




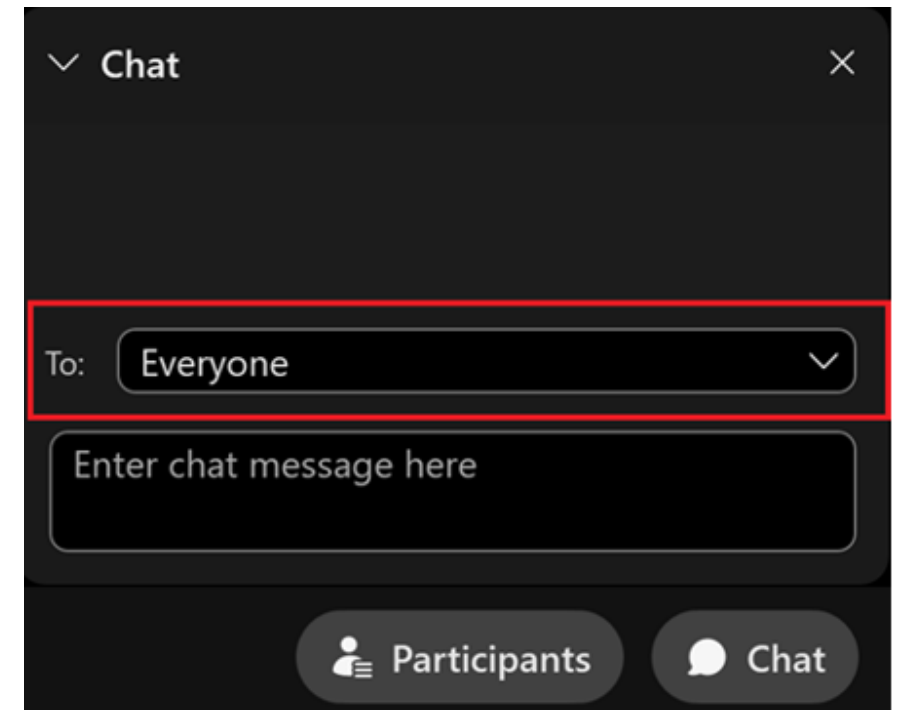
# Minnesota Department of Health

Assisted Living Webinar | May 5, 2022

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

# How to Ask a Question

- **Participants are muted.**
- **To ask a question** Click on the chat bubble  Chat ... to open the chat, select Everyone, and ask a question. Please note that questions sent to panelists directly will not be answered as individual chat boxes are not checked.
- **We will answer** as many questions as we can at the end of the presentation. Please ask questions related to the agenda topics only.
- **Please be respectful.**



# Register for Provider Updates



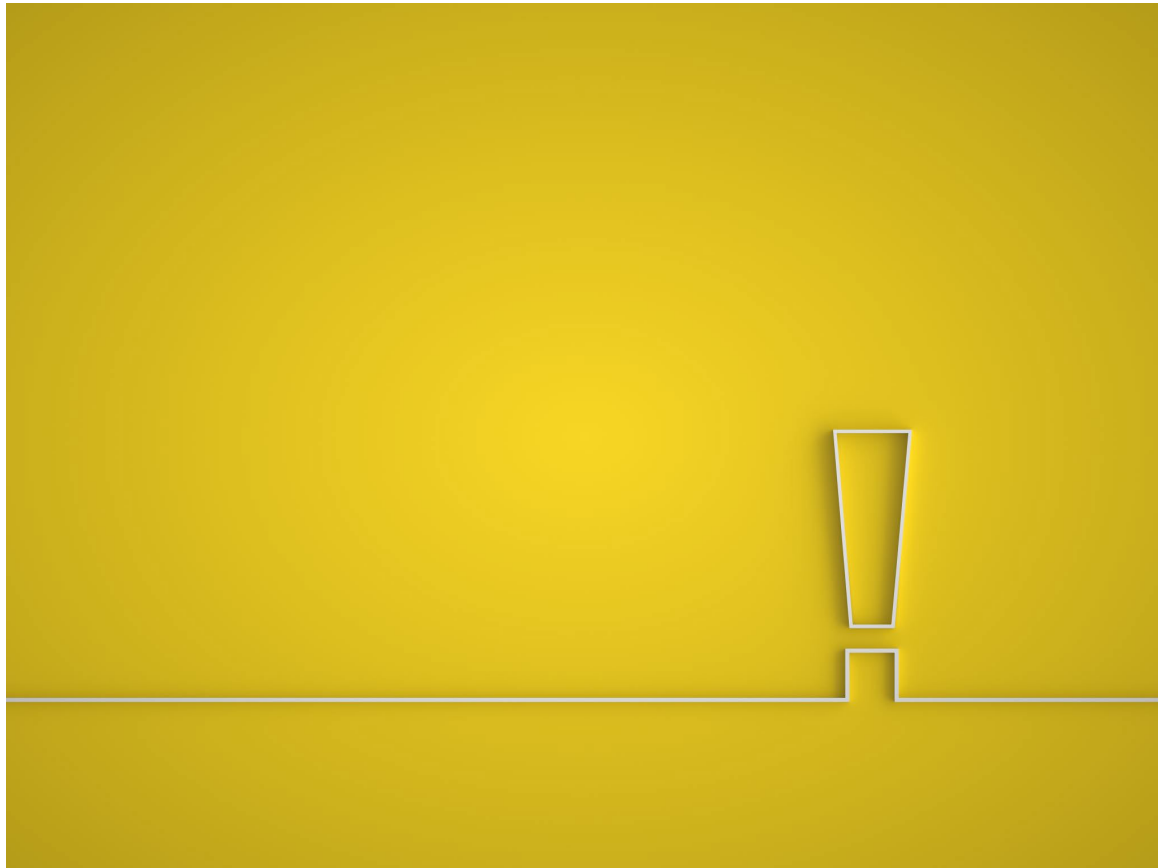
If you are a provider or work in an assisted living facility and want to receive updates, including WebEx notifications, register here: [Long Term Care Provider Representatives GovDelivery List](#).

- Renewal Application Review
- Resources
- Important Information and Dates



# Renewal Application Review

**Submit Now!**



**Assisted Living  
Renewal Notification  
Letters have been  
emailed out.**

**Submit now!**



# ALL Renewal Notification Letter

- Renewal letters containing login credentials and prorated license periods were emailed to the licensee's **Permanent Business Email Address**.
- Don't forget to check your SPAM/Junk Folders!
- Email comes from [donotreply@state.mn.us](mailto:donotreply@state.mn.us)
- If you have not received your credentials, email your **HFID** to [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)

# Renewal Notice Example

From: [donotreply@state.mn.us](mailto:donotreply@state.mn.us) <[donotreply@state.mn.us](mailto:donotreply@state.mn.us)>

Sent: Monday, April 25, 2022 2:47 PM

To: [REDACTED]

Subject: Assisted Living License Renewal Notice



Apr 25, 2022

Renewal ID: [REDACTED]

Facility name: [REDACTED]

Dear Licensee:

Your assisted living license expires on July 31, 2022. Renew your assisted living license by applying before the June 1 deadline. Apply early to avoid fines and penalties.

**What you need to do:**

**Renew your assisted living license by applying before the June 1 deadline.** The assisted living license renewal application will be available on May 1, 2022. Apply early to avoid fines and penalties.

**To renew your license,** go to the Minnesota Department of Health (MDH) Improved Customer Service Delivery website at <https://icsd.web.health.state.mn.us/security/login.do> and log in using the facility specific information below:

User ID: [REDACTED]

Password: &6\*%@FCx

New Randomly Assigned Renewal Expiry Date: 03/31/2023



**Login**

You have reached the login page for the Minnesota Department of Health license or registration renewal portal. Please log in with the credentials you have been provided and proceed with the given instructions.

**Status Message(s)**

 Welcome to ICSD - Please enter your User ID and Password to proceed.

User ID

Password

This system is the property of the Minnesota Department of Health (MDH). Access to this service is for authorized personnel only. Use of this system without authority from MDH, or in excess of authority, may result in disciplinary action, civil and criminal sanctions and other appropriate action. Any activity on this system may be monitored or accessed by MDH or other authorized officials at any time. This includes any data created or stored using this system. All such data is subject to the Minnesota Government Data Practices Act. If you do not have the expressed authorization of the administrator, you must exit now or face the consequences of violating Chapter 13 of the Minnesota Statutes and other laws. Further, the State of Minnesota prohibits unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft of its information in accordance with the Minnesota Statutes §§ 609.87 - 609.891 and other laws.

## Renewal Application

# ALL Renewal Provider Checklist



## Assisted Living License Renewal

### PROVIDER CHECKLIST

This checklist provides guidance for gathering all potential items that may be needed to submit a renewal application for an Assisted Living Facility (ALF) license or for an Assisted Living Facility with Dementia Care (ALFDC) license.

#### Verify the Following Items:

##### Applicant Information

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
<input type="checkbox"/> Assumed Name/DBA	144G.12 Subd. 1 (1)	<b>Only</b> if the facility's doing business as (DBA) has changed, submit a copy of Certificate of Assumed Name from the MN Secretary of State.
<input type="checkbox"/> Organizational Chart	144G.12 Subd.1 (12)	<b>Only</b> if changed from previous year.

##### Physical Environment (Building Information + Capacity)

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
<input type="checkbox"/> List all buildings/addresses included under this license	144G.08 Subd. 4a	See campus definition.
<input type="checkbox"/> Copy of Executed Lease Agreement (Landlord & Licensee)	144G.12 Subd. 1 (9)	<b>Only</b> if the licensee is leasing the building from another party.

[www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/renewalchecklist.pdf](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/renewalchecklist.pdf)

# Physical Environment - ICSD

## Physical Environment

A formal physical environment plan review is **ONLY** required if:

- (i) You are requesting an increase in your licensed resident capacity from 5 or fewer residents to 6 or more residents;
- (ii) You are requesting an increase in your licensed resident capacity from 16 or fewer residents to 17 or more residents and/or;
- (iii) You have a new construction project including adding a new building to a campus, making an addition to an existing building, or renovating an existing part of a building.

If you meet any of these criteria for plan review, please use the following link to download a Construction Plan Submittal Form and learn about the plan review process: [Engineering Services for Assisted Living Facilities \(opens in a new window\)](#)

The Construction Plan Submittal Package should be sent to: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)

**Do not attach Construction Plans or the Construction Plan Submittal Form to your renewal application in ICSD.**

Licensees are responsible for compliance with the applicable minimum site, physical environment, and fire safety requirements noted in [Minn. Stat. sect. 144G.45 \(opens in a new window\)](#), [Minn. Stat. sect. 144G.80 \(opens in a new window\)](#), and [Minn. Stat. sect. 144G.81 \(opens in a new window\)](#). Noncompliance with these requirements may result in correction orders and fines per [Minn. Stat. sect. 144G.31 \(opens in a new window\)](#), as well as additional enforcement activity under [Minn. Stat. sect. 144G.20 \(opens in a new window\)](#).

Additionally, please note that you may be required to decrease the licensed resident capacity if the requested capacity is not permitted based on the above noted statutory requirements.

Per [Minn. Stat. sect. 144G.12, Subd. 3 \(b\)\(opens in a new window\)](#), all application fees are nonrefundable.

List all Assisted Living Buildings for this license.

### Assisted Living Buildings:

	HFID	Address
<input type="radio"/>	Test	Test Test Minnesota- 55101

[Add Building](#)

[Edit Building](#)

[Delete Building](#)

# Assisted Living Building

## Assisted Living Building

\* Indicates Required Fields

Building Health Facility Identification (HFID) number,  
if the building was previously assigned one :

Address: \*

Building Identification Information  
(ex. Building A or Building B) :

City : \*

State: \*

Zip: \*

Building Property Identification Number: \*

Number of floors in building not including basement: \*

Does the building have a basement: \*

Yes  No

Building size in square feet: \*

# Assisted Living Building cont. + Capacity

Indicate type of construction per [National Fire Protection Association 220, Standard on Types of Building Construction](#)

Construction Type:

- I (442)
- I (332)
- II (222)
- II (111)
- II (000)
- III (211)
- III (200)
- IV (2HH)
- V (111)
- V (000)

Does the building have an approved supervised automatic sprinkler system: \*

Yes  No

**Capacity**

Building Total Licensed Resident Capacity for Licensed Period (used in calculating license fees): \*

# Physical Environment - Checklist

## Physical Environment (Building Information + Capacity)

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
<input type="checkbox"/> List all buildings/addresses included under this license	144G.08 Subd. 4a	See campus definition.
<input type="checkbox"/> Copy of Executed Lease Agreement (Landlord & Licensee)	144G.12 Subd. 1 (9)	<b>Only</b> if the licensee is leasing the building from another party.
<input type="checkbox"/> Construction Plan Submittal Form DO NOT attach to your renewal application in ICSD. Email to <a href="mailto:health.assistedliving@state.mn.us">health.assistedliving@state.mn.us</a>	144G.45 144G.81	<b>Only</b> applicable if: <ul style="list-style-type: none"> <li>You are requesting an increase to your licensed resident capacity from 5 or fewer to 6 or more residents;</li> <li>You are requesting an increase to your licensed resident capacity from 16 or fewer to 17 or more residents;</li> <li>You have a new construction project including adding a new building to a campus, making an addition to an existing building, or renovating an existing part of a building.</li> </ul>
<input type="checkbox"/> Building Property Identification Number	N/A	A property Identification Number (PIN) is a number assigned to parcels of real estate property by the tax assessor of a particular jurisdiction for purposes of identification and record keeping. A PIN may also be referred to as a Property Tax ID.
<input type="checkbox"/> Construction Type	N/A	Choose option V(000) if you do not know your Construction Type.

## License Category and Building Identification (if applicable)

[Minn. Stat. sect. 144G.12, subd. 1\(4\) \(opens in a new window\)](#)

[Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 11 \(opens in a new window\)](#)

Your license category is **Assisted Living Facility**.

The license category cannot be changed during the renewal process.

A licensee may relinquish their assisted living facility with dementia care (reduce the license category to an assisted living facility license) before or after the renewal application period by following the requirements of [Section 144G.80, Subd. 3 \(opens in a new window\)](#) and [Minn. Rule 4659.0160 \(opens in a new window\)](#).



## Capacity

[Minn. Stat, sect. 144G.12, subd. 1\(4\) \(opens in a new window\)](#)

If an applicant provides inaccurate or incomplete information on the application, the Commissioner of Health may deny, revoke, suspend, restrict or refuse to renew the license or impose conditions according to [Minn. Stat. sect. 144G.40, subd. 2 \(opens in a new window\)](#).

Total Capacity is calculated from the individual building records.

Total Licensed Resident Capacity for previous License Period:

Total Licensed Resident Capacity for current License Period:

# Authorized Agent

## Authorized Agent

[Minn. Stat. sect. 144G.12, subd. 1\(3\) \(opens in a new window\)](#)

Provide the legal name and contact information for the authorized agent, if applicable or different than Assisted Living Director section.

The authorized agent is the person who is authorized to accept service of notices and orders on behalf of the licensee and will be the contact person at renewal.

Same as Assisted Living Director

First Name: \*

Last Name: \*

Telephone: \*

E-mail Address \*

## Authorized Agent

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
<input type="checkbox"/> Name <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail Address	144G.08 Subd. 11	The Authorized Agent is the person who is authorized to accept services of notices and orders on behalf of the licensee and will be the contact person at renewal.

# Business Entity Type

## Business Entity Type

Current Business Entity Type: Nonprofit Limited Liability Company

A change of legal entity indicates a change of ownership under [Minn. Stat. Section 144G.19, Subd. 2 \(a\)\(1\)](#) (opens in a new window).

If the licensee has undergone a change of ownership under this section, then they must submit a [change of ownership application](#) (opens in a new window).

If the legal entity type noted above is not correct, then please contact MDH at: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us) (opens in a new window).

[Previous](#) [Next](#) [Quit](#)

## Business Entity Type

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
Nothing to Prepare	144G.19 Subd. 2(a)(1)	If the licensee's legal entity structure has converted or changed to a different type of legal entity structure, they must submit a change of ownership application.

# Kitchen/Food Prep

## Kitchen/Food Prep

A formal physical environment plan review of the kitchen is **ONLY** required if the licensee would like to make modifications to the facility's kitchen.

If you are making modifications to the facility's kitchen, please use the following link to download a Construction Plan Submittal Form and learn about the plan review process: <https://www.health.state.mn.us/facilities/regulation/engineering/assistedliving.html> (opens in a new window)

The Construction Plan Submittal Package should be sent to: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us) (opens in a new window)

Do not attach Construction Plans or the Construction Plan Submittal Form to your renewal application in ICSD.

Licensees are responsible for compliance with the [Minnesota Food Code: Minn. Rules Chapter 4626](#) (opens in a new window) as well as [Minn. Stat. 144G.41](#) (opens in a new window). Noncompliance with these requirements may result in correction orders and fines per [Minn. Stat. 144G.31](#) (opens in a new window), as well as additional enforcement activity under [Minn. Stat. 144G.20](#) (opens in a new window).

## Kitchen/Food Prep

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
<input type="checkbox"/> Construction Plan Submittal Form DO NOT attach to your renewal application in ICSD. Email to <a href="mailto:health.assistedliving@state.mn.us">health.assistedliving@state.mn.us</a>	144G.45 144G.81	A formal physical environment plan review of the kitchen is <b>only</b> required if the licensee would like to make modifications to the facility's kitchen.

## Fee Information

[Minn. Stat. sect. 144.122\(d\)](#) (opens in a new window)

If an applicant provides inaccurate or incomplete information on the application, the commissioner of health may deny, revoke, suspend, restrict or refuse to renew the license or impose conditions according to [Minn. Stat. section 144G.15](#) (opens in a new window)

Once MDH receives payment, MDH will begin a thorough verification process that ends with the license-required background studies.

Fees are non-refundable. Only online payments will be accepted.

If payment is rejected due to insufficient funds, an additional \$30.00 fee will apply.

Assisted living facility = \$2000 base rate + (\$75 x licensed resident capacity)

Assisted living facility with dementia care = \$3000 base rate + (\$100 x licensed resident capacity)

Dependent on details of renewal prorations.

## Fee Information

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
License payment	144.122(d)	<ul style="list-style-type: none"><li>Fees are non-refundable.</li><li><b>Only</b> online payments will be accepted.</li><li>If payment is rejected due to insufficient funds, an additional \$30 fee will apply.</li></ul>





# Resources

# Forms - Provider Checklist



## Assisted Living License Renewal

### PROVIDER CHECKLIST

This checklist provides guidance for gathering all potential items that may be needed to submit a renewal application for an Assisted Living Facility (ALF) license or for an Assisted Living Facility with Dementia Care (ALFDC) license.

#### Verify the Following Items:

##### Applicant Information

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
<input type="checkbox"/> Assumed Name/DBA	144G.12 Subd. 1 (1)	<b>Only</b> if the facility's doing business as (DBA) has changed, submit a copy of Certificate of Assumed Name from the MN Secretary of State.
<input type="checkbox"/> Organizational Chart	144G.12 Subd.1 (12)	<b>Only</b> if changed from previous year.

##### Physical Environment (Building Information + Capacity)

ITEM TO VERIFY	144G REFERENCE	ADDITIONAL INFORMATION
<input type="checkbox"/> List all buildings/addresses included under this license	144G.08 Subd. 4a	See campus definition.
<input type="checkbox"/> Copy of Executed Lease Agreement (Landlord & Licensee)	144G.12 Subd. 1 (9)	<b>Only</b> if the licensee is leasing the building from another party.

[www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/renewalchecklist.pdf](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/renewalchecklist.pdf)



# Forms - Financial Hardship

 **DEPARTMENT OF HEALTH**

**Renewal Request due to Financial Hardship**  
ASSISTED LIVING PROVIDERS

Minnesota Assisted Living Statute § 144G.191 Subd. 5 (b) (3) allows those licensees who converted to assisted living licensure in August 2021 to request a change to the *randomly assigned renewal period* based on financial hardship.

- No requests will be accepted after **JUNE 1, 2022**.
- Applications should **NOT** be submitted in ICSD until MDH has informed you of its decision regarding this request. Renewal applications submitted prior to MDH notification will void this request.
- Complete this form and submit your request to MDH at: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us).

[Minnesota Statute 144G.191 \(www.revisor.mn.gov/statutes/cite/144G.191\)](http://www.revisor.mn.gov/statutes/cite/144G.191)

**Current Information on Record with MDH**

Licensee's Legal Name: \_\_\_\_\_

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

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

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

Mailing Address: \_\_\_\_\_

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

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

**Request**

Current Randomly Assigned Expiration Date: \_\_\_\_\_

Requesting  Longer or  Shorter period than currently assigned (please check box)

Reason for Request (Please provide brief description): \_\_\_\_\_

- Licensees have the option to request a change to the randomly assigned renewal period based on financial hardship
- Requests must be made by **June 1**
- [Renewal Request Due to Financial Hardship \(PDF\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/financialhardship.pdf)  
[\(www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/financialhardship.pdf\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/financialhardship.pdf)

# Forms - Multiple License Holders



## Renewal Request for Multiple License Holders ASSISTED LIVING PROVIDERS

Minnesota Assisted Living Statute § 144G.191 Subd. 5 (b) (4) allows those licensees who converted to assisted living licensure in August 2021, who hold more than one assisted living facility license, to request that all license renewal dates occur in the same month or in different months, throughout a 12-month period.

- No requests will be accepted after **JUNE 1, 2022**.
- Applications should **NOT** be submitted in ICSD until MDH has informed you of its decision regarding this request. Renewal applications submitted prior to MDH notification will void this request.
- Only submit **ONE** form per business entity (FEIN#).
- Complete this form and submit your request to MDH at: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us).

[Minnesota Statute 144G.191 \(www.revisor.mn.gov/statutes/cite/144G.191\)](http://www.revisor.mn.gov/statutes/cite/144G.191)

### Current Information on Record with MDH

Licensee's Legal Name: \_\_\_\_\_

Licensee's Federal Tax ID (FEIN#): \_\_\_\_\_

Total # of Assisted Living Licenses that fall under this request: \_\_\_\_\_

List every Health Facility ID (HFID – 5-digit #) that falls under this request: \_\_\_\_\_

### Request

Business entities that hold multiple licenses will, by default, all be scheduled to renew in the same month unless the provider checks the box below. Reminder to NOT submit your renewal application until you have received confirmation from MDH regarding your request. Your renewal period cannot be changed once the application has been submitted.

Requesting that all assisted living licenses held under this business entity be assigned to renew randomly all in **DIFFERENT** months.

- Licensees with more than one assisted living facility license have the option to request all license renewal dates occur in different months, throughout a 12-month period
- Requests for randomization must be made by **June 1**
- [Renewal Request for Multiple License Holders \(PDF\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/multiplelicense.pdf)  
[www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/multiplelicense.pdf](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/multiplelicense.pdf)

[Building Construction Type](#)  
(YouTube: 0:46)  
([www.youtube.com/watch?v=NMajKFkIGKs](http://www.youtube.com/watch?v=NMajKFkIGKs))



# Website Resources

- [Assisted Living Licensure \(www.health.state.mn.us/facilities/regulation/assistedliving/index.html\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/index.html)
  - ALL Together newsletter
  - ALL Inbox: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)
- [Assisted Living License Renewal \(www.health.state.mn.us/facilities/regulation/assistedliving/renewal.html\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/renewal.html)
  - Important Dates
  - Forms
  - License Renewal FAQs
  - Renewal Teleconference Calls
  - Training Videos (coming soon!)
- [Assisted Living Resources & FAQs \(www.health.state.mn.us/facilities/regulation/assistedliving/faq.html\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/faq.html)
- [Assisted Living Teleconference Calls \(www.health.state.mn.us/facilities/regulation/assistedliving/calls.html\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/calls.html)

# Poll Results from 4/21/22

- 1) Do you anticipate a capacity change at your facility during the AL license renewal period?
- 2) Based on your level of concern, on a scale from 1 – 10, (10 being high level of concern) how likely are you to claim financial hardship? Why?
- 3) When do you anticipate completing your license renewal application?



## Important Information and Dates

# Important Dates

DATE	TASK
May 1, 2022	Renewal Application available in ICSD
June 1, 2022	60-Day Deadline for Application submission
June 1, 2022	60-Day Deadline for Closure Plan approval
July 1, 2022	30-Day Deadline for Application submission to avoid a one-time \$200 penalty
August 1, 2022	Conversion Licenses are expired - Facilities operating after expiration and without a license are subject to a \$250 per day fine



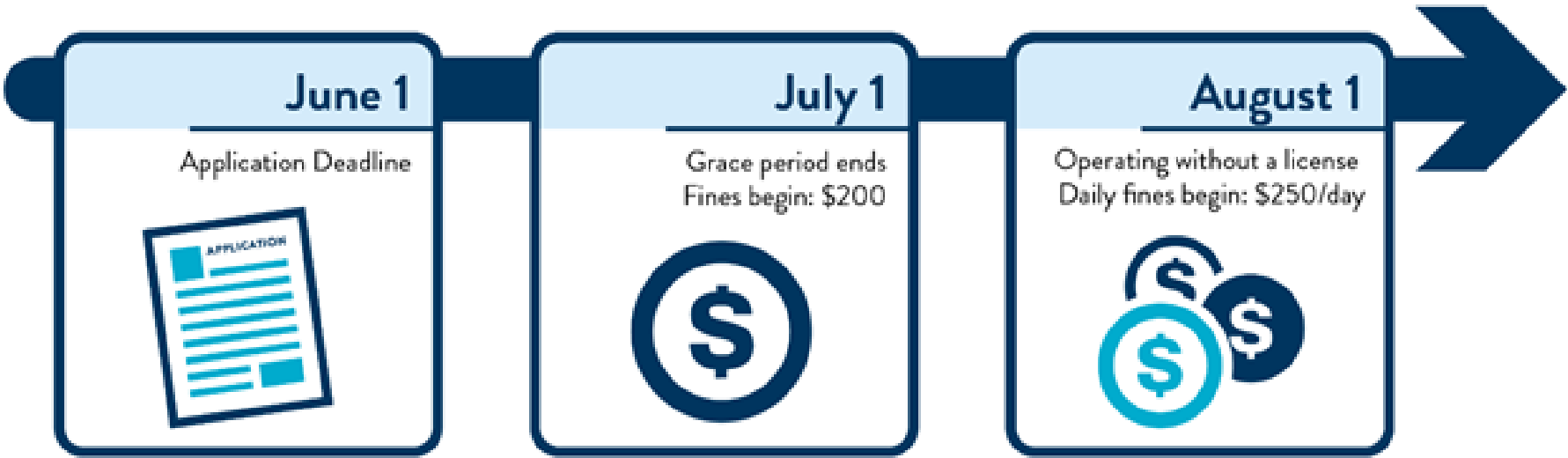
# Renewal Timeline

**May 1:** Assisted Living Licensure renewals begin

**June 1:** Assisted Living Licensure renewal applications due

**July 1:** Grace period ends - fines begin with a \$200 late fee

**August 1:** license expires - providers operating without a license will be fined \$250 per day



# Background Studies

- All natural persons with 5% or more ownership interest (direct or indirect) and all managerial officials who provide direct contact must undergo background studies and be declared eligible prior to renewal.
- New background studies are not necessary for those that have a current eligible study affiliated with the license being renewed.
- 144G.13

# Renewal Application “DOs”

- ✓ **DO** submit renewal applications early
- ✓ **DO** utilize the renewal checklist
- ✓ **DO** complete renewal application with accurate information
- ✓ **DO** sign the attestations
- ✓ **DO** submit all necessary attachments
- ✓ **DO** include an updated UDALSA
- ✓ **DO** complete the necessary background studies for required positions
- ✓ **DO** verify the correct address where license is to be mailed
- ✓ **DO** follow the engineering guidelines
- ✓ **DO** follow renewal application timelines to prevent fees and fines
- ✓ **DO** complete the [Closure Form](#) and submit a closure plan if you are **NOT** renewing your license (*approval* required 60 days prior to license expiration)



# Renewal Application - What it's NOT

- ✓ This is **NOT** a renewal for the Licensed Assisted Living Director (LALD)
- ✓ This is **NOT** an application for a Change of Ownership (CHOW)
- ✓ This is **NOT** a change of license type
- ✓ This is **NOT** a license to open a new facility
- ✓ This is **NOT** a facility change of address/location



- If you do not intend to renew your Assisted Living Facility license, then you **MUST** submit a Closure Form and closure plan for MDH approval per [144G.57](#) prior to **June 1, 2022**
- [Assisted Living Closure Form \(PDF\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/f4045.pdf)  
[\(www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/f4045.pdf\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/f4045.pdf)

- The license **type** may not change on renewal.
- If a licensee chooses to relinquish an Assisted Living Facility with Dementia Care License, they must follow the procedures outlined in [144G.80 Subd. 3](#) and [4659.0160](#) either prior to or after renewal.
- If a licensee would like to move from an Assisted Living Facility License to an Assisted Living Facility with Dementia Care License, they must apply for a new Provisional ALFDC License.

- A Change of Ownership (CHOW) may not occur during renewal.
- If you anticipate a CHOW prior to renewal, then submit a Change of Ownership application as soon as possible: [Provisional Assisted Living Application \(PDF\) \(www.health.state.mn.us/facilities/regulation/assisted\\_living/docs/forms/provisionalapp.pdf\)](http://www.health.state.mn.us/facilities/regulation/assisted_living/docs/forms/provisionalapp.pdf)
- [144G.19](#)



# Licensed Assisted Living Director

- The ALF or ALFDC License renewal is **NOT** an application or renewal for Assisted Living Director license
- Please see [Board of Executives for Long Term Services and Supports \(BELTSS\) \(https://mn.gov/boards/nursing-home/applicants/assisted-living-director/\)](https://mn.gov/boards/nursing-home/applicants/assisted-living-director/) website for requirements for Assisted Living Director Licensure

- Renewal Application Review
- Resources
- Important Information and Dates



Thursday,  
May 19  
10:00 - 11:30 a.m.



# Q and A

# Don't Forget...



If you are a provider or work in an assisted living facility and want to receive updates, including WebEx notifications, register here: [Long Term Care Provider Representatives GovDelivery List.](#)

# Thank you.

Jia Vang - Administrative Specialist

Lynn Knight - Administrative Specialist

Alison Helm - Licensing, Certification, and Registration Supervisor

Rick Michals - State Operations Manager

Jane Danner - Regional Operations Executive Manager

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