

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Case No.

State of Minnesota, by and through its Attorney General Keith Ellison, and Shireen Gandhi, in her official capacity as the Commissioner of the Minnesota Department of Human Services,

**SUPPLEMENTAL
DECLARATION OF
PATRICK HULTMAN**

Plaintiffs,

vs.

Dr. Mehmet Oz, in his official capacity as Administrator for the Centers for Medicare and Medicaid Services; the Centers for Medicare and Medicaid Services; Robert F. Kennedy, Jr., in his official capacity as Secretary of the U.S. Department of Health and Human Services; U.S. Department of Health and Human Services,

Defendants.

I, Patrick Hultman, hereby declare as follows:

1. I am the Deputy Medicaid Director at the Minnesota Department of Human Services. I have personal knowledge of the facts in this Declaration.

2. On February 25, 2026, CMS served Minnesota with a sweeping Notice of Deferral (the "Deferral"), the effect of which immediately denies the state approximately \$259M by reducing the State's federal funds account by that amount. Minnesota has received many deferral notices over the years, but this one is unlike any of those. Most

notably, the deferral is much larger than any past deferral—more than fifteen times the amount of any I can recall Minnesota has ever received in the past. The largest prior quarterly deferral Minnesota has seen is \$10,966,609.

3. The Deferral¹ is remarkable in a number of additional ways. Medicaid records related to the 14 high-risk services were only recently requested and provided to CMS and they have told us that they have not yet had time to review and understand the information that has been provided. The Deferral states that more information is needed from the state, but CMS has told us that it has not been able to review what has been provided.

4. The Deferral lacks specificity. Typically, a “variance” or a suggestion of “aberrant” billing practices based on data analytics would be a cause for CMS to conduct a review or audit—not the basis for a sweeping and overbroad deferral.

5. Deferral is a narrow auditing tool that focuses on whether there is documentary support for claims or parts of claims. Deferrals are not meant to function as a means to withhold funding for entire program areas for which there are only generalized concerns. It would be more common for CMS to issue a narrower deferral based on a well-defined set of expenditures. In my experience, CMS has never jumped so quickly to a deferral, depriving Minnesota of Medicaid dollars while it reviews

¹ The Department does not concede that any part of the Deferral Notice is appropriate or warranted, but my comments in this Declaration will focus on the approximately \$243M that is being withheld for the fourteen service areas that Minnesota has determined are “high-risk.”

information already in its possession to see whether any claims are actually problematic, which it seems like CMS has not even done.

6. Historically, if CMS had concerns with claims documentation or a State's compliance with applicable Medicaid statutes or regulations, it would communicate with the state and work with it informally to cure any deficiencies—a collaborative process that may take months or even years.

7. Another problem is that Minnesota now has 60 days to provide information that CMS claims is missing to CMS, but because of the breadth of the Deferral, the lack of specificity about what claims are at issue, and the absence of detail about what problems exists with those claims, Minnesota is not certain of what information CMS needs to determine the allowability of the claims.² I am concerned about Minnesota's ability to provide supporting documentation within 60 days, given these issues with the Notice.

8. I am also concerned that CMS will drag its feet in resolving this Deferral and reimbursing the state. CMS often takes a long time to evaluate information and resolve claims. Although, in theory, CMS has only 90 days to decide whether to pay a claim, CMS regularly evades the 90-day deadline by claiming that the state's submissions are insufficient or by demanding additional information so that the 90-day deadline never begins.

² Minnesota has not been told, for example, the identity of the "specific providers" whose billing is "aberrant," or what CMS's data analysis related to that billing showed.

9. Minnesota will not be able to effectively challenge these improper and arbitrary withholdings in federal court for many months, or even years. If federal financial participation is not available until the administrative process is complete, CMS would already have withheld—as it has already promised to do—several hundred million, or billions of dollars in quarterly deferrals.

SUPPLEMENT

10. Since filing the Complaint and Motion for a Temporary Restraining Order on March 2, 2026, three things of note have occurred that relate to this case. First, on Wednesday, March 4, 2026, CMS provided Minnesota with a document request asking for “a sample of 330 claims from the Fee-For-Service data” needed to “continue to determine the allowability of claims for [Q4 2025.]” A true and correct copy of the document request is attached as Exhibit #1 to this supplemental declaration.

11. Second, on March 11, 2026, CMS provided Minnesota with a document request asking for “a sample of 160 claims from the managed care data” needed to “continue to determine the allowability of claims for [Q4 2025.]” A true and correct copy of the document request is attached as Exhibit #2 to this supplemental declaration.

12. Also, the Requests demand documents by March 20, 2026 and March 26, 2026, respectively, which are not deadlines under the deferral regulations. Pursuant to 42 C.F.R. § 430.40(c), Minnesota has sixty days to provide documents, which deadline is April 27, 2026.

13. The third thing that happened since March 2nd is that, on March 10, 2026, I attended a regularly scheduled meeting between Minnesota Department of Human

Services and CMS representatives and again asked them to provide feedback on Minnesota's Corrective Action Plan submitted on January 30, 2026. CMS said that it had no information for Minnesota about the proposed Corrective Action Plan, and that CMS could not commit that it would *ever* provide Minnesota with feedback on the Corrective Action Plan. The CMS representatives nonetheless told me that CMS expected Minnesota to continue to implement the plan. CMS also informed us that, effective immediately, it would be meeting less frequently with Minnesota.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Executed on: March 11, 2026
Ramsey County
State of Minnesota



Patrick Hultman

State of Minnesota, et al.

v.

Dr. Mehmet Oz, et al.

U.S. District Court No. 26-cv-1701 (ECT/DTS)

**SUPPLEMENTAL DECLARATION
OF PATRICK HULTMAN**

Exhibit 1

Q4FFY2025 CMS Focused Line-Item Review
 Service Areas
 For 4th Quarter Federal Fiscal Year 2025

The Centers for Medicare and Medicaid Services (CMS) has selected a sample of 330 claims from the Fee-For-Service (FFS) data that requires additional information within each sample. This additional information is needed by **March 20, 2026** to continue to determine the allowability of claims for the quarter ending September 30, 2025 Medicaid expenditure report (Form CMS-64).

The 330 FFS samples are provided in a single MS Excel file, located within the following BOX folder.

**** <https://cmsbox.box.com/s/m99206uhqypzlozb2vd9idgu2ghzv8hu> ****

To demonstrate allowability of a specific claim, on a specific date of service and in response to this request, please transmit as a separate folder each sample with **all associated documents that cover the specific date of service**. For instance, a single folder for Sample #1 will include the applicable Plans of Care, Level of Care, Assessments, Provider licensure, Provider background check, Provider encounter/visit notes, etc. The transmission can be completed on a flow basis as individual samples are received and or are completed.

If you or your team have any questions, please do not hesitate in contacting Jeoffrey Branch @ jeoffrey.branch@cms.hhs.gov or Celestine Curry @ Celestine.Curry@cms.hhs.gov or Dorothy Ferguson @ Dorothy.Ferguson@cms.hhs.gov.

When samples are completed, please upload each sample folder here:

**** <https://cmsbox.box.com/s/8qnfr0vghhi8qvix6va69wk58z5eag1z> ****

For each Service Area below, as defined in the State’s claims data files, please provide the following information per sample based on a Medicaid recipient, Date of Service and Medicaid Provider.

Note: Each sample document listed under “Document Name” requested uses the same phraseology as described in the various authorities that are used to derive the testing criteria, we have attempted to locate the specific Minnesota Department of Human Services (DHS) Form number for cross-referencing where applicable. If the name or form number of the associated document listed below is different than described or not listed, or if the state has any other relevant forms related to the sampled claim, please include those documents in your response with an explanation of the utility of those files.

| Information Needed for Each Sampled Item (unless requested item is specific to a Service Area) | |
|---|--------------------------------------|
| Rendering Provider NPI | Enter on Sample EXCEL File |
| Rendering Provider Name | Enter on Sample EXCEL File |
| Waiver Name for each Sample when Applicable | Enter on Sample EXCEL File |
| Facility and Provider Licensure / Certification when applicable | In addition to specific Service Area |
| Provider Encounter / Progress / Visit Notes, etc. for Date of Service | |
| Rendering Provider Background Study Results [via NETStudy 2.0] Result | |
| Rendering Provider Licensure / Certification | |
| Unique State – Facility Provider Agreement | |
| Unique State – Rendering Provider Agreement | |

Q4FFY2025 CMS Focused Line-Item Review

Service Areas

For 4th Quarter Federal Fiscal Year 2025

| Document Name | Document Reference (number/ source/ etc.) |
|---|---|
| Remote / Telehealth Authorization when Applicable | |
| Assertive Care Treatment (ACT) | |
| Assessment / Level of Care | |
| Caseload for the ACT psychiatric care provider(s) responsible for the sampled beneficiary | |
| Diagnostic Assessment (DA) | |
| Functional Assessment (FA) | |
| Individual Treatment Plan (ITP) | |
| Necessity of Care Recommendation or Referral | |
| Provider and program Licensure / Certification | |
| | |
| Adult Companion Care (ACC) | |
| ADD Provider Adult Companion Program Certification | |
| LTCC Screening Document | DHS-3427 |
| MnCHOICES Assessment / Level of Care-Need | DHS-6893 |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan | |
| Provider Licensure / Certification (basic support service provider) or | <i>External Source</i> |
| Provider Licensure / Certification (HCBS designation) or | <i>External Source</i> |
| | |
| Adult Day Services (ADS) | |
| Adult Day License Exemption (if applicable) | <i>No official form</i> |
| BI Waiver Assessment and Eligibility Determination Form (if applicable to the sample) | DHS-3471 |
| Day Services Determination of Need Application for Expansion | DHS-4960A |
| Day Services Determination of need application for proprietary changes/reductions/closures Form | DHS-4960B |
| DHS Licensing approval req for remote ADS | <i>No official form</i> |
| Functional Behavioral Assessment | |
| MMIS Service Agreement for in-person & remote services (<i>separate from main agreement</i>) | |
| MnCHOICES Assessment / Level of Care-Need | DHS-6893 / TBD |
| Necessity of Care Recommendation or Referral | |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan | |
| Provider Licensure for FADS | <i>External Source</i> |
| Service Agreement Form (AC, BI, CAC, CADI, DD & EW) | DHS-3070 |
| | |
| Adult Rehabilitative Mental Health Services (ARHMS) | |
| Adult Mental Health Rehabilitative Services Authorization Form | DHS-4159A |
| Assessment / Level of Care-Need | DHS-6893 / TBD |
| Individual Treatment Plan (ITP) | |

Q4FFY2025 CMS Focused Line-Item Review
Service Areas
For 4th Quarter Federal Fiscal Year 2025

| Document Name | Document Reference (number/ source/ etc.) |
|---|--|
| Necessity of Care Recommendation or Referral | |
| Early Intensive Developmental and Behavioral Intervention (EIDBI) | |
| Assessment / Level of Care-Need | |
| Comprehensive multi-disciplinary evaluation (CMDE) / Medical Necessity | DHS-7108 |
| EIDBI Authorization Request | DHS-3806 |
| EIDBI Individual Treatment Plan (ITP) and Progress Monitoring | DHS-7109 |
| Prescription / Referral for Services | |
| Housing Stabilization Services (HSS) | |
| Housing Focused Person-Centered Plan | DHS-7307 |
| Medical Opinion Form | DHS-2114 |
| MnCHOICES Assessment or Longterm Care Consultation (LTCC) | DHS-6893 [or] TBD |
| Professional Statement of Need (PSN) | DHS-7122 |
| State Medical Review Team (SMRT) Determination (Final) | |
| Individualized Home Supports (IHS) | |
| BI Waiver Assessment and Eligibility Determination Form (if applicable to the sample) | DHS-3471 |
| Community Setting Evaluation | |
| LTCC Screening Document | DHS-3427 |
| MnCHOICES Assessment / Level of Care-Need | DHS-6893 / Online Application |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan / C SSP and or CSP | |
| Remote Support Exception Form (Tele-Health) | DHS-7759A |
| Service Agreement Form | DHS-3070 |
| Integrated Community Supports (ICS) | |
| BI Waiver Assessment and Eligibility Determination Form (if applicable to the sample) | DHS-3471 |
| Community Setting Evaluation | |
| LTCC Screening Document | DHS-3427 |
| MnCHOICES Assessment / Level of Care-Need | DHS-6893 / Online Application |
| Ownership of Community Living facility | |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan / C SSP / CSP | |
| Setting Capacity Report | DHS-8062 |
| Intensive Residential Treatment Services (IRTS) | |
| Adult Mental Health Rehabilitative Services Authorization Form | DHS-4159A |

Q4FFY2025 CMS Focused Line-Item Review

Service Areas

For 4th Quarter Federal Fiscal Year 2025

| Document Name | Document Reference (number/ source/ etc.) |
|---|--|
| Diagnostic Assessment (DA) | |
| Functional Assessment (FA) | |
| Individual Treatment Plan (ITP) | DHS-7109 / Other |
| Level of Care (LOC) Assessment | |
| MHCP Authorization Form | DHS-4695 |
| Provider Licensure / Certification - licensed Rule 36 facility | <i>External Source</i> |
| Provider Site Statement of Need and or Necessity of Care Recommendation or Referral | |
| Night Supervision | |
| BI Waiver Assessment and Eligibility Determination Form (if applicable to the sample) | DHS-3471 |
| MnCHOICES Assessment / Level of Care-Need | DHS-6893 / Online Application |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan | |
| Personal Care Services / Community First Support Services (PCS/CFSS) | |
| CFSS Assessment [or] MnCHOICES Assessment | DHS-6893A [or] DHS-6893 |
| CFSS Assessment for 45-Day Increase Form (if applicable) | DHS-6893M |
| CFSS Individual Service Delivery Plan | DHS-6893P |
| CFSS Worker Time and Activity Documentation | DHS-6893C [or] EVV? |
| Date of Service Provider Encounter/Progress / Visit Notes, etc. | <i>External Source</i> |
| Lead agency addendum to CFSS Individual Service Delivery Plan (if applicable) | DHS-6893W |
| Level of Care | DHS-6893A [or] DHS-6893 |
| MCO Assessment Tool (if applicable) | |
| MHCP Authorization Form | DHS-4695 |
| MHCP Provider Agreement | DHS-4138 |
| MnCHOICES PCA Service Agreement Addendum | DHS-6940 |
| PCA Choice Providers (CDS Option): MHCP Provider Agreement Addendum Form | DHS-4022B |
| PCA Time and Activity Documentation | DHS-4691 [or] EVV? |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan | |
| Referral for Reassessment for PCA/CFSS Services (if applicable) | DHS-6893B |
| Temporary CFSS Individual Service Delivery Plan Approval (if applicable) | DHS-6893L |
| Peer Recovery | |
| Assessment / Level of Care-Need | |
| MHCP Authorization Form | DHS-4695 |
| Plan of Care form ARMHS/IRTS/CCBHC/etc. | |

Q4FFY2025 CMS Focused Line-Item Review

Service Areas

For 4th Quarter Federal Fiscal Year 2025

| Document Name | Document Reference (number/ source/ etc.) |
|---|---|
| Recuperative Care | |
| Assessment / Level of Care-Need | |
| Determination of Homelessness (if not provided elsewhere) | |
| Individual Care Plan | |
| Inspection completed by a qualified inspector | |
| Organization – Provider Enrollment Application | |
| Recuperative Care Ext Stay Request | DHS-8513 |
| Recuperative Care Health Services Provider Acknowledgment Form | DHS-8562 |
| Recuperative Care Provider Assurance Statement Form | DHS-8486 |
| Recuperative Care Provider Pre-Enrollment Risk Assessment Form | DHS-8747 |
| Referral from enrolled MHCP hospital, clinic, or provider office. | |
| | |
| NEMT & Waiver Transportation Services | |
| Authorization for Out-of-State Medical Service (if applicable) | |
| BI Waiver Assessment and Eligibility Determination Form (if applicable to the sample) | DHS-3471 |
| County/Tribal Agencies Authorization Form | DHS-4695 |
| Date of Service Provider Trip Log / Documentation / Visit Notes, etc. | |
| Individual Providers: MHCP Individual Non-Pay-To Provider Agreement Form | DHS-4611A |
| Individual Providers: MHCP Individual Provider Enrollment Application Form | DHS-4016 |
| Level of Service (LOS) Assessment | |
| MCO Referral (members enrolled in a MCO for Out-of-State Medical Services) | |
| MnCHOICES Assessment | |
| MnCHOICES Assessment (CAC): Documentation of medical monitoring/treatment needs | DHS-7096 |
| Nonemergency Stretcher Certification (if applicable) | MHCP NEMT Medical Review Agent Cert |
| One-Time Transport Assessments / Upgrades (if applicable) | |
| Parent or Legal Guardian Authorization Form (State-Administered: if applicable) | |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan (Waiver Services) | |
| Prior Authorization Form | DHS-4695 |
| Prior Authorization required for Specific Transport Types (Modes 4-7) | |
| Provider Daily Trip Log or transportation record and Supporting Information | <i>External Source</i> |
| Provider Drug Screening | <i>External Source</i> |
| Provider Special Transportation Licensure / Certification (if applicable) | <i>External Source</i> |
| Provider Valid Auto Insurance | <i>External Source</i> |

Q4FFY2025 CMS Focused Line-Item Review

Service Areas

For 4th Quarter Federal Fiscal Year 2025

| Document Name | Document Reference (number/ source/ etc.) |
|--|--|
| Provider Valid Driver License | <i>External Source</i> |
| Service Agreement Form (AC, BI, CAC, CADI, DD & EW) | DHS-3070 |
| Statement of Medical Necessity for additional non-PCA Passenger (if applicable) | |
| Unaccompanied Minor Transport Authorization Form (County/Tribal Agency: if applicable) | |

State of Minnesota, et al.

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U.S. District Court No. 26-cv-1701 (ECT/DTS)

**SUPPLEMENTAL DECLARATION
OF PATRICK HULTMAN**

Exhibit 2

Q4FFY2025 CMS Focused Line-Item Review
 Service Areas
 For 4th Quarter Federal Fiscal Year 2025

The Centers for Medicare and Medicaid Services (CMS) has selected a sample of 160 claims from the managed care (MC) data that requires additional information within each sample. This additional information is needed by **March 26, 2026** to continue to determine the allowability of claims for the quarter ending September 30, 2025 Medicaid expenditure report (Form CMS-64).

The 160 MC samples are provided in a single MS Excel file, located within the following BOX folder.

**** <https://cmsbox.box.com/s/m99206uhqypzlozb2vd9idgu2ghzv8hu> ****

To demonstrate allowability of a specific claim, on a specific date of service and in response to this request, please transmit as a separate folder each sample with **all associated documents that cover the specific date of service**. For instance, a single folder for Sample #1 will include the applicable Plans of Care, Level of Care, Assessments, Provider licensure, Provider background check, Provider encounter/visit notes, etc. The transmission can be completed on a flow basis as individual samples are received and or are completed.

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When samples are completed, please upload each sample folder in the Managed Care folder here:

**** <https://cmsbox.box.com/s/8qnfr0vghhi8qvix6va69wk58z5eag1z> ****

For each Service Area below, as defined in the State’s claims data files, please provide the following information per sample based on a Medicaid recipient, Date of Service and Medicaid Provider.

Note: Each sample document listed under “Document Name” requested uses the same phraseology as described in the various authorities that are used to derive the testing criteria, we have attempted to locate the specific Minnesota Department of Human Services (DHS) Form number for cross-referencing where applicable. If the name or form number of the associated document listed below is different than described or not listed, or if the state has any other relevant forms related to the sampled claim, please include those documents in your response with an explanation of the utility of those files.

| Information Needed for Each Sampled Item (unless requested item is specific to a Service Area) | |
|---|--------------------------------------|
| Rendering Provider NPI | Enter on Sample EXCEL File |
| Rendering Provider Name | Enter on Sample EXCEL File |
| Waiver Name for each Sample when Applicable | Enter on Sample EXCEL File |
| Facility and Provider Licensure / Certification when applicable | In addition to specific Service Area |
| Provider Encounter / Progress / Visit Notes, etc. for Date of Service | |
| Rendering Provider Background Study Results [via NETStudy 2.0] Result | |
| Rendering Provider Licensure / Certification | |
| Facility Provider Agreement with MCO | |
| Rendering Provider Agreement with MCO | |
| Remote / Telehealth Authorization when Applicable | |

Q4FFY2025 CMS Focused Line-Item Review

Service Areas

For 4th Quarter Federal Fiscal Year 2025

| Document Name | Document Reference (number/ source/ etc.) |
|---|--|
| Assertive Community Treatment (ACT) | |
| Assessment / Level of Care | |
| Caseload for the ACT psychiatric care provider(s) responsible for the sampled beneficiary | |
| Diagnostic Assessment (DA) | |
| Functional Assessment (FA) | |
| Individual Treatment Plan (ITP) | |
| Necessity of Care Recommendation or Referral | |
| Provider and program Licensure / Certification | |
| Adult Companion Care (ACC) | |
| ADD Provider Adult Companion Program Certification | |
| LTCC Screening Document | DHS-3427 |
| MnCHOICES Assessment / Level of Care-Need | DHS-6893 |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan | |
| Provider Licensure / Certification (basic support service provider) or | <i>External Source</i> |
| Provider Licensure / Certification (HCBS designation) or | <i>External Source</i> |
| Adult Rehabilitative Mental Health Services (ARHMS) | |
| Adult Mental Health Rehabilitative Services Authorization Form | DHS-4159A |
| Assessment / Level of Care-Need | DHS-6893 / TBD |
| Individual Treatment Plan (ITP) | |
| Necessity of Care Recommendation or Referral | |
| Early Intensive Developmental and Behavioral Intervention (EIDBI) | |
| Assessment / Level of Care-Need | |
| Comprehensive multi-disciplinary evaluation (CMDE) / Medical Necessity | DHS-7108 |
| EIDBI Authorization Request | DHS-3806 |
| EIDBI Individual Treatment Plan (ITP) and Progress Monitoring | DHS-7109 |
| Prescription / Referral for Services | |
| Housing Stabilization Services (HSS) | |
| Housing Focused Person-Centered Plan | DHS-7307 |
| Medical Opinion Form | DHS-2114 |
| MnCHOICES Assessment or Longterm Care Consultation (LTCC) | DHS-6893 [or] TBD |
| Professional Statement of Need (PSN) | DHS-7122 |
| State Medical Review Team (SMRT) Determination (Final) | |

Q4FFY2025 CMS Focused Line-Item Review
 Service Areas
 For 4th Quarter Federal Fiscal Year 2025

| Document Name | Document Reference (number/ source/ etc.) |
|---|--|
| Intensive Residential Treatment Services (IRTS) | |
| Adult Mental Health Rehabilitative Services Authorization Form | DHS-4159A |
| Diagnostic Assessment (DA) | |
| Functional Assessment (FA) | |
| Individual Treatment Plan (ITP) | DHS-7109 / Other |
| Level of Care (LOC) Assessment | |
| MHCP Authorization Form | DHS-4695 |
| Provider Licensure / Certification - licensed Rule 36 facility | <i>External Source</i> |
| Provider Site Statement of Need and or Necessity of Care Recommendation or Referral | |
| Personal Care Services / Community First Support Services (PCS/CFSS) | |
| CFSS Assessment [or] MnCHOICES Assessment | DHS-6893A [or] DHS-6893 |
| CFSS Assessment for 45-Day Increase Form (if applicable) | DHS-6893M |
| CFSS Individual Service Delivery Plan | DHS-6893P |
| CFSS Worker Time and Activity Documentation | DHS-6893C [or] EVV? |
| Date of Service Provider Encounter/Progress / Visit Notes, etc. | <i>External Source</i> |
| Lead agency addendum to CFSS Individual Service Delivery Plan (if applicable) | DHS-6893W |
| Level of Care | DHS-6893A [or] DHS-6893 |
| MCO Assessment Tool (if applicable) | |
| MHCP Authorization Form | DHS-4695 |
| MHCP Provider Agreement | DHS-4138 |
| MnCHOICES PCA Service Agreement Addendum | DHS-6940 |
| PCA Choice Providers (CDS Option): MHCP Provider Agreement Addendum Form | DHS-4022B |
| PCA Time and Activity Documentation | DHS-4691 [or] EVV? |
| Personal Care Support Plan (PCSP) / MnCHOICES Support Plan | |
| Referral for Reassessment for PCA/CFSS Services (if applicable) | DHS-6893B |
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| Peer Recovery | |
| Assessment / Level of Care-Need | |
| MHCP Authorization Form | DHS-4695 |
| Plan of Care form ARMHS/IRTS/CCBHC/etc. | |