

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION

S.F. No. 2140

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DATE	D-PG	OFFICIAL STATUS
03/03/2014	5917	Introduction and first reading Referred to Health, Human Services and Housing
03/19/2014	6387	Author added Nelson
03/20/2014	6392a	Comm report: To pass as amended and re-refer to Finance
	6413	Author added Franzen

1.1 A bill for an act
 1.2 relating to health; requiring training for housing with services establishments;
 1.3 requiring training on Alzheimer's disease for all long-term care facilities;
 1.4 amending Minnesota Statutes 2012, section 144D.065; proposing coding for new
 1.5 law in Minnesota Statutes, chapter 144D.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2012, section 144D.065, is amended to read:

1.8 **144D.065 TRAINING IN DEMENTIA CARE REQUIRED.**

1.9 (a) If a housing with services establishment registered under this chapter has a
 1.10 special program or special care unit for residents with Alzheimer's disease or other
 1.11 dementias or advertises, markets, or otherwise promotes the establishment as providing
 1.12 services for persons with Alzheimer's disease or ~~related disorders~~ other dementias, whether
 1.13 in a segregated or general unit, the establishment's direct care staff and their supervisors
 1.14 must be trained in dementia care employees of the establishment and of the establishment's
 1.15 arranged home care provider must meet the following training requirements:

1.16 (1) supervisors of direct-care staff must have at least eight hours of initial training on
 1.17 topics specified under paragraph (b) within 120 hours of the employment start date, and
 1.18 must have at least two hours of training on topics related to dementia care for each 12
 1.19 months of employment thereafter;

1.20 (2) direct-care employees must have completed at least eight hours of initial training
 1.21 on topics specified under paragraph (b) within 160 hours of the employment start date.
 1.22 Until this initial training is complete, an employee must not provide direct care unless
 1.23 there is another employee on site who has completed the initial eight hours of training on
 1.24 topics related to dementia care and who can act as a resource and assist if issues arise. A

2.1 trainer of the requirements under paragraph (b), or a supervisor meeting the requirements
2.2 in clause (1) must be available for consultation with the new employee until the training
2.3 requirement is complete. Direct-care employees must have at least two hours of training
2.4 on topics related to dementia for each 12 months of employment thereafter;

2.5 (3) staff who do not provide direct care, including maintenance, housekeeping and
2.6 food service staff must have at least four hours of initial training on topics specified under
2.7 paragraph (b) within 160 hours of the employment start date, and must have at least two
2.8 hours of training on topics related to dementia care for each 12 months of employment
2.9 thereafter; and

2.10 (4) new employees may satisfy the initial training requirements by producing written
2.11 proof of previously completed required training within the past 18 months.

2.12 (b) Areas of required training include:

2.13 (1) an explanation of Alzheimer's disease and related disorders;

2.14 (2) assistance with activities of daily living;

2.15 (3) problem solving with challenging behaviors; and

2.16 (4) communication skills.

2.17 (c) The establishment shall provide to consumers in written or electronic form a
2.18 description of the training program, the categories of employees trained, the frequency
2.19 of training, and the basic topics covered. This information satisfies the disclosure
2.20 requirements of section 325F.72, subdivision 2, clause (4).

2.21 (d) Housing with services establishments not included in paragraph (a) that provide
2.22 assisted living services under chapter 144G must meet the following training requirements:

2.23 (1) supervisors of direct-care staff must have at least four hours of initial training on
2.24 topics specified under paragraph (b) within 120 hours of the employment start date, and
2.25 must have at least two hours of training on topics related to dementia care for each 12
2.26 months of employment thereafter;

2.27 (2) direct-care employees must have completed at least four hours of initial training
2.28 on topics specified under paragraph (b) within 160 hours of the employment start date.

2.29 Until this initial training is complete, an employee must not provide direct care unless there
2.30 is another employee on site who has completed the initial four hours of training on topics
2.31 related to dementia care and who can act as a resource and assist if issues arise. A trainer
2.32 of the requirements under paragraph (b), or supervisor meeting the requirements under
2.33 paragraph (a), clause (1), must be available for consultation with the new employee until
2.34 the training requirement is complete. Direct-care employees must have at least two hours
2.35 of training on topics related to dementia for each 12 months of employment thereafter;

3.1 (3) staff who do not provide direct care, including maintenance, housekeeping and
3.2 food service staff must have at least four hours of initial training on topics specified under
3.3 paragraph (b) within 160 hours of the employment start date, and must have at least two
3.4 hours of training on topics related to dementia care for each 12 months of employment
3.5 thereafter; and

3.6 (4) new employees may satisfy the initial training requirements by producing written
3.7 proof of previously completed required training within the past 18 months.

3.8 **EFFECTIVE DATE.** This section is effective January 1, 2016.

3.9 Sec. 2. **[144D.10] MANAGER REQUIREMENTS.**

3.10 (a) The person primarily responsible for oversight and management of a housing
3.11 with services establishment, as designated by the owner of the housing with services
3.12 establishment, must obtain at least 30 hours of continuing education every two years of
3.13 employment as the manager in topics relevant to the operations of the housing with services
3.14 establishment and the needs of its tenants. Continuing education earned to maintain a
3.15 professional license, such as nursing home administrator license, nursing license, social
3.16 worker license, and real estate license, can be used to complete this requirement.

3.17 (b) For managers of establishments identified in section 325F.72, this continuing
3.18 education must include at least eight hours of documented training on the topics identified
3.19 in section 144D.065, subdivision 1, paragraph (b), within 160 hours of hire, and two hours
3.20 of training on these topics for each 12 months of employment thereafter.

3.21 (c) For managers of establishments not covered by section 325F.72, but who provide
3.22 assisted living services under chapter 144G, this continuing education must include at
3.23 least four hours of documented training on the topics identified in section 144D.065,
3.24 subdivision 1, paragraph (b), within 160 hours of hire, and two hours of training on these
3.25 topics for each 12 months of employment thereafter.

3.26 (d) A statement verifying compliance with the continuing education requirement
3.27 must be included in the housing with services establishment's annual registration to the
3.28 commissioner of health. The establishment must maintain records for at least three years
3.29 demonstrating that the person primarily responsible for oversight and management of the
3.30 establishment has attended educational programs as required by this section.

3.31 (e) New managers may satisfy the initial dementia training requirements by producing
3.32 written proof of previously completed required training within the past 18 months.

3.33 **EFFECTIVE DATE.** This section is effective January 1, 2016.

4.1 Sec. 3. [144D.11] EMERGENCY PLANNING.

4.2 (a) Each registered housing with services establishment must meet the following
4.3 requirements:

4.4 (1) have a written emergency disaster plan that contains a plan for evacuation,
4.5 addresses elements of sheltering in-place, identifies temporary relocation sites, and details
4.6 staff assignments in the event of a disaster or an emergency;

4.7 (2) post an emergency disaster plan prominently;

4.8 (3) provide building emergency exit diagrams to all tenants upon signing a lease;

4.9 (4) post emergency exit diagrams on each floor; and

4.10 (5) have a written policy and procedure regarding missing tenants.

4.11 (b) Each registered housing with services establishment must provide emergency
4.12 and disaster training to all staff within 30 days of hire and annually thereafter and must
4.13 make emergency and disaster training available to all tenants annually.

4.14 (c) Each registered housing with services location must conduct and document a fire
4.15 drill or other emergency drill at least every six months. To the extent possible, drills must
4.16 be coordinated with local fire departments or other community emergency resources.

4.17 **EFFECTIVE DATE.** This section is effective January 1, 2016.

4.18 Sec. 4. EVALUATION AND REPORTING REQUIREMENTS.

4.19 (a) The commissioner of health shall consult with the Alzheimer's Association,
4.20 Aging Services of Minnesota, Care Providers of Minnesota, the ombudsman for long term
4.21 care, and other stakeholders to evaluate the following:

4.22 (1) whether additional settings, provider types, licensed and unlicensed personnel, or
4.23 health care services regulated by the commissioner should be required to comply with the
4.24 training requirements in Minnesota Statutes, sections 144D.065, 144D.10, and 144D.11;

4.25 (2) cost implications for the groups or individuals identified in clause (1) to comply
4.26 with the training requirements;

4.27 (3) dementia education options available;

4.28 (4) existing dementia training mandates under federal and state statutes and rules; and

4.29 (5) the enforceability of Minnesota Statutes, sections 144D.065, 144D.10, and
4.30 144D.11, and methods to determine compliance with the training requirements.

4.31 (b) The commissioner shall report the evaluation to the chairs of the health and
4.32 human services committees of the legislature no later than February 15, 2015, along with
4.33 any recommendations for legislative changes.