DEPARTMENT OF HEALTH

Application for a License to Operate a Nursing Home

INITIAL LICENSE

In accordance with Minnesota Statutes, section 13.41 (https://www.revisor.mn.gov/statutes/cite/13.41), **all data submitted on this license application shall be classified public information upon issuance of a license.**

The undersigned hereby makes application for license to operate a nursing home subject to the provision of Minnesota Statutes, section 144A (https://www.revisor.mn.gov/statutes/cite/144A), Minnesota Statutes, chapter 4658 (https://www.revisor.mn.gov/rules/4658/) and the rules adopted thereunder.

Application and Review Process

Answer all questions completely and accurately to avoid unnecessary delay. Mail application, fee payment and required supporting documents at least 90 days before the requested date for licensure (Minnesota Rules, chapter 4658.0025, subpart 1 (https://www.revisor.mn.gov/rules/4658.0025/#rule.4658.0025.1). Refer to the last page for Minnesota Department of Health (MDH) mailing address.

The application is deemed complete when all documentation, inspections and background studies have been correctly completed and verified. MDH will contact you to request additional information, if needed.

Application Contact Information

Provide the legal name and contact information of the person MDH can contact regarding questions about this application.

First name: _____

Last name: _____

Title: _____

Telephone number: _____

Email address: _____

Proposed opening date: _____

Facility Identification

Facility Name (Doing Business As): _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Legal property description: _____

Telephone number: _____

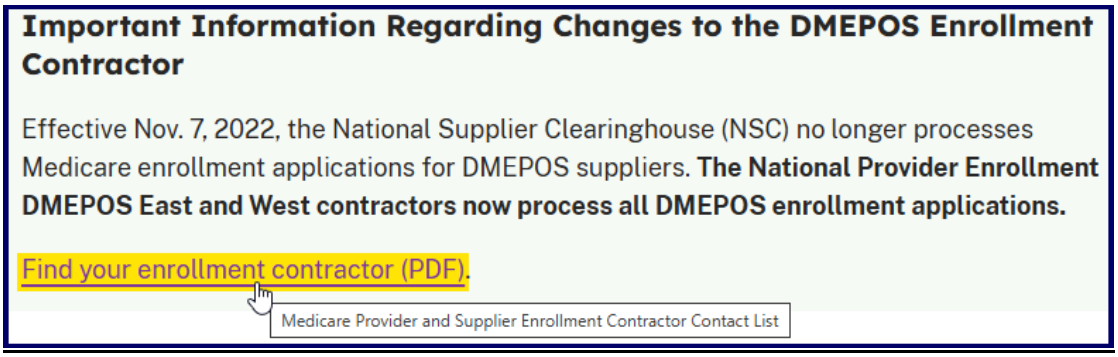
Fax number (if applicable): _____

Name of county in which facility is located: _____

Do you plan to be Medicare certified? ☐ No ☐ Yes

If yes, contact the Medicare Administrative Contractor (MAC) to submit a CMS-855 form.

- Find your enrollment contractor (PDF) (https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos)



- For more information, visit CMS.gov What's a MAC (https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/whats-mac).

Agent

- Minnesota Statutes, section 144A.03, subd. 2 (https://www.revisor.mn.gov/statutes/cite/144A.03#stat.144A.03.2)

The **agent** is the person(s) "who shall be responsible for dealing with the commissioner of health on all matters" and "whom personal service of all notices and orders shall be made, and who shall be authorized to accept service on behalf of all the controlling persons of the facility."

Provide the agent's legal name and contact information. MDH will use the mailing and/or email address below to send correspondence(s) to the facility.

Full legal name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Email address: _____

Ownership

- Minnesota Statutes, section 144A.03 (https://www.revisor.mn.gov/statutes/cite/144A.03)
- Minnesota Rules, chapter 4658.0025, subd. 14E (https://www.revisor.mn.gov/rules/4658.0025/#rule.4658.0025.14)

Fill in the code that corresponds to the type of entity legally responsible for operating this facility: _____

Governmental Non-Federal	Governmental Federal	Non-Governmental Nonprofit	Non-Governmental For-profit	Other
11. State 12. County 13. City 14. City-County 15. Hospital District or Authority	18. Veterans Administration	20. Church-related 21. Nonprofit Corporation 22. Other Nonprofit Ownership 34. Nonprofit Limited Liability Company 36. Nonprofit Corporation	23. Individual 24. Partnership 26. Group 29. Business Trust 33. For-profit Limited Liability Company 35. For-profit Corporation	27. Tribal 31. Other (list): _____ 32. Sole Proprietorship

Provide the legal entity name that is responsible for the operation of this facility, as it appears on file with the Office of the Minnesota Secretary of State (https://mblsportal.sos.state.mn.us/Business/Search):

- Legal entity name: _____

Federal Employer Identification Number (FEIN): _____

State Tax ID number: _____

President/Owner Representative Name: _____

- Direct telephone number: _____
- Direct email address: _____

Bed Capacity

- Minnesota Statutes, section 144A.03, subd. 1b(5) (https://www.revisor.mn.gov/statutes/cite/144A.03#stat.144A.03.1)
- Minnesota Rules, chapter 4658.0025, subp. 14(D) (https://www.revisor.mn.gov/rules/4658.0025/#rule.4658.0025.14)

Number of nursing home beds to be licensed: _____

Federal Nurse Aide Training Competency and Evaluation Program (NATCEP) and In-Facility Test Site

If you plan on applying for a Federal Nurse Aide Training and Competency Evaluation Program, please visit How to Start a Nurse Aide Training and Competency Evaluation Program (NATCEP) (https://www.health.state.mn.us/facilities/providers/nursingassistant/starttrainprog.html).

Certification Type (if applicable)

- Minnesota Statutes, section 144A.03, subd. 1(18) (https://www.revisor.mn.gov/statutes/cite/144A.03)

☐ Medicare (Title XVIII)

☐ Medicaid (Title XIX)

☐ Medicare and Medicaid (dual certification)

☐ State-licensed only (no certification)

Owners, Controlling Persons and Managerial Officials

- Minnesota Statutes, section 144A.01 (https://www.revisor.mn.gov/statutes/cite/144A.01)
- Minnesota Statutes, section 144A.03, subd. 1(b)(3) and 1(b)(12) (https://www.revisor.mn.gov/statutes/cite/144A.03#stat.144A.03.1)

Complete the table in Appendix A: Owners, Controlling Persons and Managerial Officials with the name, contact information, and ownership information of each owner, controlling person, and managerial official.

Refer to the definitions below to determine individuals and legal entities that must be disclosed.

A **controlling person** means “an owner and the following individuals and entities, if applicable: (1) each officer of the organization, including the chief executive officer and chief financial officer; (2) the nursing home administrator; (3) any managerial official;” and “any entity or natural person who has any direct or indirect ownership interest in: (1) any corporation, partnership or other business association which is a controlling person; (2) the land or structure on which a nursing home is located; (3) the structure in which a nursing home is located; (4) any entity with at least a five percent mortgage, contract for deed, deed of trust, or other security interest in the land or structure comprising the nursing home; or (5) any lease or sublease of the land, structure, or facilities compromising a nursing home.”

Direct ownership interest “means an individual or legal entity with the possession of at least five percent equity in capital, stock, or profits of the licensee, or who is a member of a limited liability company of the licensee.”

Indirect ownership interest “means an individual or legal entity with a direct ownership interest in an entity that has a direct or indirect ownership interest of at least five percent in an entity that is a licensee.”

Managerial official "means an individual who has the decision-making authority related to the operation of the nursing home and responsibility for either: (1) the ongoing management of the nursing home; or (2) the direction of policies, services, or employees of the nursing home."

Disclosure of Managerial Employees

- Minnesota Statutes, section 144A.03 , subd. 1(b)(3) (https://www.revisor.mn.gov/statutes/cite/144A.03#stat.144A.03.1)
- Minnesota Rules, chapter 4658.0025, subp. 16 (https://www.revisor.mn.gov/rules/4658.0025/#rule.4658.0025.16)

Nursing Home Administrator

Full legal name: _____

Direct telephone number: _____

Direct email address: _____

Start date: _____ License number: _____

Status: ☐ Permanent ☐ Acting (temporary and unlicensed ☐ Interim

Assistant Administrator (if applicable)

Full legal name: _____

Director telephone number: _____

Direct email address: _____

Start date: _____ License number: _____

Medical Director

Full legal name: _____

Mailing address: _____

Director telephone number: _____

Direct email address: _____

Start date: _____ License number: _____

Director of Nursing

Full legal name: _____

Director telephone number: _____

Direct email address: _____

Start date: _____ License number: _____

Ownership of Nursing Home Building

- Minnesota Statutes, section 144A.01, subdivision 4(b)(2) and 4(b(3) (https://www.revisor.mn.gov/statutes/cite/144A.01#stat.144A.01.4)

Complete the information in this section and use Appendix A: Owners, Controlling Persons and Managerial Officials to disclose any legal entity(s) and individual owner(s) having a 5% or greater interest in the building or real property.

Building Ownership

Name of contact person: _____

Title of contact person: _____

Business address: _____

City: _____ State: _____

Zip: _____ County: _____

Telephone number: _____

Email address: _____

Legal Entity Type of Building Ownership (i.e., Corporation, LLC): _____

Is the licensee applicant the owner of the physical building? If no, provide the lease information below.

☐ Yes

☐ No

Lease Information

Fill in the information below for the lessee and sub-lessee of the building where the nursing is located (if applicable).

License applicant:

☐ Is the lessee

☐ Is the sub-lessee

Lessee full legal name: _____

Lessee business address: _____

City: _____ State: _____

Zip: _____ County: _____

Telephone number: _____

Email address: _____

Sub-lessee:

Sub-lessee full legal name: _____

Sub-lessee business address: _____

City: _____ State: _____

Zip: _____ County: _____

Sub-lessee contact person: _____

Telephone number: _____

Email address: _____

Related Organization

- Minnesota Statutes, section 256R.02, subd. 43 (https://www.revisor.mn.gov/statutes/cite/256R.02#stat.256R.02.43)

Related organization means "(a) a person that furnishes goods or services to a nursing facility and that is a close relative of a nursing facility, an affiliate of a nursing facility, a close relative of an affiliate of a nursing facility, or an affiliate of a close relative of affiliate of a nursing facility. As used in this subdivision, paragraph (b) to (e) apply.

(b) "Affiliate" means a person that directly, or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with another person.

(c) "Person" means an individual, a corporation, a partnership, an association, a trust, an unincorporated organization, or a government or political subdivision.

(d) "Close relative of an affiliate of a nursing facility" means an individual whose relationship by blood, marriage, or adoption to an individual who is an affiliate of a nursing facility is no more remote than first cousin.

(e) "Control" including the terms "controlling," "controlled by," and "under common control with" means the possession, direct or indirect, of the power to direct or cause the direction of the management, operations, or policies of a person, whether through the ownership of voting securities, by contract, or otherwise."

Is the owner of the nursing home building or property a related organization to the licensee of the nursing home?

☐ Yes

☐ No

If **yes**, explain the relationship: _____

_____

_____

Eligibility and Qualification

- Minnesota Statutes, section 144A.03 (https://www.revisor.mn.gov/statutes/cite/144A.03)

Complete the following questions 1 to 8 below. For any **yes** responses, complete and submit Appendix B: Eligibility and Qualifications **per individual**.

1. Within the last 10 years, preceding submission of the license application, have the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) been convicted of a crime or found civilly liable for a federal or state felony-related offense that was detrimental to the best interests of the facility and its residents? This includes:
    - Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions.
    - Financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions.
    - Any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct.
    - Any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act.

    ☐ Yes - Submit Appendix B: Eligibility and Qualifications for each owner/controlling person/managerial official/nursing home administrator.

    ☐ No

2. Within the last 10 years, preceding submission of the license application, have the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) been convicted of any misdemeanor under federal or state law relating to:
    - The delivery of an item or service under Medicaid or a state health care program or the abuse or neglect of a patient in connection with the delivery of a health care item or service.
    - Theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

    ☐ Yes - Submit Appendix B: Eligibility and Qualifications for each owner/controlling person/managerial official/nursing home administrator.

    ☐ No

3. Within the last 10 years, preceding submission of the license application, have the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) been convicted of any felony or misdemeanor under federal or state law relating to:
    - The interference with or obstruction or any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201.
    - The unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

    ☐ Yes - Submit Appendix B: Eligibility and Qualifications for each owner/controlling person/managerial official/nursing home administrator.

    ☐ No

4. Has the license applicant, any direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) ever had:
    - Any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of the license while a formal disciplinary proceeding was pending before a state licensing authority.
    - Any revocation or suspension of accreditation.
    - Any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program or any debarment from participation in any federal executive branch procurement or non-procurement program.

    ☐ Yes - Submit Appendix B: Eligibility and Qualifications for each owner/controlling person/managerial official/nursing home administrator.

    ☐ No

5. Has the license applicant, any direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s); currently, or in the past ever had their license or federal certification for a long-term care, community-based, or health care facility or agency:
    - Denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership?
    - Are these same actions listed above pending under the laws of any state or federal authority?

    ☐ Yes, or pending - Submit Appendix B: Eligibility and Qualifications for each owner/controlling person/managerial official/nursing home administrator.

    ☐ No

6. In the preceding three years, have the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) has a record of defaulting in the payment of money collected for others, including the discharged debts through bankruptcy proceedings?

    ☐ Yes - Submit Appendix B: Eligibility and Qualifications for each owner/controlling person/managerial official/nursing home administrator.

    ☐ No

7. In the preceding three years has there been any unsatisfied judgments against the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s)?

   ☐ Yes - Submit Appendix B: Eligibility and Qualifications for each owner/controlling person/managerial official/nursing home administrator.

   ☐ No

8. In the preceding three years, are there any liens against the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) or their property?

   ☐ Yes - Submit Appendix B: Eligibility and Qualifications for each owner/controlling person/managerial official/nursing home administrator.

   ☐ No

Affiliations

- Minnesota Statutes, section 144.A01 (https://www.revisor.mn.gov/statutes/cite/144A.01)

Affiliated means currently or has held a position defined as an Owner, Controlling Person or Managerial Official.

Has the license applicant, direct/indirect owner(s), controlling person(s), managerial official(s), or nursing home administrator been affiliated in the past five years with a long-term care, community-based, or health care facility or agency in Minnesota or in any other state?

☐ No

☐ Yes

If **yes**, complete and submit the Appendix C: Affiliations.

Financial Responsibility

- Minnesota Rules, chapter 4658.0050, subp. 3F (https://www.revisor.mn.gov/rules/4658.0050/#rule.4658.0050.3.F)

State law requires that the license applicant "provide evidence of adequate financing, proper administration of funds, and the maintenance of required statistics. A nursing home must have financial resources at the time of initial licensure to permit full service operation of the nursing home for six months without regard to income from resident fees." This means not relying on Medicare, Medicaid and private pay revenue(s) for this six-month period to cover expenses.

Complete Table 1 and 2 to determine the amount necessary to operate for six months. Round to the nearest thousand dollars.

Table 1: Estimated Average Gross Annual Revenues from All Sources

Revenue Source	Amount (in thousands of dollars)
NF Medicaid Daily Rate	$
NF Private Pay	$
NF Other	$
Other Revenues	$
TOTAL	$

Table 2. Estimated Annual Costs

Annual Costs	Amount (in thousands of dollars)
Operating Expenses	$
Capital Outlays	$
TOTAL	$

Chain Organization

- Minnesota Statutes, section 144A.03, subd. 1(b)(18) (https://www.revisor.mn.gov/statutes/cite/144A.03#stat.144A.03.1)
- 42 CFR 421.404 (https://www.ecfr.gov/current/title-42/section-421.404)
- 42 CFR 400.202 (https://www.ecfr.gov/current/title-42/section-400.202)
- Medicare Enrollment Application; CMS-885A, section 5(C) Chain Home Offices Only (https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf)

A **chain organization** means an "entity that provides centralized management and administrative services to the providers or suppliers under common ownership and common control, such as centralized accounting, purchasing, personnel services, management direction and control, and other similar services."

Common control "exits when an individual, a group of individuals, or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of the group of suppliers or eligible providers."

Eligible provider "means a hospital, skilled nursing facility, or critical access hospital that meets the definition of a provider under § 400.202 of this chapter."

Complete the information below for chain organizations.

Is the license applicant under the control of a chain organization?

☐ No

☐ Yes

If **yes**, provide the following: _____

Full legal name (or entity name): _____

Name of contact person: _____

Title: _____

Business address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Email address: _____

Management Agreement

- Minnesota Statutes, section 144A.01, subd. 15 (https://www.revisor.mn.gov/statutes/cite/144A.01#stat.144A.01.15)
- Minnesota Statutes, section 144A.03, subd. 1(b)(10) (https://www.revisor.mn.gov/statutes/cite/144A.03#stat.144A.03.1)

Management Agreement means a written, executed agreement between a licensee and a manager regarding the provision of certain services of behalf of the licensee.

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 nursing home.

1. Is the operation of the nursing home under a management agreement?

   ☐ No

   ☐ Yes

   If **yes**, provide the following:

   Legal entity type of ownership (i.e., Corporation, LLC): _____

   Doing Business As (DBA): _____

   Company name as registered with the MN Secretary of State: _____

Federal Tax Identification Number (FEIN): _____

Name of Contact Person: _____

Title: _____

Business address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Email address: _____

2. Is the manager a related organization to the license application?

☐ No

☐ Yes

If **yes**, please explain the relationship: _____

Architectural and Engineering

- Minnesota Statutes, section 144A.08, subd. 1(8) (https://www.revisor.mn.gov/statutes/cite/144A.03#stat.144A.03.1)

Submit required documents to the Engineering Services section. Please visit the Constructions Plan Submittal Process for Healthcare Facilities webpage for instructions.

For any questions, contact health.healthcareengineers@state.mn.us or 651-201-4200.

Evidence of Compliance with Workers' Compensation Coverage Provisions

State law requires that the Commissioner of Health shall withhold the license for the operation of a health care provider until the applicant presents acceptable evidence of compliance with workers' compensation coverage provisions.

One of the following documents must accompany this application. Please check which document is attached.

☐ **Certificate of Insurance** supplied by an authorized Workers' Compensation carrier pursuant to Minnesota Statutes, section 60A.06, subd. 1(5b) (https://www.revisor.mn.gov/statutes/cite/60A.06). The Certificate should include the name of the licensee, the name of the corporation legally responsible for the licensee, or the name that the licensee is doing business as. The Certificate of Liability Insurance must be in effect prior to the issuance of an initial license or have an effective date on or after the effective date of renewal license.

☐ **Self-insured workers' compensation (including its Attachment "A").** This type of coverage is generally held by large organizations. The certificate is issued from the commissioner of commerce permitting an organization to self-insure pursuant to Minnesota Statutes, section 79A (https://www.revisor.mn.gov/statutes/cite/79A) and Minnesotate Rules, chapter 2780 (https://www.revisor.mn.gov/rules/2780/). Questions regarding self-insurance should be directed to the Minnesota Department of Commerce.

☐ Written confirmation from your Third-Party Administrator or evidence of coverage from the Workers' Compensation Reinsurance Association (WCRA) allowing you to **self-insure as a Government Entity/Political Subdivision** pursuant to Minnesota Statutes, section 176.181, subd. 2 (https://www.revisor.mn.gov/statutes/cite/176.181#stat.176.181.2). The Reinsurance Certificate must be renewed annually on a calendar year basis.

Background Studies

- Minnesota Statutes, section 144.057, subd. 1(7) (https://www.revisor.mn.gov/statutes/cite/144A.03#stat.144A.03.1)

All license applicants; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) must "undergo a background study under chapter 245C, regardless of the licensure status of the license applicant, owner, managerial official, or controlling individual." Prior to MDH issuing the nursing home license. Background studies must be completed and cleared by the department of Human Services (DHS).

DHS will provide the onboarding process to the background study. Any questions about the background study or NETStudy 2.0 can be directed to DHS Background studies (https://mn.gov/dhs/general-public/background-studies/), email: dhs.netstudy2@state.mn.us.

Please note: The legal name must match NETStudy 2.0, legal documents and the nursing home initial application.

NETStudy 2.0 – Sensitive Information Person (SIP)

Identify who will be the authorized SIP for the facility. This is the individual who DHS will communicate with and be authorized to submit information for background checks.

Name: _____

Title: _____

Telephone number: _____

Email address: _____

Fees

- Minnesota Statutes, section 144.122, clause (d) (https://www.revisor.mn.gov/statutes/cite/144.122)

Applications must be accompanied by the appropriate nonrefundable fee based on the following fee schedule.

Type	Fees
Base Fee	$238.00
License Fee per Active Bed	$142.00
Funding of Advisory Council Education per Bed	$ 5.00

For example:

- Base Fee + (License Fee per Bed + Funding of Advisory Council Education fee per Bed x number of active beds) = licensing fee payment due.
- $238 + ($147 Combined Fees x Number of Beds) = licensing fee payment due.

Affirmation

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

In accordance with Minnesota Statutes, section 144.52 (https://www.revisor.mn.gov/statutes/cite/144.52), the law requires that an application on behalf of a corporation or association or other governmental unit shall be made by any two officers thereof or by its managing agents. **This requires two (2) signatures (the signature of the owner of the licensee or an authorized agent of the licensee)**.

Signature of Authorized Representative: _____

Name (print or type): _____

Title: _____

Date: _____

Signature of Authorized Representative: _____

Name (print or type): _____

Title: _____

Date: _____

Keep a copy of the application and attachments for your records.

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

Minnesota Department of Health
Health Regulation Division
Federal Licensing, Certification and Registration section
P.O. Box 64900
St. Paul, MN 55164-0900

07/01/2025

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

Attachment Checklist

- ☐ Application form and license fee made payable to the **Minnesota Department of Health**.
- ☐ Appendix A: Owners, Controlling Persons and Managerial Officials.
- ☐ Appendix B: Eligibility and Qualifications (if applicable).
- ☐ Appendix C: Affiliations (if applicable).
- ☐ Evidence of compliance with workers' compensation coverage provisions.
- ☐ IRS letter CP575 or 147C – showing the assignment of your Federal Employer Identification Number (FEIN).
- ☐ Certificate of Assumed Name with the Office of the Minnesota Secretary of State
- ☐ Proposed lease and sublease agreement (if applicable).
- ☐ Proposed management agreement between the management company and licensee applicant (if applicable).
- ☐ Has contacted Engineering Services to commence the **Construction Plan Submittal Process**.
- ☐ Transfer agreement between hospital and related health facility found on this page: Nursing Home Licensure and Certification (https://www.health.state.mn.us/facilities/regulation/nursinghomes/licnh.html)
- ☐ An organizational chart identifying the facility's internal management structure and the ownership relationships as it relates to the licensee. The organizational chart should reflect all direct and indirect legal entities and individual owners with a five percent or greater interest in the licensee.
- ☐ An organizational chart relating to the structure and land on which the nursing home is located. The organizational chart should reflect all direct and indirect legal entities holding 5 percent or greater interest in the property.
- ☐ Submit copies of the licensee's organizational agreements. If the license applicant is:
  - A Limited Liability Company (LLC): Articles of Organization & Operating Agreement
  - A For-profit & Non-profit corporation: Articles of Incorporation and bylaws
  - A Partnership: Partnership agreement
  - A Public Agency: Resolution
- ☐ Submit evidence of adequate financing to comply with Minnesota Rules, chapter 4658.0050, subp. 3(F) (https://www.revisor.mn.gov/rules/4658.0050/#rule.4658.0050.3.F).

  Examples include but are not limited to the following:
  - Certified statement of line of credit.
  - Personal financial statement along with a signed affidavit committing personal resources.
  - A copy of the corporation's annual report along with a signed affidavit committing corporate resources.
  - Other financial documentation.
- ☐ Executed lease and sub-lease agreement upon closing (if applicable).

Minnesota Statutes, section 144A.03, subd. 1(18) states that "any other relevant information which the commissioner of health by rule or otherwise may determine is necessary to properly evaluate an application for license."

Appendix A: Owners, Controlling Persons and Managerial Officials

Submit the following document with the application form. Complete additional copies of this form if needed.

Examples of common titles include:

- Indirect owner, direct owner, building owner.
- Company Management: CEO, COO, CFO, VP of Operations, Regional Operations Director, President (include management company or chain organization, if applicable).
- All members of the board of directors including the chair/president and the treasurer.
- Facility Management: Administrator, Assistant Administrator, Executive Director, Director of Nursing or Clinical Services, Medical Director.
- The holder of the mortgage, contract for deed, deed of trust, or other security interest in the land or structure comprising a nursing home.
- Government: city council, county board.

This is not an all-inclusive list. See the section above titled Owners, Controlling Persons, and Managerial Officials above for definitions of terms.

For the **Type** column, check all that apply.

Full Name of Individual / Legal Entity	Title	Mailing Address	Telephone number	Email Address	Type	Direct / Indirect Ownership	Ownership Percentage
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		

Full Name of Individual / Legal Entity	Title	Mailing Address	Telephone number	Email Address	Type	Direct / Indirect Ownership	Ownership Percentage
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		
					☐ Owner ☐ Controlling ☐ Managerial		

Appendix B: Eligibility and Qualifications

Submit the following document with your application if additional eligibility and qualifying questions need to be answered when submitting the Nursing Home Initial License Application.

Complete one copy of this form for each owner/controlling person/managerial official/nursing home administrator that had a yes response in the Eligibility and Qualification section of the application form.

Name of Individual: ______________________________

Title: ______________________________

Mailing Address: ______________________________

City and State: _____

Telephone number: _____

Email address: _____

1. Within the last 10 years, preceding submission of the license application, have the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) been convicted of a crime or found civilly liable for a federal or state felony-related offense that was detrimental to the best interests of the facility and its residents? This includes:
   - Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions.
   - Financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions.
   - Any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct.
   - Any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act.

   ☐ Yes

   ☐ No

If **yes**, complete and submit the required information below, including who owned the facility at the time of the conviction/findings and copies of relevant court records.

Title of position at the health care facility: _____

Type of conviction: _____

Date of conviction/findings: _____

2. Within the last 10 years, preceding submission of the license application, have the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) been convicted of any misdemeanor under federal or state law relating to:
   - The delivery of an item or service under Medicaid or a state health care program or the abuse or neglect of a patient in connection with the delivery of a health care item or service.
   - Theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

   ☐ Yes

   ☐ No

If **yes**, complete and submit the required information below, including all ownership, facility information, and copies of relevant court records.

Title of position at the health care program: _____

Type of conviction: _____

Date of conviction: _____

3. Within the last 10 years, preceding submission of the license application, have the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) been convicted of any felony or misdemeanor under federal or state law relating to:
   - The interference with or obstruction or any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201.
   - The unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

   ☐ Yes

   ☐ No

If **yes**, complete and submit the required information below, including all ownership, facility information, and copies of relevant court records.

Title of position at the health care program: _____

Type of conviction: _____

Date of conviction: _____

4. Has the license applicant, any direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) ever had:
   - Any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of the license while a formal disciplinary proceeding was pending before a state licensing authority.
   - Any revocation or suspension of accreditation.
   - Any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program or any debarment from participation in any federal executive branch procurement or non-procurement program.

   ☐ Yes

   ☐ No

If **yes** or pending, complete and submit the required information below for each health care program such actions apply to and copies of the federal/state disposition of the action. Submit additional sheets if needed.

Title of position at health care program: _____

Percent (%) of ownership (if applicable): _____

Name of health care program: _____

Program Address: _____

City and State: _____

Type of adverse action: _____

Effective date of adverse action: _____

5. Has the license applicant, any direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s); currently, or in the past ever had their license or federal certification for a long-term care, community-based, or health care facility or agency:
   - Denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership?
   - Are these same actions listed above pending under the laws of any state or federal authority?

   ☐ Yes

   ☐ No

If **yes** or pending, complete and submit the required information below for each health care program such actions apply to and copies of the federal/state disposition of the action. Submit additional sheets if needed.

Title of position at health care program: _____

Percent (%) of ownership (if applicable): _____

Name of health care program: _____

Program Address: _____

City and State: _____

Type of adverse action: _____

Effective date of adverse action: _____

6. In the preceding three years, have the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) has a record of defaulting in the payment of money collected for others, including the discharged debts through bankruptcy proceedings?

   ☐ Yes

   ☐ No

If **yes**, complete and submit the required information below and provide names of all parties, dates, court, and disposition of each action.

Name of all parties: _____

Dates: _____

Name of the court: _____

Disposition of each action: _____

7. In the preceding three years has there been any unsatisfied judgments against the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s)?

   ☐ Yes

   ☐ No

If **yes**, complete and submit the required information below and provide names of all parties, dates, court, addresses of creditor(s), amount(s), and the reasons for non-payment. Submit additional sheets if needed.

Name of all parties: _____

Date(s) of judgments: _____

Name of the court: _____

Name of creditor(s): _____

Address of creditor(s): _____

Amount: _____

Reasons: _____

8. In the preceding three years, are there any liens against the license applicant; direct/indirect owner(s); controlling person(s); managerial official(s); or nursing home administrator(s) or their property?

   ☐ Yes

   ☐ No

If **yes**, complete and submit the required information below and provide names of all parties, dates, court, addresses of creditor(s), amount(s), and the reasons for non-payment. Submit additional sheets if needed.

Name of all parties: _____

Date(s) of liens: _____

Name of the court: _____

Name of creditor(s): _____

Address of creditor(s): _____

Amount: _____

Reasons: _____

Affirmation

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

Legal name (print or type): _____

Signature of Authorized Representative: _____

Title: _____ Date: _____

Appendix C: Affiliations

Submit the following document with the application form. Complete additional copies of this form if needed.

Provide all affiliations for each direct/indirect owner(s), controlling person(s), managerial official(s), or nursing home administrator affiliated in the past five years with a long-term care, community-based, or health care facility or agency in Minnesota or in any other state.

- For **Title**, list position titles (e.g., building owner, CEO, administrator, etc.).
- For **Health Care Facility Name**, list the Doing Business As (DBA) name.
- Examples of **Type of Facility** include but are not limited to nursing home, hospice, home care, assisted living, or any long-term care, community-based, health care facility or agency in Minnesota or in any other state.
- For **Type**, check all that apply.

Full Name of Individual / Legal Entity with affiliation	Title	Health Care Facility Name	City and State	Dates of Affiliation	Type of Facility	Type
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial

Full Name of Individual / Legal Entity with affiliation	Title	Health Care Facility Name	City and State	Dates of Affiliation	Type of Facility	Type
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial
						☐ Owner ☐ Controlling ☐ Managerial