

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 facility location until the Minnesota Department of Health approves the licensee relocating to a new address.

This application contains references to Minnesota laws impacting assisted living licensure. For example, a reference to Minnesota Statutes, section 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 \(https://www.revisor.mn.gov\)](https://www.revisor.mn.gov) website.

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

- The facility has a licensed resident capacity of five (5) or fewer residents.
- The new facility address is within the geographic boundaries of the municipality in which the facility is currently located or within the geographic boundaries of a contiguous municipality. For purposes of this relocation license, a municipality is defined as a city, town, or village. Contiguous means being in actual contact, touching along a boundary or at a point.
- 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.

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 nonrefundable, per [Minnesota Statutes, section 144G.195, subdivision 1\(c\) \(https://www.revisor.mn.gov/statutes/cite/144G.195\)](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 Statutes, section 256B.49](https://www.revisor.mn.gov/statutes/cite/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 Minnesota Statutes, chapter 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 qualify under one of the five 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 Health 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 \(https://hrdlicensing.web.health.state.mn.us/#/\)](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 \(PDF\) \(https://www.facilities/regulation/assistedliving/docs/forms/relocatelist.pdf\)](https://www.facilities/regulation/assistedliving/docs/forms/relocatelist.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 inaccurate or incomplete information on the application, MDH may deny, revoke, suspend, restrict, or refuse to renew the license or impose conditions, according to [Minnesota Statutes, section 144G.15\(c\)\(1\) \(https://www.revisor.mn.gov/statutes/cite/144G.15\)](https://www.revisor.mn.gov/statutes/cite/144G.15). Once MDH determines all required application information, signatures, and attachments are complete, MDH will contact the applicant to request payment of the application fee.

Review process

As part of the review process, MDH may request additional information. If additional information is needed, MDH will contact you to request the additional information. Answer all questions completely and accurately to avoid unnecessary delay.

Finally, MDH will conduct a thorough verification and review process of the application. The application will be reviewed to determine whether the applicant qualifies for relocation under the [Minnesota Statutes, section 144G.195 \(https://www.revisor.mn.gov/statutes/cite/144g.195\)](https://www.revisor.mn.gov/statutes/cite/144g.195) criteria and whether the application is complete, with all requested documentation and attachments.

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

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. Per [Minnesota Statutes, section 144G.195, subdivision 1\(c\) \(https://www.revisor.mn.gov/statutes/cite/144G.195\)](https://www.revisor.mn.gov/statutes/cite/144G.195), fees are nonrefundable.

Questions

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

Call: 651-201-4200.

Application for Relocation of Existing Assisted Living License

Eligibility verification

Only those that have an existing assisted living facility license or an assisted living facility with dementia care license may apply. Please check each box to indicate the licensee meets the eligibility requirements. All three requirements must be met to be eligible to apply for relocation:

- The facility has a licensed resident capacity of five (5) or fewer residents.
- The new facility address is within the geographic boundaries of the municipality in which the facility is currently located or within the geographic boundaries of a contiguous municipality. For purposes of this application, a municipality is defined as a city, town, or village. Contiguous means being in actual contact, touching along a boundary or at a point.
- 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 circumstances.

The application fee is nonrefundable per [Minnesota Statutes, section 144G.195, subdivision 1\(c\)](https://www.revisor.mn.gov/statutes/cite/144G.195) (<https://www.revisor.mn.gov/statutes/cite/144G.195>).

Applicant information

[Minnesota Statutes, section 144G.12, subdivision 1\(1\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<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's 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: _____

Is the proposed new physical address facility rented or leased?

Yes (If yes, provide the executed lease as an attachment.) No

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) (<https://www.health.state.mn.us/facilities/regulation/engineering/docs/submittalformalf.pdf>). Complete and upload this form when submitting the application.

Attach a certificate of occupancy for the new physical address, issued by the Minnesota Department of Labor and Industry or a city with a delegation agreement.

Uniform Disclosure of Assisted Living Services and Amenities

[Minnesota Statutes, section 144G.40, subdivision 2](https://www.revisor.mn.gov/statutes/cite/144G.40#stat.144G.40.2)
(<https://www.revisor.mn.gov/statutes/cite/144G.40#stat.144G.40.2>)

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

A UDALSA using the proposed new physical address will be required prior to issuance if the relocation of an existing license is approved.

Workers' compensation insurance

[Minnesota Statutes, section 144G.12, subdivision 1\(7\)](https://www.revisor.mn.gov/statutes/cite/144g.12) (<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 withhold 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 Statutes, section 176.181](https://www.revisor.mn.gov/statutes/cite/176.181) (<https://www.revisor.mn.gov/statutes/cite/176.181>) and [Minnesota Statutes, section 176.182](https://www.revisor.mn.gov/statutes/cite/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 \(https://www.dli.mn.gov/business/workers-compensation\)](https://www.dli.mn.gov/business/workers-compensation) website.

Liability coverage

[Minnesota Statute, section 144G.12, subdivision 1\(8\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](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 Statutes, section 144.G.12, subdivision 1\(15\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

[Minnesota Statutes, section 144G.15\(b\)\(6\) \(https://www.revisor.mn.gov/statutes/cite/144g.15\)](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 Statutes, section 144G \(https://www.revisor.mn.gov/statutes/cite/144G\)](https://www.revisor.mn.gov/statutes/cite/144G).
- Assisted Living Licensure Rules, [Minnesota Rules, chapter 4659 \(https://www.revisor.mn.gov/rules/4659/\)](https://www.revisor.mn.gov/rules/4659/).
- Reporting of Maltreatment of Vulnerable Adults, [Minnesota Statutes, section 626.557 \(https://www.revisor.mn.gov/statutes/cite/626.557\)](https://www.revisor.mn.gov/statutes/cite/626.557).
- Electronic Monitoring in Certain Facilities, [Minnesota Statutes, section 144.6502 \(https://www.revisor.mn.gov/statutes/cite/144.6502\)](https://www.revisor.mn.gov/statutes/cite/144.6502)
- I understand, pursuant to **Rights of Subjects of Data** in [Minnesota Statutes, section 13.04 \(https://www.revisor.mn.gov/statutes/cite/13.04\)](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.

RELOCATION OF EXISTING ASSISTING LIVING LICENSE APPLICATION

- I understand, in accordance with **Data Relating to Licensed and Registered Persons** in [Minnesota Statutes, section 144.051 \(https://www.revisor.mn.gov/statutes/cite/144.051\)](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 Statutes, section 144G \(https://www.revisor.mn.gov/statutes/cite/144G\)](https://www.revisor.mn.gov/statutes/cite/144G) and [Minnesota Rules, chapter 4659 \(https://www.revisor.mn.gov/rules/4659/\)](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 Statutes, section 256B.49 \(https://www.revisor.mn.gov/statutes/cite/256b.49\)](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 Statutes, section 144G \(https://www.revisor.mn.gov/statutes/cite/144G\)](https://www.revisor.mn.gov/statutes/cite/144G) and [Minnesota Rules, chapter 4659 \(https://www.revisor.mn.gov/rules/4659/\)](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

03/04/2025

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