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.

Note: If you are closing a housing with services registration, do not use this form. Contact Licensing and Certification at 651-201-4101.

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

Home care services:
144A.44 (https://www.revisor.mn.gov/statutes/cite/144A.44)
144A.4791, Subd. 10 (https://www.revisor.mn.gov/statutes/cite/144A.4791)
144A.4794, Subd. 4 (https://www.revisor.mn.gov/statutes/cite/144A.4794)

Assisted living services:
144A.441 (https://www.revisor.mn.gov/statutes/cite/144A.441)
144A.442 (https://www.revisor.mn.gov/statutes/cite/144A.442)

Closing license information

HFID # ________________________________ Tax FEIN for licensee _____________________________
Provider name/doing business as (DBA) name _______________________________________________
Licensee name _______________________________________________________________________
Address _____________________________________________________________________________
City, State, & Zip _______________________________________________________________________
Telephone number________________________________________ Fax number____________________
Agent name ___________________________________________________________________________
Email address________________________________________________________________________

Is this licensee:
• Currently providing home care services? ☐ Yes ☐ No
  If no, date services ended __________________
  If yes, to how many clients _________________

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

• Serving clients in a housing with services establishment? ☐ Yes ☐ No
• 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, explain ________________________________________________________________

**Intent for license (check one)**
☐ Close and terminate services for all home care clients.
☐ Close and provide services under other license.
☐ Sell business to another provider?*
☐ Other _____________________________________________________________________________

*If selling business to another provider, contact the Home Care and Assisted Living Program (HCALP) 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 (MN Statute 144A.472 Subdivision 5). HCALP 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 HCALP as soon as possible at 651-201-5273 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 other home care license:**
HFID # of license under which you will now provide services ______________________________
Licensee name under which you will now provide services _________________________________
Tax FEIN for licensee under which you will now provide services ___________________________
Does other license have Medicare certification? ☐ Yes ☐ No

**Information regarding notice to clients**

Minnesota statute **144A.44, subdivision 10** 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 [http://www.health.state.mn.us/divs/fpc/homecare/consumers/bor.html];
- The name and contact information of a person employed by the home care provider with whom the client may discuss the notice of termination; and
• If applicable, a statement that the notice of termination of home care services does not constitute notice of termination of a housing with services contract with a housing with services establishment.

Date notice was sent to clients: _______________________

Other requirements
1. When closing a license and terminating services to all clients the licensee must also notify the
   a. Commissioner of health (by submitting this form)
   b. Lead agencies, which may include:
      i. Department of Human Services (if you are a DHS enrolled provider)
      ii. Counties or tribal reservations where you are serving clients
          Minnesota Tribal and County Directory (https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/contact-us/county-tribal-offices.jsp)
      iii. Managed care organizations:
          1. Special Needs Basic Care for People with Disabilities
             (https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/special-needs-basic-care/)
          2. Minnesota Senior Health Options
             (https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/contact-us/msho-contacts.jsp)
   c. Ombudsman for Long Term Care
      (https://mn.gov/dhs/people-we-serve/seniors/services/ombudsman/contact-us/)
2. 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)
3. 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)
4. 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)

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

Agent/Owner/Managerial Official Signature ________________________________
Agent/Owner/Managerial Official Name __________________________________
Title: ______________________________________ 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 completed form to
Email: Health.homecare@state.mn.us
Questions?
Call (651) 201-5273 or email health.homecare@state.mn.us

Home Care and Assisted Living Program
Health Regulation Division
P.O. Box 3879
St. Paul, MN 55101-3879
Phone 651-201-5273 | Fax 651-215-9697
www.health.state.mn.us/divs/fpc/homecare/

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To obtain this information in a different format, call 651-201-5273.