

Licensed Resident Capacity Decrease Request

ASSISTED LIVING PROVIDERS

Complete this form to request a decrease 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 decreased until MDH provides written approval, 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.

Note: If you would like to increase your capacity in the future you must follow the formal capacity increase request process. Requests to increase capacity following a capacity decrease will be reviewed on a case-by-case basis, and not all requests can be granted. Please see the [Licensed Capacity Increase Request \(https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/capacity.pdf\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/capacity.pdf) form for more information on this process.

Facility Information

HFID: _____

Facility Name: _____

Facility Address: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Request Details

Current Number of Residents: _____

Current Licensed Resident Capacity: _____

Requested Licensed Resident Capacity: _____

Will residents need to be transferred if this request is granted? If yes, you are required to comply with Minn. Statutes 144G.52, 144G.53, 144G.54, 144G.55 and 144G.56.

☐ Yes ☐ No

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 decrease?

☐ Yes ☐ No

Does this request coincide with an Assisted Living Plan Submittal Form?

- ☐ Yes ☐ No

If yes, have you passed inspection and received a clearance letter, which includes this capacity decrease?

- ☐ Yes ☐ No

Note: If this request requires new construction, renovation, modification, change of use, or an increase or reduction of the currently licensed space you will need to also submit the [Assisted Living Plan Submittal Form \(https://www.health.state.mn.us/facilities/regulation/engineering/docs/submittalformalf.pdf\)](https://www.health.state.mn.us/facilities/regulation/engineering/docs/submittalformalf.pdf).

Please describe the situation this capacity decrease 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 decrease.
- ☐ I am authorized to make this request to MDH on behalf of the licensee.
- ☐ If a decrease in capacity will result in a change in facility operations necessitating resident transfers out of the facility, the facility will comply with [Minn. Stat. 144G.52 \(https://www.revisor.mn.gov/statutes/cite/144G.52\)](https://www.revisor.mn.gov/statutes/cite/144G.52), [Minn. Stat. 144G.53 \(https://www.revisor.mn.gov/statutes/cite/144G.53\)](https://www.revisor.mn.gov/statutes/cite/144G.53), [Minn. Stat. 144G.54 \(https://www.revisor.mn.gov/statutes/cite/144G.54\)](https://www.revisor.mn.gov/statutes/cite/144G.54), [Minn. Stat. 144G.55 \(https://www.revisor.mn.gov/statutes/cite/144G.55\)](https://www.revisor.mn.gov/statutes/cite/144G.55), and [Minn. Stat. 144G.56 \(https://www.revisor.mn.gov/statutes/cite/144G.56\)](https://www.revisor.mn.gov/statutes/cite/144G.56).
- ☐ I understand MDH will continue to monitor the facility for compliance with [Minn. Stat. 144G \(www.revisor.mn.gov/statutes/cite/144G\)](https://www.revisor.mn.gov/statutes/cite/144G). Noncompliance may result in fines and/or additional enforcement action under [Minn. Stat. 144G.20 \(https://www.revisor.mn.gov/statutes/cite/144G.20\)](https://www.revisor.mn.gov/statutes/cite/144G.20) and [Minn. Stat. 144G.31 \(https://www.revisor.mn.gov/statutes/cite/144G.31\)](https://www.revisor.mn.gov/statutes/cite/144G.31).
- ☐ I understand any fee paid under [Minn. Stat. 144.122 \(d\) \(https://www.revisor.mn.gov/statutes/cite/144.122\)](https://www.revisor.mn.gov/statutes/cite/144.122) is nonrefundable.
- ☐ 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

☐ 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 Decrease Request Form (this form)
- ☐ If there is a change of use include any floor plans, maps, or drawings that explain or demonstrate how your facility will accommodate the capacity. Example: sleeping room to another room type (office, activity, storage, private conference).

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

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