

Critical Access Nursing Facility (CANF) Application Form

MN Statute 256R.47 - <https://www.revisor.mn.gov/laws/2023/0/61/laws.2.10.0#laws.2.10.0>

SECTION 1

Facility Name or Organization	
Address	
Primary Contact Name	
Contact Title	
Contact Phone	
Contact Email	
Contact Address	
Administrator	
Administrator Email	
Active Licensed Beds	
Number of Beds on Layaway	

SECTION 2

The CANF program is intended to maintain access to nursing facility services in an isolated geographic area. Describe circumstances in your geographic area which would support the need to maintain services of your nursing facility. Examples of topics to address in your narrative (if applicable) may include the following. It is not required that you address each item:

- Low-bed count – see attached document for the beds/1000 for your county and your contiguous counties.
- The number of nursing facilities within a 30-mile radius. This number can be calculated using the MN Nursing Home Report Card: <https://nhreportcard.dhs.mn.gov/>
- Occupancy levels of your nursing facility and/or other facilities in your geographic area.

- Your nursing facility has a wait list for admissions.
- Data indicating hospitals in your area having difficulty discharging patients due to lack of availability of beds.
- Low utilization of home and community-based services in your area which could be an indicator of lack of available services or high acuity needs in your community.
 - Medicaid HCBS utilization in your county can be accessed here: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/public-planning-performance-reporting/performance-reports/demographic-dashboard/>
 - Assisted Living facility capacity can be found in the last column of MDH's provider database Excel file here: [Health Care Facility and Provider Database - MN Dept. of Health \(state.mn.us\)](https://state.mn.us/health-care-facility-and-provider-database)
- Your facility serves a special population such as post-acute care, dementia care, behavioral health needs or other services in demand in your area.
- Any other factors you would like to add.

SECTION 3

State the financial reasons you need the critical access designation. This is a competitive process so be as detailed as possible. You should address financial need, outstanding debt, lease arrangements, unusual circumstances creating financial pressures and viability for continued operations, e.g. workforce challenges. Balance sheets, income statements and cash flow statements may be added as supplemental material to this application.

SECTION 4

Describe your facility's history of compliance with federal and state regulations including MN Department of Health inspection survey findings and timely submission and completeness of Medicaid cost reports. Provide explanations for any history of non-compliance and how the non-compliance has been or will be addressed. Examples that should be addressed may include excessive number of survey tags, history of immediate jeopardy and/or abuse, denial of payment for new admissions, payment withholds for lack of timely submission of cost reports, etc.

SECTION 5

Present the amount and duration of the proposed rate increase. The proposed rate increase cannot exceed two years. The rate increase should match the scope of financial need as described in Section 3 of this application. Please note, DHS may negotiate the amount of the rate increase based on funds available or other circumstances.

Proposed duration of rate increase – 1 or 2 years	Proposed daily per diem rate increase

Estimated Private Pay Days Per Year	Estimated Medicaid Days Per Year	Estimated Revenue Impact per year. Total Private Pay and Medicaid Days Multiplied by the Proposed daily per diem rate increase

<input type="checkbox"/>	<p>Check the box to indicate that you understand the designation of a critical access nursing facility must be removed if the facility undergoes a change of ownership (CHOW). Definition of a CHOW can be found here in Subdivision 2. https://www.revisor.mn.gov/statutes/cite/144A.06. You must provide the Department of Human Services written notice within ten (10) business days of determining intent to sell the nursing facility.</p>
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