

Dear Licensed Assisted Living Director or Residency Permit Director for a Shared Assisted Living Facility:

Minnesota law allows licensed assisted living facilities to share a director to meet compliance minimums for a licensed or permitted director. Statutes and board rules acknowledge the need for community flexibility with different leadership models in creating diverse campuses serving elders, while maintaining the statutory requirement of a Licensed Assisted Living Director (LALD) or Residency Permit Director (RP) to be in ***immediate charge and assume overall responsibility of each licensed*** community/facility.

Leadership creates the culture and environment for team members, families, and residents. Research clearly shows the significant impact on-site LALD/RP can positively impact the environment if they are fully engaged or regularly on-site. The board needs to assure the public that licensees “do not hang their license on the wall” to meet a regulation, rather, that they engage in models of leadership that promote quality outcomes and are engaged in continuous quality improvement. The LALD holds a responsibility in maintaining on-site presence and understands they are responsible for the operations of the community/facility.

To meet Minnesota Rules [6400.7085](#), the following data points are required to be attested to or provided in the application with final acceptance by the board.

Attestation and Requirements:

1. With approval of the board, an assisted living facility may share the services of a licensed assisted living director or a permitted assisted living director in residence. The director or director in residence must maintain an on-site presence to administer, manage, and supervise each assisted living facility and meet the domains of practice according to the requirements. (Daily or weekly)
2. Within 15 days after assuming the position, the shared director or residency director must submit an online application to serve as a shared director.
3. An agreement must be signed by an appointing authority/legal representative of the facility or by a controlling individual.
4. If the proposed shared assisted living facilities are five or fewer in number, are all within a 60-mile radius, common management and ownership, and the assisted living facilities' licenses and the license or permit of the proposed director are in good standing, the board shall administratively approve the shared assisted living facility arrangement.
5. For those with common management (more than one owner), an established management agreement, must be agreed upon between the owner and managing entity. The management agreement must outline the standardized systems and processes as well as the general management responsibilities of the managing entity.
6. The board shall review all shared assisted living facility arrangements approved or denied according to the criteria in item 4 and 5 at the board's next regularly scheduled meeting following the approval or denial.
7. If the board does not approve the request to serve as a shared director, the board shall provide the director written notice of the board's decision and a remediation plan.

An additional wall certificate - license must be granted by the board office to post in a conspicuous location at additional communities. The initial director license is used for one community; this includes the permit that comes with an ALDIR application. For each additional license/permit a **\$150.00 fee is required for the board to issue each additional wall certificate/license**. This fee may be paid online in the license/application portal.

Thank you for your work with Minnesotans!

Agreement for a Shared Director License/Residency Permit for Assisted Living Communities

This is a three-step process – Read each section carefully and answer each question thoroughly.

- Step one:** Apply and make payment online as a LALD shared/secondary ALD or an ALDIR shared/secondary ALDIR.
- Step two:** Complete the shared Director Agreement for Assisted Living Communities and submit to beltss.hlb@state.mn.us or mail to the board office.
- Step three:** Enter the approved/additional shared director assignments to the assigned community in your License portal. This notifies MDH, DHS and BELTSS of your assignment as the Director of Record (DOR). Residency Permit Directors will be entered by BELTSS staff at the time the shared permits are issued.

To serve as a shared director, the following is required for board approval. Items not completed will be returned to the applicant.

1. Carefully review and understand Chapter 6400.7085.
2. A Director of Record (DOR) is required for each community. The applicant/DOR is expected to review Minn. **Stat 144G.08 Sub.4a** to determine if the campus setting applies to them and if not, proceed with this application. This is a MDH issue and not BELTSS directed. Each assisted living with a separate HFID would need an LALD, or Shared Director. If required, please proceed.
3. Applicant Information and your initial or primary community information where your initial license provides oversight.
4. Complete Additional Sites Requested for the Shared Director; Shared Community for up to four additional sites.
5. Complete Best Practices
6. Attach Delegation of Authority policy
7. Attach a management agreement, if applicable, if not owned by the same company for each community. If owners are different between two or more facilities, then a management agreement with the manager/managing agent must be provided. This should be the same management agreement provided to MDH.
8. Complete Controlling Individuals/Owners/Appointing Authority attestation and signature page for each owner
9. For the ALDIR, if applicable, (complete the mentor attachment with mentor signature)

CHECKLIST ITEM:

A successful agreement will include the following items. To be sure you have not missed any items, it is recommended you use this checklist when submitting your final agreement to beltss.hlb@state.mn.us. Thank you.

- ☐ Entity #1 Initial License/Permit Information
- ☐ Entity #2 Information
- ☐ Entity #3 Information (if applicable)
- ☐ Entity #4 Information (if applicable)
- ☐ Entity #5 Information (if applicable)
- ☐ Licensee/Permitted information and Additional information.
- ☐ Best Practices

Additional Attachments:

- ☐ Delegation of Authority Policy
- ☐ Management Agreement (if applicable)
- ☐ Mentor information (if ALDIR)

Must be completed in License/Application Portal

- ☐ Online Application and Fee Paid (\$150) Community 2
- ☐ Online Application and Fee Paid (\$150) Community 3
- ☐ Online Application and Fee Paid (\$150) Community 4
- ☐ Online Application and Fee Paid (\$150) Community 5
- ☐ 7-Day Notice to Residents/Families (if applicable)
- ☐ Other

Shared Director License/Permit Applicant:

Full Legal Name: _____ Licensee or Permit Number: _____

Phone number: _____ Email Address: _____

Additional Information Required

In order for the board to approve these additional shared licenses, please complete the additional information. You will be required to provide the information for each additional facility.

Will there be external or regional clinical support? If none what additional resource(s) are used?

Will there be external or regional administrative support? If none, what additional resource(s) are using when the need arises?

What is the distance between the farthest shared communities you are requesting a shared license?

Do you anticipate this agreement to be permanent or temporary for any of the locations, if so please list?

Permanent (more than 6 months), please list : _____

Temporary (6 months or less), please list: _____

What is the licensed resident capacity for each Assisted Living (DO NOT list the number of units)?

What is the facility's compliance history with the Minnesota Department of Health within the last two years for each facility?

Are there any current outstanding facility issues; and what was the date of the last MDH survey for each facility?

Applicant Name: _____ **Permit/License #:** Click or tap here to enter text.

Initial License/Permit or Community # 1 Information

Please complete for the community where you are currently serving as the Assisted Living Director as site 1 (location of where your initial license is posted).

Legal Entity #1 Name: _____ **Date began at location:** _____

Community or Assumed Name DBA (Doing Business As): _____

MDH HFID (Health Facility Identification Number): _____

If this is a new facility (provisional license), please include an email from MDH with the HFID Number.

Type of License (e.g., Assisted Living facility or Assisted Living facility with Dementia Care) _____

Please list the Owner of the Assisted Living Facility: _____

Please list the Management Company/Individual of the Assisted Living Facility: _____

Appointing Authority is the Controlling Individual or Managerial Official (defined in 6400.5100 subp 7a.)

By submitting this request, we acknowledge the identified Assisted Living Director (LALD)/Residency Permit Director will be the Director of Record/Residency Permit Director of Record assigned to the identified communities in this request. Best practices indicate time management is a critical skill set to assure the onsite presence of the single individual in serving multiple communities. As the appointing authority, our support is granted the LALD to actively engage in both communities to the best of their ability.

If approved, we acknowledge the licensee or permit holder must:

1. *establish procedures and delegate authority for on-site operations in the director's or assisted living director in residence's absence.*
2. *be available to staff at each assisted living facility that the licensee or permit holder directs;*
3. *post at each assisted living facility a board-issued license or permit in a conspicuous place within the assisted living facility;*
4. *post at each assisted living facility the procedure to contact the person in charge on the premises in the absence of the director or assisted living director in residence; and*
5. *make communication plans available to residents, families, and staff at each assisted living facility the licensee or permit holder directs.*

I further understand, as the owner or managerial official I may be required to furnish a management agreement with the owner and managing entity that authorizes the licensee/permitted individual to be responsible for the on-site operations of the facility.

Signature of Appointing Authority: _____

Title: _____ **Date:** _____

Email Address: _____ **Phone Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Community # 2 Information (Requires a separate application and fee of \$150)

Legal Entity #2 Name: _____ Date began at location: _____

Community or Assumed Name DBA (Doing Business As): _____

MDH HFID (Health Facility Identification Number): _____

If this is a new facility (provisional license), please include an email from MDH with the HFID Number.

Type of License (e.g., Assisted Living facility or Assisted Living facility with Dementia Care) _____

Please list the Owner of the Assisted Living Facility: _____

Please list the Management Company/Individual of the Assisted Living Facility: _____

Appointing Authority is the Controlling Individual or Managerial Official (defined in 6400.5100 subp 7a.)

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- (3) *post at each assisted living facility a board-issued license or permit in a conspicuous place within the assisted living facility;*
- (4) *post at each assisted living facility the procedure to contact the person in charge on the premises in the absence of the director or assisted living director in residence; and*
- (5) *make communication plans available to residents, families, and staff at each assisted living facility the licensee or permit holder directs.*

I further understand, as the owner or managerial official I may be required to furnish a management agreement with the owner and managing entity that authorizes the licensee/permitted individual to be responsible for the on-site operations of the facility.

Signature of Appointing Authority: _____

Title: _____ Date: _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Community # 3 Information (Requires a separate application and fee of \$150)

Legal Entity #3 Name: _____ Date began at location: _____

Community or Assumed Name DBA (Doing Business As): _____

MDH HFID (Health Facility Identification Number): _____

If this is a new facility (provisional license), please include an email from MDH with the HFID Number.

Type of License (e.g., Assisted Living facility or Assisted Living facility with Dementia Care) _____

Please list the Owner of the Assisted Living Facility: _____

Please list the Management Company/Individual of the Assisted Living Facility: _____

Appointing Authority is the Controlling Individual or Managerial Official (defined in 6400.5100 subp. 7a)

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- (5) make communication plans available to residents, families, and staff at each assisted living facility the licensee or permit holder directs.*

I further understand, as the owner or managerial official I may be required to furnish a management agreement with owner and managing entity that authorizes the licensee/permitted individual to be the responsible for the on- site operations of the facility .

Signature of Appointing Authority: _____

Title: _____ Date: _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Community # 4 Information (Requires a separate application and fee of \$150)

Legal Entity #4 Name: _____ Date began at location: _____

Community or Assumed Name DBA (Doing Business As): _____

MDH HFID (Health Facility Identification Number): _____

If this is a new facility (provisional license), please include an email from MDH with the HFID Number.

Type of License (e.g., Assisted Living facility or Assisted Living facility with Dementia Care) _____

Please list the Owner of the Assisted Living Facility: _____

Please list the Management Company/Individual of the Assisted Living Facility: _____

Appointing Authority is the Controlling Individual or Managerial Official (defined in 6400.5100 subp 7a.)

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- (5) make communication plans available to residents, families, and staff at each assisted living facility the licensee or permit holder directs.*

I further understand, as the owner or managerial official I may be required to furnish a management agreement with owner and managing entity that authorizes the licensee/permitted individual to be the responsible for the on-site operations of the facility .

Signature of Appointing Authority: _____

Title: _____ Date: _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Community # 5 Information (Requires a separate application and fee of \$150)

Legal Entity #5 Name: _____ Date began at location: _____

Community or Assumed Name DBA (Doing Business As): _____

MDH HFID (Health Facility Identification Number): _____

If this is a new facility (provisional license), please include an email from MDH with the HFID Number.

Type of License (e.g., Assisted Living facility or Assisted Living facility with Dementia Care) _____

Please list the Owner of the Assisted Living Facility: _____

Please list the Management Company/Individual of the Assisted Living Facility: _____

Appointing Authority is the Controlling Individual or Managerial Official (defined in 6400.5100 subp 7a.)

By submitting this request, we acknowledge the identified Assisted Living Director (LALD)/Residency Permit Director will be the Director of Record/Residency Permit Director of Record assigned to the identified communities in this request. Best practices indicate time management is a critical skill set to assure the onsite presence of the single individual in serving multiple communities. As the appointing authority, our support is granted the LALD to actively engage in both communities to the best of their ability.

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- (1) establish procedures and delegate authority for on-site operations in the director's or assisted living director in residence's absence.*
- (2) be available to staff at each assisted living facility that the licensee or permit holder directs;*
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- (5) make communication plans available to residents, families, and staff at each assisted living facility the licensee or permit holder directs.*

I further understand, as the owner or managerial official I may be required to furnish a management agreement with the owner and managing entity that authorizes the licensee/permitted individual to be responsible for the on-site operations of the facility.

Signature of Appointing Authority: _____

Title: _____ Date: _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Practices for a Shared Director

A single response for all shared communities is acceptable if all communities follow the same policies as identified below. Non-satisfactory responses may cause the BELTSS office to ask for more information or deny your request.

1. Be Available and Be Visible:

Describe your typical communication system for residents, families, and staff? Develop, publicly post, and submit a copy of your written policy as to minimum contact information during normal business hours at each site. This must be completed prior to issuing the second license. Send attached in a separate document with application. Describe below your active participation required of the Director of Record relating to each of the following areas: staff evaluations, staff education, leadership meetings, participation in Quality Assurance and performance improvement and emergency preparedness.

2. Create a detailed policy on Delegation of Authority and enhance the use of technology when not physically available. Send attached in a separate document with application.

3. How do you intend to maintain on-site presence at individual locations? Provide your anticipated schedule, i.e. Two days at Community X, Two at Community Y, alternating days, or weeks?

4. What methods do you utilize to assess resident satisfaction at this community and how do you follow up on concerns and suggestions?

Please include the following additional attachments to your agreement:

Attach the following with your application and email to beltss.hlb@state.mn.us. Your application is not considered complete without the following documentation.

1. Delegation of Authority Policy: Outlining who is in charge when the DOR is offsite.
2. If a new shared direction position attach the 7- day notice to residents, families and staff.
3. Management Agreement between owner and managing entity.
4. Any other supporting documentation you feel would help explain your ability and plan to run your shared facilities.

**FOR ASSISTED LIVING DIRECTOR IN
RESIDENCE APPLICANTS ONLY**

In accordance with Minnesota Rule 6400.7030 (listed below) the following information must be provided to ensure the applicants compliance. Please

6400.7030 Subp 2 Mentor.

A. The field experience must be completed under the direction of a mentor. A mentor must be a licensed assisted living director or a licensed health services executive. A mentor must be licensed and practicing for at least two years or be licensed on or before July 1, 2021.

B. A mentor must:

- (1)** ensure that the ALDIR complies with the domains of practice and NAB administrator in training manual;
- (2)** ensure that the ALDIR has experience with professional practice analysis; and
- (3)** not supervise an ALDIR who is a related individual or who resides in the immediate household of the mentor.

To meet Minn. Rule 6400.7030 Who is your site Mentor?

What is your Mentor's Primary Contact Phone Number?

What is your Mentor's Primary Contact Email?

What is your Mentor's LALD or LHSE License Number?

I affirm I am not a related individual or reside in the immediate household of the mentor?

(Printed Name)

(Signature)