

# Renewal Application for a License to Operate a Hospice Provider

In accordance with Minnesota Statutes, Section 13.41, **all data submitted on this renewal license application shall be classified public information upon issuance of a license.**

Answer all questions completely and accurately to avoid unnecessary delay. All renewal license applications shall be filed 30 days prior to the expiration date of the current license with:

Minnesota Department of Health  
Health Regulation Division  
Federal Licensing, Certification & Registration Program  
PO Box 64900  
St. Paul, MN 55164-0900

The undersigned hereby renews an application to operate a hospice provider subject to the provision of [Minnesota Statutes, Section 144A.75 \(https://www.revisor.mn.gov/statutes/cite/144A.75\)](https://www.revisor.mn.gov/statutes/cite/144A.75), 144A.751-756 and the rules adopted thereunder.

## Facility Identification

1. Hospice Name (doing business as): \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
 Check here if mailing address is the same as above  
Complete if different: \_\_\_\_\_
2. Health Facility Identification Number (HFID): \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
 Check here if new telephone or fax number
4. Hours of Operation  
Office hours: \_\_\_\_\_  
 Check to verify 24/7 hospice care coverage is provided
5. Name of county in which hospice is located: \_\_\_\_\_
6. Agent/Administrator's Name: \_\_\_\_\_
  - Direct Email Address: \_\_\_\_\_
  - Direct Phone Number: \_\_\_\_\_
7. Name of person responsible for completing this application: \_\_\_\_\_

8. Email to receive correspondences from MDH: \_\_\_\_\_
9. Are you currently a Medicare certified hospice?  
 Yes, insert Medicare number: \_\_\_\_\_  
 No
10. If you are not Medicare certified, do you plan to become certified within the next 12 months?  
 Yes  
 No

## Residential Hospice

1. Are you licensed as a residential hospice?  
 Yes  
 No

2. If yes, complete the following:

Residential Hospice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Health Facility Identification Number (HFID): \_\_\_\_\_

Number of licensed residential hospice beds: \_\_\_\_\_

## Ownership

1. Fill in the code that corresponds to the type of entity legally responsible for operating the hospice.

Ownership Code: \_\_\_\_\_

Governmental Non-Federal	Governmental Non-Profit	Non-Governmental For-Profit	Other
11. State 12. County 13. City 14. City – County 15. Hospital district of Authority	20. Church-related 21. Nonprofit Corporation 22. Other Nonprofit Ownership	23. Individual 24. Partnership 25. Corporation 26. Group 28. Limited Liability Company 29. Business Trust 30. Housing and Redevelopment Employment	27. Tribal

2. 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: \_\_\_\_\_
3. Federal EIN #: \_\_\_\_\_
4. State Tax ID #: \_\_\_\_\_

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- 5. President/Owner Representative: \_\_\_\_\_
- 6. Name of Medical Director: \_\_\_\_\_ License #: \_\_\_\_\_
- 7. Name and license number of Clinical Nurse Supervisor (Registered Nurse)  
Name: \_\_\_\_\_  
License #: \_\_\_\_\_
- 8. List address and telephone number of other approved office locations.

MN Rule 4664.0010, Subpart 2 (<https://www.revisor.mn.gov/rules/4664.0010/>) states that multiple units or satellites of a hospice provider must share the same management that supervises and administers services provided by all units. Each unit and satellite must provide the same full range of services that is required of the hospice provider. Multiple units or satellites of a hospice provider must be separately licensed if the commissioner determines that the units cannot adequately share supervision and administration of services with the main office because of distinct organizational structures.

**Approved Office Locations**

Address	City/State/Zip	Phone Number

**Services Offered**

Please fill out the **Code** column in the chart below to indicate how services are provided:

- 1. Hospice service is provided directly by employees of the licensee.
- 2. Hospice service is provided by contracting with another provider for services.
- 3. Hospice services will be provided both directly and by contract.

Required services are marked by an asterisk (\*). Two of these services must be regularly provided by hospice employees.

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Code	Service	Code	Service
	Physician Services *		Counseling * <i>(indicate code to the applicable service)</i> <ul style="list-style-type: none"> <li>• Bereavement: _____</li> <li>• Nutritional: _____</li> <li>• Spiritual/Pastoral: _____</li> <li>• Other: _____</li> </ul>
	Registered Nursing Services *		Volunteer Services
	Licensed Practical Nursing		Medical Supplies & Equipment
	Respiratory Therapy		Home Health Aide Services
	Physical Therapy		Short-term Inpatient Care Services
	Occupational Therapy		Medical Social Services *
	Speech Therapy		Other:

1. Do you contract for hospice services with a business that is not subject to licensure under this chapter, [MN Rule 4664.0008, Subpart 2](https://www.revisor.mn.gov/rules/4664.0008/) (<https://www.revisor.mn.gov/rules/4664.0008/>)?
  - Yes
  - No
  
2. If yes, does your contract comply with [MN Rule 4664](https://www.revisor.mn.gov/rules/4664/) (<https://www.revisor.mn.gov/rules/4664/>) and [Minnesota Statutes, sections 144A.75](https://www.revisor.mn.gov/statutes/cite/144A.75) (<https://www.revisor.mn.gov/statutes/cite/144A.75>) to 144A.755?
  - Yes
  - No

### Short-term Inpatient Care

List the name and address of any hospitals, nursing homes or residential hospitals that this hospice contracts with for short-term inpatient care. Refer to [MN Rule 4664.0090, Subpart 3](https://www.revisor.mn.gov/rules/4664.0090/) (<https://www.revisor.mn.gov/rules/4664.0090/>).

Name	Address	City/Zip	Type of License

## Employee Information

1. Do you have a system in place for performing criminal background checks for all individuals who have direct contact with patients in their homes or in the community, including licensee, managerial officials, supervisors, direct care givers and volunteers in accordance with [MN Statute 144.057](https://www.revisor.mn.gov/statutes/cite/144.057) (<https://www.revisor.mn.gov/statutes/cite/144.057>)?  
 Yes  
 No
2. Has every individual who provides direct care, supervision of direct care of management services including the licensee, been oriented to hospice requirements as defined in [MN Rule 4664.0140, Subpart 1](https://www.revisor.mn.gov/rules/4664.0140) (<https://www.revisor.mn.gov/rules/4664.0140>)?  
 Yes  
 No
3. Have all personnel (including volunteers), who require direct contact with patients, met tuberculosis screening requirements consistent with [MN Statute 144A.753, Subdivision 4](https://www.revisor.mn.gov/statutes/cite/144A.753) (<https://www.revisor.mn.gov/statutes/cite/144A.753>)?  
 Yes  
 No
4. Do you meet the training and competency evaluations for individuals performing home health aide tasks?  
 Yes  
 No

[MN Rule 4664.0260, Subpart 6](https://www.revisor.mn.gov/rules/4664.0260/#rule.4664.0260.6) (<https://www.revisor.mn.gov/rules/4664.0260/#rule.4664.0260.6>) states a hospice provider must ensure that persons who perform home health aide services: successfully complete 75 hours of training, as described in subpart 7, and a competency evaluation, as described in subpart 8; or successfully complete a competency evaluation, as described in subpart 8.

## Information and Referral Services Hospice Licenses

MN Rule 4664.0310 states the following information be provided by the hospice licensee:

1. Name the counties served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Adding counties must be approved by MDH. Please contact [Health.HRD-FedLCR@state.mn.us](mailto:Health.HRD-FedLCR@state.mn.us).

2. Current source of hospice income:

- |  |   |
|--|---|
| <input type="checkbox"/> Alternative Care Grants     | <input type="checkbox"/> Medicare               |
| <input type="checkbox"/> Private Pay                 | <input type="checkbox"/> Veterans Administrator |
| <input type="checkbox"/> HMO                         | <input type="checkbox"/> Insurance              |
| <input type="checkbox"/> Sliding Fee Social Services | <input type="checkbox"/> Donations              |
| <input type="checkbox"/> Medical Assistance          | <input type="checkbox"/> Title III              |
| <input type="checkbox"/> Title XX                    | <input type="checkbox"/> Other: _____           |

3. Have you submitted the [Measures of Excellence Survey \(https://www.nhpco.org/regulatory-and-quality/quality/nhpco-performance-measures/moe/\)](https://www.nhpco.org/regulatory-and-quality/quality/nhpco-performance-measures/moe/) and submitted the survey to the National Hospice and Palliative Care Organization?

- Yes  
 No

### Ownership Information Sheet

Please provide the legal names, titles and addresses of all officers, directors, owners, and managerial employees, and the percent of ownership if applicable. If you need more space, you can attach a separate sheet with the information requested below for each person.

Name	Title (President, Director, Partner, Stockholder, Etc.)	Address (Street, City, State, Zip Code)	Percentage Of Ownership (If For Profit)

## 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 [Minn. Statute 60A.06, Subd. 1\(5b\)](https://www.revisor.mn.gov/statutes/cite/60A.06) (<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 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 [Minn. Stat. 79A](https://www.revisor.mn.gov/statutes/cite/79A) (<https://www.revisor.mn.gov/statutes/cite/79A>) and [Minn. Rules 2780](https://www.revisor.mn.gov/rules/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 [Minn. Statute 176.181, Subd. 2](https://www.revisor.mn.gov/statutes/cite/176.181) (<https://www.revisor.mn.gov/statutes/cite/176.181>). The Reinsurance Certificate must be renewed annually on a calendar year basis.

**You cannot be issued a license and may not operate as a health care provider unless acceptable evidence of compliance with workers' compensation coverage provisions is provided.**

## Revenues

Revenues are defined in [MN Rule 4664.0010, Subpart 8](https://www.revisor.mn.gov/rules/4664.0010/) (<https://www.revisor.mn.gov/rules/4664.0010/>)

Provide the total revenue for the previous fiscal year:

- Beginning date (mm/dd/yyyy): \_\_\_\_\_
- End date (mm/dd/yyyy): \_\_\_\_\_
- Amount: \$ \_\_\_\_\_

## Fees

All applications must be accompanied by the appropriate fee based on the following fee schedule set by [MN Statutes 144A.753, Subd. 1 \(c\)](#) (<https://www.revisor.mn.gov/statutes/cite/144A.753>).

Revenues	License Fee
For revenues no more than \$25,000	\$125.00
For revenues greater than \$25,000 and no more than \$100,000	\$312.50
For revenues greater than \$100,000 and no more than \$250,000	\$625.00
For revenues greater than \$250,000 and no more than \$350,000	\$937.50
For revenues greater than \$350,000 and no more than \$450,000	\$1,250.00
For revenues greater than \$450,000 and no more than \$550,000	\$1,562.50
For revenues greater than \$550,000 and no more than \$650,000	\$1,875.00
For revenues greater than \$650,000 and no more than \$750,000	\$2,187.50
For revenues greater than \$750,000 and no more than \$850,000	\$2,500.00
For revenues greater than \$850,000 and no more than \$950,000	\$2,812.50
For revenues greater than \$950,000 and no more than \$1,100,000	\$3,125.00
For revenues greater than \$1,100,000 and no more than \$1,275,000	\$3,750.00
For revenues greater than \$1,275,000 and no more than \$1,500,000	\$4,375.00
For revenues greater than \$1,500,000	\$5,000.00

## Affirmation and License Fee

- To the best of my knowledge, I certify that the information provided on this form is accurate and complete.
- I have enclosed the appropriate evidence of compliance with Workers' Compensation Coverage Provisions.
- Enclosed is the renewal licensee fee made payable to the **Minnesota Department of Health**.

Signature of Authorized Representative: \_\_\_\_\_

Name (please print or type): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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



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Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900  
651-201-4200  
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*To obtain this information in a different format, call: 651-201-4200.*