

# 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 \(https://www.revisor.mn.gov/statutes/cite/144A.44\)](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)

Assisted living services:

[144A.441 \(https://www.revisor.mn.gov/statutes/cite/144A.441\)](https://www.revisor.mn.gov/statutes/cite/144A.441)

[144A.442 \(https://www.revisor.mn.gov/statutes/cite/144A.442\)](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)

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- 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](mailto: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 \(http://www.health.state.mn.us/divs/fpc/homecare/consumers/bor.html\)](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

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- 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 \(https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/contact-us/county-tribal-offices.jsp\)](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 \(https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/special-needs-basic-care/\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/special-needs-basic-care/)
      2. [Minnesota Senior Health Options \(https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/contact-us/msho-contacts.jsp\)](https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/contact-us/msho-contacts.jsp)
  - c. [Ombudsman for Long Term Care \(https://mn.gov/dhs/people-we-serve/seniors/services/ombudsman/contact-us/\)](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 \(https://www.revisor.mn.gov/statutes/cite/144A.4794\)](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 \(g\) \(https://www.revisor.mn.gov/statutes/cite/144A.474\)](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 \(https://www.revisor.mn.gov/statutes/cite/144A.479\)](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](mailto:Health.homecare@state.mn.us)

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## Questions?

Call (651) 201-5273 or email [health.homecare@state.mn.us](mailto: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/](http://www.health.state.mn.us/divs/fpc/homecare/)

07/30/2018

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