Thank you for your interest in applying for a Home and Community-Based Services license under Minnesota Chapter 245D. This 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 12 steps of the pre-application worksheet.

<table>
<thead>
<tr>
<th>Step</th>
<th>Applicant Action</th>
<th>Documentation/Resource</th>
<th>Submit with 245D Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Determine the type of 245D service(s) you intend to provide</td>
<td>Home and community-based services requiring a 245D license</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>Determine type of license holder</td>
<td>Minnesota Secretary of State</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>Provide tax identification information</td>
<td>Minnesota Department of Revenue</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>Identify all controlling individuals</td>
<td>245A.02, subdivision 5a</td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>Designate an authorized agent</td>
<td>Applicant and License Holder Notarized Signature Form</td>
<td>✓</td>
</tr>
<tr>
<td>6</td>
<td>Designate a sensitive information person</td>
<td>245C.07 and 245C.20</td>
<td>✓</td>
</tr>
<tr>
<td>7</td>
<td>Designate a compliance officer</td>
<td>256B.04, subdivision 21</td>
<td>✓</td>
</tr>
<tr>
<td>8</td>
<td>Determine a designated coordinator and designated manager</td>
<td>245D.081, subdivision 2 and 3</td>
<td>✓</td>
</tr>
<tr>
<td>9</td>
<td>Determine program name and location</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>10</td>
<td>Complete additional required documentation</td>
<td>Required documentation</td>
<td>✓</td>
</tr>
<tr>
<td>11</td>
<td>Call a licensor to complete 245D online application</td>
<td>245D HelpDesk: 651-431-6624</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Complete Home and Community Based Service Waiver &amp; Alternative Care - Provider 101 Training</td>
<td>Provider 101 Training</td>
<td></td>
</tr>
</tbody>
</table>

**Step 1: 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:

- 24-hour emergency assistance
- Companion services
- Homemaker services
- Individual Community Living Support
- Night supervision
- Personal support
- Respite care services

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:

- Behavioral support
- Specialist services
- Crisis respite
- Independent living skills training
- Individualized home support services
- Semi-independent living skills
- Residential-based habilitation, including:
  - in-home family support
  - supported living services
- Foster care services
- ICF/DD
- Day training and habilitation
- Employment development services
- Employment exploration services
- Employment support services
- Pre-vocational
- Structured day
- Supported employment

On the application, you will be asked to select services that you intend to provide in a facility licensed under 245D. The applicant must contact the 245D Helpdesk if they believe a day service facility is required.

Step 2: 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 have with you at the time you log in and begin your application.
Type of license holder ("individual" or "nonindividual"): 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 “nonindividual” license holders. Please read the following section carefully and choose either “nonindividual” or “individual.”

1. A “nonindividual” 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 “nonindividual license holder”.

   For “nonindividual” applicant, check only ONE box:
   □ Business Corporation
   □ Nonprofit Corporation
   □ Limited Liability Corporation (LLC)
   □ Limited Partnership
   □ Limited Liability Partnership (LLP)
   □ Government Entity

   Business Name of “nonindividual” License Holder (or name of Government Entity): ________________

   Print Full Business as it appears on business tax forms or on filing with the Secretary of State’s office – do not abbreviate

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. Two or more individuals may be co-applicants or colicense holders if neither of them is a corporation, partnership, voluntary association, or other organization or government entity. Throughout this application, you will be referred to as an “individual license holder”.

   Legal Name of “individual” License Holder: ________________

   Print your name as it appears on your driver’s license or other state-issued ID.
Step 3: Provide tax identification information:

You are required to provide your tax identification information, including your Minnesota Tax Identification Number and Federal Employer ID Number (FEIN), if you have one.

The Minnesota Department of Revenue requires a business to have a Minnesota Tax ID if it collects sales tax on retail sales in Minnesota; has employees and collects withholding taxes; or is a corporation doing business in Minnesota and files a tax return with the Department of Revenue. For information on registering for a Minnesota Tax ID, go to the Minnesota Department of Revenue website.

You must also provide your FEIN, if you have one. This is a nine-digit number you obtained from the Internal Revenue Service (IRS) because you have employees or operate your business as a corporation of partnership.

If you completed Section B, above, and are applying as an “individual” license holder, you must also provide your Social Security Number (SSN). If the FEIN and the SSN are both entered, the FEIN will be used for tax purposes and the SSN will be used for identification purposes only.

<table>
<thead>
<tr>
<th>7-digit MN TAX ID</th>
<th>9-digit FEDERAL EMPLOYER ID NUMBER</th>
<th>SSN (required ONLY if you are an individual license holder)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow format: 7777777 or enter all zeros (0000000) if you do not have one</td>
<td>Follow format: 99-9999999 or enter all zeros (00-0000000) if you don’t have one</td>
<td>Follow format: 999-99-9999</td>
</tr>
</tbody>
</table>

Step 4: 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 “nonindividual”, 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.

**Controlling individual who is the authorized agent**

<table>
<thead>
<tr>
<th>FULL LEGAL NAME OF AUTHORIZED AGENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

**TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes)**

- ☐ OWNER, ___% of ownership if 5% or more
- ☐ OFFICER
- ☐ MANAGERIAL OFFICIAL

This person MUST Sign the Applicant Agreement, Acknowledgement and Verification Form form in front of a notary public and you must be prepared to scan it and submit it electronically as an attachment as part of your online application.

**Step 5: 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”,

5/21/18  www.mn.gov/dhs
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 “nonindividual” 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.

**Additional controlling individual(s), if any:** For nonindividual license holders, you must list the business as both the License Holder and also as a Controlling Individual.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME OF CONTROLLING INDIVIDUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
</tr>
<tr>
<td>TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes)</td>
</tr>
<tr>
<td>☐ OWNER, ___% of ownership if 5% or more</td>
</tr>
</tbody>
</table>

**Additional controlling individual(s), if any:**

<table>
<thead>
<tr>
<th>FULL LEGAL NAME OF CONTROLLING INDIVIDUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)</td>
</tr>
</tbody>
</table>
### 245D Pre-Application Worksheet

<table>
<thead>
<tr>
<th>CITY</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATE</th>
<th>ZIP</th>
<th>TITLE/POSITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE NUMBER</th>
<th>FAX NUMBER (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes)**

- [ ] OWNER, ___% of ownership if 5% or more
- [ ] OFFICER
- [ ] MANAGERIAL OFFICIAL

**Additional controlling individual(s), if any:**

**FULL LEGAL NAME OF CONTROLLING INDIVIDUAL**

**ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)**

<table>
<thead>
<tr>
<th>CITY</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATE</th>
<th>ZIP</th>
<th>TITLE/POSITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE NUMBER</th>
<th>FAX NUMBER (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes)**

- [ ] OWNER, ___% of ownership if 5% or more
- [ ] OFFICER
- [ ] MANAGERIAL OFFICIAL

- **IF YOU HAVE MORE CONTROLLING INDIVIDUALS, USE A SEPARATE SHEET OF PAPER WITH THE ADDITIONAL NAMES.**

### Step 6: Designate a sensitive background study information person:

Each licensed program must have a designated “sensitive background study information person”. This is the individual you designate to maintain all background study documentation submitted to and received from DHS as required under sections
245D Pre-Application Worksheet

245C.07 and 245C.20. The sensitive background study information person is responsible for receiving background study results, and assuring compliance with any action ordered by the commissioner with regards to background studies.

<table>
<thead>
<tr>
<th>FIRST, MIDDLE, LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

Upon submission of your application, you will be sent an onboarding toolkit to establish your background NetStudy 2.0 account. The sensitive information person (SIP) and authorized agent (AA) will receive an email regarding this process. Once you have successfully completed the onboarding process, you will need to complete the background studies for the AA and all listed controlling individuals on the application. These studies need to be run and to be cleared before your license can be issued. Be sure to monitor any Spam/Junk folders for the email correspondence.

**Step 7: Designate a compliance officer:**

When you are enrolled as a Minnesota Health Care Program (MHCP) provider, and begin to receive reimbursement through Medical Assistance for the licensed program or services, you must designate a compliance officer who is responsible for ensuring the program complies with Medical Assistance laws or regulations in accordance with section 256B.04, subdivision 21, paragraph (b). If you have questions about MHCP Provider Enrollment, go to DHS’ online MHCP Enrolled Providers Home page.

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.

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.
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).

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

A person with the qualifying education and work experience identified under options 1, 2, 3, or 4 as listed above, AND having 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

Step 9: 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.

| PROGRAM NAME |
| ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE) |
| CITY | COUNTY | STATE | ZIP |
| TELEPHONE NUMBER | FAX NUMBER |

Additional program names and locations

| PROGRAM NAME |
| ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE) |
Facilities

A facility is a licensed program location controlled by the license holder. At this time this application can only be used to add a new day services facility. **The applicant must contact the 245D Helpdesk at 651-431-6544 if they believe a day service facility is required.**

There is a moratorium on the development of new foster care homes or community residential settings and ICFs/DD. Providers with an existing licensed residential facility must contact their county licensor regarding foster care or community residential settings; or their DHS licensor regarding ICFs/DD. There is no new development of any kind for supervised living facilities providing supported living services.

Step 10: Complete additional documentation to be submitted with your application (Please Note: All documents to be uploaded into the application and must be in a PDF or Microsoft Word format):

A. Organization Chart (Indicate the highest authority in your program, including all Controlling Individuals)

B. The online application will require you to upload each of the following policies as a separate document. Sample policies are available for your use. Click here: [Sample Policies and Procedure]
   - Grievance policy and procedures;
   - Suspension policy and procedures;
Minnesota Department of Human Services  
Licensing Division  

245D Pre-Application Worksheet

- Termination policy and procedures;
- Emergency use of manual restraints;
- Drug and alcohol policy;
- Vulnerable adult maltreatment reporting and internal review policy and procedures; and
- Maltreatment of minors internal review policy and procedures.

C. Click here for the: Workers Compensation Insurance Verification (Include your policy information, or indicate why you are exempt from this requirement, with a signature on the bottom)

Click here for the Applicant Agreement and Verification and Affidavit of Authorized Agent (Fill out Page 2 of the Authorized Agent Notarized Signature Form and sign in front of a Notary Public).

Step 11: Call Licensor to Complete Online Application:

A. Contact the 245D HCBS Licensing Unit
   a. When you are ready to apply for your 245D license contact the 245D Licensing Unit Monday through Thursday 8am – 2:30pm at 651-431-6624.
   b. All of the required documents must be completed and uploaded to your computer in a PDF or Microsoft Word format prior to calling the HCBS Licensing Unit. A licensor will email you the application link and work with you step-by-step through the application process to ensure accuracy and efficiency. Please allow for 45-60 minutes for assistance with the application.

B. License Application Fee
   a. You must be prepared to pay a $500.00 application fee at the time you complete your application with a licensor. 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.

C. 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).

D. 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 licensor 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.

**Step 12: 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 Continuing Care, 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