NORTHEND

MINNESOTA AGENCY PATH INSIGHT

How to Choose the Right Minnesota Agency Path

Minnesota separates home management registration, Basic Home Care, Comprehensive Home Care, Medicare-certified home health, and hospice. The correct path depends on the exact tasks, clinical complexity, payer, and whether the provider delivers home care directly for a fee.

Home Management Registration

Home management is limited to housekeeping, meal preparation, and shopping. A person or organization providing at least two of these services to someone unable to perform them because of illness, disability, or physical condition must register annually with the Minnesota Department of Health.

This is not a home care license. The provider must follow the Home Care Bill of Rights and required orientation standards. Adding hands-on care, medication assistance, skilled care, or another home care service may require licensure.

Basic Home Care License

A Basic license permits defined assistive tasks such as help with dressing, self-feeding, oral hygiene, grooming, toileting, bathing, standby assistance, medication reminders, treatment or exercise reminders, and preparation of modified diets ordered by a licensed professional.

Laundry, housekeeping, meal preparation, shopping, and similar household tasks may be included when the provider also performs at least one qualifying Basic home care task. The Basic license does not authorize skilled professional services, delegated nursing tasks, medication management, or complex care.

Comprehensive Home Care License

A Comprehensive license includes Basic services and can add nursing, therapy, social work, nutrition services, delegated tasks, medication management, hands-on transfer and mobility assistance, treatments, therapies, complex eating assistance, and other specialty healthcare services.

The agency needs registered-nurse or licensed-professional assessment and oversight, appropriate delegation, medication and treatment systems, qualified personnel, clinical records, supervision, policies, and quality processes matching the services offered.

Medicare-Certified Home Health Agency

Minnesota does not use a separate state HHA license category. A provider must first obtain a full Comprehensive Home Care license and be found in substantial compliance through the initial state survey before pursuing Medicare certification. A temporary or Basic license is not eligible.

Hospice and Residential Hospice

Hospice is separately licensed and must provide coordinated core services, physician-directed medical care, an interdisciplinary team, 24/7 availability, quality assurance, volunteer training, and bereavement support. A residential hospice facility requires its own license and adds 24-hour residential and support services.

Questions to consider

- Will the business provide only home management, or hands-on assistive home care tasks?
- Will staff perform medication management, delegated tasks, nursing, therapy, transfers, or complex care?
- Will the agency pursue private pay, an HCBS designation, Medicare, Medicaid, or other payers?
- Can the agency begin serving a qualifying home care client and remain survey-ready during the temporary-license year?

Basic versus Comprehensive

The difference is not simply “nonmedical versus medical.” Basic Home Care authorizes a defined list of assistive tasks. Comprehensive Home Care adds professional, delegated, medication, treatment, mobility, complex-eating, and specialty services. Match every planned task to the statute before choosing.

HCBS designation is not a substitute

A home care license may include an integrated HCBS designation, but the agency must still provide qualifying home care services directly to each client for a fee. HCBS basic support services alone do not satisfy the home care license or replace a DHS 245D license when that license is required.

Temporary license comes first

New applicants apply through MDH’s Facility and Provider Licensing System for a temporary Basic or Comprehensive license. Agency-specific policies, required attachments, managerial and professional information, physical office details, and cleared background studies must be complete before issuance.

First client triggers the survey

The temporary license is valid for up to 12 months. The provider must notify MDH within five days after beginning paid home care services for its first qualifying client. MDH then conducts an unannounced initial full survey; current guidance states temporary licensees are surveyed within 90 days of that notice.

If the provider does not begin qualifying home care services during the temporary period, no initial survey occurs and the temporary license expires. Passing the survey in substantial compliance is required for the full license.

Office and survey readiness

The application identifies the principal administrative office and each branch. The original license must be displayed at the principal office, and surveyors review agency operations, personnel files, client records, service plans, policies, training, infection control, quality systems, and other evidence at the unannounced survey.

Build the agency in the right order

Choose the services and payer first. Then confirm the registration or license level, office, ownership and leadership, background studies, policies, staffing, records, temporary-license plan, first-client notification, survey, certification, and enrollment requirements.

Planning a Minnesota agency?

NorthEnd Consulting helps owners define the correct service scope and prepare the licensing documents and operational structure that match the Minnesota agency plan.

Visit northendconsultants.com to discuss your agency plan

Current as of November 2026. Requirements, forms, fees, exemptions, service definitions, COPN rules, and federal enrollment availability may change. Licensing, certification, accreditation, enrollment, and payer contracting are separate decisions controlled by the applicable authorities. This is a general planning resource. NorthEnd Consulting does not guarantee approval.