Home Health Agency (HHA) – Adding Skilled Services

Complete all the following information.

Health Facility Identification Number (HFID): _____

CMS Certification Number (CCN): _____

HHA Doing Business As (DBA) name: _____

HHA address: _____

Skilled service adding: _____

Name of individual providing this additional service: _____

Professional license/credential number: _____

Effective date of change: _____

Next Steps for HHA

- Email form and the following documents to health.hrd-fedlcr@state.mn.us.
  - Job description.
  - Proof of qualifications (e.g., resume including credentialing information).
- Complete form CMS 1572: Home Health Agency Survey Report (CMS 1572).
- Submit CMS 855A to the Medicare Administrator Contractor (MAC).
- If deemed status, notify the accrediting organization.

Affirmation

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

Signature of Administrator/Authorized Agent: _____

Name (print or type): _____

Title: _____

Date: _____

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

07/20/2026

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