

1 Department of Health

2

3 Adopted Permanent Rules Relating to Registration Fee for Home  
4 Care Providers

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6 Rules as Adopted

7 4667.0005 AUTHORITY.

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

11 4667.0010 DEFINITIONS.

12 Subpart 1. **Scope.** As used in parts 4667.0005 to  
13 4667.0030, the terms in subparts 2 to 11 have the meanings given  
14 them.

15 Subp. 2. **Annual revenues; revenues.** "Annual revenues"  
16 means one-third of the total revenues derived from the provision  
17 of home care services and services of a hospice program, in  
18 Minnesota, during the period July 1, 1987 to June 30,  
19 1990. "Revenues" means all money or the value of property or  
20 services received, including fees for services, grants,  
21 bequests, gifts, donations, appropriations of public money, and  
22 earned interest and dividends.

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

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

33 Subp. 5. **Class C provider.** "Class C provider" means a  
34 home care provider who is an individual, and who provides only  
35 personal care services not included under Minnesota Statutes,

1 sections 148.171 to 148.285, or home management services.

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

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

13 Subp. 8. Commissioner. "Commissioner" means the  
14 commissioner of the Department of Health.

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

17 Subp. 10. Registrant. "Registrant" means a home care  
18 provider who has registered with the department under Minnesota  
19 Statutes, section 144A.49, before the effective date of this  
20 chapter.

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

#### 24 4667.0015 REGISTRATION FEE.

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

#### 28 4667.0020 PROCEDURE FOR REGISTRATION FEE.

29 Subpart 1. Billing of existing registrants. After the  
30 effective date of this chapter, the commissioner shall bill each  
31 registrant for the fee required by part 4667.0030.

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

1 section 144A.49.

2 Subp. 3. **New providers.** A provider who registers on or  
3 after the effective date of this chapter shall pay the fee to  
4 the commissioner and submit with the fee a completed  
5 registration form. The commissioner will not accept a  
6 registration without payment of the fee in full.

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

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

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

20 4667.0025 FEE LIMITATION.

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

25 4667.0030 FEE SCHEDULE.

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

29 (1) for annual revenues greater than \$1,500,000,  
30 a fee of \$4,000;

31 (2) for annual revenues greater than \$1,275,000  
32 and no more than \$1,500,000, a fee of \$3,500;

33 (3) for annual revenues greater than \$1,100,000  
34 and no more than \$1,275,000, a fee of \$3,000;

35 (4) for annual revenues greater than \$950,000 and

- 1 no more than \$1,100,000, a fee of \$2,500;
- 2 (5) for annual revenues greater than \$850,000 and
- 3 no more than \$950,000, a fee of \$2,250;
- 4 (6) for annual revenues greater than \$750,000 and
- 5 no more than \$850,000, a fee of \$2,000;
- 6 (7) for annual revenues greater than \$650,000 and
- 7 no more than \$750,000, a fee of \$1,750;
- 8 (8) for annual revenues greater than \$550,000 and
- 9 no more than \$650,000, a fee of \$1,500;
- 10 (9) for annual revenues greater than \$450,000 and
- 11 no more than \$550,000, a fee of \$1,250;
- 12 (10) for annual revenues greater than \$350,000
- 13 and no more than \$450,000, a fee of \$1,000;
- 14 (11) for annual revenues greater than \$250,000
- 15 and no more than \$350,000, a fee of \$750;
- 16 (12) for annual revenues no more than \$250,000, a
- 17 fee of \$500; and
- 18 (13) for class D providers with annual revenues
- 19 greater than \$25,000 and no more than \$100,000, a fee of \$350;
- 20 and
- 21 (14) for class D providers with annual revenues
- 22 no more than \$25,000, a fee of \$250.
- 23 B. The fee for class C providers shall be determined
- 24 according to the following schedule:
- 25 (1) for annual revenues greater than \$1,000, a
- 26 fee of \$50; and
- 27 (2) for annual revenues no more than \$1,000, a
- 28 fee of \$20.
- 29 C. The fee for class E providers is \$500.
- 30 D. The fee for a provider whose principal business is
- 31 the sale or rental of medical supplies and equipment, regardless
- 32 of the provider's class, is \$500.