Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-7689-ENG 6-18

MINNESOTA HEALTH CARE PROGRAMS

Critical Access Mental Health Applicant Assurance Statement

AGENCY NAME			AGENCY NPI
FACILITY ADDRESS			
CITY	STATE	ZIP CODE	

This assurance statement is an addendum to the provider's MHCP Provider Agreement.

By signing this statement, the applicant assures the facility is a mental health clinic or center that is not designated as an essential community provider under Minnesota Statutes 62Q.19,

By initialing each requirement and signing this form, the applicant certifies the following:

_____ The provider is licensed under Minnesota Rules, parts 9520.0750 to 9520.0870 (Rule 29).

_____ The provider has a sliding fee scale that meets the U.S. federal poverty guidelines used to determine financial eligibility for certain federal programs, and agrees to update the sliding fee schedule annually.

_____ The provider agrees to serve within the limits of its capacity all individuals residing in its service delivery area.

_____ The provider demonstrates a commitment to serve low-income and under-served populations by not restricting access or services because of a client's financial limitation.

_____ The provider is capable of providing the services specified in paragraph (b) of Minnesota Statutes, section 256B.763, to individuals who are diagnosed with both mental illness or emotional disturbance and chemical dependency, and to individuals dually diagnosed with a mental illness or emotional disturbance and mental retardation or a related condition.

_____ The provider has a contract with the local mental health authority to provide one or more of the services specified in paragraph (b) of Minnesota Statutes, section 256B.763.

_____ The provider agrees that upon request of the local mental health authority, it will enter into a contract with the county to provide mental health services not reimbursable under the Medical Assistance program.

_____ The provider provides mental health services as specified in Minnesota Statutes, section 245.62, subdivision 4.

_____ The provider provides mental health services specified in Minnesota Statutes, sections 245.461 to 245.4887.

For more information, see Minnesota Statutes, section 256B.763.

An officer with authority to bind the entity (e.g., CEO, President) must sign this assurance statement

AUTHORIZED OFFICER NAME	AUTHORIZED OFFICER TITLE
REQUESTED START DATE (Provider must meet all requirements as initialed on this form prior to the start date)	
AUTHORIZED OFFICER SIGNATURE	DATE

Fax completed form to MHCP Provider Enrollment at 651-431-7462.