

# Change of Information

## ASSISTED LIVING PROVIDERS

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

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 \(BELTSS\) \(https://stage.wcm.mnit.mn.gov/boards/nursing-home/\)](https://stage.wcm.mnit.mn.gov/boards/nursing-home/) within five (5) days of a change of LALD in the facility.

[Minnesota Statute 144G.18 \(www.revisor.mn.gov/statutes/cite/144G.18\)](http://www.revisor.mn.gov/statutes/cite/144G.18)

## 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 #): \_\_\_\_\_

\*Licensed Assisted Living Director: \_\_\_\_\_

\*Permanent Business Email: \_\_\_\_\_

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

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

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

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

## Closure of a Campus Building

The building identification information should match what was submitted on the Building Information form (PDF) submitted as part of the application.

Before completing this form, read the following statute to understand the requirements for transferring: [Minn. Stat. § 144G.56 \(www.revisor.mn.gov/statutes/cite/144G.56\)](http://www.revisor.mn.gov/statutes/cite/144G.56)

Building identification information (ex. Building A or Building B): \_\_\_\_\_

Building Address: \_\_\_\_\_

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

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Proposed Effective date of building closure: \_\_\_\_\_

Number of residents in building: \_\_\_\_\_

Enter the names of providers with whom you plan to coordinate the transfer of care: \_\_\_\_\_

\_\_\_\_\_

If the address of the building being closed is currently listed as the street address for the facility, please provide the updated facility address: \_\_\_\_\_

## Information regarding transfer notice to residents

Minn. Stat. § 144G.56, Subdivision 3 requires that you notify your residents at least 30 calendar days advanced written notice and contain:

- Effective date of transfer;
- Proposed transfer location;
- Contact information of a person employed by the facility with whom the resident may discuss the notice of transfer
- Contact information for the ombudsman for long-term care;
- A statement that the resident may refuse the proposed transfer, and may discuss any consequences of a refusal with staff of the facility;

This notice must be sent to:

- The residents;
- The residents' designated representatives; and
- The residents' legal representatives.
- Additionally, for residents who receive housing support under chapter 2561.06

## 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/Add Manager

"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.

Previous Manager's Name: \_\_\_\_\_

New Manager's Name: \_\_\_\_\_

New Manager's Email: \_\_\_\_\_

## 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 his/her own name to the license.

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

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

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

## Return this Completed Document to:

Minnesota Department of Health  
Health Regulation Division  
PO Box 64900  
St. Paul, MN 55164-0900  
Phone 651-201-4200 | Fax 651-215-9697  
[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/)

10/18/2021

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