



# Minnesota Department of Health

HOME CARE AND ASSISTED LIVING PROGRAM

## Closure Form

### For Home Care License or Home Management Registration

In accordance with Minnesota Statute 13.41, **ALL DATA SUBMITTED ON THIS APPLICATION SHALL BE CLASSIFIED PUBLIC INFORMATION.**

Please answer all questions completely and accurately to avoid unnecessary delay. All closure requests shall be submitted to the Department at least 30 days prior to effective date of closure if serving assisted living clients and at least 10 days prior to effective date of closure for all other home care providers.

**Home Care and Assisted Living Program**  
**Minnesota Department of Health**  
**PO Box 64900**  
**St. Paul, MN 55164-0900**  
**651-201-5273 (Main)**  
**651-215-9697 (Fax)**  
**Email: [Health.homecare@state.mn.us](mailto:Health.homecare@state.mn.us)**

#### A. Information for Closing License or Registration

1. HFID # \_\_\_\_\_
2. Licensee name \_\_\_\_\_  
 Tax FEIN for licensee \_\_\_\_\_  
 Provider name/doing business as (DBA) name \_\_\_\_\_
3. Address \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_
4. Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_
5. Authorized agent \_\_\_\_\_
6. Email address \_\_\_\_\_
7. Are you providing services in a housing with services establishment?  Yes  No
8. Are you a Medicare certified home health agency (HHA)?  Yes  No
9. Do you currently provide services to home care clients?  Yes  No\*

\*If no, date services ended \_\_\_\_\_

## B. Information Regarding Closure (check one)

- A. Effective date of closure \_\_\_\_\_
- B. Reason for closure \_\_\_\_\_  
\_\_\_\_\_
- C. Intent for license or registration (check one)
- Close and terminate services for all home care clients. (Skip section D.)
  - Close and provide services under other license or registration. (Skip section C.)
  - Other \_\_\_\_\_
- D. Does the closing license have uncorrected correction orders?  Yes  No
- E. Does the closing license have unpaid fees or penalty assessments?  Yes  No
- F. Will your business be sold to another provider?  Yes\*  No

\* **Contact HCALP regarding a CHOW.** Home care licenses cannot be sold or transferred to another party. Before acquiring ownership of a home care business, a prospective applicant must apply for a new license (MN Statute 144A.472 Subdivision 5). The Home Care & Assisted Living Program (HCALP) has 60 days after receipt of a complete application to issue a license. If you are anticipating a change in ownership (CHOW), we request that you contact HCALP in advance by calling 651-201-5273 or via our website "Contact Us Form" at <http://www.health.state.mn.us/divs/fpc/homecarelic2013.html> to ensure that all required steps are completed.

## C. Closing and Terminating Home Care Services

1. Forwarding address \_\_\_\_\_  
Forwarding city, state, & zip \_\_\_\_\_
2. Forwarding phone number \_\_\_\_\_
3. Forwarding email address \_\_\_\_\_
4. Effective date of closure \_\_\_\_\_

## D. Closing and Providing Services under Other License or Registration

1. HFID # of license under which you will now provide services \_\_\_\_\_
2. Licensee name under which you will now provide services \_\_\_\_\_
3. Tax FEIN for licensee under which you will now provide services \_\_\_\_\_
4. Is license also a Medicare certified HHA?  Yes  No
5. Effective date of change \_\_\_\_\_

## E. Verification

The undersigned agrees to transition the care of home care clients as required under Minnesota Statutes, sections:

- 144A.44 Home Care Bill of Rights Initials \_\_\_\_\_
- 144A.4791, subdivision 10 Home Care Providers Responsibilities with Respect to Clients; Termination of Service Plan Initials \_\_\_\_\_
- 144A.4794, subdivision 4 Client Record Requirements; Transfer of Client Records Initials \_\_\_\_\_

If the provider is terminating assisted living services, in a housing with services establishment the undersigned also agrees to transition the care of home care clients as required under Minnesota Statutes, sections:

- 144A.441 Assisted Living Bill of Rights Addendum Initials \_\_\_\_\_
- 144A.442 Assisted Living Clients; Services Termination Initials \_\_\_\_\_
- 144D.09 Housing with Services Establishment; Termination of Lease Initials \_\_\_\_\_
- 144G.03, subdivision 6 Assisted Living Requirements; Termination of Housing with Services Contract Initials \_\_\_\_\_

**Providers that need to close a housing with services registration must contact Licensing and Certification by calling 651-201-4126 or emailing [Mayumi.Reuvers@state.mn.us](mailto:Mayumi.Reuvers@state.mn.us) or [Debby.Baker@state.mn.us](mailto:Debby.Baker@state.mn.us).** Initials \_\_\_\_\_

**Coordinated transferring of care for home care clients is required whether closing a license, continuing care under a different license, or changing ownership.** Initials \_\_\_\_\_

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

Signature of Authorized Agent \_\_\_\_\_

Name (please print or type) \_\_\_\_\_

Title: \_\_\_\_\_

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

NOTE: If you have questions concerning this license closure form, please call (651) 201-5273.