

Application Instructions

INTEGRATED LICENSE: HOME AND COMMUNITY-BASED SERVICES (HCBS) DESIGNATION

General Instructions

This application is for licensed home care providers and initial applicants for home care licensure seeking initial approval for or renewal of an integrated license: HCBS designation to provide basic support services as identified under section 245D.03, subdivision 1, paragraph (b).

This application and the integrated license: HCBS designation is governed under Minnesota Statutes, section 144A.484 Integrated Licensure; Home and Community-Based Services Designation.

Submission Requirements

Mail the completed application (including all required documents and fees) to:

Minnesota Department of Health
Health Regulation Division
Home Care and Assisted Living Program
P.O. Box 3879
St. Paul, Minnesota 55101-3879

Review Process

As part of the review process, additional information may be requested. Answer all questions completely and accurately to avoid unnecessary delay. The department has up to 60 days from the date a **completed** application is received to issue the designation. Application materials will not be returned to applicants.

Questions?

See the Integrated License Frequently Asked Questions page on our website. If you have additional questions, contact the **Home Care and Assisted Living Program** at: health.homecare@state.mn.us or by phone: 651-201-5273.

Application

INTEGRATED LICENSE: HOME AND COMMUNITY-BASED SERVICES (HCBS) DESIGNATION

Check one of the following:

- Initial Application Renewal Application
Home care license expiration date: _____

Applicant Information

1. "Doing Business As" (DBA): _____

If you currently hold a home care license, list the HFID #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____ Fax: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

2. Legal Entity Name (as it appears on file with the Minnesota Office of the Secretary of State):

Federal Tax ID #: _____ State Tax ID #: _____

3. A licensed home care provider must designate one agent who is **authorized to receive all notices and orders (including renewal information)**. Information will be mailed and/or emailed to the mailing address or email address provided. Applicants must provide an email address.

Agent: _____ Title: _____

Telephone: _____ Email: _____

4. Provide the name and contact information of the individual to contact for **questions regarding this application**:

Check box if same as above (and add fax number)

Contact Name: _____

Telephone: _____ Fax: _____

Email: _____

245D Basic Support Services Offered

5. Check all basic support services (**as defined in 245D.03**) that you will provide.

Basic support services provide the level of assistance, supervision, and care that is necessary to ensure the health and safety of the person and do not include services that are specifically directed toward the training, habilitation, or rehabilitation of the person. Basic support services include:

- | | |
|---|---|
| <input type="checkbox"/> 24-hour emergency assistance | <input type="checkbox"/> Personal support |
| <input type="checkbox"/> Adult companion services | <input type="checkbox"/> Individual community living support
<i>(Applicable for licensed comprehensive home care providers only)</i> |
| <input type="checkbox"/> Homemaker services | |
| <input type="checkbox"/> Night supervision | <input type="checkbox"/> Individualized home supports services |
| <input type="checkbox"/> Respite care services | |

A licensed home care provider with an integrated license: HCBS designation (designation) must comply with the requirements for home care providers governed by Minnesota Statutes, sections 144A.43-144A.484. In addition, for the provision of the basic support services listed above, the licensed home care provider must also comply with the following home and community-based services licensing requirements:

1. Service planning and delivery requirements in section 245D.07;
2. Protection standards in section 245D.06;
3. Emergency use of manual restraints in section 245D.061; and
4. Protection-related rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b).

Fees

A fee must be paid at the time of initial application and annually in conjunction with renewal of the home care license. The renewal date of the designation will coincide with the renewal date of the home care license. Fees will not be prorated during the initial license designation year. Make check payable to the Minnesota Department of Health. All fees are nonrefundable. A fee of \$30.00 will be charged for any payment rejected due to insufficient funds.

Initial Applicants

Initial application fee: \$155.00

Renewal Applicants

A licensed home care provider renewing the designation must pay an annual fee, in addition to the annual home care license fee. Renewal fees for the designation are based on revenues derived from providing services under the designation during the calendar year immediately preceding the year in which the designation fee is paid. Providers must distinguish revenue from providing licensed home care services from revenue from providing services under the designation and keep separate records for each.

Revenue from providing services under this designation: \$ _____

Fees for renewal of HCBS designation

Revenue from services provided under the designation	Designation Renewal Fee
greater than \$1,500,000	\$320
greater than \$1,275,000 and no more than \$1,500,000	\$300
greater than \$1,100,000 and no more than \$1,275,000	\$280
greater than \$950,000 and no more than \$1,100,000	\$260
greater than \$850,000 and no more than \$950,000	\$240
greater than \$750,000 and no more than \$850,000	\$220
greater than \$650,000 and no more than \$750,000	\$200
greater than \$550,000 and no more than \$650,000	\$180
greater than \$450,000 and no more than \$550,000	\$160
greater than \$350,000 and no more than \$450,000	\$140
greater than \$250,000 and no more than \$350,000	\$120
greater than \$100,000 and no more than \$250,000	\$100
greater than \$50,000 and no more than \$100,000	\$80
greater than \$25,000 and no more than \$50,000	\$60
no more than \$25,000	\$40

For initial applicants, attach the following required additional documentation to this application.

1. Organization Chart

2. Program Policies and Procedures:

- a. Grievance policy and procedures
- b. Temporary service suspension policy
- c. Service termination policy
- d. Emergency use of manual restraints (allowed or not allowed policy)
- e. Drug and alcohol policy
- f. Vulnerable adult maltreatment reporting and internal review policy and procedures
- g. Maltreatment of minors internal review policy and procedures

Sample policies and procedures for items a–f are available for use at:

[HCBS basic services sample policies - 245D providers](#)

<https://mn.gov/dhs/partners-and-providers/licensing/hcbs-245d/basic-services-sample-policies/>

Authorized Agent Name

Signature

Date