

E-Licensing Management System,

Reference Guide for Submitting a Licensing Application



Minnesota Department of **Human Services**

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Division of Licensing
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Getting Started with Login Credentials

You will be able to save your changes and exit the application at any time; this does not have to be done in one sitting. **Note, it is strongly recommended that you SAVE OFTEN!**

Establishing Login Credentials

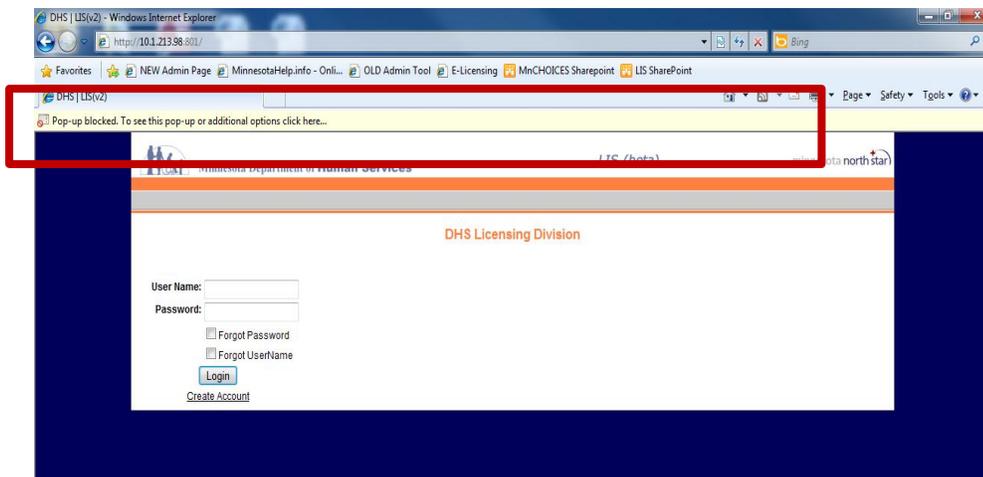
To submit an application, the applicant must first establish login credentials through the registration system. Please go to the following website and click on the link to '**Apply for 245D License**':

http://www.dhs.state.mn.us/dhs16_177371

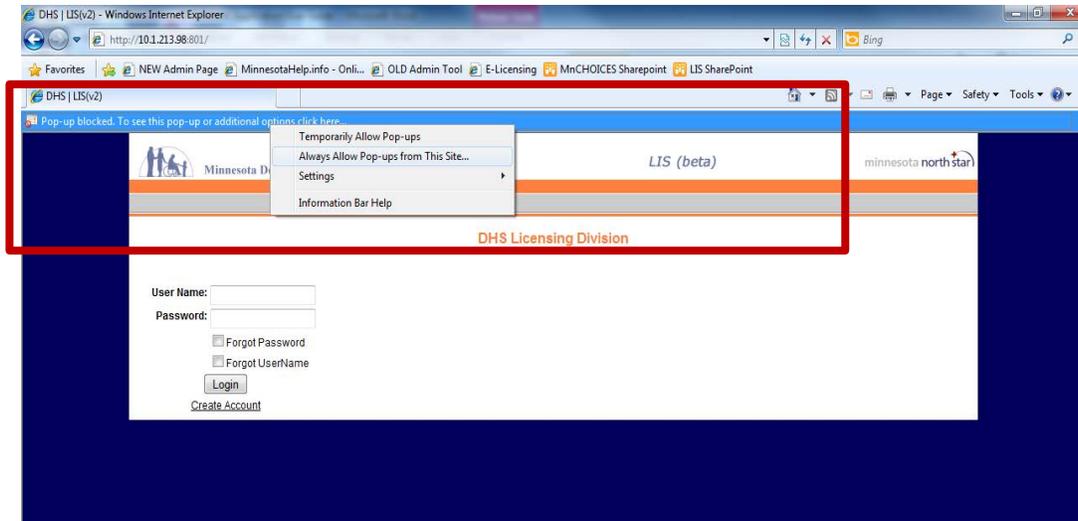
You will be brought to the home page for the eLicensing application. Click on the 'Create Account' link.



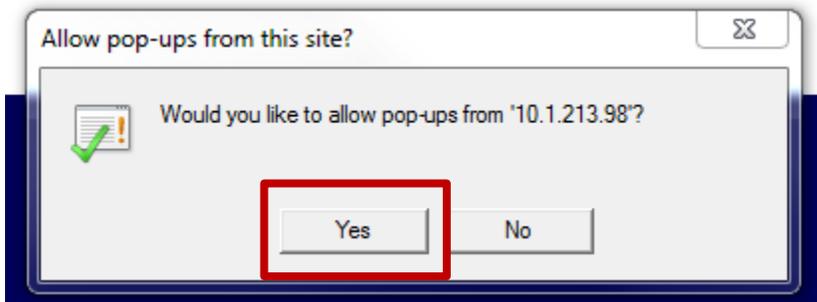
In the event that the screen seems to remain as is and not transition to the 'Create Account' screen, it could be that you need the application to allow for *pop-ups* in the application. There will be a bar that appears at the top of the screen indicating what the issue is. Click on the message (left button click on the mouse).



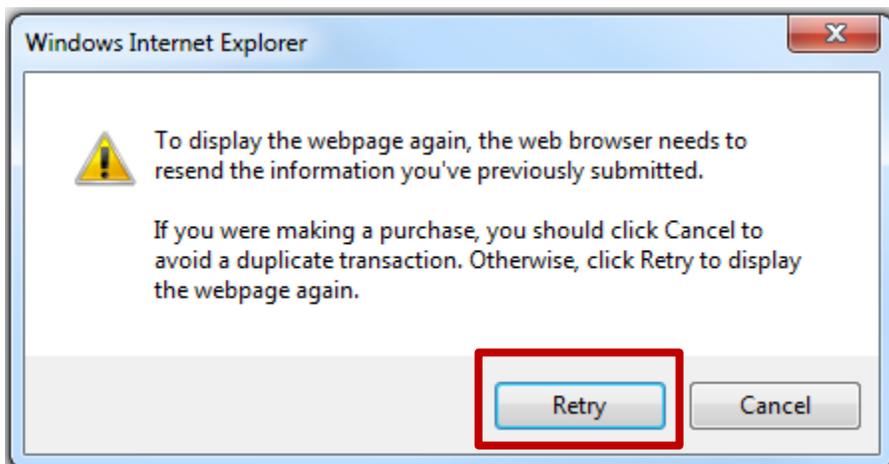
Select the option 'Always allow Pop-ups from This Site'.



If you receive a confirmation message to allow pop-ups from the site, click on the 'Yes' or 'OK' button.



If you receive the following Windows Internet Explorer message, click on the 'Retry' button.



You will then be brought to the screen to set up your login credentials. **Note, all of these fields are required in order to create an account.**

The screenshot shows the 'DHS Account Management' registration page. It includes a header with the DHS logo and 'minnesota north star' branding. The form fields are: First Name, Last Name, Login Name, Password, Confirm Password, Email, Confirm Email, Security Question - 1 (with a dropdown menu and hint/answer fields), and Security Question - 2 (with a dropdown menu and hint/answer fields). A 'Create Account' button is at the bottom. Two red callout boxes with arrows point to the Password and Confirm Password fields. The first callout says: 'You can enter in what you want for Login Name, including your email address if that is the preference.' The second callout says: 'Password must be 8 characters and include a capital letter, lower case letter, number and special character.'

If the required fields have not been populated here are the messages that will return.

Please correct the following errors

- You must enter first name.
- You must enter last name.
- You must enter a login name.
- You must enter a password.
- You must enter a confirm password.
- You must enter an email.
- You must enter an email confirmation.
- Question 1: You must answer the question.
- Question 2: You must answer the question.

In addition to the error messages referenced above, a user could also receive errors in the following situations:

Password must contain at least one numeric character, one upper case letter, one lower case letter, and one special or punctuation character such as @ or +. Password cannot contain spaces.

- In order to correct the above error, please read the message to ensure that you have the following for your password; 1) Capital letter, 2) Lower case letter, 3) Special character (#, \$, -), 4) Numeric characters, and 5) No spaces

Confirmation password must match New password. Passwords are case sensitive.

- In order to correct the above error, please ensure that what was entered as a password in the 'Confirm Password' field matches what was entered in the 'Password' field. You may need to rekey some of this information to make sure there were not any typos.

E-mail Address format must be valid. An E-mail Address must contain an "@" and at least one "." after the "@". The E-mail Address cannot contain spaces.

- In order to correct the above error, please ensure that the 'Email' address includes an '@' sign, and that there is at least 1 '.' after the '@' sign.
- **Email and confirm email must match.**
- In order to correct the above error, please ensure that what was entered as an email address in the 'Confirm Email' field matches what was entered in the 'Email' field. You may need to rekey some of this information to make sure there were not any typos.

Once all of the required fields have been properly entered, a message will appear that indicates the account has been created. To get back to the Login screen and now enter your credentials to the ELicensing application, click on the 'X' in the upper right hand corner. You will be brought back to the Login page that you initially started from.

DHS Account Management

Account created!

First Name: Jane

Last Name: Johnson

Login Name: jane.johnson@yahoo.com

Password:

Confirm Password:

Email: jane.l.johnson@yahoo.cor

Confirm Email: jane.l.johnson@yahoo.cor

Security Question - 1: Choose One: What is your mother's maiden name?

Hint:

Answer:

Security Question - 2: Choose One: Who is a memorable person from your childhood?

Hint:

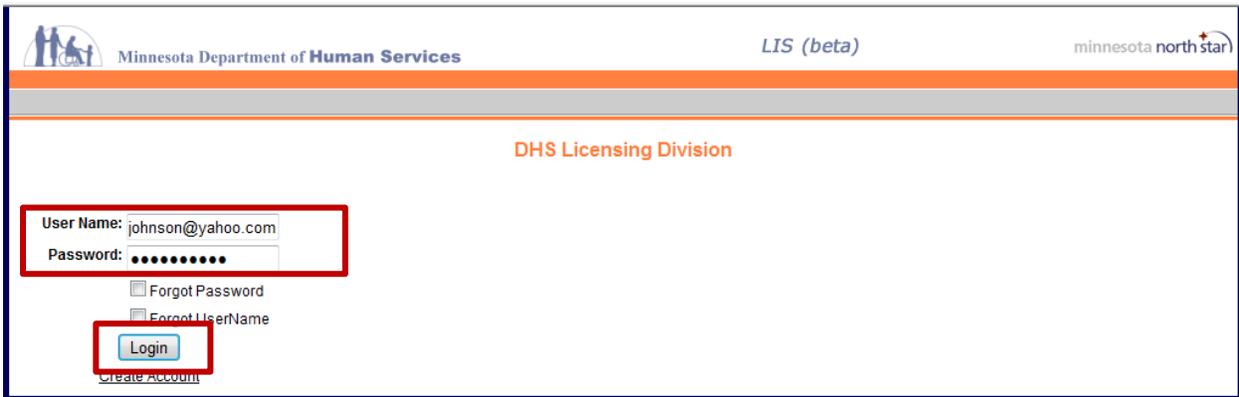
Answer:

Create Account

User Authentication

Once your login credentials have been established, you will be able to access and submit a licensing application via the ELicensing system.

You must enter your User Name and Password, and click on the 'Login' button to access the application.



The following error messages may appear when attempting to login:

Must enter username and password

- In order to resolve the above error, please ensure that the 'User Name' field and 'Password' field(s) are populated.

Invalid Login Name or Password

- In order to resolve the above error, please ensure that the 'User Name' field and 'Password' field(s) are populated with the correct/valid combination that you set up your user account for. Note, you will receive this error message in any of these situations; 1) The 'User Name' is correct but the 'Password' is incorrect, 2) The 'User Name' is incorrect but the 'Password' is correct, or 3) The 'User Name' and 'Password' field(s) are both incorrect.

Your account has been locked. Please wait 24 hours and try again. If you need additional assistance after that please call 651-431-6624 or email DHS.245Dlicensehelp@state.mn.us

- This message will appear if you have attempted to login into the application 5 times with the incorrect 'User Name' and 'Password' combination. In order to resolve the above error the user should wait 24 hours to try logging in again and if there are still issues he/she can follow the information in the error message as to who to contact for assistance.

Depending on which browser you use, you may be prompted about the browser remembering your password. It is up to you if you want the browser to remember your password for the next time you log in. Select 'Yes', 'No', 'OK', 'Cancel', etc. as you see fit and/or prefer.



Forgot UserName Reminder

If you have forgotten your Login information, you can leverage the 'Forgot Username' functionality in the application. From the login page, click on the 'Forgot Username' check box.



You must enter in the 'Email' and 'Last Name' fields before clicking on the 'Send User Name' button.



The following error messages may appear when attempting to send on your user information to receive a reminder:

You must enter your email.

- In order to resolve the above error, please ensure that the 'Email' field is populated.

You must enter your last name

- In order to resolve the above error, please ensure that the 'Last Name' field is populated.

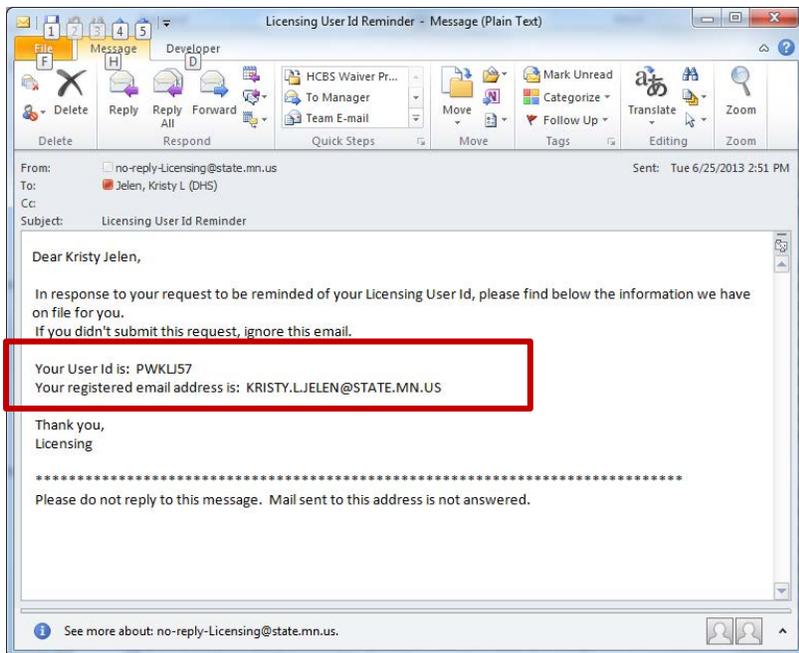
E-mail Address format must be valid. An E-mail Address must contain an "@" and at least one "." after the "@". The E-mail Address cannot contain spaces.

- In order to resolve the above error, please ensure that the 'Email' field has a valid email address that contains an '@' sign and '.' after the '@' sign.

Once your request has been processed, you will receive a confirmation message that says:

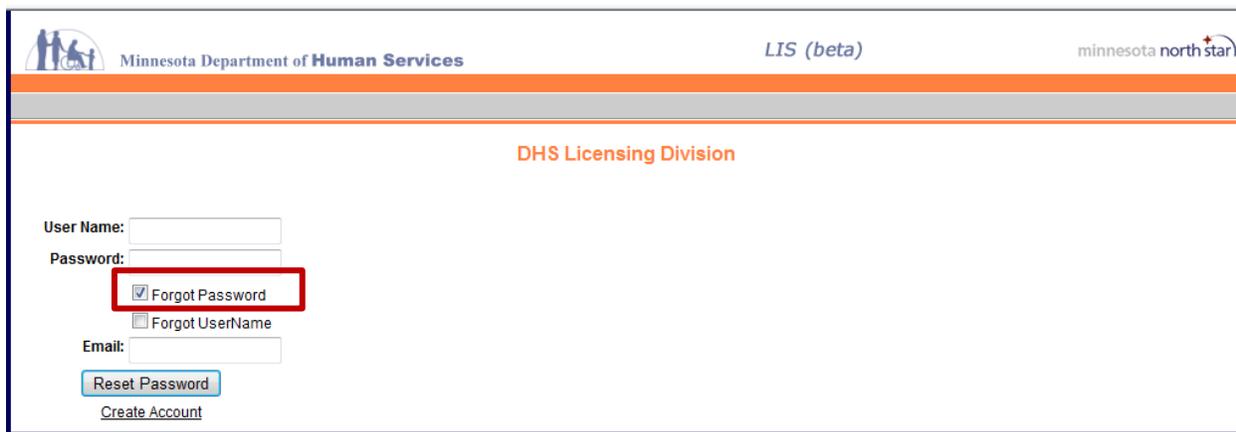
Your user name has been emailed to all emails associated with your account.

The email will appear with the following information:



Forgot Password Reminder

If you have forgotten your Password information, you can leverage the 'Forgot Password' functionality in the application. From the login page, click on the 'Forgot Password' check box.



You must enter in the 'Email' and 'User Name' fields before clicking on the 'Reset Password' button.

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DHS Licensing Division

User Name:

Password:

Forgot Password

Forgot User Name

Email:

[Reset Password](#)

[Create Account](#)

The following error messages may appear when attempting to send on your user information to receive a reminder:

You must enter your user name.

- In order to resolve the above error, please ensure that the 'User Name' field is populated.

You must enter your email.

- In order to resolve the above error, please ensure that the 'Email' field is populated.

E-mail Address format must be valid. An E-mail Address must contain an "@" and at least one "." after the "@". The E-mail Address cannot contain spaces.

- In order to resolve the above error, please ensure that the 'Email' field has a valid email address that contains an '@' sign and '.' after the '@' sign.

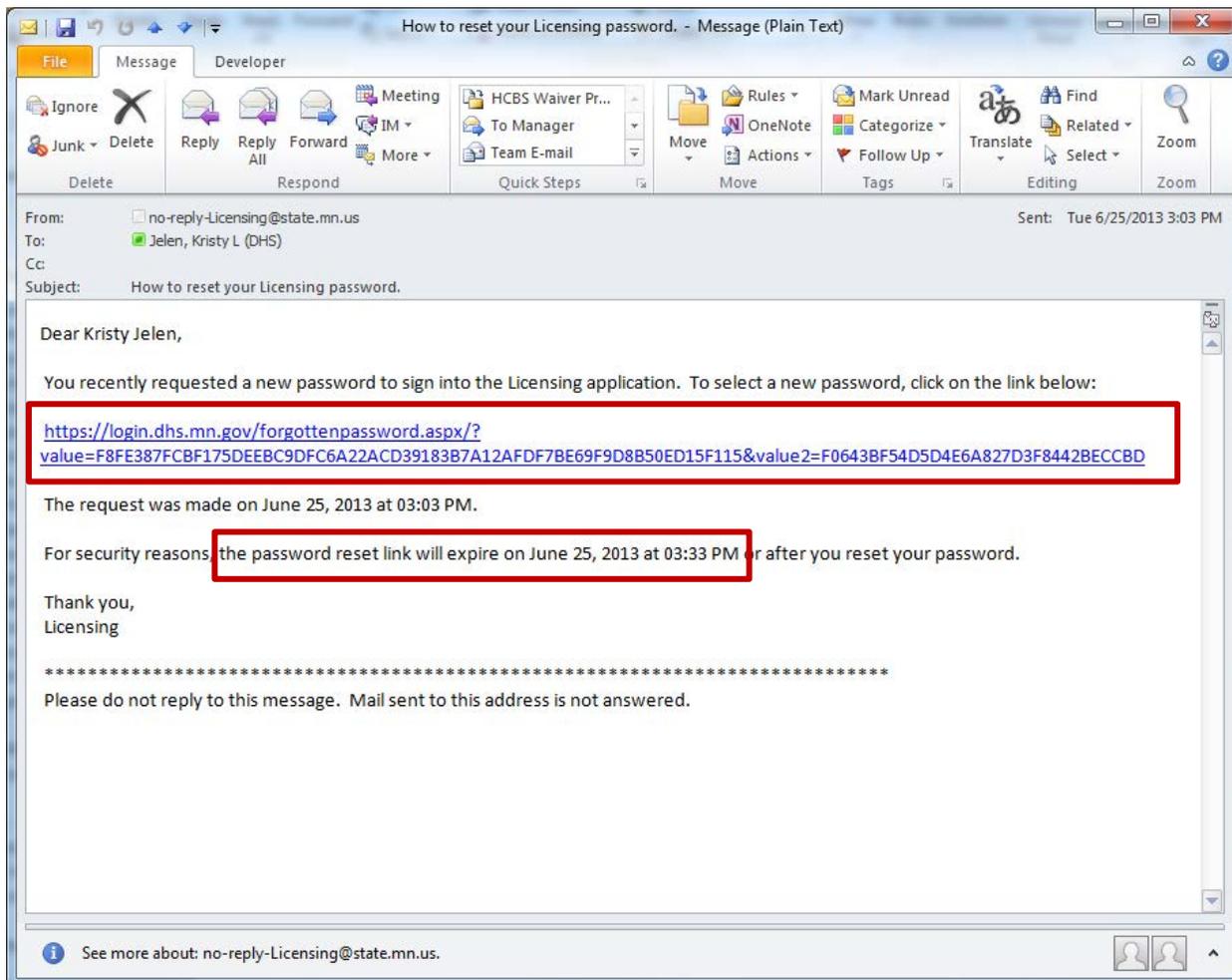
Not a valid user

- In order to resolve the above error, please ensure that the User Name is correct. It is validating against the User Name that was used to create the user account that is stored in the database.

Once your request has been processed, you will receive a confirmation message that says:

Your password reset request has been completed. Please check your email for further instructions.

The email will appear with the following information: *Note, the password reset will expire after 30 minutes, so be sure to change your password right away. Also, you need to click on the blue hyperlink in the email to reset your password.*



The user will be brought to this screen once the blue hyperlink is clicked on. At this point in time the user must enter the answers to the questions that were submitted when the user account was first set up.

Question	Hint	Answer
What is your mother's maiden name?	Show Hint	<input type="text"/>
Who is a memorable person from your childhood?	Show Hint	<input type="text"/>

The following error messages may appear when attempting submit answers to the questions to be able to reset your password.

Answers are not correct. Please try again.

- In order to resolve the above error, please ensure that both answers have been provided, and that both answers match what was entered at the time of account set up.

Once the correct answers have been provided you will be brought to the next screen to enter a 'New Password' and 'Confirm Password.'

The following error messages may appear when attempting to reset your password.

New password is required.

Confirmation password is required.

- In order to resolve the above error(s), please ensure there is a value in the 'New Password' and 'Confirm Password' fields.

Confirmation password must match New password. Passwords are case sensitive.

- In order to resolve the above error, please ensure the value entered in the 'Confirm Password' field matches what is in the 'New Password' field.

Password must be between 8 and 20 characters.

Password must contain at least one numeric character, one upper case letter, one lower case letter, and one special or punctuation character such as @ or +. Password cannot contain spaces.

- In order to resolve the above error(s), please ensure the new password you are trying to create meets the password requirements.

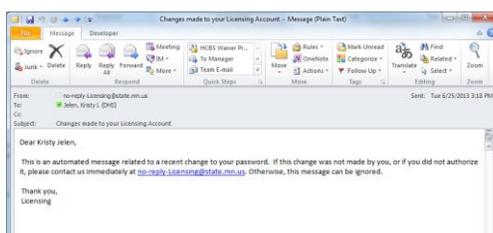
New password cannot match the current password.

- In order to resolve the above error(s), please ensure the new password you are trying to create is not the same as your previous password.

When the new password is created you will receive the following message:

Password created! Please close window and return to the application.

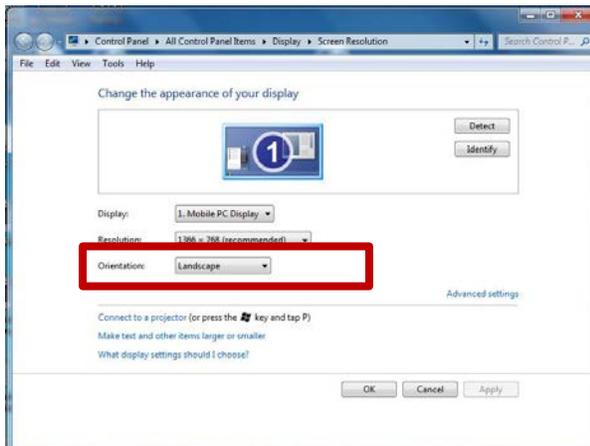
An email also gets generated:



General Navigation, Functionality and Other Tips

This section highlights information on general navigation, functionality and other tips for the online application.

- Recommended resolution settings are 1366 x 768
 - To check this on your PC, go to the Desktop and right click. Select “Screen Resolution”. The next screen to appear shows what the resolution is currently set to; utilize the drop down option to change this if necessary.



- It is recommended to use Internet Explorer as a browser for completing the application

Required Fields are denoted by a red star – you are unable to move onto the Next screen until they are appropriately completed.

* Indicates required field



Hyperlinks are denoted in blue font or with an underline – you are able to click on the hyperlinks and launch other resources for information regarding licensing.

The Authorized Agent must meet the definition of "controlling individual" in section [245A.02, subd. 5a](#). "Controlling individual" means a public body, governmental agency, business entity, officer, owner, or managerial official whose responsibilities include the direction of the management or policies of a program, as defined in section [245A.02, subd. 5a](#).

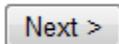


Save button allows the applicant to save his/her work in draft status. **Note, an application ID does not get created until the applicant has first clicked on Save.**

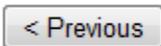
As a general rule of thumb SAVE OFTEN!



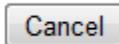
Next button allows the applicant to proceed to the next screen. Note, all required fields must be appropriately entered in order to proceed; if a red error message appears upon clicking on Next, the error must be resolved before moving on (see other sections in this manual for more information on required fields).



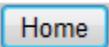
Previous button allows the applicant to go back to the previous screen. **Note, use the Previous button to navigate back to a previous screen and DO NOT use your browser back icon.**



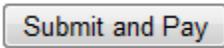
Cancel button allows the applicant to exit out of the application. **Note, save your changes prior to canceling out of the application – if you do not save your changes, you will lose your changes.**



Home button allows the applicant to return to the licensee dashboard. **Note, save your changes prior to canceling out of the application – if you do not save your changes, you will lose your changes.**



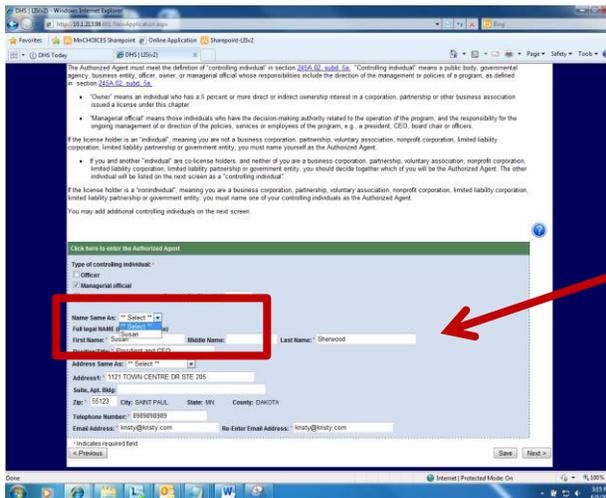
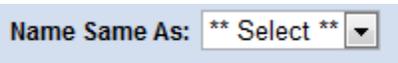
Submit and Pay button allows the applicant to submit their application and proceed in the process to pay the application fee.



Question Mark button launches additional, helpful resources specific to the screen he/she is entering information for.



Name Same As drop down allows the applicant to select from a previously identified individual entity to default already entered values.



Values entered in previous screens will default into these fields.

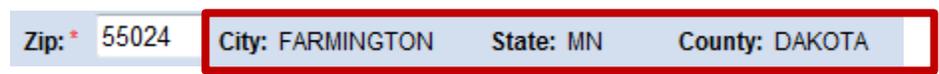
Address Verification is validated against a tool called CDYNE PAV (Postal Address Verification). If CDYNE does not find the address you have typed in, you will receive an error message and need to correct it before proceeding in the application process.

TIP - If you run into validation issues, try entering the address as it appears on your utility bill (or other formal documents). Remember, a P.O. Box is not acceptable.



Address1: * [Redacted]
Suite, Apt. Bldg: [Redacted]
Zip: * [Redacted] City: State: County:

When the address gets validated, City, State, and County will automatically default in. For more information on this please see the Address Verification (CDYNE) Troubleshooting Tips section.

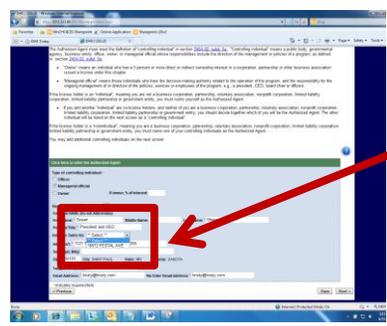


Zip: * 55024 City: FARMINGTON State: MN County: DAKOTA

Address Same As drop down allows the applicant to select from a previously identified address and default already entered values.



Address Same As: ** Select **



Values entered in previous screens will default into these fields.

Click to add another link allows the applicant to add more than one License Holder, Controlling Individual, Program Name and Location, etc.

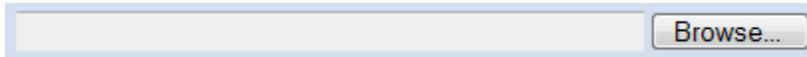
[Click to add another](#)

Remove this link allows the applicant to remove any License Holder, Controlling Individual, Program Name and Location, etc. that may have been entered in error.

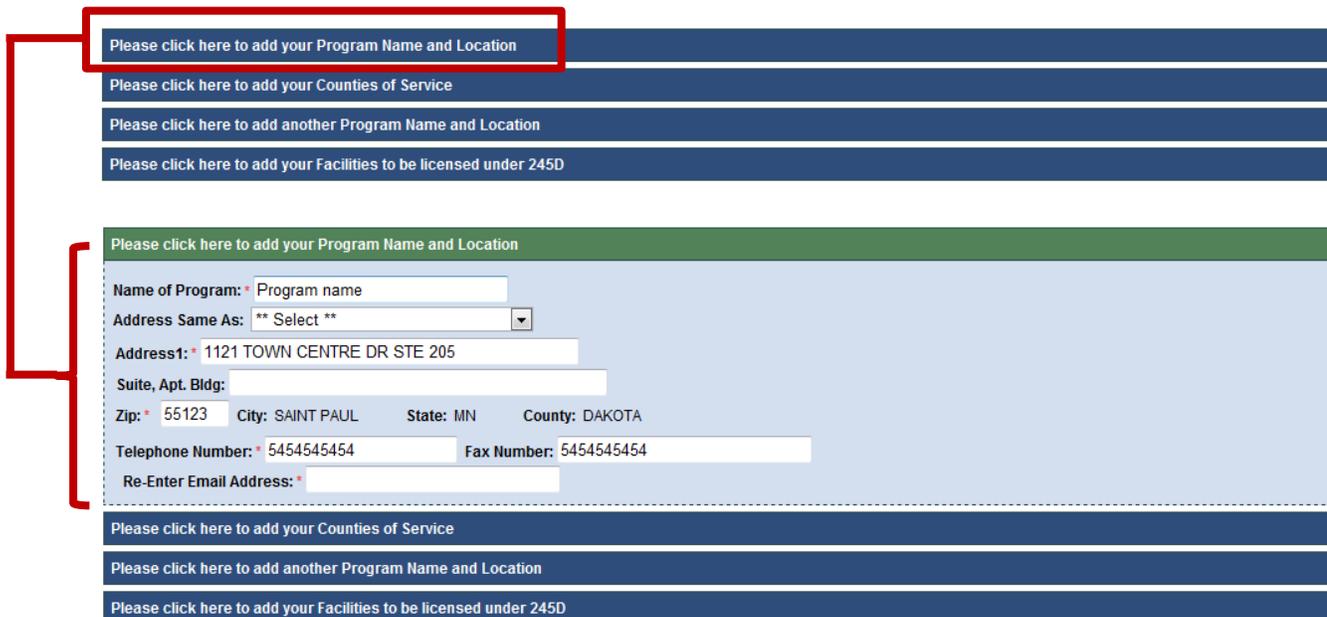
[Remove this License Holder](#)

[Remove this Controlling Individual](#)

Browse button allows the applicant to browse and upload required application documents from his/her computer. For more information on how to browse and upload a document, please see the **Additional Required Materials** section.



Accordions allow collapsing of information to maximize working space on a screen. When the applicant clicks on an accordion, the section will collapse and allow the applicant to enter in the applicable information. In this example, when the applicant clicks on the accordion “Please click here to add your Program Name and Location”, the required information will collapse/appear for entry.



Please click here to add your Program Name and Location

Please click here to add your Counties of Service

Please click here to add another Program Name and Location

Please click here to add your Facilities to be licensed under 245D

Please click here to add your Program Name and Location

Name of Program: * Program name

Address Same As: ** Select **

Address1: * 1121 TOWN CENTRE DR STE 205

Suite, Apt. Bldg:

Zip: * 55123 City: SAINT PAUL State: MN County: DAKOTA

Telephone Number: * 5454545454 Fax Number: 5454545454

Re-Enter Email Address: *

Please click here to add your Counties of Service

Please click here to add another Program Name and Location

Please click here to add your Facilities to be licensed under 245D

Licensee Dashboard

Once the user logs into the system, he/she is defaulted to the Licensee Dashboard screen. The applicant is able to reference his/her Application Number and the status of the Application on this screen. In addition, the user is able to manage the following:

- Starting a new application
- Editing a saved application that has not yet been submitted
- Deleting a saved application that has not yet been submitted
- Viewing a submitted application (there is no option to edit at this point)

DHS Licensing Division

DHS LicenseApplicant/License Holder Actions Help Contact Us

Start new application - I do not hold a DHS license

	ApplicationID	Status
Edit Delete	274	In Process
Edit Delete	275	Processed

There are also 'Help' and 'Contact Us' tabs the user can access for more information on applying for a DHS license.

DHS Licensing Division

DHS LicenseApplicant/License Holder Actions Help Contact Us

HELP
 More information about Home and Community-Based Services licensed under Minnesota Laws, Chapter 245A and 245D, and answers to Frequently Asked Questions, can be found on the [DHS Licensing Division web site](#).

DHS Licensing Division

DHS LicenseApplicant/License Holder Actions Help Contact Us

CONTACT US:
 For licensing related questions, please call (651) 431-6624 or
 Email us at dhs_245Dlicensehelp@state.mn.us
 For provider enrollment related questions, please call (651) 431-2700 or (800) 355-5411
 Email us at dhs_healthcare-providers@state.mn.us

Privacy Notice

The user MUST scroll through and read the privacy notice, as well as click on the check box to agree with the terms of it before he/she is able to move on in the application process.

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Home

DHS 245D HCBS Applicant and License Holder Privacy Notice

Purpose and intended use of the information:
Minnesota Statutes, section 245A.04, requires the Department of Human Services (DHS) to conduct an inspection of the program before issuing a license. These inspections are to be completed according to the requirements of Minnesota Statutes, Chapter 245A. The information requested in this application will be used to facilitate this inspection and the issuance of a license.

May I refuse or am I legally required to provide the information? Minnesota Statutes, section 245A.04, subdivisions 5 and 7, require an applicant to give the Commissioner of DHS access to necessary information whenever the program is in operation and such information is relevant to inspections or investigations conducted by the Commissioner. Failure to comply fully with applicable laws or rules, or to knowingly withhold relevant information from or give false or misleading information, may result in the non-issuance of a license, or the suspension or revocation of your license.

What happens if I do not answer the questions asked?
We need information about you and your program to determine that conditions for licensure have been met. Without some information, we may not be able to determine such conditions exist. Minnesota Statutes, section 245A.04, subdivision 5, requires applicants and license holders to give the Commissioner of DHS access to necessary information whenever the program is in operation and such information is relevant to inspections or investigations conducted by the Commissioner. **Giving us the incorrect information on purpose may result in investigating and charging you with fraud.**

By checking the box to the left I am verifying that I am the authorized agent and that I have read, understand, and agree to the privacy notice provided herein.

License Holder

Here is what the License Holder screen looks like in its' entirety:

Home Change Password Logout

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 and the information on the HELP page carefully.** Then select either "individual" or "nonindividual" as the type of License Holder.

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".

- 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

You must provide the tax identification information requested below. If you do not have a Minnesota tax identification number or a Federal Employer Identification Number (FEIN), you must enter 0000000 (all zeroes).

TIP - Your address will be verified after you enter it. If you run into address validation issues, try entering the address as it appears on your utility bill (or other formal documents). Remember, a P.O. Box is not acceptable.

TIP - PLEASE SAVE YOUR APPLICATION FREQUENTLY OR YOU MAY LOSE YOUR INFORMATION!

[Click to add another](#) ?

[Remove this License Holder](#)

Are you an individual or a nonindividual? * Individual Nonindividual

Ownership Type: *

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

Here is what appears on the License Holder 'Help' screen:

DHS Licensing Division - HELP

More Information about "Type of License Holder", ownership and tax identification information required of all applicants.

On this screen, you need to provide information that clearly identifies who is applying to be the "License Holder." You must tell us whether you are applying as an "individual" or a "nonindividual". The name you enter here will be listed on your license under "Issued To:". If you have registered as a business with the [Minnesota Secretary of State's office](#), you should be certain the information you enter here matches what is on file with the Secretary of State's office.

"Individual applicant" means you are applying for the license and you are not a corporation, limited liability corporation, partnership, voluntary association, or other organization or government entity. For an individual license holder, you must provide your first, middle, and last name as it appears on your driver's license or state-issued identification card and your residential address.

- NOTE: If the license will be issued in a person's name, then you will not be able to add a corporation, partnership, voluntary association, or other organization or government entity as a license holder. You will be able to name "nonindividuals" as controlling individuals later in the application, if they meet the definition of controlling individual.
- Two or more individuals may be co-applicants or co-license holders if neither of them is a corporation, partnership, voluntary association, or other organization or government entity. If you need to add another individual applicant, click on "Click to add another."

"Nonindividual applicant" means a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization or government entity is applying for the license. For a nonindividual, you must provide the business or organization name as it appears on your tax forms or as it is listed with the Secretary of State's business registration and enter the primary business address. Provide the full name of the business; do not abbreviate.

- NOTE: If the license holder will be a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization or government entity, you will not be able to add a person as an individual license holder. You will be able to name additional "individuals" and "nonindividuals" as controlling individuals later in the application, if they meet the definition of controlling individual.

On this screen, you must tell us the ownership type of the License Holder. Select one option from the drop-down box next to "Ownership Type." For information on the types of business ownership go to the [Minnesota Secretary of State's online Business, Nonprofit & UCC page](#).

- If you are an individual applicant, you can only select "sole owner" and not one of the other designations for a business entity or government entity.
- If you are a nonindividual applicant, you cannot select "sole owner." You must select one of the other ownership types.

On this screen, you must provide us with certain tax identification numbers, including your Minnesota Tax I.D. Number and your Federal Employer ID Number if you have one. The Minnesota Department of Revenue requires a business to have a Minnesota Tax I.D. number if it collects sales tax on retail sales in Minnesota; has employees and collects withholding taxes; or is a corporation doing business in Minnesota and files a tax return with the Department of Revenue.

- The MN Tax I.D. number is a 7-digit number that you may also hear called other things, such as "Minnesota business identification number," "sales tax exempt number," "seller's permit," or "business license." If you are registered to collect income tax withholding, your Minnesota Tax ID also serves as your Minnesota Employer ID. For information on registering for a Minnesota Tax ID, go to the [Minnesota Department of Revenue website](#).
- The Federal Employer ID Number (FEIN) is a nine-digit number that IRS assigns in the following format: XX-XXXXXXX.

If you are an individual applicant, you must provide your Social Security Number (SSN) and your Minnesota Tax I.D. Number and your FEIN if you have one. [If you do not have either a Minnesota Tax I.D. Number or a FEIN, enter zeros in the required box.](#)

If you are a nonindividual applicant, meaning you are a business corporation, nonprofit corporation, limited liability corporation, limited liability partnership, voluntary association, or other organization or government entity, you must provide your Minnesota Tax Identification Number (Minnesota Tax ID) and your FEIN. [If you do not have either a Minnesota Tax I.D. Number or a FEIN, enter zeros in the required box.](#)

PLEASE NOTE: Tax identification information is not public, except that under Minnesota Statutes, section 270C.72, DHS is required to provide the Minnesota Department of Revenue the tax identification number and the Social Security Number of each license applicant. In addition, under the Minnesota Government Data Practices Act, we must advise you that:

- This information may be used to deny the issuance of a license, or to revoke a license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
- DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

If you are an 'Individual', the following fields will be displayed for entry.

[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

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

Please correct the following error(s):

- Minnesota Tax ID Number is a required field.
- Federal Employer ID (FEIN) is a required field.
- First Name is a required field for Individual.
- Last Name is a required field for Individual.
- Social Security Number is a required field for Individual.
- Telephone Number is a required field.

If you are a 'Nonindividual', the following fields will be displayed for entry.

[Click to add another](#)

[Remove this License Holder](#)

Are you an individual or a nonindividual? * Individual Nonindividual

Ownership Type: *

(Do not abbreviate. Use legal name according to the IRS.)

Nonindividual Name: *

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

Address1: *

Suite, Apt. Bldg:

Zip: * City: State: County:

Telephone Number: * Fax Number:

* Indicates required field

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

Please correct the following error(s):

- Nonindividual Name is a required field for nonindividual.
- Minnesota Tax ID Number is a required field.
- Federal Employer ID (FEIN) is a required field.
- Address 1 is a required field.
- Telephone Number is a required field.

Rules to be aware of for valid License Holder(s) when utilizing the 'Click to add another' feature:



Valid

- There can be Individual(s),
OR
- There can be a Nonindividual

Invalid

- There cannot be the combination of an Individual **and** Nonindividual
- There cannot be Nonindividual(s)

If these rules have been violated the following error messages will appear in red upon clicking on the 'Next' button. The License Holder needs to be corrected to a valid scenario outlined above before proceeding with the application process.

- There cannot be the combination of an Individual and Nonindividual

Please correct the following error(s):

- Cannot have 1 non individual and 1 individual as license holders.

- There cannot be Nonindividual(s)

Please correct the following error(s):

- Cannot have 2 non individuals as license holders.

Authorized Agent

Here is what the Authorized Agent screen looks like in its' entirety:

DHS 245D HCBS License Application

Authorized Agent

On this screen, you must name a controlling individual as defined in Minnesota Statutes, [Section 245A.02, Subdivision 5a](#) to be your Authorized Agent. Please read the HELP page for more information about who is a controlling individual.

The Authorized Agent is the individual that DHS will contact concerning all Licensing matters provided for in Minnesota Statutes, Chapter 245A and will be the individual that will be served legal notices, if issued. If you have more than one license, the same person will act as the Authorized Agent for all of your licenses.

If the license holder is an "individual", meaning you are not a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you must name yourself as the Authorized Agent.

- If you and another "individual" are co-license holders, and neither of you are a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you should decide together which of you will be the Authorized Agent. The other individual will be listed on the next screen as a "controlling individual".

If the license holder is a "nonindividual", meaning you are a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you must name one of your controlling individuals as the Authorized Agent.

A completed and notarized [Applicant and License Holder Notarized Signature Form](#) is required for the authorized agent.

You may add additional controlling individuals on the next screen.

***TIP* - Your address will be verified after you enter it. If you run into address validation issues, try entering the address as it appears on your utility bill (or other formal documents). Remember, a P.O. Box is not acceptable.**

***TIP* - PLEASE SAVE YOUR APPLICATION FREQUENTLY OR YOU MAY LOSE YOUR INFORMATION!**

Click here to enter the Authorized Agent

Type of controlling individual:

Officer

Managerial official

Owner If owner, % of interest: _____

Name Same As: **** Select ****

Full legal NAME (Do not Abbreviate)

First Name: _____ Middle Name: _____ Last Name: _____

Position/Title: _____

Address Same As: _____

Address 1: _____

Suite, Apt. Bldg: _____

Zip: _____ City: _____ State: _____ County: _____

Telephone Number: _____

Email Address: _____ Re-Enter Email Address: _____

* Indicates required field

< Previous Save Next >

Here is what appears on the Authorized Agent 'Help' screen:

Minnesota Department of Human Services LIS (beta) minnesota north star

[Change Password](#) [Logout](#)

DHS Licensing Division - HELP

More Information about "Authorized Agent"

All applicants and current DHS license holders must designate one person to be the *Authorized Agent* for the license holder. The Authorized Agent is the individual that DHS will contact concerning all Licensing matters provided for in Minnesota Statutes, Chapter 245A. The Authorized Agent is also the individual that will be served legal notices by DHS, if any are issued.

It is the responsibility of the Authorized Agent to ensure that any mail received from DHS is distributed as needed and a response provided within stated timelines when required. The Authorized Agent must be authorized to accept service on behalf of all of the controlling individuals of the program. Service on the agent is service on all of the controlling individuals of the program.

After you receive a DHS license, only the Authorized Agent can submit updates to your license holder information. This increases program integrity by ensuring that only someone authorized by the license holder submits changes affecting the license(s).

- If you are an **individual** applicant, meaning you are not a business corporation, nonprofit corporation, limited liability corporation, limited liability partnership, voluntary association, or government entity, then you must designate yourself as the Authorized Agent.
- If **two or more individuals** are applying as co-applicants, meaning neither of you is a business corporation, nonprofit corporation, limited liability corporation, limited liability partnership, voluntary association, or government entity, then you should decide together which of you will be the Authorized Agent.
- If you are a **nonindividual** applicant, meaning you are a business corporation, nonprofit corporation, limited liability corporation, limited liability partnership, voluntary association, or government entity, then you must designate one of your controlling individuals to be the Authorized Agent.

The Authorized Agent must meet the definition of "controlling individual" in section [245A.02 subd. 5a](#). "Controlling individual" means a public body, governmental agency, business entity, officer, owner, or managerial official whose responsibilities include the direction of the management or policies of a program.

- "Owner" means an individual who has a 5 percent or more direct or indirect ownership interest in a corporation, partnership or other business association issued a license under this chapter.
- "Managerial official" means those individuals who have the decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services or employees of the program, e.g., a president, CEO, board chair or officers.

The person you list on this screen **MUST BE** the same person who completes the [Applicant and License Holder Notarized Signature Form](#) that that you are required to submit with this application. The Authorized Agent must also review the online application and confirm that the information submitted to DHS is true and correct.

The following fields will be displayed for entry.

[Click here to enter the Authorized Agent](#)

Type of controlling individual: *

Officer

Managerial official

Owner If owner, % of interest:

Name Same As: **** Select **** ▼

Full legal NAME (Do not Abbreviate)

First Name: * Middle Name: Last Name: *

Position/Title: *

Address Same As: **** Select **** ▼

Address1: *

Suite, Apt. Bldg:

Zip: * City: State: County:

Telephone Number: *

Email Address: * Re-Enter Email Address: *

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

Please correct the following error(s):

- Type of Authorized Agent is a required field.
- First name is a required field
- Last name is a required field
- Position/Title is a required field
- Address1 is a required field
- Telephone Number is a required field
- Email Address is a required field
- Zip Code is a required field

You must select a type of controlling individual for your 'Authorized Agent' before you are able to move on in the application process. If you receive the message 'Type of authorized Agent is a required field', it is because one of these boxes has not been selected.

Click here to enter the Authorized Agent

Type of controlling individual: *

- Officer
- Managerial official
- Owner If owner, %

If 'Owner' is selected as the Type of Controlling Individual then the % of interest also becomes a required field. If the user has selected 'Owner' and not indicated a % of interest, the following error message will appear upon clicking on the Next button.

Type of controlling individual: *

- Officer
- Managerial official
- Owner

If owner, % of interest:

Please correct the following error(s):

- Percentage of ownership is required for a Authorized Agent type of 'Owner'.

In addition to % of interest being required for an Owner, **the % of interest for all Controlling Individuals combined cannot exceed 100%**. (Note, the Authorized Agent is a Controlling Individual).

Valid

Authorized Agent: Pam Smith, 52% interest

Controlling Individual: Craig Hanson, 18% interest

Controlling Individual: Sam Johnson, 11% interest

Controlling Individual: Sally Nelson, 10% interest

Controlling Individual: Terry Clark, 9% interest

Total % of interest = 100%

Invalid

Authorized Agent: Pam Smith, 52% interest

Controlling Individual: Craig Hanson, 32%

Controlling Individual: Sam Johnson, 25%

Total % of interest = 109%

If the % of interest for all Controlling Individuals combined exceeds 100% the following error message will appear upon clicking on the Next button. This must be resolved to include a valid scenario as outlined above prior to proceeding with the application process.

Please correct the following error(s):

- Ownership Interest - Cannot exceed 100% ownership.

Controlling Individual

Here is what the Controlling Individual screen looks like:

The screenshot shows a web application interface for the Minnesota Department of Human Services. The header includes the department logo, the text "Minnesota Department of Human Services", "LIS (beta)", and the "minnesota north star" logo. Navigation buttons for "Home", "Change Password", and "Logout" are visible. The main content area is titled "DHS Licensing Division" and "Controlling Individual". It contains instructions on how to identify controlling individuals, definitions of "Owner" and "Managerial official", and a note that the Authorized Agent has already been added. A "Click to add another" link is present, along with a "Save" and "Next >" button. A tip at the bottom states: "*TIP* - PLEASE SAVE YOUR APPLICATION FREQUENTLY OR YOU MAY LOSE YOUR INFORMATION!".

Minnesota Department of Human Services LIS (beta) minnesota north star

Home Change Password Logout

DHS Licensing Division

Controlling Individual

You must identify all controlling individuals associated with your license(s). "Controlling individual" means a public body, governmental agency, business entity, officer, owner, or managerial official whose responsibilities include the direction of the management or policies of a program, as identified in section [245A.02, subd. 5a](#). A controlling individual can be either an individual (person) or a nonindividual (organization).

- "Owner" means an individual who has a 5 percent or more direct or indirect ownership interest in a corporation, partnership or other business association issued a license under this chapter. You must list all owners in your business who have more than a 5% ownership interest.
- "Managerial official" means those individuals who have the decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services or employees of the program, e.g., a president, CEO, board chair or officers. You must list all high-level managerial officials.

Your Authorized Agent has already been added as a controlling individual and you do not need to list him/her again.

If you have an additional owner, managerial official, or officer that was not previously entered as the Authorized Agent, **please use the "Click to add another" link, below, to add the remaining controlling individuals.**

All controlling individuals will be required to request a background study from DHS. More information about how to request a background study can be found at [DHS Licensing Background Studies](#).

***TIP* - PLEASE SAVE YOUR APPLICATION FREQUENTLY OR YOU MAY LOSE YOUR INFORMATION!**

Click to add another

* Indicates required field

< Previous Save Next >

Here is what appears on the Controlling Individual 'Help' screen:

Minnesota Department of Human Services LIS (beta) minnesota north star

Change Password Logout

DHS Licensing Division - HELP

More Information About "Controlling Individual"

On this screen, you must provide additional information about the ownership and management of your business that is applying for a DHS license. You must identify all controlling individuals as defined under Minnesota Statutes, [section 245A.02, subdivision 5a](#).

"Controlling individual" includes organizations and individuals.

- For a controlling individual who is an **individual**, provide the person's first, middle, and last name as it appears on the driver's license or state-issued identification card.
- For a controlling individual that is a business/corporation **nonindividual**, this is the business or organization name as it appears on tax forms, and the primary business address. Provide the full name of the organization/business, do not abbreviate.

A License Holder must identify all of the **owners, managerial officials and/or officers** of the License Holder as controlling individuals.

- An **owner of an organization** is an individual who has 5% or more direct or indirect ownership interest in a corporation, partnership, or other business association issued a license under chapter 245A.
- A **managerial official** is an individual who has decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services, or employees of the program.

All controlling individuals will need to have a background study completed as part of your 245D application. More information about initiating a background study request is available on the [DHS website](#).

IMPORTANT: YOU must decide who meets the definition of a controlling individual and list them on this screen; DHS cannot help you decide who is a controlling individual.

If your Authorized Agent is the only Controlling Individual, then the applicant can click on 'Next' in the Controlling Individual screen to move on in the application process. If there are additional Controlling Individuals that are NOT the Authorized Agent then the applicant can click on the 'Click to add another' feature to add them.

[Click to add another](#)

* Indicates required field

< Previous

If the Controlling Individual is an 'Individual' the following fields will be displayed for entry.

[Click to add another](#)

Remove this Controlling Individual

Are you an individual or a nonindividual? * Individual Nonindividual

Type of controlling individual: *

Officer

Managerial official

Owner If owner, % of interest:

Name Same As: ** Select **

Full legal NAME (Do not abbreviate. Use legal name according to the IRS.)

First Name: * Middle Name: Last Name: *

Position/Title: *

* Indicates required field

< Previous

Save

Next >

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

- Please correct the following error(s):
- Type of controlling individual is a required field.
 - First Name is a required field for Individual.
 - Last Name is a required field for Individual.
 - Position/Title is a required field for Individual.

If the Controlling Individual is a 'Nonindividual' the following fields will be displayed for entry.

[Click to add another](#)

[Remove this Controlling Individual](#)

Are you an individual or a nonindividual? * Individual Nonindividual

Type of controlling individual:
 Owner If owner, % of interest:

(Do not abbreviate. Use legal name according to the IRS.)

Nonindividual Name: *

Address Same As: ** Select **

Address1: *

Suite, Apt. Bldg:

Zip: *

City: State: County:

Telephone Number: * Fax Number:

* Indicates required field

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

- Please correct the following error(s):
- Nonindividual Name is a required field for nonindividual.
 - Address 1 is a required field.
 - Telephone Number is a required field.
 - Zip is a required field.

The rules as to whether or not Controlling Individual(s) can be added as an Individual or Nonindividual is driven by how the License Holder was identified; as an Individual or Nonindividual.

If the License Holder is an Individual, then a Controlling Individual of 'Nonindividual' is not accepted and the applicant will receive the following error:

- Please correct the following error(s):
- Cannot have individual license holder with 1 or more non individual controlling individuals.

	Individual(s)	Nonindividual(s)	Combination	Error Message
License Holder	X		Valid	NA
Controlling Individual	X			
License Holder	X		Invalid	Cannot have individual license holder with 1 or more non individual controlling individuals.
Controlling Individual		X		
License Holder		X	Valid	NA
Controlling Individual		X		
License Holder		X	Valid	NA
Controlling Individual	X			

Background Study Contact

Here is what the Background Study Contact screen looks like in its' entirety:

DHS 245D HCBS License Application

Background Study Contact

Each licensed program must have a designated "sensitive background study information person". This is the individual you designate to maintain all background study documentation submitted to and received from DHS as required under sections [245C.07](#) and [245C.20](#). The sensitive background study information person is responsible for receiving background study results, and assuring compliance with any action ordered by the Commissioner with regards to [background studies](#).

This person will receive an email allowing temporary access to the DHS online background study system, [NETStudy](#), in order to submit the background studies required for the application. This person's email address is required in order for the temporary access email to be sent.

TIP - Your address will be verified after you enter it. If you run into address validation issues, try entering the address as it appears on your utility bill (or other formal documents). Remember, a P.O. Box is not acceptable.

TIP - PLEASE SAVE YOUR APPLICATION FREQUENTLY OR YOU MAY LOSE YOUR INFORMATION!

Click here to enter the Sensitive Background Study Information Person

Name Same As: **** Select ****

Full legal NAME (Do not Abbreviate)

First Name: * Middle Name: Last Name: *

Position/Title: *

Address Same As: **** Select ****

Address1: *

Suite, Apt. Bldg.:

Zip: * - - City: State: County:

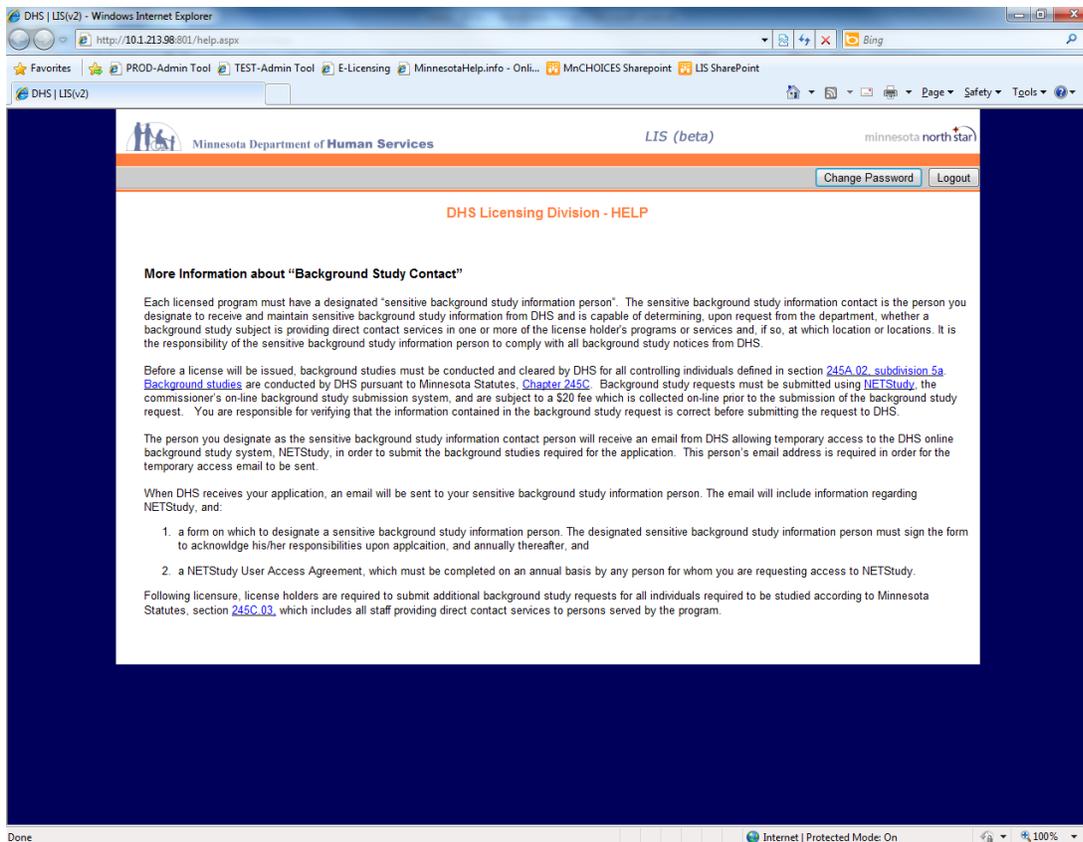
Telephone Number: * Fax Number: *

Email Address: * Re-Enter Email Address: *

* Indicates required field

< Previous Save Next >

Here is what appears on the Background Study Contact 'Help' screen:



The following fields are displayed for entry.

Click here to enter the Sensitive Background Study Information Person

Name Same As:

Full legal NAME (Do not Abbreviate)

First Name: * Middle Name: Last Name: *

Position/Title: *

Address Same As:

Address1: *

Suite, Apt. Bldg:

Zip: * City: State: County:

Telephone Number: * Fax Number:

Email Address: * Re-Enter Email Address: *

* Indicates required field

< Previous Save Next >

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

Please correct the following error(s):

- First name is a required field
- Last name is a required field
- Position/Title is a required field
- Address1 is a required field
- Telephone Number is a required field
- Email Address is a required field
- Zip Code is a required field

Services to be Provided

The applicant must select at least one service the applicant is pursuing licensure for. The applicant has the option to select services that he/she intends to provide in unlicensed settings or facilities not licensed under 245D, or the services that he/she intends to provide in a facility licensed under 245D by clicking on the accordions.

Here is what the Services to be Provided screen looks like:

DHS 245D HCBS License Application

Services to be Provided

You will need a 245D-Home and Community-Based Services (HCBS) program license to provide any of the services governed by Chapter 245D. The 245D-HCBS program license is issued for provision of service in any county in the state. These services may be provided in a variety of settings depending on the service, including:

Unlicensed settings, including:

- A community setting used by the general public, a place of business, or similar setting that is not controlled by the license holder
- In-home, either a person's family home or own home; for respite services only, the provider's private residence

Facilities not licensed under 245D, including:

- Child foster care (CFC), corporate CFC residence licensed by the county
- Child foster care (CFC), family CFC setting licensed by the county
- Adult foster care (AFC), family AFC home licensed by the county
- Supervised Living Facility (SLF) licensed by the MN Department of Health, whether or not it is certified as an ICF/DD

Facilities licensed under 245D, including:

- Day Services Facility (DSF)
- Community Residential Setting (CRS); a CRS is a site that had been licensed as a corporate AFC site where services requiring a 245D license were provided

TIP: PLEASE SAVE YOUR APPLICATION FREQUENTLY OR YOU MAY LOSE YOUR INFORMATION!

Please select the type of services you intend to provide:

[Click here to select the services you intend to provide in unlicensed settings or facilities not licensed under 245D](#)

Basic Support Services

- 24-hour emergency assistance
 - Immediate response only, excluding on-call counseling, and equipment, installation, monitoring, and testing
- Companion services
 - Excluding companion services provided under the Corporation for National and Community Services Senior Companion Program established under the Domestic Volunteer Service Act of 1973, Public Law 98-288

Services to be Provided - Continued:

Homemaker

- Excluding providers licensed by the Department of Health under chapter 144A and those providers providing cleaning services only

Night supervision

Personal support

Respite care services

- In-home or out-of-home provided in either a child foster care home or a family adult foster care home licensed and monitored by the county agency

Intervention Support Services

Behavioral programming

Specialist services

Crisis respite services

- In-home or out-of-home provided in a child foster care home or a family adult foster care home licensed by the county agency

In-Home Support Services

In-home family support or supported living services provided in a person's family or own home

Independent living skills training provided in a person's own home

Semi-independent living skills provided in a person's own home

Day Services License

Day training and habilitation

Prevocational

Structured day

Supported Employment Services

Supported employment services

[Click here to select the services you intend to provide in a facility licensed under 245D](#)

Requested Effective Date: 01/01/2014

Applications received and approved for licensure before Dec. 31, 2013 will be made effective no earlier than Jan. 1, 2014. You may not operate a program or advertise as a licensed program until DHS has approved your application and issued you a license. Under Minnesota Statutes, [245A.03, subdivision 3](#), it is a misdemeanor to provide a residential or nonresidential program that is subject to licensure without a license.

Certificate Options

Check here if you want to apply for Adult Mental Health Certification under section 245D.60. If you choose certification you will be required to meet the additional certification standards on an ongoing basis in order to maintain the certification. A certification will apply to all services provided under the license, unless you choose to limit the scope of the certification to a specified county or facility. In some cases certification may be required in order for a provider to be eligible for a customized (i.e., increased) rate. A certification application packet will be sent to you once the commissioner has approved your application for 245D licensure.

Please select the type of services you intend to provide:

[Click here to select the services you intend to provide in unlicensed settings or facilities not licensed under 245D](#)

[Click here to select the services you intend to provide in a facility licensed under 245D](#)

Upon approval of your application, your 245D-HCBS program license will list these services as services that you are qualified to provide. You will also be issued a 245D facility license that allow you to operate a facility and will govern the physical space of each facility.

Day Services

Day training and habilitation

Prevocational

Structured day

Requested Effective Date: 01/01/2014

Applications received and approved for licensure before Dec. 31, 2013 will be made effective no earlier than Jan. 1, 2014. You may not operate a program or advertise as a licensed program until DHS has approved your application and issued you a license. Under Minnesota Statutes, [245A.03, subdivision 3](#), it is a misdemeanor to provide a residential or nonresidential program that is subject to licensure without a license.

Certificate Options

Check here if you want to apply for Adult Mental Health Certification under section 245D.60. If you choose certification you will be required to meet the additional certification standards on an ongoing basis in order to maintain the certification. A certification will apply to all services provided under the license, unless you choose to limit the scope of the certification to a specified county or facility. In some cases certification may be required in order for a provider to be eligible for a customized (i.e., increased) rate. A certification application packet will be sent to you once the commissioner has approved your application for 245D licensure.

Check here to request adult mental health certification under section 245D.60 or to maintain adult mental health certification granted for an adult foster care license that is converting to a community residential setting under 245D.

* Indicates required field

< Previous Save Next >

The applicant must select now select a service that he/she is pursuing licensure on.

Please select the type of services you intend to provide:

[Click here to select the services you intend to provide in unlicensed settings or facilities not licensed under 245D](#)

[Click here to select the services you intend to provide in a facility licensed under 245D](#)

[Click here to select the services you intend to provide in unlicensed settings or facilities not licensed under 245D](#)

Basic Support Services

24-hour emergency assistance

- Immediate response only, excluding on-call counseling, and equipment, installation, monitoring, and testing

Companion services

- Excluding companion services provided under the Corporation for National and Community Services Senior Companion Program established under the Domestic Volunteer Service Act of 1973, Public Law 98-288

Please select the type of services you intend to provide:

[Click here to select the services you intend to provide in unlicensed settings or facilities not licensed under 245D](#)

[Click here to select the services you intend to provide in a facility licensed under 245D](#)

[Click here to select the services you intend to provide in a facility licensed under 245D](#)

Upon approval of your application, your 245D-HCBS program license will list these services as services that you are qualified to provide. You will also be issued a 245D facility license that allow you to operate a facility and will govern the physical space of each facility.

Day Services provided in a day services facility licensed accoring to 245D

Day training and habilitation

Prevocational

Structured day

Program Name and Location

Program Name and Location

The Program Name and Location is required information on the application. The applicant has the option to add counties of service, additional program name and locations, and facilities. The applicant must click on the accordion for which action he/she would like to take in regards to Program Name and Location.

Here is what the Program Name and Location screen looks like:

DHS 245D HCBS License Application

Program Name and Location

Program Name and Location

This is a location controlled by the license holder (meaning the license holder is the owner, lessor, or tenant of the site), where the license holder maintains client, personnel, or program records or where services are provided, or both. This does not include unlicensed community settings used by the general public or private residences. A license holder must have at least one program office located in Minnesota.

County(ies) of Service

This is the county or counties where community-based services will be provided, meaning service or services are not provided in a licensed facility.

245D Licensed Facilities

This is a facility licensed under 245D as a Day Services Facilities (DSF) or a Community Residential Setting (CRS)

TIP: PLEASE SAVE YOUR APPLICATION FREQUENTLY OR YOU MAY LOSE YOUR INFORMATION!

Please click here to add your Program Name and Location

Name of Program: *

Address Same As: ** Select **

Address: *

Suite, Apt. Bldg: *

Zip: * City: * State: * County: *

Telephone Number: * Fax Number: *

Please click here to add your Counties of Service

Please click here to add another Program Name and Location

Please click here to add your Facilities to be licensed under 245D

* Indicates required field

< Previous Save Next >

Here is what appears on the Program Name and Location 'Help' screen:

DHS Licensing Division - HELP

More Information about "Program Name and Location"

PROGRAM NAME AND LOCATION

This is the name and physical location of the licensed program. If you have multiple program locations enter your primary location here. You must enter at least one program name and location.

A program location is a location controlled by the license holder (i.e., you are the owner, lessor, or tenant of the location) where you provide the 245D licensed services or an administrative office where you store program, service recipient, or personnel records, or both.

COUNTIES OF SERVICE

Select each county where services are provided at a site or location not controlled by the license holder (e.g., a service recipient's home or a community setting), in addition to the county(ies) your program locations.

ADDITIONAL PROGRAM NAME AND LOCATION

Enter each additional program location not already entered as your primary program location.

A program location is a location controlled by the license holder (i.e., you are the owner, lessor, or tenant of the location) where you provide the 245D licensed services or an administrative office where you store program, service recipient, or personnel records, or both.

FACILITIES

A facility is a licensed program location controlled by the license holder. At this time this application can only be used to add a new day services facility. There is a moratorium on the development of new foster care homes or community residential settings and ICFs/DD. Providers with an existing licensed residential facility must contact their county licenser regarding foster care or community residential settings; or their DHS licenser regarding ICFs/DD. There is no new development of any kind for supervised living facilities providing supported living services.

Note, the applicant can click on the accordions for Counties of Service, Program Name and Location, and Facilities to add that information if applicable. Please see the next few pages regarding this.

Please click here to add your Program Name and Location

Please click here to add your Counties of Service

Please click here to add another Program Name and Location

Please click here to add your Facilities to be licensed under 245D

The following fields are displayed for entry for Program Name and Location.

The screenshot shows a form for entering program details. A red box highlights the button 'Please click here to add your Program Name and Location'. Below it are fields for 'Name of Program', 'Address Same As' (a dropdown menu), 'Address1', 'Suite, Apt. Bldg', 'Zip', 'City', 'State', 'County', 'Telephone Number', and 'Fax Number'. Below the form are three buttons: 'Please click here to add your Counties of Service', 'Please click here to add another Program Name and Location', and 'Please click here to add your Facilities to be licensed under 245D'.

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

- Please correct the following error(s):
- Program Name is a required field for Program Office.
- Address1 is a required field
- Telephone Number is a required field
- Zip Code is a required field

Counties of Service

The applicant can click on the accordion titled "Please click here to add your Counties of Service" to indicate the counties he/she will be providing services in. Applicant can hold down [Ctrl] + click if there is more than one county they provide services in.

The screenshot shows a form for selecting counties. A red box highlights the button 'Please click here to add your Counties of Service'. Below it is a text box with the instruction: 'Please select the counties that services will be provided in. To select multiple counties, hold down the [Ctrl] key and click once on the county.' Below this is a list box containing the following counties: (Unknown), Aitkin, Anoka, Becker, Beltrami, and Benton. Below the list box are two buttons: 'Please click here to add another Program Name and Location' and 'Please click here to add your Facilities to be licensed under 245D'.

Additional Program Name and Location

The applicant can click on the accordion titled “Please click here to add another Program Name and Location” to add additional program(s). In order to add additional program name and locations, the applicant must answer ‘Yes’ to the question ‘Do you have another Program?’

Please click here to add your Program Name and Location

Please click here to add your Counties of Service

Please click here to add another Program Name and Location

If you have selected a non-facility based service, please complete the following.

Do you have another Program? * Yes No

Please click here to add your Facilities to be licensed under 245D

Please click here to add another Program Name and Location

If you have selected a non-facility based service, please complete the following.

Do you have another Program? * Yes No

Click to add another

[Remove this Location](#)

Name of Program: *

Address Same As: ** Select **

Address1: *

Suite, Apt. Bldg:

Zip: * City: State: County:

Telephone Number: * Fax Number:

If the applicant has indicated that he/she does have another program, then the following error messages will appear in red upon clicking on the ‘Next’ button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered. Note, these are not required fields if the applicant has NOT indicated that he/she does have another program (meaning, he/she answered ‘No’ to the question).

Please correct the following error(s):

- Name of Program is a required field for additional programs.
- Address 1 is a required field for additional programs.
- Telephone Number is a required field for additional programs.
- Zip is a required field for additional programs.

Facilities to be licensed under 245D

The applicant can click on the accordion titled “Please click here to add your Facilities to be licensed under 245D” to add facility based locations. In order to add facilities, the applicant must answer ‘Yes’ to the question ‘Do you have a Facility?’

Please click here to add your Program Name and Location

Please click here to add your Counties of Service

Please click here to add another Program Name and Location

Please click here to add your Facilities to be licensed under 245D

Do you have a Facility? Yes No

Please click here to add your Facilities to be licensed under 245D

Do you have a Facility? Yes No

Click to add another

[Remove this Location](#)

Name of Facility: *

Address Same As: ** Select **

Address1: *

Suite, Apt. Bldg:

Zip: * City: State: County:

Telephone Number: * Fax Number:

Services to provide at facility:

Day training and habilitation

Pre-vocational

Structured day

If the applicant has indicated that he/she does have a facility based location, then the following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered. Note, these are not required fields if the applicant has NOT indicated that he/she does have a facility based location (meaning, he/she answered 'No' to the question).

Please correct the following error(s):

- Program Name is a required field for Satellite Facility.
- Address 1 is a required field for Satellite Facility.
- Telephone Number is a required field for Satellite Facility.
- Zip is a required field for Satellite Facility.
- You must select at least one service that will be provided at the facility location.

Additional Required Materials

The applicant must upload and attach the required documents by clicking on all of the accordions, and utilizing the 'Browse' feature to upload. Files must be less than 4MB in size and must be a document type of .doc, .docx or .pdf.

Here is what the Additional Required Materials screen looks like:

Minnesota Department of Human Services LIS (beta) minnesota north star

Home Change Password Logout

DHS 245D HCBS License Application

Additional Required Materials

Applicants must submit copies of information for requirements indicated below with a *. Scan and attach the requested documentation to your application utilizing the Browse and Upload feature. Document size must be **less than 4MB**, and a document type of .doc, .docx or .PDF. If the document size is greater than 4MB, you will receive a server error. Click on the 'OK' button for the server error, decrease the size of your file, and reattach and upload the file.

TIP: PLEASE SAVE YOUR APPLICATION FREQUENTLY OR YOU MAY LOSE YOUR INFORMATION!

Please click here to upload your Organizational Chart

Organizational Chart
You must submit a chart showing the organizational structure and authority within the program. Include a list of the board of directors if the license applicant is a corporation or a list of all partners if the license applicant is a partnership. The list must include the name and title for each individual.

DHS Licensing may request a corporation's Articles of Incorporation; a Limited Liability Company's (LLC) Articles of Organization; a Limited Liability Partnership's (LLP) registration; or a Limited Partnership's certificate. DHS Licensing may also request the Certificate of Assumed Name for any individual/sole proprietor, corporation, limited partnership or limited liability company that conducts business in Minnesota under a name other than their full legal name.

Attach organizational chart: *

Browse...

File Uploaded:

Please click here to upload your Program Policies and Procedures

Please click here to upload your Workers' Compensation Insurance Verification

* Indicates required field

< Previous Save Next >

Here is what appears on the Additional Required Materials 'Help' screen:

Minnesota Department of Human Services LIS (beta) minnesota north star

Change Password Logout

DHS Licensing Division - HELP

More Information about "Additional Required Materials"

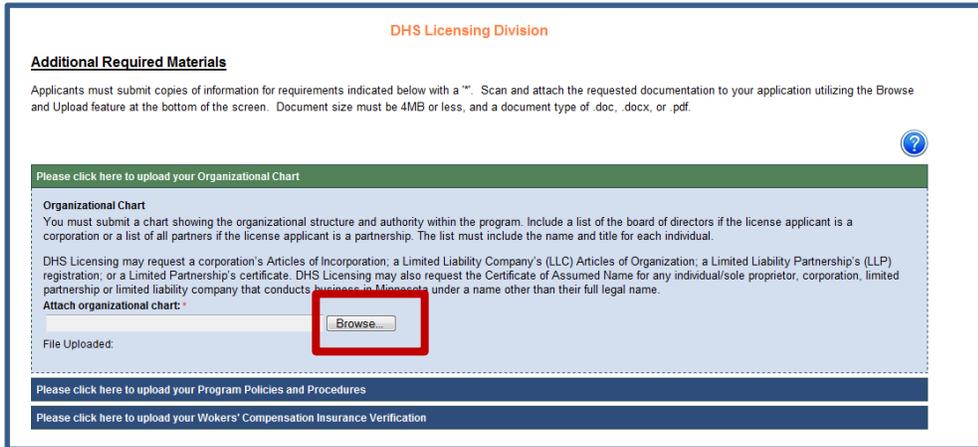
ORG CHART
You must submit the required organizational chart in order for your application to be complete. The organizational chart must show the organizational structure and authority within the program. The list must identify the individual positions and the names of the people in those positions. This is usually a one-page document.

POLICIES AND PROCEDURES
You must submit the required policies and procedures listed on this page in order for your application to be complete. There are additional policies and procedures you are required to develop and implement that are not required to be submitted with your application. A full list of the required policies and procedures is provided at the end of this application and on the DHS Licensing HCBS web pages.

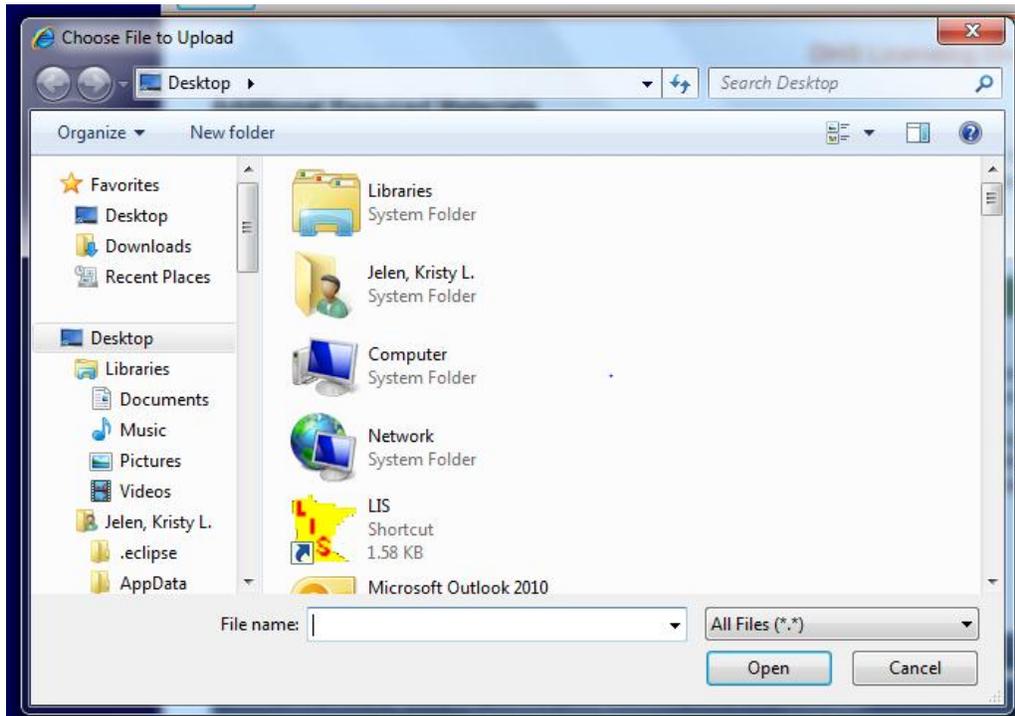
WORKERS COMPENSATION INSURANCE VERIFICATION
You must complete and submit the Certificate of Compliance Minnesota Workers' Compensation Law (MN LIC 04) form in order for your application to be complete. The Certificate of Compliance Minnesota Workers' Compensation Law is available online at <http://www.dli.mn.gov/WC/PDF/mnlic04.pdf>.

In order to upload and attach a document to the application, the applicant must do the following:

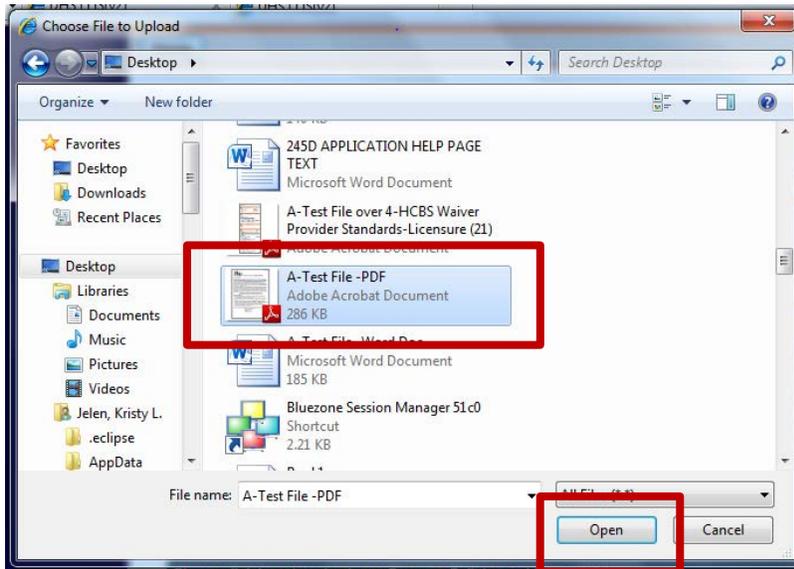
1. Click on the 'Browse' button under the 'Organizational Chart' accordion.



2. The 'Browse' button will bring the applicant to his/her files. He/she should browse and search for their Organizational Chart file to upload. (Note, these types of files are typically saved on shared network drives w/in an organization that a department or division can access).



3. Once the file is found, the applicant can click once on the file to highlight it, and then click on the 'Open' button:



- The system will then bring the applicant back to the application. He/she must wait until the file has uploaded before moving on to upload the next file. The black spinning icon will appear to show that the file is actively uploading; when the file has uploaded the spinning icon will go away and the field will highlight into a bright green.

Please click here to upload your Organizational Chart

Organizational Chart
 You must submit a chart showing the organizational structure and authority within the program. Include a list of the board of directors if the license applicant is a corporation or a list of all partners if the license applicant is a partnership. The list must include the name and title for each individual.

DHS Licensing may request a corporation's Articles of Incorporation; a Limited Liability Company's (LLC) Articles of Organization; a Limited Liability Partnership's (LLP) registration; or a Limited Partnership's certificate. DHS Licensing may also request the Certificate of Assumed Name for any individual/sole proprietor, corporation, limited partnership or limited liability company that conducts business in Minnesota under a name other than their full legal name.

Attach organizational chart: *

C:\Users\pwk\j57\Desktop\A-Test File -Word Doc.pdf Browse... 

File Uploaded:

Please click here to upload your Organizational Chart

Organizational Chart
 You must submit a chart showing the organizational structure and authority within the program. Include a list of the board of directors if the license applicant is a corporation or a list of all partners if the license applicant is a partnership. The list must include the name and title for each individual.

DHS Licensing may request a corporation's Articles of Incorporation; a Limited Liability Company's (LLC) Articles of Organization; a Limited Liability Partnership's (LLP) registration; or a Limited Partnership's certificate. DHS Licensing may also request the Certificate of Assumed Name for any individual/sole proprietor, corporation, limited partnership or limited liability company that conducts business in Minnesota under a name other than their full legal name.

Attach organizational chart: *

C:\Users\pwk\j57\Desktop\A-Test File -Word Doc.pdf Browse...

File Uploaded:

- The applicant must complete steps 1-5 to upload all required documents on the **Additional Required Materials** page. (Note, this same process will be followed when the applicant needs to upload the Notarized Signature form later in the application process).

The applicant must click on all of the accordions on the **Additional Required Materials** page to upload the applicable documents.

Organizational Chart

Please click here to upload your Organizational Chart

Please click here to upload your Program Policies and Procedures

Please click here to upload your Workers' Compensation Insurance Verification

Please click here to upload your Organizational Chart

Organizational Chart

You must submit a chart showing the organizational structure and authority within the program. Include a list of the board of directors if the license applicant is a corporation or a list of all partners if the license applicant is a partnership. The list must include the name and title for each individual.

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Attach organizational chart: *

File Uploaded:

Please click here to upload your Organizational Chart

Organizational Chart

You must submit a chart showing the organizational structure and authority within the program. Include a list of the board of directors if the license applicant is a corporation or a list of all partners if the license applicant is a partnership. The list must include the name and title for each individual.

DHS Licensing may request a corporation's Articles of Incorporation; a Limited Liability Company's (LLC) Articles of Organization; a Limited Liability Partnership's (LLP) registration; or a Limited Partnership's certificate. DHS Licensing may also request the Certificate of Assumed Name for any individual/sole proprietor, corporation, limited partnership or limited liability company that conducts business in Minnesota under a name other than their full legal name.

Attach organizational chart: *

C:\Users\pwkij57\Desktop\A-Test File -Word Doc.pdf

File Uploaded:

Program Policies and Procedures

Please click here to upload your Organizational Chart

Please click here to upload your Program Policies and Procedures

Please click here to upload your Workers' Compensation Insurance Verification

Please click here to upload your Program Policies and Procedures

Program Policies and Procedures

You must submit copies of the program's policies and procedures required under chapter 245D and 245A. Scan and attach the following policies and procedures to your application.

Grievance policy and procedures required under section 245D.10, subdivision 3: *

File Uploaded:

Service suspension and termination policy and procedures required under section 245D.10, subdivision 3: *

File Uploaded:

Drug and alcohol policy required under section 245A.04, subdivision 1, paragraph (c): *

File Uploaded:

Vulnerable adult maltreatment reporting and internal review policies and procedures required under section 245A.65, subdivision 1, paragraphs (a) and (b): *

File Uploaded:

Maltreatment of minors internal review policy and procedures required under section 245A.66, subdivision 1: *

File Uploaded:

Please click here to upload your Program Policies and Procedures

Program Policies and Procedures
 You must submit copies of the program's policies and procedures required under chapter 245D and 245A. Scan and attach the following policies and procedures to your application.

Grievance policy and procedures required under section 245D.10, subdivision 3: *

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File Uploaded:

Service suspension and termination policy and procedures required under section 245D.10, subdivision 3: *

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File Uploaded:

Drug and alcohol policy required under section 245A.04, subdivision 1, paragraph (c): *

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File Uploaded:

Vulnerable adult maltreatment reporting and internal review policies and procedures required under section 245A.65, subdivision 1, paragraphs (a) and (b): *

C:\Users\pwk\57\Desktop\A-Test File -Word Doc.pdf Browse...

File Uploaded:

Maltreatment of minors internal review policy and procedures required under section 245A.66, subdivision 1: *

C:\Users\pwk\57\Desktop\A-Test File -Word Doc.pdf Browse...

File Uploaded:

Workers Compensation and Verification

Please click here to upload your Organizational Chart

Please click here to upload your Program Policies and Procedures

Please click here to upload your Wokers' Compensation Insurance Verification

Please click here to upload your Wokers' Compensation Insurance Verification

Workers' Compensation Insurance Verification
 Minnesota workers' compensation law requires all employers to purchase workers' compensation insurance or become self-insured. This is often referred to as "mandatory coverage." Employers are generally defined as those who hire another to perform services. Employees are generally defined as people performing services for another for another, for hire, including minors and workers who are not citizens.

Complete and attach the Certificate of Complaint Minnesota Workers' Compensation Law (MN LIC 04) form: *

Browse...

File Uploaded:

Please click here to upload your Wokers' Compensation Insurance Verification

Workers' Compensation Insurance Verification
 Minnesota workers' compensation law requires all employers to purchase workers' compensation insurance or become self-insured. This is often referred to as "mandatory coverage." Employers are generally defined as those who hire another to perform services. Employees are generally defined as people performing services for another for another, for hire, including minors and workers who are not citizens.

Complete and attach the Certificate of Complaint Minnesota Workers' Compensation Law (MN LIC 04) form: *

C:\Users\pwk\57\Desktop\A-Test File -Word Doc.pdf Browse...

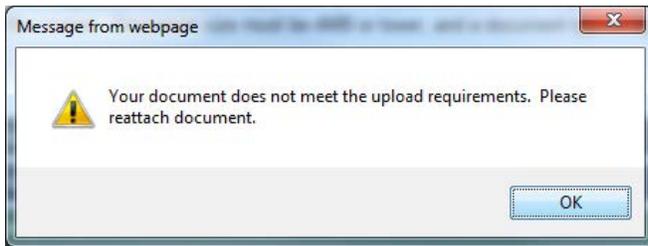
File Uploaded:

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

Please correct the following error(s):

- Documentation - Organization chart is required.
- Documentation - Grievance policy is required.
- Documentation - Service suspension and termination policy is required.
- Documentation - Drug and alcohol policy is required.
- Documentation - Vulnerable adult maltreatment reporting is required.
- Documentation - Maltreatment of minors internal review policy is required.
- Documentation - Workers' compensation form is required.

If the applicant attempts to upload a file that is over 4MB or in the incorrect format, he/she will receive the following message.



When the applicant clicks on 'OK', the field will appear in red. The applicant needs to reattach the document by making the necessary revisions to the document and clicking on the 'Browse' button again.

Please click here to upload your Workers' Compensation Insurance Verification

Workers' Compensation Insurance Verification
Minnesota workers' compensation law requires all employers to purchase workers' compensation insurance or become self-insured. This is often referred to as "mandatory coverage." Employers are generally defined as those who hire another to perform services. Employees are generally defined as people performing services for another for another, for hire, including minors and workers who are not citizens.

Complete and attach the Certificate of Complaint Minnesota Workers' Compensation Law (MN LIC 04) form: *

C:\Users\pwk\j57\Desktop\HCBS Waiver Provider Star Browse...

File Uploaded:

License Holder Acknowledgement of Public Funding Reimbursement

The applicant indicates in this section if he/she elects to receive public funding reimbursement for licensed services, acknowledges compliance, and indicates if the funding includes Medical Assistance. If the public funding does include Medical Assistance then the applicant must complete the information for a Compliance Officer (see next section).

Here is what the License Holder Acknowledgement of Public Funding Reimbursement screen looks like:

License Holder Acknowledgement of Public Funding Reimbursement for Licensed Services

Under section 245A.04, subdivision 1, DHS license holders who elect to receive any public funding reimbursement, including Medical Assistance or Child Care Assistance, for the licensed services, must acknowledge that they will comply with funding requirements, that compliance with those requirements may be monitored by DHS Licensing, and that they know the consequences for noncompliance with those requirements. As a DHS license applicant you must verify whether you intend to receive any public funding by checking the applicable box for item 1 or 2 below. If you check item 2, you are acknowledging the conditions stated in (a) to (c):

- I do not elect to receive any public funding reimbursement for the licensed services.
- I do elect to receive public funding reimbursement for the licensed services and I acknowledge the following:
 - a. I must comply with the provider enrollment agreement or registration requirements for receipt of public funding;
 - b. My compliance with the provider enrollment agreement or registration requirements for receipt of public funding may be monitored by DHS Licensing as part of a licensing investigation or licensing inspection; and
 - c. That noncompliance with the provider enrollment agreement or registration requirements for receipt of public funding that is identified through a licensing investigation or licensing inspection, or noncompliance with a licensing requirement that is a basis of enrollment for reimbursement for a service, may result in:
 - (1) a correction order or a conditional license under section 245A.06, or sanctions under section 245A.07;
 - (2) nonpayment of claims submitted by the license holder for public program reimbursement;
 - (3) recovery of payments made for the service;
 - (4) disenrollment in the public payment program; or
 - (5) other administrative, civil, or criminal penalties as provided by law.

Does the public funding include Medical Assistance? Yes No

Compliance Officer

If the public funding includes Medical Assistance, the following fields display for entry for the Compliance Officer.

Here is what the Compliance Officer screen looks like:

Does the public funding include Medical Assistance? Yes No

Compliance Officer

A license holder who is also enrolled as a Minnesota Health Care Program provider and receives reimbursement through Medical Assistance for the licensed program or services, must designate **compliance officer** who is responsible for ensuring the program complies with Medical Assistance laws or regulations. The designated individual's name, title, addresses and telephone number must be provided.

The duties of the compliance officer are set forth in section [256B.04, subdivision 21](#), paragraph (b). Some of the duties include: (a) develop policies and procedures to assure adherence to medical assistance laws and regulations and to prevent inappropriate claims submissions; (b) train the employees of the provider entity, and any agents or subcontractors of the provider entity including billers, on the policies and procedures referenced in (a), and (c) respond to allegations of improper conduct related to the provision or billing of medical assistance services, and implement action to remediate any resulting problems.

Name Same As:

Full legal NAME (Do not Abbreviate)

First Name: * Middle Name: Last Name: *

Position/Title: *

Address Same As:

Address1: *

Suite, Apt. Bldg:

Zip: * City: State: County:

Telephone Number: * Fax Number:

Here is what appears on the Compliance Officer 'Help' screen:

More Information about "Acknowledgement of Public Funding" and "Compliance Officer"

As an applicant or current DHS license holder, you must provide additional information about whether you receive public funding, including Medical Assistance or Minnesota Care payments for services provided under a waiver (e.g. CADI, DD, BI, CAC and Elderly-EW), as reimbursement for any of your licensed services. If so, you must acknowledge that you will comply with funding requirements, that compliance with those requirements may be monitored by DHS Licensing, and that you know the consequences for noncompliance with those requirements.

In addition, a license holder who is also enrolled as a Minnesota Health Care Program provider and receives reimbursement through Medical Assistance for the licensed program or services, including services provided under a waiver (e.g. CADI, DD, BI, CAC and Elderly-EW), must designate **compliance officer** who is responsible for ensuring the program complies with Medical Assistance laws or regulations. The duties of the compliance officer are set forth in section [256B.04, subdiv. 21](#), paragraph (b). Some of the duties include:

(a) develop policies and procedures to assure adherence to medical assistance laws and regulations and to prevent inappropriate claims submissions;

(b) train the employees of the provider entity, and any agents or subcontractors of the provider entity including billers, on the policies and procedures referenced in (a), and

(c) respond to allegations of improper conduct related to the provision or billing of medical assistance services, and implement action to remediate any resulting problems.

If you have questions about MHCP Provider Enrollment, go to DHS' online [MHCP Enrolled Providers Home page](#)

Q: What types of reimbursement qualify as "public funding?"

DHS publicly funded programs include Medical Assistance (MA), MinnesotaCare, Minnesota Family Investment Program (Minnesota's version of the federal Temporary Assistance for Needy Families program), General Assistance (GA), chemical dependency treatment services under the Consolidated Chemical Dependency Treatment Fund, child protection, child support enforcement, child welfare services, and services for people who are mentally ill or have physical or developmental disabilities.

If you currently hold a DHS license and are reimbursed from one or more of these programs for services that you provide under that license, you are receiving "public funding."

The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

Please correct the following error(s):

- First name is a required field for the Compliance Officer.
- Last name is a required field for the Compliance Officer.
- Position/Title is a required field for the Compliance Officer.
- Address1 is a required field for the Compliance Officer.
- Telephone Number is a required field for the Compliance Officer.
- Zip Code is a required field for the Compliance Officer.

License Holder Agreement and Verification

Whoever was indicated as the Authorized Agent will automatically default on the License Holder Agreement and Verification section. The applicant must also attach the notarized signature here.

License Holder Agreement and Verification

I, Susan Smith, am the **Authorized Agent** for the license holder and am responsible for dealing with the Commissioner of Human Services on all matters provided for in Minnesota Statutes, Chapter 245A. I am attaching my notarized signature form as required. I understand that failure to submit the notarized signature form will result in an incomplete submission.

By submitting this update to the license holder information, I agree that the information contained herein is true, accurate and complete. I agree to comply with the requirements contained in Minnesota Statutes, chapter 245A and all applicable laws and rules, at all times during the terms of the license granted to me by the

Attach notarized signature: *

The following error message will appear in red upon clicking on the 'Next' button if the required field is missing information. The user cannot proceed to the Submit and Pay until this information has been properly entered.

Please correct the following error(s):

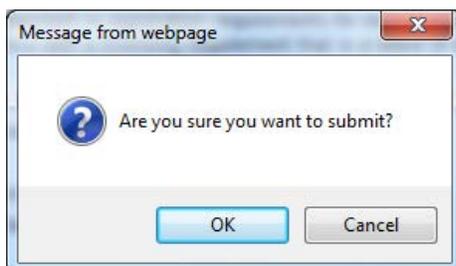
- You must submit a copy of the notarized signature.

Submit and Pay

Once the applicant has successfully completed all of the required fields, he/she is able to submit the application and pay the licensing fee. The applicant will click on the Submit and Pay button at the bottom of the screen, and will be prompted to ensure he/she does in fact want to submit the application.

Note, no changes can be made to the application after submission and payment!

Submit and Pay



The applicant is assigned an Application #. Here the applicant can also scroll to see more information regarding payment fees:

DHS 245D HCBS License Application

Congratulations you have completed the first phase of your license application! You must now pay your license application fee; please click on the 'Make Payment' button found below. Your Sensitive Information Background Study Person will receive an email from the Department of Human Services NET Study Administrator providing temporary access to NETStudy. He/she must complete the Background Study requirements in order for an application to be considered complete. Once DHS has received a complete application a decision will be made within 90 days.

Date: 6/17/2013 2:24:06 PM

Application #: 271

Between July 1, 2013, and December 31, 2013, 245D license applicants pay an application fee equal to their annual license renewal fee or \$500, whichever is less. The annual license renewal fee is based your revenues derived from the provision of services that require 245D-HCBS program license. You must determine which 245D-HCBS license application fee you are required to pay according the schedule below. A temporary surcharge of 10% is included in the fee as required under Minnesota Statutes, section 16E.22.

License Holder Annual Revenue	Application Fee	10% Surcharge	Total Due
Less than or equal to \$10,000	\$200	\$20	\$220
Greater than \$10,000 but less than or equal to \$25,000	\$300	\$30	\$330
Greater than \$25,000 but less than or equal to \$50,000	\$400	\$40	\$440

I, KRISTY JELEN, am the **Authorized Agent** for the applicant and am responsible for dealing with the Commissioner of Human Services on all matters as provided for in Minnesota Statutes, Chapter 245A. I am attaching my notarized signature form as required. I understand that failure to submit the notarized signature form will result in an incomplete application. If you are a current DHS license holder and have previously submitted the notarized signature for your authorized agent you are not required to resubmit the form at this time.

By submitting this online application, I verify that I have reviewed the information contained herein and that it is true, accurate and complete. I agree to comply with the requirements contained in Minnesota Statutes, chapter 245A and all applicable laws and rules, including chapter 245D, at all times during the terms of the license granted to me by the Commissioner of Human Services, including but not limited to the following:

Policies and procedure requirements

I acknowledge that I am required to establish and maintain all policies and procedures as required in MS§ 245A.04, subdivision 14 and MS§ 245D.10, subd. 4.

- Grievance policy and procedures as required under MS § section 245D.10, subdivision 3.
- Service suspension and termination policy and procedures as required under MS § 245D.10, subdivision 3.
- Vulnerable adult maltreatment reporting and internal review policies and procedures as required under section 245A.65, subdivision 1, paragraphs (a) and (b).

If everything here is correct, click the Make Payment button below. Please note that by clicking this button, you will leave the DHS web site and enter a US Bank web site created, operated, and maintained by US Bank. Click the Go Back button to make any desired changes.

Payment Amount: Choose One

Make Payment

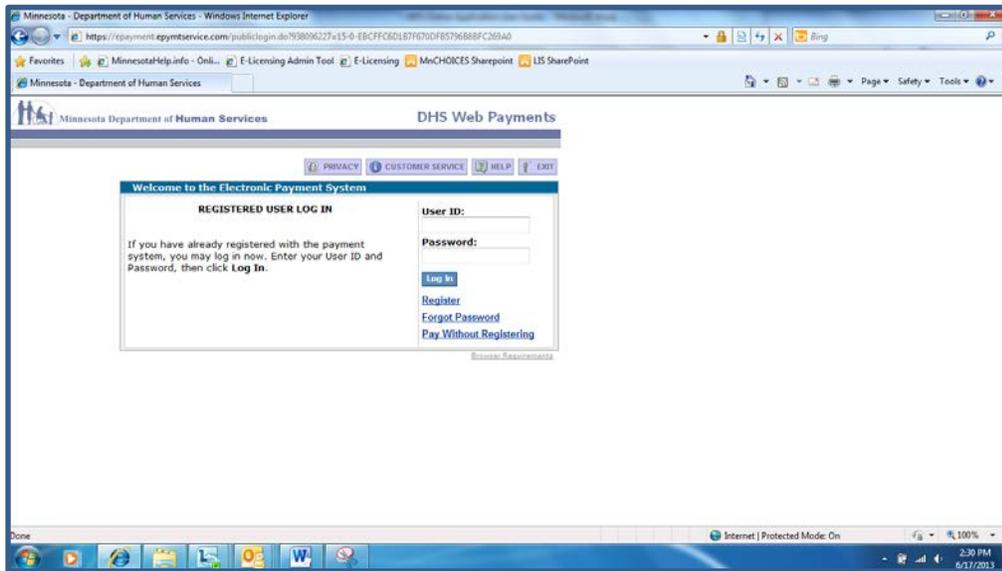
Please print this page for your records.

The applicant will select the appropriate payment fee amount from the drop down, and then click on 'Make Payment'.

This screenshot shows the 'Payment Amount' dropdown menu open, displaying the following options: Choose One, Choose One, \$220, \$330, \$440, and \$550. The 'Make Payment' button is visible to the left of the dropdown. The text 'Please print this page for your records.' is visible below the dropdown.

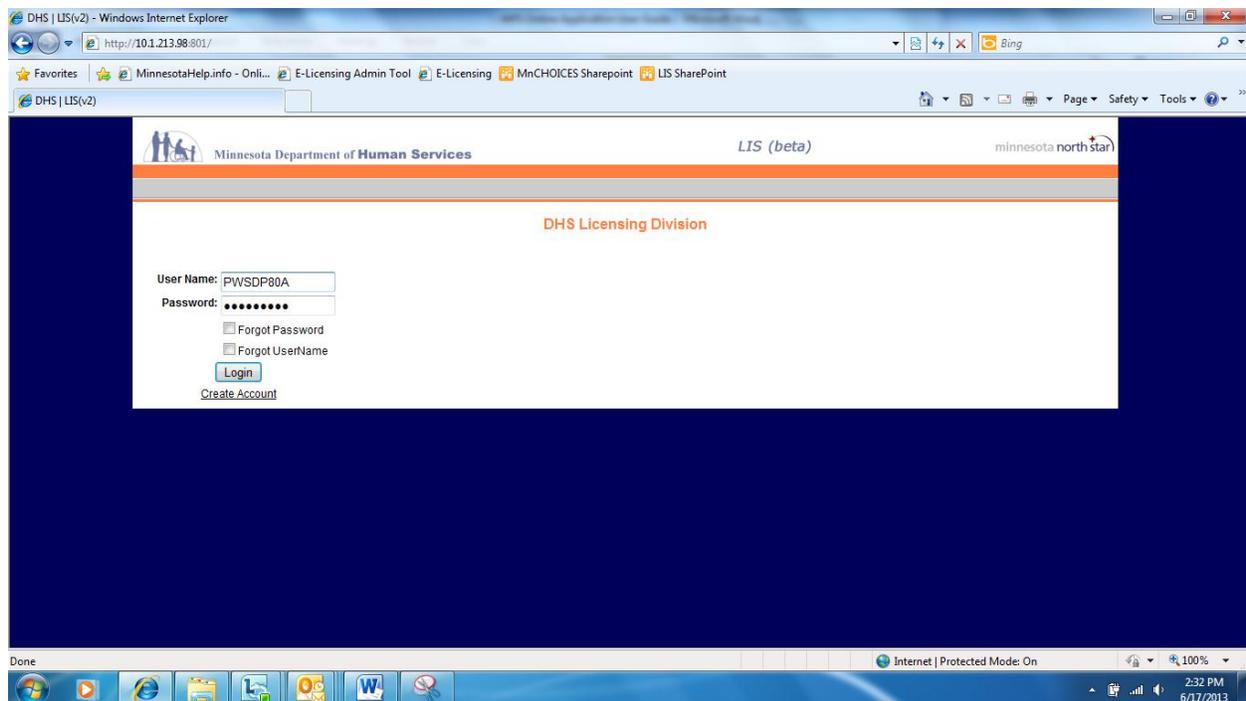
This screenshot shows the 'Payment Amount' dropdown menu with '\$330' selected. The 'Make Payment' button is highlighted with a red box. The text 'Please print this page for your records.' is visible below the button.

Once the applicant clicks on the 'Make Payment' button, he/she will be brought to the payment screen:



Editing a Saved Application

In order to edit a saved application (that has NOT yet been submitted), the applicant must log into the system and get to the Licensee Dashboard.



The applicant will see that the application now has an 'Edit' option and a status of 'In Process'.

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Start new application - I do not hold a DHS license

	ApplicationID	LicenseID	Status	
View	251	245	Submitted	
Edit	Delete	254	245	In Process
Edit	Delete	255	246	In Process

When clicking on the 'Edit' option, the applicant will see that he/she is able to edit fields and the 'Save' icon is available to save changes.

[Click to add another](#)

[Remove this License Holder](#)

Are you an individual or a nonindividual? * Individual Nonindividual

Ownership Type: *

(Do not abbreviate. Use legal name according to the IRS.)

Nonindividual Name: *

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

Address1: *

Suite, Apt. Bldg:

Zip: * City: FARMINGTON State: MN County: DAKOTA

Telephone Number: * Fax Number:

* indicates required field

Deleting a Saved Application

In order to edit a saved application (that has NOT yet been submitted), the applicant must log into the system and get to the Licensee Dashboard.

Windows Internet Explorer
 http://10.1.213.98:801/
 MinnesotaHelp.info - Onli... E-Licensing Admin Tool E-Licensing MnCHOICES Sharepoint LIS SharePoint
 Minnesota Department of Human Services LIS (beta) minnesota north star
 DHS Licensing Division
 User Name:
 Password:
 Forgot Password
 Forgot UserName

[Create Account](#)

The applicant will see there is a 'Delete' option for the saved application and it will have a status of 'In Process.'

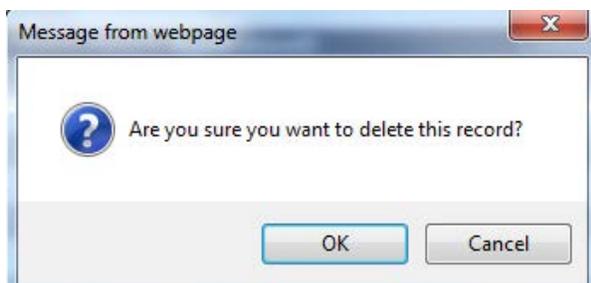
DHS Licensing Division

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Start new application - I do not hold a DHS license

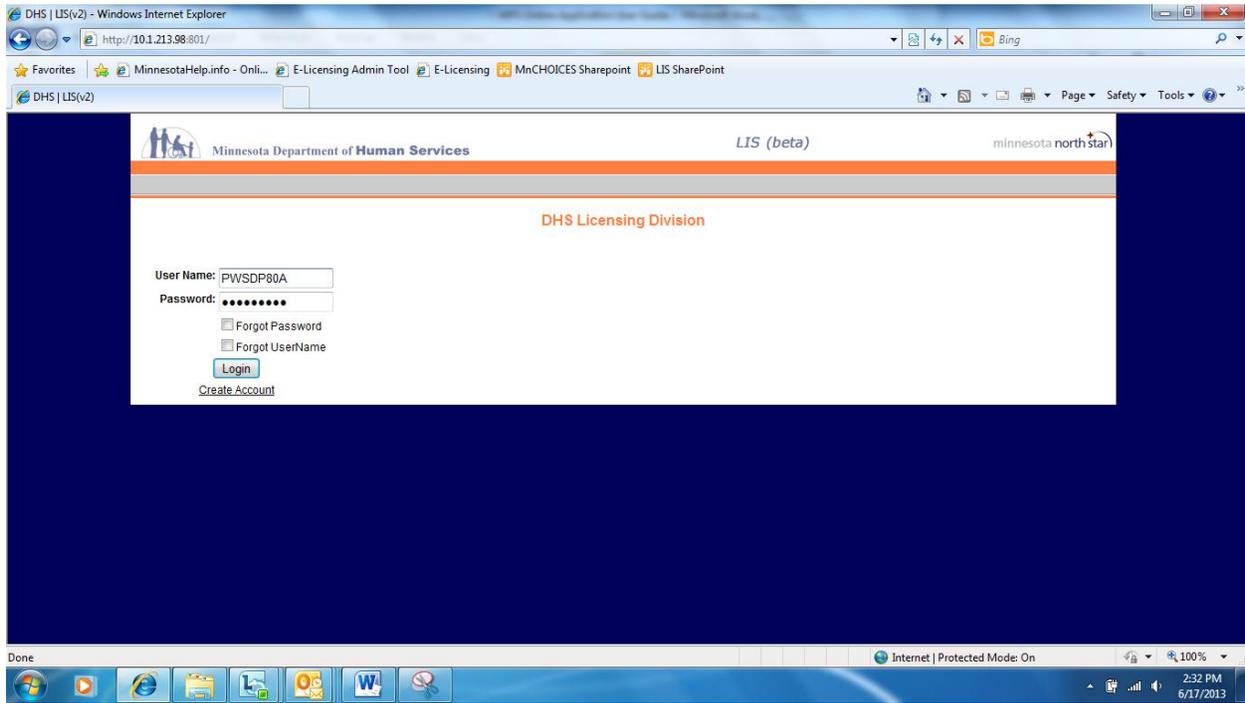
	ApplicationID	LicenseID	Status
View	251	245	Submitted
Edit	254	245	In Process

When the applicant clicks on the 'Delete' option, the system will prompt him/her to ensure this is the action meant to be taken. The applicant can click on 'OK' or 'Cancel'. If the applicant clicks on 'OK', the next time he/she returns to the Licensee Dashboard the application ID will no longer be there. If the applicant clicks on 'Cancel', the application will still appear on the Licensee Dashboard.



Viewing a Submitted Application

Once an application has been submitted, the applicant is not able to make changes or edits to the application; however, he/she may view the information that was submitted for an application. Applicant must log into the system and get to the Licensee Dashboard.



The applicant will see that the submitted application now has a 'View' option and a 'Submitted' status.

DHS Licensing Division

DHS LicenseApplicant/License Holder Actions Help Contact Us

Start new application - I do not hold a DHS license

	ApplicationID	LicenseID	Status
View	251	245	Submitted
Edit	254	245	In Process

When clicking on the 'View' option, the applicant will see that the 'Save' icon is now grayed out; which means that no changes made will be saved.

Click to add another Remove this License Holder

Are you an individual or a nonindividual? Individual Nonindividual

Ownership Type:

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:

icates required field

General Troubleshooting Tips for the Application

1. I went through the Licensee Dashboard and started a new application. I got through the Privacy Notice, and the License Holder screen before I exited out and left for lunch. When I logged back into the application, I didn't see an application # on the my Licensee Dashboard available to 'Edit' and continue on in the process. Why is this? I thought I didn't need to complete this in one sitting?
 - a. That is correct, applicants do not need to complete the application in one sitting. However, an application ID is not created until the applicant clicks on the 'Save' button. Thus, save often!!
2. On the License Holder screen why do I receive the error message "Cannot have 1 nonindividual and 1 individual as license holders."
 - a. There cannot be the combination of an Individual and Nonindividual for a License Holder. You can have Individual(s), or a Nonindividual but you cannot have a combination of the two.
3. On the License Holder screen why do I receive the error message "Cannot have 2 nonindividuals as license holders."
 - a. If the License Holder is a nonindividual, there can only be **ONE** nonindividual License Holder. There cannot be multiple nonindividuals.
4. On the Authorized Agent screen, why do I receive the error message that a 'Type of Authorized Agent is a required field'?
 - a. Because the Authorized Agent is also a Controlling Individual, you must indicate if he/she is an Officer, Managerial Official, or Owner.
5. On the Authorized Agent screen, why do I receive the error message that "Percentage of ownership is required for a Authorized Agent type of 'Owner'."
 - a. This means you have indicated that the Authorized Agent is an Owner as a Controlling Individual, and therefore must provide his/her percentage of ownership.
6. On the Controlling Individual screen why do I receive the error message "Ownership Interest – Cannot exceed 100% ownership"? If I look at my Controlling Individuals on this screen the % of ownership only adds up to 92%, which is less than 100% so it should be fine.
 - a. The % of ownership interest looks at a combination of all Controlling Individuals, including the Authorized Agent (because the Authorized Agent IS ALSO a Controlling Individual). If you are receiving this error message, you must check **all of the owners** identified and add up their percentage of interest between what has been indicated on the **Authorized Agent AND Controlling Individual screens**.

7. On the Controlling Individual screen, why do I receive the error “Cannot have individual license holder with 1 or more non individual controlling individuals”.
 - a. If the License Holder is an Individual, then a Controlling Individual of ‘Nonindividual’ is not allowable.

8. On the Program Name and Location screen, I receive error messages that there are required fields for additional programs. I only have 1 program name and location and have filled out all of the necessary information under ‘Please click here to add your Program Name and Location.’ Why is it doing this and how do I get around this?
 - a. The applicant must answer ‘No’ to the question of ‘Do you have another Program?’ on the ‘Please click here to add another Program Name and Location’ accordion.

9. On the Program Name and Location screen, I receive error messages that there are required fields for Satellite Facilities. I only have 1 program name and location and have filled out all of the necessary information under ‘Please click here to add your Program Name and Location.’ I do not have any facility based locations. Why is it doing this and how do I get around this?
 - a. The applicant must answer ‘No’ to the question of ‘Do you have a Facility?’ on the ‘Please click here to add your Facilities to be licensed under 245D’ accordion.

10. On the Additional Required Documents screen, I would like to browse and upload documents and not have to mail them in via post office. I only have paper copies of my policies though. How do I go about doing this?
 - a. You need to find someone in your organization that knows how to scan images of your documents into a share drive, or thumb drive. You can also go to Fedex to get this done. Once you have the scanned copies of your documents you should be able to upload them via the Browse feature.

11. Our organization elects to receive public funding, and as such, I thought we needed to provide information for our Compliance Officer. I do not see anywhere in the online application to enter information for the Compliance Officer. Why is this?
 - a. In addition to selecting the option to receive public funding, the applicant must also indicate that the public funding does include Medical Assistance.

12. When is my application considered to be complete? After I click on ‘Submit and Pay’ and pay the application fee?
 - a. The application is not considered to be complete until your Background Study Contact has received the necessary information to log in and complete background studies via NETStudy. The application is not considered complete until the background studies successfully clear.

13. Why am I able to edit text in ‘View’ mode? I thought because I had already submitted my application that no changes were allowed?
 - a. You can do physical changes to your text in the application through the screens, however, the ‘Save’ functionality is not there – so there is no way to save the changes.

Error Message Resolution

The following is a table that includes the possible error messages that may return in the application the reason the message is displaying and how to resolve the error.

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
100	License Holder	Minnesota Tax ID Number is a required field.	Minnesota Tax ID is a required field regardless if the License Holder is an Individual or Nonindividual.	Applicant must enter a valid value in this field.
101	License Holder	Federal Employer ID (FEIN) is a required field.	Federal Employer ID (FEIN) is a required field regardless if the License Holder is an Individual or Nonindividual.	Applicant must enter a valid value in this field.
102	License Holder	First Name is a required field for Individual.	If the License Holder has been indicated to be an Individual, then First Name is a required field.	Applicant must enter a valid value in this field.
103	License Holder	Last Name is a required field for Individual.	If the License Holder has been indicated to be an Individual, then Last Name is a required field.	Applicant must enter a valid value in this field.
104	License Holder	Social Security Number is a required field for Individual.	If the License Holder has been indicated to be an Individual, then Social Security Number is a required field.	Applicant must enter a valid value in this field.
105	License Holder	Telephone Number is a required field.	Telephone Number is a required field regardless if the License Holder is an Individual or Nonindividual.	Applicant must enter a valid value in this field.
106	License Holder	Nonindividual Name is a required field for nonindividual.	If the License Holder has been indicated to be a Nonindividual, then Nonindividual Name is a required field.	Applicant must enter a valid value in this field.
107	License Holder	Address1 is a required field.	Address1 is a required field only if the License Holder is a nonindividual.	Applicant must enter a valid value in this field.
108	License Holder	Cannot have 1 non individual and 1 individual as license holders.	You are not able to have a combination of License Holders that are individuals and nonindividuals. You can either have individual(s) OR a nonindividual.	Make a decision as to how your License Holder needs to be set up; as an individual(s) OR as a nonindividual and then proceed with entering valid values in the required fields.
109	License Holder	Cannot have 2 non individuals as license holders.	You are not able to have 2 nonindividuals as License Holders. If the License Holder is a nonindividual, then only 1 nonindividual can be specified in the application.	Click on the link to remove the nonindividual License Holder that should not be there.

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
110	Authorized Agent	Type of Authorized Agent is a required field.	Because the Authorized Agent by default is a Controlling Individual, the applicant must indicate if he/she is an Officer, Managerial Official or Owner.	Select the appropriate check box(es) as to what type of Controlling Individual the Authorized Agent is.
111	Authorized Agent	First Name is a required field.	First Name is a require field for Authorized Agent.	Applicant must enter a valid value in this field.
112	Authorized Agent	Last Name is a required field.	Last Name is a require field for Authorized Agent.	Applicant must enter a valid value in this field.
113	Authorized Agent	Position/Title is a required field.	Position/Title is a require field for Authorized Agent.	Applicant must enter a valid value in this field.
114	Authorized Agent	Address1 is a required field.	Address1 is a require field for Authorized Agent.	Applicant must enter a valid value in this field.
115	Authorized Agent	Telephone Number is a required field.	Telephone Number is a require field for Authorized Agent.	Applicant must enter a valid value in this field.
116	Authorized Agent	Email Address is a required field.	Email Address is a require field for Authorized Agent.	Applicant must enter a valid value in this field.
117	Authorized Agent	Zip Code is a required field.	Zip Code is a require field for Authorized Agent.	Applicant must enter a valid value in this field.
118	Authorized Agent	Percentage of ownership is required for a Authorized Agent type of 'Owner'.	If the Authorized Agent has been indicated to be an Owner as a Controlling Individual, then he/she must enter provide the percentage of ownership.	Applicant must enter a percentage amount in the 'If owner, % of interest' field.
119	Authorized Agent	Ownership Interest – Cannot exceed 100% ownership.	If the Authorized Agent is an Owner, and the percentage of interest entered exceeds 100%, you will receive this error.	Applicant must decrease the percentage amount in the 'If owner, % of interest' field.
120	Controlling Individual	Type of controlling individual is a required field.	The applicant must indicate if the Controlling Individual is an Officer, Managerial Official or Owner if the Controlling Individual is an individual(s). If the Controlling Individual is a nonindividual, the applicant has the option to indicate if it is an Owner and percentage of ownership.	Select the appropriate check box(es) as to the type of Controlling Individual.
121	Controlling Individual	First Name is a required field for Individual.	First Name is a required field for Controlling Individual if the Controlling Individual is an individual(s).	Applicant must enter a valid value in this field.
122	Controlling Individual	Last Name is a required field for Individual.	Last Name is a required field for Controlling Individual if the Controlling Individual is an individual(s).	Applicant must enter a valid value in this field.
123	Controlling Individual	Position/Title is a required field for Individual.	Position/Title is a required field for Controlling Individual if the Controlling Individual is an individual(s).	Applicant must enter a valid value in this field.

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
124	Controlling Individual	Nonindividual Name is a required field for nonindividual.	Nonindividual Name is a required field for Controlling Individual if the Controlling Individual is a nonindividual.	Applicant must enter a valid value in this field.
125	Controlling Individual	Address 1 is a required field.	Address1 is a required field for Controlling Individual if the Controlling Individual is a nonindividual.	Applicant must enter a valid value in this field.
126	Controlling Individual	Telephone Number is a required field.	Telephone Number is a required field for Controlling Individual if the Controlling Individual is a nonindividual.	Applicant must enter a valid value in this field.
127	Controlling Individual	Zip is a required field.	Zip Code is a required field for Controlling Individual if the Controlling Individual is a nonindividual.	Applicant must enter a valid value in this field.
128	Controlling Individual	Cannot have individual license holder with 1 or more non individual controlling individuals.	If the License Holder has been indicated to be an individual(s), the Controlling Individual cannot be a nonindividual.	Change the type of Controlling Individual to be an individual, or change the License Holder to be a nonindividual and keep the Controlling Individual as a nonindividual.
129	Background Study Contact	First name is a required field.	First name is a required field for Background Study Contact.	Applicant must enter a valid value in this field.
130	Background Study Contact	Last name is a required field.	Last name is a required field for Background Study Contact.	Applicant must enter a valid value in this field.
131	Background Study Contact	Position/Title is a required field.	Position/Title is a required field for Background Study Contact.	Applicant must enter a valid value in this field.
132	Background Study Contact	Address1 is a required field.	Address1 is a required field for Background Study Contact.	Applicant must enter a valid value in this field.
133	Background Study Contact	Telephone Number is a required field.	Telephone Number is a required field for Background Study Contact.	Applicant must enter a valid value in this field.
134	Background Study Contact	Email Address is a required field.	Email Address is a required field for Background Study Contact.	Applicant must enter a valid value in this field.
135	Background Study Contact	Zip Code is a required field.	Zip Code is a required field for Background Study Contact.	Applicant must enter a valid value in this field.
136	Services	You must select at least service you are pursuing licensure for.	There must be at least 1 check box selected next to a service in order to proceed in the application process.	Select the check box(es) next to the services you wish to pursue licensure for.
137	Program Name and Location	Program Name is a required field for Program Office.	Program name is a required field for Program Name and Location.	Applicant must enter a valid value in this field.
138	Program Name and Location	Address1 is a required field.	Address1 is a required field for Program Name and Location.	Applicant must enter a valid value in this field.
139	Program Name and Location	Telephone Number is a required field.	Telephone Number is a required field for Program Name and Location.	Applicant must enter a valid value in this field.

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
140	Program Name and Location	Zip Code is a required field.	Zip Code is a required field for Program Name and Location.	Applicant must enter a valid value in this field.
141	Additional Program Name and Location	Name of Program is a required field for additional programs.	If 'Do you have another Program' is set to 'Yes', this is a required field the applicant must enter.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have another Program?'
142	Additional Program Name and Location	Address1 is a required field for additional programs.	If 'Do you have another Program' is set to 'Yes', this is a required field the applicant must enter.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have another Program?'
143	Additional Program Name and Location	Telephone Number is a required field for additional programs.	If 'Do you have another Program' is set to 'Yes', this is a required field the applicant must enter.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have another Program?'
144	Additional Program Name and Location	Zip is a required field for additional programs.	If 'Do you have another Program' is set to 'Yes', this is a required field the applicant must enter.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have another Program?'
145	Facilities to be licensed under 245D	Program Name is a required field for Satellite Facility.	If 'Do you have Facility' is set to 'Yes', then 'Name of Facility' becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have a Facility?'
146	Facilities to be licensed under 245D	Address1 is a required field for Satellite Facility.	If 'Do you have Facility' is set to 'Yes', then 'Name of Facility' becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have a Facility?'
147	Facilities to be licensed under 245D	Telephone Number is a required field for Satellite Facility.	If 'Do you have Facility' is set to 'Yes', then 'Name of Facility' becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have a Facility?'
148	Facilities to be licensed under 245D	Zip is a required field for Satellite Facility.	If 'Do you have Facility' is set to 'Yes', then 'Name of Facility' becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have a Facility?'
149	Facilities to be licensed under 245D	You must select at least one service that will be provided at the facility location.	If 'Do you have Facility' is set to 'Yes', then 'Name of Facility' becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Do you have a Facility?'

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
150	Additional Required Materials	Documentation – Organization chart is required.	The Organization chart is a required field for the Additional Required Materials screen.	Applicant must attach and upload a document in this field.
151	Additional Required Materials	Documentation – Grievance policy is required.	The Grievance policy is a required field for the Additional Required Materials screen.	Applicant must attach and upload a document in this field.
152	Additional Required Materials	Documentation – Service suspension and termination policy is required.	The Service suspension and termination policy is a required field for the Additional Required Materials screen.	Applicant must attach and upload a document in this field.
153	Additional Required Materials	Documentation – Drug and alcohol policy is required.	The Drug and alcohol policy is a required field for the Additional Required Materials screen.	Applicant must attach and upload a document in this field.
154	Additional Required Materials	Documentation – Vulnerable adult maltreatment reporting is required.	The Vulnerable adult maltreatment reporting is a required field for the Additional Required Materials screen.	Applicant must attach and upload a document in this field.
155	Additional Required Materials	Documentation – Maltreatment of minor internal review policy is required.	The Maltreatment of minor internal review policy is a required field for the Additional Required Materials screen.	Applicant must attach and upload a document in this field.
156	Additional Required Materials	Documentation – Workers' compensation form is required.	The Workers' compensation form is a required field for the Additional Required Materials screen.	Applicant must attach and upload a document in this field.
157	Additional Required Materials	Server Error	The document you are trying to upload exceeds the file size allowable of 4MB.	Applicant can click on the 'OK' button to get through this error.
158	Additional Required Materials	Your document does not meet the upload requirements. Please reattach document.	The document you are trying to upload exceeds the file size allowable of 4MB.	Applicant must decrease the size of the file, and reattach and upload a document in this field.
159	Compliance Officer	First name is a required field for the Compliance Officer.	If 'Does the public funding include Medical Assistance?' is set to 'Y' then First Name becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Does the public funding include Medical Assistance?'
160	Compliance Officer	Last name is a required field for the Compliance Officer.	If 'Does the public funding include Medical Assistance?' is set to 'Y' then Last Name becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Does the public funding include Medical Assistance?'
161	Compliance Officer	Position/Title is a required field for the Compliance Officer.	If 'Does the public funding include Medical Assistance?' is set to 'Y' then Position/Title becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Does the public funding include Medical Assistance?'

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
162	Compliance Officer	Address1 is a required field for the Compliance Officer.	If 'Does the public funding include Medical Assistance?' is set to 'Y' then Address1 becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Does the public funding include Medical Assistance?'
163	Compliance Officer	Telephone Number is a required field for Compliance Officer.	If 'Does the public funding include Medical Assistance?' is set to 'Y' then Telephone Number becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Does the public funding include Medical Assistance?'
164	Compliance Officer	Zip Code is a required field for the Compliance Officer.	If 'Does the public funding include Medical Assistance?' is set to 'Y' then Zip Code becomes a required field.	Applicant must enter a valid value in this field, or change his/her answer to 'No' for 'Does the public funding include Medical Assistance?'
165	License Holder Agreement and Verification	You must submit a copy of the notarized signature.	The Notarized signature form is a required field for the License Holder Agreement and Verification screen.	Applicant must attach and upload a document in this field.
167	Create Account	Pop-up blocked. To see this pop-up or additional options click here.	The internet browser is not set up to allow pop-ups from this particular website.	Click on the error (left click), and select the option 'Always Allow Pop-ups from This Site'
168	Create Account	Would you like to allow pop-ups from this site?	Application wants to confirm that you do in fact want to allow pop-ups from this screen.	Click on 'Yes'
169	Create Account	To display the webpage again, the web browser needs to resend the information you've previously submitted. If you were making a purchase, you should click Cancel to avoid a duplicate transaction. Otherwise, click on Retry to display the webpage again.	Web browser needs to resend information.	Click on 'Retry'
170	Create Account	You must enter first name.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the First Name field.
171	Create Account	You must enter last name.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the Last Name field.

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
172	Create Account	You must enter a login name.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the Login Name field.
173	Create Account	You must enter a password.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the Password field.
174	Create Account	You must enter a confirm password.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the Confirm Password field.
175	Create Account	You must enter a valid email address.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the Email field.
176	Create Account	You must re-enter the email address previously entered in the email field to confirm the address.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the Confirm Email field.
177	Create Account	Question 1: You must answer the question.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the Hint and Answer Question field(s).
178	Create Account	Question 2: You must answer the question.	The field is required and the application is not finding a value for the field.	Applicant must enter a value in the Hint and Answer Question field(s).
179	Create Account	Password must contain at least one numeric character, one upper case letter, one lower case letter, and one special or punctuation character such as @ or +. Password cannot contain spaces.	The application is not finding a valid combination for the Password as outlined in the message.	Applicant must create a password with the following rules in place: - Numeric character - Upper case letter - Lower case letter - Special character (@, +) - No spaces allowed
180	Create Account	Confirmation password must match New password. Passwords are case sensitive.	The application is not finding the 'Confirm Password' and 'Password' field to match.	Applicant must re-enter password in the 'Confirm Password' field and ensure it matches what was entered in the Password. (Note, the applicant might want to re-enter the password in both the 'Password' and 'Confirm Password' fields.
181	Create Account	Email Address format must be valid. An E-mail Address must contain an "@" and at least one "." After the "@". The Email Address cannot contain spaces.	The application is not finding a "@" or at least 1 "." after the "@" in the email address field.	Applicant must re-enter the email address and ensure it has a "@" and at least 1 "." after the "@" sign.

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
182	Create Account	Email and confirm email must match.	The application is not finding the 'Email' and 'Confirm Email' fields to match.	Applicant must re-enter email in the 'Confirm Email' field and ensure it matches what was entered in the Email. (Note, the applicant might want to re-enter the email in both the 'Email' and 'Confirm Email' fields.
183	Create Account	Do you want to [Browser Name] to remember the password?	The browser is able to remember passwords for the application.	Applicant can select 'Yes' or 'No' depending on whether or not they want the application to remember the password or not.
184	Authenticate User	Must enter username and password.	Login name is a required field and the application is not finding a value in that field.	Applicant must enter a value in the User Name field.
185	Authenticate User	Must enter username and password.	Password is a required field and the application is not finding a value in that field.	Applicant must enter a value in the Password field.
186	Authenticate User	Invalid Login Name or Password.	The validation upon login has not found the user and/or password to match what is stored in the database.	The user should re-enter his/her Login Name and Password to ensure he/she didn't have a typo of mis-key any of this information the first time. If they can't remember what the valid combination is for Login Name and Password they can also leverage the 'Forgot Username' and 'Forgot Password' features.
187	Authenticate User	Your account has been locked. Please wait 24 hours and try again. If you need additional assistance after that please call 651-431-6624 or email DHS.245Dlicensehelp@state.mn.us	Applicant has attempted to login into the application 5 times and has been unsuccessful.	Wait 24 hours and try to login again. If applicant continues to experience issues he/she may contact the telephone number or email address listed in the message.
188	Forgot Login Reminder, Forgot Password Reminder	You must enter your email.	Email address is a required field and must have a value populated.	Applicant must enter a valid value in the email field.

Nbr.	Function/Screen	Error	Reason for the error	How to resolve the error
189	Forgot Login Reminder, Forgot Password Reminder	Email address format must be valid. An E-mail Address must contain a "@" and at least one "." after the "@". The E-mail Address cannot contain spaces.	Email address format must be valid. An E-mail Address must contain a "@" and at least one "." after the "@". The E-mail Address cannot contain spaces.	Applicant must enter a valid email format value in the email field.
190	Forgot Login Reminder	You must enter your last name.	Last name is a required field and must have a value populated.	Applicant must enter a valid value in the last name field.
191	Forgot Password Reminder	You must enter your User Name.	The User Name and Email address are required for Password reset reminders.	The user must enter his/her User Name and Email address prior to clicking on the 'Reset Password' button.
192	Validate Question Answers	Answers are not correct.	The answer provided must match what is in the database and was entered at the time the account was being set up.	Click on the 'Hint' hyperlinks in the screens which should help trigger the applicant's memory; then re-enter the answers.
193	Validate Questions Answers	The reset code has exceeded the 30 minute expiration time to reset your password. Please submit another request to reset your password.	When the applicant selects to get a Password reminder, he/she must reset the password w/in 30 minutes of receiving the email.	Click on 'Forgot Password' again and resubmit request for a reminder.
194	Password Reset	Confirmation password is required.	Applicant must enter a valid value in this field.	Applicant must enter a valid value in this field.
195	Password Reset	Confirmation password must match New password. Passwords are case sensitive.	The confirmation password does not match what was entered for the password.	Applicant must re-enter the 'Confirm Password' to ensure there were not typos.
196	Password Reset	New password cannot match the current password.	The new password entered is the exact same as the previous password.	Applicant must enter a new, unique value for Password.
197	Password Reset	New password is required.	Applicant must enter a valid value in this field.	Applicant must enter a valid value in this field.
198	Password Reset	Password must be between [@MinimumSize] and [@MaxSize] characters.	Password must be at least 8 characters.	Applicant must re-enter a password that is at least 8 characters.
199	Password Reset	Password must contain at least one numeric character, one upper case letter, one lower case letter, and one special or punctuation character such as @ or +. Password cannot contain spaces.	Password does not contain the combination of values as described in the error message.	Applicant must enter a password that includes: -Numeric character -Upper case letter -Lower case letter -Special punctuation -NO spaces

Address Verification (CDYNE) Troubleshooting Tips

As previously mentioned, address verification is validated against a tool called CDYNE PAV (Postal Address Verification). If CDYNE does not find the address you have typed in, you will receive an error message and need to correct it before proceeding in the application process.

***TIP* - If you run into validation issues, try entering the address as it appears on your utility bill (or other formal documents). Remember, a P.O. Box is not acceptable.**

In the Address1 field, CDYNE seems to accept things like: 'Dr', 'Drive', 'Rd', 'Road', 'N', 'North', 'South', 'S', 'Suite 205', 'Ste 205', '# 205', '205', 'Suite #205'

In the Address1 field, CDYNE does NOT seem to accept: 'No' for North, or 'So' for South

CDYNE error message	Potential Issue	Tips to Resolve
Invalid address. Please re-enter the address.	CDYNE is not finding any type of match for address and zip code combination at all	Review what information was put in for the address and look for typos – ie. is the zip code off by a digit, or were digits transposed?
	CDYNE may be looking for the identifier to know if it is a Street, Drive, Lane, Boulevard, etc.	Instead of just entering the location number and street name, be sure to include the identifier of 'St', 'Dr', 'Ln', 'Blvd', etc.
	CDYNE could be looking for a variation in what you are trying to enter – ie. for 'South' it might be looking for 'S' or 'South', and you typed in 'So'.	Try using a different variation for your address. It is known that CDYNE does not like 'So' used for 'South', but it will accept 'S' or 'South'. (The same is true for North)
	CDYNE may understand the direction of the street to be different than when is expected in rural areas. For example, '113 N Main St' might really be understood as '113 S Main St'.	Remove the direction identifier in the Address1 field; in this example, the applicant would type in '113 Main St' instead, along with the zip code. Once the address is validated it will pull back '113 S Main St.'
Please enter a suite or apartment number.	CDYNE is expecting a suite or apartment number for this address.	Enter a suite, or apartment number in the 'Suite, Apt. Bldg:' field to proceed.

Please correct the suite or apartment number or delete entry if not applicable	The number that has been entered for the 'Suite, Apt. Bldg:' is incorrect or not understood by CDYNE.	Please check the 'Suite, Apt. Bldg;' entered and make sure it is correct. A number may have been incorrectly keyed or transposed during entry (ie. applicant entered '206' instead of '205')
	CDYNE might not be expecting a 'Suite, Apt. Bldg:' number at all, even though you are entering one and believe it to be legit.	Try removing the 'Suite, Apt. Bldg:' and see if the Address1 on its own is understood.
	CDYNE might be expecting an entirely different number for the suite than what the applicant even knows to exist. (Thus, look at a utility bill!)	There was a situation where a suite was entered as '100' because that is what showed on the applicant's door. When he/she looked at the utility bill, it was listed as '1' and that is what CDYNE was expecting.