

Closure Form

ASSISTED LIVING PROVIDERS

If an assisted living facility elects to voluntarily close, the facility must notify the Department of Health commissioner and the Office of the Ombudsman for Long-Term Care at the Department of Human Services in writing by submitting a proposed closure plan. **Proposed closure plans are subject to the commissioner’s review and approval, and the facility may not take any action to close the residence prior to the commissioner’s approval of the plan.**

After the commissioner has approved the closure plan, the facility must provide notice to residents, designated representatives, and legal representatives at least 60 calendar days before closing, except in the event of an emergency closure.

Use this form as a guide to complete the closure plan and to notify the Department of Health commissioner. Submit the completed form along with the closure plan to the email noted below. Per statute, the commissioner will review and respond to the plan as soon as practicable.

The assisted living facility is responsible for contacting the Office of the Ombudsman for Long-Term Care at the Department of Human Services.

Before completing this form, read the following statute to understand the requirements for closing a license and discontinuing services to residents:

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

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: _____

Mailing Address: _____

City, State, & Zip: _____

Phone: _____

Authorized Agent Name: _____

Authorized Agent Email Address: _____

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Is this licensee currently providing assisted living services?

Yes No

If no, date services ended: _____

If yes, to how many residents: _____

Enter the names of providers with whom you plan to coordinate the transfer of care:

Proposed Effective date of closure: _____

Reason for closure (check all that apply):

- No residents
- Staffing issues/hard to find staff
- Low reimbursement rates
- Other, explain: _____

Intent for license (check one):

- Close and terminate services for all assisted living residents
- Sell business to another provider*
- Other: _____

***If selling business to another provider, contact the Assisted Living Licensure Program (ALL) regarding a change of ownership (CHOW).** An assisted living facility license may not be transferred to another party. A prospective licensee must apply for a license prior to operating a currently licensed assisted living facility. The prospective licensee must provide written notice to the department at least 60 calendar days prior to the anticipated date of the change of licensee ([Minn. Stat. § 144G.19 \(https://www.revisor.mn.gov/statutes/cite/144G.19\)](https://www.revisor.mn.gov/statutes/cite/144G.19)). If you are anticipating a CHOW, contact MDH as soon as possible at 651-201-4200 or health.assistedliving@state.mn.us to ensure all required steps are completed.

If closing a license and terminating assisted living services:

Forwarding Street Address: _____

Forwarding City, State, & Zip: _____

Forwarding Phone Number: _____

Forwarding Email Address: _____

Information Regarding Content of Closure Plan

Per [Minn. Stat. § 144G.57, Subd. 2 \(https://www.revisor.mn.gov/statutes/cite/144G.57\)](https://www.revisor.mn.gov/statutes/cite/144G.57), the closure plan must include:

- The procedures and actions the facility will implement to notify residents of the closure, including a copy of the written notice to be given to residents, designated representatives, legal representatives, and family and other resident contacts;
- The procedures and actions the facility will implement to ensure all residents receive appropriate termination planning in accordance with section 144G.55, and final accountings and returns under section 144G.42, subdivision 5 including:
 - A list identifying each resident that will need to be relocated
 - The resident's current level of care, services received, and any special conditions
 - The resident's payment source (M.A. ID#)
 - Contact info of resident's representative and case manager, if applicable
 - A proposed timetable for relocating residents, and how the facility will facilitate residents' relocations.
- Assessments of the needs and preferences of individual residents; and
- Procedures and actions the facility will implement to maintain compliance with this chapter until all residents have relocated, including:
 - 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
 - Residents' belongings are labeled and kept safe, and residents are given contact information for retrieving missing items after the facility has closed.

Information Regarding Notice to Residents

[Minn. Stat. § 144G.57, Subd. 5 \(https://www.revisor.mn.gov/statutes/cite/144G.57\)](https://www.revisor.mn.gov/statutes/cite/144G.57) requires that you notify your residents at least 60 calendar days prior to the closure date and coordinate transfer of care when closing a license or changing ownership. The notice must be in writing and contain:

- The proposed date of closure;

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- Contact information for the ombudsman for long-term care;
- A statement that the facility will follow the termination planning under [Minn. Stat. § 144G.55](https://www.revisor.mn.gov/statutes/cite/144G.55) (<https://www.revisor.mn.gov/statutes/cite/144G.55>) including:
 - A list of at least two appropriate providers in proximity for the resident to look into.
 - The contact info and roles/responsibilities of the licensed assisted living director, and any temporary managers or monitors during the closure process.
- A statement that the facility will follow the accounting and return requirements under [Minn. Stat. § 144G.42, Subd. 5](https://www.revisor.mn.gov/statutes/cite/144G.42) (<https://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.

This notice must be sent to:

- The residents;
- The residents' designated representatives; and
- The 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.

Other Requirements

- When closing a license and terminating services to all residents the licensee must also notify the:
 - Commissioner of Health (by submitting this form and the closure plan)
 - 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/health-care/health-care-programs/contact-us/county-tribal-offices.jsp) (<https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/contact-us/county-tribal-offices.jsp>)
 - Managed Care Organizations:
 - [Special Needs BasicCare \(SNBC\) for People with Disabilities](https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/special-needs-basic-care/) (<https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/special-needs-basic-care/>)
 - [Minnesota 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>)
 - [Office of Ombudsman for Long-Term Care](https://mn.gov/dhs/people-we-serve/seniors/services/ombudsman/contact-us/) (<https://mn.gov/dhs/people-we-serve/seniors/services/ombudsman/contact-us/>)
- You must keep resident records for at least five years following closure of an assisted living license. [Minn. Stat. §144G.43, Subd. 5](https://www.revisor.mn.gov/statutes/cite/144G.43) (www.revisor.mn.gov/statutes/cite/144G.43)

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- If there are fines assessed against the licensee, the licensee is still responsible for paying the fines. [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. [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.

Emergency Closures

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

Completed Closure Form

A copy of the Closure Plan

Return Completed Form and Closure Plan to:

Email: health.assistedliving@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/facilities/regulation/assistedliving/

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