Home Health Agency (HHA) – Operating as a Separate Entity

Complete all the following information.

Health Facility Identification Number (HFID): _____

CMS Certification Number (CCN): _____

HHA Doing Business As (DBA) name: _____

HHA address: _____

Effective date to operate as a separate entity: _____

Separate Entity Information

- State Operations Manual (SOM), chapter 2, sections 2183
- Minnesota Statutes, section 144A.43 to 144A.47

This application is for a Home Health Agency (HHA) that will hold a single Comprehensive Home Care license. The provider will operate both a Medicare-certified HHA and a separate license-only home care entity under the same license. The Medicare-certified HHA will be subject to the applicable Medicare Conditions of Participation (CoP), while the separate entity will be subject only to the Minnesota Comprehensive Home Care licensure requirements and will not be Medicare-certified.

Operation of the HHA

- State Operations Manual (SOM), chapter 2, sections 2183.1

Submit the following documentation to demonstrate that the separate entity meets the applicable Medicare HHA requirements and qualifies as a separate entity. Name each attachment file to clearly identify the document it contains (for example, *Policies and Procedures, Personnel Records*).

- Separate policies and procedures for admission to the HHA, including separate consent forms.
- Separate forms for documentation of clinical records for all clients receiving HHA services.
- Current listing of staff employed by or contracted to the HHA.
- Personnel records.
- Time sheets or other records to demonstrate distinct assignment of personnel to the HHA.
- Separate budgets.

Next Steps for HHA

- Email form to health.hrd-fedlcr@state.mn.us.
- If deemed status, notify the accrediting organization.

Affirmation

☐ I certify that the information provided on this form is accurate and complete.

Signature of Administrator/Authorized Agent: _____

Name (print or type): _____

Title: _____

Date: _____

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900
651-201-4200
Health.HRD-FedLCR@state.mn.us

07/24/2026

If you have questions, please email Health.HRD-FedLCR@state.mn.us or call 651-201-4200.