

# Change of Information

## ASSISTED LIVING PROVIDERS

Minnesota Statute 144G.18 ([www.revisor.mn.gov/statutes/cite/144G.18](http://www.revisor.mn.gov/statutes/cite/144G.18)) requires licensed providers to notify the Minnesota Department of Health (MDH) in writing **prior to** a change in the manager or authorized agent.

Additionally, licensees must provide written notice of changes to manager contact information or business name to MDH **within 60 days** of the change. **Failure to notify MDH within 60 days will result in a \$1,000 fine.**

Use this form to notify MDH at: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us).

## Current Information on Record with MDH

*Information marked with an asterisk (\*) is required to process changes of information.*

\*Licensee's Legal Name: \_\_\_\_\_

\*Licensee's Doing Business As (DBA) Name: \_\_\_\_\_

\*Health Facility ID (HFID – 5-digit #): \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City, State, & Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Effective Date for Changes: \_\_\_\_\_

## Change of Company Name

The legal name of a business is normally the name registered with the Minnesota Secretary of State and is connected to the Federal Tax Employer Identification number (FEIN) or individual Social Security Number (SSN). The business' Assumed Name or "Doing Business As" (DBA) name is the name under which the business operates and advertises.

*\*The licensee must submit documentation from the MN Secretary of State confirming the name change.*

New Legal Name for Company: \_\_\_\_\_

New "Doing Business As" (DBA)/Assumed Name: \_\_\_\_\_

## Change of Contact Information

New Permanent Business Email Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

New Phone: \_\_\_\_\_

## Change of Assisted Living Director

Providers are not required to notify MDH of changes in their Licensed Assistant Living Directors (LALD). Per [Minnesota Rules 6400.7050 C \(https://www.revisor.mn.gov/rules/6400.7050/\)](https://www.revisor.mn.gov/rules/6400.7050/), you must notify the [Board of Executives for Long Term Services and Supports \(BELTSS\) \(https://mn.gov/boards/beltss/\)](https://mn.gov/boards/beltss/) within five (5) days of a change of LALD in the facility.

## Change/Add Authorized Agent

"Authorized Agent" means the person upon whom all notices and orders shall be served and who is authorized to accept service of notices and orders on behalf of the assisted living provider. A new agent cannot authorize adding their own name to the license.

Previous Agent's Name: \_\_\_\_\_

New Agent's Name: \_\_\_\_\_

New Agent's Email: \_\_\_\_\_

## Change of Managerial Official

A "managerial official" is an individual who has the decision-making authority related to the operation of the facility and the responsibility for the ongoing management or direction of the policies, services, or employees of the facility.

Providers are not required to notify MDH of changes in their Managerial Official but should be prepared with this information for their renewal application.

## Change/Add Manager or Managing Agent

"Manager" means an individual or legal entity designated by the licensee through a **management agreement** to act on behalf of the licensee in the on-site management of the assisted living facility.

*\*The licensee must submit a copy of the management agreement.*

Previous Manager/Managing Agent's Name: \_\_\_\_\_

New Manager/Managing Agent's Name: \_\_\_\_\_

New Manager/Managing Agent's Email: \_\_\_\_\_

## Change of Clinical Nurse Supervisor

Per [Minn. Stat. 144G.41 Sub. 4 \(www.revisor.mn.gov/statutes/cite/144G.41\)](http://www.revisor.mn.gov/statutes/cite/144G.41) the clinical nurse supervisor must be a registered nurse licensed in Minnesota.

Providers are not required to notify MDH of changes in their Clinical Nurse Supervisor but should be prepared with this information during survey and for their renewal application.

## Signature

Authorizing Official on Record: \_\_\_\_\_

Signature of Authorizing Official: \_\_\_\_\_

\*The person authorizing changes to the license must be an owner, managerial official, board member, or agent who is *currently listed* in the MDH database for MDH to accept changes requested on this form.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Return this Completed Document to:

[health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)

Minnesota Department of Health  
Health Regulation Division  
Assisted Living Licensure  
PO Box 3879  
St. Paul, MN 55164-0900  
Phone 651-201-4200  
[health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)  
[Assisted Living Licensure \(www.health.state.mn.us/facilities/regulation/assistedliving/\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/)

08/07/2023

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