

Assisted Living License Closure Plan

PROVIDER CHECKLIST

How to Complete a Proposed Closure Plan

This checklist provides guidance as you prepare the **proposed closure plan** that must be submitted to the Minnesota Department of Health if a facility is closing pursuant to [Minn. Stat. 144G.57](http://www.revisor.mn.gov/statutes/cite/144G.57) (www.revisor.mn.gov/statutes/cite/144G.57) and [Minn. Rule 4659.0130](http://www.revisor.mn.gov/rules/4659.0130) (www.revisor.mn.gov/rules/4659.0130/).

This checklist is meant to be a useful resource to help you complete your proposed plan and does **not** need to be submitted to MDH.

You must fill out the [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) in its entirety. In addition, the checklist below outlines elements that must be included in the proposed closure plan must accompany the closure form. It also outlines the required elements of the written notice of closure to residents, designated representatives, legal representatives, and case managers (if applicable). As a reminder, this written notice cannot be provided until *after* it has been approved by the Commissioner of Health.

Required Elements of a Closure Plan

- A comprehensive list identifying each resident that will be relocated.
- A description of each resident's current level of care, whether the resident receives services from the facility or an outside service provider, and any special needs or medical conditions of the resident.
- The resident's payment source and, if applicable, medical assistance identification number.
- Contact information of each resident's legal representative, designated representative, and case manager (if applicable).
- The names and contact information for those residents who do not have a representative or case manager but who the facility has reason to believe may have diminished cognitive capacity.
- Identification of at least two safe and appropriate housing providers for each resident and for each resident receiving services, appropriate service providers that are in reasonably close geographic proximity to the facility and may be able to accept a resident.
- The roles and responsibilities of the licensee, licensed assisted living director, and any temporary managers or monitors during the closure process and their contact information.
- The procedures and actions the facility will implement to notify residents of the closure. Reminder - residents may not be notified until the Commissioner of Health approves the written notice to residents.
- The procedures and actions the facility will implement to ensure all residents receive appropriate termination planning per [Minn. Stat. 144G.55](http://www.revisor.mn.gov/statutes/cite/144G.55) (www.revisor.mn.gov/statutes/cite/144G.55), including how the facility will assess the needs and preferences of individual residents.
- The steps the facility will take to facilitate resident relocations.

- Policies and procedures for ongoing operations and management of the facility during the closure process that ensure payment of all operating expenses.
- Policies and procedures for ongoing operations and management of the facility during the closure process that ensure 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.
- Policies and procedures for ongoing operations and management of the facility during the closure process that ensure residents' meals, medications, and treatments are not disrupted during the closure process.
- Policies and procedures for ongoing operations and management of the facility during the closure process that ensure transportation of residents during discharge and transfer.
- Policies and procedures for ongoing operations and management of the facility during the closure process that ensure residents' telephone, Internet services, and any electronic monitoring equipment are transferred and reconnected.
- Policies and procedures for ongoing operations and management of the facility during the closure process that ensure residents' personal funds are accounted for, maintained, and reported to the resident and resident's representatives during the closure process, and that the facility complies with final accountings and returns under [Minn. Stat. 144G.42 Subd. 5 \(www.revisor.mn.gov/statutes/cite/144G.42\)](http://www.revisor.mn.gov/statutes/cite/144G.42).
- Policies and procedures for ongoing operations and management of the facility during the closure process that ensure residents' belongings are labeled and kept safe, and residents are given contact information for retrieving missing items after the facility has closed.

Required Elements of the Notice to Residents

- The proposed closure and proposed date of closure.
- Contact information for the Office of Ombudsman for Long-Term Care (phone number 651-431-2555 or Toll free 1-800-657-3591).
- Contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities (phone number 651-757-1800 or Toll Free 1-800-657-3506).
- The primary facility contact that the resident and the resident's representatives and case manager can contact to discuss relocating the resident out of the facility due to the planned closure.
- A statement that the facility will follow the termination planning requirements under [Minn. Stat 144G.55 \(www.revisor.mn.gov/statutes/cite/144G.55\)](http://www.revisor.mn.gov/statutes/cite/144G.55) including:
 - Ensuring a coordinated move to a safe location that is appropriate for the resident and to an appropriate service provider, in consultation with the resident and other required parties; and
 - Preparing a relocation plan for each resident
- A statement that the facility will follow the accounting and return requirements under [144G.42 Subd. 5 \(www.revisor.mn.gov/statutes/cite/144G.42\)](http://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.

Submit the Following Documents to MDH, OOLTC, and OMHDD

- Completed Closure Form
- A copy of the Proposed Closure Plan
- A copy of the Proposed Resident Letter

Return All Required Documents Via Email

Minnesota Department of Health at health.assistedliving@state.mn.us

Office of Ombudsman for Long-Term Care at ALnotices.OOLTC@state.mn.us

- You must include a cover sheet with the notice to OOLTC found on the [Submitting Notices to OOLTC \(https://mn.gov/ooltc/providerresources/submittinotices/\)](https://mn.gov/ooltc/providerresources/submittinotices/) website.

Office of Ombudsman for Mental Health and Developmental Disabilities at AL.Closure.OMHDD@state.mn.us or by fax to 651-797-1950

- [OMHDD \(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/)

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