

NURSING FACILITY RESIDENT RELOCATION & CLOSURE GUIDE



Nursing Facility Rates & Policy (NFRP) Division
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INTRODUCTION

The Minnesota Resident Relocation law focuses on a process of assessment and planning for the relocation of residents from nursing facilities. The resident relocation process is *intended to be collaborative, with the best interests of residents being the central focus of all parties involved.*

This guide is a resource for nursing facilities undergoing a complete or partial closure, or a change in operations that will result in or encourage resident relocations. Following this guide will help ensure that facilities remain in compliance with all applicable state and federal regulations surrounding closures and the relocation of residents.

The nursing facility checklist found on page 4, provides a handy “quick-reference guide” to the requirements for these processes. *The process usually takes anywhere from about 60-90 days (depending on the size of the facility and other factors) from the first time you contact DHS, so please make contact early (in advance). Under some circumstances (emergencies, etc.), the process can be shorter.*

Please note that the process of applying for a Nursing Facility Planned Closure Rate Adjustment (**PCRA**) requires different forms and notices. It is important to note and comply with the deadlines and requirements of *both* the PCRA application process *as well as* the Resident Relocation process. Eligibility to receive a PCRA is *contingent upon* compliance with the Resident Relocation requirements and all other applicable laws. **More information and a staff contact for the PCRA process can be found in Appendix J (page 35).**

For questions on how to begin the closure and resident relocation process, please contact:

Munna Yasiri

munna.yasiri@state.mn.us

RESIDENT RELOCATION CHECKLIST - NURSING FACILITY USE

(For more detail, please refer to the actual statutory language found in M.S. 144A.161 and noted (in parenthesis) behind each item on the checklist).

[Please Note: All parties to this process must refrain from public notice of the facility's intent to close or change operations - prior to providing the required 60-day resident notice. The 60-day notice goes out *after* the required approved relocation plan is in place]. The licensee is expected to cooperate with all entities in the planning process and to provide for the safe and orderly relocation of all residents.

___ (For facilities applying for a Planned Closure Rate Adjustment (PCRA)), please request a copy of the Nursing Facility PCRA Checklist in advance of beginning this work.

___ Concurrently notify DHS, MDH, both Ombudsman offices, the local county social services agency and managed care entities contracting with MN Health Care Programs (MHCP) in the area, of the intent to close, curtail, reduce, or change operations which would result in or encourage the relocation of residents. (**Note:** the planning phase must occur prior to any relocation of residents or closure action. See detail in subd. 2). NOTE: Only the County copy of the notice should include a complete resident census, including; resident name, DOB, SSN and MA ID number (if available)].

___ Within 5 working days of receipt of the notice of intent, the facility should receive contact information from the Local County Agency, identifying the county staff responsible for coordinating the county efforts in the planning process. Subd. 3

___ Establish an interdisciplinary team responsible for coordinating the relocation efforts and designate at least one direct care and one facility administration representative to the team. Other members must include representatives from both Offices of the Ombudsman and the county social services agency. NOTE: Representatives from both the DHS and MDH should be notified of all planning meetings. Subd. 5.

___ Within 10 working days from receipt of the notice of intent to close, begin meetings with the county social services agency and other parties (both Ombudsman Offices, DHS, MDH, Managed Care entities, etc.), to develop the relocation plan. Subd. 3b

___ The relocation plan must be completed no later than 45 days after the receipt of the notice of intent to close. Subd. 3b.

___ The relocation plan must be agreed to by all parties and must (Subd. 3b, 4):

- Identify the expected date of closure, reduction or change in operations
- Outline the process for public notice
- Identify efforts that will be made to include other stakeholders in the relocation process
- Outline the process to ensure 60-day advance written notice to residents, family members and designated representatives
- Present an aggregate description of the resident population remaining to be relocated and the population's needs
- Outline the individual facility resident assessment process to be utilized
- Identify an inventory of available relocation options and resources; including home and community-based services
- Identify a schedule for the timely completion of each element of the plan
- Identify the steps the licensee and the county social services agency will take to address the relocation needs of individual residents who may be difficult to place due to special care needs such as a behavioral health problems, and
- Identify the steps needed to share information and coordinate relocate efforts with managed care organizations (who are also subject to the restriction on discussing the closure publically until the 60 day notice to the residents has been provided)

- ___ Cooperate with the representatives of the interdisciplinary team, DHS and MDH, in planning and implementing the relocation of residents according to the approved plan. Subd. 4 & 5.
- ___ Provide a 60-day (minimum) written notice of closure or change in operations [NOTE: the facility notice, the county social services agency notice, and the Offices of the Ombudsman and Moving Home MN one-page informational handouts should all go out in the *same envelope*]. The notice must include; the date of the *proposed* closure, reduction or change in operations, contact information for the facility staff responsible for providing information and assistance, notice of upcoming meetings for residents and families and contact information for the county social services agency involved in the planning process and both Offices of the Ombudsman. A copy of this notice should go to the resident, family, responsible party, the resident's managed care organization (if known), DHS, MDH, the county social services agency, both Offices of the Ombudsman and the resident's physician. *In the case of a complete facility closure, the facility must also notify the Centers for Medicare and Medicaid Services (CMS)*. This letter should clearly indicate the name and organization of all individuals that have been cc'd. See Subd. 5a for the required contents of this notice.
- ___ Concurrent with the 60-day notice, provide the County Agency and both Offices of the Ombudsman, with an updated resident census. See detail in Subd. 5(b).
- ___ As of the date of the 60-day notice is provided to residents, families and responsible parties, a facility undergoing a *complete* closure may not admit any new residents. Subd. 2(d).
- ___ Facilities undergoing a partial closure or a change in operations, as of the 60-day notice date, must fully inform prospective residents and new admissions of the facility's intent to close beds or change operations and of their plan to relocate residents. Subd. 2(c).
- ___ Beginning the week *following* the 60 day notice, send weekly status reports to DHS, MDH, the county social service agency and both Offices of the Ombudsman. Please note: Status reports should not include resident-specific identifying information. Subd. 6(b).
- ___ Conduct meetings with residents, families, responsible parties and family councils to notify them of the relocation process. *All* parties to the relocation planning process should receive notice of these meetings, to have the opportunity to participate. Subd. 5d
- ___ Work with members of interdisciplinary team to provide sufficient resident preparation for relocation, including information on relocation options. Assist resident in finding relocation options that take quality, services, location and resident's needs and interests into consideration. Subd. 5c.
- ___ Assist residents with relocation placement. Provide free site visits for residents (within the limits specified in law). Subd. 5e
- ___ Complete an inventory of all resident possessions and funds and provide a copy to the resident and responsible party prior to relocation. Make arrangements for the timely transfer of resident property and funds and the reconnection of all communication devices, at no charge to the resident. Subd. 5f (a-c)
- ___ Provide final written notice of discharge (prior to the discharge) to the resident, family, responsible party, managed care coordinator and attending physician. This notice should include the effective date of the relocation and the destination to which the resident will be relocated. See detail in Subd. 5g (a)
- ___ Provide the receiving facility or entity with a complete and accurate copy of all pertinent resident records and plan of care. See detail in Subd. 5g (b).
- ___ Provide the receiving facility or entity with staff training and consultation for residents with special needs. Subd. 5g(c)
- ___ Consult with the County Social Service agency, DHS and MDH regarding issues or problems encountered during the closure and relocation process.

- ___ Provide for the safe and orderly transport or make arrangements for the transport of the resident to the new facility or location within the county or contiguous counties, at no charge to the resident. This may include providing the resident an escort, if needed or upon request. Ensure no disruption to resident meals, medications or treatment during the relocation. Subd. 6 (a)

- ___ Retain or make arrangements for the retention of resident records that have not been transferred to a new facility of healthcare entity, for the period required by law and provide access as needed, by the MDH. Subd. 7

- ___ Notify the MDH and DHS of the final and actual date of the facility closure.

For questions regarding the nursing facility closure or resident relocation processes, please contact:
Munna Yasiri
munna.yasiri@state.mn.us
(651) 431-2264

INTENT TO CLOSE OR CHANGE OPERATIONS CONTACTS

Prior to the beginning of the planning process, a Letter of Intent to close or curtail, reduce, or change operations which would result in or encourage the relocation of residents must be sent to the following parties.

This notice should be sent when a facility has the intent to close or proposes a change in operations that may result in or encourage the relocation of residents. The letter of intent should be sent *well in advance* of the actual proposed date of the facility closure or change in operations. The planning process (including the required 60-day advance notice to residents and other parties) typically takes about 3 months (although it can be expedited for urgent situations).

The “letter of intent” triggers the beginning of the closure *planning* process with the DHS, MDH, the local county agency, the Office of Ombudsman for Long-Term Care and the Ombudsman for Mental Health & Developmental Disabilities and other stakeholders. For a sample copy of a Letter of Intent, please refer to Appendix A (page 14 of this guide).

Notice should be sent to:

CONTACTS – CLOSURE/RESIDENT RELOCATION PLANNING, INTENT TO CLOSE & 60-DAY NOTICES

DHS Munna Yasiri** Compliance and Intergovernmental Relations Director Minnesota Department of Human Services (DHS) Nursing Facility Rates & Policy (NFRP) Division PO Box 64973 St Paul, MN 55164-0973 munna.yasiri@state.mn.us	MDH Shellae Dietrich** Program Assurance Supervisor Minnesota Department of Health (MDH) Licensing & Certification Program PO Box 64900 St. Paul, MN 55164-0900 shellae.dietrich@state.mn.us
Kayla Nance, Deputy Director and Gina Smith Moving Home Minnesota Minnesota Department of Human Services (DHS) PO Box 64974 St Paul, MN 55164-0974 kayla.nance@state.mn.us gina.a.smith@state.mn.us	Office of Ombudsman for Mental Health and Developmental Disabilities (refer to the list of ombudsman, Appendix H, page 31)
County Social/Human Services Director (check this listing for your local County Department) https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/contact-us/county-tribal-offices.jsp	Office of Ombudsman for Long-Term Care (refer to the list of regional ombudsman, Appendix G, page 28)
Managed Care Health Plan/s - (refer to the list of health plans contacts, Appendix I, page 34)	

**Note: Where the Facility Checklist or Statute refers to the Department of Human Services (DHS) or the Commissioner of Human Services or the Department of Health (MDH) or the Commissioner of Health, this individual is your point of contact for DHS and/or MDH.

CONTACTS: For the **60-DAY NOTICE** requirement, *all of the above parties* must be notified. *In addition*, the notice should be sent to the 1) resident, 2) the resident’s responsible party, and the resident’s attending physician (if known).

Only in the case of a **complete** facility closure, a copy of the **60-day notice** (not the Intent to Close Letter) must also be sent to the Centers for Medicare and Medicaid Services (CMS) at:

Tamika J. Brown

Principal Program Representative
 Division of Survey & Certification, Centers for Medicare & Medicaid Services (CMS)
 233 N Michigan Ave, Suite 600
 Chicago, IL 60601
Tamika.Brown@cms.hhs.gov

ROLE OF THE OMBUDSMAN IN RESIDENT RELOCATIONS

Objective: Minimize potential for negative impact on residents when nursing facilities close, curtail, reduce or change operations.

- 1) Play an active, constructive role in the relocation planning process. Work closely with the facility and local agency to ensure that resident well-being and resident rights and preferences are carefully considered. Maintain strict confidentiality throughout the planning process.
- 2) Serve as a resource to residents and families once the 60-day notice to close has been provided. Inform residents and their families or representatives, of the facility and local agency responsibilities in the relocation process.
- 3) Assist residents and families, when requested, in the evaluation of relocation options. Advocate for the right of residents to a “safe, orderly, and appropriate” relocation which considers resident preferences.
- 4) Participate in meetings with residents and families as well as in meetings with resident councils and family councils. Work with the facility and local agency to respond to and resolve concerns of residents and families.
- 5) Bring to the attention of the local agency and the State, any relocation considered inappropriate or dangerous.
- 6) Gather information on facility policies that may impact the health, safety, and rights of residents.

RELOCATION STRESS

The evacuation of Nursing Homes often results in a very real occurrence, relocation stress syndrome (sometimes referred to as “transfer trauma”). Nursing home residents (who may already feel vulnerable), are being relocated without initiating this move, to a new facility or location, potentially increasing their sense of vulnerability.

The resident relocation process, when executed properly, is intended to reduce the occurrence of trauma and the feelings of vulnerability that residents may experience - by providing an organized and transparent process. While the process is organized in such a way as to focus on resident needs, it is not always possible to entirely avoid the stress residents may feel as a result of a relocation. Studies have shown that even a desired move amongst individuals who are elderly or vulnerable, can result in stress or trauma for a period of time, until adjustment to the new surroundings occurs. This “trauma” can last for days, weeks or longer.

Residents can exhibit many symptoms, including depression, anxiety, anger, resistance, crying, fearfulness, loss of trust, insecurity, withdrawal and neediness (requiring excessive reassurance). Nursing home staff need to monitor and address these symptoms, in the same way they would address a fever or infection. Staff in the receiving facility should be on alert for symptoms of lethargy, feelings of loss of control by the resident, changes in sleep or behavior patterns, loss of appetite, weight loss and a potential increase in falls – to avoid negative outcomes.

As a best practice, staff in the receiving facility should address the following:

- Train staff on “transfer trauma” symptoms
- Emphasize documentation and reporting responsibilities regarding these symptoms
- Implement interventions when these symptoms occur
- Adjust the plan of care for residents exhibiting symptoms of trauma
- Allow residents to express their concerns openly, always validate their concerns and provide accurate information in response to all inquiries (do not down play or ignore their concerns under any circumstances)
- Maintain each resident’s daily routine as much as possible
- Adjust staffing levels so all resident care needs can be met
- Ensure all personal belongings have been moved with the resident and place them in the same approximate location (take a picture of the resident’s room prior to the move and arrange items in a similar manner)
- When at all possible, have staff from closing facility accompany residents to the new facility and if the staff person will be working at the new facility, provide cares for the same resident/s
- Encourage the family/friends of transferred residents to visit regularly to help provide a sense of normalcy and allay resident fears/concerns

OTHER RESOURCES

Alzheimer's Association

The Alzheimer's Association provides educational services, special care programs, and other resources (i.e., lists of day programs, respite, or other services to help families and caregivers). For more information, call the Alzheimer's Association Helpline at 1-800-272-3900, or visit their website at <http://www.alz.org/>

Disabilities Hub MN

The Disabilities Hub MN (formerly Disability Linkage Line) is free statewide call center that provides one-on-one assistance to people with disabilities (including those with chronic illnesses). People with disabilities can get information on disability benefits programs, accessible housing, disability rights, personal assistance services, employment and other available community and support services. The Disabilities Hub can be reached at 1-866-333-2466.

ElderCare Development Partnership

These state-funded projects work through collaborations of counties, Area Agencies on Aging (AAA), providers, and community members to jointly develop innovative LTC services to meet consumer needs and preferences of 37 counties. An Eldercare Development Partnership Regional Directory can be accessed online at:

<https://mn.gov/dhs/partners-and-providers/contact-us/long-term-services-and-supports/eldercare-contacts/>

Minnesota Network of Hospice & Palliative Care

The Minnesota Network of Hospice & Palliative Care is a statewide organization that advocates for the terminally ill and provides resources and referrals. MNHPC provides resources for public and consumers on hospice care and programs. They may be reached through their website at <http://www.mnhpc.org>, or by calling 651-659-0423.

Minnesota Centers for Independent Living (MACIL)

The Minnesota Association of Centers for Independent Living is a resource network that seeks to enable individuals with disabilities to live independently in the community. They provide direct services, equipment and media loans, community education and outreach, information and referral, peer counseling, and advocacy for persons with disabilities. Visit their website at <http://macil.org/>

MinnesotaHelp.info®

Sponsored by the Minnesota Board on Aging, DHS and other partners, MinnesotaHelp.info is an online human service directory containing information, referrals and links to public assistance programs and services. Seniors, persons with disabilities, veterans, caregivers, parents, families, youths and low-income people can get connected to resources and services, such as prescription drugs, financial, and food assistance. For more information visit <http://www.minnesotahelp.info>.

Office of Ombudsman for Long-Term Care

The Ombudsman program is administered through the Board on Aging and works with seniors, their families, and caregivers as advocates for enhancing quality of care and quality of services provided by calling (651) 431-2555 or 1-800-657-3591.

Planned Closure Rate Adjustment (PCRA) & Single Bed Incentive (SBI)

Facilities that wish to apply for a Planned Closure Rate Adjustment and/or Single Bed Incentive must be in compliance with all aspects of M.S. 144A.161. A separate application form is required. For more information, refer to Appendix J (page 35) of this Guide.

Senior LinkAge Line®

Senior LinkAge Line® is an information, assistance and referral service provided by the [Minnesota Board on Aging](#) and its [Area Agencies on Aging](#) that helps seniors and their families' access services and get involved in their communities. By calling 1-800-333-2433, you can receive information on: housing, home care, volunteer opportunities, caregiver support and respite, home delivered meals or congregate dining sites, legal assistance, transportation, minor home repair and chore services, health insurance counseling and much more.

Veterans Linkage Line

Administered by the Minnesota Department of Veteran Affairs, the Veterans Linkage Line is a one-stop customer service line for veteran information, referrals and services. Veteran and families can receive information on benefits, healthcare, education, reintegration, and psychological counseling. Immediate crisis intervention is available by trained staff 24 hours a day, 7 days a week. For more information about the Veteran Linkage Line call 1-888-(LINKVET) or 1-888-546-5838.

Area Agencies on Aging (AAA)

Seven regional AAAs administer the federal Older Americans Act and state nutrition funding for home and community-based LTC services. They also provide planning and development assistance in their service areas. Their website is <https://mn4a.org>.

AAA	Contact	Service Area
Arrowhead Area Agency on Aging Kristi Kane, Director 221 West 1 st Street Duluth, MN 55802	E-mail: kkane@ardc.org Main: 218-722-5545 Toll Free: 1-800-232-0707 Fax: 218-529-7592 SLL: 218-723-4729	Serves Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis counties.
Central Minnesota Council on Aging Lori Vrolson, Director 250 Riverside Ave N – Suite 300 Sartell, MN 56377	E-mail: Lori@cmcoa.org Main: 320-253-9349 Fax: 320-253-9576 SLL: 320-654-5319	Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, and Wright counties
Land of the Dancing Sky Area Agency on Aging Darla Waldner, Director Northwest Regional Development Commission 115 South Main Ave Warren, MN 56762	E-mail: darla@nwrdc.org Main: 218-745-6733 Fax: 218-745-6438 SLL: 218-745-6537	Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse, and Wilkin counties
Metropolitan Area Agency on Aging Dawn Simonson, Director 1265 Grey Fox Rd, Suite 2 Arden Hills, MN 55112	E-mail: dsimonson@metroaging.org Main: 651-641-8612 Fax 651-641-8618 SLL: 651-642-0388	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties
MN Chippewa Tribe Area Agency on Aging Earlene Buffalo, Director 15542 State Hwy 371 NW PO Box 217 Cass Lake, MN 56633-0217	Main: 218-335-8585 Toll Free: 1-888-231-7886 Fax: 218-335-8080	Reservations Served: White Earth, Leech Lake, Bois Forte, and Grand Portage
Minnesota River Area Agency on Aging Jason Swanson, Director Region Nine Development Commission 210 N Broad Street, Suite 102 Mankato, MN 56001	E-mail: jswanson@mnraaa.org Main: 507-387-1256 Fax: 507-387-6223 SLL: 507-836-6681	Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Murray, McLeod, Meeker, Nicollet, Renville, Nobles, Pipestone, Redwood, Rock, Swift, Sibley, Waseca, Watonwan, and Yellow Medicine counties
Laurie Brownell, Director Southeastern MN Area Agency on Aging 2720 Superior Dr NW Rochester, MN 55901	E-mail laurie@semaaa.org Main: 507-288-6944 Fax: 507-288-4823 SLL: 507-280-5550	Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmstead, Rice, Steele, Wabasha, and Winona counties

EMPLOYEE ASSISTANCE RESOURCES

Nursing facility closures are difficult for employees as well as residents. The Department of Human Services encourages closing facilities to consider ways to ease this transition for the staff as well as for the residents.

There are many ways to assist employees in finding new jobs. A few options include:

- form a transition staffing committee;
- contact area nursing homes, assisted living facilities, home healthcare and temporary staffing agencies, informing them that personnel may be seeking jobs as a result of the closure;
- organize and host a job fair for your employees, invite other facilities under common ownership and other local employers and provide your employees with information on local and other job openings;
- invite representatives from nearby educational institutions (they can provide information on the educational and training programs); and
- notify the local state workforce center and encourage staff to access these resources.

The internet has made job searches easier with numerous websites and various support topics.

- The local library is one resource available to all Minnesota residents. Staff are able to assist with finding resources and with job searches.
- The local paper with job listings is always available. For listings in other cities, try the website www.mnnews.com.
- Minnesota WorkForce Centers www.careerforcemn.com have many resources available to assist people in conducting a job search, as well as filing for unemployment benefits.
 - Dislocated worker services are available for individuals that have been laid off from their jobs due to market demand or ever-increasing qualification requirements and who face challenges finding a comparable job. Dislocated Worker Programs provide a variety of services. Eligible individuals are not charged a fee for the following services:
 - Career planning and personal counseling for career decision making, developing job goals and personal planning.
 - Training and retraining resources are available for continuing education and to update skills or acquire skills in a new field.
 - Job seeking skills workshops on preparing resumes and cover letters, learning and practicing interviewing skills and networking.
 - Job clubs to meet with other job seekers to network, check current job openings and discuss issues.
 - Placement services include leads developed by counselors and agencies.
 - Support services funds are available for expenses such as child care and transportation to enable participants to achieve their employment or training goals.
 - America's Job Bank at www.careeronestop.org lists positions for public employment.
 - CareerBuilder at www.careerbuilder.com offers career information.
 - Riley Guide at www.rileyguide.com is for job seekers on how to use the internet to their best advantage.
 - Glass Door at www.glassdoor.com is another popular job search website.
 - Job boards posted on Leading Age Minnesota and Care Providers of Minnesota websites.
 - In addition, try the websites of local health systems and healthcare employers.

Resource handout templates are available upon request, please contact Munna Yasiri at:

munna.yasiri@state.mn.us

APPENDIX A
Letter of Intent - Sample

(NOTE: This is not a required template, facilities may develop their own letter - if it meets all notification requirements. This sample is offered as a convenience to facilities and meets all the requirements of the law).

Date _____

To Whom it May Concern,

This letter serves as the required notification, under M.S. Statutes 144A.161, of our intent to close, curtail or change operations in a manner that may result in or encourage the relocation of residents.

_____(facility name)_____, located at _____(FULL street address)_____ in _____(name of county)_____ county, is a _____(#beds)_____ bed facility. As of this date, our current resident census is _____(# of residents currently residing in the facility)_____.

It is our intent to _____((choose one): close, partially close or change operations)_____, with a desired effective date of _____(insert desired effective date)_____. It is our understanding that this date *may* change and is dependent upon a) the successful completion and approval of a Resident Relocation Plan by all parties, and b) providing the required 60-day advance notice to residents/families.

The individuals responsible for coordinating this process for the nursing facility include the following individuals (list names, titles, telephone and email addresses. NOTE: You can skip the mailing address, *unless* it is different from the facility address. At a *minimum*, this list *must* include the Administrator.

_____(Name of each individual)_____, Title, Telephone, email address
_____, Title, Telephone, email address
_____, Title, Telephone, email address
_____, Title, Telephone, email address

PLEASE NOTE: Minnesota Statutes requires that information related to this closure or change in operations *remain confidential until such time as the facility residents have received their 60-day notice. Please treat this information as confidential* until that date has been established and the notice has been provided to residents/family.

Sincerely,

_____, Administrator

CC:

Munna Yasiri, MN Department of Human Services (DHS)
Shellae Dietrich, MN Department of Health (MDH)
_____, Ombudsman for Long-Term Care
_____, Ombudsman for Mental Health/Developmental Disabilities
_____, County Social Services Agency
_____, Managed Care Organization (list)
_____, Other (list)
_____, Other (list)

APPENDIX B
Resident Relocation Plan – Sample

(NOTE: This sample Plan template is offered as a convenience to facilities and meets all the requirements of the law. This template *may* be better completed, viewed and printed in a “landscape” mode.

RESIDENT RELOCATION PLAN - Sample
Updated: (insert date here)

ACTION ITEM	Responsible Individual/s (or team)	Expected/Actual Completion Date	Status/Notes
Send Notice of Intent to DHS, MDH, County, Ombudsman (both Offices), Moving Home MN, and the Managed Care Organizations operating in the County -Subd. 2a (sample notice page 14 of this Guide)			
Refrain from public discussion of the closure, limiting discussion to members of the interdisciplinary/relocation team and on a “need to know” basis until the required 60-day notice is provided residents/families.			
Complete/submit resident census to the County Social Services Agency contact - Subd. 2b			
Establish an interdisciplinary/relocation team. This team should consist of facility staff involved in the closure and relocation efforts and the all other parties listed in the first item above - Subd. 5			

ACTION ITEM	Responsible Individual/s (or team)	Expected/Actual Completion Date	Status/Notes
Hold meetings with the County Agency and the other parties listed above. <i>Provide advance notice of meeting dates/times to all parties</i> and establish a telephone/video conference line for those parties unable to attend meetings in person - Subd. 3a			
Develop the Relocation Plan in conjunction with the parties listed in the first item above - Subd. 3b			
Approval of Relocation Plan by all parties listed above - Subd. 3b			
For facilities applying for a PCRA or SBI, see Appendix J (page 35) of this Guide to obtain required application/other materials.			
Provide 60-day Public Notice of closure to residents, their responsible parties, attending physician (if known) and Managed Care Organization (if known). One copy of this notice should go to DHS, MDH, both Offices of the Ombudsman and the County Agency. For a <i>complete facility closure only</i> , a copy of the notice must also be sent to the federal Centers for Medicare and Medicaid Services (CMS) -Subd. 5a			
Provide an updated resident census to the County Agency and both Offices of the Ombudsman with all required information - Subd. 5(b)			

ACTION ITEM	Responsible Individual/s (or team)	Expected/Actual Completion Date	Status/Notes
Hold Meetings with residents and families. <i>Provide advance notice of these meetings</i> to DHS, MDH, both Offices of Ombudsman, Moving Home MN, Managed Care Organizations and the County Agency - Subd. 5d			
For <i>complete facility closures only</i> , stop new admissions-Subd 2(d)			
Provide notice to new admits (<i>for partial facility closures only</i>)-Subd. 2(c)			
For rate increases resulting from PCRA/SBI, provide private-pay residents a <i>minimum 30-day notice of rate change</i> .			
Submit weekly status reports to DHS, MDH, both Offices of Ombudsman, Moving Home MN, and the County Agency, beginning the week <i>after</i> the 60 day notice is provided to residents/family -Subd. 6(b)			
Conduct county and/or other resident screenings to assess resident condition, need for services and for possible placement options (these may include, but are not limited to; Level 1 and 2 screenings, waiver screening, MDS, etc.). Subd. 5g			
Provide relocation options resource list to residents/families-Subd.5c			
Coordinate resident site visits to potential new locations-Subd. 5e			
Provide inventory of personal property/funds and ensure all resident property is transferred to new location-Subd. 5f(a-c)			

ACTION ITEM	Responsible Individual/s (or team)	Expected/Actual Completion Date	Status/Notes
Assist residents with transfer/reconnection of communication devices-Subd. 5f			
Provide final written discharge notice to resident, resident's responsible parties, and resident's attending physician and managed care organization (if known) - Subd. 5g(a)			
Provide for safe/orderly transport of resident to new location-Subd. 6(a)			
Provide receiving entity with complete, accurate resident records-Subd. 5g(b)			
Consult with receiving entity and provide training as needed to assist with residents with special needs-Subd. 5g(c)			
Consult with the County, DHS and MDH, as needed, regarding issues or problems encountered during the process			
Make arrangements for record retention, as required by law-Subd. 7			
Notify DHS and MDH of actual date of facility closure			
Obtain a copy of the official letter of bed closure from MDH – if applying for PCRA/SBI, notify the DHS staff contact.			
OTHER POTENTIAL (NON-STATUTORY) ACTION ITEMS TO CONSIDER): (PRIOR TO/AT TIME OF 60-DAY NOTICE)			

ACTION ITEM	Responsible Individual/s (or team)	Expected/Actual Completion Date	Status/Notes
Notify Facility Staff of closure (establish dates/times for staff meetings). Keep in mind that facility staff should be notified before (or at the very least, concurrently with the 60-day resident notice). However, notifying staff of the closure too far in advance may make it more difficult to keep the facility closure confidential until the notice is provided.			
Stop New Hires			
Develop retention package/incentives to keep employees on during transition period			
OTHER POTENTIAL NON-STATUTORY ACTION ITEMSTO CONSIDER: (AFTER OFFICIAL 60-DAY PUBLIC NOTICE HAS BEEN GIVEN)			
Hiring Fair: Invite local employer HR representatives and/or representatives from sister facilities/organizations in for recruitment event			
Contact Regional Minnesota Workforce Center to inform them of facility closing and provide job placement assistance to current employees			
Provide current employees with letters of reference and/or verification of employment dates			
Send letters to Vendors re: facility closing			
Notice to Public Utilities (heat, electric, etc.) to stop service			
Other?			

APPENDIX C
60-Day Notice - Sample

(NOTE: This is not a required template, facilities may develop their own letter - if it meets all notification requirements. This sample is offered as a convenience to facilities).

Date _____

_____,

This letter serves as notice of our intent to (choose one) close *or* change operations at ____ (facility name and address)____. This (choose one) closure *or* change in operations (choose one) will *or* may result in the need to discharge and relocate facility residents.

It is our intent to ____ (choose one: close, partially close or change operations)____, with an effective date of ____ (insert effective date-60 days from the resident notice date)____. This action is being taken as a result of ____ explain here ____ (you may choose to provide some explanation as to why you are taking this action).

We will make every effort to work with you and your (family, representative, etc.-choose one), to select an alternative placement that meets your individual needs and choices.

To provide you more information on the resident relocation process, we will hold a meeting/series of meetings (choose one), to be held as follows (list date/time/location of meeting/s):

Below you will find a list of the individual contacts responsible for coordinating this process, providing you assistance and answering questions.

Sincerely,

_____, Administrator

Facility Contact/s:

County Contact/s:

Ombudsman for Long-Term Care Contact:

Ombudsman for Mental Health Contact:

CC:

- _____, Resident's responsible party or family
- _____, Resident's attending physician (if known)
- _____, Resident's Managed Care Organization (if enrolled and known)
- _____, Other (list)
- _____, Other (list)

APPENDIX D
WEEKLY NURSING FACILITY STATUS REPORT FORM

(use back side or additional sheets if needed)

Date:

Relocation Plan (attach a copy when you submit your first report and attach a copy if changes have been made since your last weekly status report was submitted)

Please list any modifications to your relocation plan (or attach a copy of the current Plan):

List any changes in interdisciplinary team members since your initial Plan was approved (names, organization, titles, telephone numbers, facsimile numbers, and email addresses):

Initial number of residents to be relocated: _____

Number of residents relocated since last report: _____

Number of residents remaining to be relocated: _____

Destination(s) to which residents have been relocated (i.e. other nursing home name, home, etc. – **do NOT** list resident specific names or identifying information (only the copy sent to the County (securely) should have this information):

Issues or problems encountered and resolution to these issues (if resolved):

Prepared by: _____

Name/Title

Facility name

Telephone

E-mail address

CC:

Munna Yasiri, DHS

Shellae Dietrich, MDH

_____, County Agency

APPENDIX E
Final Written Notice - Sample

(NOTE: This is not a required template, facilities may develop their own letter - if it meets all notification requirements. This sample is offered as a convenience to facilities).

Date _____

_____,

This letter serves as the required notification, that you will be discharged from ____ (name) ____ facility, effective ____ (date) _____. The reason for this discharge is due to the closure of ____ (name) ____ facility.

On this date, you will be relocated to:

____ (name/address of receiving facility, home (and responsible party) or home and community-based
____ (residence) _____.

If you have questions, please feel free to contact our staff liaison, ____ (staff name) ____ at ____ (staff telephone #) ____.

Sincerely,

_____, Administrator

CC:

_____, (family or responsible party of resident)

_____, (resident's attending physician (if known))

_____, (Managed Care Organization resident is enrolled in (if known))

APPENDIX F

Statutory Language

M.S. Statutes 144A.161 outlines the requirements of nursing facilities that are closing, partially closing or undergoing a change of operations that will result in or encourage the relocation of residents. The following sections pertain mainly to *nursing facility responsibilities* under this statute.

Minnesota Statutes **144A.161 [NURSING FACILITY AND BOARDING CARE HOME RESIDENT RELOCATION.]**

Subdivision 1. **Definitions.**

- (a) The definitions in this subdivision apply to subdivisions 2 to 10.
- (b) "Change in operations" means any alteration in operations which would require or encourage the relocation of residents.
- (c) "Closure" or "closing" means the cessation of operations of a facility.
- (d) "Contact information" means name, address, and telephone number and, when available, e-mail address and facsimile number.
- (e) "County social services agency" means the county or multicounty social service agency authorized under sections 393.01 and 393.07, as the agency responsible for providing social services for the county in which the facility is located.
- (f) "Facility" means a nursing home licensed pursuant to this chapter, or a boarding care home licensed pursuant to sections [144.50](#) to [144.56](#).
- (g) "Licensee" means the owner of the facility or the owner's designee or the commissioner of health for a facility in receivership.
- (h) "Plan" or "relocation plan" means a description of the process developed under subdivision 3, paragraph (b), for the relocation of residents in cases of a facility closure, reduction, or change in operations.
- (i) "Reduction" means a decrease in the number of beds that would require or encourage the relocation of residents.
- (j) "Relocation" means the movement of the resident to another facility or living arrangement as a result of the closing, reduction, or change in operations of a facility.
- (k) "Responsible party" means an individual acting as a legal representative for the resident.

Subd. 1a. **Scope.**

Where a facility is undertaking a closure, reduction, or change in operations, or where a housing with services unit registered under chapter 144D is closed because the space that it occupies is being replaced by a nursing facility bed that is being reactivated from layaway status, the facility and the county social services agency must comply with the requirements of this section.

Subd. 2. **Initial notice from licensee.**

- (a) A licensee shall notify the following parties in writing when there is an intent to close, reduce, or change operations that would require or encourage the relocation of residents:
 - (1) the commissioner of health;
 - (2) the commissioner of human services;
 - (3) the county social services agency;
 - (4) the Office of Ombudsman for Long-Term Care;
 - (5) the Office of Ombudsman for Mental Health and Developmental Disabilities; and
 - (6) the managed care organizations contracting with Minnesota health care programs within the county where the nursing facility is located.
- (b) The written notice shall include the contact information of the persons in the facility responsible for coordinating the licensee's efforts in the planning process, and the number of residents potentially affected by the closure, reduction, or change in operations. Only the copy of the notice provided to the county social services agency shall include a complete resident census, including resident name, date of birth, Social Security number, and medical assistance identification number if it is available.
- (c) For a facility that is reducing or changing operations, after providing written notice under subdivision 5a, and prior to admission, the facility must fully inform prospective residents and their responsible parties of the intent to reduce or change operations, and of the relocation plan.

(d) A closing facility is prohibited from admitting any new residents on or after the date of the written notice provided under subdivision 5a.

Subd. 3. Planning process.

(a) The county social services agency shall, within five working days of receiving initial notice of the licensee's intent to close, reduce, or change operations, provide the licensee and all parties identified in subdivision 2, paragraph (a), with the contact information of those persons responsible for coordinating county social services agency efforts in the planning process.

(b) Within ten working days of receipt of the notice under subdivision 2, paragraph (a), the county social services agency and licensee shall meet to develop the relocation plan. The county social services agency shall inform the Department of Health and the Department of Human Services, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities of the date, time, and location of the meeting so that their representatives may attend. The relocation plan must be completed no later than 45 days after receipt of the initial notice in subdivision 2, paragraph (a). The plan shall:

- (1) identify the expected date of closure, reduction, or change in operations;
- (2) outline the process for public notification of the closure, reduction, or change in operations;
- (3) identify efforts that will be made to include other stakeholders in the relocation process;
- (4) outline the process to ensure 60-day advance written notice to residents, family members, and designated representatives;
- (5) present an aggregate description of the resident population remaining to be relocated and the population's needs;
- (6) outline the individual resident assessment process to be utilized;
- (7) identify an inventory of available relocation options and resources, including home and community-based services;
- (8) identify a schedule for the timely completion of each element of the plan;
- (9) identify the steps the licensee and the county social services agency will take to address the relocation needs of individual residents who may be difficult to place due to specialized care needs such as behavioral health problems; and
- (10) identify the steps needed to share information and coordinate relocation efforts with managed care organizations.

(c) All parties to the plan shall refrain from any public notification of the intent to close, reduce, or change operations until a relocation plan has been established and the notice in subdivision 5a is given.

Subd. 4. Responsibilities of licensee for resident relocations.

The licensee shall provide for the safe, orderly, and appropriate relocation of residents. The licensee and facility staff shall cooperate with representatives from the county social services agency, the Department of Health, the Department of Human Services, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities in planning for and implementing the relocation of residents.

Subd. 5. Licensee responsibilities related to sending the notice in subdivision 5a.

(a) The licensee shall establish an interdisciplinary team responsible for coordinating and implementing the plan. The interdisciplinary team shall include representatives from the county social services agency, the Office of Ombudsman for Long-Term Care, the Office of the Ombudsman for Mental Health and Developmental Disabilities, facility staff that provide direct care services to the residents, and facility administration.

(b) Concurrent with the notice provided in subdivision 5a, the licensee shall provide an updated resident census summary document to the county social services agency, the Ombudsman for Long-Term Care, and the Ombudsman for Mental Health and Developmental Disabilities that includes the following information on each resident to be relocated:

- (1) resident name;
- (2) date of birth;
- (3) Social Security number;
- (4) payment source and medical assistance identification number, if applicable;
- (5) county of financial responsibility if the resident is enrolled in a Minnesota health care program;
- (6) date of admission to the facility;
- (7) all current diagnoses;
- (8) the name of and contact information for the resident's physician or advanced practice registered nurse;

- (9) the name and contact information for the resident's responsible party;
- (10) the name of and contact information for any case manager, managed care coordinator, or other care coordinator, if known;
- (11) information on the resident's status related to commitment and probation; and
- (12) the name of the managed care organization in which the resident is enrolled, if known.

Subd. 5a. Administrator and licensee responsibility to provide notice.

At least 60 days before the proposed date of closing, reduction, or change in operations as agreed to in the plan, the administrator shall send a written notice of closure, reduction, or change in operations to each resident being relocated, the resident's responsible party, the resident's managed care organization if it is known, the county social services agency, the commissioner of health, the commissioner of human services, the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, the resident's attending physician, and, in the case of a complete facility closure, the Centers for Medicare and Medicaid Services regional office designated representative. The notice must include the following:

- (1) the date of the proposed closure, reduction, or change in operations;
- (2) the contact information of the individual or individuals in the facility responsible for providing assistance and information;
- (3) notification of upcoming meetings for residents, responsible parties, and resident and family councils to discuss the plan for relocation of residents;
- (4) the contact information of the county social services agency contact person; and
- (5) the contact information of the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.

Subd. 5c. Licensee responsibility regarding placement information.

The licensee shall provide sufficient preparation to each resident to ensure safe and orderly discharge and relocation. The licensee shall assist each resident in finding placements that take into consideration quality, services, location, the resident's needs and choices, and the best interests of each resident.

Subd. 5d. Licensee responsibility to meet with residents and responsible parties.

Following the establishment of the plan, the licensee shall conduct meetings with residents, families and responsible parties, and resident and family councils to notify them of the process for resident relocation. Representatives from the local county social services agency, the Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, managed care organizations with residents in the facility, the commissioner of health, and the commissioner of human services shall receive advance notice of the meetings.

Subd. 5e. Licensee responsibility for site visits.

The licensee shall assist residents desiring to make site visits to facilities with available beds or other appropriate living options to which the resident may relocate, unless it is medically inadvisable, as documented by the attending physician in the resident's care record. The licensee shall make available to the resident at no charge transportation for up to three site visits to facilities or other living options within the county or contiguous counties.

Subd. 5f. Licensee responsibility for resident property, funds, and communication devices.

(a) The licensee shall complete an inventory of resident personal possessions and provide a copy of the final inventory to the resident and the resident's responsible party prior to relocation. The licensee shall be responsible for the transfer of the resident's possessions to a selected new location within the county or contiguous counties. The licensee shall complete the transfer of resident possessions in a timely manner.

(b) The licensee shall complete a final accounting of personal funds held in trust by the facility and provide a copy of this accounting to the resident and the resident's responsible party. The licensee shall be responsible for the transfer of all personal funds held in trust by the facility. The licensee shall complete the transfer of all personal funds in a timely manner.

(c) The licensee shall assist residents with the transfer and reconnection of service for telephones or other personal communication devices or services. The licensee shall pay the costs associated with reestablishing service for telephones or other personal communication devices or services, such as connection fees or other onetime charges. The transfer and reconnection of personal communication devices or services shall be completed in a timely manner.

Subd. 5g. Licensee responsibilities for final written discharge notice and records transfer.

(a) The licensee shall provide the resident, the resident's responsible parties, the resident's managed care organization, if known, and the resident's attending physician with a final written discharge notice prior to the relocation of the resident. The notice must:

- (1) be provided prior to the actual relocation; and
- (2) identify the effective date of the anticipated relocation and the destination to which the resident is being relocated.

(b) The licensee shall provide the receiving facility or other health, housing, or care entity with complete and accurate resident records including contact information for family members, responsible parties, social service or other caseworkers, and managed care coordinators. These records must also include all information necessary to provide appropriate medical care and social services. This includes, but is not limited to, information on preadmission screening, Level I and Level II screening, minimum data set (MDS), all other assessments, current resident diagnoses, social, behavioral, and medication information, required forms, and discharge summaries.

(c) For residents with special care needs, the licensee shall consult with the receiving facility or other placement entity and provide staff training or other preparation as needed to assist in providing for the special needs.

Subd. 6. Responsibilities of licensee during relocation.

(a) The licensee shall, at no charge to the resident, make arrangements or provide for the transportation of residents to the new facility or location within the county or contiguous counties. The licensee shall provide a staff person to accompany the resident during transportation to the new location within the county or contiguous counties, upon request of the resident, the resident's family, or responsible party. The discharge and relocation of residents must be conducted in a safe and orderly manner. The licensee must ensure that there is no disruption in providing meals, medications, or treatments of a resident during the relocation process.

(b) Beginning the week following the announcement in subdivision 5a, the licensee shall submit weekly status reports to the commissioner of health and the commissioner of human services or their designees, the Ombudsman for Long-Term Care and Ombudsman for Mental Health and Developmental Disabilities, and to the county social services agency. The status reports must be submitted in the format required by the commissioner of health and the commissioner of human services. The initial status report must identify:

- (1) the relocation plan developed;
 - (2) the interdisciplinary team members; and
 - (3) the number of residents to be relocated.
- (c) Subsequent status reports must identify:
- (1) any modifications to the plan;
 - (2) any change of interdisciplinary team members;
 - (3) the number of residents relocated;
 - (4) the destination to which residents have been relocated;
 - (5) the number of residents remaining to be relocated; and
 - (6) issues or problems encountered during the process and resolution of these issues.

Subd. 7. Responsibilities of licensee following relocation.

The licensee shall retain or make arrangements for the retention of all remaining resident records for the period required by law. The licensee shall provide the Department of Health access to these records. The licensee shall notify the Department of Health of the location of any resident records that have not been transferred to the new facility or other health care entity.

APPENDIX G
Minnesota Board on Aging
OFFICE OF OMBUDSMAN FOR LONG-TERM CARE

Mailing address: PO Box 64971, St. Paul, MN 55164-0971
Office location: 540 Cedar Street, St. Paul 55101

(651) 431-2555 or Toll-free (800) 657-3591
FAX (651) 431-7452
Email: MBA.OOLTC@state.mn.us

(NOTE: THIS LIST LAST UPDATED 4/8/22)

NAME	EMAIL	ASSIGNMENTS: COUNTIES, CITIES and/or FACILITIES
KINSLEY AYANGIM (651) 815-7917	kinsley.ayangim@state.mn.us	<i>Hennepin county cities of:</i> Deephaven, Excelsior, Hopkins, Independence, Long Lake, Maple Plain, Medina, Minnetonka, Minnetrista, Mound, New Hope, Orono, Plymouth, Spring Park, Shorewood, St Louis Park, Wayzata. <i>Including facility in Minneapolis:</i> Ebenezer Care Center
PATRICIA DOMINGUEZ-MEJIA (651) 230-5772	patricia.dominguez-mejia@state.mn.us	<i>Counties:</i> Anoka and Sherburne (excluding city of St Cloud in Sherburne county (Kiessa). <i>Temporary assignment:</i> Isanti County
LORI GOETZ (651) 341-8477	lori.goetz@state.mn.us	<i>County:</i> Dakota (excluding cities of Farmington, Burnsville, and Lakeville), Goodhue (excluding Northfield). <i>Including:</i> the City of Richfield and individual facility: St Elizabeth in Wabasha and Walker Methodist Highview Hills in Lakeville <i>Temporary assignments:</i> City of Richfield zip codes not listed in Kab Nras Lee's temporary coverage; including: 55102 (The Emeralds, Sholom Home East), 55104 (Episcopal Homes), 55105, 55108 (Lyngblomsten), 55114, 55116 (Carondolet Village)
BRETT JAGODZINSKI (651) 238-1228	brett.jagodzinski@state.mn.us	<i>Facilities in Minneapolis;</i> All facilities in Mpls, except other facilities as assigned to other Ombudsman staff
KAB NRAS LEE (651) 230-9999	kabnras.lee@state.mn.us	<i>Counties:</i> Chisago and Washington, and including Jones Harrison facility in Minneapolis. <i>Temporary assignments:</i> North and Eastside of St. Paul, including facilities in zip codes 55101 (Capitol View Transition Care), 55103 (Galtier, A Villa Center), 55106 (Cerenity Marian), 55107 (Cerenity Care Center on Humboldt), 55117, 55119

NAME	EMAIL	ASSIGNMENTS: COUNTIES, CITIES and/or FACILITIES
PARICHAY RUDINA (651) 431-2548	parichay.rudina@state.mn.us	<i>Cities of:</i> Brooklyn Center, Brooklyn Park, Champlin, Corcoran, Crystal, Dayton, Golden Valley, Greenfield, Hassan Township, Maple Grove, Osseo, Robbinsdale, Rogers <i>and Additional Minneapolis facilities;</i> Catholic Eldercare on Main and Fairview University Transitional Services, Mt. Olivet Care Center and Ramsey County Care Center in Maplewood
SALLY SCHOEPHOERSTER (651) 431-2550	sally.schoephoerster@state.mn.us	<i>All suburban Ramsey county cities including:</i> Arden Hills Falcon Heights, Lauderdale, Little Canada, Maplewood, Moundsview, New Brighton, North Oaks, North St. Paul, Roseville, Shoreview, St. Anthony, Vadnais Heights, White Bear Lake, <i>and including facility:</i> Victory Health & Rehab in Mpls
JANE WOLFF (651) 341-8492	jane.wolff@state.mn.us	<i>Counties:</i> Scott, <i>Cities:</i> Bloomington, Burnsville, Farmington and Lakeville (<i>excluding Walker Methodist Highview Hills (Lori)</i>). <i>Temporary Assignment:</i> City of Hopkins
GREATER MN REGIONAL OMBUDSMAN		
HEATHER ANDERSON (651) 724-0187	heather.e.anderson@state.mn.us	<i>Counties:</i> Becker, Clay, Hubbard, Mahnomon, Norman <i>and Western Otter Tail county communities of:</i> Battle Lake, Dunvilla, Erhard, Fergus Falls, Pelican Rapids, and Vergas (Eastern Ottertail to Jason)
CHRISTOPHER BONANDER (651) 263-6286	christopher.bonander@state.mn.us	<i>Counties:</i> Cook, Itasca, Koochiching, Lake, and <i>NW St. Louis county cities of:</i> Babbitt, Biwabik, Buhl, Chisholm, Cook, Ely, Hibbing, Hoyt Lakes, Mountain Iron, Orr, Tower <i>Temporary Assignment:</i> Triage St. Paul calls
AMANDA CAILLIER (651) 402-6848	amanda.l.caillier@state.mn.us	<i>Counties:</i> Beltrami, Clearwater, Kittson, Lake of the Woods, Marshall, Pennington, Polk, Red Lake and Roseau <i>Temporary Assignment:</i> Triage calls for Dan Tupy's previous region)

NAME	EMAIL	ASSIGNMENTS: COUNTIES, CITIES and/or FACILITIES
DAVE CHRISTIANSON (651) 341-9797	dave.e.christianson@state.mn.us	Counties: Blue Earth, Brown, Faribault, Jackson, Martin and Watonwan Temporary Assignment: Triage St. Paul calls, Freeborn and Mower Counties
MICHELE HENIFIN (651) 815-8574	michele.henifin@state.mn.us	Counties: Cass, Crow Wing, Morrison, Todd, Wadena and facilities: Cherrywood Advanced Living facilities in St. Cloud,
JAMIE KUNST (651) 341-9367	jamie.t.kunst@state.mn.us	Counties: Le Sueur, Nicollet, Rice, Steele and Waseca, and City of Northfield Temporary Assignment: Dodge County
JASON MEKALSON (651) 247-0771	jason.r.mekalson@state.mn.us	Counties: Big Stone, Douglas, Grant, Pope (excluding Glenwood Estates-(Kate)), Stevens, Swift, Traverse, Wilkin and Eastern Ottertail County communities of: Perham, New York Mills, Parkers Prairie, Ottertail, Henning and Vining Temporary Assignment: Triage calls for Dan Tupy's region and counties of: Aiken, Carlton and Pine
KATE SELSETH (612) 807-6722	kathyrn.selseth@state.mn.us	Counties: Chippewa, Kandiyohi, Lac Qui Parle, Meeker, Renville, Yellow Medicine and including facility: Glenwood Estates in Pope County
EMMA SHEPARD (651) 592-2590	emma.shepard@state.mn.us	Cities: City of Duluth and other cities near Duluth in St. Louis County; Aurora, Brookston, Eveleth, Floodwood, Hermantown, Meadowland, Proctor and Virginia
R. BRIAN STAMSCHROR (651) 529-0730	brian.stamschror@state.mn.us	Counties: Fillmore, Houston, Olmsted (including all of Rochester), Wabasha (does <i>not</i> include St. Elizabeth (Lori)), Winona
DEB VIZECKY (651) 334-7013	debra.vizecky@state.mn.us	Counties: Cottonwood, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock
KIESSA WEBSTER (651) 336-5354	kiessa.r.webster@state.mn.us	Counties: Benton and Stearns (excluding Cherrywood Advanced Living in St. Cloud (Jane B.)), Includes City of St Cloud facilities in Sherburne County Temporary Assignment: Mille Lacs and Kanabec Counties
MEEGAN WIESE (651) 283-1083	meegan.m.wiese@state.mn.us	Counties: Carver, McLeod, Sibley and Wright Temporary Assignment: Cities of Eden Prairie and Edina

**APPENDIX H
 OMBUDSMAN FOR MENTAL HEALTH / DEVELOPMENTAL DISABILITIES**

COUNTY	REGIONAL OMBUDSMAN	PHONE	EMAIL ADDRESS
Dodge, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Olmsted, Rice, Steele, Wabasha, Waseca, Winona	Lisa Harrison- Hadler	Voice: 1-651-345-2335 Fax: 651-797-1957	lisa.harrison-hadler@state.mn.us
Carver, Chippewa, Kandiyohi, Lac Qui Parle, Lincoln, Lyon, McLeod, Meeker, Redwood, Renville, Scott, Sibley, Wright, Yellow Medicine	Chris Michel	Voice: 320-864-2093 Fax: 651-797-1968	christine.r.michel@state.mn.us
Ramsey, Washington	Robert Morneau	Voice: 651-757-1810 Fax: 651-797-1953	robert.morneau@state.mn.us
Blue Earth, Brown, Cottonwood, Faribault, Jackson, Martin, Murray, Nicollet, Nobles, Pipestone, Rock, Watonwan	Ashley Robinson	Voice: 507-985-2052 Toll Free: 888-845-6116 Fax: 651-797-1959	ashley.robinson@state.mn.us

COUNTY	REGIONAL OMBUDSMAN	PHONE	EMAIL ADDRESS
<i>Anoka, Chisago, Isanti, Kanabec, Mille Lacs, Pine, Sherburne</i>	<i>Mary Rogers</i>	<i>Voice: 651-431-5201 Fax: 651-797-1964</i>	mary.rogers@state.mn.us
Becker, Big Stone, Clay, Douglas, Grant, Kittson, Mahnommen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stearns, Stevens, Swift, Traverse, Wilkin	Jennifer Stans	Voice: 218-736-1895 Fax: 651-797-1955	jennifer.stans@state.mn.us
Hennepin (except the following cities: Brooklyn Center, Brooklyn Park, Champlin, Crystal, Maple Grove, Robbinsdale, Plymouth)	Andrea Strobel-Ayres	Voice: 651-757-1811 Fax: 651-797-1951	andrea.strobel-ayres@state.mn.us

COUNTY	REGIONAL OMBUDSMAN	PHONE	EMAIL ADDRESS
Beltrami, Benton, Cass, Clearwater, Crow Wing, Hubbard, Lake of Woods, Morrison, Todd, Wadena	Cheryl Turcotte	Voice: 218-855-8761 Fax: 651-797-1965	cheryl.turcotte@state.mn.us
Hennepin (only the following cities: Brooklyn Center, Brooklyn Park, Champlin, Crystal, Maple Grove, Robbinsdale, Plymouth)	Stephanie Waters	Voice: 651-757-1812 Fax: 651-797-1952	stephanie.waters@state.mn.us
Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St Louis	Michael Woods	Voice: 218-279-2526 Toll Free: 877-766-5481 Fax: 651-797-1966	michael.woods@state.mn.us

**APPENDIX I
MANAGED CARE HEALTH PLAN CONTACTS
(FOR CARE COORDINATION)**

BLUE PLUS

Karla Kosel
Karla.kosel@bluecrossmn.com
651-662-4166

HEALTH PARTNERS

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PLEASE REMEMBER HIPAA and DATA PRIVACY (IF YOU ARE EMAILING MEMBER INFORMATION)

APPENDIX J

PLANNED CLOSURE RATE ADJUSTMENT (PCRA) and SINGLE BED INCENTIVE (SBI)

Facilities may apply for a rate adjustment for the permanent closure/delicensing of beds, as well as an incentive for delicensing beds to create single-bed rooms.

In order to apply for the PCRA and/or SBI, facilities that are relocating residents must be in compliance with the closure/resident relocation process under M.S. 144A.161, outlined in this Guide.

To apply for the PCRA and/or SBI;

- Complete an initial Resident Relocation Plan (outlined in Appendix B (page 15) of this Guide) and have the Plan approved by all parties.
- Obtain the PCRA/SBI checklist and follow the instructions
- Submit a completed PCRA/SBI application form (along with letters of support, if needed)

PLEASE NOTE: Please start this process early, to ensure time to meet all requirements.

For questions about the PCRA and/or SBI process, or to obtain a copy of the checklist or the PCRA/SBI Application, please contact:

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