

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

DEPARTMENT: Office of the Attorney General **STATE OF MINNESOTA**

OFFICE MEMORANDUM

DATE: September 12, 1991

TO: DAVE SIEGEL
Minnesota Department of Public Health
393 N. Dunlap St.

FROM: MARY JO MURRAY
Special Assistant Attorney General
525 Park Street, Suite 500 (55103)

PHONE: 296-3258

SUBJECT: In the Matter of the Adopted Rule Relating to Registration Fee for Home Care Providers

The above-referenced rule has been approved as to its legality by the Attorney General on September 11, 1991.

Enclosed is your copy of the approved rule. This office has already filed two copies with the Secretary of State, who will forward one copy to the Revisor of Statutes. The fourth is being retained by this division of the Attorney General's Office for its records.

Also enclosed are any petitions, requests, submissions or comments along with any extra copies of documents which you submitted to the Attorney General.

Your next step is to arrange for publication of the Notice of Adoption in the State Register. In a day or two, you should receive from the Revisor's Office three copies of the notice of adoption of your rule. You should submit two copies of the Notice of Adoption to the State Register for publication. A permanent rule without a hearing does not become effective until five days after a notice of adoption is published in the State Register in accordance with Minn. Stat. § 14.27. An emergency rule becomes effective five working days after approval by the Attorney General; however, the agency must publish a notice in the State Register in accordance with Minn. Stat. § 14.34.

If you have any questions in this regard, please contact me.

MJM:sc
Enclosures
cc: Mary Stanislav
William Brown, Chief Judge
MaryAnn Hruby

Department of Health

Adopted Permanent Rules Relating to Registration Fee for Home Care Providers

Rules as Adopted

4667.0005 AUTHORITY.

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

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,

Approved by Revisor

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 the effective date of this chapter.

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

4667.0015 REGISTRATION FEE.

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

4667.0020 PROCEDURE FOR REGISTRATION FEE.

Subpart 1. **Billing of existing registrants.** After the effective date of this chapter, 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,

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by Revisor _____

section 144A.49.

Subp. 3. **New providers.** A provider who registers on or after the effective date of this chapter 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 ~~may~~ 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.

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.

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

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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;

(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; and

(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.

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by Revisor _____

APPROVED AS TO FORM AND LEGALITY
9/11 19 91
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
SEP 11 1991
Joan Anderson Growe
Secretary of State
3:55 PM
PB

MJM 8/30

RULE REVIEW CHECKLIST

File No. 1847
DATE RECEIVED 8-28-91
REVIEW DATE 9/6/91
DUE DATE 9/11/91
~~(DIS)~~APPROVED MJM
WITHDRAWN

Docket No. 05.0000.1300
ADOPTED W/O HEARING
EMERGENCY RULE
TO REVISOR ON 8/30/91
REVISOR (DIS)APPROVED 9/4/91
FILED W/SEC. OF STATE 9-11-91
RETURNED TO AGENCY 9-17-91

✓ Rule as adopted (4 copies)

✓ Notice to Solicit Outside Information/Opinion (if applicable)
Sept 10, 1990 Date published in State Register
Comments

~~Petition for Adoption of a Rule~~

~~Board's Authorizing Resolution~~
Date adopted

✓ Proposed Rule
✓ Revisor's Certificate

✓ Notice of Intent to Adopt Rule
44A.49 Statutory Authority not authorized to promogate rules
✓ Small Business Statement
N/A Expenditure of public money statement
Signature not signed or dated

✓ Statement of Need and Reasonableness (if applicable)
✓ Small Business Statement
✓ Fees - § 16A.128 One time fee

✓ Affidavit of Mailing Notice of Intent to Adopt Rule
May 20, 1991 Dated 30/25 days before adoption
✓ Notice attached indicates it is attached
Copy of rule or summary attached

✓ Publication in State Register
May 28, 1991 Date 30/25 days before adoption

180-day deadline from: The Notice was originally published in May, 1988
✓ Effective date of law requiring rule (14.12) (both rules) amendments don't apply check
✓ end of comment period (§ 14.26) (rules without hearing)
effective date of statutory authority (§ 14.29) (emergency rules)

~~Resolution Adopting~~
Date adopted

Findings of Fact, Conclusions & Order Adopting
August 12, 1991 Date

✓ Written Requests, Submissions or Comments - Counted requests no more than 17

✓ Declaration of Attorney
Mary Stanislaw Name of SAAG representing agency

~~Notice of Submission to Attorney General (if applicable)~~

~~Affidavit of Mailing Notice to Attorney General (if applicable)~~

minnesota department of health
health resources division (612) 643-2100
393 north dunlap street p.o. box 64900 st. paul 55164-0900

TO: Patti Nolte
Office of the Attorney General, Public Finance Division
525 Park Street
St. Paul, MN 55103

FROM: David Siegel DS

DATE: September 10, 1991

SUBJECT: Review of a Rule Adopted Without a Public Hearing; Registration Fee for Home Care Providers, Minnesota Rules, chapter 4667

Enclosed are the following documents to supplement those previously submitted:

1. Supplemental Findings of Fact, Conclusions, and Order Adopting Rule Without Public Hearing.

2. ~~Four~~ Two copies of the rule as adopted, with the changes required by your office. Any modifications made to the proposed rule are reflected on the rule as adopted and are approved as to form by the revisor of statutes.

If you have any questions on this submitted material, please call me at 643-2159.

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STATE OF MINNESOTA
DEPARTMENT OF HEALTH

In the Matter of the Adoption of the Rule of the Minnesota Department of Health Governing Fees for the Registration of Home Care Providers, Minnesota Rules, chapter 4667	SUPPLEMENTAL FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING RULE WITHOUT PUBLIC HEARING

Notice of the Commissioner's intent to adopt the above-entitled rule was published in the State Register on May 28, 1991, and was sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes, sections 14.14, subdivision 1a and 14.22, on May 20, 1991. Also on May 20, 1991, the notice was sent by United States mail or State of Minnesota interdepartmental mail to persons and organizations registered with the Department as home care providers or who have requested to be sent information on home care regulation. The statement of need and reasonableness was prepared before the notice of intent to adopt a rule without a public hearing was mailed to all persons on the rulemaking mailing list and published in the State Register and was available to the public.

Before the notice of intent to adopt a rule was submitted to the State Register, a copy of the notice and the proposed rule was sent to the chairs of the House Appropriations Committee and the Senate Finance Committee.

All persons were given the opportunity to submit comment on the rule for 30 days after the notice of proposed rulemaking. The agency received 19 requests for a public hearing, of which one was subsequently withdrawn. Therefore the agency did not receive requests for a public hearing from 25 or more persons.

No requests for notice of submission to the attorney general were received by the agency.

Based on the comments and evidence in the record before the agency, I find the following:

1. Part 4667.0010, subpart 2 defines "annual revenues". Five persons commented that the definition was not sufficiently precise to compute their revenues, and suggested clarification. The rule was changed to clarify that revenues includes monies received for all hospice services and not just home care services. A definition of the term "revenues" was added to clarify that the term means all receipts of money and property or services of value, regardless the source. This change is not substantial because it does not alter the policy, but only clarifies the meaning of terms.

2. Part 4667.0010, subpart 3 defines "class A provider", in part, as a home care provider "other than an individual". One person commented by telephone that this definition does not include individual providers of professional services, such as occupational therapy and speech therapy, and no other category includes them. The definition was intended to exclude individual paraprofessionals, and not all individual providers. The definition was modified to correct that drafting error. The definition now reads "other than an individual class C provider". This change is not substantial because it does not alter the policy, but only corrects an error.

3. Part 4667.0015 establishes the fee and reporting requirements. The language allowed the Commissioner discretion in whether to require providers to report their revenues. This change makes reporting mandatory. This change is not substantial because it implements the original intent that all providers must report revenues on which their fees are computed and does not impose an additional burden on providers.

4. Part 4667.0020, subpart 4, authorizes the Commissioner to verify revenue reports by requesting verifying documentation. This change is not substantial because the language clarifies the requirement by listing two circumstances under which verification will be required, thereby providing providers with guidance as to when to expect a request for verification. The circumstance in item A is reasonable because it involves a possible inaccurate report that is inconsistent with the integrity of the fees. The circumstance in item B is reasonable because it allows verification of randomly selected reports as a means of testing the accuracy of the reports, analogous to the random tax audits conducted by the Department of Revenue.

5. Part 4667.0030, item A establishes the fee brackets. Subitem (13) provided a lower fee for hospice programs that had very small annual revenues, no more than $25,000. This fee bracket was intended to relieve some burden on small hospices that obtained operating funds solely from contributions. Eleven hospices commented that their revenues were more than $25,000 but far below the $250,000 of the next higher fee bracket of $500. The Department's records show that 19 hospices have revenues between $25,000 and $100,000. To provide a fairer fee structure, the rule was changed to add a $350 fee category for hospices with annual revenues greater than $25,000 and no more than $100,000. This change is not substantial because it does not alter the basic policy of the rule, but only refines the fee structure. In addition, the change reduces the total fees by only $2,850, well within the cost recovery projections.

CONCLUSIONS

I hereby conclude that:

1. All modifications made to the proposed rule are not substantial changes.

2. The rule, as modified, is necessary and reasonable.

3. The Department has complied with all applicable provisions of law and rule in the promulgation of this rule.

4. If any of the above findings or part of a finding is properly characterized as a conclusion, it is adopted as a conclusion.

NOW, THEREFORE, IT IS ORDERED that the rule identified as Fees for the Registration of Home Care Providers, Minnesota Rules, chapter 4667, as modified, is adopted this 10 day of September, 1991, pursuant to the authority vested in me by Minnesota Statutes, sections 144.122 and 144A.49.

Mary Jo O'Brien for

Marlene E. Marschall
Commissioner

07/23/91 [REVISOR] JMR/KK AR1864

Department of Health

Adopted Permanent Rules Relating to Registration Fee for Home Care Providers

Rules as Adopted

4667.0005 AUTHORITY.

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

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,

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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 the effective date of this chapter.

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

4667.0015 REGISTRATION FEE.

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

4667.0020 PROCEDURE FOR REGISTRATION FEE.

Subpart 1. **Billing of existing registrants.** After the effective date of this chapter, 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,

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by Revisor _____

section 144A.49.

Subp. 3. New providers. A provider who registers on or after the effective date of this chapter 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 the circumstances listed in items A or B, The commissioner ~~may~~ 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. providers are randomly selected for compliance verification.

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.

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

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by Revisor _____

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;

(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; and

(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.

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by Revisor _____

Patty:

Marty + I discussed The problem w/the health licensing rules + we feel that all They need to do is add ~~put of~~ a sentence to show when revenue verification would be required.

Please come see me so I can figure out how to get This done by tomorrow.

Thanks,

@:
9:45 Left a message for Dave Siegl
10:45 told him changes that must be made 4667.0015, 4667.0020 subd 4
if can't make the change must do a withdrawl & must also do a supplemental Findings of Fact.

minnesota department of health
health resources division (612) 643-2100
393 north dunlap street p.o. box 64900 st. paul 55164-0900

4667.0015
4667.0020 subd 4

TO: Patti Nolte
Office of the Attorney General, Public Finance Division
525 Park Street
St. Paul, MN 55103

FROM: David Siegel

DATE: August 27, 1991

SUBJECT: Review of a Rule Adopted Without a Public Hearing; Registration Fee for Home Care Providers, Minnesota Rules, chapter 4667

Enclosed are the documents required to be submitted under Minnesota Rules, part 2010.0300 for your review of a rule adopted without a public hearing for the above entitled matter.

Official documents in this submitted material include:

1. The declaration of the attorney in the Attorney General's office who represents the agency.

2. A copy or photocopy of the notice of solicitation of outside information or opinions as published in the State Register.

3. A copy of the proposed rule with a certificate of approval as to form by the revisor of statutes attached.

4. The notice of intent to adopt a rule without a public hearing as mailed.

5. The statement of need and reasonableness in support of the proposed rule complying with part 2010.0700, and a fiscal note.

6. The affidavit of mailing the notice of intent to adopt a rule without a public hearing. The affidavits state that the mailing list maintained by the agency pursuant to Minnesota Statutes, sections 14.22 and 14.14, subdivision 1a is accurate, complete, and current and that the notice of intent to adopt the rule without a public hearing was mailed to all persons and groups whose names appear on the list.

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7. A copy or photocopy of the notice of intent to adopt the rule without a public hearing as published in the State Register.

8. Four copies of the rule as adopted. Any modification made to the proposed rule is reflected on the rule as adopted and is approved as to form by the revisor of statutes.

9. The findings of fact, conclusions, and order adopting the rule.

10. All written requests, submissions, or comments on the rule received by the agency except requests solely for copies of the rule or of the statement of need and reasonableness.

11. No requests to be notified of submittal of the rule to the Attorney General were received.

If you have any questions on this submitted material, please call me at 643-2159.

Department of Health

Proposed Permanent Rules Relating to Registration Fee for Home Care Providers

Rules as Proposed (all new material)

4667.0005 AUTHORITY.

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

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.** "Annual revenues" means one-third of the total revenues derived from the provision of home care services during the period July 1, 1987 to June 30, 1990.

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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

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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 the effective date of this chapter.

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4667.0015 REGISTRATION FEE.

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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 the effective date of this chapter shall pay the fee to the commissioner and submit with the fee a completed

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registration form. The commissioner will not accept a registration without payment of the fee in full.

Subp. 4. **Verification of revenues.** The commissioner may 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.

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.

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

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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;

(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; and

(13) 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.

Approved
by Revisor _____

Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Registration Fee for Home Care Providers

AGENCY: Department of Health

MINNESOTA RULES: Chapter 4667

The attached rules are approved for publication in the State Register

Kathleen T. Harrington
Assistant Revisor

STATE OF MINNESOTA
DEPARTMENT OF HEALTH

In the Matter of the Adoption of the Rule of the Minnesota Department of Health Governing Fees for the Registration of Home Care Providers, Minnesota Rules, chapter 4667	FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING RULE WITHOUT PUBLIC HEARING

(1) Notice of the Commissioner's intent to adopt the above-entitled rule was published in the State Register on May 28, 1991, and was sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes, sections 14.14, subdivision 1a and 14.22, on May 20, 1991. Also on May 20, 1991, the notice was sent by United States mail or State of Minnesota interdepartmental mail to persons and organizations registered with the Department as home care providers or who have requested to be sent information on home care regulation. (2) The statement of need and reasonableness was prepared before the notice of intent to adopt a rule without a public hearing was mailed to all persons on the rulemaking mailing list and published in the State Register and was available to the public.

(3) Before the notice of intent to adopt a rule was submitted to the State Register, a copy of the notice and the proposed rule was sent to the chairs of the House Appropriations Committee and the Senate Finance Committee.

(4) All persons were given the opportunity to submit comment on the rule for 30 days after the notice of proposed rulemaking. (5) The agency received 19 requests for a public hearing, of which one was subsequently withdrawn. Therefore the agency did not receive requests for a public hearing from 25 or more persons.

(7) No requests for notice of submission to the attorney general were received by the agency.

(6) Based on the comments and evidence in the record before the agency, I find the following:

1. Part 4667.0010, subpart 2 defines "annual revenues". Five persons commented that the definition was not sufficiently precise to compute their revenues, and suggested clarification. The rule was changed to clarify that revenues includes monies received for all hospice services and not just home care services. A definition of the term "revenues" was added to clarify that the term means all receipts of money and property or services of value, regardless the source. This change is not substantial because it does not alter the policy, but only clarifies the meaning of terms.

2. Part 4667.0010, subpart 3 defines "class A provider", in part, as a home care provider "other than an individual". One person commented by telephone that this definition does not include individual providers of professional services, such as occupational therapy and speech

therapy, and no other category includes them. The definition was intended to exclude individual paraprofessionals, and not all individual providers. The definition was modified to correct that drafting error. The definition now reads "other than an individual class C provider". This change is not substantial because it does not alter the policy, but only corrects an error.

3. Part 4667.0030, item A establishes the fee brackets. Subitem (13) provided a lower fee for hospice programs that had very small annual revenues, no more than $25,000. This fee bracket was intended to relieve some burden on small hospices that obtained operating funds solely from contributions. Eleven hospices commented that their revenues were more than $25,000 but far below the $250,000 of the next higher fee bracket of $500. The Department's records show that 19 hospices have revenues between $25,000 and $100,000. To provide a fairer fee structure, the rule was changed to add a $350 fee category for hospices with annual revenues greater than $25,000 and no more than $100,000. This change is not substantial because it does not alter the basic policy of the rule, but only refines the fee structure. In addition, the change reduces the total fees by only $2,850, well within the cost recovery projections.

CONCLUSIONS

I hereby conclude that:

1. All modifications made to the proposed rule are not substantial changes.

2. The rule, as modified, is necessary and reasonable.

3. The Department has complied with all applicable provisions of law and rule in the promulgation of this rule.

4. If any of the above findings or part of a finding is properly characterized as a conclusion, it is adopted as a conclusion.

NOW, THEREFORE, IT IS ORDERED that the rule identified as Fees for the Registration of Home Care Providers, Minnesota Rules, chapter 4667, as modified, is adopted this 12th day of August, 1991, pursuant to the authority vested in me by Minnesota Statutes, sections 144.122 and 144A.49.

Marlene E. Marschall
Commissioner

144A.49 - authority attached - not authority to promulgate rules - w/ references
144.122 maybe O.K. 144.122 is the authority
Patty is right, but probably OK

end of comment period stated in Notice of Intent ok
June 27, 1991

1st published in May 21, 1988 had a hearing ok

one time fee - obtained approval from Finance
state they sent letters to appropriate committees - get letters

SOLAR
no justification for 4667.0020 subd 4
verification of Revenue - the Commissioner may
when will he require verification no
criteria for requesting verification

9-3-91 talked to Dave Siegel - don't have a signed
Notice of Intent (this happened a few weeks ago we let it go
since they commissioner signed the Findings of Fact.

Going to send the letters to house and senate appropriations
Talked to him about authority. he thinks he cited the correct authority

MINNESOTA DEPARTMENT OF HEALTH

In the Matter of the Proposed Adoption of Rules of the Department of Health Concerning Fees for the Registration of Home Care Providers, Minnesota Rules, chapter 4667

STATEMENT OF NEED AND REASONABLENESS

BACKGROUND AND LEGAL AUTHORITY

Minnesota Statutes, sections 144A.43 to 144A.48, establishes a system of licensure for home care providers, including hospice programs, to be administered by the Department of Health. Section 144A.49 provides temporary procedures pending promulgation of licensing rules. Among those procedures is a requirement for the registration of providers, including a registration fee. To establish the one time fee, Minnesota Rules, chapter 4667, is proposed under the authority of Minnesota Statutes, sections 144A.49 and 144.122.

The Department has been registering providers pending adoption of this rule to establish fees. Each registrant has been informed that a fee will be assessed upon adoption of this fee rule.

RULEMAKING PROCESS

Notices

A Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing the Licensure and Regulation of Home Care Providers and Hospice Programs was published in the State Register, 12 S.R. 2105, on March 21, 1988. A notice of Outside Information or Opinions Sought Regarding Proposed Rules Governing Fees was published in the State Register, 13 S.R. 2102, on February 27, 1989.

A proposed rule was published in the State Register, 14 S.R. 2934, on June 18, 1990. After a public hearing, the rule was withdrawn with a notice published in the State Register, 15 S.R. 588, on September 4, 1990. That proposed rule would have established a flat fee for each provider in one of five fee categories. Written comments and testimony at the public hearing almost unanimously opposed flat fees, preferring fees proportionate to revenues.

Meetings and other communications were held with trade associations that represent providers to determine the fee structure that would be acceptable to their memberships. These associations represent the majority of providers in the state. This proposed rule represents the results of those consultations.

A new Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing Home Care Registration Fees was published in the State Register, 15 S.R. 629, on September 10, 1990.

Small Business Considerations
PARTICIPATION IN RULEMAKING PROCESS

Minnesota Statutes, section 14.115, requires state agencies to consider ways to reduce the impact of proposed rules on small businesses, and to provide small businesses with an opportunity to participate in the rulemaking process. Although the Department believes that rules to

implement the home care and hospice statute are exempt from those requirements under section 14.115, subdivision 7, paragraph (c), the following analysis is provided voluntarily.

Virtually all small businesses that are to be regulated under the home care and hospice licensing statute are registered with the Department, as required by Minnesota Statutes, section 144A.49. The registrants, business and governmental trade associations, and other interested parties, have been informed of all major steps taken in the development of the rules, and have been provided the opportunity to attend and address Advisory Task Force meetings, and to submit written and oral comments to the Department.

The Notice of Intent to Adopt a Rule includes a statement describing the impact of the rules on small business and encourages comments from those affected.

CONSIDERATION OF EFFECT OF RULE ON SMALL BUSINESS

The Department is mandated by Minnesota Statutes, section 144A.49 and 144.122, to recover the cost of the program in fees. Therefore, the total assessed in fees is established by the actual costs incurred by the Department in establishing the registration and licensure rules and systems.

The Department considered how the registration fees could be distributed to minimize negative impacts on providers, within the strictures of the statute. It is reasonable to base fees, in part, on ability to pay, because providers generate a wide range of revenues. Although the fees are not a tax, it would be unduly burdensome on many providers to assess a flat rate fee.

It also is reasonable to conclude that individual providers should be assessed a relatively small fee, both because of the potential that a burdensome fee would cause some individuals to cease doing business, and because current registrations show that individual paraprofessional providers generate relatively small revenues, averaging less than $10,000 a year. Some individuals generate revenues of less than $100 a year. In addition, it is possible that a high fee could become an incentive for small providers to evade registration, thereby defeating the purpose of the licensure law to establish minimum standards to protect the public from substandard services. Because the Department will regulate individuals primarily by responding to complaints, the cost of their regulation will be less than that of organizational providers. This is so because it will not be necessary to assign Department staff to periodically survey the individuals, but only respond when necessary. In addition, relatively few individuals are registered, and few more are expected. Therefore, regardless the amount of the individual fees, the total that will be recovered will not be highly significant.

Most hospices, which are not certified for Medicare or Medical Assistance, generate limited revenues because they are mostly staffed by volunteers and do not bill clients for any services. The revenues they do receive are primarily from donations and bequests.

Minnesota Statutes, section 14.115, subdivision 2, requires the consideration of five methods for reducing the impact of the rule on small businesses.

The first method, in paragraph (a), is "the establishment of less stringent compliance or reporting requirements for small businesses". This registration fee rule only requires providers to report their revenues on which the fees are based. This report is required one time only. No less stringent requirement is possible.

The second method, in paragraph (b), is "the establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses". The proposed rule allows 60 days after billing to pay the fee. Absent explicit statutory authority, the Department cannot collect the fees in installments over a period of years. The time allowed for payment should be sufficient for all providers to accommodate their budgets.

The third method, in paragraph (c), is "the consolidation or simplification of compliance or reporting requirements for small businesses". The proposed rule requires only that registrants inform the Department of their revenues and pay the fee after receiving a bill. It is not possible to further simplify the procedure.

The fourth method, in paragraph (d), is "the establishment of performance standards for small businesses to replace design or operational standards required in the rule". This proposed rule does not mandate any design or operational standards.

The last method, in paragraph (e), is "the exemption of small businesses from any or all requirements of the rule." Minnesota Statutes, section 144A.49, requires all providers who are not explicitly exempt from the statute to pay a registration fee. The Department has no authority to exempt any other providers from the fee.

RULE PARTS
General

FACTORS

Minnesota Statutes, section 144A.49, states that the registration fee must be based on a consideration of four factors: the number of clients served, the number of employees, the number of services offered, and annual revenues.

During the legislative process developing the licensure law, concerns were raised regarding the amount of the registration fee and the impact that a large fee would have on small providers. Minnesota Statutes, section 16A.128, subdivision 1a, requires that fees provide for the recovery of general fund expenditures. Small providers were concerned that, if funds allocated for the start up costs of the program were simply divided by the number of registrants, smaller agencies would pay the same fee as the larger home care agencies. The factors contained in the legislation were included as a method to more fairly allocate the costs among the various groups of providers.

An analysis of the information obtained through the registrations reveals that the four factors in the statute correlate very highly with each other. That is, as one factor changes, the others tend to change proportionately. Basing fees on one factor effectively bases them on all factors. (The correlations are discussed further under part 4667.0030, below).

The providers can be classified in five proposed licensure classes: Class A (professional agencies); Class B (paraprofessional agencies); Class C (individual paraprofessionals); Class D (hospice programs); and Class E (assisted living services). These classes are discussed in detail, below.

CRITERIA

The Department used the following additional criteria in developing a fee structure:

1. Total fees collected for registration should approximate the total costs of the program from the date of enactment of the statute, June 2, 1987, as directed by Minnesota Statutes, section 144.122, paragraph (a); and, because fees are a method of financing regulation, they should be related to the cost of the regulation;
2. Fees must be based on reliable and comparable information from providers, so as to be fair to all providers and accurate in the assessments;
3. The fee structure should be as simple and understandable as possible;
4. Fees should be reasonable, and not unduly burdensome to each type of provider, within statutory mandates; and
5. To the extent that is reasonable, fees should be based on ability to pay.

It also is important to note that home care registration is a temporary procedure pending adoption of a licensing rule, which is nearing completion. This fee rule uses a classification system similar to the one that the Department anticipates using in the licensing rule. It is reasonable to use the same classification system for registration and licensure to be consistent, and thereby less confusing, to registrants and prospective licensees.

Specific Rule Parts

4667.0005 AUTHORITY. This part is necessary to inform parties affected by the rule of its function and authority.

4667.0010 DEFINITIONS.

Subpart 1. **Scope.** This part is necessary to specify to which parts the definitions apply.

Subp. 2. **Annual revenues.** This part is necessary because the term is used in a technical sense, and is ambiguous without this definition.

Subp. 3. **Class A provider.** As required by M.S. 144A.45, subd. 1(f), and recommended by the Home Care Advisory Task Force in its Report of March 15, 1989, the forthcoming home care licensing rule, now in development, will divide providers into licensure classes. It is reasonable to use the same approach in classifying providers for purposes of setting registration fees, so as to simplify the transition from registration to licensure. The Department's experience with over 500 registrations, as well as information from staff research and the Advisory Task Force, reveals that providers can be categorized in functional classes.

Class A consists of providers who offer at least one "professional" service (nursing, physical therapy, speech therapy, respiratory therapy, occupational therapy, nutritional services, or medical social services).

Subp. 4. **Class B provider.** Under the structure of the anticipated licensure rule, Class B licensees will include home care providers that are not individuals and provide only personal care services, under Minnesota Statutes, section 144A.43, subd. 3, item (2), or home management services, under section 144A.43, subd. 3, item (8). This definition is reasonable because these providers tend to be similar in structure and often similar in size to many class A providers, but are limited to nonprofessional services, principally homemaking and chores, and some personal care.

Subp. 5. **Class C provider.** Under the structure of the anticipated licensure rule, Class C licensees will include individuals who provide only home health aide services, under section 144A.43, subd. 3, clause (1), personal care services, under section 144A.43, subd. 3, clause (2), or home management services, under section 144A.43, subd. 3, clause (8). This definition is reasonable because these providers are all individuals who provide limited services to individual clients. The current registration information indicates that persons who fall under this class generate limited revenues, often working on a limited basis for few clients. It is reasonable to charge this type of provider a relatively small fee, because of the small size of the businesses. Because the fee is sufficiently small, there is no need to scale the fee according to revenue.

Subp. 6. **Class D provider.** Under the structure of the anticipated licensure rule, Class D licensees will include hospice programs, under section 144A.43, subd. 3, item (11) and section 144A.48. Approximately 47 hospice programs currently operate in the state, and provide a similar set of services.

Subp. 7. **Class E provider.** Under the structure of the anticipated licensure rule, Class E licensees will include assisted living services (comprised of personal care services, under Minnesota Statutes, section 144A.43, subd. 3, item (2), or home management services, under

section 144A.43, subd. 3, item (8)), provided to residents of residential centers by or under the direction of the management of the residence. It is reasonable to assess a uniform fee for all assisted living programs and Class B providers because of the similarity of the providers in type of services and the anticipated similarity in regulation. Assisted living programs are generally sold as a package of housing, meals, activities, and support services. Only the support services are subject to home care regulation. It is extremely difficult to identify revenues related to home care services apart from those generated by the package as a whole.

Although medical equipment vendors will be licensed under class A, the problem of distinguishing their home care revenues from overall revenues is similar to that of assisted living programs. Those equipment vendors that provide home care services do so as part of a package of renting or selling medical equipment.

Subp. 8. **Commissioner.** It is necessary to define "commissioner" to clarify that the Commissioner of the Department of Health, rather than another state department, is being identified.

Subp. 9. **Provider.** It is necessary to define "provider", because its usage in the rule is potentially ambiguous. It is reasonable to make it clear that "provider" means a home care provider required to register under Minnesota Statutes, section 144A.49, because that is how the term is used in the statute.

Subp. 10. **Registrant.** It is necessary to define "registrant", because the term is used in this rule in a precise manner, as meaning a home care provider who has registered with the Commissioner before the effective date of this chapter.

Subp. 11. **Register.** It is necessary to define "register", because it is used here as well as in the statute, but is not defined in the statute, and is potentially subject to different interpretations.

4667.0015 REGISTRATION FEE.

This part is necessary to establish the requirement that registrants pay the registration fee and that providers report their revenues on which the fees are based. It is reasonable because it only implements the requirement of §144A.49 and requires the reporting only of that information which is required to compute the fees.

4667.0020 PROCEDURE FOR REGISTRATION FEE.

Subpart 1. **Billing of existing registrants.** It is necessary to establish a billing procedure to inform each current registrant of the amount of the fee. It is reasonable to require the Commissioner to simply bill each registrant to provide that notice, because such a procedure is straightforward, economical, and universally understood.

It should be noted that the Department required registrations of providers pending development and adoption of this fee rule so as not to delay the process of listing providers and in order to obtain the necessary data for developing the fee formula.

Subp. 2. **Payment of fee.** It is necessary to set a time limit within which each current registrant must pay the fee, so as not to allow unreasonable delays. It is reasonable to require payment within 60 days after the billing because 60 days is twice that commonly used in commercial transactions as a payment period, and should be sufficient to allow for processing of fees by registrants.

Subp. 3. **New providers.** It is necessary to provide a procedure for payment of fees by those who register after adoption of this chapter. It is necessary and reasonable to require payment in full with the registration because Minnesota Statutes, section 144A.49 states that "a registration fee must be submitted with the application for registration".

Part 4667.0025 FEE LIMITATION.

The home care statute licenses "providers" rather than distinct service units. Therefore, an entity that operates more than one home care service unit need register and be licensed only once for all its services. Therefore, only one fee need be assessed. However, because most fees under this rule are based on revenues, it does not make any significant difference whether one fee is assessed based on total revenues or two fees are based on part of the total. Therefore, it is reasonable to make it explicit that a provider entity need only pay one fee.

Part 4667.0030 FEE SCHEDULE.

Structure

Under the mandate of Minnesota Statutes, sections 144.122 and 144A.49, it is necessary to establish a schedule of fees that is both reasonable and based on statutory factors.

Other Models

An obvious model for a fee structure is the existing nursing home and hospital rules. Those rules, Minnesota Rules, part 4735.0200, provide a flat base fee for each facility plus an additional fee per each licensed bed. That fee structure reflects an ability to pay because the number of beds correlate highly with revenues. Although home care providers have no such fixed feature that provides a measurable and consistent basis for assessing fees, there are measurable factors that reflect ability to pay.

Analysis of Data

In October, 1990, the Department required all registrants to submit revenue data for the period July 1, 1987 through June 30, 1990 (which are the state's three fiscal years of 1988, 1989, and

1990). Although not audited, that data is subject to verification. Some of the reports were not available at the time this analysis was conducted. Therefore, the following analysis is based on the available data.

Correlations of Factors

The Department analyzed the registrations of 440 providers that were registered as of February 28, 1991, out of a total of 495 registrants. The following conclusions were reached.

Three of the four statutory factors, annual revenues, number of clients served, and number of employees, all correlate with each other, meaning that one factor accurately predicts the others. As expected, revenues do not correlate well with the fourth factor, number of services offered, since a provider can generate significant revenues with a few services that are provided in high volume or for relatively high price, while another provider might generate low revenues with a large number of services provided in low volumes and low prices. (See Appendix 2 for details about the correlations).

Specifically:

a. revenue correlates with the number of clients to a factor of .5620;
b. revenue correlates with the number of employees to a factor of .8250;
c. revenue correlates with the number of services to a factor of .2468.

Because of the correlations, it is reasonable to use revenue as a basis for computing fees.

Nature of Data

The three year average of revenues range from a high of about $6,800,000 to a low of no revenue.

Program Costs

The cost of the Department's home care program for the three fiscal years of 1988, 1989, and 1990, and the first two months of fiscal year 1991 (dating from July 1, 1987 through August 31, 1990), was $327,352. (See Appendix 1 for budget information). This period was selected because it represented the period for which most of the revenue data was collected and involved costs approximately equal to that which the fee range would recover. It is anticipated that the licensing fees will recover the costs after August 31, 1991.

Structure of fees

To simplify the fee structure and to minimize discrepancies among the reported figures, the rule establishes 12 fee brackets (plus a thirteenth bracket for small hospices) rather than a straight

percentage of revenues. The brackets are based on a fee of 0.25% of revenues, which yields the amount to be recovered. The brackets are approximately centered around the respective fees. For example, a fee of $2,000 is equal to 0.25% of revenues of $800,000. The $2,000 bracket ranges from $750,000 to $850,000.

Allocation of Fees

Specifically, the fees will generate the following approximate revenues to the Department. Numbers of providers are approximate, because registrations and revenue data continue to be received by the Department. The revenues of several providers were not available at the time of analysis Those providers are reflected in the following table at the minimum fee in their classes. The fees that actually will be billed are likely to be more than the minimum.

CLASS	NUMBER OF PROVIDERS	FEE	TOTAL REVENUE
A, B, D	380	500-4,000	$312,750
C	104	20, 50	2,800
E	10	500	5,000
DME	1	500	500
TOTALS	495		$321,050

COST RECOVERY GOAL = $327,352

CONCLUSIONS

Based on the analysis described above, it is reasonable to assess fees based on the revenues of class A, B, and D providers, and to assess a single fee for class C and E providers and medical equipment vendors (class A-DME). This fee structure is reasonable because:

1. it meets the criteria discussed above;
2. it is statistically valid to use revenues as a proxy for all statutory factors; and
3. the fee structure recovers the costs of the program for the last three fiscal years, as required by law.

Expert Witnesses

If a public hearing is held on this rule, the Department does not plan to solicit outside expert witnesses to testify on behalf of the Department. The Department intends to have the following employees testify or be available at the hearing: H. Michael Tripple, Assistant Director of the Division of Health Resources, who will testify about the general background and rationale for the proposed rule, and the Department's costs on which the fees are based; David L. Siegel, Division of Health Resources, who will testify about the method of computing the proposed fees; William Tallaksen, Division of Health Resources, who will testify about the statistical methodology used to analyze the data on which the proposed fees are based; and Cecelia Weible, who will testify about the costs incurred by the Department in administering the home care program. Other staff may substitute for those named above.

3/28, 1991

Mary Jo O'Brien
Acting Commissioner of Health

Approved by the Department of Finance, under Minnesota Statutes, section 16A.128, subdivision 1a.

April 12, 1991

for John Gunyou
Commissioner of Finance

APPENDIX 1

COSTS INCURRED BY THE DEPARTMENT
IN THE ADMINISTRATION OF HOME CARE REGISTRATION
July 1, 1987 to August 31, 1990

ITEM	Fiscal 1988	Fiscal 1989	Fiscal 1990	July 1-Aug. 31 1990
Public Health Nursing	25,772	45,083	47,205	5,722
Advisor	17,598	35,359	24,278	6,620
Management Analyst 3		16,581	26,703	6,997
Clerk Typist 3				
Supplies/Expenses	1,488	1,066		
Purchased Services	775	1,760	2,000 (1)	
	185	297	300	1,651
Communications-Postage	301	6,967	1,000	733
Communications-Telephone	548			
Travel In-State	2,911	415	500	300
Travel Out-State	12,332	1,891		
Supplies	8,752	10,306		
Furniture			6,006 (2)	
Equipment			3,000 (3)	
State Register			1,000 (4)	
Attorney General			3,000 (5)	
Revisor's Office				
Administrative Law Judge				
TOTAL HEALTH RESOURCES	70,612	119,725	114,992	22,023

(1) Includes two mailings of rules to clientele.
(2) Includes 77 pages @$78/page published twice.
(3) Includes A.G. time to attend public hearings and review rules @$46/hr.
(4) Includes drafting rules.
(5) Includes 5 days of hearing time @$74/hr.

VARIABLE	CASES	MEAN	STD DEV
REVENUE	351	315726.8462	676759.5227
SERVICE	351	3.4188	2.4770
CLIENTS	351	93.7287	224.3208
EMPLOYS	351	12.7070	23.1077

VARIABLES		CASES	CROSS-PROD DEV	COVARIANCE	VARIABLES		CASES	CR
REVENUE	SERVICE	351	144803585.9154	413724.5312	REVENUE	CLIENTS	351	
REVENUE	EMPLOYS	351	4515679056.8448	12901940.1624	SERVICE	CLIENTS	351	
SERVICE	EMPLOYS	351	5088.5708	14.5388	CLIENTS	EMPLOYS	351	

- - - - - - - - - - - - P E A R S O N C O R R E L A T I O N C O E F F I C I E N T S - - - - - -

	REVENUE	SERVICE	CLIENTS	EMPLOYS
REVENUE	1.0000	.2468	.5620	.8250
	(0)	(351)	(351)	(351)
	P=******	P= .001	P= .001	P= .001
SERVICE	.2468	1.0000	.0933	.2540
	(351)	(0)	(351)	(351)
	P= .001	P=******	P= .040	P= .001
CLIENTS	.5620	.0933	1.0000	.4890
	(351)	(351)	(0)	(351)
	P= .001	P= .040	P=******	P= .001
EMPLOYS	.8250	.2540	.4890	1.0000
	(351)	(351)	(351)	(0)
	P= .001	P= .001	P= .001	P=******

(COEFFICIENT / CASES / SIGNFICANCE) (99.0000 MEANS UNCOMPUTABLE)

APPENDIX 2

(9) that inpatient services are provided directly or by arrangement in a licensed hospital or nursing home.

Subd. 3. **Required inspections.** The commissioner shall inspect the hospice program, the home care and the inpatient care provided by the hospice program to determine if the requirements of sections 144A.45 to 144A.48 are met.

Subd. 4. **Rule authority.** The commissioner shall promulgate rules to implement the provisions of this section.

Subd. 5. **License designation.** A license issued to a home care provider meeting the requirements contained in this section shall indicate that the provider is qualified to offer hospice care.

History: *1987 c 378 s 8*

144A.49 TEMPORARY PROCEDURES.

For purposes of this section, "home care providers" shall mean the providers described in section 144A.43, subdivision 4, including hospice programs described in section 144A.48. Home care providers are exempt from the licensure requirement in section 144A.46, subdivision 1, until 90 days after the effective date of the licensure rules. Beginning July 1, 1987, no home care provider, as defined in section 144A.43, subdivision 4, except a provider exempt from licensure under section 144A.46, subdivision 2, may provide home care services in this state without registering with the commissioner. A home care provider is registered with the commissioner when the commissioner has received in writing the provider's name; the name of its parent corporation or sponsoring organization, if any; the street address and telephone number of its principal place of business; the street address and telephone number of its principal place of business in Minnesota; the counties in Minnesota in which it may render services; the street address and telephone number of all other offices in Minnesota; and the name, educational background, and ten-year employment history of the person responsible for the management of the agency. A registration fee must be submitted with the application for registration. The fee must be established pursuant to section 144.122 and must be based on a consideration of the following factors: the number of clients served by the home care provider, the number of employees, the number of services offered, and annual revenues of the provider. The registration is effective until 90 days after licensure rules are effective. In order to maintain its registration and provide services in Minnesota, a home care provider must comply with section 144A.44 and comply with requests for information under section 144A.47. A registered home care provider is subject to sections 144A.51 to 144A.54. Registration under this section does not exempt a home care provider from the licensure and other requirements later adopted by the commissioner.

Within 90 days after the effective date of the licensure rules under section 144A.45, the commissioner of health shall issue provisional licenses to all home care providers registered with the department as of that date. The provisional license shall be valid until superseded by a license issued under section 144A.46 or for a period of one year, whichever is shorter. Applications for licensure as a home care provider received on or after the effective date of the home care licensure rules, shall be issued under section 144A.46, subdivision 1.

History: *1987 c 378 s 14*

HEALTH CARE FACILITY GRIEVANCES

144A.51 DEFINITIONS.

Subdivision 1. For the purposes of sections 144A.51 to 144A.54, the terms defined in this section have the meanings given them.

Subd. 2. "Administrative agency" or "agency" means any division, official, or

(b) The governor o

(c) Any instrument

(d) Any court or ju

Subd. 3. "Director"

Subd. 4. "Health ca
provide medical or healt
a health facility.

Subd. 5. "Health fa
required to be licensed pu
of a facility which is requ
for the licensure of nursi

Subd. 6. "Resident"
sumer of services provide
the resident, patient, or c

Subd. 7. "Home care
144A.43, subdivision 4.

History: *1976 c 325 s*

144A.52 OFFICE OF HI

Subdivision 1. The of
department of health. The
commissioner of health. T
state commissioner of heal

The commissioner of h
with office space, administr

Subd. 2. The director
to discharge the responsibili
and all other employees of t
sioner of health.

Subd. 3. The director n
or duties of the director exc
legislature, administrative ag
providers, and the state com

Subd. 4. The director sh
such as law, health care, socia
safety requirements as they a
the extent possible, employee
health facility surveyors.

History: *1976 c 325 s 2;*
s 11

144A.53 DIRECTOR; POW

Subdivision 1. **Powers.** Th

(a) Promulgate by rule, pu
subdivision 2, the methods by
providers, home care provider
investigated, and acted upon; p
ing a complaint.

(b) Recommend legislatio
health, legislature, governor, a

(c) Investigate, upon

)f scavengering and the disposal of sewage;
f mortuaries and cemeteries and the removal and burial of the

ent of boarding places for infants and the treatment of infants

)f streams and other waters and the distribution of water by per-
)mestic use;
on and equipment, in respect to sanitary conditions, of schools
prisons, and other public institutions, and of lodging houses and
)laces kept for gain;
, in hospitals and elsewhere, of persons suffering from communi-
ıg all manner of venereal disease and infection, the disinfection
)ns and places in case of those diseases, and the reporting of sick-
ı them;
ıissioner nor any board of health as defined in section 145A.02,
:ctor of public health may adopt any rule or regulation for the
or correctional institution of any person suffering from any com-
venereal disease or infection, which requires the involuntary
ın after the expiration of the period of sentence to the penal or
ı, or after the expiration of the period to which the sentence may
ne allowance or by the lawful order of any judge or the depart-

n of infant blindness and infection of the eyes of the newly born
m time to time, of one or more prophylactics to be used in those
er that the commissioner directs, unless specifically objected to
ınt;
g of vaccine matter; the assembling, during epidemics of small-
s not vaccinated, but no rule of the board or of any public board
ime compel the vaccination of a child, or exclude, except during
and when approved by the local board of education, a child from
the reason that the child has not been vaccinated; any person
ıted may select for that purpose any licensed physician and no
'accination of any child whose physician certifies that by reason
condition vaccination would be dangerous;
ation of filthy and unwholesome matter to the injury of the pub-
)val;
ın, recording, and reporting of vital statistics by public officers
information to them by physicians, undertakers, and others of
of death, and other pertinent facts;
:tion, equipment, and maintenance, in respect to sanitary condi-
ś, migratory or migrant labor camps, and other industrial camps;
:anitation of tourist camps, summer hotels, and resorts in respect
osal of sewage, garbage, and other wastes and the prevention and
ble diseases; and, to that end, may prescribe the respective duties
f health as authorized under section 145A.04; and all boards of
ı investigations and reports and obey such directions as the com-
or give and, under the supervision of the commissioner, enforce

: pollution which may be injurious or detrimental to public

ıdiation, and the handling, storage, transportation, use and dis-
otopes and fissionable materials; and
ıment, operation and maintenance of all clinical laboratories not
; as a component of a licensed hospital. These laboratories shall

not include laboratories owned or operated by five or less licensed practitioners of the healing arts, unless otherwise provided by federal law or regulation, and in which these practitioners perform tests or procedures solely in connection with the treatment of their patients. Rules promulgated under the authority of this clause, which shall not take effect until federal legislation relating to the regulation and improvement of clinical laboratories has been enacted, may relate at least to minimum requirements for external and internal quality control, equipment, facility environment, personnel, administration and records. These rules may include the establishment of a fee schedule for clinical laboratory inspections. The provisions of this clause shall expire 30 days after the conclusion of any fiscal year in which the federal government pays for less than 45 percent of the cost of regulating clinical laboratories.

Subd. 2. **Mass gatherings.** The commissioner may regulate the general sanitation of mass gatherings by promulgation of rules in respect to, but not limited to, the following areas: water supply, disposal of sewage, garbage and other wastes, the prevention and control of communicable diseases, the furnishing of suitable and adequate sanitary accommodations, and all other reasonable and necessary precautions to protect and insure the health, comfort and safety of those in attendance. No permit, license, or other prior approval shall be required of the commissioner for a mass gathering. A "mass gathering" shall mean an actual or reasonably anticipated assembly of more than 1,500 persons which will continue, or may reasonably be expected to continue, for a period of more than ten consecutive hours and which is held in an open space or temporary structure especially constructed, erected or assembled for the gathering. For purposes of this subdivision, "mass gatherings" shall not include public gatherings sponsored by a political subdivision or a nonprofit organization.

Subd. 3. **Licenses; permits.** Applications for licenses or permits issued pursuant to this section shall be submitted with a fee prescribed by the commissioner pursuant to section 144.122. Licenses or permits shall expire and be renewed as prescribed by the commissioner pursuant to section 144.122.

History: *(5345) RL s 2131; 1917 c 345 s 1; 1923 c 227 s 1; 1951 c 537 s 1; 1953 c 134 s 1; 1957 c 361 s 1; 1975 c 310 s 4; 1975 c 351 s 1; 1977 c 66 s 10; 1977 c 305 s 45; 1977 c 406 s 1; 1983 c 359 s 9; 1985 c 248 s 70; 1986 c 444; 1987 c 309 s 24*

144.121 X-RAY MACHINES AND FACILITIES USING RADIUM.

Subdivision 1. **Fees.** The fee for the registration for X-ray machines and radium required to be registered under rules adopted by the state commissioner of health pursuant to section 144.12, shall be in an amount prescribed by the commissioner pursuant to section 144.122. The first fee for registration shall be due on January 1, 1975. The registration shall expire and be renewed as prescribed by the commissioner pursuant to section 144.122.

Subd. 2. **Inspections.** Periodic radiation safety inspections of the sources of ionizing radiation shall be made by the state commissioner of health. The frequency of safety inspections shall be prescribed by the commissioner on the basis of the frequency of use of the source of ionizing radiation; provided that each source shall be inspected at least once every four years.

History: *1974 c 81 s 1; 1975 c 310 s 35; 1977 c 305 s 45; 1985 c 248 s 70*

144.122 LICENSE AND PERMIT FEES.

(a) The state commissioner of health, by rule, may prescribe reasonable procedures and fees for filing with the commissioner as prescribed by statute and for the issuance of original and renewal permits, licenses, registrations, and certifications issued under authority of the commissioner. The expiration dates of the various licenses, permits, registrations, and certifications as prescribed by the rules shall be plainly marked thereon. Fees may include application and examination fees and a penalty fee for renewal applications submitted after the expiration date of the previously issued permit, license, registration, and certification. The commissioner may also prescribe, by

MINNESOTA DEPARTMENT OF HEALTH
HEALTH RESOURCES DIVISION

FACSIMILE TRANSMISSION: *Cover Sheet/Transmittal Form*

Date: 9-3-91

To: Patti Nolte

Location: AA- Finance Div.

From: Dave Siegel

Location:

This transmission consists of 3 *pages (including cover sheet)*

393 North Dunlap Street
P.O. Box 64900
St. Paul, Minnesota 55164-0900

Phone: (612)643-2100

FAX: (612)643-3534 (4th Floor)
(612)643-2593 (5th Floor)

MESSAGE: As requested, attached are copies of notices to Legislature — Home care fee rule.

IF TRANSMISSION IS INCOMPLETE OR ILLEGIBLE CALL (612)643-2100

minnesota department of health
717 s.e. delaware st. p.o. box 9441 minneapolis 55440
(612) 623-5000

May 8, 1991

The Honorable Wayne Simoneau, Chair
Appropriations Committee
House of Representatives
Room 365
State Office Building
St. Paul, Minnesota 55155

Dear Representative Simoneau:

Minnesota Statutes, section 16A.128, requires the Department of Health to submit to your office rules and the Notice of Intent to Adopt Rules that establish fees.

The Department of Health is now proposing rules governing fees for the registration of home care providers, Minnesota Rules, chapter 4667, under authority of Minnesota Statutes, §144A.49. Enclosed is the proposed rule and rulemaking notice.

The Department of Health will publish the Notice in the *State Register* on May 28.

If you have any questions, please contact David Siegel at 643-2159.

Sincerely,

Mary Jo O'Brien

Mary Jo O'Brien
Acting Commissioner

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Enclosure

Department of Health

Adopted Permanent Rules Relating to Registration Fee for Home Care Providers

Rules as Adopted

4667.0005 AUTHORITY.

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

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,

Approved by Revisor

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 the effective date of this chapter.

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

4667.0015 REGISTRATION FEE.

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

4667.0020 PROCEDURE FOR REGISTRATION FEE.

Subpart 1. **Billing of existing registrants.** After the effective date of this chapter, 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,

Approved
by Revisor _____

section 144A.49.

Subp. 3. **New providers.** A provider who registers on or after the effective date of this chapter 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.** The commissioner may 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.

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.

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

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by Revisor _____

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;

(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; **and**

(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.

Approved
by Revisor _____

minnesota department of health
717 s.e. delaware st. p.o. box 9441 minneapolis 55440
(612) 623-5000

May 8, 1991

The Honorable Gene Merriam, Chair
Finance Committee
Minnesota Senate
Room 121
State Capitol Building
St. Paul, Minnesota 55155

Dear Senator Merriam:

Minnesota Statutes, section 16A.128, requires the Department of Health to submit to your office rules and the Notice of Intent to Adopt Rules that establish fees.

The Department of Health is now proposing rules governing fees for the registration of home care providers, Minnesota Rules, chapter 4667, under authority of Minnesota Statutes, §144A.49. Enclosed is the proposed rule and rulemaking notice.

The Department of Health will publish the Notice in the *State Register* on May 28.

If you have any questions, please contact David Siegel at 643-2159.

Sincerely,

Mary Jo O'Brien
Acting Commissioner

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Enclosure

F. The vendor's obligation to collect fees ends when the client is discharged.

G. The department shall bill the client for any fee not paid to the vendor according to this part, based on information supplied by the vendor.

REPEALER. Minnesota Rules, part 9530.6650, subpart 3, is repealed for the duration of these emergency rules.

EFFECT OF EMERGENCY AMENDMENTS AND REPEALER. After the emergency amendments to Minnesota Rules, parts 9530.6605, 9530.6625, 9530.6630, 9530.6640, 9530.6650, and 9530.7000 expire, the permanent rules as they read prior to those amendments shall again be in effect, except as may be amended by permanent rule. In addition, the repeal of Minnesota Rules, part 9530.6650, subpart 3 is effective until these emergency amendments expire. After the emergency amendments expire, Minnesota Rules, part 9530.6650, subpart 3 shall be revived, except as may be amended by permanent rule.

Official Notices

Pursuant to the provisions of Minnesota Statutes §14.10, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

Health Care Access Commission

Notice of Meeting

The next meeting of the Minnesota Health Care Access Commission will be Thursday, September 13, 1990, from 1:00 to 5:00 p.m. at the Sabathani Community Center, 310 E. 38th St. in Minneapolis.

Please call the Health Care Access Commission office, 297-5980, for further information.

Department of Health

Health Resources Division

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing Home Care Registration Fees

NOTICE IS HEREBY GIVEN that the State Department of Health is seeking information or opinions from sources outside the agency in preparing to propose the adoption of a rule governing registration fees for home care and hospice providers. The adoption of the rule is authorized by *Minnesota Statutes,* section 144A.49, which requires the agency to collect a fee from home care providers that register with the Department.

The State Department of Health requests information and opinions concerning the subject matter of the proposed rule. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to: David Siegel, Minnesota Department of Health, 393 N. Dunlap Street, P.O. Box 64900, St. Paul, MN 55164-0900. Oral statements will be received during regular business hours over the telephone at (612) 643-2159 and in person at the above address.

All statements of information and opinions will be accepted until further notice is published in the *State Register* or the Notice of Hearing or Notice of Intent to Adopt Rules Without a Hearing is published in the *State Register.* Any written material received by the State Department of Health will become part of the rulemaking record to be submitted to the attorney general or administrative law judge in the event that the rule is adopted.

David Siegel

STATE OF MINNESOTA
DEPARTMENT OF HEALTH

In the Matter of the Proposed Adoption of Rules of the Department of Health Governing Fees for the Registration of Home Care Providers, Minnesota Rules, chapter 4667

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING, NOTICE OF INTENT TO ADOPT A RULE WITH A PUBLIC HEARING IF TWENTY-FIVE OR MORE PERSONS REQUEST A HEARING, AND NOTICE OF INTENT TO CANCEL HEARING IF FEWER THAN 25 PERSONS REQUEST A HEARING

Explanation of Alternative Notices

The Department of Health (hereinafter "Department") hereby gives notice of its intent to adopt rules without a public hearing under the procedures of Minnesota Statutes, sections 14.22 to 14.28. However, if 25 or more persons request a hearing, a hearing must be held under Minnesota Statutes, section 14.25. To expedite the rulemaking process should a hearing be required, the Department also is giving notice of the hearing on the proposed rule pursuant to Minnesota Statutes, sections 14.131 to 14.20. The hearing will be cancelled if 25 or more people do not request that one be held. Also, the hearing will be cancelled if a sufficient number of people withdraw their requests for a hearing in response to proposed revisions of the proposed rules. Because the comment period closes on June 27, 1991, interested persons may call the Department after June 27, 1991, to ask whether the hearing will held as scheduled on July 9, 1991.

Notice of Intent to Adopt Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Department of Health proposes to adopt the above-captioned rule without a public hearing following the procedures set forth in Minnesota Statutes, section 14.22 to 14.28. The specific authority to adopt the rule is Minnesota Statutes, section 144A.49. The text of the proposed rule follows this Notice.

Persons interested in this rule have 30 days from the date this notice is published in the State Register in which comment in support of or in opposition to the proposed rule. The 30 days will expire on June 27, 1991. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their requests in writing. Any person requesting a public hearing should state his or her name, address, and telephone number, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the Department will proceed pursuant to Minnesota Statutes, section 14.131 to 14.20.

PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON JULY 9, 1991, UNLESS A SUFFICIENT NUMBER WITHDRAW THEIR REQUEST, IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING PROVIDED BELOW. To verify whether a hearing will be held, please call the Department of Health between June 28 and July 8, 1991, at (612)643-2100.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or request to:

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (612)643-2159

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on June 27, 1991.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

A free copy of this rule is available upon request from:

Elise Paulsen
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900
(612)643-2100

The proposed rule establishes a schedule of fees for the registration of home care providers. The fee will be assessed one time only for the entire period of registration. For most providers, the fees are based on revenues derived from home care services in Minnesota, subject to a minimum and maximum. The rule will affect all home care providers that are currently registered or that will register before the implementation of licensure.

(12) A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from Elise Paulsen at the above address.

(13) The adoption of these rules will not result in the expenditure of public monies by local public bodies spending in excess of $100,000 in either of the first two years following the rule's adoption, nor affect agricultural land.

(14) It is the position of the Department that this proposed rule is not subject to Minnesota Statutes, section 14.115 regarding small business considerations in rulemaking. The basis for this position, and the Department's evaluation of the rule under section 14.115, should it be determined that the proposed rule is governed by section 14.115, are addressed in the statement of need and reasonableness.

The proposed rule will have an impact on those small businesses, as defined in Minnesota Statutes, section 14.115, that provide home care services. Small businesses are encouraged to comment and participate in the hearing, if necessary.

(15) As required by Minnesota Statutes, section 16A.128, subdivision 2a, a copy of this Notice and the proposed rules have been submitted to the Chairs of the House Appropriations Committee and Senate Finance Committee prior to publication of this Notice.

(9) If no hearing is required, the rule and the required supporting documents will be delivered to the Attorney General for review as to form and legality. Persons who wish to be advised of the submission of this material to the Attorney General or who wish to receive a copy of the adopted rule, should submit a written request to Elise Paulsen at the above address.

Notice of Intent to Adopt Rules with a Public Hearing if 25 or More Persons Request a Hearing

PLEASE NOTE that if 25 or more persons submit written requests for a public hearing with respect to the above-captioned rule within the 30-day comment period pursuant to the notice given above, a hearing will be held on July 9, 1991, in accordance with the following notice of public hearing.

NOTICE IS HEREBY GIVEN that a public hearing on the above-captioned matter will be held pursuant to Minnesota Statutes, sections 14.131 to 14.20, in the Chesley Room, First Floor, Minnesota Department of Health Building, 717 Delaware Street SE, Minneapolis, Minnesota, on July 9, 1991, commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process. The text of the proposed rule follows this Notice.

PLEASE NOTE THAT THE HEARING WILL BE CANCELED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING WITHIN THE 30 DAY COMMENT PERIOD.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Jon L. Lunde, Administrative Law Judge, Office of Administrative Hearings, 500 Flour Exchange Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415; telephone (612)341-7645, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period will be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. Any written material or responses submitted must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the final day. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in Minnesota Statutes, sections 14.15 and 14.50. The rule hearing is governed by Minnesota Statutes, sections 14.14 to 14.20 and by Minnesota Rules, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, section 144A.49. Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

A free copy of this rule is available upon request from:

Elise Paulsen
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900
(612)643-2100

Additional copies will be available at the hearing. If you have any questions on the content of the rule contact:

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (612)643-2159

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

The proposed rule establishes a schedule of fees for the registration of home care providers. The fee will be assessed one time only for the entire period of registration. For most providers, the fees are based on revenues derived from home care services in Minnesota, subject to a minimum and maximum. The rule will affect all home care providers that are currently registered or that will register before the implementation of licensure.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

It is the position of the Department that this proposed rule is not subject to Minnesota Statutes, section 14.115 regarding small business considerations in rulemaking. The basis for this position, and the Department's evaluation of the rule under section 14.115, should it be determined that the proposed rule is governed by section 14.115, are addressed in the statement of need and reasonableness.

The proposed rule will have an impact on those small businesses, as defined in Minnesota Statutes, section 14.115, that provide home care services. Small businesses are encouraged to comment and participate in the hearing, if necessary.

The adoption of these rules will not result in the expenditure of public monies by local public bodies spending in excess of $100,000 in either of the first two years following the rule's adoption, nor affect agricultural land.

Minnesota Statutes, chapter 10A, requires each lobbyist to register with the State Ethical Practices Board. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612)296-5148.

As required by Minnesota Statutes, section 16A.128, subdivision 2a, a copy of this Notice and the proposed rules have been submitted to the Chairs of the House Appropriations Committee and Senate Finance Committee prior to publication of this Notice.

Mary Jo O'Brien
Acting Commissioner of Health

MINNESOTA DEPARTMENT OF HEALTH

FISCAL NOTE

HOME CARE PROVIDER REGISTRATION FEES
Minnesota Rules, chapter 4667

BACKGROUND AND LEGAL AUTHORITY

Minnesota Statutes, sections 144A.43 to 144A.48, establishes a system of licensure for home care providers, including hospice programs, to be administered by the Department of Health. Section 144A.49 provides temporary procedures pending promulgation of licensing rules. Among those procedures is a requirement for the registration of providers and assessment of a registration fee. To establish the one time fee, Minnesota Rules, chapter 4667, is proposed under the authority of Minnesota Statutes, sections 144A.49 and 144.122.

EFFECTS ON STATE AND LOCAL SPENDING

Included among those providers subject to home care licensure are county public health agencies, county social service agencies that provide home care services, and a few other governmental units, such as cities and hospital districts.

66 county public health agencies and 16 social service agencies are currently registered. Each county will pay a single fee based on its total revenues derived from the provision of home care services.

The total local governmental registrants are as follows:

Number and type of provider	Average Fee	Total
68 public health agencies 17 social service agencies 2 other county agencies	$796	$69,250
16 city agencies	531	8,500
1 other (municipal)	500	500
Total		$78,250

3/28, 1991

Mary Jo O'Brien
Acting Commissioner of Health

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

RECEIVED
'91 MAY 30 AM 8:42
ADMINISTRATIVE
HEARINGS

In the Matter of the Proposed Adoption of Rules of the Minnesota Department of Health Governing Fees for the Registration of Home Care Providers, Minnesota Rules, Chapter 4667

AFFIDAVIT OF MAILING THE NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING AND NOTICE OF HEARING, AND CERTIFICATE OF MAILING LIST

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Elise Paulsen, being sworn, states:

I certify that the list of persons and associations who, pursuant to Minnesota Statutes, sections 14.14, subdivision 1a and 14.22 or 14.30, have requested that their names be placed on the State Department of Health rulemaking mailing list, is accurate, complete, and current as of this 20th day of May 1991.

That on the 20th day of May, 1991, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice of Intent to Adopt a Rule Without a Public Hearing, Notice of Intent to Adopt a Rule With a Public Hearing if Twenty-Five or More Persons Request a Hearing, and Notice of Intent to Cancel Hearing if Fewer than Twenty-Five Persons Request a Hearing, by depositing in the State of Minnesota Central Mail System for United States mailing, a copy thereof, with postage prepaid, to all persons and associations on the aforementioned mailing list.

E. Elise Paulsen

Subscribed and sworn to before me
this 30th day of May, 1991.

DAVID L. SIEGEL
NOTARY PUBLIC—MINNESOTA
RAMSEY COUNTY
My Commission Expires APR 28 1997



STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

RECEIVED
91 MAY 30 AM 8:42
ADMINISTRATIVE
HEARINGS

In the Matter of the Proposed Adoption of Rules of the Minnesota Department of Health Governing Fees for the Registration of Home Care Providers, Minnesota Rules, Chapter 4667

AFFIDAVIT OF ADDITIONAL MAILING

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Elise Paulsen, being sworn, states:

That on the 30th day of May, 1991, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed copies of the attached Notice of Intent to Adopt a Rule Without a Public Hearing, Notice of Intent to Adopt a Rule With a Public Hearing if Twenty-Five or More Persons Request a Hearing, and Notice of Intent to Cancel Hearing if Fewer than Twenty-Five Persons Request a Hearing, by depositing in the State of Minnesota Central Mail System for United States mailing or inter-departmental mailing, a copy thereof, with postage prepaid to the following parties:

- Persons and organizations who have registered with the Department as home care providers

- Persons and organizations who have requested to be sent information on home care regulation

E. Elise Paulsen

Subscribed and sworn to before me
this 30th day of May, 1991.

David L. Siegel

DAVID L. SIEGEL
NOTARY PUBLIC—MINNESOTA
RAMSEY COUNTY
My Commission Expires APR 28, 1997

Proposed Rules

Pursuant to Minn. Stat. §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Department of Health

Proposed Permanent Rules Relating to Registration Fee for Home Care Providers

Notice of Intent to Adopt a Rule Without a Public Hearing, Notice of Intent to Adopt a Rule With a Public Hearing if Twenty-Five or More Persons Request a Hearing, and Notice of Intent to Cancel Hearing if Fewer than 25 Persons Request a Hearing

Explanation of Alternative Notices

The Department of Health (hereinafter "Department") hereby gives notice of its intent to adopt rules without a public hearing under the procedures of *Minnesota Statutes*, sections 14.22 to 14.28. However, if 25 or more persons request a hearing, a hearing must be held under *Minnesota Statutes*, section 14.25. To expedite the rulemaking process should a hearing be required, the Department also is giving notice of the hearing on the proposed rule pursuant to *Minnesota Statutes*, sections 14.131 to 14.20. The hearing will be cancelled if 25 or more people do not request that one be held. Also, the hearing will be cancelled if a sufficient number of people withdraw their requests for a hearing in response to proposed revisions of the proposed rules. Because the comment period closes on June 27, 1991, interested persons may call the Department after June 27, 1991, to ask whether the hearing will be held as scheduled on July 9, 1991.

Notice of Intent to Adopt Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Department of Health proposes to adopt the above-captioned rule without a public hearing following the procedures set forth in *Minnesota Statutes*, section 14.22 to 14.28. The specific authority to adopt the rule is *Minnesota Statutes*, section 144A.49. The text of the proposed rule follows this Notice.

Persons interested in this rule have 30 days from the date this notice is published in the *State Register* in which to comment in support of or in opposition to the proposed rule. The 30 days will expire on June 27, 1991. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their requests in writing. Any person requesting a public hearing should state his or her name, address, and telephone number, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the Department will proceed pursuant to *Minnesota Statutes*, section 14.131 to 14.20.

PLEASE NOTE that if twenty-five or more persons submit written requests for a public hearing within the 30-day comment period, a hearing will be held on July 9, 1991, unless a sufficient number withdraw their request, in accordance with the notice of public hearing provided below. To verify whether a hearing will be held, please call the Department of Health between June 28 and July 8, 1991, at (612) 643-2100.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or request to:

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street

P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (612) 643-2159

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on June 27, 1991.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

A free copy of this rule is available upon request from:

Elise Paulsen
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900
(612) 643-2100

The proposed rule establishes a schedule of fees for the registration of home care providers. The fee will be assessed one time only for the entire period of registration. For most providers, the fees are based on revenues derived from home care services in Minnesota, subject to a minimum and maximum. The rule will affect all home care providers that are currently registered or that will register before the implementation of licensure.

A STATEMENT OF NEED AND REASONABLENESS that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from Elise Paulsen at the above address.

The adoption of these rules will not result in the expenditure of public monies by local public bodies spending in excess of $100,000 in either of the first two years following the rule's adoption, nor affect agricultural land.

It is the position of the Department that this proposed rule is not subject to *Minnesota Statutes*, section 14.115 regarding small business considerations in rulemaking. The basis for this position, and the Department's evaluation of the rule under section 14.115, should it be determined that the proposed rule is governed by section 14.115, are addressed in the statement of need and reasonableness.

The proposed rule will have an impact on those small businesses, as defined in *Minnesota Statutes*, section 14.115, that provide home care services. Small businesses are encouraged to comment and participate in the hearing, if necessary.

As required by *Minnesota Statutes*, section 16A.128, subdivision 2a, a copy of this Notice and the proposed rules have been submitted to the Chairs of the House Appropriations Committee and Senate Finance Committee prior to publication of this Notice.

If no hearing is required, the rule and the required supporting documents will be delivered to the Attorney General for review as to form and legality. Persons who wish to be advised of the submission of this material to the Attorney General or who wish to receive a copy of the adopted rule, should submit a written request to Elise Paulsen at the above address.

Notice of Intent to Adopt Rules With a Public Hearing if 25 or More Persons Request a Hearing

PLEASE NOTE that if 25 or more persons submit written requests for a public hearing with respect to the above-captioned rule within the 30-day comment period pursuant to the notice given above, a hearing will be held on July 9, 1991, in accordance with the following notice of public hearing.

NOTICE IS HEREBY GIVEN that a public hearing on the above-captioned matter will be held pursuant to *Minnesota Statutes*, sections 14.131 to 14.20, in the Chesley Room, First Floor, Minnesota Department of Health Building, 717 Delaware Street SE, Minneapolis, Minnesota, on July 9, 1991, commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process. The text of the proposed rule follows this Notice.

PLEASE NOTE that the hearing will be cancelled if fewer than twenty-five persons request a hearing within the 30 day comment period.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Jon L. Lunde, Administrative Law Judge, Office of Administrative Hearings, 500 Flour Exchange Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415; telephone (612) 341-7645, either before the

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

hearing or within five working days after the public hearing ends. The Administrative Law Judge may order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period will be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. Any written material or responses submitted must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the final day. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in *Minnesota Statutes*, sections 14.15 and 14.50. The rule hearing is governed by *Minnesota Statutes*, sections 14.14 to 14.20 and by *Minnesota Rules*, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

The agency's authority to adopt the proposed rules is contained in *Minnesota Statutes*, section 144A.49. Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11.

A free copy of this rule is available upon request from:

Elise Paulsen
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900
(612) 643-2100

Additional copies will be available at the hearing. If you have any questions on the content of the rule contact:

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (612) 643-2159

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

The proposed rule establishes a schedule of fees for the registration of home care providers. The fee will be assessed one time only for the entire period of registration. For most providers, the fees are based on revenues derived from home care services in Minnesota, subject to a minimum and maximum. The rule will affect all home care providers that are currently registered or that will register before the implementation of licensure.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

It is the position of the Department that this proposed rule is not subject to *Minnesota Statutes*, section 14.115 regarding small business considerations in rulemaking. The basis for this position, and the Department's evaluation of the rule under section 14.115, should it be determined that the proposed rule is governed by section 14.115, are addressed in the statement of need and reasonableness.

The proposed rule will have an impact on those small businesses, as defined in *Minnesota Statutes*, section 14.115, that provide home care services. Small businesses are encouraged to comment and participate in the hearing, if necessary.

The adoption of these rules will not result in the expenditure of public monies by local public bodies spending in excess of $100,000 in either of the first two years following the rule's adoption, nor affect agricultural land.

Minnesota Statutes, chapter 10A, requires each lobbyist to register with the State Ethical Practices Board. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

As required by *Minnesota Statutes*, section 16A.128, subdivision 2a, a copy of this Notice and the proposed rules have been submitted to the Chairs of the House Appropriations Committee and Senate Finance Committee prior to publication of this Notice.

Mary Jo O'Brien
Acting Commissioner of Health

Rules as Proposed (all new material)

4667.0005 AUTHORITY.

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

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.** "Annual revenues" means one-third of the total revenues derived from the provision of home care services during the period July 1, 1987 to June 30, 1990.

Subp. 3. **Class A provider.** "Class A provider" means a home care provider, other than an individual, 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 the effective date of this chapter.

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

4667.0015 REGISTRATION FEE.

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

4667.0020 PROCEDURE FOR REGISTRATION FEE.

Subpart 1. **Billing of existing registrants.** After the effective date of this chapter, 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 the effective date of this chapter 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.** The commissioner may 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.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

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.

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;

(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; and

(13) 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.

Department of Revenue

Proposed Permanent Rules Relating to Annual Withholding Return

Notice of Intent to Adopt a Rule Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Minnesota Department of Revenue intends to adopt the above-entitled rule without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes*, sections 14.22 to 14.28. The statutory authority to adopt the rule is *Minnesota Statutes* section 270.06, subdivision 13 (1990).

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to *Minnesota Statutes*, section 14.131 to 14.20 (1990).

Comments or written requests for a public hearing must be submitted to:

Fran Gerten, Attorney
Appeals and Legal Services Division
10 River Park Plaza
Mail Station 2220
St. Paul, MN 55146-2220
(612) 296-1902 Extension 117

Please note:
Linda ✓
Mike ✓
Tracy - MB ✓

MINNESOTA
HOMECARE
ASSOCIATION
1711 West County Road B, Suite 300 N, St. Paul, MN 55113
612/ 635-0607

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91 MAY 30 AM 8:42
ADMINISTRATIVE
HEARINGS

RECEIVED
OCT 3 - 1990
Health Resour
Division Manager

September 28, 1990

Mr. David Siegel
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900

Dear Mr. Siegel:

In response to your request in the September 10 State Register for opinions on the home care registration fee, the Minnesota HomeCare Association (MHCA) submits the following viewpoints:

First, the Minnesota Department of Health must ensure that an exhaustive effort is made to clearly define, and then inform, locate and register providers subject to home care licensure. Providers allowed to remain unregistered affect the dollar amount that all those who have voluntarily registered will pay. Home care agencies as a group have significant expenses against revenues and the majority operate at a loss or break-even level. It is inappropriate to collect any higher fees than necessary when any overage would subsidize the general fund.

Second, the registration fees for Classes A, B and D ought to be based on annual revenue. Specifically:

- Revenue should be defined as "gross patient services revenue from home care" and the fee should be based on FY 1989 revenue (most recent, complete fiscal year). Revenue figures should be those generated from Minnesota clientele.

- A minimum and maximum fee should be set. A set minimum is reasonable because registering any entity requires regulatory costs and this sets a fee for new agencies with no revenue history. A set maximum is reasonable because a single large entity does not necessarily require additional regulatory costs totally proportional to revenues. Given the $305,000 total which is to be recovered, MHCA suggests, for the purposes of the one-time registration fee, a minimum of $450 and a maximum of $1450.

- Class C providers should pay a fee that covers the cost of direct administration. A separate sliding scale should be developed for Class C based on income from home care services, with a minimum and maximum less than that for Classes A/B/D. Additionally any small Class A/B/D providers with revenues within the ranges established for the Class C scale should pay the same fee as a Class C provider.

Thank you for the opportunity to comment on this matter. Please call if you have questions or if the association can be of further assistance.

Sincerely,

Debra Kildahl

Debra Kildahl
Executive Director

Minnesota Association of Homes for the Aging
2221 University Avenue SE Suite 425 • Minneapolis, Minnesota 55414 • 612/331-5571

RECEIVED
91 MAY 30 AM 8:42
ADMINISTRATIVE HEARINGS

RECEIVED
DEC 5 - 1990
Health Resources
Division Management

November 29, 1990

Mr. David Siegel
Minnesota Department of Health
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

Dear Mr. Siegel:

In response to your request in the September 10 State Register for opinions on registration fees for home care providers, the Minnesota Association of Homes for the Aging has the following comments and recommendations:

Registration fees for all home care providers, except Class E providers, should be based on gross annual revenue from home care services, using revenue figures from the most recent fiscal year.

A minimum and maximum fee should be set. A set minimum fee is reasonable because registering any entity requires a minimum amount of regulatory costs. In addition, this provides a basis for a fee for a new provider without any revenue history. A set maximum fee is reasonable because at some point the costs of regulating a large agency do not continue to increase proportional to revenue.

A separate sliding scale fee schedule should be developed for Class C providers, as well as for providers in the other classes whose home care revenues are comparable to a Class C provider. This fee schedule should have lower minimum and maximum fees than for the other types of providers. However, the $15 Class C registration fee proposed last summer is too low, because it clearly would not cover any significant portion of even the basic paperwork costs of registration. Our members have noted that since the Class C providers are not currently regulated and since they were a major concern of advocates for the home care law, the Department of Health should make a concerted effort to identify and register these individual providers. By expanding the number of providers who are registered, the fees needed by MDH to offset expenses associated with home care regulation can be kept at a reasonable level.

Although it would be ideal to base fees for Class E providers on gross revenue from home care services, it is currently difficult or impossible to do so for several reasons. First, audits and financial reports for these providers generally do not distinguish revenue for home care services from revenue from other services that the provider offers. Secondly, until rules are promulgated to define which assisted living services are

considered to be home care services, it will be impossible to separately identify revenues from home care services for these providers. At the time that licensure fees are put in place, these problems may be able to be addressed. However, for purposes of the registration fee, we recommend use of a flat fee for Class E providers. In our discussions with members providing assisted living services, we heard no serious objections to the $650 fee proposed last summer.

One other major concern relates to providers whose services fall into more than one class, i.e., professional home health care services and assisted living or hospice. Such providers should not have to pay multiple fees in order to be registered, and later, in order to be licensed. Regulatory costs associated with such providers will relate more to their revenue from home care services than to the classification of their various services under the home care rule. Several providers offering more than one "class" of services have indicated that MDH staff have advised them that they would only be required to pay one annual fee. We request that this clarification be included in the registration fee rule. We suggest that such providers pay the single highest registration fee applicable to their services.

These comments reflect MAHA's concerns and views stated in our July 31 and August 20 letters to Administrative Law Judge Howard Kaibel, Jr. If you have questions regarding MAHA's recommendations on the home care registration fees, please contact us at MAHA.

Sincerely,

Darrell Shreve

Darrell Shreve
Director of Research and Regulation

Mary Youle

Mary Youle
Director of Housing Services

NORTH HOSPICE

RECEIVED
91 MAY 30 AM 8:42
ADMINISTRATIVE HEARINGS

RECEIVED
OCT 18 1990
Health Resources
Division Management

October 11, 1990

Dave Seigal
Minnesota Department of Health
Health Resources Division
393 North Dunlap Street, PO Box 64900
St. Paul, MN 55164-0900

Dear Dave:

Your efforts to fairly distribute the costs of registration by considering revenues are appreciated. On behalf of the Minnesota Hospice Organization, I need to express the opinion of the Medicare-certified hospices that the revenue-based formula is potentially burdensome for us. As you know, we are reimbursed on a per diem basis, but have tremendous responsibility for pharmaceuticals, supplies, durable medical equipment, social work and chaplaincy care. Most would agree that operating a hospice is less profitable than home health. My colleagues suggest a per patient levy that would apply to hospice programs. We realize that there is no totally equitable formula for calculating these fees.

I appreciate your consideration of our concern.

Sincerely,

Connie Holden

Connie Holden, RN, MSN
Hospice Program Manager
Minnesota Hospice Organization, President

CH/aw

February 12, 1991

RECEIVED
FEB 15 1991
Health Resources
Division Management

RECEIVED
91 MAY 30 AM 8:42

David L. Siegel
Minnesota Department of Health
393 North Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

SAINT CLOUD HOSPITAL
HOME CARE SERVICES
3700 WEST DIVISION STREET
ST. CLOUD, MINNESOTA 56301
(612) 259-9375

Dear Dave:

The board of MHO met on 2-8-91 at which time we discussed the case scenarios that you sent regarding the registration fee. We felt that the $4000 maximum example was probably the most fair as it had the largest spread between minimum and maximum. We however are concerned with the minimum fee. We believe that it should be tapered down further to be more fair to the smaller programs. As many small Hospices depend on donations as their revenue, these small rural programs are going to be hard hit with a minimum fee of $450.00. Their budgets are very limited and many of them are not billing for their visits; this differs greatly from Home Care agencies. We ask you to consider a review of the minimum fee in view of the Hospice Programs unique situation.

Thank you for your time.

Sincerely,

Sue Weisbrich

Susan Weisbrich, RN,BSN
Legislative Chairperson, MHO

Waseca Area Hospice

RECEIVED
JUN 26 1991
Health Resources
Division Management

June 24, 1991

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P. O. Box 64900
St. Paul, MN 55164-0900

RE: In the Matter of the Proposed Adoption of Rules Regarding Fees for the Registration of Home Care Providers

Dear Mr. Siegel:

This letter is to request a public hearing regarding the establishment of fees for the temporary registration of home care providers, as authorized by Minnesota Statutes, Section 144A.49.

Specifically, we would like to address Fee Schedules 4667.0030, A (13) for Class D providers with annual revenues no more than $25,000, a fee of $250.00.

As I read the proposed rules, if a small, rural, coalition hospice has income of less than $25,000, the fee will be $250.00. For incomes between $25,000 and $250,000, the fee is $500.00.

Many small hospices, such as the Waseca Area Hospice, Inc. have annual revenues around $30,000, and the jump to $500.00 would be a hardship. I also note that the definition of "annual revenue" means revenues derived from the provision of home care services. I think you will find that all hospice programs provide more than home care services, such as education for the general public, grief support groups to members of the community and school programs.

We would like to request that the annual revenue for class D providers (paragraph 13) be raised to $100,000 with a fee of $250.00.

Sincerely,

Linda Grant

Linda Grant,
Hospice Director

Waseca Area Hospice, Inc. / P.O. Box 94 / Waseca, MN 56093 / 507-835-1210 Extension 66

Printed on recycled paper



Faribault County Area Hospice

515 South Moore Street
Blue Earth, Minnesota 56013
(507) 526-3273

June 21, 1991

RECEIVED
JUN 26 1991
Health Resources
Division Management

Mr. David L. Siegel
Minnesota Department of Health
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164

Dear Mr. Siegel,

The purpose of this letter is to request a hearing in the matter of the one-time registration fee for Class D. Providers as outlined in Section 4667.0030 A 13. As a rural coalition hospice provider struggling to raise funds to keep the program afloat, it would seem the annual revenue "cap" on this fee should be placed at a higher level than $25,000.00.

Sincerely,

Janet L. Johansen

Janet L. Johansen,
Director

Winona Area Hospice Coalition, Inc.

P.O. Box 671
Winona, Minnesota 55987-0671
(507) 457-4461

June 24, 1991

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P. O. Box 64900
St. Paul, MN 55164-0900

RECEIVED
JUN 26 1991
Health Resources
Division Management

Dear Dave:

I'm writing to request that a public hearing be held on July 9, 1991 regarding the matter of the proposed rule which establishes a schedule of fees for the registration of homecare and hospice providers.

I feel that the proposed fee scale is penalizing for small non-profit hospice programs who charge no fees for their services and rely solely on donations for financial support.

I would recommend that line 11, page 4 be changed to read, "no more than $100,000, a fee of $250."

Thank you,

Sincerely,

Judi Beardsley

Judi Beardsley, RN BSN Director

JB/aff

Red Wing
Hospice

RECEIVED
JUN 2 8 1991
Health Resources
Division Management

June 25, 1991

David Siegel
Minnesota Department of Health
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

Dear Mr. Siegel:

I wish to make a request for a public hearing regarding Registration Fee's for Home Care Providers, 4667.0030 Fee Schedule, (12).

Because the definition of "annual revenues" refers to the the dates stated, this Hospice would be required to pay a fee of $500. An amount of money was donated to RW Hospice in 1987 which was a one-time donation. Because of this, we would be classified under (12). With our current budget and because this donation is not ongoing, a $500 fee would be very difficult.

Please consider this request. Your support is appreciated!

Sincerely,

Peggy Wolner

Peggy Wolner
Hospice Director
434 W 4th
Red Wing, MN 55066

Crossroads Community Hospice
404 Fountain Street, Albert Lea, Minnesota 56007 507/373-2384

June 21, 1991

RECEIVED
JUN 25 1991
Health Resources
Division Management

MINNESOTA DEPARTMENT OF HEALTH
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

Attention: David Segal

Dear Mr. Segal:

This is a request for a hearing regarding establishment of fees for temporary registration of Home Health agencies authorized by Minnesota statute section 144A.49, specifically for Class D providers with an annual revenue of less than $25,000 per year. We feel the $25,000 limit should be raised to $100,000 with a registration fee of $250.

We are a small struggling rural Minnesota hospice and feel $500 would stress our budget. We serve approximately 25-30 patients/families per year and are supported by the community with donations. Any licensing fee takes monies away from our mission of providing free, compassionate support to our clients.

Thank you for your consideration in this matter.

Sincerely,

Mary Ann Bowman

Mary Ann Bowman, R.N., Coordinator
CROSSROADS COMMUNITY HOSPICE

MAB:ph



LONG PRAIRIE MEMORIAL HOSPICE
20 Ninth Street S.E.
Long Prairie, Minnesota 56347

Telephone (612) 732-2141
Extension # 216

RECEIVED
JUN 24 1991
Health Resources
Division Management

Dear Mr. Siegel,

I am requesting a hearing for the Rules + fees attached for Hospice programs. We are a small hospice providing care for ≤ 25 persons per year. We are losing approximately 7-10 thousand dollars a year already + to have to pay the state another $1,000.00 a year is an outrage! We are Medicare certified + so obviously are providing quality care. We are NOT supported by a Home Care program as we are only Hospice. I will be looking forward to sharing my concerns on July 9th. - there needs to be a location notification however as I have NOT come across it.

Thank you,

Sandra C Nelson RN BSN PHN
Long Prairie Memorial Hospice Director



Faribault Area Hospice, Inc.

631 S.E. First Street • Faribault, MN 55021

Phone: 507-334-6451

RECEIVED

JUN 24 1991

Health Resources
Division Management

to: David Siegel

From: Susan Shawler, Faribault Area Hospice Director

Date: 6-20-91

RE: REQUEST for Public Hearing Regarding opposition to the proposed adoption of the Rules of the Dept. of Health Governing Fees for the Registration of Home Care Providers, Minnesota Rules, chapter 4667.

I am concerned about the large gap between providers with annual revenues of no more than $250,000 and those with annual revenues of no more than $25,000. I believe there should be provision for those providers who fall somewhere in between.

Therefore, I am requesting a public hearing. I understand if 25 or more persons request a hearing it will be held on July 9, 1991.

Thank you.

Susan Shawler

Nobles Community Hospice, Inc.

1018 Sixth Avenue • Worthington, Minnesota 56187

507/372-2941 Ext. 329
507/372-8256

June 11, 1991

RECEIVED

JUN 18 1991

Health Resources
Division Management

David Siegel
Minnesota Department of Health
393 N. Dunlap St.
St. Paul, MN 55164-0900

Dear Sir:

A REQUEST FOR PUBLIC HEARING

4667.0030 Fee Schedule

Class D Providers
#10 (13) for Class D providers with annual revenues no more than $25,000, a fee of $250.

On behalf of the Board of Directors of NOBLES COMMUNITY HOSPICE, INC., 1018 Sixth Avenue, Worthington, MN 56187.

Telephone 507 372-2941, Ext. 246
or 507 372-8256

Nobles Community Hospice, Inc. is an independent, community based hospice and the $250 fee seems excessive.

Yours truly,

Bonnie Frederickson

Bonnie Frederickson,
Chairman of the Board

North Country Hospice

751-5430, Ext. 270

1100 West 38th Street, Bemidji, MN 56601

RECEIVED

JUN 13 1991

Health Resources
Division Management

TO: David Siegel
MDH
Central Medical Bldg.
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

DATE: 6/9/91

FROM: Jesica Conrad, Director Jesica Conrad

RE: Request for Public Hearing re Fees for Registration of Home Care Providers

I wish to request a public hearing regarding the fee structure for Home Care Providers. My concerns are based on the following:

1) excessive cost for all programs, especially small ones.
2) a rider on the Omnibus bill exempts county, city, government providers from fees. It is unfair that the rest bear the burden.
3) annual licensure fees will be modeled after "one-time" registration costs.
4) while I appreciate "we are the government", it would seem we are paying additional tax dollars for what I perceive to be part of the Department of Health's mandate and within the context of a position description-writing regulations for proposed rules.

JC/ls

cc: Marg Wolters
Hospice of Healtheast
69 W. Exchange
St. Paul, MN 55102

METROPOLITAN CENTER FOR INDEPENDENT LIVING INC

RECEIVED
JUN 24 1991
Health Resources
Division Management

June 21, 1991

David Siegel
Minnesota Department of Health
Central Medical Building
393 No. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

Dear Mr. Siegel:

I hereby request that the public hearing be held on the Proposed Rules Governing Fees for the Registration of Home Care Providers.

Sincerely,

John D. Walsh
Executive Director

1619 Dayton Avenue • Suite 303 • Saint Paul, Minnesota 55104-6206 • (612) 646-8342 Voice/TDD 642-2507 FAX

An Equal Opportunity Employer

HOUSTON COUNTY
Public Health Nursing Service
Court House
CALEDONIA, MINNESOTA, 55921
PHONE (507) 724-5211

June 11, 1991

RECEIVED
JUN 13 1991
Health Resources
Division Management

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

ATTENTION: Comments on Rules of the Department of Health Governing Fees for Registration Home Care Providers, MN Rules, Chapter 4667

Dear Mr. Siegel:

I am opposed to the schedule of fees for home care providers under the proposed Home Care Licensing Law.

The schedule imposes the heaviest burden of cost on the Medicare Certified Home Care Agencies when the original intent of the law was to set standards for non-certified care providers. This duplication of surveying is generating needless expense.

At the hearing in July, 1990, the Minnesota Home Care Association described a sliding fee schedule that would put my agency at $200-300. The judge supported this sliding fee schedule rather than $900 per agency. Now after many months, I read that we'd be at $750.

This amount is excessive. Our agency depends heavily on Medicare, Medical Assistance, Alternative Care Grant and county tax for home care costs. All are tax based. Now the Department of Health proposes billing us $750 for a survey that will be 90% (my rough estimate) duplicative of the Medicare certification survey. This tax expenditure is not reasonable or necessary. Refer to memo from Linda Sutherland, Director, Division of Health Resources, to Sister Mary Madonna Ashton dated October 1, 1990, regarding Medicare Certified Home Care Agencies and Ability to Satisfy State Home Care Licensing Law.

I also question the startup costs submitted by the Minnesota Department of Health, 1990, for Home Health Licensure. The furniture expense of $14,233 and equipment expense of $19,058 totals $33,281. These costs seem excessive to me. What furniture and equipment would cost that much for three staff people? These expenses plus personnel time totaled $305,329.

Realistic implementation has not been addressed publicly to my knowledge.
How will the Minnesota Department of Health with offices in Minneapolis be able to stay in touch with local individual providers? The county nursing agencies could be of assistance in enrollment and giving information to these individual providers and then be excused of the fees for survey.

The schedule should have Certified Medicare Home Care Agencies at a 90% reduction because only 10% are new regulations. Then only 10% of the new regulations should be reviewed by these new surveyors. The cost of home care is rising dramatically with each new requirement. Soon home care will not be an alternative to nursing home care because nursing home care will be less expensive.

I have cited several reasons that the Medicare Certified Home Care Agencies and/or county nursing agencies should be given substantial relief to this survey and fee schedule.

I feel that a public hearing is necessary to further examine this issue.

Sincerely,

Kathryn S. Lammers

Kathryn S. Lammers, RN, BSN
Director of Nursing

cc Minnesota Home Care Association
Representative Virgil Johnson
Senator Steve Morse
Jane Sheehan, Consultant, Minnesota Department of Health

Cass County Public Health Services

WALKER, MN 56484

OFFICE MEMORANDUM

RECEIVED

JUN 10 1991

Health Resources
Division Management

TO : David Siegel

FROM : Dorothy Opheim

DATE : 6-6-91

SUBJECT: Withdrawal of Request for Public Hearing

I would like to withdraw my request for a public hearing on the proposed rules on registration of home care providers.

Cass County Public Health Services
WALKER, MN 56484

OFFICE MEMORANDUM

RECEIVED
JUN 5 1991
Health Resources
Division Management

TO : David Siegel

FROM : Dorothy Spheim, Director

DATE : 6-3-91

SUBJECT: Written Request for a Public Hearing

I would like to request in writing that a public hearing be held on the proposed permanent rules relating to registration fee for home care providers. My major concern with the rules are with section 4667.0030 Fee Schedule. I realize that this would be a one time assessment, but I still feel the fee schedule is too high and would be a hardship to agencies who are already facing financial cutbacks.

CommonHealth Clinic
13961 North 60th Street
Stillwater, Minnesota 55082
(612) 430-1880

RECEIVED
JUN 4 1991
Health Resources
Division Management

David Siegel
Mn. Dept. of Health
Central Medical Building
393 N. Dunlap Street
PO Box 64900
St. Paul, MN. 55164-0900

Dear David;

I would like to request a public hearing concerning the proposed rules for fees for the registration of Home Care providers. I was active in the discussion last year concerning the proposed fees for registration. If I had believed the Health Dept. could have spent a year devising an even less desirable registration formula, I would have questioned our wisdom in spending our time and energy in trying to educate members of the staff.

The least desirable component of the proposed rules are simply this: in a challenging environment in which many home care programs cannot operate on diminishing revenue and federal standards compliance which increase the cost in administration of a program; why would the department choose an average of three years of revenue? Why doesn't the most recent fiscal year suffice? Our own agency has had previous to the last two years of operation a all time operational high. However, in the two years of operation during that time, we also closed at deficits.

I can't believe the State of Minnesota would benefit by the operation of several large, national chains providing all of the home care, but this proposed registration fee formula is a step in that direction. Come on already. Let's do something rationale and simple, we won't think the department staff aren't worth their salaries with proposing s simple

solution.

In closing, I would like to try again to discuss in open hearing the proposed rule. Maybe we can develop a result which will benefit all of us, small, non-profit as well as large for-profit.

Sincerely,

Mary Mitchell

Mary Mitchell
Executive Director
CommonHealth Home Care

COURAGE C E N T E R

May 29, 1991

RECEIVED
JUN 3 1991
Health Resources
Division Management

Mr. David Siegel
Minnesota Department of Health
Central Medical Building
393 North Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

Dear Mr. Siegel:

We are writing to request that a public hearing be held on the proposed rules pertaining to registration fees for home care providers.

We do not feel it is appropriate for the Department to begin collecting registration fees when licensure rules have still not been issued to clarify who will be required to be licensed and under what circumstances. It seems odd that, in the four years since home care licensure legislation was passed, the Department has only managed to issue rules regarding the registration fees that will go to reimburse their administrative costs for those four years. None of the provisions of this law that are designed to protect clients have been implemented.

Since Courage Center is already certified by the Department of Health, we have always expected to be exempted from final licensure rules. However, since that wasn't clear, we registered to be on the safe side. We feel we are now being penalized for taking that responsible posture, particularly since amendments passed in the 1991 legislative session make it even more likely that Medicare-certified agencies such as ours will be exempt from most of the licensure provisions.

We appreciate the new system of determining registration fees that has been developed by the Department. Basing registration fees on the volume of service is much fairer than the system previously proposed. However, we are still alarmed at the amount of the fees and do not see the relationship between the fees being charged and the efforts made by the State in protecting home care clients. We believe that the time and effort it took us to fill out and submit the registration application was at least equal to the time spent by the Department in processing and filing it. We would appreciate some clarification regarding what is being paid for by this fee.

Thank you for your consideration.

Sincerely,

Anita Boucher
Program Development Specialist
520-0533

3915 Golden Valley Road
Golden Valley, MN 55422
(612) 588-0811

Courage Center is a nonprofit United Way organization that provides rehabilitation, enrichment, independent living and educational services to empower people with physical disabilities and sensory impairments to achieve their full potential.

Equal Opportunity Provider
A United Way Agency



RECEIVED
MAY 2 1991
Health Resources
Division Management

RECEIVED
MAY 2 1991
Health Resources
Division Management

May 24, 1991

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap St.
P.O. Box 64900
St. Paul, MN. 55164-0900

RE: Fee schedule for Home Health Agencies

Dear Mr. Siegel,

I am writing in regard to the proposed fee schedule for small Home Health Care Agencies.

We are one of the smaller agencies. Last year we had gross revenues of $42,487. According to the schedule proposed, we would have to pay a fee of $500. This seems to be exorbitant considering our size and the fact that we are in the same category as agencies with revenues of up to $250,000 which is more than 5 times our size.

It seems that it would be reasonable to have a category in between this large spread. If this could be adjusted before adoption of the rule we would greatly appreciate it. If not, I would like to request a public hearing to voice our concerns.

Thank you for your attention to this matter.

Sincerely,

Paul Erickson
Home Health Administrator

MILLE LACS
HEALTH SYSTEM

RECEIVED
MAY 28 1991
Health Resources
Division Management

May 24, 1991

Mr. David Siegel
Minnesota Department of Health
Central Medical Building
393 North Dunlap Street
P.O. Box 64900
St. Paul MN 55164-0900

Dear Mr. Siegel:

This is a formal request that a public hearing be held in regard to the proposed permanent rules relating to registration fee for Home Care providers.

Sincerely yours,

Frederick W. Haack
Administrator/CEO

FWH/jp

200 North Elm Street
Onamia, Minnesota 56359
(612) 532-3154

MBW Company
513 [redacted] Center Street
New Ulm, Minnesota
Tel. 507/354-3808

"Residential Services For Exceptional People"

RECEIVED
MAY 28 1991
Health Resources
Division Management

Ms. Elise Paulsen
Minnesota Department of Health
Central Medical Building
393 North Dunlap St.
P.O. Box 6490
St. Paul, MN 55164-0900
May 23, 1991

RE: Proposed adoption of the Department of Health Governing Fees for the Registration of Home Care Providers, MN. Rules Chapter 4667

Dear Ms. Paulsen:

I am requesting that this proposed rule be placed before the public for a hearing on this matter.

The rules, as proposed, inflicts a fee that is significant and would cause a financial hardship as proposed. More testimony on this and other details concerning how this number was arrived at and if the Department intends to increase reimbursement to cover this fee would be useful information that members of the public would like to know and provide input. Please advise me regarding the dates of when the testimony will be taken. Thank you.

Sincerely,

Mark S. Wiger, Administrator

MSW:ie

RICE

RECEIVED
91 JUN 20 AM 8:32
ADMINISTRATIVE
HEARINGS

June 18, 1991

Jon L. Lunde
Administrative Law Judge
Office of Administrative Hearings
500 Flour Exchange Building
310 Fourth Ave. S.
Minneapolis, MN 55415

RE: The Proposed Adoption of Department of Health Rules Governing the Licensing of Home Care Providers, Minnesota Rules, Chapter 4668, and Establishing License Fees, Chapter 4669
Public Hearing 8/28-30/91

To Whom It May Concern:

I wish to protest the fees established for Class D Providers (Hospice Programs - 4669.0050) as excessive.

The majority of the clients served in Hospice programs are over 65 and therefore Medicare is the primary payer for services. Current Medicare reimbursement levels are not adequate to cover the costs of the mandated program services. (Furthermore, it is reasonable to project that reimbursement levels will not improve in the future.) Most programs, including the Rice Hospice, are dependent on private fundraising to support their programs and maintain financial viability. The proposed state licensing fees will negatively impact already marginal financial bottom-lines.

I would propose that the licensing fees be determined on a program's net revenue rather than the current gross revenue proposal. Net revenue would serve as a better measure of actual financial health of a program and therefore a more equitable approach to establishment of fees.

To fail to readjust the proposed fee structure will potentially place Hospice programs, particularly low-volume, rural programs, in increased financial jeopardy. The loss of these programs would only increase the health care access problems being experienced in the State of Minnesota.

Respectfully submitted,

Peg Sietsema, R.N., C.N.A.A., M.P.H.
Director-Nursing Services
Hospice Administrator

PS:dh

RICE MEMORIAL HOSPITAL
301 Becker Avenue S.W. • Willmar, Minnesota 56201-3395
(612) 235-4543

Countryside Public Health Service

Box 313, East Hwy. 12
BENSON, MN 56215
843-4546

June 3, 1991

RECEIVED
JUN -4 AM 8:38
ADMINISTRATIVE HEARINGS

Mr. Jon L. Lunde
Administrative Law Judge
Office of Administrative Hearings
500 Flour Exchange Building
310 Fourth Avenue South
Minneapolis, MN 55415

Dear Sir:

I am writing to express my concerns with the proposed Rules Relating to Registration Fee for Home Care Providers.

I am the administrator here at Countryside Public Health Service located in Benson, Minnesota. We are a five-county public health agency with offices in Big Stone, Chippewa, Lac Qui Parle, Swift, and Yellow Medicine counties of west and central Minnesota. We were created via a joint powers agreement between these counties in 1974. We have approximately 72 full- and part-time employees within the five counties. We are governed by a community health board consisting of county commissioners and lay people from the community. Our agency provides a wide variety of health care services, among them are: WIC, Maternal Child Health, Family Health, Health Promotion, School Services, Home Health, Environmental Health.

As you are probably aware we are supported by local tax dollars in addition to state and federal monies for some of the aforementioned programs. However, home care is funded strictly by third-party payors and local tax dollars. There are no state or federal funding sources for this program. In 1989 and 1990, our home care program lost approximately $271,000 and $172,000 respectively. This loss has to be picked up by local tax dollars. In the past year, we have made many structural and fiscal policy changes in an effort to increase revenues in the home care area and to help offset our losses. However, we found that there are limits to what we can do.

Due to state mandates, we cannot restrict our services to only those who can afford to pay full fee as privately-owned agencies can and do. Many of our patients were former patients of some private home care provider, who used to be on Medicare or Medical Assistance but for some reason no longer qualify and now are using our services based on their ability to pay.

If the proposed rule is enacted our cost for registration would be $2,000.00 Consequently, I feel that the fees for registration should be imposed only on home health agencies who are in the business to make money. I also feel that the proposed fees on public home health agencies only place another burden on local units of government. This additional mandate would be contradictory to what the Governor has proposed with "less mandates and more local responsibility."

Sincerely,

Steve Louwagie
CHS Administrator
An Equal Opportunity Employer

DEPARTMENT OF HEALTH
Health Resources Division
393 N. Dunlap
St. Paul

MEMORANDUM

TO: Linda Sutherland; Mary Absolon

FROM: Dave Siegel
643-2159 (FAX 643-2593)

DATE: June 25, 1991

RE: FYI - home care registration fee rule

I received a call today from Senator Dick Day (Owatonna), who was calling on behalf of Owatonna Community Hospice about the registration fee. I explained the background of it all and told him the issue is in the hopper to further consideration, but I couldn't promise anything. He asked me to call the Hospice director to explain it to her. He seemed satisfied.

Rep Hartle

Dean Hartle

Owatonna Area Hospice, Inc.
903 South Oak Avenue, Owatonna, MN 55060
(507) 451-3850

JUNE 24, 1991

RECEIVED
JUN 26 1991
Health Resources
Division Management

DAVID SIEGEL
MN. DEPT OF HEALTH
CENTRAL MEDICAL BUILDING
393 N. DUNLAP STREET
PO BOX 64900
ST. PAUL, MN 55164-0900

DEAR SIR,

I AM WRITING TO OPPOSE THE PROPOSED ADOPTION OF RULES OF THE DEPT. OF HEALTH GOVERNING FEES FOR THE REGISTRATION OF HOME CARE PROVIDER, MN. RULES, CHAPTER 4667.

IN REGARDS TO SECTION 4667.0030 THE FEE SCHEDULE. OUR HOSPICE HAS AN ANNUAL BUDGET OF APPROXIMATELY FIFTY TO SIXTY THOUSAND DOLLARS.($50,000-$60,000) WHICH WOULD INDICATE A FEE OF FIVE HUNDRED DOLLARS ($500). THE INCREMENTAL STEP FOR ANNUAL INCOME STARTS AT $25,000, A FEE OF $250 AND THEN INCREASES 10 TIMES TO AN ANNUAL INCOME OF $250,000, A FEE OF $500.00. THE NEXT INCREMENTAL ANNUAL REVENUE OF $350,000 IS SUBJECT TO A MINIMUM AND MAXIMUM. I WOULD LIKE TO REQUEST THAT THIS MINIMUM AND MAXIMUM APPROACH BE CONSIDERED FOR ALL ANNUAL REVENUES STARTING AT THE LOWEST OF $25,000 AND THAT THE NEXT INCREMENTAL STEP IS NOT 10 TIMES HIGHER,(AS IN FROM $25,000 TO $250,000) BUT SOMEWHERE IN BETWEEN. CORRESPONDINGLY SO, THE FEE WOULD NOT JUMP FROM $250 TO $500. $500 IS ALMOST 1% OF OUR BUDGET AND ONLY .02% OF A BUDGET OF $250,000. THERE HAS TO BE SOME EQUITY HERE FOR SMALLER PROGRAMS WHO MAY NEVER GET TO ANNUAL REVENUES OF $250,000.

IN GENERAL, I AGREE WITH THE BASIC PREMISE DRIVING LICENSURE OF PROTECTING THE VULNERABLE HOSPICE PATIENT/FAMILY. HOWEVER IT SEEMS MUCH MORE COSTLY TO SMALLER PROGRAMS BECAUSE OUR STAFFS WEAR SO MANY HATS. PLEASE CONSIDER A MORE JUST FEE SCHEDULE AT YOUR HEARINGS.

SINCERELY,

Marlene Breckner

MARLENE BRECKNER, RN, BSN
HOSPICE DIRECTOR

Supported by United Way

WASECA COUNTY
PUBLIC HEALTH NURSING SERVICE
Court House
WASECA, MINNESOTA 56093
507/835-~~1980~~/ 0685

June 17, 1991

RECEIVED
JUN 19 1991
Health Resources
Division Management

Mr. David Siegel
Minnesota Department of Health
393 North Dunlap St.
P. O. Box 64900
St. Paul, Minnesota 55164-0900

RE: Fees for the Registration of Home Care Providers, MN Rules, Chapter 4667

Dear Mr. Siegel:

I am writing regarding the above rule. I'm writing on behalf of my Agency, the Waseca County Public Health Nursing Service. After reviewing the revised information that I received from the Minnesota Department of Health, I am assuming that our Agency will be classified as a Class A provider and thus be assessed a $500 registration fee.

The Waseca County Public Health Nursing Service Home Health Care Program is non profit. The program is being funded largely through local tax dollars. The Waseca County Board has elected to not charge for nursing visits in an effort to maximize access to the program by county residents. I would certainly hope that this fact would be taken into consideration when our Agency is assessed a registration fee.

It would be unfair to penalize a County, which is providing tax dollars to a non profit program that is intent on ensuring access for Home Health Care Services to its constituents.

Waseca County is experiencing a budget crunch because of the mandated programs which it must pick up when state and federal funding is cut. To expect them to pick up a $500 bill for this program seems very unrealistic to me.

Thank you for this opportunity to express my concerns.

Sincerely,

Shirley Lundquist, PHN

Shirley Lundquist, PHN

SL/dd

TCI

Tailored Care Inc.

"Affordable Care Tailored to your needs"

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JUN 19 1991
Health Resources
Division Management

June 17, 1991

David Siegel
Minnesota Dept. of Health
Central Medical Bldg.
393 N. Dunlap Street
P.O. Box 64900
St. Paul, Mn. 55164-0900

Dear Sir,

I am writing to comment on the proposed licensure registration fee schedule. I am under the impression that it is to be for registration only and not annual licensing fees at these rates. As a small agency we would not be able to afford annual rates this high. It is my concern that the growth and development of home care services could be lost with the high annual licensure fees. The outcome could be health care needs going unmet for Minnesota residents.

I would hope that MDH would locate and register all home Care providers in the state. It seems that the previously reported numbers of registered providers is law.

Finally, I urge MDH to maintain and Communicate a Consistent internal policy in regard to a definition of "revenues from home Care services".

Sincerely

Tailored Care, Inc.

CC: MHCA
JT/mk

Your Nurse AT HOME

Home Care & Hospice ◇ 320 Washington Street ◇ Brainerd, MN 56401 ◇ (218) 828-7444

June 12, 1991

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JUN 13 1991

Health Resources
Division Management

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

Dear Mr. Siegel:

I am writing on behalf of St. Joseph's Medical Center - Home Care Department about the proposed licensure registration fees. I understand that the Minnesota Department of Health has the statutory authority to collect the registration fees and the total dollar amount has been predetermined.

I believe an open hearing would only delay the registration process and exacerbate the fee structure which is already extremely high. I understand this fee scale is to be for registration only and I would strongly oppose subjecting home care providers to paying annual licensing fees at these rates.

I also understand that the Omnibus Health and Human Services legislation contains language directing the Commissioner of Health not to collect home care registration or licensure fees from home care providers operated by a "statutory or home rule charter city, county, town or other governmental entity". I oppose any cost shifting of licensure fees or registration fees to private organizations. Cost shifting would place undue financial burdens on our agency.

I ask that you be aware of the impact of these high rates on the residents of rural communities. Many private agencies would be forced to increase the rates for services or limit the services provided in areas where Minnesota residents are already under served and impoverished.

I hope that a copy of the licensure law in final draft will be

available shortly. I am interested in analyzing the regulatory impact on our agency.

Sincerely,

Kathryn S. Zard

Kathryn S. Zard
Director of Home Care and Hospice

KSZ/akp

cc: Brian Carlson, VP Support Services, SJMC
Minnesota HomeCare Association

SENIOR FRIEND
Solutions for Living at Home
301 West First Street, Suite 507 Duluth Minnesota 55802-1613
(218) 727-1111

June 5, 1991

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JUN 7 1991
Health Resources
Division Management

David Siegel
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
P. O. Box 64900
St. Paul, MN 55164-0900

RE: Comment: 4667.0010, Definitions
Proposed Permanent Rules, Registration Fee
for Home Care Providers, 3/11/91

Dear David:

In previous discussions and hearings, the Minnesota Home Care Association and its members have commented that Minnesota fees should be applied only to revenues generated within Minnesota. Sec. 4667.0010, subp. 2. Annual Revenues, as stated, does not recognize this.

Please consider my comment and others you may receive from registrants. Clear, consistent definitions are essential for equitable administration of the home care law.

The MHCA Government Affairs Committee will be meeting on June 27. Please contact Deborah Kildahl, Executive Director, at 635-0607 if there are any matters you wish to bring to our attention regarding these Proposed Permanent Rules and comments you receive.

Best regards,

Geiger L. Yount
Executive Vice President

c: Kildahl, MHCA

d:wp\licfe691

· 45 hrs week. M

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JUN 6 1991
Health Resources
Division Management

Clifford Greip
No time
basic meal prep. 3 hrs.
Need No help bathing
converce (read)
Shoping personal needs
Moning (1½)
evening (1½)

Elmer Sherman
No time
basic meal prep. 3hrs.
No help bathing
coverce
Shoping Personal Needs
Moning (1½)
evening (1½)

Harvey Shonstrom
time
meal (choise)
parctial help (use towel) 3hrs
read coverce
Shoping personal Needs
Morning (1½)
evening. (1½)

Mike Schwentz (inactive)
time (plenty)
Need basic fundamental foods
read converce

Am sending this reasonableness for public hearing on July 9th with due respect for the top three partys. In the beleif that these men could use addional help in there living statutes. My concern as a person who has related to them & Know that I an concerened.

NORTH HOSPICE

June 3, 1991

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JUN 6 1991
Health Resources
Division Management

David Seigal
Minnesota Department of Health
Central Medical Building
393 N. Dunlap Street
PO Box 64900
St. Paul, MN 55164-0900

Dear Dave,

In regard to the fees for registration of home care providers: the one-time registration fees are much as you had proposed to us earlier. The next question relates to the annual fee. Can you give us information about that?

We are eagerly awaiting the publication of the rules. Sources who have seen them inform me that significant and positive changes have been made in the hospice portion of the regulations. My thanks to you.

Sincerely,

Connie Holden

Connie Holden, RN, MSN
Hospice Program Manager

CH/aw

COMMUNITY HEALTH SERVICES
PUBLIC HEALTH DEPARTMENT
Georgianne L. Lowney
Director

COUNTY OF CARVER

540 EAST FIRST STREET
WACONIA, MN 55387
442-4493, 448-1216,
1-800-535-7560
FAX 442-4493 or
448-1216 ext. 170

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Health Resources
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June 3, 1991

David Siegel
Minnesota Department of Health
Central Medical Building
393 N Dunlap Street
P.O. Box 64900
St. Paul, MN 55164-0900

RE: Comments on the proposed rules governing fees for the registration of home care providers, Chapter 4667.

Dear Mr. Siegel:

I have the following concerns:

4667,9919 Definitions, Subp. 2. "Annual revenues." I cannot figure out revenues based on the states fiscal year. Community Health Services reporting to the Minnesota Department of Health is based on the calendar year and our Medicare cost reporting is based on the calendar year, as well as the county financial system. I propose that either fiscal year or calendar year time frames be allowed. I would also suggest that total revenues for public agencies exclude local tax dollars, since the local government is paying for unreimbursed care through a sliding fee scale.

Sincerely,

Georgianne Lowney, PHN
Director

GL/md

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HOMECARE
ASSOCIATION

1711 West County Road B, Suite 300 N, St. Paul, MN 55113
612/ 635-0607

June 3, 1991

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JUN 5 1991
Health Resources
Division Management

Mr. David Siegel
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900

Dear Mr. Siegel:

This letter is in regard to the "Proposed Permanent Rules Relating to Registration Fee for Home Care Providers."

The Minnesota HomeCare Association (MHCA) Board of Directors discussed these proposed rules at some length during its meeting on May 31. MHCA is not requesting a hearing at this time, but does wish to offer comment.

MHCA reiterates to the Department of Health that we understand the proposed fee schedule to be for registration only. The association would strongly oppose subjecting home care providers to paying annual licensing fees at these rates. It was expressed by Board members that many agencies would not be able to afford annual rates this high, even to the point of being forced out of business. Other potential repercussions include increased fees to clients and an inability to provide care to Medical Assistance (MA) clients due to the low reimbursement rates paid for MA home care services.

As you are aware, it is only recently that home care has come of age in the health care system. Providers are expanding into a variety of areas such as seven day per week, 24 hour availability of staff, and a range of highly skilled technical services. This growth and development could be seriously stunted by exorbitant annual licensure fees with the end result being health care needs that go unmet for Minnesota residents.

Another continuing concern is the reported numbers of registered providers. The chart on page nine of the "Statement of Need and Reasonableness" lists only one durable medical equipment dealer, ten assisted living providers, and 104 individual providers. MHCA members feel these numbers are significantly low. We request that MDH redouble its efforts to locate and register all home care providers in the state. Increasing the number of providers will have a notable impact on required fees. Additionally, an emphasis on the registration of all providers is necessary in order to comply with the original intent of the licensure law which was to protect the safe, quality home care services for Minnesotans.

Finally, we urge MDH to maintain and communicate a consistent internal policy in regard to its definition of "revenues from home care services." For purposes of collecting its membership dues, MHCA defines revenues as including

all dollars, regardless of source, that are obtained by a home care agency/program for providing home care services.

We would appreciate receiving your response regarding these issues. We look forward to the most expedient resolution possible of our concerns, and to the imminent publication of the proposed home care licensure implementation rules.

Sincerely,

Dianne Jackson/DK

Dianne Jackson
President
218/894-1515, Ext. 297

DJ/DK

cc: Linda Sutherland

In the Matter of the Adoption of the Rule of the Minnesota Department of Health Governing Fees for the Registration of Home Care Providers, Minnesota Rules, chapter 4667

DECLARATION OF COUNSEL

I, Mary L. Stanislav, Special Assistant Attorney General, do hereby declare that I have examined the above-captioned rule and the supporting rulemaking record, and that, based on my examination, the Administrative Procedure Act and Minnesota Rules, chapter 2010 have been followed. Any exceptions are listed below. For Attorney General billing purposes, the four-digit docket client code is 52-67X6-4800.

Dated: August 21, 1991

Mary L. Stanislav
Special Assistant
Attorney General