E-Licensing Management System,
Reference Guide for Submitting a Licensing Application

Minnesota Department of Human Services
Division of Licensing
PO Box 64242
St. Paul, MN 55164-0242

Version 7.8.13

Contents
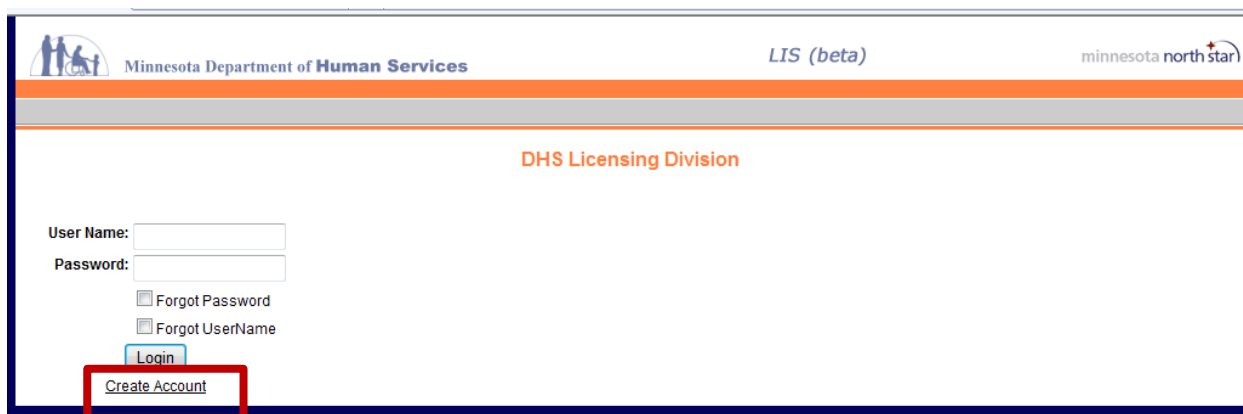
Getting Started with Login Credentials

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).
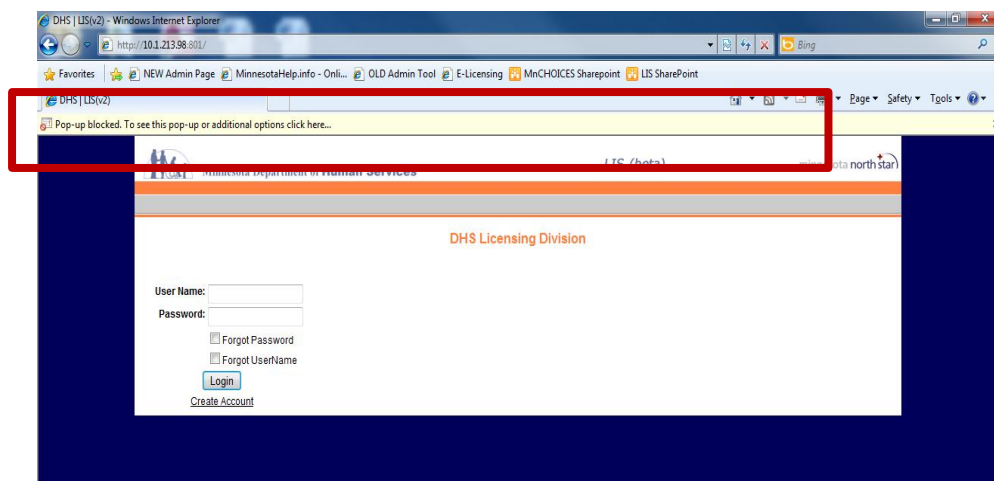
Select the option 'Always allow Pop-ups from This Site'.
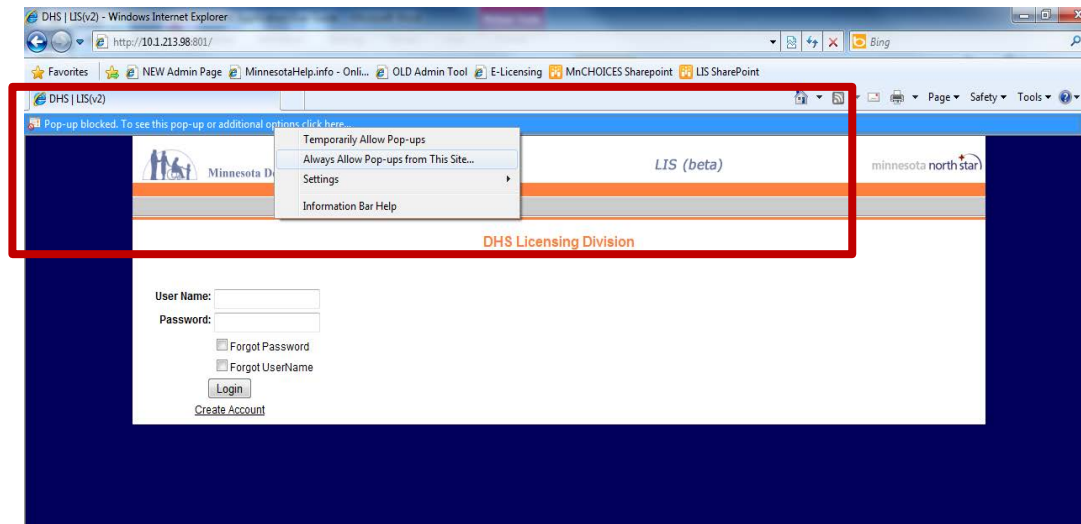
If you receive a confirmation message to allow pop-ups from the site, click on the 'Yes' or 'OK' button.
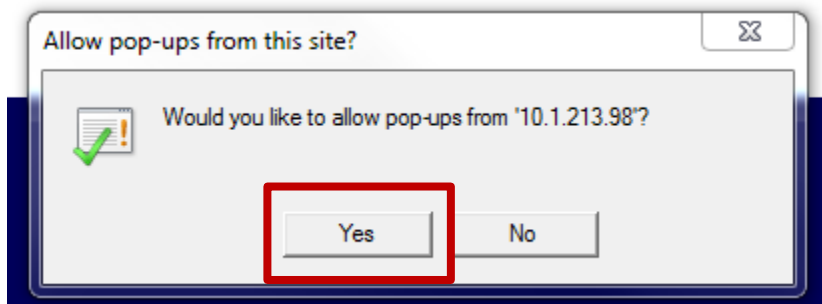
If you receive the following Windows Internet Explorer message, click on the 'Retry' button.
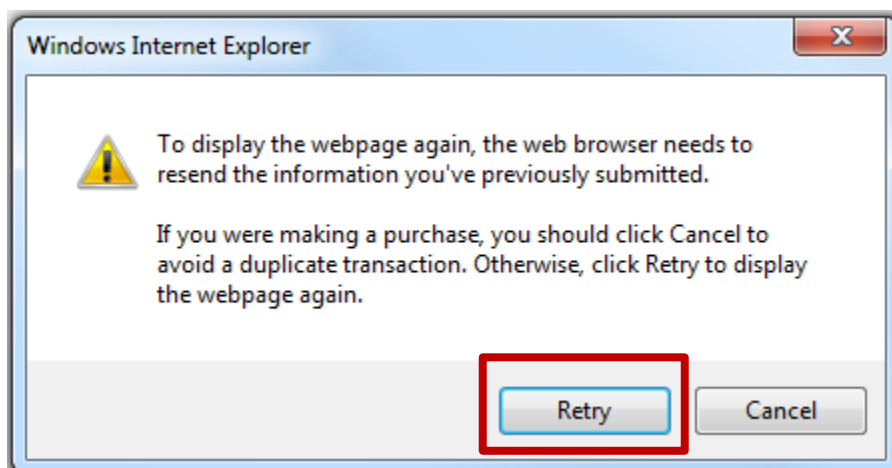
You will then be brought to the screen to set up your login credentials. **Note, all of these fields are required in order to create an account.**

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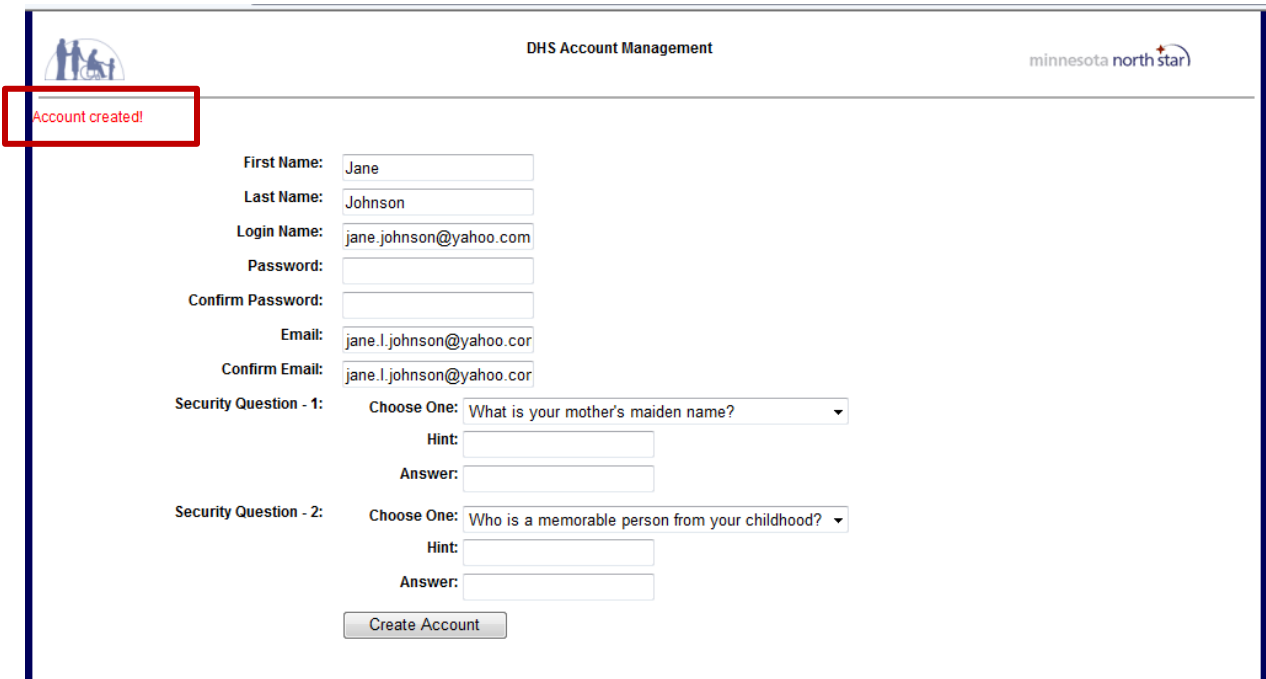
Confirmation password must match New password. Passwords are case sensitive.

- 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.

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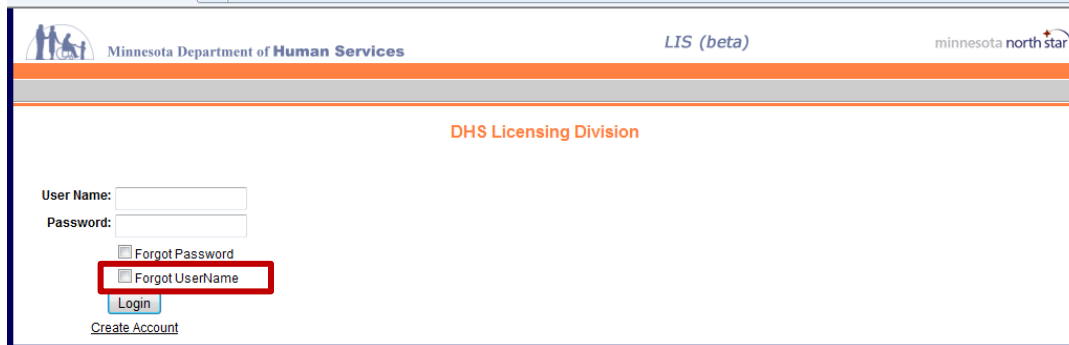
- This message will appear if you have attempted to login into the application 5 times with the incorrect 'User Name' and 'Password' combination. In order to resolve the above error the user should wait 24 hours to try logging in again and if there are still issues he/she can follow the information in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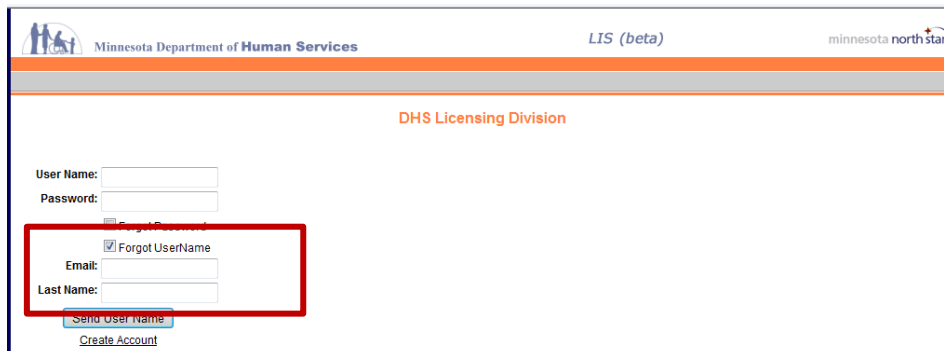

The following error messages may appear when attempting to send on your user information to receive a reminder:

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:
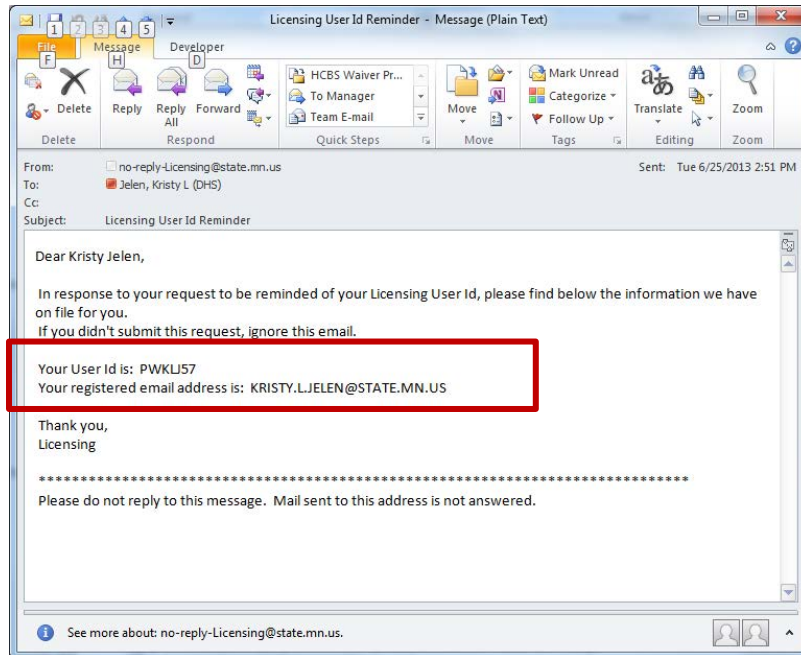
Forgot Password Reminder

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.

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.*
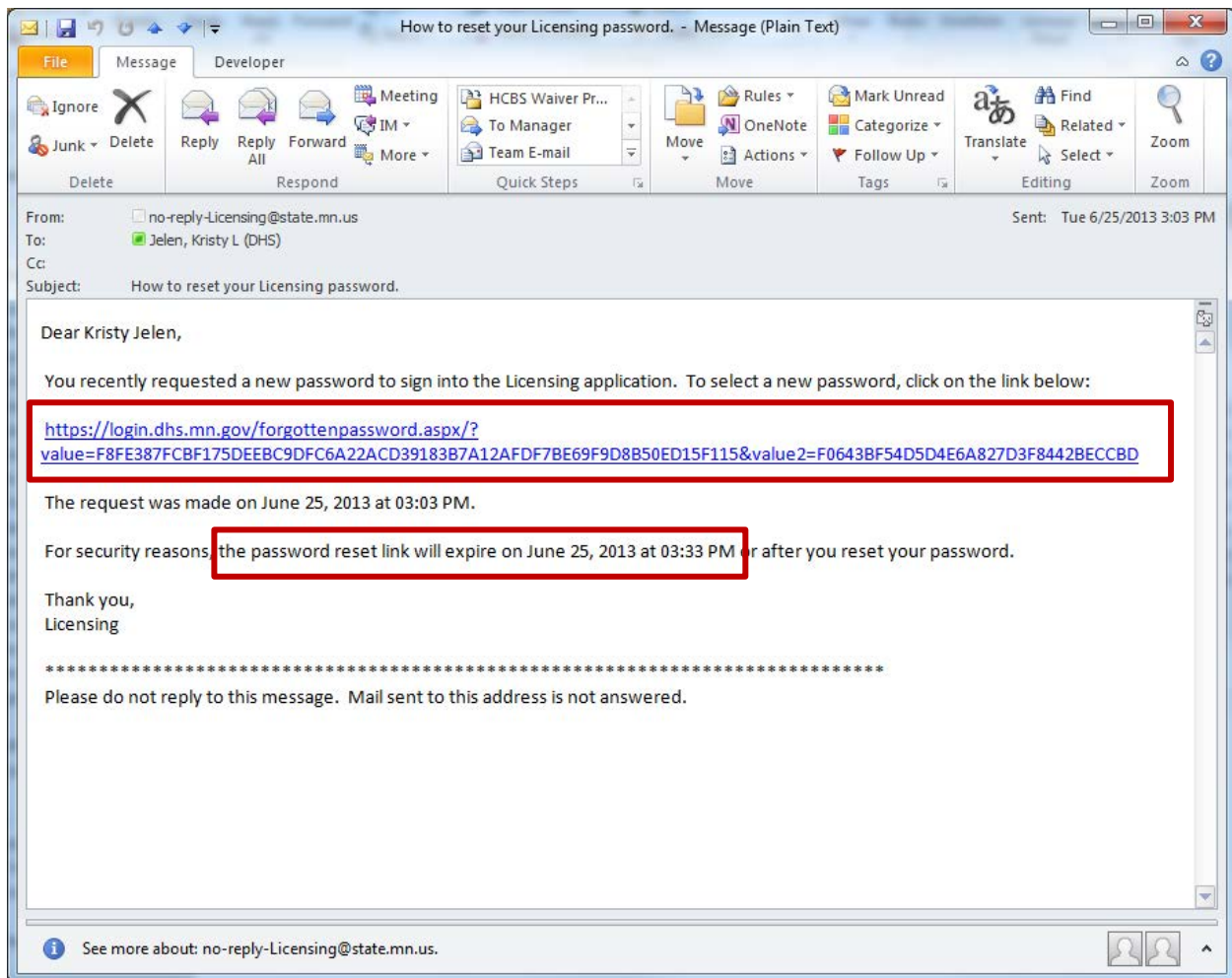
The user will be brought to this screen once the blue hyperlink is clicked on. At this point in time the user must enter the answers to the questions that were submitted when the user account was first set up.
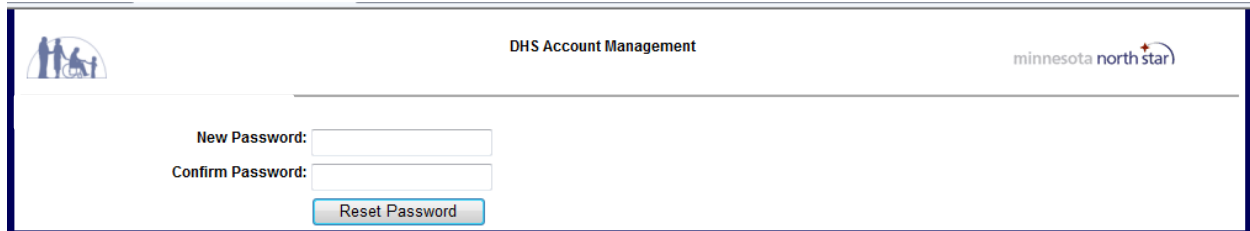
The following error messages may appear when attempting submit answers to the questions to be able to reset your password.

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 20characters.
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:
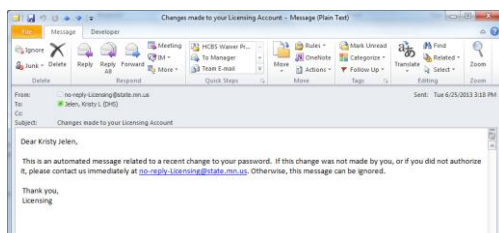
General Navigation, Functionality and Other Tips

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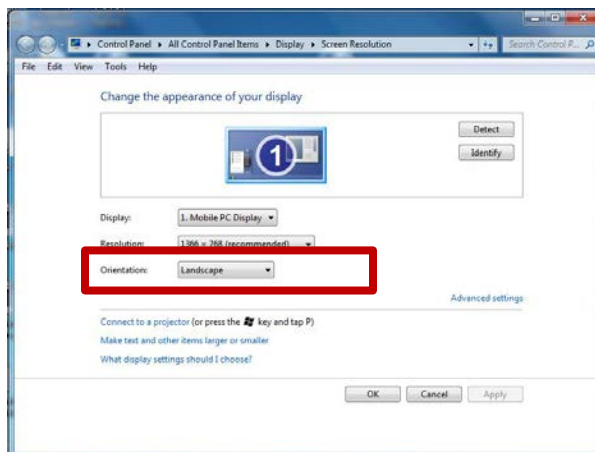
- It is recommended to use Internet Explorer as a browser for completing the application

Required Fields are denoted by a red star – you are unable to move onto the Next screen until they are appropriately completed.
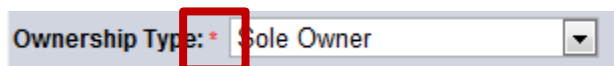
Hyperlinks are denoted in blue font or with an underline – you are able to click on the hyperlinks and launch other resources for information regarding licensing.

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 up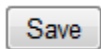on clicking on Next, the error must be resolved before moving on (see other sections in this manual for more information on required fields).
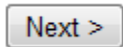
Previous button allows the applicant to go back to the previous screen. **Note, use the Previous button to navigate back to a previous screen and DO NOT use your browser back icon.**
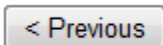
Cancel button allows the applicant to exit out of the application. **Note, save your changes prior to canceling out of the application – if you do not save your changes, you will lose your changes.**
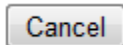
Home button allows the applicant to return to the licensee dashboard. **Note, save your changes prior to canceling out of the application – if you do not save your changes, you will lose your changes.**
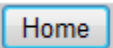
Submit and Pay button allows the applicant to submit their application and proceed in the process to pay the application fee.

Question Mark button launches additional, helpful resources specific to the screen he/she is entering information for.
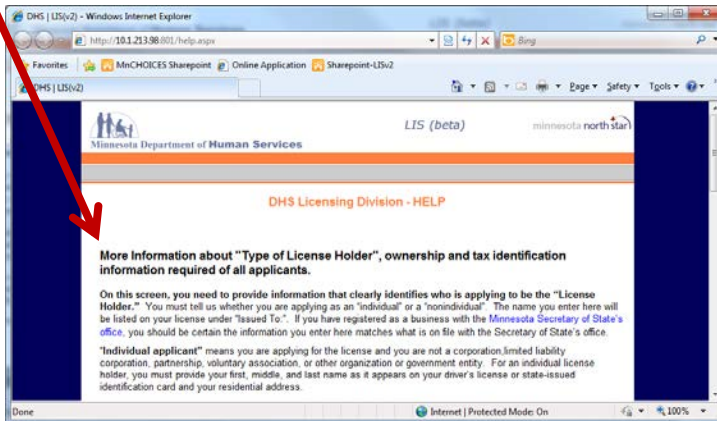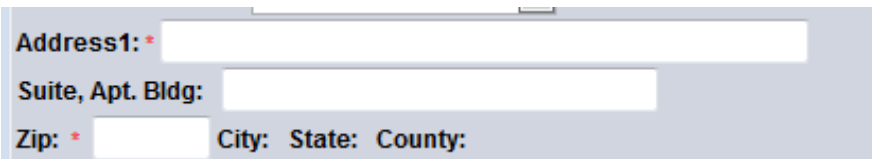
Name Same As drop down allows the applicant to select from a previously identified individual entity to default already entered values.

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.

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.

Address Same As drop down allows the applicant to select from a previously identified address and default already entered values.
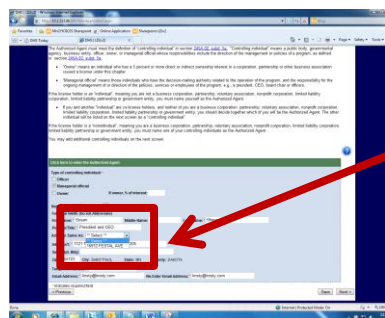
Values entered in previous screens will default into these fields.

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

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.

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.

	Browse...

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 **
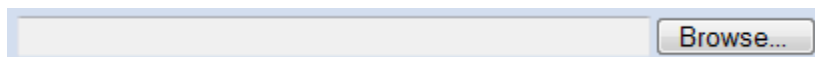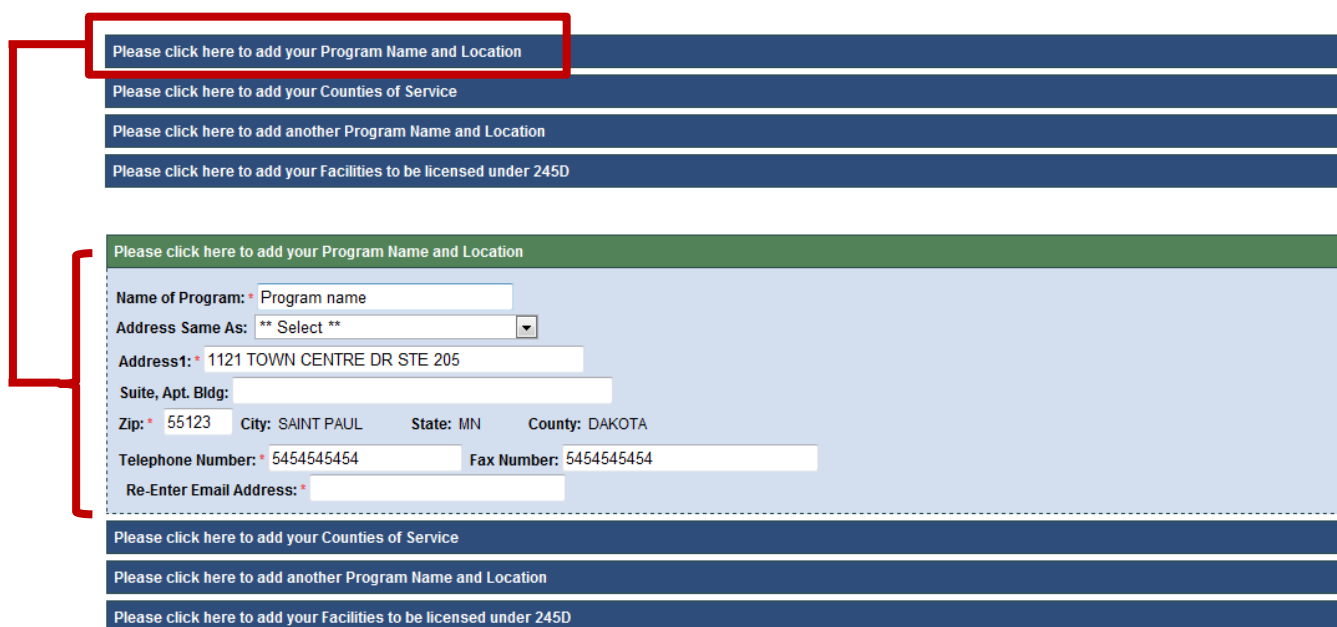Address1: * 1121 TOWN CENTRE DR STE 205
Suite, Apt. Bldg:
Zip: * 55123   City: SAINT PAUL   State: MN   County: DAKOTA
Telephone Number: * 5454545454   Fax Number: 5454545454
Re-Enter Email Address: *

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)

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

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.

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

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 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 <u>not</u> 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 an nonindividual? * ● Individual ○ Nonindividual

Ownership Type: * [Sole Owner ▾]

Full legal NAME (Do not abbreviate. Use legal name according to the IRS.)
First Name: * [   ]   Middle Name: [   ]   Last Name: * [   ]
Social Security Number: * [   ]
Minnesota Tax ID Number: * [   ]   Federal Employer ID (FEIN): * [   ]

Telephone Number: * [   ]   Fax Number: [   ]

* Indicates required field

Save | Next >

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

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

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 an nonindividual? * ○ Individual ● Nonindividual

Ownership Type: * Non Profit Corporation ▾

(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

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):
 - 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:

Click to add another
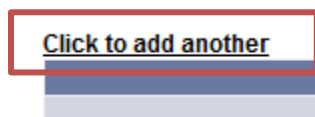
Valid

- 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:

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

The following fields will be displayed for entry.

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:

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

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.

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

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 an 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
[< 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):
 - 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:

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

The following fields are displayed for entry.

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:

Services to be Provided - Continued:

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:

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

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.

Please click here to add your Program Name and Location

Name of Program: *
Address Same As: ** Select **
Address1: *
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

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.

Please click here to add your Program Name and Location

Please click here to add your Counties of Service

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.

(Unknown)
Aitkin
Anoka
Becker
Beltrami
Benton

Please click here to add another Program Name and Location

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.
 - Address1 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

<div>Remove this Location</div>

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:

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

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).
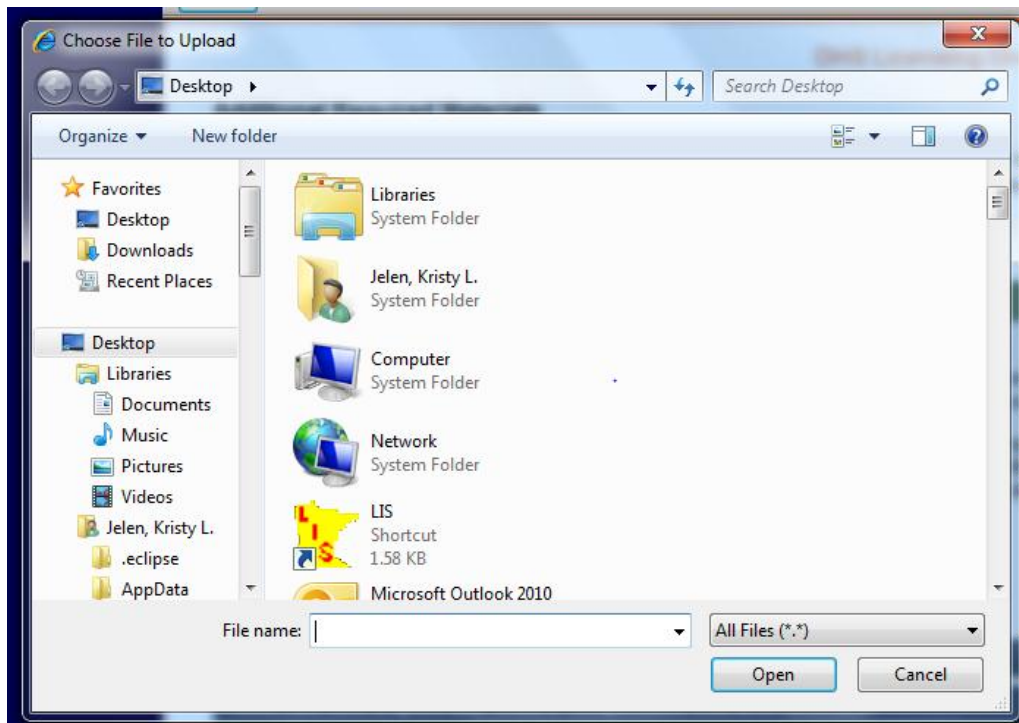
3. Once the file is found, the applicant can click once on the file to highlight it, and then click on the 'Open' button:
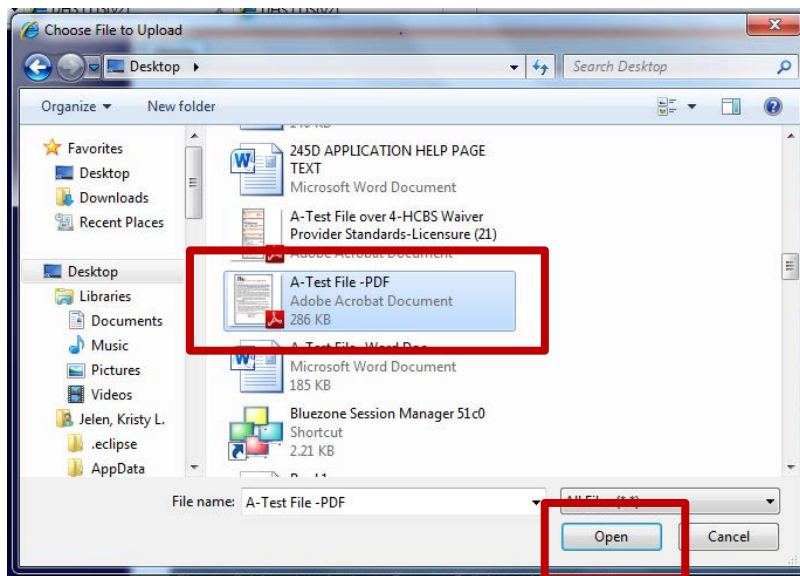
4. The system will then bring the applicant back to the application. He/she must wait until the file has uploaded before moving on to upload the next file. The black spinning icon will appear to show that the file is actively uploading; when the file has uploaded the spinning icon will go away and the field will highlight into a bright green.

5. 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 Wokers' 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.

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 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\pwklj57\Desktop\A-Test File -Word Doc.pdf] Browse...

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 Wokers' 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: *

[ ] Browse...

File Uploaded:

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

[ ] Browse...

File Uploaded:

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

[ ] Browse...

File Uploaded:

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

[ ] Browse...

File Uploaded:

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

[ ] Browse...

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: *
`C:\Users\pwklj57\Desktop\A-Test File -Word Doc.docx` Browse...
File Uploaded:

Service suspension and termination policy and procedures required under section 245D.10, subdivision 3: *
`C:\Users\pwklj57\Desktop\A-Test File -Word Doc.pdf` Browse...
File Uploaded:

Drug and alcohol policy required under section 245A.04, subdivision 1, paragraph (c): *
`C:\Users\pwklj57\Desktop\A-Test File -Word Doc.pdf` Browse...
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\pwklj57\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\pwklj57\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\pwklj57\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.
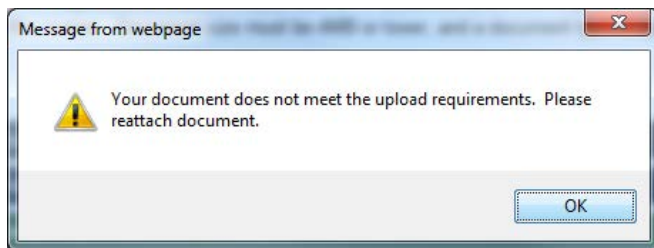
When the applicant clicks on 'OK', the field will appear in red. The applicant needs to reattach the document by making the necessary revisions to the document and clicking on the 'Browse' button again.

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: ** 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:** [   ]

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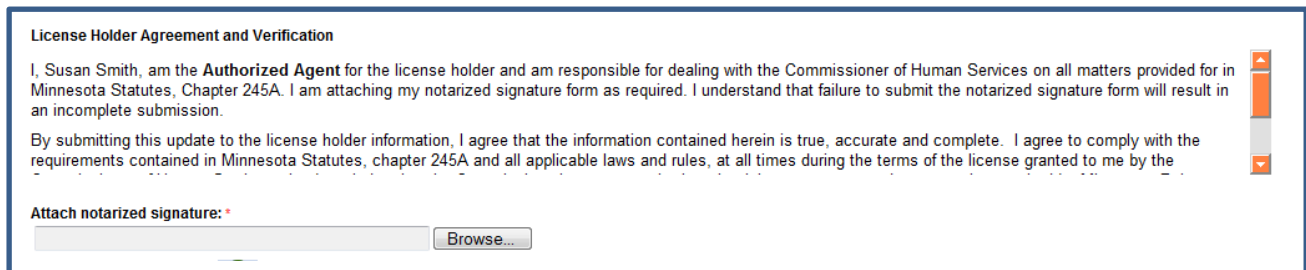
The following error messages will appear in red upon clicking on the 'Next' button if the required fields are missing information. The user cannot proceed to the Next screen until this information has been properly entered.

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: *

[   ] Browse...

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 scree, 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

Message from webpage

? Are you sure you want to submit?

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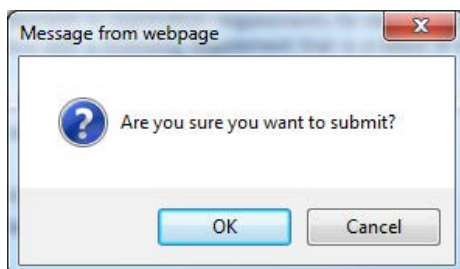
The applicant is assigned an Application #. Here the applicant can also scroll to see more information regarding payment fees:

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

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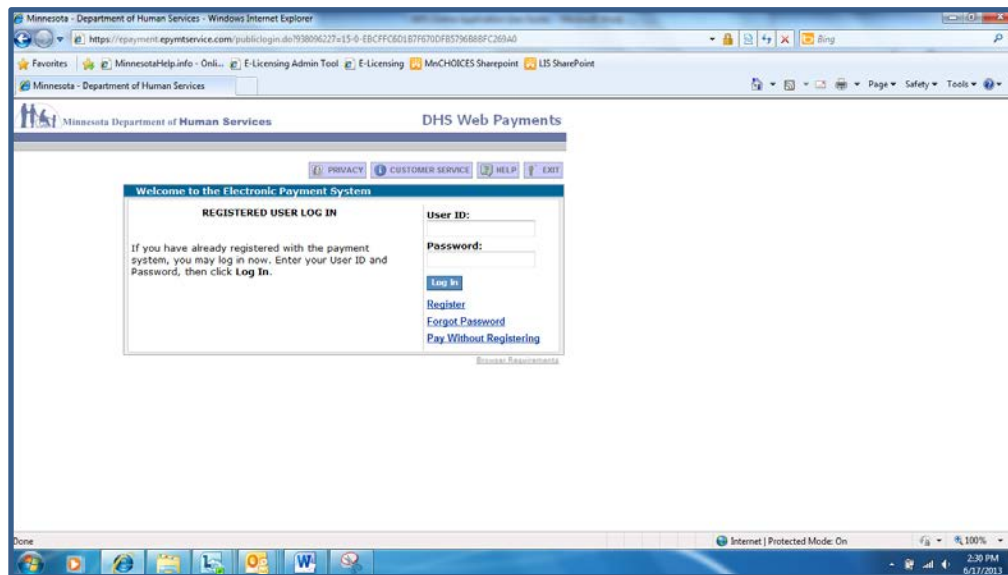
Editing a Saved Application

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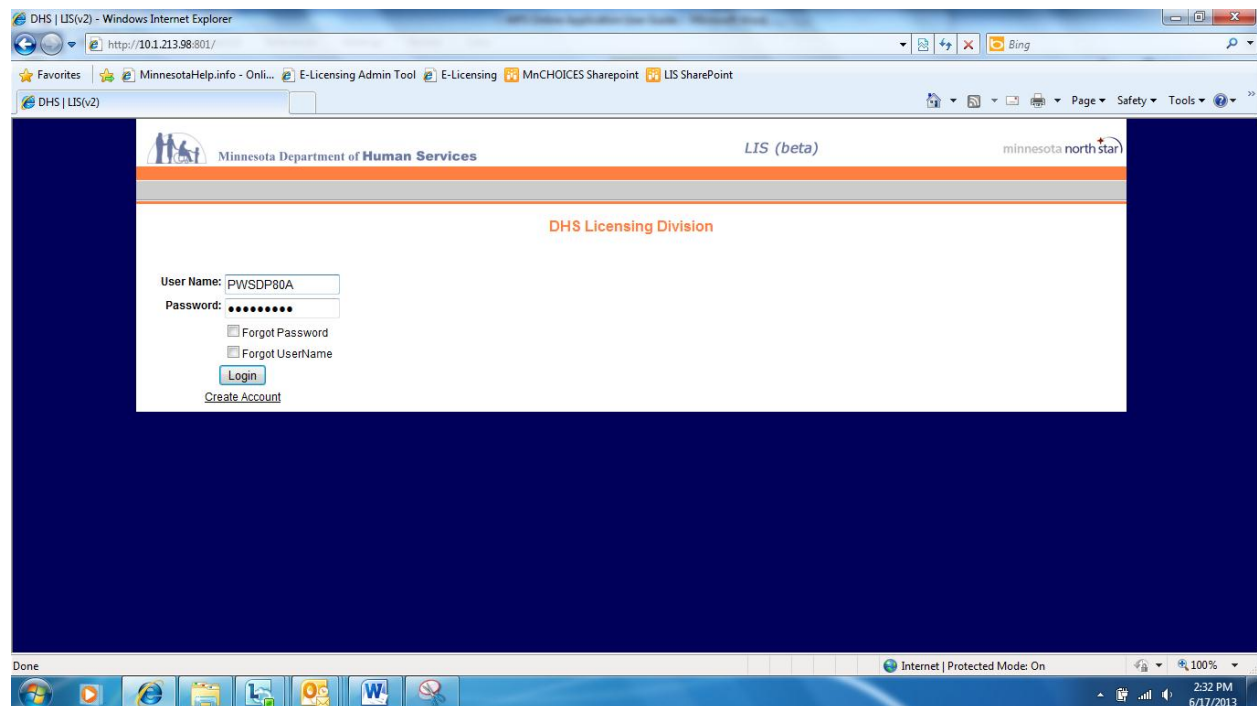
The applicant will see that the application now has an 'Edit' option and a status of 'In Process'.

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.

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.

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

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		Delete	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.

Message from webpage

Are you sure you want to delete this record?

OK | Cancel
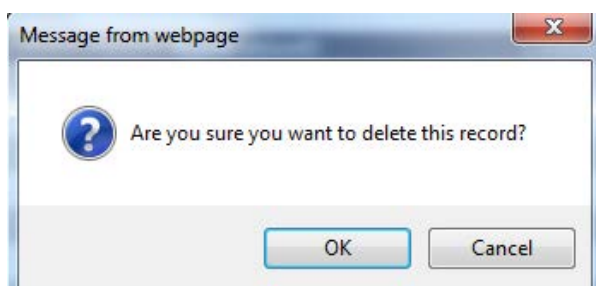
Viewing a Submitted Application

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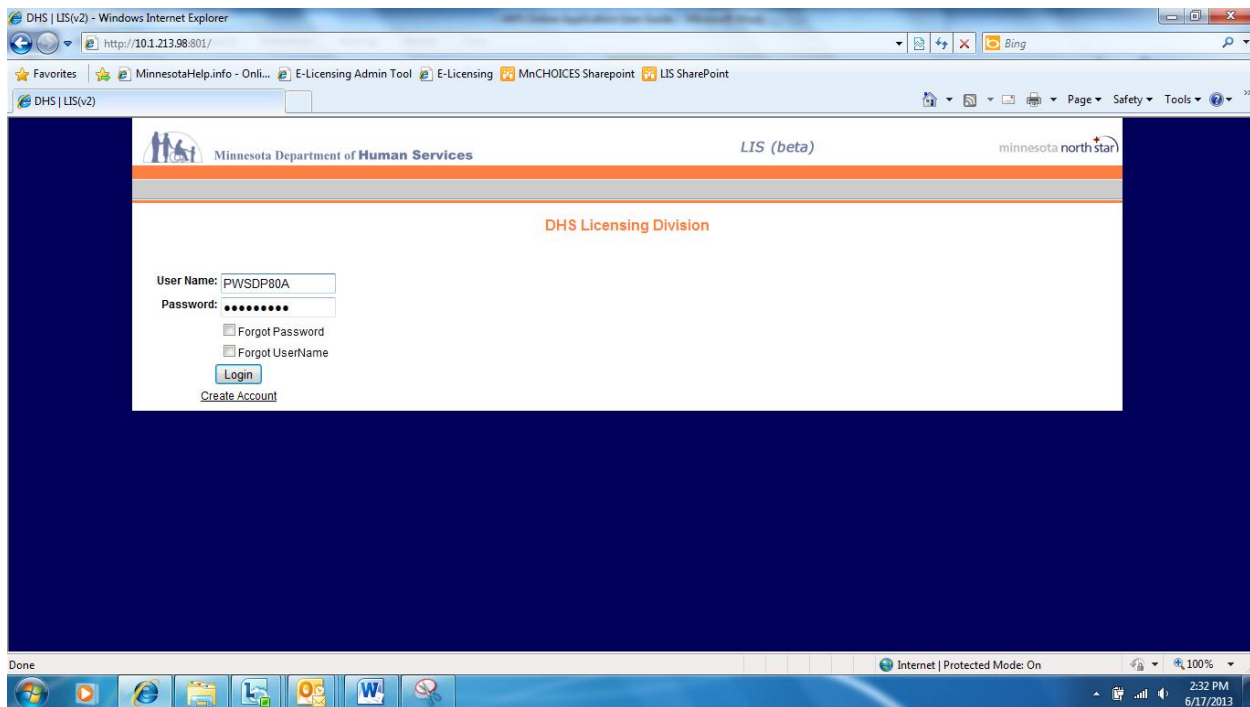
The applicant will see that the submitted application now has a 'View' option and a 'Submitted' status.

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.

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, and 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.