DEPARTMENT OF HEALTH

Nursing Home (NH) Transfer of Ownership or Control – Notice Form

Complete all of the following sections.

Facility identification

Facility Name (Doing Business As): _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Telephone number: _____

Fax number (if applicable): _____

Name of county in which facility is located: _____

Health Facility Identification (HFID) number (if applicable): _____

CMS Certification Number (CCN) (if applicable): _____

Prospective new ownership or control information

Prospective for-profit legal entity name (as registered with the Minnesota Secretary of State): _____

_____

Name of Contact Person: _____

Title: _____

Direct telephone number: _____

Direct email: _____

Change of Ownership Information

A new license is required whenever there is a change of ownership. The prospective licensee must apply for a license before operating a currently licensed nursing home. For more information, please visit our Nursing Home Change of Ownership webpage.

Ownership Interest Disclosure

Names of each individual with an interest in the for-profit entity and the percentage of interest each individual holds in the for-profit entity. Calculate the total percentage; it must equal to 100%.

First and Last Name	Percent Interest

First and Last Name	Percent Interest
Total Percentage:	

Affirmation

☐ I certify that the information provided on this form is accurate and complete.

Signature of Administrator/Authorized Agent: _____

Name (print or type): _____

Title: _____

Date: _____

Next Steps for NH

- Email notice form to:
  - Commissioner of Health: health.hrd-fedlcr@state.mn.us
  - Attorney General: Sara.Noel@ag.state.mn.us
  - Department of Human Services
    - The provider must also notify the Department of Human Services (DHS) Minnesota Health Care Programs (MHCP). MHCP requires new copies of all enrollment documents as well as a copy of the Provider Entity Sale or Transfer Addendum (DHS-5550) (PDF). Please refer to the Sale or Transfer of a Provider Entity page for more information. Please contact the DHS Provider Resource Center at 651-431-2700 or 800-366-5411 with any questions regarding the change in ownership process and provider enrollment requirements.

Minnesota Statutes

- Minnesota Statutes, section 144A.01
- Minnesota Statutes, section 145D.40 and 145D.41

For Internal Use Only by MDH

Date notice received:

Credentialer's name:

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

09/02/2025

If you have questions, please email Health.HRD-FedLCR@state.mn.us or call 651-201-4200.