

**CHAPTER 4667**  
**DEPARTMENT OF HEALTH**  
**HOME CARE PROVIDERS; FEES**

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**4667.0005 AUTHORITY.**

This chapter establishes fees for the temporary registration of home care providers, as authorized by Minnesota Statutes, section 144A.49.

**Statutory Authority:** *MS s 144A.49*

**History:** *16 SR 1032*

**4667.0010 DEFINITIONS.**

Subpart 1. **Scope.** As used in parts 4667.0005 to 4667.0030, the terms in subparts 2 to 11 have the meanings given them.

Subp. 2. **Annual revenues; revenues.** "Annual revenues" means one-third of the total revenues derived from the provision of home care services and services of a hospice program, in Minnesota, during the period July 1, 1987 to June 30, 1990. "Revenues" means all money or the value of property or services received, including fees for services, grants, bequests, gifts, donations, appropriations of public money, and earned interest and dividends.

Subp. 3. **Class A provider.** "Class A provider" means a home care provider, other than an individual class C provider, that provides one or more home care services, at least one of which is nursing services, physical therapy, speech therapy, respiratory therapy, occupational therapy, nutritional services, or medical social services.

Subp. 4. **Class B provider.** "Class B provider" means a home care provider, other than an individual, that provides only personal care services not included under Minnesota Statutes, sections 148.171 to 148.285, or home management services.

Subp. 5. **Class C provider.** "Class C provider" means a home care provider who is an individual, and who provides only personal care services not included under Minnesota Statutes, sections 148.171 to 148.285, or home management services.

Subp. 6. **Class D provider.** "Class D provider" means a provider of a hospice program.

Subp. 7. **Class E provider.** "Class E provider" means a provider of individualized personal care services not included under Minnesota Statutes, sections 148.171 to 148.285, or home management services, to residents of a residential center in their living units, when the provider is either the management of the residential center or another provider under contract with the management. "Residential center" means a building or complex of buildings in which residents rent or own distinct living units.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of the Department of Health.

Subp. 9. **Provider.** "Provider" means a home care provider required to register under Minnesota Statutes, section 144A.49.

Subp. 10. **Registrant.** "Registrant" means a home care provider who has registered with the department under Minnesota Statutes, section 144A.49, before October 28, 1991.

Subp. 11. **Register.** "Register" means to provide to the department the information required by Minnesota Statutes, section 144A.49.

**Statutory Authority:** *MS s 144A.49*

**History:** *16 SR 1032*

**4667.0015 REGISTRATION FEE.**

A registrant shall pay a fee to the commissioner according to the schedule in part 4667.0030. The commissioner shall require a registrant to report its revenues.

**Statutory Authority:** *MS s 144A.49*

**History:** *16 SR 1032*

**4667.0020 PROCEDURE FOR REGISTRATION FEE.**

**Subpart 1. Billing of existing registrants.** After October 28, 1991, the commissioner shall bill each registrant for the fee required by part 4667.0030.

**Subp. 2. Payment of fee.** A registrant shall pay the fee to the commissioner no later than 60 days after receipt of the billing. A registrant who fails to timely pay the fee shall be considered to not be registered under Minnesota Statutes, section 144A.49.

**Subp. 3. New providers.** A provider who registers on or after October 28, 1991, shall pay the fee to the commissioner and submit with the fee a completed registration form. The commissioner will not accept a registration without payment of the fee in full.

**Subp. 4. Verification of revenues.** Under a circumstance listed in item A or B, the commissioner shall require a registrant to verify its revenues by providing a copy of income tax returns, informational tax returns, such as Internal Revenue Service form 1065 partnership returns or form 990 tax exempt organization returns; Medicare cost reports; certified financial statements; or other documentation that verifies the accuracy of the revenues derived from the provision of home care services for the reporting period on which the fee is based:

A. the commissioner has received information that a revenue report may be inaccurate; or

B. the provider has been randomly selected for compliance verification.

**Statutory Authority:** *MS s 144A.49*

**History:** *16 SR 1032*

**4667.0025 FEE LIMITATION.**

A provider is subject to one registration fee, regardless of the number of distinct programs through which home care services are provided. The fee shall be based on the total revenue of all home care programs.

**Statutory Authority:** *MS s 144A.49*

**History:** *16 SR 1032*

**4667.0030 FEE SCHEDULE.**

A. The fee for class A, class B, and class D providers shall be determined according to the following schedule:

- (1) for annual revenues greater than \$1,500,000, a fee of \$4,000;
- (2) for annual revenues greater than \$1,275,000 and no more than \$1,500,000, a fee of \$3,500;
- (3) for annual revenues greater than \$1,100,000 and no more than \$1,275,000, a fee of \$3,000;
- (4) for annual revenues greater than \$950,000 and no more than \$1,100,000, a fee of \$2,500;
- (5) for annual revenues greater than \$850,000 and no more than \$950,000, a fee of \$2,250;
- (6) for annual revenues greater than \$750,000 and no more than \$850,000, a fee of \$2,000;
- (7) for annual revenues greater than \$650,000 and no more than \$750,000, a fee of \$1,750;
- (8) for annual revenues greater than \$550,000 and no more than \$650,000, a fee of \$1,500;
- (9) for annual revenues greater than \$450,000 and no more than \$550,000, a fee of \$1,250;

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(10) for annual revenues greater than \$350,000 and no more than \$450,000, a fee of \$1,000;

(11) for annual revenues greater than \$250,000 and no more than \$350,000, a fee of \$750;

(12) for annual revenues no more than \$250,000, a fee of \$500;

(13) for class D providers with annual revenues greater than \$25,000 and no more than \$100,000, a fee of \$350; and

(14) for class D providers with annual revenues no more than \$25,000, a fee of \$250.

B. The fee for class C providers shall be determined according to the following schedule:

(1) for annual revenues greater than \$1,000, a fee of \$50; and

(2) for annual revenues no more than \$1,000, a fee of \$20.

C. The fee for class E providers is \$500.

D. The fee for a provider whose principal business is the sale or rental of medical supplies and equipment, regardless of the provider's class, is \$500.

**Statutory Authority:** *MS s 144A.49*

**History:** *16 SR 1032*