

# Meeting minutes Home Care and Assisted Living Program Advisory Council

**DATE: DECEMBER 15, 2025**

## **Attendance Council members**

- Genevieve Gaboriault
- Jarrod Peterson
- Anna Petermeyer
- Brianna Lindell
- Michaun Shetler
- Patricia FitzGibbon
- Dan Stewart
- Megan Leach
- Jacob Gayle
- Samiira Isse

## **Minnesota Department of Health (MDH)**

- Daphne Ponds
- Public: Many attendees via conference call (estimate of 281 participants)

## **Agenda**

- Welcome & Housekeeping
- New Council Appointments & Open Vacancies
- Fiscal year 2025 data trends
- Home Care and Assisted Living Resources Project Update
- 2025 Annual Council Recommendations Discussion
- Proposed 2026 Meeting dates

## **Welcome**

Daphne Ponds, chair to the Advisory Council, welcomed the Council Members and gave general instructions to the public about use of the Webex chat function to make comments.

## **New Council Appointments & Open Vacancies**

There are currently 14 council positions, increased from 13 to 14 on July 1<sup>st</sup>, 2025.

### **Three positions are open:**

- Public member (who is a person who has or had a family member in an assisted living). Applications are under review.
- Person either currently receiving Home Care services or has received these services in the past. Applications are under review.
  - Note: Typically, we review applications that was submitted by the person that submitted to the Minnesota Secretary of State website. In addition, we review to make sure the information submitted aligns with the position and there may be additional information for clarification or questions for the applicant.
- One representative of consumer advocacy organization representing individuals receiving long-term care from licensed home care providers or assisted living facilities. Recommendation going to the commissioner for appointment.
  - Note: This is a new position that was currently added.
  - Q: Can you remind us of the council members and those of our public members who are participating in the meeting. What constitutes a conflict of interest with these recommendations. If any, what's reviewed to ensure that there isn't one in particular?
  - R: One of what is reviewed is the qualifications and determined based on statutory requirements for each position. For example, given of a public member position requiring lived experience of having a family member in assisted living. Conflict of interest depends on what the position is. Affiliations with consumer advocacy groups are reviewed to ensure relevance to long-term care. Fiduciary duties and financial connections are considered as applicants can submit cover letters, resumes, and supplementary information as additional questions are asked if information is insufficient.
  - Q: If and when someone is announced, if there are any issues with a conflict of interest or any concerns that we should bring as council members, should we bring those to your attention?
  - R: Yes, if we believe someone has a conflict or doesn't fit a position description or qualification and statute, then yes. Certainly, bring those to Daphne and the information will be reviewed in consultation with our council to discern what the issue is. In addition, it depends on what specific issue that may be brought forward.

## Data Trends: Home Care 144A Basic & Comprehensive

- A set of data points has been compiled to provide an overview of trends related to surveys, complaints, investigations, reconsiderations, and licensing.
- Data varies by program area including home care and assisted living, as different datasets were prepared from various internal presentations.
- Some assisted living data may appear familiar to those who attended the November quarterly assisted living meeting, as select information has been incorporated to ensure consistency and to support council members who were unable to join the quarterly meeting.
- These data points are being shared as the calendar year concludes, offering a timely review of current trends.
- Most information reflects fiscal year data, aligned with the state fiscal year cycle of July 1 through June 30.

## FY 2025 Home Care Data Trends: 144A Basic and Comprehensive Home Care

### Home Care Active Licenses slide 9

FY 25 Basic, 14, comprehensive with significant increase in Temporary Basic (130) and Temporary Comprehensive (167) licenses.

Q: These licenses holders, do you have a sense for what regions they serve? The information would be helpful to understand where the shortage is.

R: We do not have that specific data point readily available regarding the origin of applications by county, city, or other geographic areas. To obtain this information, we would need to follow up with our licensing department.

### Investigations slide 11

- Breakdown of maltreatment investigations and compliance-only investigations.
- Most investigations in FY 25 were related to comprehensive licenses and maltreatment.
- Home care investigations are categorized into two primary types: maltreatment investigations and compliance-only investigations
- Maltreatment investigations conducted under the Vulnerable Adult Act. Initiated when allegations of suspected maltreatment involving an identified vulnerable adult are reported.

- Reports are received through the Minnesota Adult Abuse Reporting Center (MAARC) , the designated intake system for vulnerable adult allegations. Investigations focus on determining whether abuse, neglect, or financial exploitation occurred.
- Compliance-Only investigations are initiated when concerns relate solely to licensing compliance and do not involve an identified vulnerable adult. These reports do not come through MAARC; they are submitted through a general licensing complaint channel.
- Issues typically involve
  - Staffing concerns
  - Training or competency gaps
  - Policy or procedural deficiencies
  - Systemic operational issues

Q: Based on the complaints that are received how many of them are general and actually initiate a complete investigation?

R: I don't have that information today. I can take a look at this more specifically.

### **Surveys slide 12**

During the fiscal years under review, survey numbers reflect both external circumstances and regulatory changes. The data includes Basic, Comprehensive, and Temporary Comprehensive each showing distinct trends depending on the period.

Fiscal Year 2021, which covered the summer and fall of 2020 through the winter and spring of 2021, was marked by the COVID-19 pandemic. This was also prior to the implementation of assisted living licensure. During this time, there was a significant increase in Temporary Comprehensive licenses. Providers were required to complete Temporary Comprehensive home care surveys and transition to fully licensed Comprehensive Home Care status before they could convert. This led to a substantial ramp up in survey activity prior to the August 1, 2021, conversion deadline.

Following the implementation of assisted living licensure, the number of Temporary Comprehensive surveys decreased as many providers had already converted, and survey activity "routine survey" reviews of Comprehensive home Care and Basic licenses. Fiscal Year 2022 reflects this transition, with survey efforts focused on maintaining compliance and supporting the new licensure.

This year after assisted living licensure was implemented, approximately 285 surveys were conducted. As the calendar year concludes, the numbers indicate that survey activity remains aligned with the three-year cycle requirement. Fully licensed Comprehensive providers along with Basic licenses are on track to meet the mandate that every licenses undergo a survey every three years.

## **Data Trends: Assisted Living 144G Licensees**

### **Licensing Numbers- slide 17**

- Data on active licensees by the end of the calendar year or fiscal year. The breakdown by licensed resident capacity (5 or less, 6 to 16, 17 or more).

#### **Relocation Applications- slide 18**

- MDH received 19 applications for relocation as licensees with 5 or fewer residents and meet certain statutory criteria can relocate their license to a new physical location without closing their license.
- 18 for ALF and 1 for ALFDC license

#### **Surveys Completed- Slide 19**

- 1145 total assisted living surveys completed in the fiscal year with the breakdown of routine surveys, change of ownership surveys, and provisional surveys. The routine surveys mean fully licensed and are on our two-year rotation schedule. Assisted livings are required to have a survey every two years under 144G.

#### **Reconsideration Requests**

- Breakdown of appeal types (correction orders, maltreatment, license denials, late renewal fees). Most appeals are initiated by the facility.
  - Q: As a provider we are mandated reporters, so we report lots of things. Of the many complaints that are received, how many of them just in general are actually initiate a complaint investigation?
  - R: There is no specific data point available today. We will need to gather information related to home care including the breakdown of facility-initiated and family-initiated cases. A closer review of this detail was not possible prior to this presentation, but it can be obtained through further analysis for future presentation.

## **Home Care & Assisted Living Resources Project (RFP) Update**

Slide 30-32

- Recap of the project's goals: statutorily correct forms and training materials, a digital toolkit and joint training.
- Contract awarded to Stratis Health as Stratis Health is refining the project work plan and reviewing data and resources.
- Outreach calls with providers and consumer organizations are ongoing.
- Preliminary outreach calls identified themes; licensure pathways, business aspects of licensing, interpreting regulations, and cultural awareness.
- Guidance documents and the digital toolkit are projected to be completed by early summer with training to follow

## **2025 Recommendations Discussion**

## Slide 34 &35

- Statutory requirements for council recommendations were reviewed.
- A review of the 2024 recommendations and their status was presented (largely addressed through the RFP).

## 2024 Council Recommendation recap

- Council-led task force to create optional online content
  - Not necessarily council led but that online content is being created through the REP to address the creation of educational resources.
- Proactive approach strategies to connect providers
  - Tabled in part because the RFP is creating resources to give to providers and help with compliance. External education is being addressed.
- TB testing and results for staff:
  - Addressed in other ways the Health Regulation Division's Planning and Partnership has presented on TB initiatives. New legislation addressed portability of training, and new TB resources were created through the Collaborative Safety Initiative
  - TB resources: [Health Regulation Division: Collaborative Systems Change - MN Dept. of Health](#)
- Eliminating duplicative non-facility specific training for CNAs or TMAs:
  - TMA rules are in the rulemaking process. Suggestions and updates to the TMA rules are possible while the rulemaking process is ongoing.

## Council Discussion

What recommendations would the Council want to make to the Commissioner regarding 144A home care and 144G assisted living issues? For example, anything from policy concerns, education, and training tools.

### Eliminating Duplicative Training and Clarifying Portability

- Pushing forward with eliminating duplicative training wherever possible to seek more clarification on portability of training.
- Building on improvements with TB training portability but seeking a broader application by focusing on non-facility-based training.
- Addressing issues providers face onboarding and getting staff ready to aim for portability of general training, even if only for a defined period.
  - Clarification: This is specifically for non-employer specific items.

- Example: Hand washing, Bill of Rights, onboarding type of items that is universal. There is a lot of duplicity in 144A.4796 Orientation and Annual Training Requirements.
  - Note: Distinction that legislation passed regarding assisted living with 144G regarding some portability, but nothing changed or was added in 144A for portability.

### **Addressing Medication Management Issues/ Prescription tag**

- Medication issues are upsetting to residents (delayed, wrong, not on site).
- Medication was in the top 10 for home care and top 20 for assisted living.
- Request to drill down more into medication issues in a future meeting.
- Medication management challenges as it is a struggle for providers due to low reimbursement and high risk. There's a need to learn more about the prescription tag and how to address it from both a provider and client perspective
- The prescription tag is not solely about medication administration but issues such as expired medications, and medications that have not been labeled appropriately.
- Exploring how to ensure the right complaints are made, provide guidance, and reduce tags for medication.
- Understanding the reasons for non-compliance and potential steps to take.

### **Expanding Proactive Outreach to the General Public and Family Members**

- Expanding the last recommendation from 2024 to include the general public and family members.
- Enhancing public awareness and education of assisted living and home care services by engaging the public to build trust.
- Addressing misinformation and lack of knowledge about services.
- Potentially using funds to do an awareness or education campaign to consider town halls or a dedicated website with streamline information to be beneficial and valuable.
  - Q: Do you have thoughts or other members have thoughts, how we might engage or how the council would see that would be good engagement with the public and family members?
  - R: Exploring multi-channel communication avenues by building a public awareness campaign. Many of the providers in the state and home care providers as well as assisted living providers offer a great service and there is a lot of misinformation and unknowns about what we do. The council no longer can make recommendations about how the fines are but great benefit to the seniors and their family members of the state to possibly use some of those funds to do an awareness campaign or an education campaign and do that through town halls or a dedicated website.

- As a council member, it may be helpful to know more about if there was some sort of education campaign about all of the ways that you can age in place move into home care, move into assisted living, or nursing home care. This type of education would be beneficial for long-term care continuum. No matter where you are, you still have choices, and it should be person centered care.

### **Tiered Guidance for Smaller vs. Larger Providers**

- Proposing ideas about distinguishing what to focus on for smaller providers as opposed to larger providers. Acknowledge that larger providers have specific challenges and smaller providers have different but equally unique challenges. Considering recommendations of what to be aware of or what challenges may be faced as a small or large provider by considering different challenges residents face depending on the size of the setting.
- Suggesting some kind of tiered, differing guidance, or focus from MDH on what to do for larger providers vs. smaller providers in terms of compliance.
  - Clarification: Would you see that being largely legislative changes? The majority of the statute applies to all providers regardless of size or resident or licensed resident capacity. Do you have anything more specific as far as you would see that as a legislative change?
  - R: From the legislative aspect, may bring difficulty. As far as recommendations “what to be aware of or what challenges” may go through as a small provider or may go through as a larger provider because the residents themselves have face different challenges depending on if they’re in a larger or smaller setting.
- For example: Fire drills, same requirements apply for smaller facilities and larger facilities. Two fire drills per shift per year. What ends up happening is that makes perfect sense for a facility that has 30 to 50 people but if the majority of licensees are at least in assisted living. It may take away the important things, single family home licenses as a facility to constantly be doing fire drills.
  - Recommends examining the most frequent violations prioritizing those areas and any discussions about efficiency and streamlining. This will ensure universal health and safety standards
- Considering reviewing where does size matter as far as what we need to do, and do we need to make adjustments based on that size? However, considering resident advocates, the concern is always that people should have the same rights, the same access, same safety, and same choices NO matter what. Certainly, this discussion can be discussed further.

### **Addressing Paper Compliance Issues**

- Focusing on paper compliance vs. actual resident care concerns or safety issues.
- Streamlining processes to allow staff to focus on resident care rather than paperwork.
- Reducing administrative tasks that have little effect on improvement.

### **Addressing Rising Costs and Educating Consumers**

- Legislative and regulatory changes have increased provider costs (staffing, assessments, physical requirements, licensing fees).
- Waiver programs may not reflect these increased costs.
- The need to educate consumers about:
  - Why rates are rising.
  - How regulatory changes impact provider expenses.
  - The shift from a social model to a more medical model in assisted living

Suggestion: Having DHS present to the council on the system breakdown and cost providers from a citation standpoint.

- Addressing concerns about providers being cited when someone is not listed on the roster, even if they are recently somehow they aren't anymore.
- Seeking updates on potential improvements.

### **TB Testing & Portability**

- Continued support for extending TB test portability from 90 days to 12 months.
- An alignment with cooperative systems changes and beneficial for reducing paper-compliance citations. This would allow employees to maintain their TB documentation more effectively and reduce repetitive testing.

### **Coordinated Care & UDALSA improvements**

- Coordinating care remains challenging in both assisted living and home care, especially when residents choose services from multiple providers. The need for better consumer education about:
  - Differences between care settings
  - What services can be expected
  - Importance of coordinated care
- Opportunity to update or clarify the UDALSA
  - Ensure consumers understand its intended purpose (a decision-support tool, not a comprehensive service list).
  - Address concerns about misuse during terminations.
  - Improve clarity and usability

### **Bedrails & Side rails**

- Bed and side rails continue to pose safety risks.

- Concerns that recommendations for these devices often originate in hospitals or therapy settings without full understanding of risks.
- The need for community-wide education (not solely provider-focused) on:
  - Risks and benefits
  - Appropriate use
  - Alternatives
- Suggestion to leverage existing systems (e.g., Senior Linkage Line, now known as Minnesota Aging Pathways, resources) more effectively. We have many different systems already in place, are they really effective? How can we collaborate with them together and really make sure that the dollars that are being spent there are actually being used effectively and are getting an outcome?

**Current project with Stratis Health as part of the 2024 recommendations.**

We are in the process of developing guidance documents by compiling relevant information and organizing it according to specific areas of focus. For home care, these materials will be directed to licensed providers and others with an interest in home care topics. Similarly, documents related to assisted living will be shared with applicable licenses and providers who have volunteered to provide input. The intent is to present these draft materials for review, allowing you (providers and licensees) to offer comments, feedback, and suggestions. This collaborative process will help identify any missing elements and ensure the guidance documents are comprehensive, clear, and useful for the intended audience.

## Next Steps

- Draft recommendations will be compiled based on advisory council discussions and sent to members for review. To ensure its accurately reflecting what was discussed today.
- A survey poll was previously sent to advisory council members to prioritize areas of focus. Similarly, today's discussion will be summarized and sent to the Advisory Council for input with a focus on prioritization.
- The goal is to approve final recommendations at the next advisory council meeting in March, but additional meetings can be scheduled if needed.

## Proposed Next Meeting 2026

March 16

June 15

September 21

December 14

## Questions

Advisory Council questions:

Email Daphne Ponds at [Daphne.Ponds@state.mn.us](mailto:Daphne.Ponds@state.mn.us)

Home Care questions:

Email: [health.homecare@state.mn.us](mailto:health.homecare@state.mn.us)

Assisted Living questions:

Email: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)

Minnesota Department of Health  
Health Regulation Division  
PO Box 3879  
St. Paul, MN 55101-3879  
651-201-4200  
[health.homecare@state.mn.us](mailto:health.homecare@state.mn.us)  
[health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

12/15/2025

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