



Minnesota Department of **Human Services**

Dear Agency Representative,

As a Fiscal Support Entity that provides services to Minnesota Health Care Programs (MHCP) recipients, you must submit this enrollment application and provider agreement for each individual direct support worker. Individual direct support workers are individuals providing non-professional assistance with activities of daily living and instrumental activities of daily living in the person's home and/or community. This will:

- Assign a Unique Minnesota Provider Identifier (UMPI) to them
- Affiliate the person with your agency
- Allow you to bill us for the services they provide

To enroll them with us, the individual support worker must have:

1. Read and understood the Privacy Notice
2. Passed the DHS Division of Licensing Background Study (BGS)\*
3. Fully completed the application
4. Signed the application
5. Read, understood and signed the [MHCP Provider Agreement – Individual Support Worker \(CDCS, CSG, and PCA\)](#) (DHS-4611)

A BGS must be completed and passed under each agency facility ID number. A new BGS must be completed if the support worker has not been continuously employed with your agency.

\*Complete a BGS by logging in to the NetStudy website at <https://bgs.dhs.state.mn.us/a/login.asp> and follow directions.

More information is on the MHCP Provider web page at [www.dhs.state.mn.us/provider](http://www.dhs.state.mn.us/provider).

**Fax both the application and agreement together to 651-431-7462.**

**MHCP accepts only faxed applications and agreements.**

# Support Worker Application and Background Study Privacy Notice

The Minnesota Department of Human Services (DHS) asks that you give private information about yourself. The Minnesota Government Data Practices Act (Minnesota Statutes 13.04, subd. 2) requires that we let you know the following:

## Why does DHS ask for this information?

DHS has to conduct Federal Database checks to verify the entity is not excluded from participation (42 CFR 455.436) and conduct Background Studies (BGS) on all providers who provide direct contact services (Minnesota Statutes 255C.02). BGS are done according to Minnesota Statutes chapter 245C. DHS will use the information we ask for in this application and on the BGS to:

- Prevent, detect and eliminate false claims of time card submissions or billing.
- Determine if you are qualified to provide direct support services.
- Review criminal records held by the Minnesota Bureau of Criminal Apprehension (BCA) and the Minnesota Department of Human Services (DHS).
- Review records of substantiated maltreatment of vulnerable adults or minors held by DHS.
- Search the Federal Bureau of Investigation's (FBI) national criminal records repository if you have resided (including wintering) in any state other than Minnesota in the previous ten years; or if the BCA information indicates you are a multistate offender, or your offender status is undetermined or blank.

DHS may ask you for more information, including your fingerprints, to complete your BGS. When DHS does a BGS, the correctional system, the Minnesota Department of Health (MDH), and county agencies will report to DHS any:

- New criminal convictions for disqualifying crimes.
- Proven maltreatment of minors and vulnerable adults.

## What happens if I do not give DHS this information?

If you do not provide information to allow DHS to conduct Federal Database searches and do a BGS, DHS will deny your application and your employer will not be paid for the services you provide (Minnesota Statutes 245C.09).

## What happens if I give DHS this information?

If an applicant's BGS has a status of "Not Disqualified" or "Disqualified Set Aside," DHS will process the person's application.

If DHS finds out that a person is sanctioned by the Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services or disqualified by the Division of Licensing, DHS will deny the person's application.

## Who else can get this information?

The information you give DHS can be shared with the Minnesota BCA. If DHS believes that other agencies may have information about a disqualification, DHS can share with or get information from:

- Agencies with criminal record information systems in other states, and juvenile courts
- County agencies
- County attorneys
- County sheriffs
- Courts, including juvenile court
- Federal Bureau of Investigation
- Health-related licensing boards
- Local police
- Minnesota Department of Health
- Minnesota Department of Corrections
- Office of the Attorney General

If you have a disqualification, DHS will tell your affiliated agency or prospective agency only that you do not qualify. DHS will not tell your agency why you do not qualify, unless it is because you refused to cooperate with the BGS or because you were found responsible for maltreatment of a minor or vulnerable adult.

DHS can also share information with the following:

- Minnesota Department of Employee and Economic Development
- Minnesota Department of Revenue
- U.S. Department of Health and Human Services and all other agencies named above

The information about you received in your application and as part of a BGS is classified as private data and, except for the agencies noted above, cannot be shared without your consent.



Minnesota Health Care Programs (MHCP)

# Individual Support Worker Enrollment Application (CDCS and CSG)

Complete all fields to enroll an individual support worker. Complete this form online, print and then fax to MHCP. Incomplete forms will be returned.

New hire (requires new background study)

Rehire (requires new background study)

PREVIOUS EMPLOYMENT END DATE: \_\_\_\_\_

## Individual Support Worker Information

PROVIDER TYPE <b>38 - INDIVIDUAL (COS 021 &amp; 105)</b>	LEGAL NAME (FIRST)	FULL MIDDLE	LAST		SOCIAL SECURITY NUMBER
ADDRESS (RESIDENTIAL ADDRESS ONLY – DO NOT ENTER A PO BOX)			PHONE NUMBER	NPI/UMPI (IF REQUESTING REINSTATEMENT)	
CITY	STATE	ZIP CODE	COUNTY OF RESIDENCE		DATE OF BIRTH
If individual has been working in a different support position or was enrolled for MCO claims only, has the individual been continuously employed by your agency?      Yes      No					
BGS NUMBER/REQUEST ID (required only for CDCS)	PROGRAM TYPE CSG (C5)      CDCS (C4) (you must submit and have the individual pass a background check)				

## Individual Support Worker Provider Statement

I have reviewed and certify the information provided above is true and correct to the best of my knowledge. **I will notify MHCP Provider Enrollment of any additions or changes to the information.**

By signing this form, I acknowledge I have read and understand the Application and Background Study Privacy Notice. I also authorize MHCP to use the information collected about me according to the Privacy Notice.

NAME OF INDIVIDUAL SUPPORT WORKER (PRINT OR TYPE)	SIGNATURE OF INDIVIDUAL SUPPORT WORKER	DATE SIGNED
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## Agency Information

AGENCY NAME		AGENCY NPI/UMPI
AGENCY FAX NUMBER	AGENCY PERSONNEL COMPLETING FORM	AGENCY PERSONNEL SIGNATURE

## Next Steps

Read, sign and date the [MHCP Provider Agreement - Support Worker \(CDCS, CSG, PCA\)](#) (DHS-4611), and return it with this application.

**Fax both the application and agreement to 651-431-7462.  
MHCP will process only completed fax requests.**