educational materials. These meetings will cover work plan review, topic prioritization, material development, and provide feedback.

- The following Council Members volunteered to participate in the RFP implementations and will work with Stratus Health
 - Anna Petersmeyer
 - Jarrod Peterson
 - Michaun Shelter
 - Chelsea Lorenz

Daphne will send out the 2024 recommendations to council members for review before the December meeting. Council members to consider suggestions for 2025 recommendations during the December 15 meeting.

Next Meeting

December 15 at 1:00 p.m. to 3:00 p.m.

Tentative agenda:

- Advisory council vacancy update
- FY 2025 Home Care and Assisted Living Licensing, Survey, Complaint, and Reconsideration Data
- Home Care and Assisted Living Resources project update
- Annual recommendations to the Commissioner Discussion
 - Prior to the meeting, a prompter will be sent to Council member along with 2024 recommendations to review before the December meeting. Council members to consider suggestions for 2025 recommendations and start a draft for December 15.
 - Some of the 2024 recommendations related to IAPP and TB are worked on by Planning and Partnership, Collaborative Systems Change. For 2025 recommendations could be added to, policy changes

Questions

Advisory Council questions:

Email Daphne Ponds at Daphne.Ponds@state.mn.us

Home Care questions:

Email: health.homecare@state.mn.us

Assisted Living questions:

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To obtain this information in a different format, call: 651-201-4200.