

Licensed Resident Capacity Increase Request

ASSISTED LIVING PROVIDERS

Complete this form to request an increase to the licensed resident capacity of your assisted living facility license. MDH will respond to requests as soon as practicable; however, licensees should note that not all requests can be approved.

The licensed resident capacity is not increased until MDH provides written approval, the additional license fee is paid, and the updated license is issued. Licensees should anticipate capacity needs prior to the initial and renewal application processes to avoid potential admission delays during the license year.

Facility Information

HFID: _____

Facility Name: _____

Facility Address: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Request Details

Current Licensed Resident Capacity: _____

Requested Licensed Resident Capacity: _____

Does this request coincide with your current renewal application process?

- Yes No

If yes, have you already paid your renewal application fee, which includes this capacity increase?

- Yes No

Please explain specifically where the additional capacity will be located within the facility. Include floor plans, maps, or drawings to support this request. If the capacity increase is to accommodate couples, please list the room numbers where they could potentially reside. This is NOT a formal engineering review. _____

Do the specific sleeping rooms pertaining to this request have proper clearance in accordance with your functional program and individual resident needs?

- Yes No

Do the specific sleeping rooms pertaining to this request have smoke alarms installed that are interconnected with all other smoke alarms in the dwelling unit as required by statute?

- Yes No

Do the specific sleeping rooms pertaining to this request have windows for evacuation that are at least 648 square inches clear opening (with no less than 20" in width and 20" in height of operable window)?

- Yes No

Will the additional resident(s) reside in a bedroom or sleeping room?

- Yes No

Did or will the facility undergo any physical changes through new construction or remodeling to accommodate the additional capacity?

- Yes No

Please describe any service needs within the *community* this capacity increase will attempt to address or resolve: _____

Verification & Attestation

I attest:

- If the proposed request is approved, the facility will be in compliance with all applicable municipal ordinances.
- The licensee has obtained all required local authorization and approval related to this increase.
- I am authorized to make this request to MDH on behalf of the licensee.
- If an increase in capacity will result in a change in facility operations necessitating resident transfers within the facility, the facility will comply with [Minn. Stat. 144G.56 Subd. 5 \(www.revisor.mn.gov/statutes/cite/144G.56#stat.144G.56.5\)](http://www.revisor.mn.gov/statutes/cite/144G.56#stat.144G.56.5)
- I understand MDH will continue to monitor the facility for compliance with [Minn. Stat. 144G \(www.revisor.mn.gov/statutes/cite/144G\)](http://www.revisor.mn.gov/statutes/cite/144G). Noncompliance may result in withdrawal of a licensed resident capacity increase and/or additional enforcement action under Minn. Stat. § 144G.20.
- I understand MDH will invoice the facility for the increased capacity *if* the request is approved (Minn. Stat. § 144.122 (d)). Failure to pay the additional license fee will result in denial of this request.
- I understand the facility cannot add licensed resident capacity until this request is approved in writing by MDH, the additional license fee is paid, and the new license is issued.
- I have examined this form and all attachments. To the best of my knowledge and belief, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information.

Title of Person Requesting Capacity Increase:

- Owner

LICENSED RESIDENT CAPACITY REQUEST

Authorized Agent

Owner or Authorized Agent Printed Name: _____

Owner or Authorized Agent Signature: _____

Date: _____

Submit the Following Documents to MDH

- Completed Assisted Living Licensed Resident Capacity Increase Request Form (this form)
- Any floor plans, maps, or drawings that explain or demonstrate how your facility will accommodate the additional capacity

Return Completed Documents via Email Only to:

health.assistedliving@state.mn.us

Minnesota Department of Health
Health Regulation Division
Assisted Living Licensure
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
health.assistedliving@state.mn.us
www.health.state.mn.us

03/01/2023

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