



Minnesota Department of **Human Services**

Provider Record Review *Waiver/AC Program Services*



Minnesota Department of Human Services (DHS)

Danielle K Bean
Katherine Finlayson

Learning Objectives

2

- **Understand the following about the enrollment record review process:**
 - Goals – purpose of the record review
 - Provider process
 - Completing the enrollment forms
 - MHCP provider enrollment process
 - Impacts if process is not complete
 - Provider resources available
- **Understand the 245D licensing process and timelines**

Agenda

3

- Overview – waiver/AC provider record review
- Completing & submitting enrollment documents
- MHCP enrollment processes & timelines
- 245D Licensing timelines
- Provider Impacts
- Provider Resources
- Question & Answer

Overview

Waiver/AC Provider Record Review History & Purpose

5

- Provider Enrollment Provider Standards Initiative - PEPSI
- Waiver Provider Standards - WPS
- 245D Licensure
- Contract changes January 1, 2014

Waiver/AC Provider Home

6



Minnesota Department of **Human Services**

Skip to: [Main content](#) | [Subnavigation](#) | [Quicklinks](#) |

Advanced Search

[DHS Home Page](#) | [Forms \(eDocs\)](#) | [County and Tribal Workers](#) | [A-Z Topics](#) |

[About DHS](#) | [Aging](#) | [Partners & Providers](#) | [Children](#) | [Disabilities](#) | [Economic Supports](#) | [Health Care](#) | [Housing](#)

> [Partners and Providers](#) > [MHCP enrolled providers](#)

Use the scroll bar to scroll down the page

MHCP enrolled providers

- MHCP provider toolbox
- Billing resources
- Communication
- Enrollment
- Industry Initiatives
- Manual
- Prescription drug information

Adolescent services

- Adult mental health
- Aging services
- Alcohol and drug abuse
- Child and Teen Checkups
- Child care providers
- Child support
- Children's mental health
- County redesign
- Disability services
- Employment services manual
- Food support outreach
- Grants and RFPs
- IEP providers

MHCP Enrolled Providers – Home and Community Based (HCBS) Waiver and Alternative Care (AC) Programs Services

The following page contains provider resources when submitting claims to MHCP for the following home and community based waiver or alternative care programs:

- Alternative Care (AC)
- Brain Injury (BI)
- Community Alternative Care (CAC)
- Community Alternative Care for Disabled Individuals (CADI)
- Developmental Disabilities (DD)
- Elderly Waiver (EW)

Hot Topics

- Registration for the [2013 Minnesota Age & Disabilities Odyssey](#) is now open for both [attendees](#) and [exhibitors](#). Register by May 1st to receive the early-bird registration rate. Review special [hotel room rates](#) for attendees.
- MHCP will begin Record Review for all who provide

Related Pages

- [MN-ITS](#)
- [MHCP Provider Directory](#)
- [NDC Search](#)
- [PERM](#)
- [Cultural Competency](#)
- [eXchange](#)
- [Incarcerated Rates](#)

Related Links

- [Spoken Language Health Care Interpreter Roster](#)
- [State Statutes, Laws & Rules](#)
- [Washington Publishing Co](#)

HCBS Waiver Provider Standards

7

Child care providers
Child support
Children's mental health
County redesign
Disability services
Employment services manual
Food support outreach
Grants and RFPs
IEP providers
Managed care organizations
State LTC profile
HCBS partners panel

Services

- [Save the Date for the 2013 Aging and Disability Odyssey Conference](#)
- Sign up to get [email notices](#) of new Provider Updates, Provider News, etc.

Provider News

Provider Updates

Training for Waiver Providers

Provider Manual

Additional Resources

MN-ITS View/Access

Enrollment Information

- [New Enrollment](#)
- [Record Review](#) (Posted weekly: processing documents received 3/19/2013)
- [Adding Services](#)

Continuing Care Initiatives

- [HCBS Waiver and AC Provider Standards \(WPS\) – Initiative](#)
- [Rate Frameworks](#)

Licensing

- [DHS Licensing](#)
- [Minnesota Department of Health \(MDH\)](#)

Additional Waiver Billing Resources

- [Submitting a MN-ITS Interactive Professional \(837P\) claim for Waiver and Alternative Care Services](#)

Completing & Submitting Enrollment Documents

Enrollment Documents

9

- **Access record review documents:**
 - Waiver/AC Home Page
 - MHCP Provider Manual
 - ✦ HCBS
 - ✦ EW/AC
- **Follow instructions for Record Review**
- **Separate from New Enrollment or Adding Services**

Enrollment Information

10

Child care providers

Child support

Children's mental health

County redesign

Disability services

Employment services manual

Food support outreach

Grants and RFPs

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- [Minnesota Department of Health \(MDH\)](#)

Additional Waiver Billing Resources

- [Submitting a MN-ITS Interactive Professional \(837P\) claim for Waiver and Alternative Care Services](#)

HCBS Waiver/AC Enrollment



- Table of Contents
- Back to the provider website
- Latest revisions to this Manual
- Provider Basics
- Acupuncture Services
- Alcohol and Drug Abuse Services
- Ambulatory Surgical Services
- Anesthesia Services
- Child and Teen Checkups
- Chiropractic Services
- Clinic Services
- Community Health Worker
- CW-TCM
- Day Training & Habilitation (DT&H)
- Dental Services
- EW and AC
- Equipment and Supplies
- Eyeglasses and Vision Care Services
- HCBS Waiver Services
- Hearing Aid Services
- Home Care Services
- Hospice Services
- Hospital Services
- ICF/DD
- IEP
- Immunizations & Vaccinations
- Inpatient Hospital Authorization
- Lab/Pathology, Radiology & Diagnostic Services
- Medication Therapy Management Services
- Mental Health Services
- Nursing Facilities
- PCA Services
- Pharmacy Services
- Physician and Professional Services
- Rehabilitative Services
- Renal Dialysis

Home and Community Based Services (HCBS) Waiver and Alternative Care (AC) Provider Enrollment

Revised: 06-05-2013

- [New Enrollment](#)
- [Add Services](#)
- [Provider Record Review](#)
- [Processing Timelines](#)
- [Ongoing Reporting Requirements](#)
- [MHCP Data Privacy Notice](#)

New Enrollment

To enroll to provide HCBS waiver and/or AC programs services follow the steps below:

1. Use the [Waiver and Alternative Care \(AC\) Programs Service Request Form](#) (DHS-6638) to report the service(s) you planto provide and report your qualifications to provide the service(s)
2. Verify to ensure all employees are not on the [Office of Inspector General \(OIG\) Exclusion](#) list. Keep this for your own records.
3. Contract with the lead agency to provide services for recipients on [Elderly Waiver](#), [HCBS Waiver](#) and [AC](#) programs.
4. Ensure your agency initiates background studies for all direct care staff as required.
5. Complete and fax the following forms to MHCP Provider Enrollment at (651) 431-7462:
 - Home and Community-Based Services (HCBS) [Waiver and Alternative Care \(AC\) Programs – Provider Enrollment Application \(DHS-4015\)](#)
 - [MHCP Provider Agreement \(DHS-4138\)](#)
 - [Disclosure of Ownership and Control Interest \(DHS-5259\)](#)
 - [Waiver and Alternative Care \(AC\) Programs Service Request Form \(DHS-6638\)](#)
 - Establish your [Direct Deposit/Electronic Funds Transfer](#)
 - Proof showing you are qualified to provide the services including but not limited to:
 - A copy of the contract from the lead agency
 - Copies of licenses/certifications/registrations when appropriate
 - The [HCBS/AC Lead Agency Provider Enrollment Request Form \(DHS-6383\)](#) when appropriate
 - Assurant statements as appropriate (see the [Waiver and Alternative Care \(AC\) Programs Service Request Form \(DHS 6638\)](#) to determine which services require an assurance statements and a list

Record Review

12

Provider Record Review

MHCP requires any providers who want to continue to provide waiver services and receive reimbursement for these services on or after 1/1/2014 to complete a record review.

During the review process, providers complete and submit the forms listed below to report the services they are currently providing or want to continue to provide and submit the approved service credentials as proof they are qualified to provide the service.

Record Review Documentation

To complete the record review, complete and fax the following forms to MHCP Provider Enrollment at (651) 431-7462:

- Home and Community-Based Services (HCBS) [Waiver and Alternative Care \(AC\) Programs – Provider Enrollment Application \(DHS-4015\)](#)
- [MHCP Provider Agreement \(DHS-4138\)](#)
- [Disclosure of Ownership and Control Interest \(DHS-5259\)](#)
- [Waiver and Alternative Care \(AC\) Programs Service Request Form \(DHS-6638\)](#)
- Proof showing you are qualified to provide the services including but not limited to:
 - Copies of licenses/certifications/registrations when appropriate
 - Copies of proof of professional experience (letters from employers or previous employers)
 - The [HCBS/AC Lead Agency Provider Enrollment Request Form \(DHS-6383\)](#) when the provider does not meet any of the service credentials listed yet has been previously approved on a service authorization to provide that service. If the provider has a contractual relationship with more than one lead agency, the provider only has to have the form signed by one of them.
- Assurant statements as appropriate (see the [Waiver and Alternative Care \(AC\) Programs Service Request Form \(DHS-6638\)](#) to determine which services require an assurance statements and a link to the appropriate assurance statement for that service)

Lead agencies

The lead agencies (county/tribal human services) have the following exceptions when completing the record review:
Use "Public 5" to report:

- Ownership code on the application (DHS-4015)
- Entity Code on the Disclosure of Ownership form (DHS-5259)

Counties and tribes do not need to list the county board members yet do need to list the managing employees involved when completing the review for the human services offices. Managing employees are limited to the services the county is enrolling.

MHCP will continue to process record review documentation throughout 2013 and post the date for documentation they are processing on the [Waiver/AC Provider Home Page](#).

MHCP Waiver/AC Provider Application (DHS-4015)

13

DHS-4015-ENG 1-13



Minnesota Department of **Human Services**

Provider Enrollment Section

Dear Provider:

All providers delivering services to enrollees of Minnesota Health Care Programs (MHCP) must complete an Enrollment Application form and a Provider Agreement form. MHCP includes Medical Assistance and MinnesotaCare. Completing and returning these forms allows the State of Minnesota to assign you a Unique Minnesota Provider Identifier (UMPI). This number must be used when billing for services provided to recipients/enrollees of Minnesota Health Care Programs.

Federal regulations require a signed agreement with every person, organization, or business. Provider agreements must be signed personally by the individual applying for the provider number. An officer, administrator, manager, director or person with similar authority must sign a provider agreement for an organization or business.

Sign and fax the completed enrollment application, including related materials, and provider agreement to 651-431-7462. Review the instructions on page 3 before completing these forms.

MHCP Provider Agreement (DHS-4138)

14

Clear Form



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DHS-4138-ENG

11-10

Minnesota Health Care Programs (MHCP)

Provider Agreement

As a participating provider (Provider) in Minnesota Health Care Programs (MHCP) administered by the Minnesota Department of Human Services (DHS), the Provider agrees to:

1. Furnish DHS, the Secretary of the U.S. Department of Health and Human Services (DHHS), or the Minnesota Medicaid Fraud Control Unit (MFCU) with such information as it may request regarding payments claimed for services provided under these programs.
2. Comply with all federal and state statutes and rules relating to the delivery of services to individuals and to the submission of claims for such services.
3. Provide to DHS its National Provider Identifier (NPI) and include its NPI on all claims, if Provider is eligible for an NPI.
4. Comply with all provisions of Minnesota Statutes [62J.536](#), which requires electronic transmission of claims, eligibility and other transactions, using DHS' secure, HIPAA-compliant, automated transaction tool MN-ITS.
5. Accept as payment in full, amounts paid in accordance with schedules established by DHS, except where payment by the recipient has been authorized by DHS.
6. Enroll in electronic funds transfer (EFT) if Provider is a pay-to provider and if requested by DHS.

Disclosure of Ownership & Control Interest (DHS-5259)

15

Clear Form



Minnesota Department of **Human Services**



DHS-5259-ENG

11-12

Minnesota Health Care Programs (MHCP)

Disclosure of Ownership and Control Interest of an Entity

This form is an addendum to your MHCP Provider Agreement. MHCP requires you to fill out this form and fax it as part of your enrollment with us. We are required by federal law to collect this information. See [Screen Employees and Contractors](#); see also [Definitions on page 5](#).

Complete this form:

- As a condition of MHCP participation
- When the provider entity first enrolls with MHCP
- Whenever any information on your Disclosure of Ownership and Control Interest form changes
- Upon re-enrollment (MHCP will notify you 30 days before your renewal is due)

Disclosing Entity Identifying Information/Structure

ENTITY'S LEGAL NAME ACCORDING TO IRS

ENTITY'S DOING BUSINESS AS NAME (DBA)

Waiver/AC Service Request Form (DHS-6638)

16

Clear Form



Minnesota Department of **Human Services**



DHS-6638-ENG

2-13

Minnesota Health Care Programs (MHCP)

Waiver and Alternative Care (AC) Programs Service Request Form

Directions:

1. Determine the service(s) you want to provide.
2. Select the service credential code to indicate how you are qualified to do the service.
3. Submit proof of your qualification(s) with this form.

Choose one of the following:

- New Enrollment
 Adding services to an existing provider record
 Enrollment record review

Services I want to provide	Service Description	Service Credentials	Specialty Code	COS
<input type="checkbox"/> (AD)	Adult Day Services	(AD) Adult Day Care license under MN Rules 9555.9600 – 9555.9730 and MS, 245A.01 – 245A.17	AD	102

Proof of Qualifications

17

- License
- Certifications
- Letters from employers
- Degrees/Diplomas/College Transcripts
- MHCP Enrollment as a provider
- Lead Agency Enrollment Request Form (DHS-6383)

Lead Agency Enrollment Request Form (DHS-6383)

18

Clear Form



Minnesota Department of **Human Services**



DHS-6383-ENG

1-13

Minnesota Health Care Programs (MHCP)

HCBS Waiver/AC Programs Lead Agency Provider Enrollment Request Form

Lead Agencies (County/Tribe/Managed Care Organization): Use this form to verify that:

- The lead agency currently has a contract with the provider to enroll or add Home and Community Based Services (HCBS) waiver and Alternative Care (AC) program services to their enrollment record with MHCP
- The provider meets the qualifications to provide the services listed below to MHCP recipients receiving services through the HCBS waiver/AC program

Provider Information

ORGANIZATION/INDIVIDUAL NAME		NPI/UMPI (if known)	
<input type="text"/>		<input type="text"/>	
OWNER/MANAGERIAL OFFICIAL	PHONE NUMBER	FAX NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
BUSINESS ADDRESS			
<input type="text"/>			

Lead Agency Enrollment Request Form (DHS-6383)

19

- Lead agency – county/tribal human services/MCO
- Either lead agency or provider can complete the form
- Form must be signed by Lead Agency
- Suggest provider submit form yet allow either provider or lead agency to fax to MHCP
- Shows proof of a contractual relationship with lead agency
Use only if meet no other option listed on form 6638 for the specific service(s)
- Used only for services listed on the form
- Only needs to be completed by one lead agency if contracted with multiple lead agencies

Provider Assurance Statements

20

Minnesota Health Care Programs (MHCP)

Waiver and Alternative Care (AC) Programs Service Request Form

Directions:

1. Determine the service(s) you want to provide.
2. Select the service credential code to indicate how you are qualified to do the service.
3. Submit proof of your qualification(s) with this form.

Choose one of the following:

- New Enrollment
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Services I want to provide	Service Description	Service Credentials	Specialty Code	COS
<input type="checkbox"/> (AD)	Adult Day Services	(AD) Adult Day Care license under MN Rules 9555.9600 – 9555.9730 and MS, 245A.01 – 245A.17	AD	102
<input type="checkbox"/> (FA)	Adult Day Services, FADS	(FA) Family Adult Day Services license under MS, section 245A.143. The home must be the primary residence of the license holder	AD	102
<input type="radio"/> (AD) <input type="radio"/> (FA)	Adult Day Services, Bath	One of the following: (AD) Adult Day Care license under MN Rules 9555.9600 – 9555.9730 and MS, 245A.01 – 245A.17 (FA) Family Adult Day Services license under MS, section 245A.143. The home must be the primary residence of the license holder	AB	102
<input type="radio"/> (LA) <input type="radio"/> (AA)	Assistive Technology	Assistive Technology Providers Applicant Assurance Statement (DHS-6189D) And one of the following: (LA) Lead Agency (County/Tribal Human Service) (AA) Lead Agency Provider Enrollment Request Form (DHS-6383)	AT	033

Example Assurance Statement

21

Clear Form



Minnesota Department of Human Services



DHS-6189D-ENG

1-13

Minnesota Health Care Programs (MHCP)

Assistive Technology Providers Applicant Assurance Statement

PROVIDER NAME	NPI
<input type="text"/>	<input type="text"/>

This Assurance Statement is an addendum to the provider's MHCP Provider Agreement.

Definition of Assistive Technology

Refer to [Covered/Non-covered services](#) section in the home and community based waiver services section of the MHCP Provider Manual, to review the policy information and definition for this service.

Applicant Assurance Statement

My organization provides Assistive Technology equipment/devices.

Attach a completed and signed [Lead Agency Provider Enrollment Request Form \(DHS-6383\)](#)

My organization provides Assistive Technology Assessment and I or staff in my employ providing assessment (of the need for assistive devices) agree to meet one or more of the following requirements:

By initialing each requirement and signing below, I, the above named applicant, assure my organization will complete the following once required for this service (not currently required):

Initiates background study requests for all employees who provide direct contact for services specified in the federally approved waiver plans.

"Direct contact" means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the program.

Assurance Statements

22

- Only required for some services
- In addition to proof of qualifications
- Allows provider to attest qualifications and compliance with some requirements
- Each listed and linked with each service on the Service Request form (DHS-6638)

MHCP Enrollment Process & Timelines

Process & Timelines

24

- Visit the MHCP Waiver/AC Home page for processing dates
- Processed by service
- If complete no response
- Once processed, if incomplete will receive a Request for More Information (RFMI) letter
 - Similar to initial letter of request
 - Enrollment representatives selects items needed
 - Other field for additional explanation
 - Sent to PRVLTR folder in the MN-ITS mailbox

MN-ITS Mailbox

Speedy Delivery

25



Login To MN-ITS

26



Minnesota Department of Human Services



Skip to: [Main content](#) | [Subnavigation](#) | [Quicklinks](#) |

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Login Here

You must be [MHCP-enrolled](#) and [MN-ITS registered](#), and agree to these [terms and conditions](#).

Username:

Password:

MN-ITS requires [strong passwords](#)

MN-ITS Important Notices

- MN-ITS User Administration - The Search and Create Users functionality has been **restored** on the MN-ITS website
- MHCP upgraded MN-ITS Eligibility (270/271) as described in revised Provider Update [MHCP Eligibility/Benefits and Claim Status Changes](#). Refer to the revised User Guide [Verify Eligibility for MHCP Recipients](#) for instructions
- Providers who have not successfully completed 5010 syntax testing for MN-ITS Claim Status (276/277) must first do so in order to use the Claim Status transaction due to the [CORE](#) changes to be implemented. Review the [5010 X12 Batch Transaction Guidelines](#) on the [5010/D.O Compliance](#) page for testing information
- MHCP changed the fax number on the MN-ITS Primary Administrator Change request form. Discard any pre-printed versions of this form and continue to contact the MHCP Provider Call Center to obtain new forms
- Windows 7 and 8 - Internet Explorer 10 Users - We have resolved the minor compatibility issue with IE 10 and the MN-ITS website. If you log in to the MN-ITS website and the Mailbox Optimization window appears, but does NOT disappear after a brief period of time, refer to the "Compatibility View Settings" toward the bottom of the [MN-ITS Troubleshooting Guide](#) for the solution to this issue
- MN-ITS User Administration - Please do not attempt to Delete or Disable a MN-ITS user profile, as it will result in an error at this time. If you experience other issues with User Administration that you have not encountered in the

Scheduled Downtimes

Sundays:

- 6:00 a.m. thru noon
- 8:00 p.m. thru Monday 1:00 a.m.

Mondays/Non-warrant Wednesdays & Thursdays, Warrant Wednesdays:

- X12 837s received but not processed Mondays between 5:00 a.m. and 4:30 p.m.
- 10:00 to 10:15 AM

Warrant Saturdays:

- 6:00 to 7:30 PM
- Monday, January 14 (Eligibility only)
- 6:00 - 10:00 PM

Related Pages

- [Troubleshooting Guide](#)
- [MHCP Payment & Claim Cut-off Calendars](#)

MN-ITS Home

27

Skip to: [Main content](#) | [Subnavigation](#) | [Quicklinks](#) | [Page](#)



Minnesota Department of Human Services



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MUser@A00000000XX | [Logout](#) |

Mailbox

[Transaction Responses](#)
[Miscellaneous Received](#)

MN-ITS

[User Administration](#)
[User Guides](#)
[CCDS Reporting System](#)
[CCDTF Rates](#)
[CMH Outcome Measures](#)
[Health Care Homes](#)
[Health Information Request](#)
[Last Check](#)
[MFPP Forms](#)
[Ombudsman Data](#)
[Pay for Performance](#)
[Provider Lists \(Individual PCAs\)](#)
[Provider Lists](#)
[RxPrice Compare Update](#)
[Taxonomy/Contract Code Maintenance](#)

Mailbox-Home

Visit the [Provider Updates](#) link (under [Related Pages](#) in the right column) to keep up-to-date. Your access to MN-ITS functions and applications (on the left menu, under MN-ITS) has been tailored based on the services you provide. Your MN-ITS Administrator may further restrict your user views/access. Learn which functions and applications apply to your provider type, and contact your MN-ITS Administrator with any questions. Find Links here to [Provider Updates](#) for the services you deliver, and [Provider News](#) for all providers. Use [Quick Search](#) to find older updates or check [Provider Updates](#). Contact our [Provider Call Center](#) at 651.431.2700 or 1.800.366-5411 to request that we place a [Remittance Advice](#) file older than 1 year in your [Archive](#) folder.

Quick Search

Start Date

End Date

File Type

Links

Archive

There were no records found that match your search.

Links & Archive Folders

28

- **Links**
 - Information displays & available for 30 days
 - MHCP communicates important announcements
 - ✦ Provider updates
 - ✦ Provider News

Miscellaneous Received Folders

29

- Remain in the mailbox for 90 days
- Displays the most current 30 days
- Folders include:
 - SAL – Service Authorization Letters (Waiver/AC/CD)
 - PRVLTR – Provider Enrollment Notification Letters
 - CML – Case Manager Service Authorization Letters
 - CMRPTS – Lead Agency Reports from DHS

Miscellaneous Received

30



Minnesota Department of Human Services

MN-ITS: Home

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Skip to: [Main content](#) | [Subnavigation](#) | [Quicklinks](#) | [▲](#)

MUser@A0000000XX | [Logout](#) |

Mailbox

[Transaction Responses](#)

[Miscellaneous Received](#)

MN-ITS

[User Administration](#)

[User Guides](#)

[CCDS Reporting System](#)

[CCDTF Rates](#)

[CMH Outcome Measures](#)

[Health Care Homes](#)

[Health Information Request](#)

[Last Check](#)

[MFPP Forms](#)

[Ombudsman Data](#)

[Pay for Performance](#)

[Provider Lists \(Individual PCAs\)](#)

[Provider Lists](#)

[RxPrice Compare Update](#)

[Taxonomy/Contract Code Maintenance](#)

Mailbox-Home

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Quick Search

Start Date

01/13/2013

File Type

Links

Archive

Search

End Date

02/12/2013

There were no records found that match your search.

Adjust Search Dates

31



Minnesota Department of Human Services

MN-ITS: Home

Skip to: [Main content](#) | [Subnavigation](#) | [Quicklinks](#) |

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MUser@A0000000XX | Logout |

Mailbox

- Transaction Responses
- Miscellaneous Received

MN-ITS

- User Administration
- User Guides
- CCDS Reporting System
- CCDTF Rates
- CMH Outcome Measures
- Health Care Homes
- Health Information Request
- Last Check
- MFPP Forms
- Ombudsman Data
- Pay for Performance
- Provider Lists (Individual PCAs)
- Provider Lists
- RxPrice Compare Update
- Taxonomy/Contract Code Maintenance

Mailbox-Miscellaneous Received

Search for your authorization/service agreement letters, provider enrollment letters and other data files here, by file type (PAL=Prior Authorization Letters; SAL=Service Agreement Letters; RISKADJ - MCO Data; PRVLTR=affiliation letters, category of service changes, and enrollment status changes). To request archived files, contact our Provider Call Center at 651.431.2700 or 1.800.366.5411.

Quick Search

Start Date

12/28/2012



End Date

02/12/2013



CML

File Type

SAL

PAL

RECIPIENTFILE

PRVLTR

Search

Note: You'll need [Adobe Acrobat® Reader](#) to view and print PDF files. Get [Adobe Acrobat® Reader](#) or get [Accessible Adobe Reader](#) which is designed for people with disabilities. Follow the instructions provided.

Search PRVLTR Folder

32



Minnesota Department of Human Services

MN-ITS: Home

Skip to: [Main content](#) | [Subnavigation](#) | [Quicklinks](#) |

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MUser@A0000000XX | [Logout](#) |

Mailbox

[Transaction Responses](#)
[Miscellaneous Received](#)

MN-ITS

[User Administration](#)
[User Guides](#)
[CCDS Reporting System](#)
[CCDTF Rates](#)
[CMH Outcome Measures](#)
[Health Care Homes](#)
[Health Information Request](#)
[Last Check](#)
[MFPP Forms](#)
[Ombudsman Data](#)
[Pay for Performance](#)
[Provider Lists \(Individual PCAs\)](#)
[Provider Lists](#)
[RxPrice Compare Update](#)
[Taxonomy/Contract Code Maintenance](#)

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Quick Search

Start Date

12/28/2012

File Type

SAL

PAL

PRVLTR

End Date

02/12/2013

[Search](#)

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Select Link to the Letter

33



Minnesota Department of **Human Services**

MN-ITS: Home

Skip to: [Main content](#) | [Subnavigation](#) | [Quicklinks](#) |

minnesota north star

MUser@A0000000XX | [Logout](#) |

Mailbox

- Transaction Responses
- Miscellaneous Received

MN-ITS

- User Administration
- User Guides
- CCDS Reporting System
- CCDTF Rates
- CMH Outcome Measures
- Health Care Homes
- Health Information Request
- Last Check
- MFPP Forms
- Ombudsman Data
- Pay for Performance
- Provider Lists (Individual PCAs)
- Provider Lists
- RxPrice Compare Update
- Taxonomy/Contract Code Maintenance

Mailbox-Miscellaneous Received

Search for your authorization/service agreement letters, provider enrollment letters and other data files here, by file type (PAL=Prior Authorization Letters; SAL=Service Agreement Letters; RISKADJ - MCO Data; PRVLTR=affiliation letters, category of service changes, and enrollment status changes). To request archived files, contact our Provider Call Center at 651.431.2700 or 1.800.366.5411.

Quick Search

Start Date

12/28/2012

End Date

02/27/2013

File Type

SAL

PAL

PRVLTR

Note: You'll need [Adobe Acrobat® Reader](#) to view and print PDF files. Get [Adobe Acrobat® Reader](#) or get [Accessible Adobe Reader](#) which is designed for people with disabilities. Follow the instructions provided.

Page 1 of 1 Total Files 1

1

	Name	Date	Size	Description
<input type="checkbox"/>	A0000000XX_PRVLTR_20121228_WaiverRecReview_RFL.PDF	12/28/12 08:34 AM	244.9 KB	



Waiver/AC - Provider Record Review Request for More Information (RFMI)

(34)



Minnesota Department of **Human Services**

December 28, 2012

Re: Waiver/AC Enrollment I Review – Request for Information

Dear Provider,

MHCP requires you to update the following information for your enrollment record:

- [HCBS Waiver and Alternative Care \(AC\) Enrollment Application](#) (DHS-4015)
- [MHCP Provider Agreement](#) (DHS-4138)
- [Disclosure of Ownership and Control Interest](#) (DHS-5259)
- [Waiver and Alternative Care \(AC\) Programs Service Request Form](#) (DHS-6638) indicating the services you want to provide with your qualifications to provide the service(s)
- Proof of license, certifications and registrations to provide services
- [HCBS Waiver/AC Lead Agency Provider Enrollment Request Form](#) (DHS-6383) for any services requiring this form
- Assurance Statement for any services that require assurance – Review [Waiver and Alternative Care \(AC\) Programs Service Request Form](#) (DHS-6638) for a list of services and the forms or documents required to provide these services.

Fax only the items requested above to MHCP Provider Enrollment at 651-431-7462. If we do not receive the requested information before May 31, 2013, MHCP may not be able to pay claims or allow approval on any future service authorizations.

If your agency chooses to no longer provide waiver or AC program services, please complete and sign the following section below and fax to Provider Enrollment, so MHCP may close your agency file or discontinue categories of service allowing you to provide the waiver/AC services.

NAME OF PROVIDER (PRINT OR TYPE BUSINESS NAME AS IT APPEARS ON THIS LETTER)	
NPI/UMPI	EFFECTIVE DATE AGENCY WILL NO LONGER PROVIDE WAIVER/AC SERVICES
AGENCY REPRESENTATIVE (PLEASE PRINT)	TITLE
AGENCY REPRESENTATIVE SIGNATURE	DATE

Please contact the MHCP Provider Call Center at 651-431-2700 or 1-800-366-5411 (option 1) if you have any questions. Thank you for your participation in Minnesota Health Care Programs.

Thank you
MHCP Provider Enrollment

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Obtaining 245D License

Accessing Licensing Information

36

Services

- [Save the Date for the 2013 Aging and Disability Odyssey Conference](#)
- Sign up to get [email notices](#) of new Provider Updates, Provider News, etc.

Provider News

Provider Updates

Training for Waiver Providers

Provider Manual

Additional Resources

MN-ITS View/Access

Enrollment Information

- [New Enrollment](#)
- [Record Review](#) (Posted weekly: processing documents received 3/19/2013)
- [Adding Services](#)

Continuing Care Initiatives

- [HCBS Waiver and AC Provider Standards \(WPS\) – Initiative](#)
- [Rate Frameworks](#)

Licensing

- [DHS Licensing](#)
- [Minnesota Department of Health \(MDH\)](#)

Additional Waiver Billing Resources

- [Submitting a MN-ITS Interactive Professional \(837P\) claim for Waiver and Alternative Care Services](#)

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County redesign

Disability services

Employment services manual

Food support outreach

Grants and RFPs

IEP providers

Managed care organizations

State LTC profile

HCBS partners panel

Application Fees

37

- Beginning July 1, 2013, 245D license applicants will pay an application fee equal to the annual license renewal fee or \$500, whichever is less.
- Applicants submitting a 245D license application after January 1, 2014, will pay the \$500 application fee.
- Qualifying 245B license holders will not pay an application fee for the conversion of their 245B licenses to a 245D license.

License Holder Required Information

38

- License holder name and location and type of business
- Controlling individuals, i.e., the license holder, owners, and managerial officials
- Authorized agent
- Sensitive background study (BGS) information person
- Program name(s) and location(s)

Existing DHS License Holders

39

- Existing DHS license holders received notice to provide all but the BGS and program information as part of a 2012 legislative update.
- Existing license holders will complete an abbreviated application/conversion.
- DHS licensed providers must complete the 2012 update before they can proceed with an application or conversion.

245D HCBS Program License Application Process

40

- Providers who do not hold a 245B DD services license must apply for a 245D-HCBS program license.
- Pre-application checklist will be available online to help prepare for the application
- Complete online application using the eLicensing system; instructions for establishing log-in credentials will be provided when the user begins the application

245 D Application Process (continued)

41

- Program policies and procedures; samples of the policies required for application will be available online before July 1, 2013, for the applicant to modify for their program:
 - Drug and alcohol prohibition policy, MS § 245A.04, subd. 1 (c)
 - Vulnerable adults & minors maltreatment reporting & internal review, MS § 245A.65, subd. 1 (a) and (b) & 626.557, subd. 4a; 245A.66 and 626.556
 - Emergency use of manual restraint, MS § 245D.06, subd. 1 (a); 245D.06, subd. 5; & 245D.061, subd. 10
 - Grievances, MS § 245D.10, subd. 2
 - Service suspension and service termination, MS § 245D.10, subd. 3
- Workers compensation insurance verification

245D Application Process (continued)

42

- Authorized agent must attest to the license applicant agreement
- Submit application and pay application fee online via US Bank using a credit card
- Temporary NETStudy access will be issued to the applicant's sensitive BGS information person. BGS must be initiated and clear on all controlling individuals in order to complete the application

245D Application Process (continued)

43

- Once the CI BGS have cleared the applicant will be notified that a PDF version of the completed application is available for printing
- DHS Licensing will evaluate the application once a complete application has been received; DHS may take up to 90 working days to take action on the application
- If the application is substantially incomplete or deficient a written notice will be issued to the applicant identifying what must be corrected and resubmitted within 45 days.

Conversion 245B to 245DD

44

Applicants who meet the following criteria will be subject to a modified application process identified in section 245A.042, subd. 2, and are exempt from paying an application fee:

- the applicant holds a chapter 245B license issued on or before December 31, 2013, at the time of application;
- the applicant's chapter 245B license or licenses are in substantial compliance according to the licensing standards in this chapter and chapter 245B; and
- the commissioner has conducted at least one on-site inspection of the chapter 245B license or licenses within the two-year period before submitting the chapter 245D license application.

Conversion of Rule 203 Adult Foster Care Licenses to 245D Community Residential Setting License

45

- Corporate adult foster care homes where services licensed under 245D will be provided must convert to a 245D Community Residential Setting license.
- There is no application fee required for the conversion of these licenses.
- The conversion will be processed using the DHS eLicensing system as part of the application or conversion to a 245D Home and Community-Based Services program license.

Annual Renewal Fees – Amount & Payment

46

- All DHS licenses expire on Dec. 31 of each calendar year and an annual license fee must be paid before Jan. 1, to renew the license for the next calendar year. DHS Licensing issues an invoice to license holders starting in Oct. for the annual license fee. Annual licenses fees are paid online through US Bank.
- The 245D annual license fee is based on revenues derived from the provision of services that would require licensure under chapter 245D during the calendar year immediately preceding the year in which the license fee is paid. The lowest fee is \$200 for revenues equal to or less than \$10,000 and the highest fee is \$18,000 for revenues equal to or greater than \$15 million.

Annual Renewal Fees – Verification of Provider Revenue

47

- If requested, the license holder must provide information to DHS to verify the annual revenues or other information as needed, including copies of documents submitted to the Department of Revenue.
- At each annual renewal, a license holder may elect to pay the highest renewal fee, and not provide annual revenue information to DHS.

Annual Renewal Fees – Verification of Provider Revenue (continued)

48

- A license holder that knowingly provides incorrect revenue amounts for the purpose of paying a lower license fee shall be subject to a civil penalty in the amount of double the fee the provider should have paid.
- A license holder providing services under one or more 245B licenses in effect on May 15, 2013, shall pay an annual license fee for calendar years 2014, 2015, and 2016, equal to the total license fees paid by the license holder for all licenses held under chapter 245B for calendar year 2013.

eLicensing Application

Access Licensing Web Site



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Additional Waiver Billing Resources

- [Submitting a MN-ITS Interactive Professional \(837P\) claim for Waiver and Alternative Care Services](#)

Select Depending on Current Licensing Status

51



Minnesota Department of **Human Services**

LIS (beta)

minnesota north star

Home

DHS Licensing Division

DHS LicenseApplicant/License Holder Actions

Help

Contact Us

Start new application - I do not hold a DHS license

Start new application - I hold a DHS license, but not a 245B DD services or adult foster care license

Convert existing license - I hold a DHS license, either a 245B DD services or adult foster care license

		ApplicationID	LicenseID	Status
<u>Edit</u>	<u>Delete</u>	155	204	In Application

245D License Application

52

DHS | LIS(v2) - Windows Internet Explorer
http://10.1.213.98:801/NewApplication.aspx
Favorites | MinnesotaHelp.info - Onli... | E-Licensing Admin Tool | E-Licensing | MnCHOICES Sharepoint | LIS SharePoint
DHS | LIS(v2) | DHS | LIS(v2) | Page | Safety | Tools



Minnesota Department of Human Services

LIS (beta)

minnesota north star

Home

DHS 245D HCBS License Application

License Holder

"License holder" is the entity that is legally responsible for the operation of the program. This information will be printed on your license certificate under, "Issued To". **Please read the following section carefully and then select either "individual" or "nonindividual."**

You must check "individual" if you are not a business corporation, nonprofit corporation, limited liability corporation, limited liability partnership, voluntary association, or government entity, and then provide the information requested. **Your ownership type will default to "sole owner"**. You must provide your social security number. You must also provide your Minnesota tax identification number and your Federal Employer ID Number (FEIN) if you have these numbers. If you do not have a Minnesota tax identification number, or a FEIN, you must enter 0000000 (all zeroes).

If another individual is a co-owner with you, and neither of you is a business corporation, nonprofit corporation, limited liability corporation, limited liability partnership, voluntary association, or government entity, then you must list both of you as individuals. Click on "add another individual" to add the additional name(s) and required information of that individual.

You must check "nonindividual" if you are a business corporation, nonprofit corporation, limited liability corporation, limited liability partnership, voluntary association, or government entity, and then provide the information requested. **You must also tell us the type of business entity you are** (corporation, limited liability corporation, government entity, etc.) and provide your Minnesota tax identification number and your Federal Employer Identification Number (FEIN).

If you do not have a Minnesota tax identification number or a FEIN, you must enter 0000000 (all zeroes).

***TIP* - If you run into address validation issues, please refer to the address indicated on your utility bill (or other formal documents) and enter it exactly as it appears there.**



[Click to add another](#)

[Remove this License Holder](#)

Are you an individual or a nonindividual? * Individual Nonindividual

Ownership Type: * Sole Owner

Full legal NAME (Do not abbreviate. Use legal name according to the IRS.)
First Name: * Middle Name: Last Name: *

Social Security Number: *

Minnesota Tax ID Number: * Federal Employer ID (FEIN): *

Telephone Number: * Fax Number:

* Indicates required field

Save

Next >

Provider Impacts

Provider Impacts Incomplete Record Review

54

- No impact through 9/30/2013
- Beginning 10/1/2013 if record review not complete:
 - Edits post on Service Authorizations (SA) – provider cannot be authorized for service
 - Edits post on claims – able to pay through 12/31/2013
- Beginning 1/1/2014 if *both* record review incomplete *and* new standards unmet:
 - Edits post on Service Authorizations (SA) – provider cannot be authorized for service
 - Edits post on claims – no payment beginning 1/1/2014 until both record review and standards met

Provider Resources

Online Resources

www.DHS.state.mn.us/provider

56



- [MHCP Provider home](#)
- [HCBS Waiver/AC Provider Home page](#)
- [HCBS Waiver Provider Standards web page](#)
- [MHCP Enrollment Information](#)
- [DHS Licensing - Licensed Programs and Services](#) **

****License Holder & Applicant Resources**

57

- Resources for license holders and applicants will be available online before July 1. There will be links to information and resources from Licensing, Provider Enrollment and Continuing Care – Disability and Adult & Aging Services Divisions.
 - General information on HCBS licensing requirements
 - eLicensing online application

License Holder & Applicant Resources

58

- Additional resources will be posted after July 1 as they're developed by DHS:
 - Samples of all 245D required policies and procedures for programs to modify and use within their programs
 - Samples forms and records for programs to modify and use within their programs
 - 245D self-monitoring checklists

All Other Questions

59

- **MHCP Provider Call Center at:**
 - 651-431-2700
 - Toll free 1-800-366-5411
 - Select Option 1 for Call Center
 - Select Option 4 Home care/Waiver
- **MN–ITS only question:**
 - Select Option 6 for assistance with:
 - Changes to primary administrator
 - Using MN–ITS
 - Retrieving mail from the mailbox

Questions

Thank You!