

Home Care Integrated License Application

HOME AND COMMUNITY-BASED SERVICES 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 [Minnesota Statute 245D.03 Subd. 1\(b\) \(https://www.revisor.mn.gov/statutes/cite/245D.03\)](https://www.revisor.mn.gov/statutes/cite/245D.03).

This application and the integrated license: HCBS designation is governed under [Minnesota Statute 144A.484 \(https://www.revisor.mn.gov/statutes/cite/144A.484\)](https://www.revisor.mn.gov/statutes/cite/144A.484) Integrated Licensure; Home and Community-Based Services Designation.

Licensure Requirements

Under Minnesota law, a home care provider is defined as an individual, organization, association, corporation, unit of government, or other entity that is regularly engaged in delivering at least one home care service directly in a client's home for a fee (Minn. Stat. § 144A.43, Subd. 4). To maintain a Basic or Comprehensive Home Care license through the Minnesota Department of Health (MDH), providers must meet this definition by delivering qualifying home care services—as described in Minn. Stat. § 144A.471, Subdivisions 6 and 7—directly in a client's home for a fee during each 12-month license period per Minn. Stat. § 144A.472 Subd. 3.

Some providers may choose to add a Home and Community-Based Services (HCBS) designation to their home care license. This is referred to as an integrated license. An integrated license allows a provider to deliver certain 245D basic support services under their existing MDH-issued home care license. This integration is intended to support home care providers who are already serving home care clients and wish to also offer and provide basic support services as part of a broader care plan.

It is important to understand that the HCBS designation does not substitute the core requirements of a home care license. Providers must still meet the legal requirements of **both** the 144A homecare license and the 245D.03 basic supportive services. Providing HCBS basic support services **alone** do not fulfill the statutory requirement to provide homecare services (for a fee). Providers who apply for an integrated license but **do not** provide at least one homecare service to **each** client will have their (integrated) home care license denied.

The home care license is **not** a substitute pathway for obtaining 245D licensure from the Department of Human Services (DHS), nor is it intended for providers who wish to offer only 245D basic support services to clients. If your business model does not include the delivery of home care services to your clients, you will not meet the requirements for an MDH home care license.

If you have questions about whether your services align with MDH home care licensing requirements, we encourage you to contact us at Health.homecare@state.mn.us or 651-201-4200, before submitting an application.

Submitting the Application and Attachments

For **initial and renewal integrated license applications**, applicants must upload the application and required attachments to the MDH application portal: [Facility and Provider Licensing System \(https://hrdlicensing.web.health.state.mn.us/#\)](https://hrdlicensing.web.health.state.mn.us/#).

If you are also submitting a temporary license application or change of ownership application for a basic or comprehensive home care license, you have the option to submit that application and relevant supporting documents at the same time as the integrated license.

Keep a copy of the application and attachments for your records.

Attachment Checklist

For **initial** applicants, upload the following required documentation with this application, in the MDH application portal.

Organizational Chart

For **renewal** applicants, **upload** the following required documentations with this application, in the MDH application portal.

Client Service Agreement & Billing Statement

Acknowledgment of Receipt of Application and Attachments

MDH will acknowledge receipt of the application in the MDH application portal. Incomplete or inaccurate applications may be rejected and will be sent back to the applicant ([144A.472](#)).

Fees

Initial 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.

Once MDH determines it has all required application information, signatures, and attachments, MDH will contact the applicant to request payment of the application fee, using the MDH application portal.

Initial Integrated License Application Fee = \$155.

Renewal Fees

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.

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The total renewal license fee is calculated based on the revenue from services provided under the designation. You will be asked to enter the revenue into the MDH application portal when you submit the application.

Once MDH determines it has all required application information, signatures, and attachments, MDH will contact the applicant to request payment of the application fee, in the MDH application portal.

Fees for renewal of integrated license: 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

Review Process

As part of the review process, additional information may be requested. If additional information is needed, MDH will contact you to request the additional information. Please answer all questions completely and accurately to avoid unnecessary delays. If your application is not filled out properly, required attachments are not submitted, or other issues prevent your application from being deemed complete, MDH will not ask for payment.

Finally, a thorough verification of the application will take place. The application is deemed complete when all documentation and background studies have been submitted and fully verified. MDH will notify and issue the appropriate home care license to successful applicants.

Questions?

Contact Health.homecare@state.mn.us or 651-201-4200.

Applicant Information

Check one of the following: Initial Application Renewal Application

If you currently hold a home care license, list the 5-digit Health Facility ID (HFID): _____

Home care license expiration date: _____

Doing Business As

Assumed Name / "Doing Business As" Name (DBA) _____

Physical Address _____

City _____ State _____ Zip _____

County _____

Telephone _____ Fax _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Legal Entity Name

Print the full legal entity name as it appears on file with the [Minnesota Office of the Secretary of State https://mblsportal.sos.state.mn.us/Business/Search](https://mblsportal.sos.state.mn.us/Business/Search). Do not abbreviate. In the case of a sole proprietorship, print the full legal name of the owner.

Legal Name _____

Federal Tax ID # _____ State Tax ID # _____

See [Minnesota Department of Revenue \(https://www.revenue.state.mn.us/minnesota-tax-id-requirements\)](https://www.revenue.state.mn.us/minnesota-tax-id-requirements) to determine if you need a state tax ID.

Agent

A licensed home care provider must designate one agent who is **authorized to receive all notices and orders (including license renewal information)**. This 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 _____

Contact Information

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).

Name _____ Email _____

Telephone _____ Fax _____

245D Basic Support Services Offered

Check all basic support services, as outlined in [Minnesota Statute 245D.03](https://www.revisor.mn.gov/statutes/cite/245D.03) (<https://www.revisor.mn.gov/statutes/cite/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:

- 24-hour emergency assistance
- Companion services
- Homemaker services
- Night supervision
- Respite care services
- Individual Community Living Support
(Applicable for licensed comprehensive home care providers **only**)
- Individualized home supports

Authorized Agent Verification

Initial and renewal applicants for an Integrated Home Care License, please check the box to acknowledge and attest to the following:

- I understand that under Minnesota law, an Integrated Home Care license requires the licensee to provide at least one home care service, for a fee, to **each** client served under this license.
- I understand that HCBS basic support services, by themselves, **do not** constitute home care services and cannot be the sole services provided to clients under an Integrated Home Care license.
- I understand that license holders who provide **only** HCBS basic support services without delivering a home care service to each client are not eligible for Integrated Home Care licensure.
- I attest that the applicant and/or licensee has the following policies and procedures in place. Will implement the policies and procedures upon license issuance and keep them current.
 - Grievance policy and procedures.
 - Suspension and termination policy and procedures.
 - Emergency use of manual restraints.
 - Drug and alcohol policy.
 - Vulnerable adult maltreatment reporting and internal review policy and procedures.
 - Maltreatment of minors' internal review policy and procedures.

Sample policies and procedures for the above items are available for use at: [HCBS basic sample forms and policies - 245D providers \(https://mn.gov/dhs/partners-and-providers/licensing/hcbs-245d/basic-services-sample-policies/\)](https://mn.gov/dhs/partners-and-providers/licensing/hcbs-245d/basic-services-sample-policies/)

- I attest that the information provided in this application is true and accurate, and I agree to maintain ongoing compliance with all applicable requirements under Minnesota Statutes chapter 144A, 245D.03,

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and related rules. I understand that failure to meet these requirements may result in denial, suspension, or revocation of the license.

By signing below, I attest that I have read, understand, and agree to comply with the statutory requirements described above.

Name _____

Signature _____

Date _____

Minnesota Department of Health
Health Regulation Division
Licensing, Registration, and Certification
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
health.homecare@state.mn.us
[Home Care https://www.health.state.mn.us/](https://www.health.state.mn.us/)

03/23/2026

To obtain this information in a different format, call: 651-201-4200.