

# Assisted Living Licensure Innovation Variance Request

## General Instructions

Use this variance request if the assisted living facility licensee or assisted living facility with dementia care licensee is requesting an innovation variance under Minnesota Statutes, section 144G.33.

This document contains references to statutory authority and other information. For example, a reference to Minnesota Statutes (Minn. Stat.) section 144G.12 could include a broad reference to the entire section (i.e., “144G.12”) or a detailed reference to a part of the section (i.e., “144G.12, subd. 1” refers to all of subdivision 1. A different reference type may include a specific subitem reference such as “144G.12, subd. 1(1).” This refers to specific item (1) of subdivision 1). If you have online access to the Office of Revisor of Statutes website, the references will contain a link to this site. If you are working from a printed document you can search for the statutory reference at the Office of Revisor of Statutes website.

## Submitting the Request

Requestors should download the 20210801.ALL\_Innovation\_Variance\_Request\_Form. Requestors should completely fill out the form and return a signed and dated copy to the Assisted Living Licensure email mailbox at: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us).

**Keep a copy of your request. They will not be returned to applicants.**

**Submission of an innovation variance request does not mean MDH has approved the request. MDH will either grant or deny the request and notify the requestor of its decision.**

## Review Process

MDH will acknowledge receipt of the waiver request in an email to the requestor.

As part of the acceptance process, additional information may be requested. If additional information is needed, MDH will contact you to request the additional information. Answer all questions completely and accurately to avoid unnecessary delay.

Once MDH determines it has all required information, signatures, and attachments to make a complete innovation variance request, MDH will notify the requestor informing the person of the completed submission.

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**Application and attachment materials will not be returned to the applicant.**

## **Decision Process**

Pursuant to [Minn. Stat. section 144G.33](https://www.revisor.mn.gov/statutes/cite/144G.33) (<https://www.revisor.mn.gov/statutes/cite/144G.33>), MDH has 45 days from the submission of a complete request to approve or deny the innovation variance request. The innovation variance request is deemed complete when MDH notifies the requestor via email confirmation of the completed submission.

MDH will notify the requestor of its approval or denial of the innovation variance request.

Pursuant to [Minn. Stat. section 144G.33, subd. 5](https://www.revisor.mn.gov/statutes/cite/144G.33) (<https://www.revisor.mn.gov/statutes/cite/144G.33>), if MDH denies the request, MDH will include its reasons for the denial in the notification to the requestor.

## **Questions?**

EMAIL: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)

## Assisted Living Licensure Innovation Variance Request

### Request Type

Select your request type:

- New innovation variance request
- Innovation variance renewal

*Proceed to Licensee Information Section.*

### Licensee Information

Provide the requested information below as it relates to the assisted living facility licensee or the assisted living facility with dementia care licensee.

- a. Assisted living facility or assisted living facility with dementia care license number:

\_\_\_\_\_

- b. HFID number: \_\_\_\_\_

- c. Facility Name: \_\_\_\_\_

- d. Physical Address: \_\_\_\_\_

- e. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- f. County: \_\_\_\_\_

- g. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Proceed to Requestor's Contact Information Section.*

### Requestor's Contact Information

Provide the legal name and contact information of the individual MDH can contact regarding questions about this innovation variance request, and of the Assisted Living Facility Director if the authorized contact and the Assisted Living Facility Director are not the same individual.

#### Authorized Contact

- a. Legal Name: \_\_\_\_\_

- b. Telephone: \_\_\_\_\_

- c. Email Address: \_\_\_\_\_



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e. Explanation or justification of how the innovation variance is innovative, will not impair the services provided, will not adversely affect the health, safety, or welfare of residents, and is likely to improve the services provided:

If you are applying for only one variance to one statutory citation or reference, *proceed to Official Verification section.*

If you are applying for a variance to more than one statutory citation or reference, please complete a separate "Innovation Variance Request" for each variance requested for additional statutory citations.

## Official Verification

Read the following statements, check each item acknowledging you have read, understand, and attest to each referenced material(s) or statement, and sign below.

I certify I have read and understand, and attest to the following:

- I understand in accordance with [Minn. Stat. section 144.051 Data Relating to Licensed and Registered Persons](#) (<https://www.revisor.mn.gov/statutes/cite/144.051>), all data submitted on this application shall be classified as public information upon issuance of a variance. All data submitted are considered private until MDH issues a license.
- I declare that, as the owner or authorized agent, I attest that I have read [Minn. Stat. chapter 144G](#) (<https://www.revisor.mn.gov/statutes/cite/144G>), and [Minnesota Rules, chapter 4659](#) (<https://www.revisor.mn.gov/rules/4659/>), governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.
- I have examined this request and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. 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 as required.
- If this variance request granted, I agree to comply with any alternative measures or conditions required by the Minnesota Department of Health.
- Owner or authorized agent signature of acknowledgment:
  - Legal name (print or type): \_\_\_\_\_
  - Signature: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Date: \_\_\_\_\_

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This section to be completed by Minnesota Department of Health

**Innovation Variance Decision**

**Approved**      **Effective Date** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

Alternative Measures or Conditions:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Denied**

Reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## Appeal Process

Minn. Stat. section 144G.33 requests for innovation variances MUST follow the appeal process laid out in [Minn. Rule 4659.0080, subp. 8.](#)

(<https://www.revisor.mn.gov/rules/4659.0080/#rule.4659.0080.8>). A license applicant or licensee may appeal the denial, revocation or refusal to renew a variance by requesting a hearing from MDH.

The request must be made in writing to the commissioner and delivered personally or by mail within 10 calendar days after the license applicant or licensee receives the notice. If mailed, the request must be postmarked within ten calendar days after the license applicant or licensee receives the notice. The request for hearing must set forth in detail the reasons why the license applicant or licensee contends the decision of the commissioner should be reversed or modified. At the hearing, the applicant or licensee has the burden of proving by a preponderance of the evidence that the variance should be granted or renewed, except in a proceeding challenging the revocation of a variance, where the department has the burden of proving by a preponderance of the evidence that a revocation is appropriate.

## Questions?

EMAIL: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)

## For more information contact:

Minnesota Department of Health  
Health Regulation Division  
PO Box 64900  
St. Paul, MN 55164-0900  
651-201-4200 or 844-926-1061  
[health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

06/30/2021

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