

PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

## MN Revalidate 2026 Post Screening Checklist

Provider Name: Click or tap here to enter text.

Provider Address: Click or tap here to enter text.

Provider Number: Click or tap here to enter text.

Provider Phone #: Click or tap here to enter text.





On-site Screener Name: Click or tap here to enter text.

Post Screener Name: Click or tap here to enter text.

On-site Visit Date: Click or tap here to enter text.





PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<b>FOLLOW-UP QUESTIONS</b>					
<p><b>Check to see if the on-site screener completed the SOS search. Transfer their input if it has been done.</b></p> <p><b>If it was not completed, do the search.</b></p> <p><b>Secretary of State business name:</b> Does the business name on record match the Secretary of State’s record?</p> <p><b>Check the Minnesota Secretary of State’s website:</b>  <a href="https://mbisportal.sos.mn.gov/Business/Search">https://mbisportal.sos.mn.gov/Business/Search</a></p> <p>Check <b>yes</b> if they match.</p> <p>Check <b>no</b> if they do not match and enter the differences in <b>Notes</b>.</p>					
<p><b>Secretary of State provider address:</b> Does the provider address on record match the Secretary of State’s record?</p> <p>Check <b>yes</b> if they match.</p> <p>Check <b>no</b> if they do not match and enter the differences in <b>Notes</b>.</p>					
<p><b>Secretary of State record:</b> Is the provider record active with the Secretary of State?</p> <p>Check <b>yes</b> if it is.</p> <p>Check <b>no</b> if it is not.</p>					





PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<p><b>Additional business owner owns other businesses that bill Medicaid services:</b> Verify in <b>MPSE</b> if the owners own more than 5% of other businesses.</p> <p><b>INSTRUCTIONS:</b></p> <ol style="list-style-type: none"><li>1) Access the paper checklist in AgileApps.</li><li>2) Go to the Business Questions section.</li><li>3) View Notes for this question.</li><li>4) If there are no details, log into MPSE and follow these steps:<ol style="list-style-type: none"><li>4a) Locate the social security number (SSN) of each owner</li><li>4b) Do a search with the SSN to see if the owner(s) disclosed other ownership correctly</li></ol></li></ol> <p>Check <b>yes</b>:</p> <ol style="list-style-type: none"><li>1) If they don't own other businesses</li><li>2) If you were able to resolve any "no" response and it is now yes</li><li>3) If you resolved the reason it was flagged</li></ol> <p>Check <b>no</b>:</p> <ol style="list-style-type: none"><li>1) If the information you find is wrong or inconsistent. <b>If an undisclosed additional business for an owner is discovered in MPSE, it would be a denial (must have a different FEIN from the current provider).</b></li><li>2) Add <b>Notes</b> on the details of the inconsistencies</li></ol> <p>Flag this item to assist with the final recommendation.</p>					





PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<p><b>Validate owners, managing employees, authorized agents, Board of Directors, and designated billers in MPSE.</b></p> <p><b>.INSTRUCTIONS:</b></p> <p>Go to the Business Questions section Look at these questions:</p> <ul style="list-style-type: none"><li>• Owners are disclosed</li><li>• Managing employees disclosed</li><li>• Board of Directors' names</li><li>• Authorized agents disclosed</li><li>• Designated biller for PT18 or PT38</li></ul> <p>REPEAT THE FOLLOWING STEPS AS NECESSARY TO PROCESS EACH OF THE ABOVE QUESTIONS THAT ARE MARKED NO/FLAGGED</p> <p>3) If the screener checked no, look for the details in the notes.</p> <p>3a) If a screener noted that they emailed information (or the provider is emailing), look for the email.</p> <p>3b) If there is a contact person to call to obtain the information, call that contact person.</p> <p>3c) Ask the contact person for the specific information you need to answer that question.</p> <p>3d) Review each individual question to ensure the question was answered correctly or if there are new details to document or change.</p> <p>3f) If you change the screener's original response, check flagged and add the information to <b>Notes</b>.</p>					





PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<p>If during the on-site screening it was disclosed there are new owners, not listed in MPSE, this would be a denial. Note - If any owner disclosed they have multiple roles (that we didn't know about) this does not lead to denial. For example, they claim to be an owner and an AA and ME.</p> <p>If during the on-site screening a new ME, AA, BoD, or required designed biller were not disclosed, it would be a denial since they weren't disclosed. Including a licensed professional who also claims to be an ME.</p> <p>If we discover any new individual in MPSE and they were not disclosed during the on-site screening it is not a denial, just make a note. The exception is if it is an owner that wasn't disclosed during the on-site visit. If that happens:</p> <p>Ensure the owner is an active owner in MPSE and owns more than 5%</p> <p>The post-screener should call the owner/interviewee to verify the discovered individual from MPSE</p> <p>Record the percentage of ownership for each owner</p> <p>If the percentage of ownership for each owner is different from MPSE or if they are no longer an owner, that would be a denial recommendation.</p>					





PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<p><b>Lead Professionals: Affiliated agencies listed in MPSE:</b> Do the licensed professionals associated with other affiliated agencies, match the ones on the MPSE?</p> <p><b>INSTRUCTIONS:</b></p> <ol style="list-style-type: none"><li>1) Go to the Licensed/Supervising/Qualified Professional section of the checklist.</li><li>2) View the Professional Leads question.</li><li>3) Look for the name in Notes.</li><li>4) Look up the individual in MPSE</li><li>5) Note how many agencies they are affiliated with in MPSE and put that in Notes.</li><li>6) Call the individual(s)<ol style="list-style-type: none"><li>6a) Ask them if they are associated with other agencies, and if so, how many?</li><li>6b) Ask the next question about their supervisory responsibilities.</li><li>6c) If you left a message to call back, note the date you called in Notes.</li></ol></li></ol> <p><u>Note:</u> Two attempts will be made to call the lead. First attempt:</p> <ul style="list-style-type: none"><li>• Leave a message and wait 24 hours</li><li>• If no return call, make a call to the agency to confirm the number and tell them you left a message for the lead with no response.</li></ul> <p>Second attempt:</p> <ul style="list-style-type: none"><li>• Leave another message and allow five business days to respond.</li></ul> <p>If there is no response, deny.</p>					





PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<p>Check <b>yes</b> if it matches the data you discovered in MPSE. Check <b>no</b> if it does not match the data in MPSE. 8a) Note any differences in <b>Notes</b>. 8b) Offer education and describe in <b>Notes</b>.</p>					
<p><b>Lead Professionals: Acknowledge Supervising Responsibilities:</b></p> <ol style="list-style-type: none"><li>1) Ask the individual, “Are you aware of and understand your professional responsibilities in providing supervision?”</li><li>2) Check <b>yes</b> if the supervisor acknowledged they were aware of and understood their professional responsibilities in providing supervision.</li><li>3) Check <b>no</b> if they say no. 3a) Ask why and document their response in the Note box.</li></ol>					
<p><b>Validation of Licensed Professional – Board of Licensure:</b> Verify/update licensed professionals employed at this location.</p> <ol style="list-style-type: none"><li>1) Go to the Licensed/Supervising/Qualified Professional section question “Verification of licensed/unlicensed professional employees employed at this location.”</li><li>3) Look for the names and information for the employees in the Notes or an email if there are more than 5.</li><li>4) If the screener answered no, look for the details in the Notes for a contact person to call.</li><li>5) Call the contact person to obtain the details. Ask “Who are all the licensing, supervising, or qualified professional at this location?”</li><li>6) For each person named, collect their: 6a) Full legal names</li></ol>					





PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<p>6b) Type of license 6c) License number (Example: William Barrett, LICSW, 1234)</p> <p>7) Note the information in <b>Notes</b>.</p> <p>8) For each licensed professional, verify the record in MPSE and search the license status with the board of licensure for that license type. If the license does not exist or is expired, note the details.</p> <p>8a) Check <b>yes</b> if the license is active. 8b) Check <b>No</b> if the individual’s license is not current. <b>If a licensed professional is a lead person and their license is expired, this is a denial.</b> <b>If it is a licensed professional with an expired license still providing services and they are not the lead, this is a referral to MPAL.</b></p> <p>8c) <b>Flag</b> and enter the expiration date in <b>Notes</b>.</p>					
<p><b>EIDBI W-4 or W-9 forms:</b> Verification of EIDBI W-4 or W-9 forms.</p> <p>INSTRUCTIONS</p> <p>.1) Go to the Licensed/Supervising/Qualified Professional section question EIDBI ONLY W-4 or W-9</p> <p>3) If the screener answered no, look for the details in the note box as to why.</p> <p>If there is a missing or incomplete form for a lead staff person, it is cause for a denial.</p> <p>If there is a missing or incomplete form for a non-lead professional, refer to MPAL.</p>					





PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<p><b>Verification of Surety Bond, Fidelity, and Insurance Documents for provider types</b></p> <p>INSTRUCTIONS:</p> <p>Review this question for documents that were to be sent. Check for either photos or email received.</p> <p>Ensure each document meets the requirements for this provider type.</p> <p>Surety Bond: Line number three on the bond form should indicate an effective date being current. Signatures from the bond company and the provider must be on the form. The amount of coverage should be between \$50,000 and \$100,000.</p> <p>Fidelity Bond: Have an effective date being current AND the amount of \$20,000 of coverage.</p> <p>Workers Comp: Needs to have an effective date being current.</p> <p>Liability Insurance: Needs to have an effective date being current.</p> <p>Click <b>yes</b> if they are correct.</p> <p>Click <b>no</b> if they are incorrect.</p> <p>1) Note any discrepancies in <b>Notes</b>.</p> <p>2) If the on-site screener checked no:</p> <p>    2a) Validate the insurance and bonds in MPSE (or FileNet)</p> <p>    2b) Note any differences or important information in the <b>Notes</b>.</p> <p>If a surety bond is missing, refer to MPAI.</p> <p>If the agency can't provide ALL FOUR documents, and we can't locate them in MPSE (FileNet), it would be a denial.</p>					

PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

Requirement	 Yes	 No	 N/A	 Flagged	Notes
<p><b>Check to see if the on-site screener completed the Website verification. Transfer their input if it has been done.</b></p> <p><b>Website display:</b> The website does not have undeveloped sections or displays sample text on the website.</p> <p>INSTRUCTIONS:</p> <ol style="list-style-type: none"><li>1) Look in the Business Question section and find the Accessible website question and response.</li><li>2) Access the URL if one was provided.</li></ol> <p>Check <b>yes</b> if the website appears normal.</p> <p>Check <b>no</b> if the website is incomplete or displays red flags and enter any concerns in <b>Notes</b>.</p>					
<p><b>Attendance Verification:</b> Attendance verification of other attendees in the interview.</p> <p>INSTRUCTIONS:</p> <ol style="list-style-type: none"><li>1) Go to the Business Questions section</li><li>2) Look for the question Attendance during interview</li></ol> <p>If they checked no, look for the details in Notes.</p> <ol style="list-style-type: none"><li>1) Enter the information for the person who is not an owner, authorized agent or managing employee in <b>Notes</b>.</li><li>2) Check <b>no</b>.</li></ol>					
<p><b>Review all unmet and flagged:</b> Review all <b>unmet</b> and <b>flagged</b> items on the checklist and take appropriate action.</p> <p>INSTRUCTIONS:</p> <p>THIS IS THE FINAL REVIEW OF THE CHECKLIST. Look over the checklist to make sure all the questions have been addressed.</p>					

PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

## SITE VISIT SUMMARY/RECOMMENDATION

Provider Name: Click or tap here to enter text.

Provider Number: Click or tap here to enter text.

Provider Address: Click or tap here to enter text.

Provider Phone #: Click or tap here to enter text.

On-site Visit Date: Click or tap here to enter text.

Approved

Denied

- Business No Longer Operating
- Failure to Disclose Management Officials
- Failure to Grant Access
- Lack of Required Documentation
- Form-related issues (e.g. 5259)
- Failure to Update Enrollment Changes (e.g. address, ownership)
- Lack of Required Bonds/Insurance
- Failure to Disclose Ownership Affiliation
- Lack of Professional Qualifications
- Lack of Supervising Clinician/Professional
- Inconsistent Information Provided

NOTES/SUMMARY OF DENIAL REASON:

Click or tap here to enter text.

PROVIDER NAME:Click or tap here to enter text.

PROVIDER NUMBER:Click or tap here to enter text.

ADDITIONAL NOTES (IF NEEDED):

Click or tap here to enter text.