

Bulletin

March 28, 2007

Minnesota Department of Human Services ■ P.O. Box 64967 ■ St. Paul, MN 55164-0967

OF INTEREST TO

- County Directors
- Private Providers of Case Management
- Social Services Supervisors and Staff
- Tribal Health Directors

ACTION

Please read and implement as indicated.

EXPIRATION DATE

March 28, 2009

DHS Updates Relocation Service Coordination Targeted Case Management Implementation

TOPIC

The 2005 Minnesota Legislature made significant changes to Relocation Service Coordination Targeted Case Management (RSC-TCM) service.

PURPOSE

Outline changes and instruct RSC-TCM providers in the new policy, practice and claiming requirements for RSC-TCM. This bulletin replaces all previous bulletins for Relocation Service Coordination (#02-56-08 and #01-56-23).

CONTACT

RSC-TCM Lead
Department of Human Services
Disability Services Division
PO Box 64967
St. Paul, MN 55164-0967
651-431-4889

SIGNED

LOREN COLMAN
Assistant Commissioner
Continuing Care Administration

Background

The 2001 legislature established Relocation Service Coordination Targeted Case Management (RSC-TCM) as a Medial Assistance (MA) benefit to help persons living in institutions move to community-based settings. The 2005 Minnesota Legislature made significant changes in Relocation Service Coordination in order to increase transition service availability, expand the pool of RSC-TCM case managers, insure consumer choice of provider, and encourage quality RSC-TCM services.

Changes made in 2005 include the following:

1. The Department of Human Services may now certify a private agency and practitioner as a RSC-TCM service provider.
2. A certified RSC-TCM private agency or practitioner is no longer required to contract with a county or tribe for RSC-TCM case management.
3. A county/tribe or private agency and practitioner have redefined RSC-TCM roles and responsibilities.
4. All persons who use RSC-TCM must receive free choice of a case manager.
5. Conflict of interest practices for RSC-TCM are established.

Legal authority

Minnesota Statutes, [section 256B.0621](#)

Definition

RSC-TCM is the provision of both county targeted case management and public or private vendor service coordination services to help persons access needed medical, social, educational, financial, housing and other services and supports necessary to meet their needs if they choose to move from an institution to the community.

RSC-TCM Eligibility Criteria

A person is eligible to receive RSC-TCM when all of the following criteria are met:

- Eligible for MA (including Program EH, IM, NM or RM *)
- Resides in an institution** that qualifies for RSC-TCM at the time of service delivery
- Chooses to move into the community
- Chooses to receive RSC-TCM services

*** Eligible MA Programs**

PROGRAM EH: Emergency MA for people who have a medical emergency but are not otherwise eligible for MA because of immigration status or deemed income and assets of a sponsor who is not a household member.

PROGRAM IM: State-funded program for persons who meet MA basis of eligibility but are ineligible for MA solely because they live in an IMD.

PROGRAM NM: State-funded program for immigrants who do not meet immigration status for federally funded MA programs but meet MA basis of eligibility.

PROGRAM RM/Refugee Medical Assistance (RMA): Federally authorized program providing MA to refugees.

**** Eligible Institutions**

- Hospitals
- Nursing facilities (NFs) (includes skilled nursing and certified boarding care facilities)
- Intermediate Care Facilities for Persons with Mental Retardation or Related Conditions (ICF/MRs)
- Institutions for Mental Disease (IMDs) includes Regional Treatment Centers licensed as hospitals or nursing facilities

All persons, regardless of MA status, are eligible for Long Term Care Consultation services. A person who is ineligible for RSC-TCM may receive information, referral and service planning regarding the availability of community services through the LTCC process.

Prepaid Health Plans

A person enrolled in Minnesota Senior Health Option (MSHO) or Minnesota Disability Health Option (MnDHO) is **not** eligible for RSC-TCM and should contact the health plan to request relocation assistance. MSHO and MnDHO are both required to provide relocation assistance.

A person enrolled in one of the remaining Minnesota prepaid health care programs may be eligible for RSC-TCM. The RSC-TCM provider must coordinate with the plan to ensure continuity of care and non-duplication of effort.

Waiver Transitional Services

A RSC-TCM provider may provide waiver transitional services and RSC-TCM simultaneously. *Waiver transitional services* reimburse items, expenses and related supports that are necessary and reasonable for the person to transition to their own home from the institution and do not duplicate RSC-TCM services.

County Provider of RSC-TCM Services

Minnesota Statute now provides for two types of RSC-TCM: county case management and private vendor case management. Provider qualifications and services differ.

County Provided RSC-TCM

County RSC-TCM may be provided by any of the following:

- Local social services agency
- Federally recognized American Indian tribe
- Entity under contract with a local social services agency or a federally recognized American Indian tribe
- Provider of mental health targeted case management

County Provider Qualifications

A county case management provider/tribe must:

- Enroll with MA
- Have the legal authority to provide MA services
- Demonstrate the capacity and experience to provide the components of case management to coordinate and link needed community resources
- Have the administrative capacity and experience to ensure quality of services
- Have the legal authority to provide complete investigative and protective services (Reporting Maltreatment of Minors; child welfare and foster care services)
- Have a financial management system that provides accurate documentation of services and costs under both state and federal requirements
- Have the capacity to document and maintain individual case records under both state and federal requirements

County RSC-TCM Services

RSC-TCM services provided by the county include the following:

- Advocacy as needed to ensure quality, appropriateness and continued need of services
- Assessment of the person's need and choices for TCM services
- Assistance to access needed services, including travel to visit a person to develop or implement the goals of the written plan
- Coordination and monitoring of the overall service delivery to ensure quality of services appropriateness and continued need
- Coordination of referrals for the person with appropriate service providers
- Coordination with the facility discharge planner in the 180-day period before the recipient's discharge
- Development, completion and planned review of a written individual service plan designed to help a person access needed services and supports

- Documentation that supports and verifies the RSC-TCM activities
- Routine contact or communication with the person, their family, primary caregiver, legal representative, substitute care provider, service provider(s) or other persons identified as necessary to the development or implementation of the goals of the written plan

Provider Subcontract with the County

A provider contracting with a county/tribe:

- Must demonstrate the ability to provide RSC-TCM services
- Must have a procedure that notifies a person or their legal representative of any conflict of interest if the contracted provider also provides, or will provide the person's services and supports
- Must obtain the person's informed consent or provides the person with service alternatives
- May perform all service activities as defined in their contract
- May forego certification
- Must employ case managers who meet minimum educational standards outlined in the county/tribal contract
- Is monitored for quality assurance and compliance by the contractor
- Must receive referrals as stipulated in their contract
- Relies upon the county or tribe for resolution of claim denials and disallowances

Private Vendor Provider of RSC-TCM Services

Private vendor (service coordination agency or independent practitioner) must meet the qualifications of county case management provider/subcontracted provider to be certified and be approved by DHS as a RSC-TCM Medical Assistance private vendor before services can be rendered. Private vendors seeking certification must first review and sign the RSC-TCM Certification Application (see Attachment A) which identifies the organization, geographic area(s) proposed to be served, current MA provider enrollment status, and required assurances. The completed RSC-TCM Certification Application must be sent for review and approval to the CONTACT person on page one of this bulletin. Once certification is obtained, the private vendor can then enroll as a MHCP Enrolled Providers: www.dhs.state.mn.us/id_000221

Provider Qualifications

A private vendor and/or staff must:

- Have or employ case manager(s) who have a minimum of a bachelor's degree or a license in a health or human services field or comparable training and two years of experience in human services, or who have been credentialed by an American Indian tribe under MN Statutes, [section 256B.02](#), subd. 7

- Be able to demonstrate the capacity and experience to provide the components of case management to coordinate and link community resources needed by the eligible population
- Must have the administrative capacity and case management experience to serve the population for whom RSC-TCM services will be provided
- Have the administrative capacity to ensure quality of services
- Have a financial management system that provides accurate documentation of services and costs
- Have the capacity to document and maintain individual case records under both state and federal requirements
- Have the capacity to coordinate with county administrative functions
- Have no financial interest in the provision of out-of-home residential services (such as foster care and boarding care services) in the county where the person requesting RSC-TCM is seeking to relocate

Private Vendor Provided RSC-TCM Services

A private vendor may receive referrals directly from a person. A private vendor may **not** bill for RSC-TCM until the RSC-TCM plan is developed and signed by all parties including the county. RSC-TCM services provided by a private vendor include the following:

- Assistance to access needed services, including travel to visit a person to develop or implement the goals of the written plan
- Coordination and monitoring of the overall service delivery to ensure quality of services; appropriateness and continued need
- Coordination with the facility discharge planner in the 180-day period before the recipient's discharge
- Documentation that supports and verifies the RSC-TCM activities
- Routine contact or communication with the person, their family, primary caregiver, legal representative, substitute care provider, service provider(s) or other persons identified as necessary to the development or implementation of the goals of the written plan

Choice of RSC-TCM Provider

A person eligible for RSC-TCM may choose any county, tribe or private vendor (service coordinator agency or independent practitioner) as their RSC-TCM provider.

The county/tribe is required to provide information regarding choice of case manager at their first contact with a person or upon request. Information should include names, addresses, phone numbers, and if available, Web sites and email addresses, of all RSC-TCM providers in their county or region. The county/tribe is not required to provide marketing materials or marketing services for private providers.

A person may have chosen a private vendor before contacting the county/tribe for RSC-TCM. The county/tribe is still required to provide information and offer choice of vendors in the region. DHS encourages private vendors to:

1. Maintain a Web site with information regarding their organization, services provided, staff vitae, statements of ethical and best practice, cultural competence and areas of specialization.
2. Provide institutions in their regions with written materials regarding RSC-TCM for distribution.

Financial interest: Private Vendors

Private vendors may **not** have a financial interest in the provision of the out-of-home residential services to a person for whom RSC-TCM is provided in the county or in the same provider owned organization/company where the individual seeks to be relocated. If a financial interest exists in an geographic location **other** than the out-of-home residential services, the county must annually:

1. Explain any conflict of interest at a face-to-face meeting.
2. Provide written notice of the conflict of interest in language that is easily understood.*
3. Provide information on a range of other feasible service provider options.
4. Obtain a written, signed and dated statement from the person that demonstrates informed consent.

* NOTE: Include the following information in the written notice:

- Roles or duties of the provider that cause a conflict of interest
- How the person could be harmed because of the conflict
- How the provider insures the person will not be harmed

Documentation

A person should document their choice of private vendor and include:

- Name and phone number of the county case manager who reviews the plan and serves as the county contact
- Name and phone number of the private vendor

A copy of the documentation should be:

- Filed in the facility's medical record
- Forwarded to the private vendor
- Maintained in the county record

The county/tribe should electronically record this information in the Comments (ADHS) screen of the LTC Screening Document or the Developmental Disability (DD) Screening Document.

Recertification

The DHS will require recertification for RSC-TCM private vendor providers services every two years. The counties/tribes will continue to provide oversight for contracted providers. DHS and counties/tribes will also monitor services and may require corrective action if problems are identified.

Bi-annual Documentation

Certified vendors must provide an updated Certification Application (see Attachment B) every two years and if a county contracted provider at times identified in the contract. Certified private vendors must submit the following information to the CONTACT identified on page one of this Bulletin and county contracted vendors must submit to the county contact person per the schedule identified in their contract:

1. The total number of persons who received RSC-TCM services;
2. The total number of persons who relocated from institutions in 180 days or less;
3. The total number of persons who relocated from institutions in one year and the number of persons who did not relocate after receiving RSC-TCM
4. A narrative summary of training attended, both lecture, online, including attendance at conferences, to include total hours (recommended training to include access to housing, transportation);
5. A summary of consumer, county, and/or family complaints and steps taken to remediate concerns; and
6. A summary of consumer outcomes such as survey results which provide information regarding satisfaction.

Corrective Action Activities

The DHS, counties/tribes will take the following corrective action steps if it is determined additional follow-up is required to address concerns, identified problems or non-compliance with the Provider Agreement (see MHCP Enrolled Providers: www.dhs.state.mn.us/id_000221):

1. Required attendance or participation in additional training, education and/or targeted technical assistance as a result of a complaint or identified concern;
2. Written notice identifying areas requiring a corrective action plan to address compliance issues; and/or
3. Report to Provider Enrollment with recommendations to terminate the Provider Agreement.

The DHS will also conduct field audits of randomly selected cases to determine if services meet desired outcomes. A decertified private vendor may reapply for certification according to the stipulated conditions in the notice which warranted the corrective action(s).

RSC-TCM Timelines

The provision of RSC-TCM is limited to 180 consecutive days and is available once during a placement in an eligible institution regardless of the length of the placement. A person may receive another 180 days of RSC-TCM if they are re-admitted to an eligible institution. Transfers from one RSC-TCM eligible institution to another do not interrupt the 180 consecutive days.

For example, a person is transferred to a hospital from a nursing facility. Both the hospital and nursing facility are institutions eligible for RSC-TCM. Therefore, the person remains in the same 180-day placement.

Federally reimbursed targeted case management benefits apply to RSC-TCM, Mental Health-Targeted Case Management (MH-TCM) and Vulnerable Adult Developmental Disability-Targeted Case Management (VADD-TCM). The use of any one of these TCMs begins the 180-day time span for the RSC-TCM.

On receiving a request for RSC-TCM, the county of financial responsibility (CFR) must assign a county case manager, its contractor or the tribe to visit the person within 20 working days of the request for RSC-TCM.

NOTE: If a person requests RSC-TCM from someone other than the CFR (such as a private provider or nursing facility staff), that person must notify the CFR of the request as soon as possible by telephone and in writing with the date of the request so the CFR is able to visit with the 20 working-day time frame.

If the CFR, its contractor or the tribe is not able to meet with the person within the 20 working days, the person may obtain RSC-TCM from another county/tribe or private vendor. The Commissioner may waive certain provider qualifications to allow the person access to the assistance necessary to move from the institution to the community. The CFR, its contractor, or the tribe must complete a written request detailing the rational for waiving qualification standards sent to the CONTACT person identified on page one of this Bulletin. The person or his or her legal guardian shall notify the CFR/tribe (see Attachment C) in writing of the decision to obtain RSC-TCM from another county/tribe or private vendor.

1. Within five working days from receipt of the notice, the county/tribe must provide the other county/tribe or private vendor written results of their eligibility determination.
2. Within 10 working days from receipt of the notice, the county/tribe or private vendor must arrange to meet with the new county/tribe or private vendor and person to fulfill county case management responsibilities, such as develop the written plan, update the LTC Screening Document and other necessary case management functions.

The private vendor should withhold billing or providing RSC-TCM until the CFR completes the eligibility determination, plan development and service authorization. The private provider may bill for time spent in advocacy before the written plan is signed.

Multiple Workers Providing Case Management Services

RSC-TCM may be provided and billed by more than one worker providing case management in a month. A lead case manager must be appointed to coordinate services when more than one case manager is providing services to insure cost effectiveness and appropriateness of multiple contacts by more than one worker. It is expected that a team of county case managers or private vendor service coordinators, regardless of their areas of specialization, may work collaboratively to provide case management for an individual. All of these case managers are eligible to bill RSC-TCM for relocation services during the same month for the same consumer, however, it should be noted that once the first billing occurs, services are limited to 180 consecutive days.

Reimbursement for RSC-TCM

RSC-TCM is billed as a fee for service. The current rate is \$15.53 for each 15-minute unit for counties, tribes and private vendors. Private vendors who contract with the county or tribe must negotiate a rate based on their costs. If the private provider functions as both a contracting and certified agency, they should have a single payment rate.

Payment for RSC-TCM services may not duplicate payments made under other program authorities for the same purpose. Additional information regarding MMIS billing form RSC-TCM can be found by reviewing information contained on the online Disability Services Program Manual. www.dhs.state.mn.us/dspm

Once a person is open to a waiver or leaves the institution, RSC-TCM stops and the provider may not bill for RSC-TCM.

Claiming Process

COMPLETING THE CMS 1500 FOR RSC-TCM PROCEDURE CODE T1016

RSC-TCM is billed on the CMS-1500. Providers may submit claims using the following information for billing costs associated with RSC-TCM:

- Service--Case-Management -- 15 minute
- Procedure Code – T1016
- Unit -- 15 minute
- Maximum Rate – 15.53
- Diagnosis code is desirable, but not required

Call the Provider Call Center with questions regarding claim submission.

BRASS CODES FOR COUNTIES/TRIBES

RSC-TCM is documented using the following BRASS codes:

- 194x Relocation Service Coordination (RSC-TCM) – children

- 694x Relocation Service Coordination (RSC-TCM) – adults

SSIS TIME ENTRY FOR COUNTIES AND TRIBES

RSC-TCM is available in the SSIS Programs, Child Welfare, General and Adult Services, General. To create a potentially billable time record, the worker selects RSC-TCM as a service and one of the following activities:

- 7 – Client contact
- 8 – Collateral contact
- 9 – Consultation
- 10 – Coordination
- 16 – Documentation
- 34 – Transportation
- 35 – Travel in county
- 36 – Travel out of county

Never create a time record using a combination of the Child Welfare, General or Adult Service, General Workgroup, the RSC-TCM service and one of the above staff activity codes if the activities are non-reimbursable as RSC-TCM case management. Disregarding this directive may result in the creation of an inaccurate bill and a violation of federal Medicaid claiming regulations.

SSIS TIME STUDY ENTRY FOR COUNTIES AND TRIBES

County staff use Category E “Other” and code 68 “Other Social Services and Third Party Billings” on the Social Service Time Study (SSIS) for random moments which occur while working on activity.

Individual Appeals

A person has the right to appeal an action that denies, delays, suspends, reduces or terminates their service. County case managers are responsible to inform consumers of their appeal rights under the law.

In addition to their appeal rights, the county/tribe or private vendor should provide a written process to register complaints about RSC-TCM services. This complaint process should not interrupt the appeals process timelines.

Frequently Asked Questions

1. Can the case manager bill RSC-TCM for the time spent doing the LTCC assessment and screening?

No, screening is an administrative function and is never billed as case management. Screening time is billed through a separate claims process.

2. Is RSC-TCM the only targeted case management that pays for relocation services?

MH-TCM and VADD-TCM also reimburse for transition services that do not duplicate the RSC-TCM responsibilities. The service(s) provided must be related to relocation.

Running

errands for the person, meeting with institutional staff to participate in plan reviews unrelated to transition are **not** billable.

3. Can you clarify the 180-day time span and further define under what circumstances payment may be received?

The 180-day limit is defined as the “last 180 consecutive days of a MA eligible person’s institutional stay.

MMIS starts tracking the limit based on the date of service listed on the first RSC-TCM, MH-TCM or VADD-TCM claim submitted.

Reminder: RSC-TCM has two system edits involving time, they are: a 365 day limit and a 180 day limit.

- An RSC-TCM claim date must be within 365 days of the activity date on a face-to-face screening
- Once a claim is submitted, all other RSC-TCM claims must be within 180 days of that first claim

4. May an additional 180 days be authorized if the person is not discharged within the first 180 days?

The Centers for Medicare & Medicaid Services (CMS) limits the provision of RSC-TCM services to 180 consecutive days and will not allow the authorization of additional days beyond the first 180. MMIS edits have been created to track this limit and prevent payment beyond 180 days. If a person receives RSC-TCM services, is discharged, and then is re-admitted to an eligible institution, CMS will allow another 180 consecutive days of service.

5. When does the 180-day reimbursement stop?

The RSC-TCM billing span ends the day the person leaves the institution or after 180 consecutive days of service whichever comes first. Part of the RSC-TCM plan includes services necessary to assist the person to live safely in the community. Services such as waiver case management, PCA services, private duty nursing, informal supports, foster care, private agencies, VADD-TCM should be ready to provide services the day the person leaves the institution.

6. Do we have to wait until discharge occurs before we may bill?

Providers do not need to wait until discharge to bill RSC-TCM. Providers may bill for service after the provision of the service while the person is still institutionalized.

7. May I use the same LTC Screening Document to exit someone from the waiver and authorize RSC-TCM?

RSC-TCM may be added as a service to LTCC screening documents regardless of the screening document's activity type or assessment result.

Example: A waiver services recipient enters a nursing facility and requests RSC-TCM. The case manager exits the person from the waiver and includes RSC-TCM in the service Field (96) because the plan is to assist the person to return home as soon as possible.

RSC-TCM claims will be paid as long as the claim is within 365 days of a face to face LTCC screening and all other RSC-TCM claiming requirements are followed.

8. Does a county have any responsibilities to provide RSC-TCM to a person who is the financial responsibility of another county when the person resides in a nursing facility in their county?

Bulletin #04-25-00 Page 5 states, "NF staff contact the county where the facility is located for both telephone screening and any required LTCC visits for a person under the age of 65."

The LTCC that initiates RSC-TCM must be completed by the county where the facility is located. The county of service (COS) or county of residence (COR) may contact the CFR before the LTCC assessment and ask them if they want to screen, but the CFR is not required to do so.

The LTCC team is responsible to provide information on RSC-TCM, give the person Choice of provider, and notify the CFR or tribe of the person's request to receive RSC-TCM. The RSC-TCM service must be arranged or provided by the FCR directly or by

referral. The COS may provide the RSC-TCM county case management, but they are not required to do so. The COS has no service responsibility after doing the LTCC and informing the CFR of the request for relocation service.

If the CFR is unable to provide the county case management services, the CFR may arrange for another entity meeting county case management qualifications to develop the plan and assume other county case management responsibilities.

9. May a person receive similar forms of targeted case management (i.e., RSC-TCM and MH-TCM) concurrently?

Providers must not bill both forms of case management during the same month. If a person requests assistance in transitioning from an institution and is currently receiving active MH-TCM, the provider should identify a lead coordinator and could:

- Provide transition/relocation and document time spent on these activities as a MH-TCM service,; or
- Use RSC-TCM and document time spent on these activities and bill RSC-TCM

If the RSC-TCM option is chosen, the individual must not be counted as a MH-TCM client during the time they receive RSC-TCM. If both types of case management are submitted in the same month, the second claim will be denied.

Counties providing TCM services to persons for whom they are not the CFR must have clear direction from the CFR regarding case management billing.

10. Are Board and Lodging Establishments considered eligible RSC-TCM facilities?

No, only facilities licensed as hospitals, nursing facilities (which include certified boarding care facilities) and ICF/MR's are RSC-TCM eligible institutions. Facilities that have an additional federal designation such as an IMD or an RTC are eligible facilities if they have a license as a hospital, nursing facility, or ICF/MR.

10. If a person on a waiver enters a hospital on a short term basis (under 30 days), can RSC-TCM be authorized or billed for service coordination services provided to that person while they are in the hospital?

Waiver services, including case management, may not be provided to persons in institutions, including hospitals regardless of length of stay. RSC-TCM must be used to provide for the relocation services.

12. May children receive RSC-TCM?

A person of any age who meets the eligibility criteria may receive RSC-TCM.

13. May RSC-TCM be provided in an Intensive Residential Treatment Services (IRTS) facility?

IRTS facilities are licensed as either a board and lodging or supervised living facility. They are not registered or licensed as hospitals, nursing facilities, certified board and care, or ICF/MR facilities, consequently they do not qualify as an institution under Relocation Service Coordination eligibility standards.

VADD-TCM, MH-TCM and ACT may be provided for persons receiving services in an IRTS or Rule 36 facility with 16 or fewer beds.

MN Statute 245.472 subd. 3 outlines the responsibilities of the IRTS facility staff and the case manager in the provision of transition services.

14. May providers bill for assisting a move from one RSC-TCM eligible facility to another?

RSC-TCM services do not include assisting a person move from one institution to another unless that move is a step in the approved relocation plan to return the person to the community.

A provider may bill for placement in another institution as an intermediate step to community living. For example: A person moves from a nursing facility in the Metro area to one in greater Minnesota while the service coordinator organizes services and housing in the new community.

If a nursing facility closes, a provider may not bill for activities related to finding another nursing facility.

Additional Resources

Disability Services Program Manual: www.dhs.state.mn.us/dspm

MHCP Enrolled Providers: www.dhs.state.mn.us/id_000221

Minnesota Health Care Provider Manual: www.dhs.state.mn.us/id_000094

Minnesota Statutes and Rules: www.leg.state.mn.us

Special Needs

This information is available in other forms to persons with disabilities by contacting us at (651) 431-2400 (voice), toll free at 1 (800) 747-5484, or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1, or 1-877-627-3848 (speech-to-speech relay service).

Dear Provider:

Private agencies desiring to provide Relocation Service Coordination Targeted Case Management (RSC-TCM) must first meet state certification requirements by the Disability Services Division and be enrolled as a Minnesota Health Care Provider.

To obtain state certification complete the information on pages 3 through 10 of this attachment. Instructions for completing the application are on page 2.

The application must be signed by the individual representing the organization or business seeking certification. An officer, administrator, manager, director, or person with similar authority must sign a provider agreement for an organization or business.

Return the signed certification application to the following address:

Minnesota Department of Human Services,
Relocation Services Coordination Certification,
P.O. Box 64967
St. Paul MN, 55164-0967

The Disability Service Division will review the application and send a response within ten working days upon receipt regarding approval or the need to provide additional documentation.

If you have questions regarding certification, please contact us at (651) 431-4889 or at the TTY-TDD number 711 or (800) 627-3529. Our fax number is: (651) 431-7563.

Instructions for completing your Relocation Service Coordination Targeted Case Management Provider Certification Application

1-6. Organization information:

- 1) **Organization Name:** If you are a business or organization, use this space to enter your company name. Individual practitioners: enter your name as it appears on your state-issued identification (e.g., driver's license). This information should be identical to the name on #2 of the *Provider Enrollment Application*.
- 2) **Current Provider Number:** If you are currently enrolled as a MHC provider, enter you current provider number.
- 3) **NPI Number:** Enter you current National Provider Identifier number.
- 4) **through 6) RSC contact information:** name, address, phone, email, and fax information for the staff person responsible for RSC program communication with the DSD.

7. Geographic Areas Served by RSCO:

a. Regional Certification: Agencies must have an office in the Region or county in which they practice. Check the Regions for which you are requesting certification. Do

not select counties individually to respond to this question. Page 10 of the application lists counties by region.

b. County Certification: If you are requesting certification in specific counties, check those individually.

8. Case Management Services: Indicate if currently providing case management services in which your organization is currently enrolled as a MHCP provider.

9. Other Medicaid Services: Check all Medicaid service programs for which your organization is currently enrolled as an MHCP provider.

10. Out of Home Residential Ownership: Check all the sites in which your organization is an owner or license holder.

11. Assurances:

- If your organization is applying for certification, sign the first box as a provider applying for certification.

**CERTIFICATION APPLICATION
RELOCATION SERVICE COORDINATION-TARGETED CASE MANAGEMENT
(RSC-TCM) PROVIDER**

INFORMATION SUPPLEMENTAL TO PROVIDER ENROLLMENT INFORMATION

| Organization Information | |
|---------------------------------|---|
| 1) Organization Name: | |
| 2) Current Provider Number: | 3) Current National Provider Identification (NPI) Number: |
| 2) RSC Contact Person: | 3) RSC Phone: |
| 2) RSC Address: | |
| 5) RSC Email: | 6) RSC Fax: |

| |
|--|
| 7) Geographic Areas Served By The RSCO: |
|--|

a) Regional Certification

- ☐ Region One
- ☐ Region Two
- ☐ Region Three
- ☐ Region Four
- ☐ Region Five
- ☐ Region Six
- ☐ Region Seven
- ☐ Region Eight
- ☐ Region Nine
- ☐ Region Ten
- ☐ Region Eleven

The following page lists counties by region

COUNTIES BY REGION

| | | |
|--|--|---|
| REGION ONE 035 KITTSON 045 MARSHALL 054 NORMAN 057 PENNINGTON 060 POLK 063 RED LAKE 068 ROSEAU | REGION TWO 004 BELTRAMI 015 CLEARWATER 029 HUBBARD 039 LAKE OF THE WOODS 044 MAHNOMEN | REGION THREE 001 AITKIN 009 CARLTON 016 COOK 031 ITASCA 036 KOOCHICHING 038 LAKE 069 ST LOUIS |
| REGION FOUR 003 BECKER 014 CLAY 021 DOUGLAS 026 GRANT 056 OTTER TAIL 061 POPE 075 STEVENS 078 TRAVERSE 084 WILKIN | REGION FIVE 011 CASS 018 CROW WING 049 MORRISON 077 TODD 080 WADENA | REGION SIX 006 BIG-STONE 012 CHIPPEWA 034 KANDIYOHI 037 LAC QUI PARLE 043 MCLEOD 047 MEEKER 065 RENVILLE 076 SWIFT 087 YELLOW MEDICINE |
| REGION SEVEN 005 BENTON 013 CHISAGO 030 ISANTI 033 KANABEC 048 MILLE LACS 058 PINE 071 SHERBURNE 073 STEARNS 086 WRIGHT | REGION EIGHT 017 COTTONWOOD 032 JACKSON 041 LINCOLN 042 LYON 051 MURRAY 053 NOBLES 059 PIPESTONE 064 REDWOOD 067 ROCK | REGION NINE 007 BLUE-EARTH 008 BROWN 022 FARIBAULT 040 LE SUEUR 046 MARTIN 052 NICOLLET 072 SIBLEY 081 WASECA 083 WATONWAN |
| REGION TEN 020 DODGE 023 FILLMORE 024 FREEBORN 025 GOODHUE 028 HOUSTON 050 MOWER 055 OLMSTED 066 RICE 074 STEELE 079 WABASHA 085 WINONA | REGION ELEVEN 002 ANOKA 010 CARVE R 019 DAKOTA 027 HENNEPIN 062 RAMSEY 070 SCOTT 082 WASHINGTON | |

7 b) County Specific Certification

- | | |
|---|--|
| <input type="checkbox"/> 001 AITKIN | <input type="checkbox"/> 044 MAHNOMEN |
| <input type="checkbox"/> 002 ANOKA | <input type="checkbox"/> 045 MARSHALL |
| <input type="checkbox"/> 003 BECKER | <input type="checkbox"/> 046 MARTIN |
| <input type="checkbox"/> 004 BELTRAMI | <input type="checkbox"/> 047 MEEKER |
| <input type="checkbox"/> 005 BENTON | <input type="checkbox"/> 048 MILLE LACS |
| <input type="checkbox"/> 006 BIG STONE | <input type="checkbox"/> 049 MORRISON |
| <input type="checkbox"/> 007 BLUE EARTH | <input type="checkbox"/> 050 MOWER |
| <input type="checkbox"/> 008 BROWN | <input type="checkbox"/> 051 MURRAY |
| <input type="checkbox"/> 009 CARLTON | <input type="checkbox"/> 052 NICOLLET |
| <input type="checkbox"/> 010 CARVER | <input type="checkbox"/> 053 NOBLES |
| <input type="checkbox"/> 011 CASS | <input type="checkbox"/> 054 NORMAN |
| <input type="checkbox"/> 012 CHIPPEWA | <input type="checkbox"/> 055 OLMSTED |
| <input type="checkbox"/> 013 CHISAGO | <input type="checkbox"/> 056 OTTER TAIL |
| <input type="checkbox"/> 014 CLAY | <input type="checkbox"/> 057 PENNINGTON |
| <input type="checkbox"/> 015 CLEARWATER | <input type="checkbox"/> 058 PINE |
| <input type="checkbox"/> 016 COOK | <input type="checkbox"/> 059 PIPESTONE |
| <input type="checkbox"/> 017 COTTONWOOD | <input type="checkbox"/> 060 POLK |
| <input type="checkbox"/> 018 CROW WING | <input type="checkbox"/> 061 POPE |
| <input type="checkbox"/> 019 DAKOTA | <input type="checkbox"/> 062 RAMSEY |
| <input type="checkbox"/> 020 DODGE | <input type="checkbox"/> 063 RED LAKE |
| <input type="checkbox"/> 021 DOUGLAS | <input type="checkbox"/> 064 REDWOOD |
| <input type="checkbox"/> 022 FARIBAUT | <input type="checkbox"/> 065 RENVILLE |
| <input type="checkbox"/> 023 FILLMORE | <input type="checkbox"/> 066 RICE |
| <input type="checkbox"/> 024 FREEBORN | <input type="checkbox"/> 067 ROCK |
| <input type="checkbox"/> 025 GOODHUE | <input type="checkbox"/> 068 ROSEAU |
| <input type="checkbox"/> 026 GRANT | <input type="checkbox"/> 069 ST. LOUIS |
| <input type="checkbox"/> 027 HENNEPIN | <input type="checkbox"/> 070 SCOTT |
| <input type="checkbox"/> 028 HOUSTON | <input type="checkbox"/> 071 SHERBURNE |
| <input type="checkbox"/> 029 HUBBARD | <input type="checkbox"/> 072 SIBLEY |
| <input type="checkbox"/> 030 ISANTI | <input type="checkbox"/> 073 STEARNS |
| <input type="checkbox"/> 031 ITASCA | <input type="checkbox"/> 074 STEELE |
| <input type="checkbox"/> 032 JACKSON | <input type="checkbox"/> 075 STEVENS |
| <input type="checkbox"/> 033 KANABEC | <input type="checkbox"/> 076 SWIFT |
| <input type="checkbox"/> 034 KANDIYOHI | <input type="checkbox"/> 077 TODD |
| <input type="checkbox"/> 035 KITTSON | <input type="checkbox"/> 078 RAVERSE |
| <input type="checkbox"/> 036 KOOCHICHING | <input type="checkbox"/> 079 WABASHA |
| <input type="checkbox"/> 037 LAC QUI PARLE | <input type="checkbox"/> 080 WADENA |
| <input type="checkbox"/> 038 LAKE | <input type="checkbox"/> 081 WASECA |
| <input type="checkbox"/> 039 LAKE OF THE WOODS | <input type="checkbox"/> 082 WASHINGTON |
| <input type="checkbox"/> 040 LE SUEUR | <input type="checkbox"/> 083 WATONWAN |
| <input type="checkbox"/> 041 LINCOLN | <input type="checkbox"/> 084 WILKIN |
| <input type="checkbox"/> 042 LYON | <input type="checkbox"/> 085 WINONA |
| <input type="checkbox"/> 043 MCLEOD | <input type="checkbox"/> 086 WRIGHT |
| | <input type="checkbox"/> 087 YELLOW MEDICINE |

8) Currently enrolled as a provider of case management services (x below if yes):

- ☐ yes, (if yes, identify the type of service and the location) _____
- ☐ no

9) Currently enrolled as a provider of other Medicaid services: (x below if yes)

- ☐ Waiver Services
- ☐ Day Treatment and Habilitation
- ☐ Psychological services
- ☐ Physician/clinic
- ☐ Rehabilitation Agency
- ☐ Licensed Independent Clinical Social Worker
- ☐ Licensed psychological practitioner
- ☐ Home Care Services (private duty nursing, home health aide, personal care attendant, skilled nursing, outpatient therapies)
- ☐ Other, identify _____

10) Out of home residential ownership: Direct, indirect owner interest in or license holder of the following physical plant sites (x below if yes)

- ☐ Board and Lodging Establishment with Special Services
- ☐ Boarding and Lodging provider
- ☐ Boarding care home (Nursing Facility II)—certified and non-certified
- ☐ Boarding Establishment
- ☐ Children's Residential Facility
- ☐ Emergency shelters or transitional housing providers
- ☐ Foster home license holder: child and adult, family and corporate
- ☐ Housing with Services Establishment
- ☐ ICF-MR
- ☐ Institution for Mental Disease
- ☐ Lodging establishment
- ☐ Nursing facility (Nursing Facility I)
- ☐ Out of home crisis respite provider
- ☐ Supervised living facility—certified and non-certified

11) Indicate below your educational qualifications.

(1) Bachelor Degree

___ BA

___ BS

Name of College/University: _____

Date Conferred: ____-____-____

Major: _____

Minor: _____

___ (2) Master's Degree

___ MA

___ MS

Name of College/University: _____
 Date Conferred: ____-____-____
 Major: _____
 Minor: _____

____ (3). Other (doctoral, post doctoral): _____

12. Identify below current certifications and/or licenses and renewal date(s).

| Certificate/License | Renewal Date |
|---------------------|----------------|
| _____ | ____-____-____ |
| _____ | ____-____-____ |
| _____ | ____-____-____ |
| _____ | ____-____-____ |
| _____ | ____-____-____ |

13. Summarize below your experience working in the human services field starting with your most recent job.

14. List below previous supervisory, business, governmental agency references who may be contacted regarding past work, (Please start with the most current)

| | |
|-------|------------------------------|
| _____ | Dates employed _____ - _____ |
| _____ | Dates employed _____ - _____ |
| _____ | Dates employed _____ - _____ |

ASSURANCES

The following information identifies provider entities' compliance with the provider qualifications for Relocation Service Coordination Targeted Case Management (RSC-TCM) as stated in 256B.0621 sub. 5). Please summarize in writing and indicate by checking the appropriate answer in the space provided below your experience, capacity and abilities with the following work related characteristics. Space is provided for additional comments/clarifications. Attachments may be added, however limit to 1/2 page per characteristic:

1. The Relocation Service Coordination applicant has demonstrated capacity and experience to provide case management to coordinate and link community resources needed by the eligible population:

2. The Relocation Service Coordination applicant has demonstrated administrative capacity and experience to serve the target population for whom it will provide services under state and federal requirements.

Please note, a written policy and procedure manual for RSC-TCM service provision must be made available for DHS inspection and review that contains, at a minimum:

- a. Qualifications including background and work related references checks
- b. Training plan
- c. Record of conferences, training, classes attended
- d. Agency informational brochures and documents, available in alternative formats or languages, describing the agency, RSC services, and RSC personnel with their professional vitae

3. The RSC-TCM demonstrates ability to ensure quality services under state and federal requirements:

4. The RSC-TCM demonstrates a financial management system that provides accurate documentation of services and costs under state and federal requirements through the following: (indicate below if system is in place or will be in place prior to service delivery)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. The organization bills through MMIS, Minnesota Medicaid Management Information System by: i. Paper submission of claims or ii. Electronic submission of claims through Minnesota Information Transfer System (MN-ITS) |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Compliance with all billing regulations in the Minnesota Health Care Provider Manual |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Maintenance of a bookkeeping system which sufficiently and properly reflects all revenue received from the state and all direct and indirect costs incurred in the performance of Relocation Service Coordination |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Evidence of a system of internal fiscal control |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Documentation of case management services in the client case record |

- ___ ___ f. Procedures for verifying consumer eligibility for MA prior to provision of service through the Eligibility Verification System (EVS) system
- ___ ___ g. Procedures for obtaining CFR authorization for the provision of RSC service coordination
- ___ ___ h. Compliance with federal and state withholding employee requirements
- ___ ___ i. Documentation of Professional Liability Insurance, Automobile Liability Insurance, Fidelity Bond and proof of valid driver's license for employee(s) providing RSC-TCM

Additional Comments/Clarifications:

5. The RSC-TCM demonstrates the capacity to document and maintain individual case records under state and federal requirements through the following: (Indicate below if system is in place or will be in place prior to service delivery)

Yes No

- ___ ___ a. The organization maintains a case record for each consumer of RSC which contains at a minimum:
 - i. Consumer demographic information: name, PMI, address, phone number, birth date, legal representative (if any)
 - ii. Case plans
 - 1. Copies of the transition plan developed by the county case manager and signed by the consumer or their representative, county case manager, and the private agency service coordinator
 - iii. Record of case management activities
 - iv. Incidents reports
 - v. Maltreatment reports
 - vi. Release of information documents signed by the consumer or legal representative
 - vii. Other medical, legal, assessment, diagnostic, and social history information related to the consumer
- ___ ___ b. Case record security
 - viii. Hard copy records are filed in a secure, locked area
 - ix. Electronic case records are protected by an electronic software security system and are password protected to prevent unauthorized access.
- ___ ___ c. For each case management contact the case record contains the following information:
 - x. Consumer name
 - xi. Name of RSC staff providing the service
 - xii. Date of contact
 - xiii. Place of contact
 - xiv. Detailed narrative dictation with information regarding the activities performed, person's contacted and the activities relationship to the transition plan
 - xv. Extent or units of service

Additional Comments/Clarifications:

6. The RSC-TCM demonstrates the ability to coordinate with county administrative functions through the following: (Indicate below if currently in place or plans to have in place prior to service delivery)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. An office or staff in the county or regions in which it is certified |
| <input type="checkbox"/> | <input type="checkbox"/> | b. A copy of the case plan identifying the RSCO as the provider of choice |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Written authorization from the CFR that the consumer is eligible for RSC-TCM |
| <input type="checkbox"/> | <input type="checkbox"/> | d. If applicable, written authorization from the consumer notifying the county of their intent to replace the county case manager as defined in 256B.0621 sub 7 |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Written process for collaborating with the county case manager in implementation, review, and reassessment of the transition plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | f. A 10 working day notice to the consumer and county case manager in the event of termination of service to a consumer before the transition planning is complete |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Process for expeditious removal of a case manager in the event consumer health or safety is compromised by their actions, or the service is inadequate to meet the transition planning services |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Process for insuring collaboration and transition to the new service provider in the event of termination of service |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Ability to meet with county/tribal personnel upon reasonable notice to assist in the development of the transition plan or evaluation of progress toward transition goals. |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Ability to meet with the county/tribal personnel upon reasonable notice to participate in business processes review or regional RSC planning teams |

7. Conflict of interest assurances: (Indicate below status of conflict of interest)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. The provider entity has an interest in the provision of out-of-home residential services in the county where the person is seeking to relocate |
| <input type="checkbox"/> | <input type="checkbox"/> | b. System to notify consumers of any conflict of interests not related to out-of-home residential services, at least annually at a face-to-face meeting obtaining informed consent in writing from the person providing information on a range of other feasible service provider options |

Additional Comments/Clarifications:

The provider is applying for state certification as a provider of Relocation Service Coordination Targeted Case Management. By signing below, the provider entity agrees to comply with the above assurances, and affirms that the content of this application is accurate and indicates the entity's intent.

Provider Signature: _____

Printed Name: _____

Date: _____

DHS authorization and certification:

DHS Signature: _____

Printed Name: _____

Date: _____

Dear Provider:

Private agencies desiring to be recertified to provide Relocation Service Coordination Targeted Case Management (RSC-TCM) must complete the attached form. Instructions for completing the application are on page 2 of the attachment. Please note that updates to your education, licensure, training or geographic areas served during the last two years by your agency or if you are a private practitioner should be reflected on the attached form.

Return the signed recertification application to the following address:

Minnesota Department of Human Services,
Relocation Services Coordination Certification,
P.O. Box 64967
St. Paul MN, 55164-0967

The Disability Service Division will review the application and send a response within ten working days upon receipt regarding approval or the need to provide additional documentation regarding recertification.

If you have questions regarding recertification, please contact us at (651) 431-4889 or at the TTY-TDD number 711 or (800) 627-3529. Our fax number is: (651) 431-7563.

Instructions for completing your Relocation Service Coordination Targeted Case Management Provider Recertification Application

1-6. Organization information:

- 1) **Organization Name:** If you are a business or organization, use this space to enter your company name. Individual practitioners: enter your name as it appears on your state-issued identification (e.g., driver's license). This information should be identical to the name on #2 of the *Provider Enrollment Application*.
- 2) **Current Provider Number:** If you are currently enrolled as a MHC provider, enter you current provider number.
- 3) **NPI Number:** Enter you current National Provider Identifier number.
(4 through 6) RSC contact

information: name, address, phone, email, and fax information for the staff person responsible for RSC program communication with the DSD.

7) Geographic Areas Served by RSCO:

Check the region(s) served

8) County Specific Certification

- If your organization is applying for recertification, sign the first box as a provider applying for recertification.

**RECERTIFICATION APPLICATION
RELOCATION SERVICE COORDINATION-TARGETED CASE MANAGEMENT
(RSC-TCM) PROVIDER**

| Organization Information | |
|---------------------------------|---|
| 1) Organization Name: | |
| 2) Current Provider Number: | 3) Current National Provider Identification (NPI) Number: |
| 2) RSC Contact Person: | 3) RSC Phone: |
| 2) RSC Address: | |
| 5) RSC Email: | 6) RSC Fax: |

7) Geographic Areas Served By The RSCO:

a) Regions (place an x by those region(s) you provide RSC)

- ☐ Region One
- ☐ Region Two
- ☐ Region Three
- ☐ Region Four
- ☐ Region Five
- ☐ Region Six
- ☐ Region Seven
- ☐ Region Eight
- ☐ Region Nine
- ☐ Region Ten
- ☐ Region Eleven

The following page lists counties by region

COUNTIES BY REGION

| | | |
|--|--|---|
| REGION ONE 035 KITTSON 045 MARSHALL 054 NORMAN 057 PENNINGTON 060 POLK 063 RED LAKE 068 ROSEAU | REGION TWO 004 BELTRAMI 015 CLEARWATER 029 HUBBARD 039 LAKE OF THE WOODS 044 MAHNOMEN | REGION THREE 001 AITKIN 009 CARLTON 016 COOK 031 ITASCA 036 KOOCHICHING 038 LAKE 069 ST LOUIS |
| REGION FOUR 003 BECKER 014 CLAY 021 DOUGLAS 026 GRANT 056 OTTER TAIL 061 POPE 075 STEVENS 078 TRAVERSE 084 WILKIN | REGION FIVE 011 CASS 018 CROW WING 049 MORRISON 077 TODD 080 WADENA | REGION SIX 006 BIG-STONE 012 CHIPPEWA 034 KANDIYOHI 037 LAC QUI PARLE 043 MCLEOD 047 MEEKER 065 RENVILLE 076 SWIFT 087 YELLOW MEDICINE |
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8) County (place an x by those counties you provide RSC)

- | | |
|---|--|
| <input type="checkbox"/> 001 AITKIN | <input type="checkbox"/> 044 MAHNOMEN |
| <input type="checkbox"/> 002 ANOKA | <input type="checkbox"/> 045 MARSHALL |
| <input type="checkbox"/> 003 BECKER | <input type="checkbox"/> 046 MARTIN |
| <input type="checkbox"/> 004 BELTRAMI | <input type="checkbox"/> 047 MEEKER |
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| <input type="checkbox"/> 006 BIG STONE | <input type="checkbox"/> 049 MORRISON |
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| <input type="checkbox"/> 010 CARVER | <input type="checkbox"/> 053 NOBLES |
| <input type="checkbox"/> 011 CASS | <input type="checkbox"/> 054 NORMAN |
| <input type="checkbox"/> 012 CHIPPEWA | <input type="checkbox"/> 055 OLMSTED |
| <input type="checkbox"/> 013 CHISAGO | <input type="checkbox"/> 056 OTTER TAIL |
| <input type="checkbox"/> 014 CLAY | <input type="checkbox"/> 057 PENNINGTON |
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| <input type="checkbox"/> 017 COTTONWOOD | <input type="checkbox"/> 060 POLK |
| <input type="checkbox"/> 018 CROW WING | <input type="checkbox"/> 061 POPE |
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| <input type="checkbox"/> 023 FILLMORE | <input type="checkbox"/> 066 RICE |
| <input type="checkbox"/> 024 FREEBORN | <input type="checkbox"/> 067 ROCK |
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| <input type="checkbox"/> 026 GRANT | <input type="checkbox"/> 069 ST. LOUIS |
| <input type="checkbox"/> 027 HENNEPIN | <input type="checkbox"/> 070 SCOTT |
| <input type="checkbox"/> 028 HOUSTON | <input type="checkbox"/> 071 SHERBURNE |
| <input type="checkbox"/> 029 HUBBARD | <input type="checkbox"/> 072 SIBLEY |
| <input type="checkbox"/> 030 ISANTI | <input type="checkbox"/> 073 STEARNS |
| <input type="checkbox"/> 031 ITASCA | <input type="checkbox"/> 074 STEELE |
| <input type="checkbox"/> 032 JACKSON | <input type="checkbox"/> 075 STEVENS |
| <input type="checkbox"/> 033 KANABEC | <input type="checkbox"/> 076 SWIFT |
| <input type="checkbox"/> 034 KANDIYOHI | <input type="checkbox"/> 077 TODD |
| <input type="checkbox"/> 035 KITTSON | <input type="checkbox"/> 078 RAVERSE |
| <input type="checkbox"/> 036 KOOCHICHING | <input type="checkbox"/> 079 WABASHA |
| <input type="checkbox"/> 037 LAC QUI PARLE | <input type="checkbox"/> 080 WADENA |
| <input type="checkbox"/> 038 LAKE | <input type="checkbox"/> 081 WASECA |
| <input type="checkbox"/> 039 LAKE OF THE WOODS | <input type="checkbox"/> 082 WASHINGTON |
| <input type="checkbox"/> 040 LE SUEUR | <input type="checkbox"/> 083 WATONWAN |
| <input type="checkbox"/> 041 LINCOLN | <input type="checkbox"/> 084 WILKIN |
| <input type="checkbox"/> 042 LYON | <input type="checkbox"/> 085 WINONA |
| <input type="checkbox"/> 043 MCLEOD | <input type="checkbox"/> 086 WRIGHT |
| | <input type="checkbox"/> 087 YELLOW MEDICINE |

9) Indicate below changes in your educational qualifications since application/recertification.

- ___ No changes
- ___ (1) Bachelor Degree
Date obtained: _____
- ___ (2) Master's Degree
Date obtained: _____
- ___ (3). Other (doctoral, post doctoral):
Date obtained: _____

10. Identify below additional certifications, licenses obtained since application/recertification (if does not apply, leave blank).

Certifications/Licenses: _____ Date Received: _____

11. Identify below in a brief narrative summary RSC related training obtained during the last including total hours (include additional page if necessary)

Training: _____

Total hours of training: _____

12. Indicate below the total number of persons who received RSC-TCM by county (attach additional page if necessary)

| Number | Name of County |
|--------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

13. List below the total number of persons provided RSC who relocated from institutions in 180 days or less during the last two years _____

14. List below the total number of persons you provided RSC who relocated from institutions after 180 days during the last two years.

15. List below the total number of persons you provided RSC who were readmitted to institutions during the last two years. _____

16. Summarize below any consumer, county, and/or family complaints and steps taken to remediate concerns.

Complaints: _____

Remediation steps: _____

17. Summarize below consumer outcomes obtained from surveys or interviews which reflect satisfaction. _____

Additional Comments/Clarifications (Please identify any improvement recommendations that DSD could incorporate to improve the Recertification process):

The provider is applying for state recertification as a provider of Relocation Service Coordination Targeted Case Management. By signing below, the provider entity agrees that the information provided accurately reflects and affirms that the content of this form is accurate and indicates the entity's efforts.

Provider Signature: _____

Printed Name: _____

Date: _____

DHS authorization and recertification approval:

DHS Signature: _____ **Date:** _____

Printed Name: _____

Date: _____

Tribal Health Directors

Jeneal Goggleye, Tribal Health Director

Bois Forte Band - MN Chippewa Tribe
13071 Nett Lake Road
Nett Lake, MN 55772
Phone: (218) 757-3295
FAX: (218) 757-0222
Email: jgoggleye@boisforte-NSN.gov

Grace Bushard, Tribal Health Director

Chippewa Tribe of Grand Portage, MN
Grand Portage Health Service
PO Box 428 (62 Upper Road)
Grand Portage, MN 55605
Phone: (218) 475-2235
FAX: (218) 475-2261
Email: gphealth@boreal.org

Phil Norrgard, Tribal Health Director

Fond du Lac Social Services Department
Min No Aya Win Clinic
927 Trettle Lane
Cloquet, MN 55720
Phone: (218) 879-1227
FAX: (218) 879-8378
Email: philnorrgard@fdlrex.com

Eli Hunt, Director, Health Division

Leech Lake Band of Ojibwe
6530 U.S. Highway 2 NW
Route 3, Box 100
Cass Lake, MN 56633
Phone: (218) 335-4500 or 4501
FAX: (218) 335-8219 (8309)
Email: ehunt@llojibwe.com

Teri Schemmel, Health Director (Ms.)

Lower Sioux Community Council
PO Box 308, Route 1
Morton, MN 56270
Phone: (507) 697-6185
FAX: (507) 637-4380
Email: vernell-wabasha@hotmail.com

Annette James, Tribal Health Director

Mille Lacs Band of Ojibwe
43500 Migizi Drive
Onamia, MN 56359
Phone: (320) 532-7463
FAX: (320) 532-4354
Email: guyaushk@aol.com

Family Services Mgr.

Prairie Island Community
1158 Island Boulevard
Welch, MN 55089
Phone : (651) 385-2939
FAX: (651) 385-4183

Oran Beaulieu, Tribal Health Director

Red Lake Chippewa
PO Box 249
Red Lake, MN 56671
Phone: (218) 679-3316
FAX: (218) 679-3990
Email: wgp5253@yahoo.com
rlchs@paulbunyan.net

Melanie Dunlap, Tribal Health Director

Shakopee Mdewakanton Sioux Community
Shakopee Dakota Clinic
2330 Sioux Trail NW
Prior Lake, MN 55372
Phone: (952) 455-8900
FAX: (952) 455-8906 or (952) 233-4224
Email: terim@rangenet.com

Pat Blue, Family Health Director (Ms.)

Upper Sioux Community
PO Box 147
Granite Falls, MN 56241
Phone: (320) 564-2360 Ext. 6305
FAX: (320) 564-2550
Email: pat@uppersiouxcommunity-nsn.gov

JoEllen Anywaush, Tribal Health Director

White Earth Band of Ojibwe
PO Box 418
White Earth, MN 56591
Phone: (218) 983-3285
FAX: (218) 983-3641 & (218) 983-4299
Email: joellena@whiteearth.com

Dr. Kathleen Annette, Bemidji Area Director

Bemidji Area Indian Health Service
522 Minnesota Avenue NW
Bemidji, MN 56601
Phone: (218) 444-0452
Fax: (218) 444-0457
Email: kathleen.annette@mail.ihs.gov

(Mr.) Terry Hart, Executive Director

Indian Health Board
1315 East 24th Street
Minneapolis, MN 55404
Phone: 612-721-9800
FAX: 612-721-7870
Email: thart@ihb-mpls.org