Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-7120C-ENG 9-20

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Early Intensive Developmental and Behavioral Intervention (EIDBI) Assurance Statement for Qualified Supervising Professionals (QSP)

Provider information

PROVIDER NAME			NPI
STREET ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER

Complete, **initial** and sign this form to enroll as a qualified supervising professional (QSP) for Early Intensive Developmental and Behavioral Intervention (EIDBI) services. This form is an addendum to the Minnesota Department of Human Services Provider Agreement (DHS-4138) for Minnesota Health Care Programs (MHCP).

For auditing purposes, keep documentation that shows your compliance with the following requirements. You must keep a signed copy of this form on record. Fax this completed form, along with all other required MHCP provider enrollment documents, to 651-431-7462 or upload through the online Minnesota Provider Screening and Enrollment (MPSE) Portal.

EIDBI services offer medically necessary treatment to people under the age of 21 on Medical Assistance (MA) with autism spectrum disorder (ASD) and related conditions. The purpose of the EIDBI benefit is to provide medically necessary early intensive intervention that targets the functional skills and core domains of people with ASD and related conditions, as well as to educate, train and support their parents and families; promote people's independence and participation in family, school and community life; and improve long-term outcomes and the quality of life for people and their families.

For more information, refer to the EIDBI section of the MHCP Provider Manual.

Your application

If DHS approves your application to enroll as a QSP, you will be authorized to clinically supervise staff who provide EIDBI services and assume full professional responsibility for services provided by Level I, II or III EIDBI providers. If approved as a QSP, you will also be authorized to provide the following services: EIDBI intervention, observation and direction of Level I, II or III providers, family or caregiver training and counseling, coordinated care conferences, and individual treatment plan (ITP) development and monitoring.

License and certifications

You must be employed by an agency and attest to being at least one of the following to become a QSP for EIDBI services. Initial and attach a copy of your current license to this form.

_____ I am a licensed mental health professional under Minnesota Statute 245.4871, subdivision 27, clauses (1) to (6).

_____ I am a developmental or behavioral pediatrician

Check all DHS-approved certification(s) you have and attach a copy of your current certificate(s) to this form.

_____ Board Certified Behavior Analyst-Doctoral (BCBA-D)

_____ Board Certified Behavior Analyst (BCBA)

_____ Developmental Individualized Relationship-based Model (DIR/Floortime)

_____ Early Start Denver Model (ESDM)

_____ Relationship Development Intervention (RDI)

_____ Play and Language for Autistic Youngsters (PLAY) Project

Experience and training

You must also attest by **initialing** the following to enroll as an EIDBI QSP provider.

_____ I have at least 2,000 hours of supervised clinical experience or training in examining or treating people with ASD or a related condition or equivalent documented coursework at the graduate level by an accredited university in ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development.

By signing this form, you are assuring that you will take full responsibility for all EIDBI services that are billed under your supervision. You assure that all services under your supervision will be provided by qualified staff working in compliance with all applicable service standards, including standards described in the EIDBI policy manual.

By **initialing** the requirements and signing this form, I, the named QSP applicant, attest to the accuracy of all information on this form.

QSP APPLICANT NAME (please print)	TITLE
SIGNATURE	EFFECTIVE DATE

For initial enrollment, upload this signed Applicant Assurance Statement with required Individual Practitioner – Provider Enrollment Application (DHS-4016) and Minnesota Department of Human Services Provider Agreement (DHS-4138) documents through the online Minnesota Provider Screening and Enrollment (MPSE) Portal or fax to 651-431-7462. To change service levels, upload this signed Applicant Assurance Statement and appropriate supporting documents through the online Minnesota Provider Screening and Enrollment (MPSE) Portal or fax to 651-431-7462.