

Closure Form

FOR BASIC OR COMPREHENSIVE HOME CARE LICENSE

Complete the information requested below and submit to the department as soon as possible or at least 60 days prior to closing a license.

Before completing this form, read the following statutes to understand the requirements for closing a license and discontinuing services to clients:

- [144A.44 \(https://www.revisor.mn.gov/statutes/cite/144A.44\)](https://www.revisor.mn.gov/statutes/cite/144A.44)
- [144A.4791, Subd. 10 \(https://www.revisor.mn.gov/statutes/cite/144A.4791\)](https://www.revisor.mn.gov/statutes/cite/144A.4791)
- [144A.4794, Subd. 4 \(https://www.revisor.mn.gov/statutes/cite/144A.4794\)](https://www.revisor.mn.gov/statutes/cite/144A.4794)

Closing License Information

Licensee's Legal Name: _____

Licensee's Doing Business As (DBA) Name: _____

Health Facility ID (HFID – 5 digit #): _____

Tax FEIN for Licensee: _____

Business Address: _____

City, State, & Zip: _____

Telephone Number: _____ Fax Number: _____

Authorized Agent Name: _____

Email Address: _____

Is this licensee currently providing licensed home care services?

Yes If yes, to how many clients? _____

No If no, date services ended: _____

Enter the names of providers with whom you are coordinating the transfer of care: _____

Is the licensee Medicare certified?

Yes No

Effective date of closure: _____

Reason for closure (check all that apply)

- No clients
- Staffing issues/hard to find staff
- Low reimbursement rates
- Other: _____

Intent for license (check one)

- Close and terminate services for all home care clients
- Close and provide services under another license
- Sell business to another provider (see below)
- Other: _____

If selling business to another provider, contact the Minnesota Department of Health regarding a change of ownership (CHOW). Home care licenses cannot be sold or transferred to another party. Before acquiring ownership of a home care business, a prospective provider must apply for a new license per [MN Statute 144A.472 \(https://www.revisor.mn.gov/statutes/cite/144A.472\)](https://www.revisor.mn.gov/statutes/cite/144A.472). MDH has 60 days to process the application once it is complete.

An application is considered incomplete until all documents are received and verified, and required background studies are passed. If you are anticipating a CHOW, contact MDH as soon as possible at 651-201-4200 or health.homecare@state.mn.us to ensure all required steps are completed.

If Closing License and Terminating Home Care Services

Forwarding Street Address: _____

Forwarding City, State, & Zip: _____

Forwarding Phone Number: _____

Forwarding Email Address: _____

If Closing License to Provide Services Under Another Home Care License

HFID # of license under which you will now provider services: _____

Licensee name under which you will now provide services: _____

Tax FEIN for licensee under which you will now provider services: _____

Does the other licensee have Medicare certification?

Yes No

Information Regarding Notice to Clients

Minnesota statute [MN Statute 144A.44 Subd. 10](https://www.revisor.mn.gov/statutes/cite/144A.44) (<https://www.revisor.mn.gov/statutes/cite/144A.44>) requires that you notify your clients and coordinate transfer of care when closing a license, continuing care under a different license, or changing ownership. The notice must be in writing and contain:

- The effective date of termination;
- The reason for termination;
- A list of known licensed home care providers in the client's immediate geographic area;
- A statement that the home care provider will participate in a coordinated transfer of care of the client to another home care provider, health care provider, or caregiver, as required by the [home care bill of rights](https://www.health.state.mn.us/facilities/regulation/billofrights/index.html#hcp) (<https://www.health.state.mn.us/facilities/regulation/billofrights/index.html#hcp>); and
- The name and contact information of a person employed by the home care provider with whom the client may discuss the notice of termination.

Date notice was sent to clients: _____

Other Requirements

When closing an assisted living license, the licensee must notify:

- **Commissioner of Health** at health.homecare@state.mn.us (by submitting this form and required attachments)
- **Office of Ombudsman for Long-Term Care** at [OOLTC Contact Us](https://mn.gov/ooltc/contactus/) (<https://mn.gov/ooltc/contactus/>)
- Lead agencies, which may include:
 - **Department of Human Services** (if you are a DHS-enrolled provider)
 - **Tribal Reservations or Counties** where you are serving residents. [Minnesota Tribal and County Directory](https://mn.gov/dhs/people-we-serve/adults/healthcare/health-care-programs/contact-us/county-tribal-offices.jsp) (<https://mn.gov/dhs/people-we-serve/adults/healthcare/health-care-programs/contact-us/county-tribal-offices.jsp>)
 - **Managed Care Organizations:**
 - [Special Needs BasicCare \(SNBC\)](https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/health-care-programs/programs-and-services/snbc.jsp) (<https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/health-care-programs/programs-and-services/snbc.jsp>)
 - [MN Senior Health Options \(MSHO\)](https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/contact-us/msho-contacts.jsp) (<https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/contact-us/msho-contacts.jsp>)

You must keep client records for at least five years following closure of a home care license. [144A.4794, Subd. 5](https://www.revisor.mn.gov/statutes/cite/144A.4794) (<https://www.revisor.mn.gov/statutes/cite/144A.4794>)

If there are fines assessed against the licensee, the licensee is still responsible for paying the fines. [144A.474, Subd. 11 \(g\)](https://www.revisor.mn.gov/statutes/cite/144A.474) (<https://www.revisor.mn.gov/statutes/cite/144A.474>)

Employee records must be retained for three years after closure of the license. [144A.479, Subd. 7](https://www.revisor.mn.gov/statutes/cite/144A.479) (<https://www.revisor.mn.gov/statutes/cite/144A.479>)

Verification

To the best of my knowledge, I certify that the information provided on this form is accurate and complete.

Title: Owner Authorized Agent Managerial Official

Owner/Authorized Agent/Managerial Official Printed Name: _____

Owner/Authorized Agent/Managerial Official Signature: _____

Date: _____

Submit the Following Documents to MDH

- Completed Closure Form
- A copy of the letter you sent to clients informing them of your intent to stop services

Return All Required Documents via Email to

health.homecare@state.mn.us

Questions?

- Email: health.homecare@state.mn.us
- Call: (651) 201-4200

Minnesota Department of Health
Health Regulation Division | State LCR
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
www.health.state.mn.us/facilities/regulation/homecare

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