

Minnesota Department of Human Services Licensing Division

245D Pre-Application Worksheet

When applying for a Home and Community-Based Services license under Minnesota Chapter 245D, you must provide information about the business entity or owner who is seeking the license, including the ownership and management structure, information about program service(s) and location(s), and submit copies of policies and procedures as required by law. This worksheet will assist you in gathering all of the information you need to have with you at the time you log in and begin your application. Completing this worksheet ahead of time should help you complete the online application in a shorter amount of time.

Type of license holder (“individual” or “nonindividual”): read carefully and choose only ONE

The license holder is the business entity that is responsible for the license. Minnesota Human Services Licensing Act makes a distinction between “individual” and “nonindividual” license holders. *Please read the following section carefully and choose either ‘nonindividual’ or ‘individual.’*

A “**nonindividual**” license holder means that you have **created a business organization** in order to make a legal distinction between the owner and the business, or you are a government entity. Generally, this means you are operating as a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization, or you are a government entity. In this case, the license holder is the business or government agency. For information on the types of business ownership go to the [Minnesota Secretary of State’s](#) online [Business, Nonprofit & UCC](#) page. **Throughout this application, you will be referred to as a “nonindividual license holder”.**

For “nonindividual” applicant, check only ONE box:

- Business Corporation
- Nonprofit Corporation
- Limited Liability Corporation (LLC)
- Limited Partnership
- Limited Liability Partnership (LLP)
- Government Entity

Business Name of “nonindividual” License Holder (or name of Government Entity):

Print Full Business as it appears on business tax forms or on filing with the Secretary of State’s office – do not abbreviate

An “**individual**” license holder is generally a **sole owner** or **sole proprietorship** in which the business is owned and run by one individual and in which there is no legal distinction between the owner and the business. This means you have not formed a corporation (e.g., business, for profit, nonprofit, limited liability corporation) and have not organized as a partnership, association, other organization and are not a government entity. You may have registered with the Minnesota Secretary of State’s office to use an assumed name, and you may have employees, but you are still a sole owner/sole proprietor. **Two or more individuals** may be co-applicants or co-license holders if neither of them is a corporation, partnership, voluntary association, or other organization or government entity. **Throughout this application, you will be referred to as an “individual license holder”.**

Legal Name of “individual” License Holder:

Print your name as it appears on your driver’s license or other state-issued ID.

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Tax identification information

You are required to provide your tax identification information, including your Minnesota Tax Identification Number and Federal Employer ID Number (FEIN), if you have one.

The Minnesota Department of Revenue requires a business to have a Minnesota Tax ID if it collects sales tax on retail sales in Minnesota; has employees and collects withholding taxes; or is a corporation doing business in Minnesota and files a tax return with the Department of Revenue. For information on registering for a Minnesota Tax ID, go to the [Minnesota Department of Revenue](http://www.treasury.state.mn.us) website.

You must also provide your FEIN, if you have one. This is a nine-digit number you obtained from the Internal Revenue Service (IRS) because you have employees or operate your business as a corporation of partnership.

If you completed Section B, above, and are applying as an "individual" license holder, you must also provide your Social Security Number (SSN). If the FEIN and the SSN are both entered, the FEIN will be used for tax purposes and the SSN will be used for identification purposes only.

7-digit MN TAX ID Follow format: 7777777 or enter all zeros (0000000) if you do not have one	SSN (required ONLY if you are an individual license holder) Follow format: 999-99-9999	9-digit FEDERAL EMPLOYER ID NUMBER Follow format: 99-9999999 or enter all zeros (00-0000000) if you don't have one

Controlling individual

As part of applying for a license, you are required to disclose individuals and businesses that make up your ownership and/or management structure. You must identify all controlling individuals as defined under section [245A.02, subdivision 5a](#). A "Controlling individual" can be an organization, corporation or a person. For a person, referred to as an "individual", this is the person's first, middle, and last name as it appears on their driver's license or state-issued identification card. For an organization, referred to as a "nonindividual" controlling individual, this is the business or organization name as it appears on the tax forms. Provide the full name, do not abbreviate.

- Organizations that are controlling individuals include a public body, a governmental agency, or a business entity. An organization must identify all of the officers, owners, and managerial officials of the organization as controlling individuals.
- An owner of an organization is an individual who has 5% or more direct or indirect ownership interest in a corporation, partnership, or other business association issued a license under Chapter 245A.
- A managerial official is an individual who has decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services, or employees of the program.

Authorized agent

In addition, you must designate one of your controlling individuals to be your authorized agent. The authorized agent is the individual that DHS will contact concerning all licensing matters provided for in Minnesota Statutes, Chapter 245A and will be the individual that will be served legal notices, if any are issued. It is the responsibility of the authorized agent to ensure that any mail received from DHS is distributed as needed and a response provided within stated timelines when required. A completed and notarized *Applicant and License Holder Notarized Signature Form* is required for the authorized agent.

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The [Applicant and License Holder Notarized Signature Form](#) is available through this link and should be completed BEFORE you begin your online application. This requires the person’s name, title, and address. Tips for designating your Authorized Agent:

- If the license holder is an “**individual**”, meaning you are not a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you must name yourself as the Authorized Agent.
- If you and another "individual" are co-license holders, and neither of you are a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you should decide together which of you will be the Authorized Agent. The other individual will be listed in the application as a "controlling individual".
- If the license holder is a “**nonindividual**”, meaning you are a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you must name one of your controlling individuals as the Authorized Agent.

Controlling individual who is the authorized agent

FULL LEGAL NAME OF AUTHORIZED AGENT			
ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)			TITLE/POSITION:
CITY		COUNTY	
STATE	ZIP	E-MAIL ADDRESS:	
TELEPHONE NUMBER		FAX NUMBER (optional)	
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL			
This person MUST Sign the Applicant Agreement, Acknowledgement and Verification Form form in front of a notary public and you must be prepared to scan it and submit it electronically as an attachment as part of your online application.			

Additional controlling individual(s), if any: For nonindividual license holders, you must list the business as both the License Holder and also as a Controlling Individual.

FULL LEGAL NAME OF CONTROLLING INDIVIDUAL			
POSITION/TITLE:			
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL			

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Additional controlling individual(s), if any: For nonindividual license holders, you must list the business as both the License Holder and also as a Controlling Individual.

FULL LEGAL NAME OF CONTROLLING INDIVIDUAL
POSITION/TITLE:
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL

FULL LEGAL NAME OF CONTROLLING INDIVIDUAL
POSITION/TITLE:
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL

FULL LEGAL NAME OF CONTROLLING INDIVIDUAL
POSITION/TITLE:
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL

FULL LEGAL NAME OF CONTROLLING INDIVIDUAL
POSITION/TITLE:
TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes) <input type="checkbox"/> OWNER, ___% of ownership if 5% or more <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGERIAL OFFICIAL

- *IF YOU HAVE MORE CONTROLLING INDIVIDUALS, USE A SEPARATE SHEET OF PAPER WITH THE ADDITIONAL NAMES.*

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Sensitive background study information person

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

FIRST, MIDDLE, LAST NAME			
ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL	

Compliance officer

If you will be or are enrolled as a Minnesota Health Care Program (MHCP) provider, and will or do receive reimbursement through Medical Assistance for the licensed program or services, you must **designate a compliance officer** who is responsible for ensuring the program complies with Medical Assistance laws or regulations in accordance with section [256B.04, subdivision 21](#), paragraph (b). If you have questions about MHCP Provider Enrollment, go to DHS’ online [MHCP Enrolled Providers Home](#) page.

FIRST, MIDDLE, LAST NAME			
ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL	

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Services to be provided

You will need a 245D-Home and Community-Based Services (HCBS) program license to provide any of the services governed by Chapter 245D. 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.

On the application, you will be asked to select services that you intend to provide in unlicensed settings or facilities not licensed under 245D. You must be prepared to select from the following options:

Basic support services

Basic support services provide the level of assistance, supervision, and care that is necessary to ensure the health and safety of the person and do not include services that are specifically directed toward the training, habilitation, or rehabilitation of the person. Basic support services include:

- [24-hour emergency assistance](#)
- [Companion services](#)
- [Homemaker services](#)
- [Night supervision](#)
- [Personal support](#)
- [Respite care services](#)

Intensive support services

In addition to the basic support service level of assistance, supervision, and care, intensive support services provide services specifically directed toward the training, habilitation, or rehabilitation of the person. Intensive support services include:

- | | |
|---|--|
| <input type="checkbox"/> Behavioral support | <input type="checkbox"/> Foster care services |
| <input type="checkbox"/> Specialist services | <input type="checkbox"/> ICF/DD |
| <input type="checkbox"/> Crisis respite | <input type="checkbox"/> Day training and habilitation |
| <input type="checkbox"/> Independent living skills training | <input type="checkbox"/> Pre-vocational |
| <input type="checkbox"/> Semi-independent living skills | <input type="checkbox"/> Structured day |
| <input type="checkbox"/> Residential-based habilitation , including: <ul style="list-style-type: none">• in-home family support• supported living services | <input type="checkbox"/> Supported employment |

On the application, you will be asked to select services that you intend to provide in a facility licensed under 245D. You must be prepared to select from the following options:

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

- Day training and habilitation
- Prevocational
- Structured day

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Program name and location

“Program name” is the name of the licensed program. A “program location” is a location controlled by the license holder (i.e., you are the owner, lessor, or tenant of the location) where you provide the 245D licensed services or an administrative office where you store program, service recipient, or personnel records, or both. If you have more than one, you will be asked to enter those as well. You must identify one as your primary program location. You will also be asked to select each county where services are provided at a site or location not controlled by the license holder (e.g., a service recipient’s home or a community setting), in addition to the county(ies) of your program locations.

PROGRAM NAME			
ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		

Additional program names and locations

PROGRAM NAME			
ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		

PROGRAM NAME			
ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		

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Facilities

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

FACILITY NAME			
ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)			
CITY	COUNTY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		
Services to provide at facility: (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Day training and habilitation <input type="checkbox"/> Prevocational <input type="checkbox"/> Structured day			

Additional documentation to be submitted with your application

1. Organization Chart
2. Program Policies and Procedures ([sample policies and procedures](#) a – f are available for use):
 - a. Grievance policy and procedures
 - b. Suspension and termination policy and procedures
 - c. Emergency use of manual restraints
 - d. Drug and alcohol policy
 - e. Vulnerable adult maltreatment reporting and internal review policy and procedures
 - f. Maltreatment of minors internal review policy and procedures
3. [Workers Compensation Insurance Verification](#) (available at <http://www.dli.mn.gov/WC/PDF/mnlic04.pdf>)
4. Applicant Agreement and Verification and Affidavit of Authorized Agent