DEPARTMENT OF HEALTH

Change of Information

TEMPORARY LICENSED AND LICENSED HOME CARE PROVIDERS

Minnesota home care statute requires licensed home care providers and registered home management providers to notify the Minnesota Department of Health (MDH) **within ten days** when there is a change on the license or registration. Use this form to notify MDH.

Minnesota Statute 144A.472, Subd. 6, https://www.revisor.mn.gov/statutes/cite/144A.472

Note: If you are a Medicare-certified Home Health Agency (HHA), you must complete additional information. Contact Licensing and Certification at 651-201-4101 or health.fpc-web@state.mn.us or visit Federal Certification Process for Home Health Agencies (https://www.health.state.mn.us/facilities/regulation/hhamedicare/) for more information.

Current Information on Record with MDH

*Licensee's Legal Name:_____

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

*Health Facility ID (HFID – 5 digit #):_____

*Agent:_____

*Email:_____

*Mailing Address:_____

*City, State, & Zip:_____

*Phone:_____ *Medicare-certified HHA: ☐ Yes ☐ No

*Effective Date of Changes: _____ / _____ / _____

*Information is required to process changes of information.

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.

New Legal Name for Company:_____

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

Change of Contact Information

☐ Change of Physical Address ☐ Change of Mailing Address ☐ Both

Previous Address:

_____

_____

_____

New Address:

_____

_____

_____

New Phone #:

_____

New Fax #:

_____

New Email Address: _____

Workers' Compensation

☐ Agency has hired employees and now has workers' compensation insurance.
☐ Workers' compensation insurance is carried by a management company or an affiliated organization.

Provide the following information.

Insurer: _____ Insured: _____

Policy #:_____ Effective date: _____ End date: _____

Change in Agent

"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 home care provider. A new agent cannot authorize adding his/her own name to the license.

Previous Agent Name:_____

New Agent Name:_____

New Agent's Email:_____

Change of Housing with Services

List changes to housing with service locations below. If you are terminating services to clients you must comply with the following statutes.

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

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

Added Location(s):_____ HFID(s):_____

Added Location(s):_____ HFID(s):_____

Dropped Location(s):_____ HFID(s):_____

Dropped Location(s):_____ HFID(s):_____

NOTE: If you are closing a license do not use this form; use the *Closure Form (HCALP-F4045).*

Change of Office Locations

If you have changed office locations, list below:

Added Location(s):_____ HFID(s):_____

Dropped Location(s):_____ HFID(s):_____

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*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 in order for MDH to accept changes requested on this form.

Date: _____/ _____/_____

Return the completed document to

health.homecare@state.mn.us

Questions?

Call 651-201-5273