



# Minnesota Health Care Programs (MHCP) Applicant Assurance Statement

## Enrollment of Community Health Workers (CHWs) in MHCP

CHWs work in clinical and community facilities to provide health and social service linkages. CHWs teach community members and providers the knowledge and skills needed to understand, give and receive appropriate care. They are members of the communities they serve.

MHCP will reimburse CHW services only for patient education supervised by an MHCP-enrolled physician or MHCP-enrolled Advanced Practice Registered Nurse (APRN).

### Applicant Assurance Statement

By signing below, I, the applicant, assure that I have completed one of the following (check appropriate box):

- A MnSCU certified curriculum program recognized by the Healthcare Education Industry Partnership (HEIP) Community Health Worker Project policy committee (attach copy)
- Five years of experience supervised by an MHCP-enrolled physician or an MHCP-enrolled APRN (this applies only through December 31, 2009)

NAME OF MHCP-ENROLLED SUPERVISING PHYSICIAN OR APRN	MHCP ID/NPI OF MHCP-ENROLLED SUPERVISING PHYSICIAN OR APRN
DATES SUPERVISED	SIGNATURE OF SUPERVISING PHYSICIAN OR APRN

SIGNATURE OF APPLICANT	DATE
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Fax or mail this signed Applicant Assurance Statement with completed MHCP Provider Enrollment application packet and other required documents to:

DHS – MHCP Provider Enrollment  
 PO Box 64987  
 St Paul, MN 55164-0987  
 Fax (651) 431-7462