DEPARTMENT OF HEALTH

Notice of Providing Assisted Living Services

ASSISTED LIVING PROVIDERS

A provisional license is effective for up to one year from the initial effective date of the license. During the provisional license period, the commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident. If the provisional licensee is in substantial compliance with the survey, the commissioner shall issue a facility license. If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply.

Within two days of beginning to provide assisted living services, the provisional licensee **must** provide notice to the commissioner that it is providing assisted living services by sending this form and a copy of a resident's service plan to the e-mail address provided below.

Minn. Stat. § 144G.16 (www.revisor.mn.gov/statutes/cite/144G.16)

Provider License Information

Licensee's Doing Business As (DBA) Name: _____

Licensee's Legal Name: _____

Health Facility ID (HFID – 5 digit #): _____

Date Assisted Living Services Started: _____

Number of Residents: _____

Check all the assisted living services you are **currently** providing under this license.

☐ Assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing

☐ Providing standby assistance

☐ Providing verbal or visual reminders to the resident to take regularly scheduled medication, which includes bringing the resident previously set up medication, medication in original containers, or liquid or food to accompany the medication

☐ Providing verbal or visual reminders to the resident to perform regularly scheduled treatments and exercises

☐ Preparing modified diets ordered by a licensed health professional

☐ Services of an advanced practice registered nurse, registered nurse, licensed practical nurse, physical therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker

☐ Tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed health professional within the person's scope of practice – Describe: _____

_____

☐ Medication management services

☐ Hands-on assistance with transfers and mobility

☐ Treatment and therapies

☐ Assisting residents with eating when the residents have complicated eating problems as identified in the resident record or through an assessment such as difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous instruments to be fed

☐ Providing other complex or specialty health care services – Describe: _____

_____

☐ Supportive services in addition to the provision of at least one of the services listed above – Describe:

_____

This provisional licensee's current residents are paying for assisted living services by:

☐ Private Pay

☐ Private Insurance

☐ Medical Assistance/Medicaid (including waiver payments)

Billing codes: _____

☐ Veterans Administration

☐ Long Term Care Insurance

☐ Other (specify): _____

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 *Notice of Providing Assisted Living Services* form (must be submitted within **two days** of beginning to provide services)

☐ A copy of your *Service Plan* for at least one resident (if not complete at the time the notice of providing services form is submitted, then send as soon as possible)

☐ A copy of a signed *Assisted Living Contract* for at least one resident

Return Completed Form, Service Plan and AL Contract 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/

11/19/2021

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

MDH Use Only

Date Received: _____