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| **PLAN FOR PROGRAM CLOSURE** |
| Program:  Date of development:  MN Statutes, section 245A.04, subdivision 15a requires that a provider have a plan for transfer of service recipients and records upon closure. This written plan is necessary to indicate how the program will ensure the transfer of service recipients and records for both open and closed cases if the program closes. This plan provides for how private and confidential information concerning service recipients will be managed. Providers must also follow the standards for service termination as directed by MN Statute.  Notification of closure to affected service recipients:   * For non-245D licensed program, notification must be provided at least 25 days prior to closure. * Per MN Statutes, section 245D.10, subdivision 3a, paragraph (e),   + 245D intensive support service licensed programs, notification of closure for intensive service programs must occur 60 days prior to closure.   + 245D basic support service licensed programs, notification must occur 30 days prior to closure.   For planned program closures, indicate the date notification was provided to affected service recipients, legal representatives or caregivers, and case managers:  The following information must be developed and maintained by the program:   1. Specify the program’s arrangements that will be taken to transfer open cases and case records to another provider or county agency for the continuation of services. Also indicate the plans to transfer the case records with the service recipient:     \*All service recipients have the opportunity to choose their new service provider. This company will collaborate with the new service provider to coordinate the transfer of services to ensure continuity of care.   1. Specify the program’s arrangements that will be taken for the transfer of or maintenance of closed case records:     Identify the county or similarly licensed provider that has agreed to accept and maintain the program’s closed case records and to provide follow-up services as necessary to affected clients.    Name of county or licensed provider:  Address:  Phone number:  Contact person:  Email address:  Signature of contact person:  If closed case records will be stored by the closed program, indicate the location of storage:  Contact person:  Address:  Phone number:  Email address:  \*Per MN Statutes, section 245A.041, subdivision 3, all records related to the licensed program must be maintained for five years from the date that the program closes.   1. Include any additional information necessary as part of this plan for the closure of the program:     A controlling individual of the program is responsible for annually reviewing and signing this plan.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designated controlling individual Annual date of review  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designated controlling individual Annual date of review  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designated controlling individual Annual date of review  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designated controlling individual Annual date of review  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designated controlling individual Annual date of review |