COVID-19-Related Bed, Capacity and/or Service Change Application Form

This application applies to health facilities regulated by the Minnesota Department of Health.

This form is required to be completed for a health care facility to change bed count, capacity, and/or service related to COVID-19 and must be consistent with State of Minnesota COVID Emergency Response. Only applications that meet Minnesota COVID Response will be approved.

1. Today's date: _____
2. Facility Information
   a. Facility name: _____
   b. Facility HFID: _____
   c. Facility address: _____
   d. Corporation, association, governmental unit, person or partners legally responsible for the operation of this facility: _____
3. Indicate the facility type(s) of the request. This may differ than the facility's current license/registration.*

   ☐ Hospital/Critical Access Hospital including offsites and distinct parts

   ☐ Nursing Home

   ☐ Boarding Care Home

   ☐ Supervised Living Facility

   ☐ Housing with Service Establishment

   ☐ Residential Hospice

   ☐ Surgical Centers

   ☐ Other facility type

   *If request differs from current license/registration, please describe request in detail:

   _____
4. Contact Information
   a. Administrator/Agent name: _____
   b. Administrator/Agent phone: _____
   c. Administrator/Agent email: _____
   d. Physical plant manager name (if applicable): _____
   e. Physical plant manager phone (if applicable): _____
   f. Physical plant manager email (if applicable): _____
5. Licensed Bed Increase Request or Capacity Increase
   a. Effective date: _____

b. Current number of licensed beds or current capacity*_____

c. Number of beds or increased capacity requesting to add: _____

d. Indicate number of beds requested be removed from layaway*: _____

*Under Minnesota Statutes 144A.071, Subd. 4b, the commissioner may approve the immediate removal of beds from layaway if necessary to provide access to those nursing home beds to residents relocated from other nursing homes due to emergency situations or closure. In the event approval is granted, the six-month restriction on placing beds on layaway after a removal of beds from layaway shall not apply.

6. Description of current/proposed change. Identify change in services, use of space and where beds will be physically located (include building #/identifier; floor(s); wing name(s), room #(s) of all new bed space).

By checking the boxes below, we attest to the following:

☐ This bed increase or change is part of this facility's emergency and surge plans related to COVID-19. This has been approved by the facility emergency planning team.

☐ Hazards and risks are identified and are sufficiently addressed for patient/resident safety. Examples may include electrical, mechanical, medical-gas, staffing, infection control, fire safety and other areas.

☐ Included with this application are floor plans or architectural plans, if appropriate.

Submission/Approval

Submit this form and plans to Health.HRDBedChanges@state.mn.us. Copy the administrator and physical plant manager on the email.

MDH will review each request individually and follow up with the applicant as needed. An onsite visit may be conducted if necessary.

MDH will confirm approval status of this COVID-19 change request as soon as possible.

Signature

Submitting this form to the email address above will serve as a signature.

Note: MDH reserves right to adjust/suspend/withdraw this change as more information regarding COVID-19 becomes available.