

REQUEST & RECOMMENDATION FOR ADULT MENTAL HEALTH CERTIFICATION

(Must be submitted for a new request and at relicensing in order to request recertification)

Minnesota Statutes, section 245A.03, subdivision 6a (a) The commissioner of human services (DHS) shall issue a mental health certification for adult foster care homes licensed under this chapter and Minnesota Rules, parts 9555.5105 to 9555.6265, or community residential settings licensed under chapter 245D, that serve people with a primary diagnosis of mental illness **where the home is not the primary residence of the license holder** when a provider is determined to have met the requirements under paragraph (b). This certification is voluntary for license holders. The certification shall be printed on the license, and identified on the DHS public web site.

License holder(s) interested in requesting Adult Mental Health Certification, or removing the certification from their license, must complete the top portion of this form, and submit the form along with supporting documentation if required, to the county licensing agency in which the home is located.

License Holder/Program Name: _____

License #: _____ **Effective Date of License:** _____ **to** _____

Program's Street Address: _____

City/State/Zip: _____

County Agency: _____ **# of Residents Currently in Placement:** _____

_____ I have completed all requirements under paragraph (b) and am requesting mental health certification.

_____ I would like to remove the mental health certification from my license. (no supporting documentation required)

Signature of License Holder

Date

The agency shall use the Adult Mental Health Certification Licensing Checklist to determine if all requirements of paragraph (b) have been met.

The county licensing agency must forward this request (along with supporting documentation) to DHS

Recommendation:

_____ Yes, certification is recommended, all requirements are met (attach completed 3324 to add certification).

_____ No, certification is not recommended (attach documentation supporting denial of certification).

_____ Remove previous certification (attach completed 3324 to remove certification and supporting documentation if required).

Signature of County Licensor

Date

Ongoing compliance with the certification requirements shall be reviewed by the county licensing agency at each licensing review. When a county licensing agency determines that the requirements of paragraph (b) are not met, the county shall inform DHS and the certification will be removed from the license.

A denial of the certification or the removal of the certification based on a determination that the requirements of paragraph (b) and (c) have not been met by the license holder are not subject to appeal. A license holder that has been denied a certification or that has had a certification removed may again request certification when the license holder is in compliance with the requirements for certification.

Submit completed recommendation to: Commissioner, Department of Human Services
Office of Inspector General
Licensing Division Attention: Family Systems Unit
PO Box 64242
St. Paul, MN 55164-0242