

Nursing Home Change of Ownership License Application

General Instructions

This application is for applying for a nursing home change of ownership license.

Completion of this form is required by

- [Minn. Stat. sect 144A \(https://www.revisor.mn.gov/statutes/cite/144A\)](https://www.revisor.mn.gov/statutes/cite/144A),
- [Minn. Stat. sect 256R \(https://www.revisor.mn.gov/statutes/cite/256R\)](https://www.revisor.mn.gov/statutes/cite/256R) and
- [Minnesota Rules Chapter 4658 \(https://www.revisor.mn.gov/rules/4658/\)](https://www.revisor.mn.gov/rules/4658/).

All data submitted on this application shall be classified as public information once the license is issued. [Minn. Stat. sect. 13.04 \(https://www.revisor.mn.gov/statutes/cite/13.04\)](https://www.revisor.mn.gov/statutes/cite/13.04).

Keep a copy of the application and attachments for your records.

The Commissioner of Health may deny, revoke, suspend, restrict, or refuse to renew license or impose conditions on a license in accordance with [Minn.Stat.sect 144A.031\(c\)](https://www.revisor.mn.gov/statutes/cite/144A.031(c) (<https://www.revisor.mn.gov/statutes/cite/144A.031>).

Application and Review Process

An application for initial licensure must be submitted at least 60 days before the requested date for licensure and must be accompanied by a license fee ([Minnesota Rules, chapter 4658.0025 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)).

The Minnesota Department of Health (MDH) has 60 days from submission of a completed application to approve or deny a request for licensure [Minn. Stat. sect 15.992 \(https://www.revisor.mn.gov/statutes/cite/15.992\)](https://www.revisor.mn.gov/statutes/cite/15.992).

The application is deemed complete when all documentation and background studies have been correctly submitted, verified and payment is received. MDH will contact you to request additional information, if needed. Answer all questions completely and accurately to avoid unnecessary delay.

The current licensee remains responsible for the operation of the nursing home until the nursing home is licensed to the new licensee.

Payment of Application Fee

All applications must be accompanied by the appropriate fee based on the total number of beds to be licensed. The fee is a \$183.00 base fee plus \$110.00 per bed (includes \$5.00 per bed for the nursing home advisory council fund). Example: (number of beds x \$110) + \$183 = licensing payment due [Minn.Stat.sect.144.122 \(https://www.revisor.mn.gov/statutes/cite/144.122\)](https://www.revisor.mn.gov/statutes/cite/144.122).

Make checks payable to "Minnesota Department of Health."

Mail completed application and payment to:

Minnesota Department of Health
Health Regulation Division
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200

Questions

Email: health.hrd-fedlcr@state.mn.us

Application for Nursing Home Change of Ownership License

Reason for change of ownership

- [Minn. Stat. sect. 144A.03 \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)

Select one:

- Licensee's legal entity structure is converting/changing to a different type of legal entity structure.
Proposed effective date: _____
- Licensee is dissolving, consolidating, or merging with another legal organization and the licensee's legal organization does not survive.
Proposed effective date: _____
- Within the previous 24 months, 50% or more of licensee's ownership is transferred, whether by a single transaction or multiple transactions to a different person or multiple different persons; or a person or multiple persons who had less than 5% ownership interest at the time of the first transaction.
Proposed effective date: _____
- Any other event(s) resulting in a substitution, elimination, or withdrawal of the licensee's responsibility for the nursing home. If this box is checked, please explain in a separate attachment.
Proposed effective date: _____

Application contact information

Provide the legal name and contact information of the person MDH can contact regarding questions about this application.

First name: _____

Last name: _____

Title: _____

Telephone: _____

Email address: _____

Date application completed: _____

Application information

- [Minn.Stat.sect.144A.03, subd. 1\(b\)\(1\)-\(2\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)
- [Minnesota Rules, chapter 4658.0025, subp. 14 A-B \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

Provide the requested information below as it relates to the nursing home.

Assumed name/ "Doing Business As" (DBA) name: _____

Print the full legal entity name as it appears on file with the Minnesota Office of the Secretary of State. Do not abbreviate. Legal name as registered with Minnesota Secretary of State can be found at [Secretary of State \(https://mbportal.sos.state.mn.us/Business/Search\)](https://mbportal.sos.state.mn.us/Business/Search).

Previous Doing Business As (DBA) Name: _____

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Federal tax identification number (FEIN) registered with the [Internal Revenue Service \(IRS\)](https://www.irs.gov/) (<https://www.irs.gov/>): _____

Minnesota Tax ID Number as registered with [Minnesota Department of Revenue](https://www.revenue.state.mn.us/) (<https://www.revenue.state.mn.us/>): _____

Nursing home physical address: _____

City: _____ State: _____

ZIP: _____ County: _____

Telephone: _____

Fax: _____

Business mailing address (if different): _____

City: _____ State: _____

ZIP: _____

Website (if applicable): _____

Permanent business email address: _____

Capacity

- [Minn.Stat.sect. 144A.03, subd. 1b\(5\)](https://www.revisor.mn.gov/statutes/cite/144A.03) (<https://www.revisor.mn.gov/statutes/cite/144A.03>)
- [Minnesota Rules, chapter 4658.0025, subp. 14\(D\)](https://www.revisor.mn.gov/rules/4658.0025/) (<https://www.revisor.mn.gov/rules/4658.0025/>)

Active licensed bed capacity: _____

Number of beds on layaway (Beds may remain on layaway for up to 10 years.): _____

Amount of license fee included with application: _____

Type of certification

- [Minn.Stat.sect.144A.03, subd. 1](https://www.revisor.mn.gov/statutes/cite/144A.03) (<https://www.revisor.mn.gov/statutes/cite/144A.03>)

- Medicare (Title XVIII)
- Medicaid (Title XIX)
- Medicare and Medicaid (dual certification)
- State Licensed Only (no certification)

Licensee applicant

- [Minn.Stat.sect.144A.03, subd. 1\(b\)\(1\)-\(2\)](https://www.revisor.mn.gov/statutes/cite/144A.03) (<https://www.revisor.mn.gov/statutes/cite/144A.03>)

Full legal name: _____

Permanent address: _____

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City: _____ State: _____

ZIP: _____ Telephone: _____

Business mailing address (if different): _____

City: _____ State: _____

ZIP: _____

Permanent business email address: _____

Legal entity type

- [Minn. Stat. sect 144A.03, subd. 1\(b\)\(3\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)
- [Minnesota Rules, chapter 4658.0025, subp. 14, par. E, 15 and 16 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

Check the box below that best describes the entity applying to be the nursing home licensee. Use the [Nursing Home Change of Ownership License Application Addendum: Managerial Official \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddmanage.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddmanage.pdf) for submission of board members or managerial officials.

- Individual Proprietorship**
- Partnership**
- Corporation:** Include a complete list of members of the board of directors, title of position on the board, address, city, state, zip code, telephone number, and email address.
- Limited Liability Company:** If the LLC will be managed by members, manager, and board, include a complete list of members indicating their full legal name, title, permanent address, city, state, zip code, telephone number, and email address.
- Limited Liability Partnership:** Include a complete list of partners indicating their full legal name, title, permanent address, city, state, zip code, telephone number, and email address.
- Non-profit Corporation:** Include a complete list of board of director members indicating position, title of each, address, city, state, zip code, telephone number, and email address.
- Non-profit Limited Liability Company:** Include a complete list of board of director members indicating position, title of each, address, city, state, zip code, telephone number, and email address.
- Non-profit Limited Liability Partnership:** Include a complete list of board of director members indicating position, title of each, address, city, state, zip code, telephone number, and email address.
- City:** Include a complete list of all individuals that are vested with authority to make decisions regarding nursing home operations indicating position, title of each, address, city, state, zip code, telephone number, and email address.
- County:** Include a complete list of all individuals that are vested with authority to make decisions regarding nursing home operations indicating position, title of each, address, city, state, zip code, telephone number, and email address.

- City/County:** Include a complete list of all individuals that are vested with authority to make decisions regarding nursing home operations indicating position, title of each, address, city, state, zip code, telephone number, and email address.
- State:** Include a complete list of all individuals that are vested with authority to make decisions regarding nursing home operations indicating position, title of each, address, city, state, zip code, telephone number, and email address.
- Federal:** Include a complete list of all individuals that are vested with authority to make decisions regarding nursing home operations indicating position, title of each, address, city, state, zip code, telephone number, and email address.
- Tribal:** Include a complete list of all individuals that are vested with authority to make decisions regarding nursing home operations indicating position, title of each, address, city, state, zip code, telephone number, and email address.
- Church:** Include a complete list of all individuals that are vested with authority to make decisions regarding nursing home operations indicating position, title of each, address, city, state, zip code, telephone number, and email address.

Direct and indirect ownership

Direct ownership interest means an individual or legal entity with the possession of at least five percent equity in capital, stock, or profits of the licensee, or who is a member of a limited liability company of the licensee.

Indirect ownership interest means an individual or legal entity with a direct ownership interest in an entity that has a direct or indirect ownership interest of at least five percent in an entity that is a licensee.

- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(3\)\(12\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)

Provide the information below for all direct and indirect owners of the nursing home. (Refer to [CMS 885A \(https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf\)](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf)).

If there is more than one direct/indirect owner, please complete the [Nursing Home Change of Ownership License Application Addendum: Direct or Indirect Owner Information \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddowner.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddowner.pdf)

Full legal name (or entity name): _____

Title: _____

Permanent address: _____

City: _____ State: _____

ZIP: _____ Telephone: _____

Email address: _____

Owner/Member percentage of ownership: _____

Type of ownership (check all that apply):

- Direct
- Indirect

Chain organization

A **chain organization** is defined as multiple providers and/or suppliers owned, leased, or through any other devices controlled by a single business entity (defined as a chain home office). Each entity in the chain may have a different owner, but the “home office” maintains uniform procedures in each facility for handling utilization review, reimbursement, admissions, and centrally maintains and controls provider/suppliers cost reports, etc.

- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(18\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)
- [42 CFR § 421.404; Medicare Integrity Manual \(https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-421/subpart-E/section-421.404\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-421/subpart-E/section-421.404)
- [CMS 885A, section 7: Chain Home Office Information \(https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf\)](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf)

Provide the information requested below for chain organizations.

Is the license applicant under the control of a chain organization?

- Yes
- No

If **yes**, provide the following:

Full legal name (or entity name): _____

Permanent physical address: _____

City: _____ State: _____

ZIP: _____ County: _____

Telephone: _____

Email address: _____

Nursing home administrator

- [Minn. Stat. sect. 144.03 , subd. 1\(b\)\(3\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)
- [Minnesota Rules, chapter 4658.0025, subp. 16 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

Status:

- Permanent
- Acting (temporary and unlicensed)
- Interim (temporary and unlicensed)

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Full legal name: _____
Permanent address: _____
City: _____ State: _____
ZIP: _____ Telephone: _____
Email address: _____
License number: _____
Begin date: _____

Assistant administrator

- [Minnesota Rules, chapter 4658.0025, subp. 16 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

Full legal name: _____
Permanent address: _____
City: _____ State: _____
ZIP: _____ Telephone: _____
Email address: _____
Begin date: _____

Agent

The **agent** is the person(s) who is who shall be responsible for dealing with the commissioner of health on all matters and whom personal services of all notices and orders shall be made, and who shall be authorized to accept service on behalf of all the controlling persons of the facility.

- [Minn. Stat. sect. 144A.03, subd. 2 \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)

Provide the legal name and contact information for the agent(s).

Full legal name: _____
Permanent address: _____
City: _____ State: _____
ZIP: _____ Telephone: _____
Email address: _____

Director of nursing

- [Minnesota Rules, chapter 4658.0025, subp.16 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

Full legal name: _____

Permanent address: _____

City: _____ State: _____

ZIP: _____ Telephone: _____

Email address: _____

Medical director

- [Minnesota Rules, chapter 4658.0025, subp.16 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

Full legal name: _____

Permanent address: _____

City: _____ State: _____

ZIP: _____ Telephone: _____

Email address: _____

License number: _____

Managerial official

Managerial official means an individual who has the decision-making authority related to the operations of the nursing home and responsibility for either the ongoing management of the nursing home or the direction of policies, services, or employees of the nursing home.

- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(3\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)
- [Minnesota Rules, chapter 4658.0025, subp. 16 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

Provide the legal name and contact information for all managerial officials using the [Nursing Home Change of Ownership License Application Addendum: Managerial Official \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddmanage.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddmanage.pdf).

Full legal name: _____

Permanent address: _____

City: _____ State: _____

ZIP: _____ Telephone: _____

Email address: _____

Controlling person

A **controlling person** means an owner and the following individuals or entities, if applicable: each officer of the organization, including the chief executive officer and chief financial officer; the nursing home administrator; each managerial official; any lease or sublease of the land, structure; facilities comprising a nursing home; any entity or natural person who has any direct or indirect ownership in any corporation, partnership or other business association which is a controlling person; the land or structure on which a nursing home is located; any entity with at least a 5% mortgage, contract for deed of trust, or other security interests in the land or structure comprising the nursing home.

- [Minn.Stat.sect.144A.01 \(https://www.revisor.mn.gov/statutes/cite/144A.01\)](https://www.revisor.mn.gov/statutes/cite/144A.01)
- [Minnesota Rules, chapter 4658.0025, subp.15 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

List all additional controlling persons not previously listed under the Direct or Indirect Ownership or Managerial Official sections. Provide the legal name and contact information for any controlling person below. If necessary, use the [Nursing Home Change of Ownership License Application Addendum: Controlling Person \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddcontrol.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddcontrol.pdf).

Full legal name: _____

Permanent address: _____

City: _____ State: _____

ZIP: _____ Telephone: _____

Email address: _____

License number: _____

Ownership of nursing home building

Is the license applicant the owner of the physical building?

Yes

No.

If **no**, provide the lease and ownership information below:

License applicant:

is the lessee

is the sub-lessee

Lessee full legal name: _____

Sub-lessee full legal name: _____

Permanent physical address: _____

City: _____ State: _____

ZIP: _____ County: _____

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Name of contact person: _____

Telephone: _____

Email address: _____

Name of legal entity who owns the building: _____

Name of contact person: _____

Title of contact person: _____

Permanent physical address: _____

City: _____ State: _____

ZIP: _____ County: _____

Telephone: _____

Email address: _____

Type of Legal Entity of Building Ownership:

- | | |
|---|---|
| <input type="checkbox"/> Individual Proprietorship | <input type="checkbox"/> Non-profit Limited Liability Partnership |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> City |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> County |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> City/County |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> State |
| <input type="checkbox"/> Real Estate Investment Trust | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Non-profit Limited Liability Company | <input type="checkbox"/> Church |

Related organization

Related organization means a person that furnishes goods or services to a nursing facility and that is a close relative of a nursing facility, an affiliate of a nursing facility, a close relative of an affiliate of a nursing facility, or an affiliate of a close relative of affiliate of a nursing facility. As used in this subdivision, paragraph (b) to (e) apply.

(b) Affiliate means a person that directly, or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with another person.

(c) Person means an individual, a corporation, a partnership, an association, a trust, an unincorporated organization, or a government or political subdivision.

(d) Close relative of an affiliate of a nursing facility means an individual whose relationship by blood, marriage, or adoption to an individual who is an affiliate of a nursing facility is no more remote than first cousin.

(e) Control including the terms “controlling,” “controlled by,” and “under common control with” means the possession, direct or indirect, of the power to direct or cause the direction of the management, operations, or policies of a person, whether through the ownership of voting securities, by contract, or otherwise.

- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(18\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)
- [Minn. Stat. sect. 256R.02, subd. 43 \(https://www.revisor.mn.gov/statutes/cite/256R.02\)](https://www.revisor.mn.gov/statutes/cite/256R.02)

Is the owner of the nursing home building or property related organization to the licensee of the nursing home?

Yes

No

If yes, explain relationship: _____

Eligibility and qualification

- [Minn. Stat. sect. 144A.03, subd. 1\(b\)\(15\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)

The following information will be used to determine if the license applicant meets the eligibility and qualification standards outlined in [Minn. Stat. sect. 144A.03 \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)

If additional space is needed to answer these questions in the Eligibility and Qualification section, please complete one copy per owner/controlling person of the [Nursing Home Change of Ownership License Application Addendum: Eligibility and Qualifications \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddelig.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddelig.pdf).

1. Has the license applicant, direct/indirect owner(s), controlling person(s), managerial official(s), or nursing home administrator been affiliated in the past five years with a long-term care, community-based, or health care facility or agency in Minnesota or in any other state?

Yes

No

If **yes**, provide the information below using additional pages as needed.

Individual name (entity name): _____

Health care facility name: _____

Title of position at health care facility: _____

Type of health care facility: _____

City and state: _____

Date of affiliation: _____

2. Within the last 10 years, has the license applicant, direct/indirect owner(s), controlling person(s), managerial official(s), or nursing home administrator been convicted of a crime or found civilly liable for a federal or state felony-related offense that was detrimental to the best interests of the facility and its resident? This includes:

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- Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions.
- Financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions.
- Any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct.
- Any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act.

Yes

No

If **yes**, complete the information below and submit additional information including who owned the facility at the time, the name of the health care facility, and a copy of relevant court records.

Full legal name (entity name): _____

Title of position at health care facility: _____

Type of health care facility: _____

Address: _____

City and state: _____

Date of conviction: _____

3. Within the last 10 years, has the license applicant, direct/indirect owner(s), controlling person(s), managerial official(s), or nursing home administrator been convicted of any misdemeanor under federal or state law relating to:

- The delivery of a service under Medicaid or a state health care program or the base of neglect of a patient with the delivery of a health care item or service.
- Theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

Yes

No

If **yes**, complete the information below and submit additional information including all ownership, facility information, and a copy of relevant court records.

Full legal name (entity name): _____

Title of position at health care facility: _____

Type of health care facility: _____

Address: _____

City and state: _____

Type of conviction: _____

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Date of conviction: _____

4. Within the last 10 years, has the license applicant, direct/indirect owner(s), controlling person(s), managerial official(s), or nursing home administrator been convicted of any felony or misdemeanor under federal or state law relating to:

- Interference with or obstruction or any investigation into any criminal offense described by 42 CFR 1001.101 or 1001.20.
- Unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Yes

No

If **yes**, provide the information. Submit additional information including all ownership, facility information, and copy of relevant court records.

Full legal name (entity name): _____

Title: _____

Type of health care facility: _____

Address: _____

City and state: _____

Type of conviction: _____

Effective date of conviction: _____

5. Has the license applicant, any direct/indirect owner(s), controlling persons, managerial official, or nursing home administrator ever had any license to provide health care revoked or suspended by any state license authority? This includes any of the following:

- Surrendering a license while a formal disciplinary proceeding was pending before a state licensing authority.
- Any revocation or suspension of accreditation.
- Any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health-care program.
- Any debarment from participation in any federal executive branch procurement or non-procurement program.

Yes

No

If **yes**, complete the information below and submit additional information including all ownership, facility information, and a copy of the federal/state disposition of the action.

Full legal name (entity name): _____

Title: _____

Type of health care facility: _____

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Address: _____

City and state: _____

Type of conviction: _____

Effective date of adverse action: _____

6. Has the license applicant or individual with a five ownership currently or in the past of a licensed owner/operator of a long-term care, community-based, or health care facility or agency ever had their license or federal certification:

- Denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership?
- Are these same actions listed above pending under the laws of any state or federal authority?
- Yes
- No
- Pending

If **yes or pending**, complete the information below and submit additional information including all ownership, facility information, and a copy of the federal/state disposition of the action.

Full legal name (entity name): _____

Title: _____

Type of health care facility: _____

Address: _____

City and state: _____

Type of conviction: _____

Effective date of adverse action: _____

7. In the preceding three years, has the license applicant, direct/indirect owners, controlling persons, nursing home administrator, manager, or managerial official discharged debt through bankruptcy proceedings?

- Yes
- No

If **yes**, explain below. Provide names of all parties, dates, court, and disposition of each action.

Name of all parties: _____

Dates: _____

Court: _____

Disposition of each action: _____

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8. In the preceding three years has there been any unsatisfied judgments against the license applicant, direct/indirect owners, controlling persons, nursing home administrator, manager, or managerial official?

Yes

No

If **yes**, explain below. Provide names of all parties, dates, court, addresses of creditors, amounts, and the reasons for non-payment.

Name of all parties: _____

Dates: _____

Address of creditors: _____

Amount: _____

Reasons: _____

9. In the preceding three years, has the license applicant, direct/indirect owners, controlling persons, nursing home administrator, manager, or managerial official owe any debts that are 90 days past due?

Yes

No

If **yes**, explain below. Provide names of all parties, dates, court, addresses of creditors, amounts, and the reasons for non-payment.

Name of all parties: _____

Dates: _____

Address of creditors: _____

Amount: _____

Reasons: _____

10. In the preceding three years, are there any liens against the license applicant, direct/indirect owners, controlling persons, nursing home administrator, manager, or managerial official or their property?

Yes

No

If **yes**, explain below. Provide names of all parties, dates, court, addresses of creditors, amounts, and the reasons for non-payment.

Name of all parties: _____

Dates: _____

Address of creditors: _____

Amount: _____

Reasons: _____

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11. State law requires that the license applicant possesses financial resources sufficient to permit full service of operation of the nursing home for six months without regard to income from residents [MN Chapter 4658.0050, subp. 3F](https://www.revisor.mn.gov/rules/4658.0050/) (<https://www.revisor.mn.gov/rules/4658.0050/>). This means not relying on Medicare, Medicaid, and private pay revenue for this six-month period to cover expenses.

To determine the amount necessary to operate for six months, please complete the table below. Review

- [MN Statutes 256R Nursing Facility Rates](https://www.revisor.mn.gov/statutes/cite/256R/full/) (<https://www.revisor.mn.gov/statutes/cite/256R/full/>), and
- [MN Chapter 9549](https://www.revisor.mn.gov/rules/9549/) (<https://www.revisor.mn.gov/rules/9549/>) for detailed information on rate setting requirements.
- See also relevant successor liability clauses, [MS 256B.0641, Recovery of Overpayments, subd. 2](https://www.revisor.mn.gov/statutes/cite/256B.0641/) (<https://www.revisor.mn.gov/statutes/cite/256B.0641/>) and
- [MS 256.9657 Provider Surcharges, subd. 7a\(f\) Withholding](https://www.revisor.mn.gov/statutes/cite/256.9657/) (<https://www.revisor.mn.gov/statutes/cite/256.9657/>).

Debt incurred by a nursing home will be transferred to the new licensee and reflected in future rates.

Estimated average gross annual revenues from all sources
(rounded to the nearest thousand dollars)

Revenue Source	Amount (in thousands of dollars)
NF Medicaid Daily Rate	\$
NF Private Pay	\$
NF Other	\$
Other Revenues	\$
TOTAL	\$

Estimated annual costs
(rounded to the nearest thousand dollars)

Annual Costs	Amount (in thousands of dollars)
Operating Expenses	\$
Capital Outlays	\$
TOTAL	\$

Management agreement

- [Minn.Stat.sect.144A.03, subd. 1\(b\)\(10\) \(https://www.revisor.mn.gov/statutes/cite/144A.03\)](https://www.revisor.mn.gov/statutes/cite/144A.03)

1. Is the operation of the nursing home under a management agreement?

- Yes
- Yes after CHOW
- No

If **yes or yes after CHOW**, provide the following information below regarding the manager retained to act on behalf of the licensee in the on-site management of the nursing home:

Type of Managers:

- Corporation
- Partnership
- LLC
- Non-profit
- Individual
- Other

If **other**, please explain the legal entity: _____

Full legal name (manager name): _____

Federal Tax Identification Number (FEIN): _____

Name of contact person: _____

Address: _____

City: _____ State: _____

ZIP: _____ Telephone: _____

Email address: _____

2. Is the manager a related organization to the license applicant?

- Yes
- No

If **yes**, please explain the relationship: _____

Background studies

All license applicants, direct/indirect owners, managerial officials, controlling persons on the nursing home application must complete and pass background studies, as required by [Minn. Stat. sect. 144.057 \(https://www.revisor.mn.gov/statutes/cite/144.057\)](https://www.revisor.mn.gov/statutes/cite/144.057), prior to MDH issuing the nursing home license. Background studies are conducted by the Department of Human Services (DHS). Information about initiating background studies will be provided to applicants.

Providers must complete background studies as required by [Minn. Stat. sect. 144.057 \(https://www.revisor.mn.gov/statutes/cite/144.057\)](https://www.revisor.mn.gov/statutes/cite/144.057). DHS will provide more information at that time.

Questions about background studies can be directed to: [DHS Background Studies \(https://mn.gov/dhs/general-public/background-studies/\)](https://mn.gov/dhs/general-public/background-studies/) or 651-431-662.

Worker's compensation insurance

Check the type of evidence of coverage that is attached to this application.

- Certificate of workers' compensation insurance coverage.** This document is supplied by an authorized workers' compensation carrier pursuant to [Minn. Stat. sect. 60A.06, Subd. 1\(5\)\(b\) \(https://www.revisor.mn.gov/statutes/cite/60A.06\)](https://www.revisor.mn.gov/statutes/cite/60A.06). The insurance must be in effect prior to the issuance of a license.
- Self-insured workers' compensation (including its Attachment "A").** This type of coverage is generally held by large organizations. The certificate is issued from the commissioner of commerce permitting an organization to self-insure pursuant to [Minn. Stat. chpt. 79A \(https://www.revisor.mn.gov/statutes/cite/79A\)](https://www.revisor.mn.gov/statutes/cite/79A) and [Minn. Rules chpt. 2780 \(https://www.revisor.mn.gov/rules/2780/\)](https://www.revisor.mn.gov/rules/2780/). Questions regarding self-insurance should be directed to the Minnesota Department of Commerce.
- Self-insured as a government entity.** Written confirmation from your third-party administrator or evidence of coverage from the Workers' Compensation Reinsurance Association (WCRA) allowing you to self-insure as a government entity/political subdivision pursuant to [Minn. Stat. sect. 176.181, subd. 2 \(https://www.revisor.mn.gov/statutes/cite/176.181#stat.176.181.2\)](https://www.revisor.mn.gov/statutes/cite/176.181#stat.176.181.2). The reinsurance certificate must be renewed annually on a calendar year basis.

Official verification of license applicant or authorized agent

The information I ("I" means the owner or authorized agent) have provided in this application is true and accurate to the best of my knowledge and belief. If information is found to be inaccurate or untrue, it is cause for denial of a nursing home license.

Read the following statements, check each item acknowledging you have read and understand each referenced material(s) or statement, and sign below.

I certify I have read and understand the following:

- [Nursing Home Statues 144A\(https://www.revisor.mn.gov/statutes/cite/144A\)](https://www.revisor.mn.gov/statutes/cite/144A)
- [Nursing Facility Rates 256R\(https://www.revisor.mn.gov/statutes/cite/256R\)](https://www.revisor.mn.gov/statutes/cite/256R)
- [Minn. Administrative Rules Nursing Homes Chapter 4658 Minnesota Rules Chapter 4658 \(https://www.revisor.mn.gov/rules/4658/\)](https://www.revisor.mn.gov/rules/4658/)
- [Reporting of Maltreatment of Vulnerable Adults \(https://www.revisor.mn.gov/statutes/cite/626.557\)](https://www.revisor.mn.gov/statutes/cite/626.557)
- [Electronic Monitoring in Certain Facilities \(https://www.revisor.mn.gov/statutes/cite/144.6502\)](https://www.revisor.mn.gov/statutes/cite/144.6502)
- I declare that, as the owner or authorized agent, I attest that I have read [Minn. Stat. sect. 144A.01, subd.14\(https://www.revisor.mn.gov/statutes/cite/144A.01\)](https://www.revisor.mn.gov/statutes/cite/144A.01) and understand as the licensee I am

responsible for the management, control, and operation of the Nursing home, regardless of the existence of a management agreement or subcontract.

- I declare that, as the owner or authorized agent, I attest that I have read [Minn. Administrative Rules 4658.0050, Subp. 3.F 4658.0050 - MN Rules Part \(https://www.revisor.mn.gov/rules/4658.0050/\)](https://www.revisor.mn.gov/rules/4658.0050/). This includes having the financial resources at the time of initial licensure to permit full-service operation of the nursing home for six months without regard to income from resident fees.
- I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to nursing home licensure. To the best of my knowledge and belief, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required.
- I attest to have all required policies and procedures of Chapters [144A \(https://www.revisor.mn.gov/statutes/cite/144A\)](https://www.revisor.mn.gov/statutes/cite/144A), [256R \(https://www.revisor.mn.gov/statutes/cite/256R\)](https://www.revisor.mn.gov/statutes/cite/256R) and [Minnesota Rules Chapter 4658 \(https://www.revisor.mn.gov/rules/4658/\)](https://www.revisor.mn.gov/rules/4658/) in place upon licensure and to keep them current.

Owner or authorized agent signature of acknowledgment:

- License Applicant
- Agent

Legal name (print or type): _____

Signature: _____

Title: _____

Date: _____

Submit Application and Attachments

Mail completed application, attachments, and payment to:

Minnesota Department of Health
Health Regulation Division
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200

Make checks payable to "Minnesota Department of Health."

1. Application form and license fee (see [Payment of Application Fee](#) for information about how to calculate license fee).
2. Attach additional [Nursing Home Change of Ownership License Application Addendum: Direct or Indirect Owner Information \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddowner.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddowner.pdf), if applicable.

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3. Attach additional [Nursing Home Change of Ownership License Application Addendum: Managerial Official \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddmanage.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddmanage.pdf), if applicable.
4. Attach additional [Nursing Home Change of Ownership License Application Addendum: Controlling Person \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddcontrol.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddcontrol.pdf), if applicable.
5. Attach additional [Nursing Home Change of Ownership License Application Addendum: Eligibility and Qualifications \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddelig.pdf\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/docs/chowaddelig.pdf) and requested documents, if applicable.
6. Provide the work experience in nursing homes for the past two years for all administrators, assistant administrators, directors of nursing, medical director, and all other managerial employees.
7. Evidence of compliance with Worker's Compensation Coverage Provisions.
8. IRS form SS-4.
9. A proposed lease agreement between the landlord and license applicant, if applicable, including sublease agreement, if applicable.
10. A copy of the management agreement, if applicable.
11. A copy of the operations transfer agreement or similar agreement, if applicable.
12. Transfer agreement between hospital and related health facility found on this page: [Nursing Home Licensure and Certification: Transfer Agreements \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/licnh.html#transfer\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/licnh.html#transfer).
13. A copy of the purchase agreement.
14. A copy of the proposed bill of sale of the nursing home.
15. An organizational chart identifying management structure and all legal entities and individuals with an ownership interest in the licensee of 5% or greater and that specifies their relationship with the licensee and with each other to include direct and indirect owners.
16. Copies of the licensee's organizational agreements. If the license applicant is:
 - a. A **limited liability company (LLC)**, please submit: Articles of organization and LLC operating agreement
 - b. A **corporation**, please submit: Articles of organization and bylaws
 - c. A **partnership**, please submit: A copy of signed partnership agreement
 - d. A **public agency**, please submit: A copy of signed resolution
 - e. A **non-profit**, please submit: A copy of articles of organization and bylaws
17. Include examples of proof of financial responsibility per [Minnesota Rules, chapter 4658.0050, subd. 3, part. F \(https://www.revisor.mn.gov/rules/4658.0050/\)](https://www.revisor.mn.gov/rules/4658.0050/), including but not limited to:
 - a. Certified statement of line of credit.
 - b. Personal financial statement along with a signed affidavit committing personal resources.

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- c. A copy of the corporation's annual report along with a signed affidavit committing corporate resources.
- d. Other financial documentation

18. Any additional documents necessary to answer questions/complete the license application.

Minnesota Department of health
Health Regulation Division
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200
health.hrd-fedlcr@state.mn.us

07/01/2023

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