

Sections 144G.45 or 144G.81 Waiver Request

General Instructions

Use this request form if the assisted living facility licensee or assisted living facility with dementia care licensee is requesting a waiver under Minnesota Statutes, sections 144G.45, subd. 7, or 144G.81, subd. 5.

A facility may not request a waiver to the awake staff requirement of section 144G.81, subd. 4.

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 Sections 144G.45 or 144G.81 Waiver Request (this form). Requestor should completely fill out the form and returned a signed and dated copy to the Assisted Living Licensure email mailbox at: health.assistedliving@state.mn.us.

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

Submission of a waiver 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 waiver request, MDH will notify the requestor informing the person of the completed submission.

MINNESOTA DEPARTMENT OF HEALTH ASSISTED LIVING LICENSURE
G45-G81 WAIVER REQUEST FORM

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

Decision Process

MDH will notify the requestor of its approval or denial of the waiver request. Pursuant to [Minn. Stat. section 144G.45, subd. 7](#) (<https://www.revisor.mn.gov/statutes/cite/144G.45,#stat.144G.45.7>), 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

Sections 144G.45 or 144G.81 Waiver Request

Request Type

Select your request type:

- ☐ New waiver request
☐ Waiver 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 waiver 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: _____

MINNESOTA DEPARTMENT OF HEALTH ASSISTED LIVING LICENSURE
G45-G81 WAIVER REQUEST FORM

- d. the length of time for which the variance or waiver is requested:

- e. other relevant information deemed necessary to properly evaluate the request for the waiver:

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

If you are applying for a waiver to more than one statutory citation or reference, please complete a separate “Waiver Request” for each waiver requested for additional statutory citations.

MINNESOTA DEPARTMENT OF HEALTH ASSISTED LIVING LICENSURE
G45-G81 WAIVER REQUEST FORM

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 waiver. All data submitted are considered private until MDH issues a waiver.
- ☐ 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 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: _____

MINNESOTA DEPARTMENT OF HEALTH ASSISTED LIVING LICENSURE
G45-G81 WAIVER REQUEST FORM

This section to be completed by Minnesota Department of Health.

Waiver Decision

☐ **Approved** **Effective Date** _____ **Expiration Date** _____

Alternative Measures or Conditions:

Signature

Date

Title

☐ **Denied**

Reasons:

Signature

Date

Title

Appeal Process

Pursuant to [Minn. Stat. section 144G.45, subd. 7](#) (<https://www.revisor.mn.gov/statutes/cite/144G.45,#stat.144G.45.7>), a licensee may appeal the denial, revocation or refusal to renew a waiver by requesting a hearing from MDH.

The facility must submit, within 15 days of the receipt of the commissioner's decision, a written request for a hearing. The request for hearing must set forth in detail the reasons why the facility contends the decision of the commissioner should be reversed or modified. At the hearing, the facility has the burden of proving by a preponderance of the evidence that the facility satisfied the criteria specified in Minnesota Statutes, section 144G.45, subdivision 7(b), except in a proceeding challenging the revocation of a variance or waiver.

Questions?

EMAIL: 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
www.health.state.mn.us

09/13/2024

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