

This guide provides revalidation screening site visit instructions and information. It is yours to use and mark up in any way that helps you.

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## Background

Under the Affordable Care Act (ACA), the Centers for Medicare & Medicaid Services (CMS) adopted new provider screening and enrollment regulations for all providers participating in Medicaid based on their assigned risk level. These regulations were implemented to prevent participation of fraudulent providers posing a high risk of fraud, waste, or abuse.

### Screening Activities Required by Categorical Risk Level

The ACA authorized CMS to establish screening levels for enrolling providers in Federal health care programs. Screening levels are based on the risk of fraud, waste, or abuse posed by each provider type. The regulations also establish three screening levels: limited, moderate, and high.

### On-Site Visits

For moderate- and high-risk category providers, the State Medicaid Agency (SMA) must conduct on-site visits to verify the accuracy of the information submitted to the SMA and determine compliance with Federal and State provider screening and enrollment requirements.

### Revalidation Site Visits

MHCP requires all enrolled providers and suppliers to revalidate enrollment information every five years. The provider revalidation project directs that all high-risk providers complete the revalidation process during the project timeframe, regardless of the last time it was completed. If the provider fails to cooperate during the revalidation site visit, it may result in action to terminate participation in MHCP.

### Site Visit Outcomes

A site visit may result in one of the following two outcomes and actions:

Determination	Actions
Post-screening specialist recommends approval as an MHCP provider.	Screening Specialist sends the summary version of the Provider Screening Onsite Visit Report to PEC and recommends that the provider continue to be approved as an MHCP provider. PEC will then notify the provider of the revalidation results.
Post-screening specialist recommends termination as an MHCP provider.	Screening Specialist sends the summary of the Provider Screening Onsite Visit Report to PEC and recommends that the provider be terminated as an MHCP provider. PEC will then send a formal letter with a brief description of the objective reasons for termination.

Based on information gathered during completing provider on-site visits, the post-visit screening team may also make referrals to other DHS work groups. For example, if a post screener identifies potential program integrity concerns with a provider, a referral may be made to Investigators within Medicaid Provider Audits and Investigations (MPAI).

## High Risk Provider/Service Type Information

PROVIDER TYPE	OVERVIEW	TYPICAL SETTING
<b>Adult Companion Services</b> PT: 18	Adult companion services are non-medical, in-home support services designed to provide socialization, supervision, and assistance to older adults and individuals with disabilities. Common tasks include companionship, transportation, & light housekeeping.	Community setting. Services are provided in the service recipients home or community setting; not clinical.
<b>Adult Day Services</b> PT: 18	Adult day services are community-based programs offering daytime supervision, health monitoring, and social activities for seniors and adults with disabilities, allowing them to maintain independence and live at home longer. Services often include meals, transportation, and therapeutic activities.	Community-based center. Services are delivered within the program.
<b>Adult Rehabilitative Mental Health Services (ARMHS)</b> PT: 34	ARMHS are one-on-one rehabilitative mental health services designed to help adults (18+) with serious mental illnesses live independently. These community-based services focus on teaching skills for symptom management, medication education, household management, and social skills.	Community setting Services are provided at the service recipient's home, job site or other community setting such as an office, center, or clinic.
<b>Assertive Community Treatment (ACT)</b> PT: 18	ACT is an intensive, team-based, community-oriented psychiatric treatment model providing continuous, comprehensive care (24/7) for individuals with serious mental illness, emphasizing outreach and support for recovery and community integration.	Community setting (office space). This service is delivered in the community, homes, streets, clinics; not facility based.
<b>Community First Services and Supports (CFSS)</b> PT: 38	CFSS is Minnesota's updated program that replaced PCA/Consumer Support Grant, providing flexible supports to help people with daily living tasks and functioning in the home/community.	Services are delivered in home or community settings supporting activities of daily living and community participation.
<b>Early Intensive Developmental and Behavioral Intervention (EIDBI)</b> PT: EI	EIDBI is early intervention therapy for children with autism spectrum disorders or related diagnosis that delivers individualized behavioral supports to improve developmental outcomes.	A clinic or community setting. Services may be delivered in the home, school, clinic or community location.

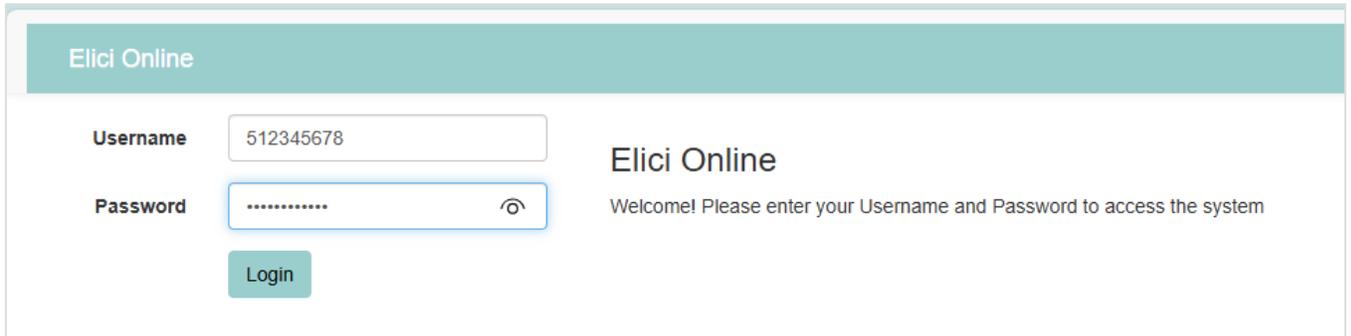
<b>PROVIDER TYPE</b>	<b>OVERVIEW</b>	<b>TYPICAL SETTING</b>
<b>Individualized Home Supports</b> PT: 18	Individualized Home Supports provides personalized in-home assistance to help individuals with daily living, community participation, and skill building.	Community settings (nonclinical). Services often occur within the service recipient's home or within the community.
<b>Integrated Community Supports (ICS)</b> PT: 18	Integrated Community Supports are services that help members engage in social, community, recreational, and skill-building activities that promote independence and community integration.	Community setting or within an apartment building that has been approved as ICS setting. Services may be provided within the service recipients apartment or within a community setting such as grocery store or bank.
<b>Intensive Residential Treatment Services (IRTS)</b> PT: 50	IRTS are medically monitored residential rehabilitative services for adults to promote recovery and skill development and transition to less restrictive living.	Structured residential treatment facility. Services are delivered within the facility.
<b>Night Supervision Services</b> PT: 18	Night supervision is a support service ensuring overnight safety and supervision for members needing support during nighttime hours.	Typically, a member's home or community residential setting.
<b>Nonemergency Medical Transportation Services (NEMT)</b> PT: 82	NEMT provides transportation for MHCP members to nonemergency medical appointments (dialysis, physical therapy, etc.), ensuring access to covered health care.	Transportation in vehicles from member's residence to appointments.
<b>Peer Recovery Support Services</b> PT: 62	Peer recovery support services are delivered by trained peers with lived experience to support individuals in recovery from mental health or substance use conditions.	Commercial building or clinic. Services are most often delivered in home settings providing recovery coaching, support groups, and linkage to services.
<b>Recuperative Care</b> PT: RE	Recuperative care provides short-term medical support and supervision for individuals experiencing homelessness or unstable housing	Supportive housing or congregate settings suitable for post-acute recovery. Services are delivered onsite.

Minnesota discontinued Housing Stabilization Services as a program in October 2025.

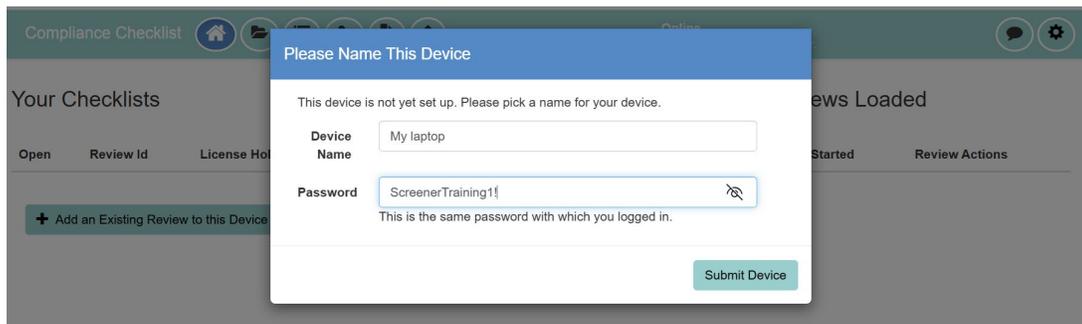
# ELICI – Log on and Adding Screenings

## Log on to ELICI

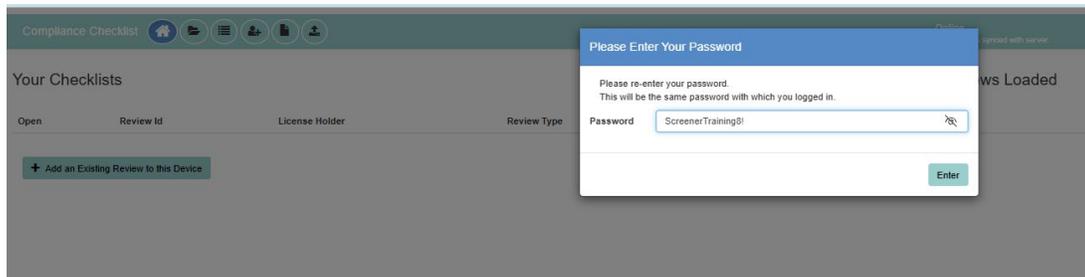
1. Go to ELICI using the URL for ELICI: <https://compliance.dhs.state.mn.us/login.html>  
**NOTE: You are signing into production and live data. Actions will affect current provider records.**
2. Login to ELICI with your **username** and **password**. Click on **Login**.



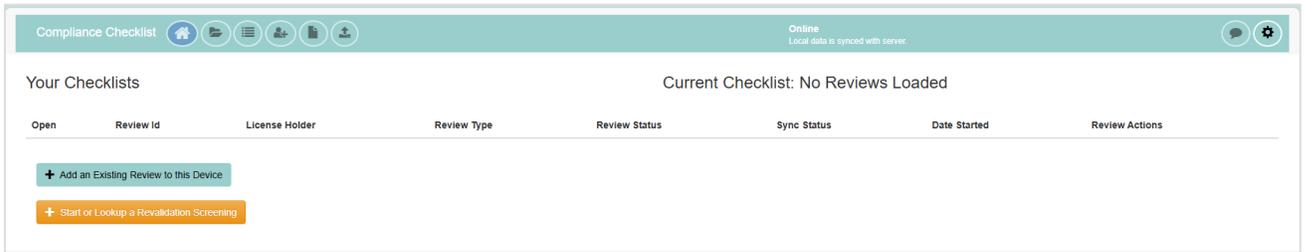
- a. The first time you login onto your device, you may receive the message to name your device (a name of your choosing) and re-enter the password you entered on the login screen.
- b. Click **Submit Device**



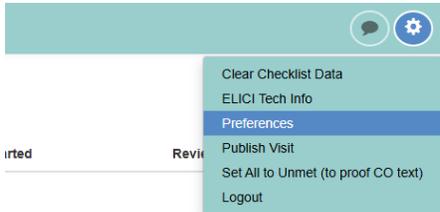
- c. You may also be asked to re-enter the password. Enter the password and click **Enter**.



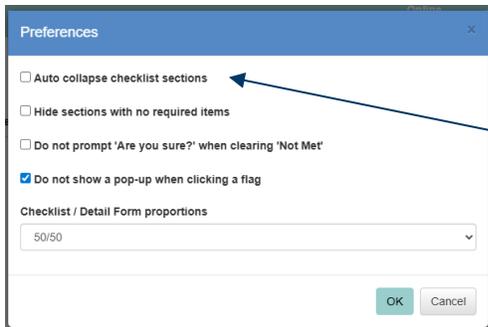
3. Your home screen will display.



4. On your home screen, click on the setting symbol  in the upper right.
5. Click on Preferences from the dropdown menu.



6. Check the “Do not show a pop-up when clicking a flag” box, and click **OK**.  
 Note: this only needs to be done the first time you use ELICI on your laptop.

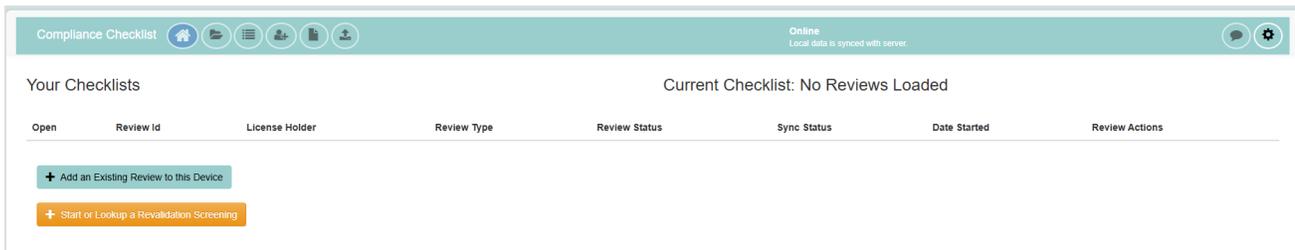


Auto collapse checklist sections will hide the questions until you expand the list. This is optional based on your preference. At any time, you can go back to preferences to check/uncheck this setting.

## Add Assigned Screening to your laptop

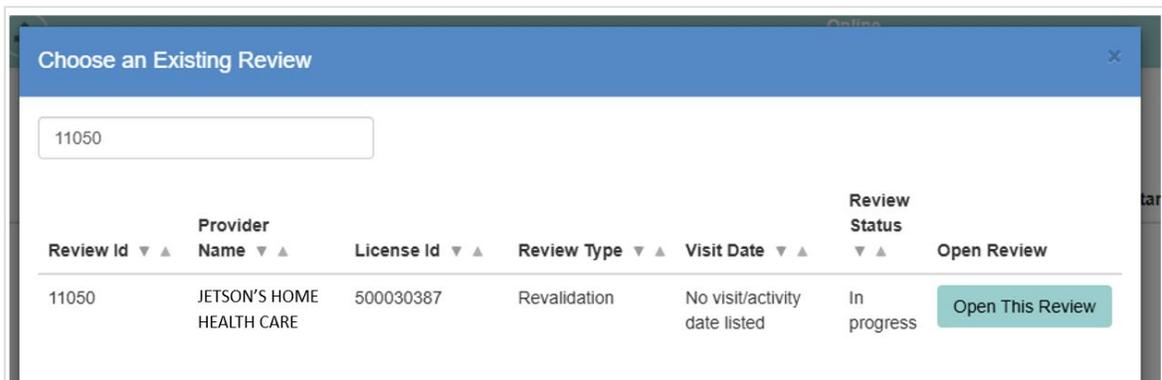
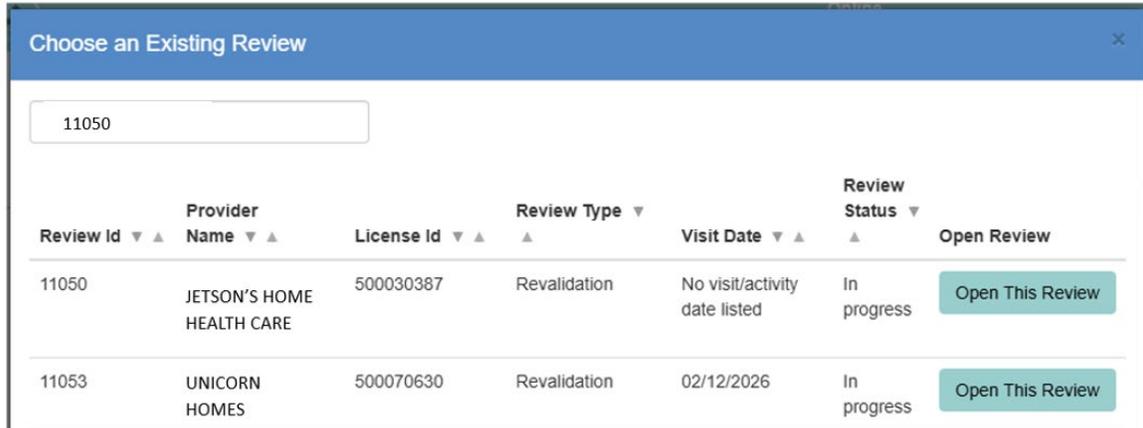
You will receive an email with site visit screening assignments by review ID. This will be used as an identifier in the system and with providers.

1. On your home page  click on the “+ Add an Existing Review to this Device” box.

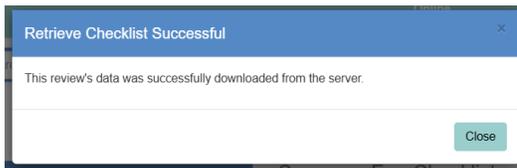


2. Search for the correct screening:
  - a. Enter the assigned screening “**Review ID**” number from your email from the screening specialist in the search box. As you type the number, the list will reduce to display the matching Review ID.

b. Select **“Open This Review”**.



c. A pop-up box will say it has been successfully downloaded from the server. Click **Close**.



d. The provider profile will display. You can continue or click the home icon  to go to your home screen to view the list of screenings you have uploaded, or to add more.

## Home Screen/Your Checklists

The screenings you add will show on this list until they are removed. Note: The most recent screening added or one that is open will show highlighted in gray.

- To navigate to the current screening (identified in gray and shown in the upper right by Current Checklist) you will use the icons on the ribbon. There is no need to click on open or the provider.
- To open a different screening, click on the **Open** button on the left.
- The icons on the ribbon are used for navigation to screens within the screening checklist. These are the primary icons you will use:



The home icon brings you to your home screen which includes the list of uploaded screenings, the review ID which is the number you will use to reference the screening, the review status, date started, provider type, etc.



The provider profile icon displays the provider profile screen which includes the review type, provider name, address and phone number, visit date(s), notes about the provider, pre-screen questionnaire statements that identify specific providers, etc.



The checklist icon displays the list of questions that are to be answered during the screening. Each question is tied to data that is necessary for DHS to capture.



The ID key icon displays a chart of employees and their roles, and other providers that are associated with the provider.

Open	Review Id	License Holder	Review Type	Review Status	Sync Status	Date Started	Provider Type
Open	11050	JETSON'S HOME HEALTH CARE	Revalidation	In Progress	✓	03/23/2026	38-O
Open	11088	Rosie's Family Support, LLC	Revalidation	In Progress	✓	03/23/2026	34
Open	11085	ELROY'S MENTAL HEALTH HELP	Revalidation	In Progress	✓	02/19/2026	EI-O

Buttons: + Add an Existing Review to this Device, + Start or Lookup a Revalidation Screening

- To continue with the screening for the current provider, click on the **Provider Profile icon**  on the ribbon.
- To choose a different provider, click on the **Open** button  on the left.

## Provider Profile Entry and Review

1. On the provider profile:
  - a. Verify the **Review Type** is Revalidation, or select from the drop-down menu.
  - b. Verify the **Review based on:** is On-site visit, or select from the drop-down menu.
  - c. Select the **Visit Date** using the calendar function or by entering the date as MM/DD/YYYY.
  - d. Verify the **Announced Visit:** is Unannounced, or select from the drop-down menu.
  - e. View information in the **Notes About the Provider** box. If there is a service type you will need to know, it will be in this box. (i.e. door is in the back of the building, closes for lunch 12-1). If you add notes in this box, you must click **Add Comment About Provider** button for them to save.
  - f. Click on **View Services and Credentials** to view the provider's information displayed. Click **Close**.

- g. Review the **Pre-Screen Questionnaire** statements. The pre-screening specialist will check applicable boxes for certain provider/service types. You should verify the statements are correct for the provider type.
- If a statement is not checked that should be, check it now.
  - If the provider is EI-EIDBI, ensure BOTH the statement “Service Requires Qualified Professionals” AND “Provider Type is EI-EIDBI” are checked.

The screenshot shows the 'Compliance Checklist' interface. The 'Provider Information' section lists 'Jetson's Home Health Care' with address '555 Maywood Dr. Mayberry Minnesota 55555' and phone '612-987-6543'. The 'Pre-Screen Questionnaire' section has several items checked, including 'Service Requires Qualified Professionals', 'Provider Type is 38 - CFSS', 'Provider Type is 38- CFSS OR HCBS', and 'Provider Type is EI-EIDBI'. A callout window titled 'Provider Services and Credentials' is open, showing details for 'JETSON'S HOME HEALTH CARE' with provider number 555666777, NPI/UMPI 1234567891, provider type 38-0, and FEIN 98765432. It lists 'Provider Service Types' (Personal Care Provider Organizations (PCPO), PCA Choice, Community First Services and Supports), 'Specialty Services' (PCA Choice, Agency Model, Personal Care Provider Org), and 'Credentials' (PCA Agency Provider Assurance Statement (DHS-6005), Workers Compensation Insurance, Fidelity Bond, General or Commercial or Professional Liability Insurance, CFSS Agency Assurance Statement (DHS-8560), Surety Bond, PCA Agency Provider Assurance Statement (DHS-6005)).

The provider type and required credentials can be viewed. You will need to be aware of the provider/service type when completing the checklist.

- h. Click the **Add Private Note** icon  in the upper right corner of the screen.
- i. Review the notes the pre-screen specialist has entered.

The screenshot shows a 'Non Public General Notes' window. It has a title bar 'Non Public General Notes' and a close button. Below the title bar is a section 'Add Notes' with a text area containing the following notes:

- CFSS
- Designated billers required
- Supervising professional/manager required

## Checklist Questions and Entry

- Click on the checklist symbol on the ribbon  for the checklist page.
- Questions are grouped into sections. The number of questions is on the left. Click on the  symbol on the left or the section title to expand list of questions.

Compliance Checklist      

Review Type: All | Revalidation Collapse/Expand - Search  Filter Items All Items -

**JETSON'S HOME HEALTH CARE** 

unavailable

0 of 33   Summary --Filter By--    

0 of 2	Access or Lack of Access				
0 of 10	Business Questions				
0 of 5	Licensed/Supervising/Qualified Professional				
0 of 7	Physical Location				
0 of 9	Follow-up Questions (Internal Staff Only)				

0 of 2	Access or Lack of Access				
-	 Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
-	Photo of location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Access or Lack of Access (2)

### Question 1: Access

Note: If you are able to enter the location, you will not be able to answer this question until you determine if the person you need to speak to is on-site. You may come back to answer the first two Access questions after the visit.

DHS staff has access to the provider location, OR  
DHS staff does not have access to the provider location.  
-No one is present on site  
-Door is locked  
-Business appears not operational  
-Owner, managing employee, authorized agent not present  
-Other reason not listed

#### INSTRUCTIONS:

Check the **Yes** box under  on the checklist:

- 1) If you can access the provider business and interview an authorized staff member (owner, managing employee or authorized agent)
- 2) If you met with the provider but had to wait or experienced any delay in conducting the visit, enter the details in the Add/Edit Non Public Checklist Notes box
  - a. Click on **Add/Edit Non Public Checklist Notes** or the carrot next to it.
  - b. Enter notes
  - c. Click on **Update Notes**

Check the **No** box under  on the checklist:

- 1) If you cannot access the provider business
- 2) Flag this item by clicking on the flag icon 
- 3) A pop-up box will display reasons for lack of access.
- 4) Check the **Unmet** box for the reason(s)
- 5) Click on **Save Marked Sub-items**.

Sub-items for DHS staff has access to the provider location, OR

DHS staff does not have access to the provider location.

**i** Showing ALL sub-items (no filtering).

No one is present on site	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Not Reviewed
Door locked	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Not Reviewed
Business appears not operational	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Not Reviewed
Owner, managing employee, authorized agent not present	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Unmet	<input type="checkbox"/> Not Reviewed
Other reason not listed	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Not Reviewed

**Save Marked Sub-items** **Cancel**

- 6) Consult with your supervisor and the instructions for Lack of Access, Unavailability or Refusal to Participate in this guide for further instructions.
- 7) Enter notes in the **Add/Edit Non Public Checklist Notes** box. Include:
  - a. attempt number (first attempt, second attempt)
  - b. date
  - c. time
  - d. explanation of why if you selected “Other reason not listed” in the list
  - e. Click on **Update Notes**.

## Question 2: Photos of Location

Take photos of the location

### INSTRUCTIONS:

Check the **Yes** box under  on the checklist when you finish taking photos. Note: this question may be completed later in the visit or after when all photos have been taken.

Capture photos of:

- 1) Number on the building
- 2) Picture of the entire building
- 3) Signage of the business name in front of the building or in the entrance

If you are able to gain access, also capture:

- 1) Front door of business (if this an office complex or apartment complex, capture both the entry to the building and the suite or apartment)
- 2) Front reception area
- 3) Inside the office
- 4) File storage system

- 5) Required documents for the provider type
- 6) Anything that you feel would help understand the provider or their set up

Check the **No** box under  on the checklist:

- 1) If you are unable to take a photo
- 2) Enter notes about why in the **Add/Edit Non Public Checklist Notes** box. Click on **Update Notes**.
- 3) **Flag** this item by clicking on the flag icon 

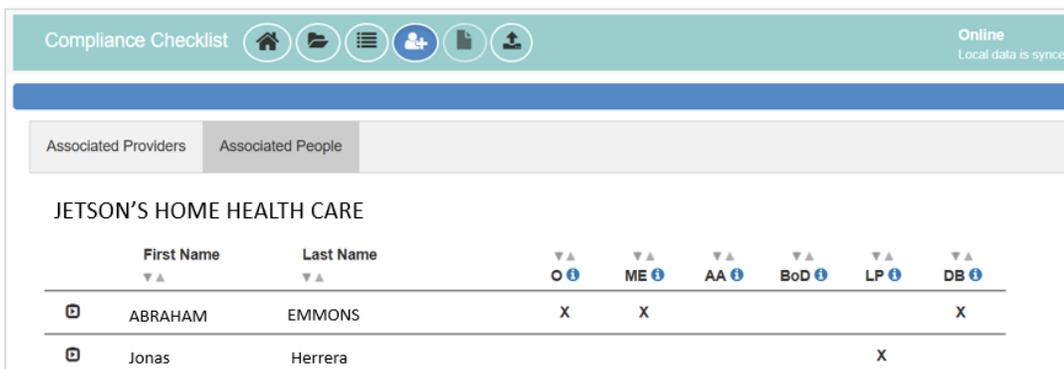
## Business Questions (11)

### Question 1: Interviewee is Authorized and Question 2: Interviewee verified identification

The person being interviewed is an owner, managing employee, or authorized agent.

#### INSTRUCTIONS:

To display a table of staff roles, click on the ID Key Icon  at the top of the screen and select the Associated People Tab.



	First Name	Last Name	O	ME	AA	BoD	LP	DB
<input type="checkbox"/>	ABRAHAM	EMMONS	X	X				X
<input type="checkbox"/>	Jonas	Herrera					X	

#### Key:

- O: Owner
- ME: Managing Employee
- AA: Authorized Agent
- BoD: Board of Directors
- LP: Licensed Professional
- DB: Designated Biller

Verify that the person being interviewed is listed as an owner, managing employee or authorized agent. (If the person being interviewed says they are one of the authorized roles but are not listed, they will be added.) Follow the steps below.

Click on the **Checklist icon**  to return to the checklist.

To unlock the question, follow these steps:

- 1) Click on the orange Manage Role Place Type Information icon 
- 2) Look for the staff person's name if they ARE listed skip to step 4
- 3) If they are not listed, click on add a staff person
  - a. Complete their **name**
  - b. Click on the roles that apply (include **Interviewee Int** since they are the person being interviewed)
  - c. Click on **New/Undisclosed Person NUP**
  - d. Complete their DOB (MM-DD\_YYYY)
  - e. Click on "**Save (their name)**" (A temp box pops up on the left saving "(their name) saved")
  - f. Click on **Close Role Place Type** Screen
  - g. Skip to step 5
- 4) Find their name on the left side and click on their name
  - a. Verify their role(s), you can edit by clicking or unclicking
  - b. If you make any changes to their roles, click on **Data changed**
  - c. Click on **Interviewee Int** since they are the person being interviewed
  - d. Complete their **DOB** (MM-DD-YYYY) or verbally verify the DOB displayed (DON'T PROVIDE THE DOB)

- e. Click on **"Save (their name)"** (A temp box pops up to the left saving "(their name) saved")
- f. Click on **Close Role Place Type Screen**

The screenshot displays a web application window titled "Manage ELICI Roles, Types, and Places". The main content area is divided into two sections: "Manage Staff person" on the left and "Details for ABRAHAM EMMONS" on the right.

**Manage Staff person section:**

- Staff person List: Includes an "Add Staff person" button.
- See Details for: A list of staff members with radio buttons. "Jonas Herrera" is unselected, and "ABRAHAM EMMONS" is selected.

**Details for ABRAHAM EMMONS section:**

- Public Name: SP4
- Private Name: ABRAHAM EMMONS
- Roles: A list of checkboxes for various roles:
  - Designated Biller DB
  - New/Undisclosed Person NUP
  - Interviewee Int
  - Managing Employee ME
  - Licensed Professional LP
  - Owner O
  - Authorized Agent AA
  - Board of Directors BoD
  - Data Changed
- First Name: ABRAHAM
- Last Name: EMMONS
- Date of Birth: 12/22/1971
- Interview Date: (empty)
- Phone Number: (empty)
- Private Note: (empty text area, 0 of 4000 characters)
- Complete?: A red warning box states "ABRAHAM EMMONS' mini-checklist is: Not Complete" with an unchecked checkbox.

Buttons: "Remove ABRAHAM EMMONS" (top right), "Save ABRAHAM EMMONS" (bottom right), and "Close Role Place Type Screen" (bottom right).

- 5) Click on the **green filter button**
- 6) In the drop down menu, select **Staff Person**
- 7) Click on the staff person's name

**Role Place Type Quick Filter** ✕

**Clear Filter**

Staff person ▼

Click the Staff person to Filter

Staff person	Unmet Items	Flagged Items	Mini Checklist Complete
<b>Jonas Herrera</b>	No Unmet	No Flagged	<input type="checkbox"/> Not Complete
<b>Abraham Emmons</b>	No Unmet	No Flagged	<input type="checkbox"/> Not Complete
<b>Patsy Cline</b>	No Unmet	No Flagged	<input type="checkbox"/> Not Complete

**Close**

**Manage ELICI Roles, Types, and Places** ✕

**Staff person**

**Manage Staff person**

Staff person List

**Add Staff person**

See Details for:

- Jonas Herrera
- Abraham Emmons
- Patsy Cline**

**Details for Patsy Cline** Remove Patsy Cline

**Public Name** SP5

**Private Name**

**"Roles"** [Hide "Roles"](#)

- Designated Biller DB
- New/Undisclosed Person NUP
- Interviewee Int
- Managing Employee ME
- Licensed Professional LP
- Owner O
- Authorized Agent AA
- Board of Directors BoD
- Data Changed

**First Name**

**Last Name**

**Date of Birth**  📅

**Interview Date**  📅

**Phone Number**

**Private Note**

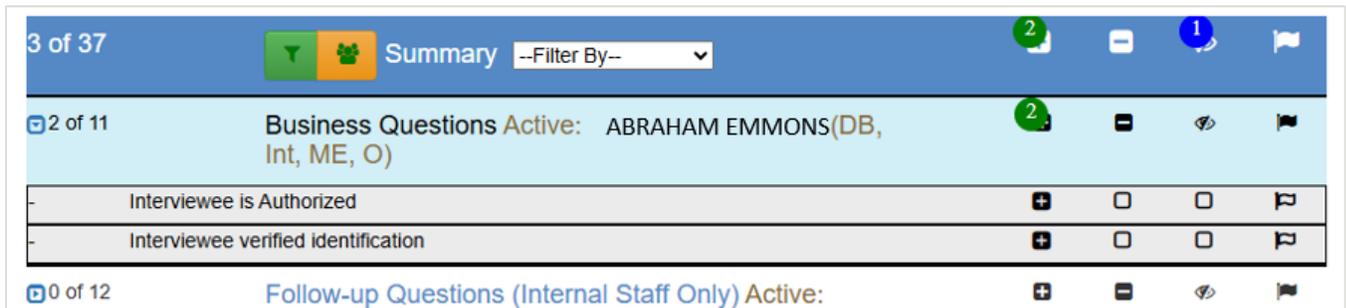
0 of 4000 characters

**Complete?** Patsy Cline's mini-checklist is: **Not Complete**

**Save Patsy Cline**

**Close Role Place Type Screen**

- 8) Expand the list to view the questions (click on the  symbol on the left)
- 9) Click on EACH question (questions appear that apply to their role) and click on the appropriate response for each one showing. Note: You will see different instructions for each question. DO NOT answer questions marked Follow-up.
  - a) Check **Yes** if the individual is an owner, authorized agent or managing employee for “Interviewee is Authorized”
  - b) Verify their government-issued identification (drivers license, state ID card, or passport)



- 10) Once all questions are completed for that staff person, click on the **green filter** button
- 11) If there are other staff to interview, go back to step 1 OR
- 12) Click on the orange **Clear Filter** to return the main checklist

The first two questions will now display answers based on individual entries.

### Question 3: Attendance during interview

Record the attendance of individuals present in interview that are not an owner, authorized agent, or managing employee.

#### INSTRUCTIONS:

Check yes if no one else other than the interviewee is in the room

Check **No**:

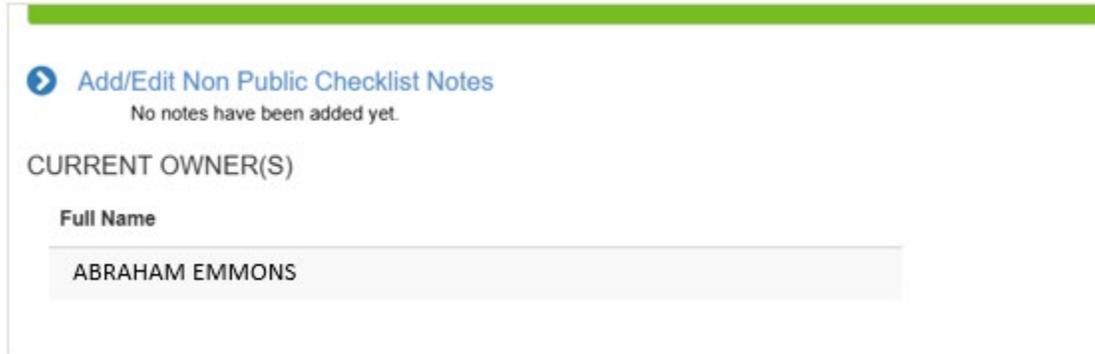
- 1) If there are individuals present in interview that are not an owner, authorized agent, or managing employee
- 2) **Flag** this item
- 3) In the **Additional Information** note box list the names and titles (or relationship to the provider) of any other individuals present during the interview.
- 4) If the person in the room has no title or relationship to the provider ask, why are they present?
  - a) Note their response in the **Additional Information** note box.

### Question 4: Owners are disclosed

Are all owners disclosed?

#### INSTRUCTIONS:

Confirm the roles of the individuals in the lower right side of the screen.



➤ Add/Edit Non Public Checklist Notes  
No notes have been added yet.

CURRENT OWNER(S)

Full Name

ABRAHAM EMMONS

Check **Yes** if there are NO other owners.

Check **no**:

- 1) If there ARE other owners
- 2) **Flag** this item
- 3) Obtain their legal name(s) and ownership percentage. Enter that information in the Additional Information note box.
- 4) If the interviewee does not know the answer, ask who can answer this question. Obtain the direct phone number and their name(s). Enter that information in the **Additional Information** note box.
- 5) If information cannot be verified onsite (but they do have it), ask them to email documentation (on the same day). Enter that you requested them to email documentation in the **Additional Information** note box.

### Question 5: Additional businesses that Bill to Medicaid services

Confirm if the owner(s) do not own additional businesses that bill Medicaid services.

For each owner:

Ask do you or any other owners own more than 5% of any additional businesses that bill for Medicaid services?

#### INSTRUCTIONS:

Using the information you just collected on owners:

Check **Yes**:

- 1) If they DO NOT OWN other businesses or ALL business are already listed. (Owners that own less than 5% of the business do not need to be disclosed)

Check No:

- 1) If they DO OWN 5% or more of another business (ensure we have all the business for that owner)
- 2) **Flag** this item
- 3) Ask the interviewee: Are there any other owners that own other businesses that bill to Medicaid?
- 4) In the **Additional Information** note box:

- a) Add the names of all owner(s)
- b) List the businesses names for each owner and
- c) NPI/UMPI number (If provider can't provide this, make a note they couldn't provide it)

Check NA if the provider has no owners listed in the Id Key

### Question 6: Managing employees disclosed

Do the managing employees match the ones on record?

Read the following definition to the interviewee:

Managing employee (specific to this provider type) is someone who runs the day to day operations, makes decisions for the business, oversees services, or hires and fires employees (not CEO, CFO, COO, or CTO).

#### INSTRUCTIONS:

Confirm the managing employees with the list in the lower right-hand side of the screen.

#### Check **Yes**:

- 1) If the list of names match (if none are listed and there are none, check yes)
- 2) Ask if there are any other managing employees not listed.
  - a. If there are not, leave the question marked yes
  - b. If there are, check **No** and follow the steps below for Check no

#### Check **No**:

- 1) If the list of names does not match
- 2) Obtain the legal names of all managing employees (If more than five, skip to step 3)
  - a) If there are FEWER THAN FIVE for each name collected ask, "Does the STAFF PERSON run the day to day operations, make decisions for the business, oversee services, or hire and fire employees?"
  - b) Note responses from step 2a in the **Additional Information** note box (Example: Interviewee attested to the following being managing employees: Bob Smith, Jana Reed, and Betty White)
- 3) If the list is lengthy (MORE THAN FIVE), follow step 3, if not skip to step 4
  - a) **Flag** the item
  - b) Take a photo or have them email the list.
  - c) Enter a note in the **Additional Information** note box that you either took photos, or they are emailing documents.

- 4) If FEWER THAN FIVE, click on the orange **Manage ELICI Roles, Types, and Places** to add staff
- 5) Check if the staff person is already listed on the left-hand side
  - a) If they are, click on their name
  - b) Select **Managing Employee ME**
  - c) Also select **Data Changed**
- 6) If the staff is not listed, follow steps 7-10
  1. Click on **Add Staff Person**
  2. Complete their legal name
  3. Click on the roles that apply
  4. Click on **New/Undisclosed Person NUP** in the roles section
  5. Click on "**Save (their name)**" (A temp box pops up on the left saving "(their name) saved")
  6. Repeat steps 7 - 10 for each staff person being added
  7. Click on **Close Role Place Type Screen** when all have been added

Provider Enrollment defines a managing employee as a person who exercises operational or managerial control over, or who directly or indirectly conducts or manages the day-to-day operations of an institution, organization, agency or school, such as a general manager, business manager, administrator, director (not CEO, CFO, COO, or CTO).

### Question 7: Authorized Agents disclosed

Do the authorized agents match the ones on record?

#### INSTRUCTIONS

Confirm the authorized agents with the list in the lower right-hand side of the screen.

The screenshot shows a software interface with a green header bar. Below it, there is a section titled "Add/Edit Non Public Checklist Notes" with a sub-header "No notes have been added yet." Below this, there is a section titled "CURRENT AUTHORIZED AGENT(S)" with a sub-header "Full Name". A single entry is visible: "Roger Rabbit".

Check **Yes**:

- 1) If the list of names match (if none are listed and there are none, check **Yes**)
- 2) Ask if there are any other authorized agents not listed
  - a) If there are NOT, leave the question marked yes
  - b) If there ARE, check **No** and follow the steps below for Check no

Check **No**:

- 1) If the list of names does not match
- 2) Obtain the legal names of all authorized agents
- 3) If the list is lengthy (MORE THAN FIVE), follow step 3, if not skip to step 3

- a) **Flag** the item.
- b) Take a photo or have them email the list.
- c) Enter a note in the **Additional Information** note box that you either took photos or they are emailing documents.
- 4) If **FEWER THAN FIVE**, click on the orange **Manage ELICI Roles, Types, and Places** to add staff.
- 5) Check if the staff person is already listed on the left-hand side.
  - a) If they are, click on their name.
  - b) Click **Authorized Agent**.
  - c) Also select **Data Changed**.
- 6) If the staff is not listed, follow steps 7-10.
- 7) Click on **Add Staff Person**.
- 8) Complete their legal name.
- 9) Click on the roles that apply.
- 10) Click on **New/Undisclosed Person NUP** in the roles section.
- 11) Click on "**Save (their name)**" (A temp box pops up on the left saving "(their name) saved").
- 12) Repeat steps 7 - 10 for each staff being added.
- 13) Click on **Close Role Place Type Screen** when all have been added.

### Question 8: Board of Directors' names

Confirm the board members with those on record

Ask if they have a board of directors.

If yes, do match the names on record?

#### INSTRUCTIONS:

Confirm the board members with the list in the lower right-hand side of the screen.

 **Add/Edit Non Public Checklist Notes**  
 No notes have been added yet.

**CURRENT BOARD OF DIRECTORS**

GEORGE JETSON  
 JANE JETSON  
 ELROY JETSON

#### Check **Yes**:

- 1) If the list of names match
- 2) Ask if there are any other board members not listed?
  - a) If there ARE NOT, leave the question marked Yes.
  - b) If there ARE, check no and follow the steps below for Check no.

#### Check **No**:

- 1) If the list of names does not match
- 2) Obtain the legal names of all additional board members.
- 3) If the list is lengthy (MORE THAN FIVE), follow step 3, if not skip to step 4.
  - a) **Flag** the item.
  - b) Take a photo or have them email the list.
  - c) Enter a note in the **Additional Information** note box that you either took photos, or they are emailing documents.
- 4) If FEWER THAN FIVE, click on the orange **Manage Elici Roles, Types, and Places** to add staff.
- 5) Check if the staff person is already listed on the left-hand side.
  - 5a) If they are, click on their name.
  - 5b) Select **Board of Directors BoD**.
  - 5c) Also select **Data Changed**.
- 6) If the staff is not listed, follow steps 7-10.
- 7) Click on **Add Staff Person**.
- 8) Complete their legal name.
- 9) Click on the roles that apply.
- 10) Click on **New/Undisclosed Person NUP** in the roles section.
- 11) Click on "**Save (their name)**" (A temp box pops up on the left saving "(their name) saved").
- 12) Repeat steps 7 - 10 for each staff being added.
- 13) Click on **Close Role Place Type Screen** when all have been added.

#### **Question 9: 18-HCBS-38-CFSS ONLY, Designated Billers**

**Note:** This question only applies to these two provider/service types 18-HCBS and 38-CFSS. During pre-screening, the questions on the provider screen identifying the provider types as 18-HCBS or 38-CFSS should be checked. If they are not checked on the pre-screen questionnaire, the question will have the N/A box pre-filled.

- If the provider IS an 18-HCBS or 38-CFSS and it is marked N/A in error, proceed with the question and check the correct box.
- If the provider is NOT an 18-HCBS or 38-CFSS and it is not marked N/A, check the N/A box and proceed to the next checklist question.

For provider type HCBS or 38-CFSS only, Do the designated billers match the ones on record for this location?

#### **INSTRUCTIONS:**

Confirm the designated biller(s) with the list in the lower right-hand side of the screen.

Add/Edit Non Public Checklist Notes  
 No notes have been added yet.

CURRENT DESIGNATED BILLER(S)

Full Name

ABRAHAM EMMONS

**Check Yes:**

- 1) If the list of names match
- 2) Ask if there are any other designated billers not listed?
  - 2a) If there are NOT additional designated billers, check **Yes**.
  - 2b) If there are NO DESIGNATED BILLERS, check **Yes** and **flag** this item.
  - 2c) If there ARE additional designated billers, check **No** and follow the steps below for Check no.

**Check No:**

- 1) If the list of names do not match
- 2) Obtain the legal names of all designated billers.
- 3) If the list is lengthy (more than five), follow step 3, if not skip to step 4.
  - a) **Flag** the item.
  - b) Take a photo or have them email the list.
  - c) Enter a note in the **Additional Information** note box that you either took photos or they are emailing documents.
- 4) If there are fewer than five, click on the orange **Manage ELICI Roles, Types, and Places** to add staff.
- 5) Click on **Add Staff Person**.
- 6) Complete their legal name.
- 7) Click on the roles that apply.
- 8) Click on **New/Undisclosed Person NUP** in the roles section.
- 9) Click on "**Save (their name)**" (A temp box pops up on the left saving "(their name) saved").
- 10) Repeat steps 5 -8 for each staff being added.
- 11) Click on **Close Role Place Type Screen** when all have been added.

**Question 10: Surety Bond, Fidelity, and Insurance Documents for provider types 38-CFSS services only**

**Note:** This question only applies to 38-CFSS providers. During pre-screening, the questions on the provider screen identifying the provider type as 38-CFSS should be checked. If they are not checked on the pre-screen questionnaire, the question will have the N/A box pre-filled.

- If the provider IS provider type 38-CFSS and it is marked N/A in error, proceed with the question and check the correct box.
- If the provider is NOT provider type 38-CFSS and it is not marked N/A, check the N/A box and proceed to the next checklist question.

For provider type 38- CFSS services only, capture a picture of the surety bond, fidelity bond, liability insurance and workers' compensation insurance documents.

**INSTRUCTIONS:**

Check **Yes**:

- 1) If you took a photo of ALL four documents (OR have them email them by the end of the day)
- 2) **Flag** this item.

Check **No**:

- 1) If ALL four documents are not available
- 2) **Flag** this item.
- 3) Ask why and note the response in the **Additional Information** note box.

**Question 11: Accessible Website**

Do you have an accessible website?

**INSTRUCTIONS:**

Note: These instructions may seem wrong, however they are set this way to correctly collect data.

Check **Yes**:

- 1) If they DO NOT

Check **No**:

- 1) If they DO HAVE an accessible website
- 2) **Flag** the item.
- 3) Ask the provider for their web address. Document the web address/URL in the **Additional Information** note box.
- 4) Reread the web address to the provider to confirm accuracy.

## Licensed/Supervising/Qualified Professional (5)

Note: During pre-screening, the statements checked on the pre-screen questionnaire will determine if you see N/A checked or need to ask the question.

### Question 1: Verification of licensed/unlicensed professional employees

Confirm if the employees listed on record are accurate.

To find the list of LP (Licensed professional) employees on record, click on the ID Key icon (look under column LP only). Select the Associated People tab (will be grayed out).

Click on the Checklist Icon to return to the checklist questions.

#### INSTRUCTIONS:

Click **Yes**:

- 1) If all employees are accurately listed
- 2) If none are listed

Click **No**:

- 1) If the interviewee doesn't have the names of the licensed professional(s) available. Have them email the list same day.
- 2) **Flag** the item.
- 3) If the interviewee does not know the answer, ask who can answer this question. Obtain the direct phone number and their name(s). Enter that information in the **Additional Information** note box.
- 4) If an individual left employment, ask why, collect end of employment date, and note that in the **Additional Information** note box.

### Question 2: Professionals employed at this location

Do the licensing, supervising or qualified professional on record still work at this location?

#### INSTRUCTIONS:

Using the same ID Key Icon from the previous question as a list of licensed professionals (LP) on record.

Check **Yes**:

- 1) If the interviewee did not identify additional licensed professionals
- 2) If there are none and none are listed

Click **No**:

- 1) If the interviewee doesn't have the names of the licensed professional(s) available. Have them email the list if it's more than five. If it's five or fewer, add the following details below in the **Additional Information** note box:
  - a) Full legal names
  - b) Type of license

c) License number

(Example: William Barrett, LICSW, 1234)

- 2) **Flag** this item.
- 3) If the interviewee does not know the answer, ask who can answer this question. Obtain the direct phone number and their name(s). Enter that information in the **Additional Information** note box.
- 4) If you were not able to collect any of the licensed professional's names or contact person, document the reason why in the **Additional Information** note box.

### Question 3: Verification of Provider Type (PT) Roles

Using your Provider Type (PT) Reference sheet, identify the professional roles necessary to verify.

Ask the provider if they have individuals in these roles?

#### INSTRUCTIONS:

Click **Yes**:

- 1) If they have an employee for each role type listed on the PT reference sheet

Click **No**:

- 1) If they do not have an employee for each role type listed on the PT reference sheet
- 2) If they do not know if they have an employee that fits that role type
  - a) Ask who would know this information?
  - b) Collect legal name and phone number.
  - c) Enter that information in the **Additional Information** note box.
- 3) **Flag** the item.
- 4) Note in the **Additional Information** note box if there is NOT an individual employed in a specific role that the PT reference sheet indicates (such as supervising professional).
- 5) Ask why they don't have an employee in that role and record their response in the **Additional Information** note box (i.e. designated biller Ruby Tuesday quit 10/2025, in process of hiring a new person or Contact Jane Jetson 612-555-9999).

### Question 4: Professional Leads

Ask the provider for a lead staff for each of the required roles according to the PT reference sheet.

#### INSTRUCTIONS:

If you discovered in the previous question that the provider has ALL the necessary role types, follow the check yes instructions.

If you discovered a mixed response where one role is present and another is missing, follow the No instructions.

Check **Yes**:

- 1) **Flag** this item.
- 2) To determine which individuals to collect information on, consult your Provider Type (PT) Reference sheet.
- 3) FOR EACH ROLE TYPE, note in the **Add/Edit Non Public Checklist Notes**:
  - a) The lead role's legal name
  - b) Working title
  - c) License number(s)
  - d) Direct phone number

Check **No**:

- 1) If they DO NOT have a lead role according to the PT reference sheet
- 2) **Flag** this
- 3) FOR EACH MISSING ROLE LEAD INDIVIDUALS, Ask why (if the reason is they left employment, document their name, working title, and the end date).
- 4) Note the response in the **Additional Information** box.
- 5) If they also have a role with an individual, follow steps 3 through 3d to capture that information

#### **Question 5: EI-EIDBI ONLY W-4 or W-9**

##### EIDBI-EI SERVICES ONLY

Mark this NA if it is NOT an EIDBI provider and move to the next question.

Did you view the W-4 or W-9 found in the employee file for ALL licensed professionals (i.e. QSP, BCBA, Advanced License Holder, and Level One Provider)?

INSTRUCTIONS:

Click **Yes** if all the follow are true for each licensed professional:

- 1) Licensed professional name is on the form
- 2) Employer details are listed on the bottom of the form (business name, FEIN, and business address).
- 3) Signed by the licensed professional

Click **No** if there are changes for any of the licensed professionals or they are missing the following:

- 1) If you could not view the W-4 or W-9
- 2) If the form is not signed
- 3) If all the employer details are not listed on the form
- 4) **Flag** the item.
- 5) Note any changes in the **Additional Information** note box.
  - a) For any missing information above, note the individuals name and professional role.
  - b) The interviewee should be able to identify the individual's role.

## Physical Location (7)

### Question 1: Commercial Location

Is the physical location a commercial location?

#### INSTRUCTIONS:

Click **Yes** if it is.

Click **NA** if it is NOT (DO NOT CHECK NO).

If this is residential, the next question will record that response.

### Question 2: Residential Location

Is the physical location a residential location?

#### INSTRUCTIONS:

Click **Yes** if it is.

Click NA if it is not (DO NOT CHECK NO).

### Question 3: Location accessible to the public

Is the physical location accessible to the public?

Accessible means you can enter without restrictions.

Examples of not accessible:

A building that you CAN NOT enter without someone unlocking the door (they must buzz you in).

If a person must come to the door to unlock it to escort you into the building.

If a security system exists, it is not accessible.

#### INSTRUCTIONS:

Click **Yes** if a public person CAN enter without restrictions.

Click **No** if a public person CANNOT enter.

1) **Flag** this item.

2) Enter the reason a public person would not be able to enter in the **Additional Information** note box.

3) Take a photo and add a note in the **Additional Information** note box that there is photo evidence (if you took a photo earlier, no additional photo is necessary).

#### Question 4: Electronic client records

Does the provider have SECURE electronic health records (EHR) for clients at this location?

Secure means that all computers and systems that access health records are password protected.

##### INSTRUCTIONS:

Click **Yes** if they are secure.

Click **No**:

- 1) Records are not password protected
- 2) **Flag** item.
- 3) Document reasons in the **Additional Information** note box.

Click **NA** if they do not have electronic health records.

#### Question 5: Physical Client Files

Does the provider store physical files for clients at this location SECURELY?

##### INSTRUCTIONS:

Click **Yes**:

- 1) if they do
- 2) Files are in a locked cabinet/room

Click **No**:

- 1) If files are not secure
- 2) **Flag** this item.
- 3) Take a photo and enter notes in the **Additional Information** note box.

Click **NA** if they don't have physical files.

#### Question 6: Additional physical locations

Are all additional physical locations for this business on record with DHS?

##### INSTRUCTIONS:

To find the list of locations:

- 1) Click on the **ID Key Icon** at the top of the screen.
- 2) Go to the **Associated Providers** tab (will be grayed out).
- 3) Verify if the list is correct, note any differences.

- 3) To record the response click on the **Checklist Icon**.
- 4) Locate the question (Physical Location section, additional physical locations).

Check **Yes** if all match (if there are none and none are listed click yes)

Check **No**:

- 1) If they don't match or if additional locations are discovered
- 2) **Flag** this item.
- 3) Note all differences in the **Additional Information** note box.

### **Question 7: Operating at physical location**

Note: There are situations where the address listed isn't where the provider type services are being provided. Example: The address we are conducting the site visit at is only where the records and office duties are performed. Their site, located at xyz location (not where you are currently), is where the actual services for the service type are provided or where vehicles to provide transportation services are stored.

Is the business location operating at the physical address location on record?

INSTRUCTIONS:

Check **Yes** if they are.

Check **No**:

- 1) If they are operating at another location
- 2) **Flag** this item.
- 3) Note the location they are operating out of in the **Additional Information** note box.

## Complete the ELICI screening following provider site visit

### Email Photos

After each visit or at the end of the day, email the photos to:

[DHS.SIRS.ProviderScreening@state.mn.us](mailto:DHS.SIRS.ProviderScreening@state.mn.us)

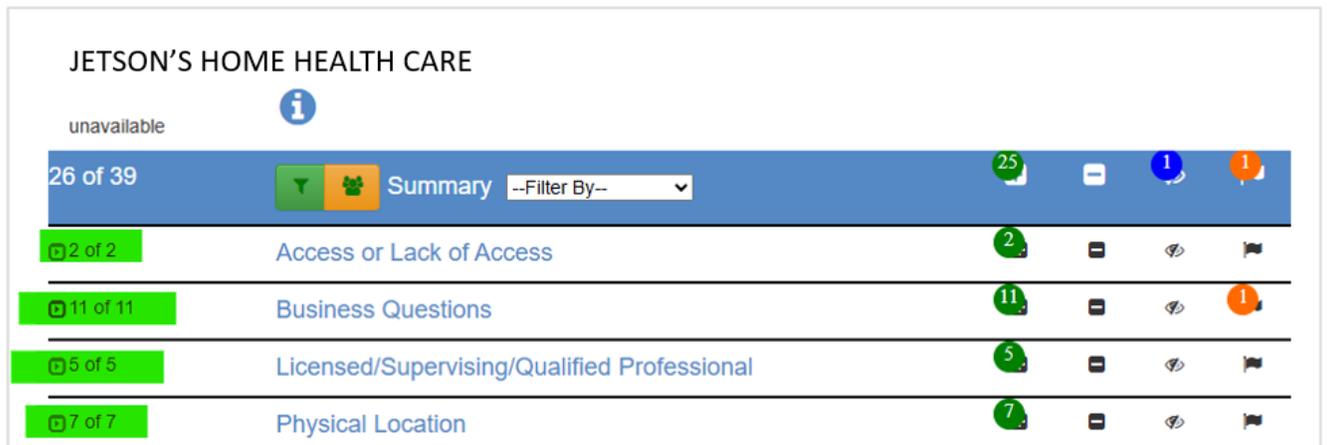
Include the Review ID number and provider name in the subject line of the email.

### Email Completed Screenings

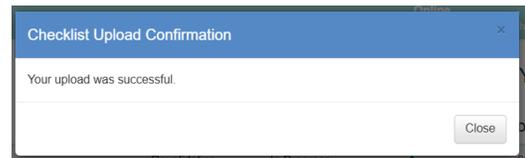
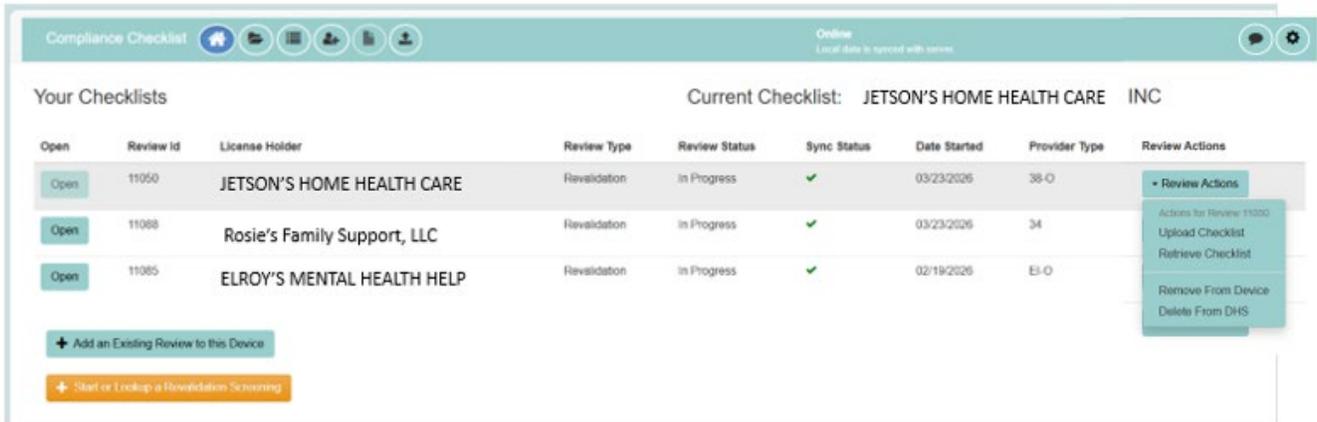
- Email a list of your pre/post screener at the end of the day with the Review ID and provider name for each completed screening.
- Copy your screening supervisor on the email.
- **DO NOT remove from device before documenting the completed screenings.**

### Upload Provider Screening and Remove from Device

1. Verify all questions have been answered.



2. Check the question count to the left of the question. It should show 2 of 2, 10 of 10, etc.
  - Click on Filter Items  on the Ribbon and check Unfinished on the drop-down menu.
3. Check the **home icon** to go to the home screen.
4. Click the **Review Actions** button on the right side of the current checklist.
5. Click on **Upload Checklist**. A pop-up box will display if the upload was successful.

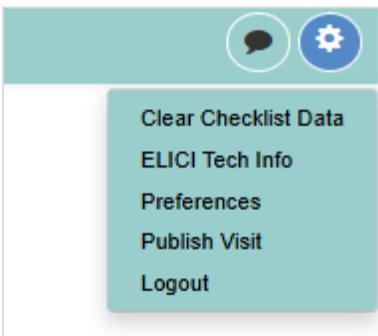


- 1) Click the **Review Actions** button.
6. Click on **Remove from Device** (Email photos and update noting the Review ID number before removing).

## Logout

It is a best practice to logout when you are not actively in ELICI and at the end of the day.

1. Click the **settings icon** in the upper right.
2. Click **Logout**.



# SITE SCREENING VISIT SAFETY & SECURITY



## PURPOSE

This guide provides essential safety and security guidance for staff conducting screening site visits. Your safety comes first—no screening site visit is so urgent that it can't be done safely.

## BEFORE YOU GO

- **Know the task:** Review screening site visit requirements, site safety details, and known hazards.
- **Plan & check in:** Confirm schedule, location, and return time with your supervisor.
- **Wear comfortable street clothes:** No state logos or uniforms. Have your state issued badge to present upon introduction.
- **Bring essentials:** Charged phone/radio, work ID and authorization.
- **Vehicle ready:** Roadworthy, fueled, emergency supplies onboard.

## ON SITE

- **Stop and assess:** Scan for hazards before starting work.
- **Identification:** Clearly state that you are with the Department of Human Services (avoid using acronyms), explain the nature of your visit, and keep your identification on your person and visibly displayed.
- **Follow site rules:** Obey signage and site instructions.
- **Stay alert:** Watch for vehicles, machinery, uneven surfaces, animals, weather, and the public.
- **Stay within scope:** Do not enter restricted areas or operate equipment unless trained and authorized.

## WORKING WITH PROVIDERS UNDER STRESS

Providers may be experiencing labor shortages or operational disruption.

- **No escalation required:** If the provider declines to complete the screening, it is okay to leave and try another day.
- **Acknowledge stress:** Be aware operations may be strained.
- **No legal advice:** Do not provide legal guidance.
- **Expect delays:** Workforce impacts may affect timelines or processes.
- **Stay professional:** Calm, respectful, mission-focused.

## PERSONAL SAFETY

- **Trust your instincts:** If it feels unsafe, stop and reassess or leave the premises.
- **Lone work safety:** Follow lone-worker procedures when working alone is necessary.
- **Take care of yourself:** Hydrate, rest, and take breaks.
- **De-escalate:** Stay calm; do not argue or put yourself at risk.
- **Stay on mission:** Do only what your role and training allow.

## WHAT NOT TO DO

- No shortcuts or bypassing safety controls.
- No confined spaces, climbing, or hazardous materials without training.
- No continuing work if conditions become unsafe.
- No activities outside your role.

## IF SOMETHING GOES WRONG

- **Emergency:** Call emergency services (**911**).
- **Report:** Notify your supervisor ASAP.
- **Near misses:** Report hazards and close calls.
- **Safety first:** Leave the area immediately if conditions are unsafe.

## REMEMBER

You have the right and responsibility to stop work if it cannot be done safely.  
When in doubt: Stop. Step back. Speak up.

## Pre-Site Visit Preparation

- You will receive assignments by email from your supervisor.
- If you have or have previously had any relationship with a provider you are assigned to visit, do not proceed. Report this to your screening supervisor.
- Add your assigned screenings to ELICI while you are on WIFI or using your hot spot. You will be offline during travel and site visits.
- Review the provider type information in the reference guide.
- Charge your cell phone and laptop.
- Plan your travel route for greatest efficiency. Screening site visits typically take about 30 minutes but could last longer, especially in the beginning.
- Email your site visit plan to your screening supervisor daily prior to starting.
- Wear plain clothes without state logos.
- If overnight stays are necessary, discuss with your screening supervisor.

## Conducting the Screening Site Visit

1. Present your badge and introduce yourself and any fellow screeners as being from the MN Department of Human Services (**do not say DHS**). Ask to speak with the enrolling provider, owner and/or office manager.
2. If the enrolling provider, owner and/or office manager is not the initial person spoken to, present your badge and introduce yourself and any fellow screeners as being from the MN Department of Human Services (**do not say DHS**). Present the revalidation business card.
3. Explain the purpose of the site visit and the approximate amount of time you anticipate you will need to complete it. Note: For many of the providers, this will be the first time they have had a screening. If they have questions or want to verify the site visit, provide your screening supervisor's cell phone number.
4. Explain that you will be taking a few pictures during the site visit (exterior, interior, office documents, etc.).
5. Complete the SV Checklist questions.
6. At completion of site visit, ask whether they have any questions. Do not make any promises or assumptions of outcome or timelines for next steps, as final decision and timeline will be made by Provider Eligibility and Compliance (PEC) and they will communicate with the provider.
7. Thank them for their time and cooperation with the screening requirements.
8. Provide the screening business card (if not already given) and instructions for emailing any additional required documents or information. If any documentation will be emailed back, note the ELICI review ID number on the card and ask them to reference it on the subject line of the email.

## Additional On-Site Considerations

- Remember that we are not typically at the provider's office because we think they may have done something wrong. The screening is not an investigation or inspection.

- Allow them to conduct their business while cooperating with completing the site visit.
- Do not answer or steer the respondent in answering questions.
- If you do not know an answer to a respondent's question you may step away to consult with your Screening Project Supervisor, or direct them to the provider call center:
  - Hours: 8:00 a.m. to 4:15 p.m. Monday through Friday
  - Voice: 651-431-2700 or 800-366-5411
  - TTY: 711 or 800-627-3529

If for any reason you are uncomfortable with a provider location, return to the office to discuss strategy for fulfilling the screening requirement.

# Lack of Access or Timely and Accurate Information

## Lack of Access, Unavailability, or Refusal to Participate

### Purpose

To establish consistent procedures when a provider, owner, managing employee (ME), office manager, or authorized representative is unavailable, uncooperative, or refuses to participate in an onsite screening visit.

### 1. Provider, Owner or Manager Unavailable at Time of Visit

- If the enrolling provider, owner, managing employee (ME), office manager, or authorized representative is not available at the time of the unannounced onsite visit, the screener must:
  - Step 1 – Initial Contact Attempt
    - Place a first call to the telephone number(s) on record in ELICI or the number provided for the designated contact person.
    - Leave a voicemail (if available).
  - Allow two (2) business days for a response.
  - Voicemail Script (Example):
    - “Hello, this is [Name] calling from the Minnesota Department of Human Services regarding your required provider enrollment site visit. I was onsite today [date and time] and was unable to meet with the authorized representative. Please return my call at [phone number] within two business days to coordinate completion of the required screening. Thank you.”
- **Provider Arrival Within Short Timeframe**
  - If onsite staff indicate the owner/ME can arrive within 15–30 minutes, the screener may:
  - Wait onsite if scheduling permits, or
  - Adjust their schedule and return the same day, if operationally feasible.
  - Screeners should use professional judgment while maintaining efficiency and safety considerations.
- **Important:**
  - Do not schedule a screening visit; however, you may confirm the business hours and days the provider is not available.
  - Do not include sensitive or confidential information in voicemail messages.
  - Maintain a neutral and professional tone.
  - Do not imply investigation, enforcement, or adverse action in the message.

### 2. Provider Indicates Temporary Unavailability

- If the provider responds and indicates they are temporarily unavailable (e.g., illness, hospitalization, out of the country, family emergency, death in the family, or other significant circumstance), the screener must:
  - Is there someone else who is registered within your provider enrollment profile that can conduct the visit? Request that the provider designate an authorized representative that was registered at the time of enrollment (e.g., managing employee, office manager, partner, or other individual with authority) to complete the onsite screening.
  - Request that the provider send a designee to meet onsite staff to conduct the screening visit.

- If the provider indicates **no additional person is available** to complete the screening:
  - Document the reason for not being available
  - Confirm and document the expected return date of the provider or authorized representative (e.g., “Returning in two weeks”).
  - Inform provider a site visit will happen after date of return.
  - Conduct the return visit unannounced.

### 3. Second Contact Attempt

- If no response is received within two (2) business days to the voicemail left:
  - Reach out to the pre/post screener designee to get the email address for the provider
  - Email Script (Example):
    - “This is [Name] from the Minnesota Department of Human Services regarding your required provider enrollment site visit. I was on site at your location on [date] at [time] but was unable to meet with the authorized representative listed in your enrollment records. Please respond to this email or return my call at [phone number] within two (2) business days to coordinate completion of the required screening visit.”
- Regardless of whether the provider returns the call or email, the screener must:
  - Return onsite within **seven business days** of the second contact attempt.
  - Consider arriving for the second unannounced visit at a different time depending on office hours posted. (If you arrive at 9:00 a.m. for the first visit, consider conducting the visit at 1:00 p.m.)
  - Conduct the visit unannounced.

### 4. Failure to Cooperate or Provide Timely and Accurate Information

- If, after two documented contact attempts:
  - The provider, owner, managing employee, office manager, or authorized representative fails to respond,
  - Refuses to participate in the screening,
  - Fails to provide access to the location,
  - Refuses to provide requested documentation, or
  - Does not provide timely and accurate information,
    - The screener must:
      - **Consult with their Screening Supervisor** prior to closing the visit.
      - Document all contact attempts and observations in ELICI.
      - Upload the completed site visit checklist to ELICI.
      - Clearly note whether access was denied, unavailable, or refused.

### 5. Documentation Requirements (ELICI)

- Screeners must enter the following in the **Add/Edit Non-Public Checklist Notes** section of ELICI:
  - Date and time of onsite visit
  - Names of individuals present (if any)
  - Summary of attempted contacts
  - Dates and times of first and second calls
  - Whether voicemail was left
  - Summary of any communication received

- Description of refusal or lack of cooperation (if applicable)
- The **site visit checklist must be uploaded**, even if the screening could not be completed.

## 6. Refusal to Participate

- If a provider explicitly refuses to participate:
- Remain professional and do not argue.
- Confirm business is at the address and who you are speaking with. If someone is there: Ask to make sure (Business Name/Owner) is located there?
- Ask the provider if they are aware that participation in a site visit is required as a condition of their enrollment with MHCP)
- Do not threaten enforcement action.
- Document the refusal.
- Immediately consult your Screening Supervisor.

### Clarification on Your Question:

It is correct practice to:

- Enter detailed notes in ELICI.
- Upload the site visit checklist.
- Escalate to a Screening Supervisor when cooperation is not achieved.

## Resources:

**Screener Website:** [Minnesota Revalidate 2026 / Minnesota Department of Human Services](https://mn.gov/dhs/revalidate2026/)  
<https://mn.gov/dhs/revalidate2026/>

### Support for ELICI and Equipment

If you forget your password, or have difficulty signing into ELICI, contact:

Shan Stewart  
651-431-4149  
[shan.stewart@state.mn.us](mailto:shan.stewart@state.mn.us)

Brian Blaisdell  
651-431-2347  
[brian.blaisdell@state.mn.us](mailto:brian.blaisdell@state.mn.us)

If you have technical issues with the laptop, contact:

MNIT – IT support  
651-297-1111

[DHS Revalidation Project Hypercare](#) – this is a form you can complete to receive expedited support.

**Specific site visit questions and issues in the field:** (write in the missing numbers when provided)

1) Contact your supervisor

REGION/COUNTY	SUPERVISOR	CELL
Hennepin	Hua Yang	651-238-3137
Ramsey	Ian Voels	651-802-3474
Carver/Scott/Dakota/Washington	KeiLonya Reed	612-283-2732
Northeast/Southeast/Northwest/Southwest	Mikayla Durkee	

2) Contact Brian Blaisdell (651) 398-5897

3) Contact Stephanie Borscheid (763) 264-0669

4) Anthony Schneider

## iPhone Instruction: Connecting to Personal Hotspot with Wi-Fi

When you connect a device to your Personal Hotspot, the status bar displays a green Personal Hotspot icon



. If you want to view the devices connected to your Personal Hotspot, swipe down from the top-right corner of your screen to open Control Center. The number of devices that can join your Personal Hotspot at one time depends on your carrier and iPhone model.

### Wi-Fi

1. Make sure the device you're connecting to has Personal Hotspot turned on.
  1. In Settings, tap Personal Hotspot, or tap Cellular and then tap Personal Hotspot.
  2. Stay on this screen until you've connected your other device to the Personal Hotspot.
2. On the device that you want to connect, go to Settings and tap Wi-Fi.
3. Look for your iPhone or iPad in the list, then tap the Personal Hotspot to join. If asked, enter the password for your Personal Hotspot.

## Troubleshooting

### Support tips to help ELICI users

After three attempted unsuccessful logins, you may get locked out. It will unlock the next morning, or you will have contact Shan or Brian to unlock the user the same day.

Only log into one instance of ELICI at a time. ELICI can be open on two different browsers at the same time; however, you can overwrite the data when you upload.

	Issue	Troubleshoot by:
1	ELICI is kicking me out as soon as I log in.	Try clearing the browsing history.  Ensure you only have one session open on the browser.
2	The provider is no longer on the home screen.	Did it get moved off the device? Look in the Add an Existing Review to this Device for that Review ID#.
3	I can't respond to a locked question.	You must use the green filter to select a staff person then proceed.
4	I can't find the staff person in the green filter.	You must add them if they aren't in the system using the orange Manage Role Type Place button.
5	I can't get back to the main checklist, I'm stuck on an individual staff member.	You must clear the filter by clicking on the green filter button and selecting clear filter in the top left.
6	I can't upload the checklist	Ensure you have a secure Wi-Fi connection.
7	I can't see all the questions; I'm only seeing unmet/flagged items.	User the Filter Items in the top darker blue bar and select All Items to return the main checklist.
8	Each time I select a flag, I get a pop-up box.	Go to the cog/widget in the top right-hand corner and select preferences. Select "Do not show a pop-up when clicking this flag".
9	The post-screener can't see the screeners' answers.	The screener's checklist needs to be uploaded to the DHS server. Once that is complete, the post screener will have to retrieve the checklist on the home screen.
10	I can't log in; the page seems frozen.	Check to see if you have a pop-up blocker set. You should see a red warning symbol at the far-right side of the URL bar (it can be small). When you click it, select always allow this site or turn off the blocker.  When you switch browsers, this may have to be done with each browser.

## FAQs

### Q. What is provider revalidation?

[Revalidation](#) is a mandatory, periodic process to verify that provider enrollment information, credentials, and practice details are accurate and compliant with state and federal regulations. This process entails credential verification and may require unannounced site visits, and background checks depending on the [risk levels](#) of the Medicaid services you provide. It is a measure that helps combat fraud, increase program integrity, and safeguard Medicaid funding.

### Q. What is “off-cycle” revalidation? What is “Minnesota Revalidate 2026”?

Off-cycle revalidation is a revalidation of a provider’s enrollment that occurs outside the standard periodic revalidation cycle (every 5 years for most providers and every three years for certain designated providers.) The new off-cycle revalidation effort, also known as Minnesota Revalidate 2026, is in-place because of orders from the federal Centers for Medicare and Medicaid Services, which instructed the department to revalidate all providers delivering high-risk benefits and services by May 31, 2026.

### Q. What is the project timeframe?

The project launched Jan. 26, 2026, and must be completed by May 31, 2026.

### Q. How were providers notified that they would be required to revalidate?

They were sent a notice when the project was launched explaining the requirements. Some providers have experience with revalidation site visits but for some this may be a new process.

### Q. Why do I need to avoid referring to DHS?

We do not want any confusion over the MN Department of Human Services and the federal Department of Homeland Security which have the same acronym.

### Q. What if I witness some form of abuse, financial, physical or verbal?

It would need to be reported through DHS. There are different reports, depending upon the situation, but your supervisor is the place to start.

## Abbreviations

Abbrev.	Expanded Title or Term	Explanation
ACT	Assertive Community Treatment	An intensive team based treatment model for individuals with serious mental illness.
ARMHS	Adult Rehabilitative Mental Health Services	ARMHS helps adults with mental health challenges with skills for independent living, maintain stability, and community integration.
CFSS	Community First Services and Supports	CFSS assists Minnesota citizens in need of home services with the services and supports needed to live and work in their community.
CMS	Center for Medicare and Medicaid Services	Federal agency that provides health care coverage for low-income individuals.
DHS	Department of Human Services	Agency within Minnesota State Government that provides social service programs.
EIDBI	Early Intensive Development and Behavior Intervention	Program to assist with the care of individuals with autism.
ELICI	Electronic Licensing Inspection Checklist Information	ELICI helps the licensing division of DHS in conducting the licensing reviews of the providers spread across the state in an online manner.
FEIN	Federal Identification Number	An FEIN is a federal Internal Revenue Service (IRS) number that is used to identify a business based on payroll and tax records.
ICS	Integrated Community Supports	Services to help members with skill building to promote independence and community integration.
IRTS	Intensive Residential Treatment Services	Residential rehabilitative services for adults to promote recovery and skill development.
MA	Medical Assistance	Minnesota's Medicaid program.
MHCP	Minnesota Health Care Programs	Includes programs to help low-income individuals and family with health care.
MPSE	Minnesota Provider Screening and Enrollment	The Minnesota Provider Screening and Enrollment (MPSE) portal is a secure online web-based tool that lets providers enroll and manage their enrollment records with Minnesota Health Care Programs (MHCP).
NEMT	Nonemergency Medical Transportation	Provides transportation for MHCP members to nonemergency medical appointments (dialysis, physical therapy, etc.)
NPI	National Provider Identification Number	An identification number assigned to a provider.
OIG	Office of Inspector General	A division with DHS.
PEC	Provider Eligibility and Compliance	Unit within DHS that manages provider enrollment for Medicaid services.
UMPI	Unique Minnesota Provider Identification Number	An identification number assigned to Minnesota providers that do not fit the criteria for an NPI.

