

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 \(https://www.revisor.mn.gov/statutes/cite/144A.472\)](https://www.revisor.mn.gov/statutes/cite/144A.472)

If you are a Medicare certified home health agency (HHA), you must complete additional information. Contact Licensing, Registration, and Certification at 651-201-4200 or Health.HRD-HHA@state.mn.us or visit [Federal Certification Process for Home Health Agencies \(https://www.health.state.mn.us/facilities/regulation/hhamedicare/\)](https://www.health.state.mn.us/facilities/regulation/hhamedicare/) for more information.

If you are closing a home care license, use the home care license closure form found on the home care website: [Home Care Licensing: Basic and Comprehensive License Closure Form \(https://www.health.state.mn.us/facilities/regulation/homecare/docs/providers/closureform.pdf\)](https://www.health.state.mn.us/facilities/regulation/homecare/docs/providers/closureform.pdf).

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 #): _____

*Agent: _____

*Permanent Business Email: _____

*Mailing Address: _____

*City, State, & Zip: _____

*Phone: _____

*Medicare-certified HHA: Yes No

*Effective Date of Changes: _____

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 Office Locations

If you have changed office locations, list below:

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

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

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.

Authorizing official on record (print): _____

Signature of authorizing official: _____

Date: _____

Return the completed document to

health.homecare@state.mn.us

Questions?

Call 651-201-4200.

Minnesota Department of Health
Licensing, Certification, and Registration
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
health.homecare@state.mn.us
<https://www.health.state.mn.us/facilities/regulation/homecare/index.html>

01/19/2022

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