

Licensing Division
245D Pre-Application Worksheet

Thank you for your interest in applying for a Home and Community-Based Services license under Minnesota Chapter 245D. This pre-application worksheet will provide you with information regarding what types of programs and services require a 245D license, the applicable licensing requirements, instructions for completing and submitting the application, additional required materials, and paying the required license application fee.

Before applying for a 245D license, each applicant must complete the following steps of the pre-application worksheet.

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2	Designate an authorized agent	Applicant and License Holder Signature Form
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4	Determine the type of 245D service(s) you intend to provide	Home and community-based services requiring a 245D license
5	Determine program name and location	
6	Complete additional required documentation	Required documentation
7	License Holder Acknowledgement of Public Funding	
8	Determine the designated coordinator and designated manager	245D.081
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10	Review Additional Information	
11	Complete online application independently	Online Application
12	Complete background studies	(651) 431-6625 DHS.NetStudy2@state.mn.us
13	Check your email often	Correspondence on the status of your application will be sent to the authorized agent email address.

Step 1: Determine type of license holder:

When applying for a Home and Community-Based Services license under Minnesota Chapter 245D, you must provide information about the business entity or owner who is seeking the license, including the ownership and management structure, information about program service(s) and location(s), and submit copies of policies and procedures as required by law. This worksheet will assist you in gathering all of the information you need to

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have with you at the time you log in and begin your application. Type of license holder (“individual” or “non-individual”). Read carefully and choose only ONE.

The license holder is the business entity that is responsible for the license. The Minnesota Human Services Licensing Act makes a distinction between “individual” and “non-individual” license holders. *Please read the following section carefully and choose either “non-individual” or “individual.”*

1. A “**non-individual**” license holder means that you have **created a business organization** in order to make a legal distinction between the owner and the business, or you are a government entity. Generally, this means you are operating as a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization, or you are a government entity. In this case, the license holder is the business or government agency. For information on the types of business ownership go to the [Minnesota Secretary of State’s](#) online [Business, Nonprofit & UCC](#) page. **Throughout this application, you will be referred to as a “non-individual license holder”.**

For “non-individual” applicant, check only ONE box.

On the online application use the drop down menu to select one:

- Business Corporation
- Nonprofit Corporation
- Limited Liability Corporation (LLC)
- Limited Partnership
- Limited Liability Partnership (LLP)
- Government Entity

OR

2. An “**individual**” license holder is generally a **sole owner** or **sole proprietorship** in which the business is owned and run by one individual and in which there is no legal distinction between the owner and the business. This means you have not formed a corporation (e.g., business, for profit, nonprofit, limited liability corporation) and have not organized as a partnership, association, other organization and are not a government entity. You may have registered with the Minnesota Secretary of State’s office to use an assumed name, and you may have employees, but you are still a sole owner/sole proprietor. **Throughout this application, you will be referred to as an “individual license holder”.**

Are you applying as an INDIVIDUAL or a NON-INDIVIDUAL license holder?



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For applicants applying as an INDIVIDUAL license holder:

Full Legal Name (Do not abbreviate. Use legal name according to IRS): _____

Social Security Number: _____

Minnesota Tax ID: _____

Address: _____

Telephone Number: _____ Fax Number: _____

For applicants applying as a NON-INDIVIDUAL license holder:

Non-individual/Doing Business As/Government Entity Name (Do not abbreviate. Use legal name according to IRS): _____

Minnesota Tax ID: _____ (7 digits)

Federal Employer ID (FEIN): _____ (9 digits)

Minnesota Secretary of State Original Filing Number: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Non-Individual License Holders Must Register with the Office of Minnesota Secretary of State

For non-individual license holders you must provide copies of the documentation filed with the Minnesota Secretary of State as evidence to show you have registered your organization. This could include Articles of Incorporation, Articles of Organization, Merger statement, amendments to original filings, etc.

To register your business click here: [Office of Minnesota Secretary of State](#).

Online Application Tips:

- If you do not have a Minnesota tax identification number or a Federal Employer Identification Number (FEIN), you must enter 0000000 (all zeroes).
- If you need to retype any numbers in the application and the backspace button won't work, simply highlight the numbers and push the space bar to clear out the previous numbers entered.
- Your address will be verified after you enter it. If you run into address validation issues, try entering the address as it appears on your utility bill (or other formal documents). Remember, a P.O. Box is not acceptable.

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- If you are not able to go to the next page, it means that some required data is not filled out correctly. The errors will be spelled out in red at the top left of the screen.
- Click save and next after each page or you may lose your information.

Step 2: Designate an Authorized Agent:**Authorized agent**

You must designate one of your controlling individuals to be your authorized agent. The authorized agent is the individual that DHS will contact concerning all licensing matters provided for in Minnesota Statutes, Chapter 245A and will be the individual that will be served legal notices, if any are issued. It is the responsibility of the authorized agent to ensure that any mail received from DHS is distributed as needed and a response provided within stated timelines when required. A completed and notarized *Applicant and License Holder Notarized Signature Form* is required for the authorized agent.

The [Applicant and License Holder Notarized Signature Form](#) is available through this link and should be completed BEFORE you begin your online application. The notarized signature form must be saved as a PDF. Note that an image or a photo of the notarized signature form is not an accepted format within the application. This requires the person's name, title, address, phone number, and email address.

Tips for designating your Authorized Agent:

- If the license holder is an **"individual"**, meaning you are not a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you must name yourself as the Authorized Agent.
- If you and another "individual" are co-license holders, and neither of you are a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you should decide together which of you will be the Authorized Agent. The other individual will be listed in the application as a "controlling individual".
- If the license holder is a **"non-individual"**, meaning you are a business corporation, partnership, voluntary association, nonprofit corporation, limited liability corporation, limited liability partnership or government entity, you must name one of your controlling individuals as the Authorized Agent.

Type of Controlling Individual (Circle one): *Officer/ Managerial Official / Owner*

*If owner, % of interest: _____

Full Legal Name (Do not abbreviate): _____

Position/Title _____

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Address: _____

Telephone Number: _____ Email address: _____

Step 3: Identify all controlling individuals:**Controlling individual**

As part of applying for a license, you are required to disclose individuals and businesses that make up your ownership and/or management structure. You must identify all controlling individuals as defined under section [245A.02, subdivision 5a](#). A "Controlling individual" can be an organization, corporation or a person. For a person, referred to as an "individual", this is the person's first, middle, and last name as it appears on their driver's license or state-issued identification card. For an organization, referred to as a "non-individual" controlling individual, this is the business or organization name as it appears on the tax forms. Provide the full name, do not abbreviate.

- Organizations that are controlling individuals include a public body, a governmental agency, or a business entity. An organization must identify all of the officers, owners, and managerial officials of the organization as controlling individuals.
- An owner of an organization is an individual who has 5% or more direct or indirect ownership interest in a corporation, partnership, or other business association issued a license under Chapter 245A.
- A managerial official is an individual who has decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services, or employees of the program.

For non-individual license holders, you must list the business as both the License Holder and also as a Controlling Individual.

Type of Controlling Individual (Circle one): *Officer/ Managerial Official/ Owner*

*If owner, % of interest: _____

Full Legal Name (Do not abbreviate): _____

Position/Title _____

Address: _____

Telephone Number: _____ Email address: _____

For additional controlling individuals please use a separate sheet of paper.

If there are no other controlling individuals, you can skip to Step 4.

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Step 4: Determine the type of services you intend to provide:

You must have a 245D-Home and Community-Based Services (HCBS) program license to provide any of the services governed by Chapter 245D. Upon approval of your application, your 245D-HCBS program license will list these services as services that you are qualified to provide. You will also be issued a 245D facility license, as applicable, that allows you to operate a facility and will govern the physical space of each facility.

You must be prepared to determine the type(s) of 245D basic and/or intensive service(s) you intend to provide. On the application, you will be asked to select from the following services that require a 245D license.

A. Basic Support Services

Basic support services provide the level of assistance, supervision, and care that is necessary to ensure the health and safety of the person and do not include services that are specifically directed toward the training, habilitation, or rehabilitation of the person. Basic support services include:

Put an “X” next to the basic services you intend to provide:

Basic Support Services	
	24-Hour Emergency Assistance
	Adult Companion Services (EW only)
	Homemaker Services
	Individual Community Living Support (ICLS)
	Night Supervision
	Respite Care Services
	Individualized Home Supports (without training)
Please note: Click on the hyperlink for each service type to learn more about how each service is defined.	

B. Intensive Support Services

In addition to the basic support service level of assistance, supervision, and care, intensive support services provide services specifically directed toward the training, habilitation, or rehabilitation of the person. Intensive support services include the following services listed below.

Put an “X” next to the intensive services you intend to provide:

Intervention Support Services	
	Positive Support Services (formally known as Behavioral Support)
	Specialist Services
	Crisis Respite
In-Home Support Services	

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	Individualized Home Supports (with family training)
	Individualized Home Supports (with training)
	Semi-Independent Living Services (SILS)
Residential Supports and Services	
	Community Residential Services
	Family Residential Services
	Integrated Community Supports
Day Services	
	Day Support Services
	Prevocational Services
Employment Services	
	Employment Development Services
	Employment Exploration Services
	Employment Support Services
Please note: Click on the hyperlink for each service type to learn more about how each service is defined.	

Requested Effective Date (This date must be no earlier than today’s date): _____

Step 5: Determine program name and location:

“Program name” is the name of the licensed program. A “program location” is a location controlled by the license holder (i.e., you are the owner, lessor, or tenant of the location) where you provide the 245D licensed services or an administrative office where you store program, service recipient, or personnel records, or both. If you have more than one, you will be asked to enter those as well. You must identify one as your primary program location. Within the application, you will also be asked to select each county where services are intended to be provided at a site or location not controlled by the license holder (e.g., a service recipient’s home or a community setting), in addition to the county(ies) of your program locations.

Name of Program: _____

Address: _____

Phone Number: _____

Counties of Service (you may select multiple): _____

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Any additional program names and locations: (for most applicants this question is not applicable)

Name of Program: _____

Address: _____

Phone Number: _____

Do you have a licensed facility? Yes / No (for most applicants this question is not applicable)

If you have a facility, please complete the following:

Name of facility: _____

Address: _____

Phone Number: _____ Fax Number: _____

The applicant must contact the 245D Helpdesk if they believe a day service facility is required.

Services to be provided at facility (circle all that apply):

- Day Support Services
- Prevocational
- Employment Development Services
- Employment Exploration Services
- Employment Support Services

If multiple facilities, please add additional sheet of paper with above information for each facility.

Online Application Tips:

- Click each blue ribbon to expand the box and enter information.
- Please save your application frequently or you may lose your information.

Step 6: Complete additional documentation to be submitted with your application:

Online Application Tips:

- In the online application, click each blue ribbon to expand the box and upload the required documents.
- When the upload has completed properly, the right side of the box will show green.

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- If the document has not uploaded properly, the right side of the box will show red. You must then try again.
- Upload each document individually and wait for it to finish uploading before moving on to the next one.
- Please save your application frequently or you may lose your information.

The following documents will need to be saved individually and then uploaded into the application and must be in a PDF or Microsoft Word format. Each document must not be greater than 4MB:

1. Organization Chart (Indicate the highest authority in your program, including all Controlling Individuals)
2. [Grievance Policy and Procedures](#);
3. [Temporary Suspension Policy and Procedures](#);
4. [Service Termination Policy and Procedures](#);
5. Choose **only one** of two of the Emergency Use of Manual Restraint Policies listed below:
 - [Emergency Use of Manual Restraint Allowed Policy \(option 1\)](#); **or**
 - [Emergency Use of Manual Restraint Not Allowed Policy \(option 2\)](#);
6. [Drug and alcohol policy](#);
7. [Maltreatment of Vulnerable Adults Mandated Reporting Policy](#);
8. [Maltreatment of Minors Mandated Reporting](#);
9. [Certificate of Compliance Minnesota Worker's Compensation Law](#) (Include your policy information, or indicate why you are exempt from this requirement, with a **hand written signature** on the bottom.)
10. Minnesota Secretary of State Business Filing Documentation (**for non-individual license holders only.**)
11. The [Applicant and License Holder Notarized Signature Form](#) (this form will be uploaded in step 7)

Step 7: License Holder Acknowledgement of Public Funding Reimbursement

Under section [245A.04, subdivision 1](#), DHS license holders who elect to receive any public funding reimbursement, including Medical Assistance for services provided under a waiver (e.g. CADI, DD, BI, CAC and Elderly-EW), must acknowledge that they will comply with funding requirements, that compliance with those requirements may be monitored by DHS Licensing, and that they know the consequences for noncompliance with those requirements. As a DHS license applicant you must verify whether you intend to receive any public

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funding by checking the applicable box for item 1 or 2 below. If you check item 2, you are acknowledging the conditions stated in (a) to (c):

- I do not elect to receive any public funding reimbursement for the licensed services.
- I do elect to receive public funding reimbursement for the licensed services and I acknowledge the following **(You must choose this option, as your public funding WILL include Medical Assistance)**:
 - a. I must comply with the provider enrollment agreement or registration requirements for receipt of public funding;
 - b. My compliance with the provider enrollment agreement or registration requirements for receipt of public funding may be monitored by DHS Licensing as part of a licensing investigation or licensing inspection; and
 - c. That noncompliance with the provider enrollment agreement or registration requirements for receipt of public funding that is identified through a licensing investigation or licensing inspection, or noncompliance with a licensing requirement that is a basis of enrollment for reimbursement for a service, may result in:
 - 1) a correction order or a conditional license under section [245A.06](#), or sanctions under section [245A.07](#);
 - 2) nonpayment of claims submitted by the license holder for public program reimbursement;
 - 3) recovery of payments made for the service;
 - 4) disenrollment in the public payment program; or
 - 5) other administrative, civil, or criminal penalties as provided by law.

Does the public funding include Medical Assistance? Yes or No **(You must select “yes”, as your public funding WILL include Medical Assistance)**

A license holder who is also enrolled as a Minnesota Health Care Program provider and receives reimbursement through Medical Assistance for the licensed program or services, including services provided under a waiver (e.g. CADI, DD, BI, CAC and Elderly-EW), must designate a **compliance officer** who is responsible for ensuring the program complies with Medical Assistance laws or regulations. The designated individual's name, title, addresses and telephone number must be provided.

The duties of the compliance officer are set forth in section [256B.04, subdivision 21](#), paragraph (b). Some of the duties include: (a) develop policies and procedures to assure adherence to medical assistance laws and regulations and to prevent inappropriate claims submissions; (b) train the employees of the provider entity, and any agents or subcontractors of the provider entity including billers, on the policies and procedures referenced in (a), and (c) respond to allegations of improper conduct related to the provision or billing of medical assistance services, and implement action to remediate any resulting problems.

Compliance Officer Information:

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Full Legal Name (do NOT abbreviate): _____

Title: _____ Phone Number: _____

Address: _____

When you submit your online application, you will need to verify that you have reviewed the information contained herein and that it is true, accurate and complete. You must agree to comply with the requirements contained in Minnesota Statutes, chapter 245A and all applicable laws and rules, including chapter 245D, at all times during the terms of the license granted to me by the Commissioner of Human Services.

Policies and procedure requirements

You must acknowledge that you are required to establish and maintain all policies and procedures as required in MS§ 245A.04, subdivision 14 and MS§ 245D.10, subd. 4.

To acknowledge this, you will need to upload your Authorized Agent Notarized Signature Form. Please have this completed, notarized, and saved as an individual Word or PDF document.

Scan and upload the completed [Applicant and License Holder Notarized Signature Form](#) (must be signed in front of a notary public.)

Applicant and License Holder Notarized Signature Form hints:

- If applying as a non-individual license holder, the license holder name must match your registered business name and you must include your MN tax ID number.
- If applying as an individual license holder, the license holder name will be your Full Legal Name. If you do not have a tax ID number, you will use your social security number.

On the online application, once you have completed this page, you will click Submit and Pay.

Scroll down to the bottom of the payment page, in the payment amount select the application fee amount of \$500.00.

On the “Welcome to the Electronic Payment System” page continue by clicking the **“Pay without registering”** link.

Complete the payment information page, to complete the application submission process.

Step 8: Determine the Designated Coordinator and Designated Manager:

A license holder is responsible for coordination of service delivery and evaluation for each person served by the program. Program management and oversight includes evaluation of the program quality and program improvement for services provided by the license holder. **The same person may perform the functions of a designated coordinator and designated manager if the work and education qualifications are met.**

A. Designated Coordinator Duties

Delivery and evaluation of services provided by the license holder must be coordinated by a designated staff person. The designated coordinator must provide supervision, support, and evaluation of activities that include:

1. Oversight of the license holder's responsibilities assigned in the person's CSSP and CSSSP addendum;
2. Taking the action necessary to facilitate the accomplishment of the outcomes according to the requirements in section 245D.07;
3. Instruction and assistance to direct support staff implementing the CSSP and the service outcomes including direct observation and service delivery sufficient to assess staff competency; and
4. Evaluation of the effectiveness of service delivery, methodologies, and progress on the person's outcomes based on the measurable and observable criteria for identifying when the desired outcome has been achieved according to the requirements in 245D.07.

B. Designated Coordinator Qualifications

A person with the qualifying education and work experience identified under option 1, 2, 3, or 4, may act as the designated coordinator for a program licensed under Minnesota Statutes, 245D.

Option 1: A baccalaureate degree in a field related to human services and one year of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older.

Option 2: An associate degree in a field related to human services, and two years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older.

Option 3: A diploma in a field related to human services from an accredited postsecondary institution and three years full-time work experience providing direct care services to persons with disabilities or persons age 65 and older.

Option 4: A minimum of 50 hours of education and training related to human services and disabilities **AND** four years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older under the supervision of a staff person who meets the qualifications identified in clauses (1) to (3).

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Print the name of your program's designated coordinator

A. Designated Manager Duties

The designated manager provides program management and oversight of the services provided by the license holder. The designated manager is responsible for the following:

1. Maintaining a current understanding of the licensing requirements sufficient to ensure compliance throughout the program as identified in section 245A.04, subdivision 1, paragraph (e), and when applicable, as identified in section 256B.04, subdivision 21, paragraph (b);
2. Ensuring the duties of the designated coordinator are fulfilled according to the requirements in subdivision 2;
3. Ensuring the program implements corrective action identified as necessary by the program following review of incident and emergency reports according to the requirements in section 245D.11, subdivision 2, clause (7). An internal review of incident reports of alleged or suspected maltreatment must be conducted according to the requirements in section 245A.65, subdivision 1, paragraph (b);
4. Evaluation of satisfaction of persons served by the program, the person's legal representative, if any, and the case manager, with the service delivery and progress towards accomplishing outcomes identified in sections 245D.07 and 245D.071, and ensuring and protecting each person's rights as identified in section 245D.04;
5. Ensuring staff competency requirements are met according to the requirements in section 245D.09, subdivision 3, and ensuring staff orientation and training is provided according to the requirements in section 245D.09, subdivisions 4, 4a, and 5;
6. Ensuring corrective action is taken when ordered by the commissioner and that terms and conditions of the license and any variances are met; and
7. Evaluating the information identified in clauses (1) to (6) to develop, document, and implement ongoing program improvements.

B. Designated Manager Qualifications

The designated manager must meet the qualifying education and work experience of a designated coordinator (listed above) **AND** must have a minimum of **three years of supervisory level experience** in a program providing direct support services to persons with disabilities may act as the designated manager for a program licensed under Minnesota Statutes, 245D.

Print the name of your program's designated manager

Please Note: You must also complete the [Designated Coordinator and Designated Manager Verification Form](#). This form must be completed correctly and completely in order for your application to be considered complete.

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Any other variations of this form will not be reviewed, as this is the only acceptable form of this document. This document must be completed to explain how your identified Designated Manager and Designated Coordinator meet the requirements in Statute 245D.081.

The information will be verified, therefore; you must include details about work experience and education, including phone numbers, addresses, and name of businesses, and years worked. It is the responsibility of the Authorized Agent to verify all information before submitting the Designated Coordinator and Designated Manager Verification Form.

Providing any false information is subject to denial of your application.

Step 9: Complete Home and Community Based Services Waiver & Alternative Care – Provider Training 101:

A. Training Overview

The Home and Community Based Services (HCBS) waiver and Alternative Care (AC) Programs Provider Training 101 is available to help providers learn basic information about Minnesota Health Care Programs (MHCP) and the (HCBS) waiver and (AC) programs operations, policies and requirements.

B. The training is for people or employees of organizations/agencies who want to enroll with MHCP to provide services for MHCP recipients who receive services through a HCBS waiver or AC program.

C. Registration

- a. You must have or request a unique key to access the learning courses offered through Trainlink.
- b. Once you have a unique key:
 - Go to the Trainlink homepage
 - Select Disability Services, you will be on the Disability Services Division Learning Center homepage
 - Sign on with your unique key
 - Select “**Find a Course**”
 - Enter “**Waiver Provider 101**” in search field
 - For questions about Trainlink, email the DSD Learning Team

Step 10: Complete Online Application

Once you have completed the pre-application worksheet, along with all of the required documents in the pre-application worksheet, you are able to independently complete the online application. All of the required documents must be completed and uploaded as an individual document to your computer in a PDF or Microsoft Word format prior to completing the application.

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Click here for access to the [Online Application](#).

Step 11: Review Additional Information**A. License Application Fee**

- a. You must be prepared to pay a \$500.00 application fee at the time you complete your application with a licenser. This process is completed online and may be paid via Visa, MasterCard, or E-Check.
- b. The license application fee is established in section [245A.10, subdivision 3, paragraph \(a\)](#).
- c. The application fee is not prorated, is nonrefundable, and is in lieu of the annual license fee for the initial license that expires Dec. 31.

B. Other conditions impacting licensure

According to section [245A.04, subdivision 7](#), DHS shall not issue or reissue a license if the applicant, license holder, or controlling individual has:

- a. been disqualified and the disqualification was not set aside and no variance has been granted;
- b. been denied a license within the past two years;
- c. had a license revoked within the past five years;
- d. an outstanding debt related to a license fee, licensing fine, or settlement agreement for which payment is delinquent; or
- e. failed to submit the tax identification information and notarized signature required of an applicant under section [245A.04, subdivision 1, paragraph \(f\) or \(g\)](#).

C. License application evaluation

Applications are processed according to the requirements in section [245A.04](#). Once an application is complete and the license application fee have been received, a DHS licenser will be assigned to evaluate your application and the application evaluation will begin.

- a. **DHS has 90 working days after receipt of a complete application to act on the application.** A complete application includes all required documents and reports from DHS and from other state or local agencies or departments.
 - (1) If the Commissioner determines that your application complies with all applicable rules and laws, a license will be issued.
 - (2) If your application is denied, you will be informed at that time of your right to appeal the denial.
- b. Under no circumstances will DHS issue a license before the completion of the application evaluation or before the required background studies have been submitted and cleared.
- c. A decision by DHS to issue a license does not guarantee that any person or persons will be admitted to or receive services from the licensed program.

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Step 12: Complete Background Studies

A few days after your application is submitted, you will receive an onboarding toolkit email from the NETStudy 2.0 Administrator. Background studies must be submitted for the Authorized Agent and all Controlling Individuals including the Compliance Officer and cleared prior to the license being approved.

For any questions or additional information regarding background studies, please call the NetStudy 2.0 helpdesk at (651) 431-6625 or email: DHS.NetStudy2@state.mn.us.

Step 13: Check Your Email Often

Once a DHS licensor has reviewed your initial 245D application, a response letter will be emailed to the authorized agent. This letter is time sensitive, no response from you could lead to a **denial of your application**, therefore; it is very important you check your email inbox often and respond accordingly.