

# Closure Form

## ASSISTED LIVING PROVIDERS

### How to Complete a Proposed Closure Plan

Use this form as a guide to complete the proposed closure plan and to notify the Minnesota Department of Health of the closure. **Submit this completed form along with the proposed closure plan and proposed notice to residents** to [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us). You may also reference the [AL Closure Plan Provider Checklist \(http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/closurelist.pdf\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/closurelist.pdf) for a comprehensive list of elements required of the closure plan.

The commissioner will acknowledge receipt of the facility's proposed closure plan in writing within 14 calendar days. The commissioner will then make a determination regarding the closure plan and notify the facility in writing within 45 calendar days.

At the same time that the facility submits the closure plan to MDH, the assisted living facility is also responsible for submitting a copy of the closure form, proposed closure plan and the proposed notice to residents to the Office of the Ombudsman for Long-Term Care at [ALnotices.OOLTC@state.mn.us](mailto:ALnotices.OOLTC@state.mn.us) and to the Office of Ombudsman for Mental Health and Developmental Disabilities at [AL.Closure.OMHDD@state.mn.us](mailto:AL.Closure.OMHDD@state.mn.us).

Before completing this form, please read the following statutes and rule to understand the requirements for closing a license and discontinuing assisted living services to residents:

- [Minn. Stat. 144G.57 \(www.revisor.mn.gov/statutes/cite/144G.57\)](http://www.revisor.mn.gov/statutes/cite/144G.57)
- [Minn. Rule 4659.0130 \(www.revisor.mn.gov/rules/4659.0130/\)](http://www.revisor.mn.gov/rules/4659.0130/)

Failure to comply with the legal requirements for a planned closure may result in a fine or other administrative penalties.

### Required Documentation

If an assisted living facility elects to voluntarily close, the facility must simultaneously notify the Department of Health commissioner, the Office of the Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities in writing by submitting:

- A completed copy of this closure form,
- a proposed closure plan; and
- a proposed closure notice to residents.

The proposed closure plan and proposed notice to residents are subject to the commissioner's review and approval, and the facility may not take any action to close the facility prior to the commissioner's approval of the plan.

### New Admissions and Notifying Residents

A facility may not accept new residents or enter into new assisted living contracts with any new residents once the facility submits the closure form to the Minnesota Department of Health.

**The facility may NOT notify residents or staff of the proposed closure or relocate residents until the commissioner has approved the proposed closure plan.**

After the commissioner has approved the facility’s proposed closure plan and proposed notice to residents, the facility must give the approved notice to all residents, designated representatives, legal representatives, and resident case managers. This notice must be provided to residents and other required parties at least **60 calendar days** before the facility closes, except in the event of an emergency closure. An emergency closure may only occur if the commissioner deems that the facility can no longer remain open. In the event the commissioner determines a closure must occur with less than 60 calendar days' notice, the facility shall provide notice to residents as soon as practicable or as directed by the commissioner.

The facility must implement the closure plan approved by the commissioner and ensure that arrangements for relocation and continued care that meet each resident’s social, emotional, and health needs are effectuated prior to closure.

## Closing License Information

Licensee’s Legal Name: \_\_\_\_\_

Licensee’s Doing Business As (DBA) Name: \_\_\_\_\_

Health Facility ID (HFID – 5 digit #): \_\_\_\_\_

Tax FEIN for Licensee: \_\_\_\_\_

Licensed Assisted Living Director: \_\_\_\_\_

Permanent Business Email: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Agent Name: \_\_\_\_\_

Authorized Agent Email Address: \_\_\_\_\_

Name and Contact Information for a facility staff person who is responsible for managing the facility during the closure process: \_\_\_\_\_

Number of residents the facility is *currently* providing housing and/or services for: \_\_\_\_\_

*Proposed* Effective Date of Closure: \_\_\_\_\_

If Proposed Date of Closure would provide less than 60 days’ notice to residents, state reason(s) that facility cannot remain open for at least 60 days: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reason for closure (check all that apply):

- Not currently providing housing or assisted living services to any residents
- Staffing issues
- Low reimbursement rates. If so, what type of reimbursement are you receiving: \_\_\_\_\_  
\_\_\_\_\_
- Other, explain: \_\_\_\_\_  
\_\_\_\_\_

### Forwarding information for facility when closing a license:

Forwarding Street Address: \_\_\_\_\_

Forwarding City, State, & Zip: \_\_\_\_\_

Forwarding Phone Number: \_\_\_\_\_

Forwarding Email Address: \_\_\_\_\_

### Proposed Closure Plan – Required Contents

The proposed closure plan must be in writing and include the following information. You may also reference the [AL Closure Plan Provider Checklist](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/closurelist.pdf) (<http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/closurelist.pdf>) for a comprehensive list of elements required of the closure plan.

### Resident Information

- A comprehensive list identifying each resident that will be relocated;
- A description of each resident’s current level of care, whether the resident receives services from the facility or an outside service provider, and any special needs or medical conditions of the resident;
- The resident’s payment source and, if applicable, medical assistance identification number and managed care provider;
- Contact information of resident’s legal representative, designated representative, and case manager, if applicable;
- The names and contact information for those residents who do not have a representative or case manager but who the facility has reason to believe may have diminished cognitive capacity; and
- Identification of at least two safe and appropriate housing providers for each resident, and, for each residents receiving services, appropriate service providers that are in reasonably close geographic proximity to the facility and may be able to accept a resident.

### Relocation Timetable and Process

- The roles and responsibilities of the licensee, licensed assisted living director, and any temporary managers or monitors during the closure process and their contact information;
- The procedures and actions the facility will implement to notify residents of the closure; and
- The steps the facility will take to will facilitate resident relocations.

## Policies and Procedures for Ongoing Operations During Closure

Description of the procedures and actions the facility will implement to maintain compliance with the closure statutes and rules until all residents have relocated, including policies to ensure:

- Payment of all operating expenses;
- Staffing and resources to continue providing services, medications, treatments, and supplies to meet each resident's needs, as ordered by the resident's physician or practitioner, until closure;
- Residents' meals, medications, and treatments are not disrupted during the closure process;
- Transportation of residents during discharge and transfer;
- Residents' telephone, Internet services, and any electronic monitoring equipment are transferred and reconnected;
- Residents' personal funds are accounted for, maintained, and reported to the resident and resident's representatives during the closure process, and that the facility complies with final accountings and returns under [Minn. Stat. 144G.42 Subd. 5 \(www.revisor.mn.gov/statutes/cite/144G.42\)](http://www.revisor.mn.gov/statutes/cite/144G.42);
- All residents receive appropriate termination planning under [Minn. Stat. 144G.55 \(www.revisor.mn.gov/statutes/cite/144G.55\)](http://www.revisor.mn.gov/statutes/cite/144G.55), including how the facility will assess the needs and preferences of individual residents; and
- Residents' belongings are labeled and kept safe, and residents are given contact information for retrieving missing items after the facility has closed.

## Proposed Notice to Residents – Required Contents

The proposed notice to residents must be in writing and include the following information. You may also reference the [AL Closure Plan Provider Checklist \(http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/closurelist.pdf\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/closurelist.pdf) for a comprehensive list of elements required of the notice to residents.

- The proposed date of closure;
- Contact information for the Office of Ombudsman for Long-Term Care (phone number 651-431-2555 or Toll free 1-800-657-3591);
- Contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities (phone number 651-757-1800 or Toll Free 1-800-657-3506);
- The primary facility contact that the resident and the resident's representatives and case manager can contact to discuss relocating the resident out of the facility due to the planned closure;
- A statement that the facility will follow the termination planning requirements under [Minn. Stat. 144G.55 \(www.revisor.mn.gov/statutes/cite/144G.55\)](http://www.revisor.mn.gov/statutes/cite/144G.55) including:
- Ensuring a coordinated move to a safe location that is appropriate for the resident and to an appropriate service provider, in consultation with the resident and other required parties; and
- Preparing a relocation plan for each resident.
- A statement that the facility will follow the accounting and return requirements under [Minn. Stat. 144G.42 Subd. 5 \(www.revisor.mn.gov/statutes/cite/144G.42\)](http://www.revisor.mn.gov/statutes/cite/144G.42): Within 30 days of the effective date of closure, the facility must provide a final statement of account; provide any refunds due; return any money/property in the facility's custody; and refund security deposit if applicable.

After the commissioner approves the notice to residents, it must be provided in writing to all required parties at least 60 calendar days prior to the closure date:

- Residents;
- Residents' designated representatives; and

- Residents' legal representatives.
- Additionally, for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the facility must provide the notice information to the residents' case manager.

## Requirements *After* Approval of the Closure Plan

You may also reference the [AL Post-Closure Plan Provider Checklist \(http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/postclosurelist.pdf\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/postclosurelist.pdf) for a comprehensive list of steps required after the closure plan has been approved by the Minnesota Department of Health.

- Upon approval of the closure plan, you must comply with [Minn. Rule 4659.0130 Subp. 5-10 \(www.revisor.mn.gov/rules/4659.0130/\)](http://www.revisor.mn.gov/rules/4659.0130/):
- You must complete a resident relocation evaluation and resident relocation plan, which has specific required elements. You must provide a written copy of the evaluation and plan to the resident and other required parties.
- Within 14 calendar days of all residents having left, you must notify the commissioner in writing that you completed the closure and verify to the commissioner that you complied with the coordinated move requirements in [Minn. Stat. 144G.55 \(www.revisor.mn.gov/statutes/cite/144G.55\)](http://www.revisor.mn.gov/statutes/cite/144G.55). Send this notice to [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us).
- You must provide required information to the residents' receiving facilities or other service providers for all residents who relocate during the closure per [Minn. Rule 4659.0120 Subp. 8 \(www.revisor.mn.gov/rules/4659.0120/\)](http://www.revisor.mn.gov/rules/4659.0120/)
- You must provide final accountings and written discharge summaries to residents per [Minn. Rule 4659.0120 Subp. 9-10 \(www.revisor.mn.gov/rules/4659.0120/\)](http://www.revisor.mn.gov/rules/4659.0120/)
- You must keep resident records for at least five years following closure of an assisted living license per [Minn. Stat. 144G.43 Subd. 5 \(www.revisor.mn.gov/statutes/cite/144G.43\)](http://www.revisor.mn.gov/statutes/cite/144G.43).
- If there are fines assessed against the licensee, the licensee is still responsible for paying the fines per [Minn. Stat. 144G.31 Subd. 6 \(www.revisor.mn.gov/statutes/cite/144G.31\)](http://www.revisor.mn.gov/statutes/cite/144G.31).
- Employee records must be retained for three years after closure of the license per [Minn. Stat. 144G.42 Subd. 8 \(www.revisor.mn.gov/statutes/cite/144G.42\)](http://www.revisor.mn.gov/statutes/cite/144G.42).
- Per [Minn. Stat. 144G.57 Subd. 8 \(www.revisor.mn.gov/statutes/cite/144G.57\)](http://www.revisor.mn.gov/statutes/cite/144G.57), failure to comply with the requirements for planned closure may result in a fine.

## Notices to Required Parties

When closing an assisted living license, the licensee must notify:

- **Commissioner of Health** at [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us) (by submitting this form and required attachments)
- **Office of Ombudsman for Long-Term Care** at [ALnotices.OOLTC@state.mn.us](mailto:ALnotices.OOLTC@state.mn.us) (by submitting this form and required attachments)
- You must include a cover sheet with the notice to OOLTC found on the [Submitting Notices to OOLTC \(https://mn.gov/ooltc/providerresources/submittingnotices/\)](https://mn.gov/ooltc/providerresources/submittingnotices/) website.
- **Office of Ombudsman for Mental Health and Developmental Disabilities** at [AL.Closure.OMHDD@state.mn.us](mailto:AL.Closure.OMHDD@state.mn.us) or by fax to 651-797-1950 (by submitting this form and required attachments)
- **OMHDD** (<https://mn.gov/omhdd/>)

- Lead agencies, which may include:
  - **Department of Human Services** (if you are a DHS enrolled provider)
  - **Tribal Reservations or Counties** where you are serving residents. [Minnesota Tribal and County Directory \(https://mn.gov/dhs/people-we-serve/adults/healthcare/health-care-programs/contact-us/county-tribal-offices.jsp\)](https://mn.gov/dhs/people-we-serve/adults/healthcare/health-care-programs/contact-us/county-tribal-offices.jsp)
  - Managed Care Organizations:
    - [Special Needs BasicCare \(SNBC\) \(https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/health-care-programs/programs-and-services/snbc.jsp\)](https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/health-care-programs/programs-and-services/snbc.jsp)
    - [MN Senior Health Options \(MSHO\) \(https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/contact-us/msho-contacts.jsp\)](https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/contact-us/msho-contacts.jsp)

## Emergency Closures

An emergency closure may only occur if the commissioner deems that the facility can no longer remain open. In the event the commissioner determines a closure must occur with less than 60 calendar days' notice, the facility shall provide notice to residents as soon as practicable or as directed by the commissioner.

[Minn. Stat. 144G.57 Subd. 6\(a\) \(www.revisor.mn.gov/statutes/cite/144G.57\)](http://www.revisor.mn.gov/statutes/cite/144G.57)

## Verification

To the best of my knowledge, I certify that the information provided on this form is accurate and complete.

Title:  Owner  Authorized Agent

Owner or Authorized Agent Printed Name: \_\_\_\_\_

Owner or Authorized Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Submit the Following Documents to MDH, OOLTC, and OMHDD

- Completed Closure Form
- A copy of the Proposed Closure Plan
- A copy of the Proposed Resident Letter

## Return All Required Documents via Email to

- [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)
- [ALnotices.OOLTC@state.mn.us](mailto:ALnotices.OOLTC@state.mn.us)
- [AL.Closure.OMHDD@state.mn.us](mailto:AL.Closure.OMHDD@state.mn.us)

Assisted Living Licensure  
Health Regulation Division  
P.O. Box 3879  
St. Paul, MN 55101-3879  
651-539-3049 or 844-926-1061  
[www.health.state.mn.us/assistedliving/](http://www.health.state.mn.us/assistedliving/)

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To obtain this information in a different format, call: 651-201-4101