Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-6189Z-ENG 8-20

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

# Provider Not Required to Receive a 245D Program License – Provider Assurance Statement

## Provider information

| PROVIDER NAME | NPI or UMPI |
|---|---|
| | |

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

## Service Definitions

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 definitions for the services listed below.

## Provider Assurance Statement

Check the applicable reason for exclusion from licensure to provide home and community-based services governed by Minnesota Statutes 245D:

☐ I am a home care provider with a basic license from the Minnesota Department of Health (MDH) with a Home and Community-Based Services (HCBS) designation on the license. MDH will monitor and enforce my compliance with the 245D HCBS standards under my home care license.
**PLEASE NOTE:** This exclusion does not apply if you provide 245D intensive supports and services. This exemption applies if you provide only 245D basic supports and services.

☐ I am a home care provider with a comprehensive license from the Minnesota Department of Health (MDH) with an HCBS designation on the license. MDH will monitor and enforce my compliance with the 245D HCBS standards under my home care license.
**PLEASE NOTE:** This exclusion does not apply if you provide 245D intensive supports and services. This exemption applies only if you provide only 245D basic supports and services.

☐ I provide one or more of the following nonresidential services governed by Minnesota Statutes, chapter 245D, and I am excluded from licensure for the reason indicated below (check each service you provide; any nonresidential 245D service that is not listed here requires a 245D license as a provider qualification under the applicable waiver plan):

- ☐ 24-hour emergency assistance (non-equipment)
- ☐ Adult companion services (excluding companion services provided under the Corporation for National and Community Services Senior Companion Program)
- ☐ Homemaker services (cleaning services only are not subject to Minnesota Statutes 245D)
- ☐ Individual Community Living Support (ICLS)
- ☐ Night supervision
- ☐ Personal supports
- ☐ Respite care, in home
- ☐ Respite care, out of home

## Out-of-Home Respite Exclusions

Check the applicable reason you are excluded from licensure:

☐ I am a nursing home in accordance with Minnesota Statutes 144A and licensed by the commissioner of health or the hospital as defined in Minnesota Statutes, section 144.696, subdivision 3 providing one or more of the nonresidential services selected above and I am excluded from licensure under the Human Services Licensing Act, Minnesota Statutes, section 245A.03, subdivision 2(a)(7).

☐ I am a residential hospice facility as defined in Minnesota Statutes, section 144A.75, subdivision 13 (a) (1) serving hospice patients as defined under Minnesota Statutes, section 144A.75, subdivision 6 (2)

☐ I am an Adult Foster Care licensed under Minnesota Rules, part 9555.5105 and Minnesota statutes, 245A.

- ☐ I am licensed for home care under Minnesota Statutes, sections 144A.43 through 144a.483 with a Home and Community Based Services designation under Minnesota statutes, section 144A.484
- ☐ I meet the Minnesota Statutes, 245A.03, subdivision 2 license exclusion and I am providing out of home respite to a person on Elderly Waiver or Alternative Care.

☐ I am providing Customized Living and 24-Hour Customized Living Supports under Minnesota Statutes, chapter 144D and I meet one of the following (check one):

- ☐ I am licensed as a comprehensive home care provider in accordance with Minnesota Statutes, section 144A.43 through 144A.484 and have a Community-Based services designation under Minnesota Statutes, section 144A.484
- ☐ I meet the Minnesota Statutes, 245A.03, subdivision 2 license exclusion and I am providing out-of-home respite to a person on the Elderly Waiver or Alternative Care program.

## Individual Provider Exclusions

Check the applicable reason you are excluded from licensure:

☐ I am an individual (meaning I am not a corporation, partnership, voluntary association, or other organization) providing one or more of the nonresidential services selected above to a person related to me and I am excluded from licensure under the Human Services Licensing Act, Minnesota Statutes, section 245A.03, subdivision 2(a)(1). I understand that I must otherwise obtain a 245D-HCBS program license to provide 245D services to any other nonrelated individual(s). These nonresidential services do not include adult companion services for a person on Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), or Brain Injury (BI) waiver. A related person cannot offer adult companion services for a person on a CAC, CADI or BI waivers.

☐ I am an individual (meaning I am not a corporation, partnership, voluntary association, or other organization) providing one or more of the nonresidential services selected above to one or more persons from a family that is not related to me and I am excluded from licensure under the Human Services Licensing Act, Minnesota Statutes, section 245A.03, subdivision 2(a)(2). I understand that in the event I begin providing any of the services governed by 245D to more than one related family, that I must obtain a 245D license.

**INDIVIDUALS PLEASE NOTE:** Under section 245A.02, subdivision 13, "Individual who is related" means a parent of an adult child, birth or adopted child or stepchild, stepparent, stepbrother, stepsister, niece, nephew, adoptive parent, grandparent, sibling, aunt, uncle or legal guardian. Review the **Paying relatives and legally responsible individuals** section of the manual for additional information about payment from HCBS waivers.

For all the exclusions selected, I assure compliance with the following statutes: (Initial each statute.)

_____ Minnesota Statutes, section 245D.04, subdivisions 1(4), 2(1), 2(2), 2(3), 2(6), and 3 (service recipient rights)

_____ Minnesota Statutes, section 245D.05 and 245D.051 (health services and medication monitoring )

_____ Minnesota Statutes, section 245D.06 (incident reporting and prohibited and restricted procedures)

_____ Minnesota Statutes, section 245D.061 (emergency use of manual restraints)

_____ Minnesota Statutes, section 245D.09 subdivisions. 1, 2, 3, 4a, 5a, 6, and 7 (staffing standards)

## All Providers Meeting Exclusions

By initialing each requirement and signing this form, I, the named provider, assure my organization will comply with the following requirements:

_____ 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 background study requests for all employees who provide direct contact for services specified in the federally-approved waiver plans. "Direct contact" means providing face-to-face care, training, supervision, counseling, consultation or medication assistance to people served by the program.

_____ Provide continuous direct supervision of all staff until the Department of Human Services (DHS) issues a notice of the study results. "Continuous direct supervision" means an individual 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 the notice of employee's background study results.

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

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

_____ Meet and maintain compliance 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 | EFFECTIVE 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.