Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-6189K-ENG 9-20

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Homemaker Provider Assurance Statement

Provider information

PROVIDER NAME	NPI or UMPI

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

Definition of Homemaker

Refer to Covered and Noncovered Services in the home and community-based waiver services section of the MHCP Provider Manual to review the policy information and definition for this service.

Provider Assurance Statement

I, the provider named on this form, assure by initialing the appropriate items indicated that my organization meets that requirement.

Homemaker cleaning

_____ My organization provides homemaker cleaning services (light housekeeping and laundry tasks).

_____ My organization provides a cost-effective, appropriate means of meeting the needs defined in the person's support plan.

_____ Has a basic home care license

_____ Has a comprehensive home care license

_____ Has a basic home care or a comprehensive home care license from the Minnesota Department of Health (MDH) with a home and community-based services (HCBS) designation on the license

_____ Has a home and community-based services license in compliance with Minnesota Statutes, chapter 245D as a basic support service provider

_____ Is not required to receive a 245D program license (complete DHS-6189Z) and will submit the successfully completed background studies required of all owners and managerial officials before initial enrollment, reenrollment or revalidation. Owners or managerial officials oversee the management or policies of services that provide direct contact.

In addition to complying with Minnesota Health Care Programs enrollment requirements, I assure that my organization meets the requirements for the following services:

Homemaker home management

I assure that my organization provides home management (which may include help with meal preparation, shopping for food, clothing and supplies, simple household repairs, and arranging for transportation) and meets the following requirements:

_____ Has a license in compliance with Minnesota Statutes, chapter 245D as a basic support service provider

_____ Is not required to receive a 245D program license (complete DHS-6189Z) and will submit the successfully completed background studies required of all owners and managerial officials before initial enrollment, reenrollment or revalidation. Owners or managerial officials oversee the management or policies of services that provide direct contact.

_____ Has a license in compliance with Minnesota Statutes, chapter 144A with a home and community-based services designation.

Homemaker assistance with activities of daily living (ADLs)

I assure that my organization provides homemaker assistance with activities of daily living (dressing, bathing, toileting, grooming, eating and ambulating) and meets one or more of the following requirements:

_____ Has a license in compliance with Minnesota Statutes, chapter 245D as a basic support service provider.

_____ Has a license as defined in Minnesota Statutes, chapter 144A with a home and community-based services designation.

_____ Is not required to receive a 245D program license (complete DHS-6189Z) and submit the successfully completed background studies required of all owners and managerial officials before initial enrollment, reenrollment or revalidation. Owners or managerial officials oversee the management or policies of services that provide direct contact.

For all Homemaker Services

I, the provider named on this form, assure my organization meets the following background study requirements (initial below):

_____ Submit successfully completed background studies required for all owners and managerial officials of the program prior to initial enrollment, reenrollment, revalidation, or for new providers, prior to enrollment. Owners or managerial officials oversee the management or policies of services that provide direct contact.

_____ Initiate a background study for each staff person that will have direct contact with people served by the program. “Direct contact” means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to people served by the program.

_____ Provide continuous direct supervision of all staff until the Department of Human Services (DHS) issues a notice of the result of the background study. “Continuous, direct supervision” means the staff person is within sight or hearing of the program’s supervising individual who is capable at all times of intervening to protect the health and safety of the people served by the program.

_____ Take any action ordered in notice of employee’s background study results.

_____ Maintain employee records that include the results of a completed background study and the employee start date of providing direct care service.

_____ Upon request, provide DHS with access to the documentation related to background studies.

_____ Comply with the requirements of Minnesota Statutes, chapter 245C as a licensed or unlicensed direct contact service provider.

This assurance statement must be signed by an officer with authority to bind the entity (CEO, president). A signed copy of this form must be retained in your files.

AUTHORIZED OFFICER NAME (please print)	TITLE
SIGNATURE	DATE
CONTACT NAME (please print)	PHONE NUMBER

Upload this signed Provider Assurance Statement with required MHCP HCBS and AC Provider Enrollment documents through the online Minnesota Provider Screening and Enrollment (MPSE) portal or fax to 651-431-7493.