

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)	Only 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)	Only 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)	Only 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 health.assistedliving@state.mn.us	144G.45 144G.81	Only applicable if: <ul style="list-style-type: none"> ▪ You are requesting an increase to your licensed resident capacity from 5 or fewer to 6 or more residents; ▪ You are requesting an increase to your licensed resident capacity from 16 or fewer to 17 or more residents; ▪ 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.

Item To Verify	144G Reference	Additional Information
<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.

Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> UDALSA	144G.40 Subd. 2 4659.0090	Current UDALSA must be submitted with application.

Assisted Living Director

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Name <input type="checkbox"/> Permanent Address <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail Address <input type="checkbox"/> LALD or ALDIR License Number	144G.12 Subd. 1 (2)	The Assisted Living Director is the person who administers, manages, supervises, or is in general administrative charge of an assisted living facility.

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.

Manager/Managing Agent

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Name (First/Last) <input type="checkbox"/> Business Entity Name <input type="checkbox"/> E-mail Address <input type="checkbox"/> Telephone	144G.12 Subd. 1 (3) 144G.08 Subd. 34	Only if the licensee has designated an individual or legal entity to act on behalf of the licensee in the on-site management of the assisted living facility through a management agreement.
<input type="checkbox"/> Management Agreement	144G.12 Subd. 1 (10) 144G.08 Subd. 35	Only if the licensee has an agreement with a Manager or Managing Agent to act on behalf of the licensee in the on-site management of the assisted living facility.

Clinical Nurse Supervisor

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Name <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail Address <input type="checkbox"/> RN License Number	144G.41 Subd. 4	The clinical nurse supervisor must be a registered nurse licensed in MN.

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.

Direct and Indirect Owners

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Name <input type="checkbox"/> Title <input type="checkbox"/> Address <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail	144G.12 Subd. 1(2)	All direct owners (with 5% ownership or more) must have a current background study under this facility HFID.

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Type of Ownership <input type="checkbox"/> % of Ownership	144G.08 Subd. 23 144G.08 Subd. 27 144G.08 Subd. 48	<ul style="list-style-type: none"> ▪ Direct ownership interest means an individual or legal entity with the possession of at least 5% equity in capital, stock, or profits of the licensee, or who is a member of a limited liability company of the licensee. ▪ Indirect ownership interest means an individual or legal entity with a direct ownership interest in an entity that has a direct or indirect ownership interest of at least 5% in an entity that is a licensee.
<input type="checkbox"/> Identify if the individual will provide direct (care) contact	144G.08 Subd. 22	Direct contact means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to residents of a facility.
<input type="checkbox"/> Written explanation & copy of disciplinary action	144G.12 Subd. 1(13-14)	If individual was convicted or had any disqualifying situations a written explanation including the reason for action taken, dates, and the jurisdiction in possession of the record, along with a copy of the disciplinary action must be submitted.

Managerial Officials and Controlling Individuals

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Name <input type="checkbox"/> Title <input type="checkbox"/> Address <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Type	144G.12 Subd. 1 (2) 144G.08 Subd. 15 144G.08 Subd. 36	<ul style="list-style-type: none"> ▪ A controlling individual means an owner and the following individuals or entities, if applicable: each officer of the organization, including the chief executive officer and the chief financial officer; each managerial official; and any entity with at least a 5% mortgage, deed of trust, or other security interest in the facility. ▪ A managerial official is an individual who has the decision-making authority related to the operation of the facility and the responsibility for the ongoing management or direction of the policies, services, or employees of the facility.
<input type="checkbox"/> Identify if the individual will provide direct (care) contact	144G.08 Subd. 22	Direct contact means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to residents of a facility.

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Written explanation & copy of disciplinary action	144G.12 Subd. 1(13-14)	If individual was convicted or had any disqualifying situations a written explanation including the reason for action taken, dates, and the jurisdiction in possession of the record, along with a copy of the disciplinary action must be submitted.

Background Studies

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Completed Background Studies	144G.13 Subd. 1	<ul style="list-style-type: none"> ▪ All direct owners (with 5% or more), managerial officials, assisted living directors, consultants, and clinical nurse supervisors listed on the renewal application must complete and pass background studies (under this specific HFID) prior to MDH issuing the license. ▪ Does not pertain to current owners, managerial officials, consultants and the named RN or other licensed health professionals with a completed eligible study already affiliated with the licensee.

Other Licenses

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Written explanation of compliance activities against another license or enrollment	144G.12 Subd. 1(16)	<ul style="list-style-type: none"> ▪ Identify all states where the applicant or any individual having 5% or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership, or where these same actions are pending under the laws of any state of federal authority. ▪ Attach details of any past, current, or pending compliance activities against license or enrollment including the reason for the action taken, dates, and the jurisdiction in possession of the record.

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 health.assistedliving@state.mn.us	144G.45 144G.81	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.

Workers' Compensation Insurance

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Insurance Name <input type="checkbox"/> Carrier Name <input type="checkbox"/> Policy Number <input type="checkbox"/> Effective Dates	144G.12 Subd. 1 (7)	Upload copy of insurance certificate.

Liability Coverage

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Insurance Name <input type="checkbox"/> Carrier Name <input type="checkbox"/> Policy Number <input type="checkbox"/> Effective Dates	144G.12 Subd. 1 (8)	Upload copy of liability certificate.

Fee Information

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> License payment	144.122(d)	<ul style="list-style-type: none"> ▪ Fees are non-refundable. ▪ Only online payments will be accepted. ▪ If payment is rejected due to insufficient funds, an additional \$30 fee will apply.

Attachments

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> Document Uploading Tips	N/A	<ul style="list-style-type: none"> ▪ ICSD works best in Chrome. ▪ Save your application, log out, & restart your computer. ▪ Documents need to be in the correct format (pdf, doc, docx, txt). ▪ Document Names matter (80 character max, no special characters, no dashes). ▪ Upload one document at a time. ▪ May take up to 10 minutes to upload. ▪ Do NOT navigate away from the page.

Verification

Item To Verify	144G Reference	Additional Information
<input type="checkbox"/> MN Statutes, Chapter 144G <input type="checkbox"/> MN Rules, Chapter 4659	144G 4659	Certify that you have read and understand both the statutes and the rules.

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