Relocation of Existing Assisted Living License Application

General instructions

Please use this form to apply for a relocation of an existing license for an assisted living facility or an assisted living facility with dementia care. No assisted living services shall be provided at the new facilty location until the Department of Health (MDH) approve the licensee relocating to a new address.

This application contains references to Minnesota laws impacting assisted living licensure. For example, a reference to Minn. Stat. § 144G.12 could include a broad reference to the entire section of statute (e.g., 144G.12) or a detailed reference to a part of a statute (e.g., 144G.12, subdivision 1). The statute references contained in this application link to the Office of the Revisor of Statutes website. If you are working from a printed document, you can search for the statutory references on the Office of the Revisor of Statutes (https://www.revisor.mn.gov) website.

An existing assisted living facility or assisted living facility with dementia care licensee may be eligible for relocation if all of the following apply:

- The facility holds an active and current assisted living facility license.
- The facility is not provisionally licensed.
- The facility has a licensed resident capacity of five (5) or fewer residents.
- The facilities current address is located within the seven-county metro area and the proposed new facility location is also located within the seven-county metro; **OR** the facility's current address is located outside of the seven-county metropolitan area, and the proposed new location is located no more than two hours or 120 miles from the current location and is not located within the seven-county metropolitan area.
- The proposed new location meets the colocation requirements established in Minn. Stat. § 245A.042 and is not located on the same property or an adjoining property of another qualifying licensed residential setting.
- The licensee has not relocated within the previous three-year period. MDH may approve an additional relocation within a three-year period upon a licensee's demonstration of an extenuating circumstance.

Note: For purposes of this application, the seven-county metropolitan area consists of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

30-Day Review Timeline

Minnesota Statute § 144G.195 (https://www.revisor.mn.gov/statutes/cite/144G.195) establishes the timeline for MDH to approve or deny a relocation application. Before relocation may be approved, the proposed building must receive plan review approval, a certificate of occupancy must be issued by DLI or a delegated local authority, MDH must complete an inspection of the proposed new location, and DHS must provide a determination regarding compliance with the colocation standards described in Minnesota Statute § 245A.042 (https://www.revisor.mn.gov/statutes/cite/245A.042).

MDH must approve or deny the relocation within 30 calendar days after inspecting the building and receiving a determination from DHS regarding compliance with colocation. Because approval depends on completion of all of the listed requirements, applicants are strongly encouraged to ensure all required documentation has been submitted with the application. Missing application elements may result in

denial of the application.

Prospective relocation applicants should ensure that the proposed new location is compliant with all physical environment requirements prior to submitting an application. The application will be denied if the new facility does not pass the MDH Engineering inspection, or DHS determines the physical location is non-compliant with colocation standards. There will not be an opportunity to correct physical environment deficiencies, and a new application and fee will be required following a denial.

If you determine your circumstances meet the above criteria to apply for a relocation of an existing assisted living facility license, please complete the following application along with all required documents. **The relocation fee of $3,905 is non-refundable, per** Minnesota Statute § 144G.195, subdivision 1(c) (https://www.revisor.mn.gov/statutes/cite/144G.195).

When applying for a relocation of an assisted living facility license, a facility is NOT able to change assisted living license type (i.e., adding dementia care to the license) or the resident capacity.

ATTENTION TO DHS WAIVER REIMBURSEMENT RECIPIENTS

If you are enrolled with the Minnesota Department of Human Services (DHS) waiver reimbursement for customized living services, an applicant who has an existing assisted living facility license and wants to relocate the existing license should be aware that **your DHS reimbursement may be impacted if you are approved for an MDH assisted living facility license relocation.**

If you receive DHS waiver reimbursement, a transfer of your DHS enrollment date is allowed if you meet one of the following criteria, under Minnesota Statute § 256B.49 (https://www.revisor.mn.gov/statutes/cite/256B.49). Your DHS waiver reimbursement WILL NOT be impacted:

1. If you are unable to continue to rent in your current (original) location because of eviction, nonrenewal of the lease by the property owner, or sale of the property by the owner.
2. If you are unable to make the necessary updates or improvements to your current (original) location to comply with the physical plant and other requirements under state or federal law, including but not limited to Minn. Stat. § 144G.
3. If your monthly rent at your current (original) location has increased more than 3% in a 12-month period.
4. If your current (original) location was destroyed or damaged by fire, lightning, flood, wind, ground shifts, or other such hazards, including environmental hazards, to such an extent the current location cannot be repaired and the safety of residents would be jeopardized by continuing to reside at that location.
5. If you are a provider or business that directly, or indirectly through one or more intermediaries, is controlled by, is under common control with, or controls the business enrolled to provide customized living services at the current physical location purchases a new physical location, AND the commissioner of health (MDH) approves the relocation of the provider's assisted living facility license to the newly purchased physical location.

If you meet one of the five qualifying situations above and want to relocate your MDH assisted living facility license to a new physical location, you must submit a notification to DHS, the Office of the Ombudsman of Long-Term Care, the Office of Ombudsman of Mental Health and Developmental Disabilities, relevant lead agencies, each resident's case manager, and either each resident receiving services or the resident's legal representative.

DHS requires the above notifications to be made at least 30 days prior to the relocation date on forms and in the manner prescribed by DHS. You can contact DHS by calling the Minnesota Health Care Programs (MHCP) Provider Resource Center at 651-431-2700 or 800-366-5411.

If you do not quality under one of the criteria above and you relocate to a new facility location under an MDH assisted living facility relocation, you are subject to losing your DHS waiver reimbursement payments.

Before proceeding with this application, please contact DHS at the Minnesota Care Programs (MHCP) Provider Resource Center at 651-431-2700 or 800-366-5411 to determine if your DHS reimbursement will be impacted if MDH grants relocation of your current assisted living facility license.

Submitting application and attachments

Applicants must upload the application and required attachments to the MDH Facility and Provider Licensing System (https://hrdlicensing.web.health.state.mn.us/#/).

More instructions, and a checklist of **REQUIRED** attachments the applicant must submit with this application are contained in the Assisted Living License Relocation Checklist (PDF) (https://www.facilities/regulation/assistedliving/docs/forms/relocatechklist.pdf). Keep a copy of the application and attachments for your records.

Information in this application and related documents should describe the proposed new physical address of the facility.

Acknowledgment of receipt of application and attachments

MDH will acknowledge receipt of the application in an email to the applicant. If an applicant provides incomplete or inaccurate information on the application, it will be rejected and sent back to the applicant. Once MDH determines all required application information, signatures, and attachments are submitted, MDH will contact the applicant to request payment of the application fee.

Fees

Once MDH determines all required application information, signatures, and attachments are complete, MDH will contact the applicant to request payment of the application fee. The application fee is $3,905. **Application fees are non-refundable, per** Minnesota Statute § 144G.195, subdivision 1(c) (https://www.revisor.mn.gov/statutes/cite/144G.195).

Review process

As part of the review process, MDH may request additional information pursuant to Minnesota Statute § 144G.12, subd. 3(b) (https://www.revisor.mn.gov/statutes/cite/144G.12). If additional information is needed, MDH will contact you to request the additional information. Answer all questions completely and accurately to avoid unnecessary delay.

If you do not respond to MDH communications regarding your application, MDH may issue a notice of intent to deny your application. If at any time you no longer wish to pursue relocation, you may withdraw your application by submitting a written request to MDH. Application fees are non-refundable, including if an application is denied or withdrawn.

An MDH Credentialer will conduct a thorough review of the application to determine whether the licensee qualifies for relocation under Minnesota Statute § 144G.195 (https://www.revisor.mn.gov/statutes/cite/144g.195) and whether all required information, documentation, and attachments have been submitted.

As part of the review process, MDH Engineers will review the proposed assisted living facility building plans and conduct an inspection. MDH will request a determination from DHS regarding whether the proposed location complies with the colocation standards described in Minnesota Statute § 245A.042 (https://www.revisor.mn.gov/statutes/cite/245A.042). MDH cannot approve a relocation until the inspection has been completed and approved, and DHS has provided its determination.

Submission of an application, payment of the application fee, approval of building plans, or issuance of a certificate of occupancy does not authorize the licensee to move residents or provide assisted living services at the new location. Residents may not occupy the new location, and assisted living services may not be provided at the new location, until MDH has approved the relocation in writing.

Do not schedule resident relocation until written approval has been issued by MDH.

Application and attachment materials will not be returned to the applicant.

Questions

Email: health.assistedliving@state.mn.us.

Call: 651-201-4200.

Application for Relocation of Existing Assisted Living License

Eligibility Verification

Only a licensee holding an active and current assisted living facility license or assisted living facility with dementia care license may apply for relocation. Facilities operating under a provisional license are not eligible for relocation.

Please check each box to indicate the licensee meets the eligibility requirements. All requirements must be met to be eligible to apply for relocation:

☐ The facility holds an assisted living facility or assisted living facility with dementia care license and is not operating under a provisional license.

☐ The facility has a licensed resident capacity of five (5) or fewer residents.

☐ The licensee has not relocated within the previous three-year period; **OR**

☐ The licensee has relocated within the previous three-year period and is requesting consideration of extenuating circumstances. Complete the Extenuating Circumstances section below.

☐ The proposed new location meets the relocation distance requirements established in Minnesota Statute § 144G.195 (https://www.revisor.mn.gov/statutes/cite/144G.195):

- A facility currently located within the seven-county metropolitan area is relocating to a location within the seven-county metropolitan area; **OR**
- A facility currently located outside of the seven-county metropolitan area is relocating to a location that is not within the seven-county metropolitan area and is located no more than two hours or 120 miles from the facility's current location.

☐ The proposed new location meets the colocation requirements established in Minnesota Statute § 245A.042 (https://www.revisor.mn.gov/statutes/cite/245A.042), and is not located on the same property or an adjoining property of another qualifying licensed residential setting.

Note: For purposes of this application, the seven-county metropolitan area consists of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

DHS Review Required

Before MDH may approve the relocation of an assisted living facility with a licensed resident capacity of five (5) or fewer residents, DHS must determine that the proposed location meets the requirements of Minnesota Statute § 245A.042 (https://www.revisor.mn.gov/statutes/cite/245A.042), and is not on the same property or an adjoining property of another qualifying licensed residential setting.

MDH cannot approve relocation until DHS has completed its review and determined compliance with colocation standards. MDH will coordinate directly with DHS; however, applicants may be contacted if additional information is needed to complete the review.

The application fee is non-refundable per Minnesota Statute § 144G.195, subdivision 1(c) (https://www.revisor.mn.gov/statutes/cite/144G.195).

Extenuating Circumstances

Minn. Stat. § 144G.195, permits the commissioner of health to approve an additional relocation within a three-year period upon a demonstration of extenuating circumstances.

If the facility has relocated within the previous three-year period and is requesting consideration of extenuating circumstances, provide a detailed explanation below and attach any supporting documentation under the "other" category during application submission.

Supporting documentation may include lease termination notices, property foreclosure documentation, casualty loss documentation, governmental orders, or other records relevant to the request.

Date of previous relocation approval: _____

Describe the extenuating circumstance(s) supporting the request for an additional relocation:

Facility information

Minnesota Statute § 144G.12, subdivision 1(1) (https:/www.revisor.mn.gov/statutes/cite/144g.12).

Provide the information requested below as it relates to the **proposed new physical address** of the assisted living facility. If you are using a home address for your business, please let the post office know your legal business name to ensure mail delivery.

The business' email address provided must be permanent. Critical information about licensure renewal will be sent to this email address if MDH issues a license pursuant to this application.

Current Health Facility ID (five-digit HFID): _____

Assumed name/"doing business as" (DBA) name: _____

Proposed new physical address of the facility: _____

City: _____ State: _____

ZIP: _____ County: _____

Telephone: _____ Fax: _____

Business mailing address: _____

City: _____

State: _____ ZIP: _____

Website (if applicable): _____

Permanent business email address: _____

What is the applicant's legal interest in the new facility location?

☐ Owned by the applicant

☐ Leased or rented by the applicant

If the new facility location is leased or rented, provide a copy of the executed lease agreement as an attachment. If the lease terms are included in a management agreement, you may submit the management agreement to satisfy this requirement.

Please provide the following information regarding the proposed community in which the facility will operate:

1. Is the proposed new facility location within:

   ☐ An incorporated city; or

   ☐ An incorporated township; or

   ☐ An unincorporated county

2. Name of the local jurisdiction (city, township, or county) in which the facility intends to operate:

   _____

3. Please provide the following contact information for the local jurisdiction (city administrator, township clerk, or county administrator):

   - Position Title: _____
   - Name: _____
   - Telephone: _____
   - Email address: _____

Application contact information

Provide the legal name and contact information of the person MDH can contact regarding questions about this application.

Full legal name: _____

Telephone: _____Email address: _____

Assisted Living Plan Submittal Form

Each application must include an Assisted Living Plan Submittal Form (PDF) (https://www.health.state.mn.us/facilities/regulation/engineering/docs/submittalformalf.pdf). Complete and upload this form when submitting the application.

All relocation applications require MDH Engineers to review the proposed assisted living facility building plans

and conduct an inspection. Please be advised building requirements vary by assisted living licensure type. For additional information, visit the MDH Engineering Services webpage: Engineering Services for Assisted Living Facilities - MN Dept. of Health. If you have specific questions regarding building requirements or plan review, contact MDH Engineering Services at health.healthcareengineers@state.mn.us.

Uniform Disclosure of Assisted Living Services and Amenities

Pursuant to Minnesota Statute § 144G.40, subd. 2 (https://www.revisor.mn.gov/statutes/cite/144G.40#stat.144G.40.2), all assisted living facilities must provide a Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) to prospective residents.

Attach a copy of the UDALSA the facility intends to use with prospective residents. The submitted UDALSA must be in a PDF format with facility-specific information but **must not contain signatures, dates, or other resident-specific information.**

Uniform Disclosure of Assisted Living Services & Amenities (UDALSA) (PDF) (https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/udalsa.pdf).

Workers' compensation insurance

Minnesota Statute, section 144G.12, subdivision 1(7) (https://www.revisor.mn.gov/statutes/cite/144g.12)

Workers' compensation insurance will be required prior to issuance, if the relocation of an existing license is approved.

State law requires that the commissioner of health withholds the license for the operation of an assisted living facility until the applicant presents acceptable evidence of compliance with workers' compensation requirements. If the applicant has employees, it must have active workers' compensation insurance, and the applicant must be listed as the insured entity. An application for workers' compensation insurance is not acceptable as evidence of coverage.

You will not be issued a license to operate as an assisted living facility unless acceptable evidence of compliance with Minnesota Statute § 176.181 (https://www.revisor.mn.gov/statutes/cite/176.181) and Minn. Stat. § 176.182 (https://www.revisor.mn.gov/statutes/cite/176.182) is presented with this application or you meet an exception from coverage. Applicants can find more information on the

Minnesota Department of Labor and Industry Workers' Compensation (https://www.dli.mn.gov/business/workers-compensation) website.

Liability coverage

Minnesota Statute, section 144G.12, subdivision 1(8) (https://www.revisor.mn.gov/statutes/cite/144G.12)

Liability insurance will be required prior to issuance if the relocation of an existing license is approved.

Each application for an assisted living facility license, including provisional, relocation of existing license, and renewal applications, must include information sufficient to show that the applicant has liability coverage.

Official verification of owner or authorized agent

Minnesota Statute § 144.G.12, subdivision 1(15) (https://www.revisor.mn.gov/statutes/cite/144G.12)

Minnesota Statute § 144G.15(b)(6) (https://www.revisor.mn.gov/statutes/cite/144g.15)

The information that I ("I" means the owner or authorized agent submitting the application) have provided in this application is true and accurate to the best of my knowledge and belief. If information is found to be inaccurate or untrue, it is cause for denial of the application to relocate the assisted living facility.

Read the following statements, check each item acknowledging you have read and understand each referenced material(s) or statement, and sign below.

I certify I have read and understand the following:

- ☐ Assisted Living Licensure Statutes, Minnesota Statute § 144G (https://www.revisor.mn.gov/statutes/cite/144G).
- ☐ Assisted Living Licensure Rules, Minnesota Rules, chapter 4659 (https://www.revisor.mn.gov/rules/4659/).
- ☐ Reporting of Maltreatment of Vulnerable Adults, Minnesota Statute § 626.557 (https://www.revisor.mn.gov/statutes/cite/626.557).
- ☐ Electronic Monitoring in Certain Facilities, Minnesota Statute. § 144.6502 (https://www.revisor.mn.gov/statutes/cite/144.6502)
- ☐ I understand, pursuant to **Rights of Subjects of Data** in Minnesota Statute § 13.04 (https://www.revisor.mn.gov/statutes/cite/13.04), MDH will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets the requirements for assisted living facility relocation. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying relocation. I understand that information submitted to MDH in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices.

☐ I understand, in accordance with **Data Relating to Licensed and Registered Persons** in Minnesota Statutes, section 144.051 (https://www.revisor.mn.gov/statutes/cite/144.051), all data submitted on this application shall be classified as public information upon approval of a relocation. All data submitted are considered private until MDH issues a decision.

☐ I declare that, as the owner or authorized agent, I attest that I have read Minnesota Statute § 144G (https://www.revisor.mn.gov/statutes/cite/144G) and Minnesota Rules, chapter 4659 (https://www.revisor.mn.gov/rules/4659/), governing the provision of assisted living facilities, and understand as the licensee that I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.

☐ I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota statutes, rules, and requirements related to the relocation of a current assisted living facility license. To the best of my knowledge and belief, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information, as required.

☐ I have read Minnesota Statute § 256B.49 (https://www.revisor.mn.gov/statutes/cite/256b.49)

☐ I understand, if I am receiving DHS waiver reimbursement or any other reimbursement for customized living services, it is my responsibility to ensure my reimbursement is not impacted by relocating my assisted living license to a new facility location.

☐ I attest all required policies and procedures of Minnesota Statute, section 144G (https://www.revisor.mn.gov/statutes/cite/144G) and Minnesota Rules, chapter 4659 (https://www.revisor.mn.gov/rules/4659/) are in place and will be kept current as applicable.

☐ Owner or authorized agent signature of acknowledgment:

Legal name (print or type): _____

Signature: _____

Title: ☐ Owner ☐ Authorized agent

Date: _____

Minnesota Department of Health
Health Regulation Division
Assisted Living Licensure
PO Box 3879
St. Paul, MN 55164-0900
651-201-4200
health.assistedliving@state.mn.us
www.health.state.mn.us

07/01/2026

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