

MN Revalidate 2026 Screening Checklist

Date(s) of Review: Click or tap here to enter text.





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





Provider Name: Click or tap here to enter text.





Review ID #: Click or tap here to enter text.





Provider Address: Click or tap here to enter text.





Screeener Name: Click or tap here to enter text.





Requirement	 Yes	 No	 N/A	 Flagged	Notes
ACCESS OR LACK OF ACCESS					
<p>Access:</p> <p>Check yes if you can access the business and interview an authorized staff member (owner, managing employee or authorized agent)</p> <p>If screener does not have access to the provider location: Check no, flag and select the reason:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No one is present on site <input type="checkbox"/> Door locked <input type="checkbox"/> Business appears not operational <input type="checkbox"/> Owner, managing employee, authorized agent not present <input type="checkbox"/> Other reasons not listed (add in notes) <p>Enter the attempt number, date and time in notes.</p>					
<p>Photos of location: Take photos of the location: Check yes if you were able to take all necessary photos. Check no, flag and enter the reason you could not take photos.</p>					
BUSINESS QUESTIONS					
<p>Interviewee is authorized: Ask to speak with an owner, managing employee, or authorized agent.</p> <p>Verify each Interviewee's identification - Ask to see the interviewee's government issued ID. Record the legal name and role in notes.</p> <p>Verify birthdate(s) – Ask what their birthdate is and add to notes.</p> <p>Check yes if each person being interviewed is authorized.</p> <p>Check no if the interviewee is not authorized and note reason.</p> <p>If an authorized person is not available, follow Lack of Access.</p>					

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<p>Attendance during interview:</p> <p>Record the attendance of individuals present in the interview that are not an owner, authorized agent, or managing employee. Enter their name and title or relationship to the provider in notes.</p>					
<p>Owners are disclosed:</p> <p>Ask if there are additional owners.</p> <p>Check yes if there are not.</p> <p>Check no, flag and enter the additional owners' legal name and ownership percentage in notes. If unknown, enter the person to contact's name and phone number in notes or request the information be emailed the same day.</p>					
<p>Additional businesses that bill to Medicaid services:</p> <p>Confirm if the owner(s) do not own additional businesses that bill Medicaid services.</p> <p>For each owner, ask "do you or any other owners own more than 5% of any additional businesses that bill for Medicaid services?"</p> <p>Check yes if they do not.</p> <p>Check no and flag if they do. Enter the legal names of each owner, business name, and NPI/UMPI (if available) in notes.</p>					
<p>Managing employees: Ask who are all the managing employees for the business.</p> <p>Read the following definition to the interviewee:</p> <p><i>"A managing employee is someone who runs the day to day operations, makes decisions for the business, oversees services, or hires and fires employees (not CEO, CFO, COO, or CTO)."</i></p> <p>If there are 5 or fewer, flag and enter the legal name(s) and phone numbers in the notes. Check no and flag.</p> <p>If there are more than 5, take a photo of a list or ask the provider to email a list the same day. Check no, flag and note request.</p>					
<p>Authorized agents: Individuals who can make decisions for the business: Ask who are all the authorized agents for the business.</p> <p>If there are 5 or fewer, flag and enter the legal name(s) and phone numbers in the notes. Check no and flag.</p> <p>If there are more than 5, take a photo of a list or ask the provider to email a list the same day. Check no, flag and note request.</p>					

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<p>Board of Directors' names:</p> <p>Ask if they have a Board of Directors.</p> <p>If yes, check no, flag and enter the legal names if 5 or less.</p> <p>If 5 or more, ask the provider to email a longer list referencing the provider name and the review ID if available. Check no, flag and note request.</p>					
<p>PT 18-HCBS-38-CFSS ONLY, Designated Billers: Ask who are the designated billers for the business.</p> <p>If there are 5 or fewer, check no, flag and enter the legal names in notes.</p> <p>If there are more than 5, take a photo of a list or ask the provider to email a list the same day. Check no, flag and note request.</p>					
<p>PT 38-CFSS services only, Surety Bond, Fidelity, and insurance documents:</p> <p>Capture a picture of <u>all four</u> documents: surety bond, fidelity bond, liability insurance and workers' compensation insurance. Check yes.</p> <p>If they are not available or not all available, ask why. Check no, flag and note the reason.</p>					
<p>Accessible website: Accessible means anyone can find it using a search engine.</p> <p>Ask, do you have an accessible website?</p> <p>Check yes if they do not.</p> <p>If they do, check no, flag and enter the URL in notes. Repeat to the provider to confirm accuracy.</p>					

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LICENSED/SUPERVISING/QUALIFIED PROFESSIONAL					Note: These questions are only required for specific provider types.
<p>Verification of licensed/unlicensed professional employees/ Professionals employed at this location:</p> <p>Ask who the people are in the role(s). All must be verified.</p> <p>If there are 5 or fewer, check no, flag and enter in notes:</p> <p>a. Full legal names b. Type of license c. License number (Example: William Barrett, LICSW, 1234)</p> <p>If there are more than 5, take a photo of a list or ask the provider to email a list the same day. Check no, flag and note request.</p> <p>If they are not able to provide the information, ask for the legal name and phone number of someone who can answer. Enter the contact in notes, check no and flag.</p>					
<p>Refer to the PT (Provider) Reference Sheet to determine the professional roles necessary for this provider type. Providers should be familiar with the terminology used to describe the roles.</p> <p>If this is required for the provider type, go to the next question. If none are required, skip the next two questions.</p>					
<p>Verification of Provider Type (PT) Roles:</p> <p>Ask who the individuals are in each of the role(s). One person must be verified for each required role.</p> <p>Check yes if they confirm they have a person in <u>each</u> role. This is an attestation. You do not need to record names.</p> <p>Check no if they do not have an employee for each role type listed on the PT reference sheet.</p> <p>If they are not able to provide the information, ask for the legal name and phone number of someone who can answer and why they don't have an employee in that role. Enter the contact and reason in notes, check no and flag.</p> <p>(example: designated biller Ruby Tuesday quit 10/2025, in process of hiring a new person. Contact Jane Jetson 612-555-9999).</p>					

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<p>Professional leads:</p> <p>Ask the provider for a lead staff for each of the required roles according to the PT reference sheet. They may have many people in the roles; ask who the <u>lead</u> staff person is for each role.</p> <p>For each role, note:</p> <ol style="list-style-type: none"> The lead role's legal name Working title License number(s) Direct phone number <p>For each role with a missing lead individuals, ask why and note the reason. If they left employment, document their name, working title, and the end date. Check no and flag.</p>					
<p>PT EI-EIDBI ONLY W-4 or W-9:</p> <p>Ask to view the W-4 or W-9 found in the employee file for <u>ALL</u> licensed professionals (i.e. QSP, BCBA, Advanced License Holder, and Level One Provider).</p> <p>You do not need to take photos of the documents. View the form to verify:</p> <ol style="list-style-type: none"> The licensed professional's name is on the form All the employer details are listed on the form (business name, FEIN, and business address) The form is signed by the licensed professional <p>Check yes if all the forms are viewed and correctly completed.</p> <p>Check no and flag if any of the forms are not viewed or are incorrect. Note the name and professional role and reason. (example: Jane Doe, BCBA, form was missing. John Doe, QSP, form was unsigned)</p>					
PHYSICAL LOCATION					
<p>Commercial Location: A business location, not residential.</p> <p>Is the physical location a commercial location?</p> <p>Check yes if it is commercial.</p> <p>Check N/A if it is not. Do not check no.</p>					
<p>Residential Location: A provider may run the business from their home.</p> <p>Is the physical location a residential location?</p> <p>Check yes if it is residential.</p> <p>Check N/A if it is not. Do not check no.</p>					

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<p>Location accessible to the public: Accessible means anyone can enter without restrictions. A building that anyone CAN NOT enter without someone unlocking the door (they must buzz you in) is not accessible. If a person must come to the door to unlock it to escort you into the building or if a security system exists, it is not accessible.</p> <p>Is the physical location accessible to the public?</p> <p>Check yes if a public person (anyone) CAN enter without restrictions.</p> <p>Check no if a public person (anyone) CANNOT enter. Flag and enter the reason in notes. Take a photo and add a note that there is photo evidence (if you took a photo earlier, no additional photo is necessary).</p>					
<p>Electronic client records secure: Secure means that all computers and systems that access health records are password protected.</p> <p>Ask if the provider has SECURE electronic health records (EHR) for clients at this location? This is an attestation.</p> <p>Check yes if they are secure.</p> <p>Check no if they are not secure, flag and enter reason.</p> <p>Check N/A if they do not have electronic health records.</p>					
<p>Physical client files secure: Secure means the location (cabinet or room) is locked.</p> <p>Ask if the provider store physical files for clients at this location SECURELY? Take a photo of the physical storage/area.</p> <p>Check yes if they are secure.</p> <p>Check no if they are not secure. Flag and enter reason.</p> <p>Check N/A if they do not have physical health records.</p>					
<p>Additional physical locations: Ask what other physical locations does the provider have. If this is a provider with many locations (Walgreens, etc.), do not ask for additional locations.</p> <p>Ask if they have a document or website that lists the other locations. Take a photo or enter the information in notes.</p>					

ADDITIONAL REMINDERS

Make sure you have taken the necessary photos:

- Number on the building
- Picture of the entire building
- Signage of the business name in front of the building or in the entrance
- Front door of business (if this an office complex or apartment complex, capture both the entry to the building and the suite or apartment)
- Front reception area
- Inside the office
- File storage system
- Required documents for the provider type
- Anything that you feel would help understand the provider or their set up

If the provider will be emailing documents:

- Provide the review ID number if available on the business card.
- Remind the provider to include the provider name and review ID in the subject line of emails.