Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-7754-ENG 5-20

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Substance Use Disorder (SUD) Provider Assurance Statement – Professionals

Provider Information

PROVIDER NAME	NPI

This assurance statement is an addendum to the provider's MHCP Provider Agreement (DHS-4138) (PDF). Complete this form to attest to additional requirements for enrolling with MHCP as a substance use disorder professional.

Service Information

Check one of the following to indicate whether this provider is revalidating, adding services or removing services.

☐ Revalidation ☐ Add Service ☐ Remove Service

Initial all of the following services that apply and provide the effective date:

_____ Individual and group counseling Effective date: _____

_____ Comprehensive assessments Effective date: _____

_____ Treatment coordination Effective date: _____

Applicant Assurance Statement

Professional Requirements

By initialing one of the following professional requirements and signing this statement, I attest to the following:

_____ I am a licensed alcohol and drug counselor (LADC) (submit a copy of your current license)

_____ I currently hold a professional license that includes a scope of practice to provide the services indicated to individuals with substance use disorder. I will not provide services outside my scope of practice. (Submit a copy of your current license and complete the appropriate information in the License and Certification Information section.) Check the appropriate provider type from this list:

- ☐ Licensed independent clinical social worker
- ☐ Marriage and family therapist
- ☐ Physician
- ☐ Occupational therapist
- ☐ Psychologist
- ☐ Licensed professional clinic counselor
- ☐ Nurse practitioner
- ☐ Clinical nurse specialist
- ☐ Physician assistant

_____ I currently hold an Upper Midwest Indian Counsel on Addictive Disorders (UMICAD) Level III certification (submit certification). If UMICAD Level III certified, initial the next item:

_____ I know and understand that Minnesota Statutes 148F.11 restricts my services to only those who self-identify as Native American.

License and Certification Information

If enrolling with a license or certification other than an LADC or UMICAD Level III certification, you must initial to attest you have evidence of **one** of the following:

_____ Completion of at least a baccalaureate degree with a major or concentration in social work, nursing, sociology, human services or psychology, or licensure as a registered nurse; successful completion of a minimum of 120 hours of classroom instruction in which each of the core functions listed in chapter 148F is covered; and successful completion of 440 hours of supervised experience as an alcohol and drug counselor, either as a student or a staff member (submit documentation that you meet this criteria)

_____ Completion of at least 270 hours of drug counselor training in which each of the core functions listed in chapter 148F is covered, and successful completion of 880 hours of supervised experience as an alcohol and drug counselor, either as a student or staff member (submit documentation that you meet this criteria)

_____ Current certification as an alcohol and drug counselor or alcohol and drug counselor reciprocal, through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc (submit documentation that you meet this criteria)

_____ Completion of a bachelor's degree including 480 hours of alcohol and drug counseling education from an accredited school or educational program and 880 hours of alcohol and drug counseling practicum (submit documentation that you meet this criteria)

_____ Employment in a program formerly licensed under Minnesota Rules, parts 9530.5000 to 9530.6400, and successful completion of 6,000 hours of supervised work experience in a licensed program as an alcohol and drug counselor before Jan. 1, 2005 (submit documentation that you meet this criteria)

For more information, see Minnesota Statutes, section 254B.05, subdivision 1, paragraph (b); and section 245G.11, subdivisions 1 and 4.

Additional requirements

I also certify all of the following (initials required):

_____ I have been free of problematic substance use as defined in Minnesota Statutes 245G for at least two years immediately preceding SUD service delivery.

_____ I have documentation of three or more years of experience as an alcohol and drug counselor providing individual and group counseling to persons with a substance use disorder (Minnesota Statutes 245G.11, subdivision 4) (this may include a letter from a previous employer indicating the years of experience as a qualified SUD professional).

_____ I know and understand the implications of Minnesota Statutes Chapter 245G, and sections 245A.65, 626.556, 626.557, and 626.5572.

_____ I will complete comprehensive assessment and assessment summaries provided according to Minnesota Statutes section 245G.05, and treatment services provided according to sections 245G.06 and 245G07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2.

_____ I attest that I will not affiliate with other licensed or unlicensed professionals to provide alcohol and drug counseling services per Minnesota Statutes 245G.01, subdivision 17. Affiliation does not include conferring with another professional or making a client referral.

APPLICANT NAME (authorized representative)	APPLICANT SIGNATURE	DATE

Upload this completed form along with a copy of your license, work experience and any additional coursework required if you are enrolling with non-LADC licensure through the online Minnesota Provider Screening and Enrollment (MPSE) portal or fax to MHCP Provider Eligibility and Compliance at 651-431-7462.