



Minnesota Department of **Human Services**

Dear Agency Representative,

As an agency that provides services to Minnesota Health Care Programs (MHCP) recipients, you must submit this enrollment application and provider agreement for each individual PCA. This will:

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

To enroll them with us, the individual PCA must have:

1. Read and understood the Privacy Notice
2. Passed the Background Study (BGS)* per PCA program requirements
3. Fully completed the application
4. Signed the application
5. Read, understood and signed the [MHCP Provider Agreement – Individual Personal Care Assistant \(PCA\)](#) (DHS-4611)

A Division of Licensing BGS must be completed and passed under each agency ID number. A new DHS BGS must be completed if the PCA has not been continuously employed with your agency.

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

More information is on the MHCP Provider Web page at <http://www.dhs.state.mn.us/provider>.

Fax both the application and agreement to (651) 431-7462.

MHCP accepts only faxed applications and agreements.

PCA 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 Background Studies (BGS) on all providers who provide direct contact services (Minnesota Statutes 256B.0651). 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:

- Review criminal conviction records that are held by the Minnesota Bureau of Criminal Apprehension (BCA)
- Review records of proven mistreatment of minors and vulnerable adults
- Prevent, detect and eliminate false claims of time card submissions or billing
- Determine if you are qualified to provide personal care services

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 mistreatment of minors and vulnerable adults

What happens if I do not give DHS this information?

If you do not let DHS 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 employer or prospective employer only that you do not qualify. DHS will not tell your employer why you do not qualify, unless it is because you refused to cooperate with the BGS or because you were found to have seriously mistreated 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

Individual PCA Enrollment Application

Please complete this form online, print and then fax to MHCP. Complete at least all bolded fields to enroll an individual PCA. We will return incomplete forms to you.

- Checkboxes for New hire, Rehire, Previously used for Managed Care Organization claims only

Individual PCA Information

Form with fields: PROVIDER TYPE (38 - INDIVIDUAL), LEGAL NAME (FIRST, MIDDLE, LAST), SOCIAL SECURITY NUMBER, ADDRESS, PHONE NUMBER, NPI/UMPI, CITY, STATE, ZIP CODE, COUNTY OF RESIDENCE, DATE OF BIRTH, DATE DHS TRAINING COMPLETED, TRAINING CERTIFICATION NUMBER, IS THE INDIVIDUAL 18 YEARS OR OLDER?, Has this individual maintained continuous employment with your agency since this BGS was completed?, EMPLOYMENT END DATE, BGS NUMBER/REQUEST ID

Individual PCA Provider Statement

I have reviewed and certify the information provided above is true and correct to the best of my knowledge. I will notify the Minnesota Department of Human Services Provider Enrollment of any additions and/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 the Minnesota Department of Human Services to use the information collected in accordance with the Privacy Notice.

Form with fields: NAME OF PCA (PLEASE PRINT OR TYPE), SIGNATURE OF PCA, DATE SIGNED

Group Affiliation Information

You have the option to affiliate/enroll the individual PCA named above, if 18 years or older, with other agencies you own without completing another application and agreement. Do you want to affiliate the above named individual PCA with any other agency(ies) you own? YES NO (If yes, enter information below.)

Table with 3 columns: ORGANIZATION/AGENCY NAME, AGENCY NPI/UMPI, STUDY ID

Agency Information

Form with fields: AGENCY NAME, AGENCY NPI/UMPI, AGENCY FAX NUMBER, AGENCY PERSONNEL COMPLETING FORM, AGENCY SIGNATURE

Next Steps

Read, sign and date the Minnesota Health Care Programs Provider Agreement Individual Personal Care Assistant form (DHS-4611), and return it with this application.

Fax both the application and agreement to (651) 431-7462. Only faxed requests will be processed