



DEPARTMENT OF HUMAN SERVICES **Instructions: Housing Support Vendor Profile Form**

General Information

The Vendor Profile is an attachment to the Housing Support Agreement for each setting that requires a vendor number for Housing Support payments. It is possible to have multiple Vendor Profiles attached to a single Housing Support Agreement.

There are two types of Housing Support Agreements:

Group Settings: Individuals reside in a group setting where meals are provided. These settings are licensed and/or registered by the Department of Human Services, the Department of Health, or a Tribal Nation, and include:

- Adult Foster Care / Community Residential Settings
- Boarding Care Home
- Board and Lodge
- Board and Lodge with Special Services
- Hotel/Restaurant
- Supervised Living Facility
- Assisted Living
- Tribe Certified Housing

Community Settings: Individuals reside in a community setting with their own individual lease, and can prepare their own meals. These settings include:

- Supportive Housing (Long-Term Homeless and general)
- Metro Demonstration Project
- Tribe Certified Housing

Setting Type	Group Setting	Community Setting
Adult Foster Care / Community Residential Setting	X	
Boarding Care Home	X	
Board and Lodge	X	
Board and Lodge with Special Services	X	
Hotel/Restaurant	X	
Supervised Living Facility	X	
Assisted Living	X	
Supportive Housing (Long-Term Homeless and general)		X
Metro Demonstration Project		X
Tribe Certified Housing-people do not have their own lease, meals are provided	X	
Tribe Certified Housing-people have their own lease and can prepare their own meals		X

Instructions for completing the Housing Support Vendor Profile Form

The Housing Support Vendor Profile Form is used to gather the information needed to set up a vendor payment for Housing Support. This form is designed to match the fields that county and state staff complete when entering information into MAXIS, a payment and eligibility database. Fields in red will be completed last, unless already known.

Section A. Vendor Information

In this section, provide vendor information including license type(s), rates, start/end dates, and contact information. Refer to the following table for field definitions.

Field Name	Description
Vendor Name	Vendor name as listed in the Housing Support Agreement.
Vendor Number	A vendor number is issued by the state's MAXIS database after vendor information is set up in the system. Vendor information is entered by county staff; or by State staff for settings authorized by tribes.
Residence Street Address	Enter the street address where the Housing Support recipient lives. Note: This must be a physical address not a P.O. Box
Vendor Contact Person	Enter the name of the individual who has decision-making authority related to the provision of Housing Support room and board and/or supplemental services for individuals residing at this location.
Setting Type (Group or Community)	Indicate if this is a Group Setting or a Community Setting. Refer to the chart on the first page of this instruction sheet for guidance.
NPI/UMPI Number (Supplemental Services only)	Enter the assigned Minnesota Health Care Provider Number for those that are enrolled to receive Supplemental Services. This is the number that allows providers to bill for Supplemental Services in MN-ITS. Enter this number ONLY if the provider is authorized to provide Supplemental Services. There should be ONLY one NPI/UMPI Number listed on this form.
Business Name and Address of License and/or Registration holder (If different from Vendor)	If different from Vendor Name, enter the name and address of the individual or business that holds the license and/or registration (listed below) required for the provision of Housing Support.
Federal Nonprofit 501(c)(3) Status	From the drop-down list, select "Yes" or "No" to indicate whether or not the vendor has been approved for federal nonprofit 501(c)(3) tax-exempt status. Note: This is not the same as filing with the Minnesota Secretary of State as a nonprofit organization.
Federal Employer ID or Social Security Number	If vendor has a Federal Employer Identification Number (FEIN), enter it here. If vendor does not have a FEIN, enter their Social Security number.
Minnesota Tax ID Number	The Minnesota Department of Revenue requires a business to have a Minnesota Tax ID if it: <ul style="list-style-type: none"> ▪ Collects sales tax on retail sales in Minnesota; ▪ Has employees and collects withholding taxes; or ▪ Is a corporation doing business in Minnesota and files a tax return with the Department of Revenue. If you do not have a Minnesota Tax ID because you do not meet the requirements listed above, enter NA. Note: Call the Minnesota Department of Revenue at 651-296-6181 to get a Minnesota Tax ID.

Field Name	Description
DHS License 1	<p>There are only two DHS licenses that make a setting eligible for Housing Support funding:</p> <ol style="list-style-type: none"> 1) Adult Foster Care 2) Community Residential Setting <p>If a setting is not one of these, it must be at least one on the “Health Dept License” list in order to qualify for Housing Support funding. A Housing Support vendor can show up to three DHS License types in MAXIS. Select only one for this field. Note: The MAXIS fields are named differently, follow these recommendations when selecting:</p> <ul style="list-style-type: none"> ▪ <i>04_Adult Foster Care Rule 203</i> (Use this when vendor has an Adult Foster Care license or a Community Residential Setting License) ▪ <i>07_Other DHS License</i> (Use this when vendor has another DHS license (e.g. Chemical Dependency Treatment, Home and Community Based Services, Residential Setting for Adults with Mental Illness)) ▪ <i>08_No DHS License</i> (Vendor does not have any DHS license)
DHS License 2	See “DHS License 1.”
DHS License 3	See “DHS License 1.”
Health Dept License 1	<p>There are three fields in MAXIS to list the Health Department License setting types. Choose one setting type for this field. The items on this list are a mix of license types, registrations, or settings that are exempt from State license. Here are brief descriptions of the types of settings on this list, with recommendations for which one to choose:</p> <ul style="list-style-type: none"> ▪ <i>01_Nursing Home</i> (Use when vendor is Andrew Residence.) ▪ <i>02_Boarding Care Home</i> (Use when vendor has a MN Department of Health license as a Boarding Care Home.) ▪ <i>03_Supervised Living Facility</i> (Use when vendor has a MN Department of Health license as a Supervised Living Facility.) ▪ <i>04_Board and Lodging</i> (Use when vendor has a MN Department of Health license as Board and Lodging, or if vendor has only a Lodging license, and also has a contract with a food vendor who is licensed by the MN Department of Health.) ▪ <i>05_Hotel/Restaurant</i> (Use when vendor has a MN Department of Health license as Hotel/Restaurant. This is not common, and is used as emergency shelter in special situations.) ▪ <i>06_Board and Lodge with Special Services</i> (Use when vendor has MN Department of Health license according to “<i>04_Board and Lodging</i>” and also provides supportive services and/or health supervision services. All Board and Lodging providers who offer services are required to have a “Special Service Registration” from the MN Department of Health, in addition to the Board and Lodging license – regardless of whether or not they receive supplemental

Field Name	Description
	<p>service payments If this description applies, do not list "04_Board and Lodging" in MAXIS.)</p> <ul style="list-style-type: none"> ▪ <i>07_Tribal License</i> (Use when vendor does not meet any other DHS License or Health Department License type, and is authorized by a federally recognized Indian tribe, and located on an Indian reservation and meets tribal health and safety requirements.) ▪ <i>08_Metro Demo</i> (Use when vendor is authorized by Anoka, Dakota, or Hennepin counties to participate in the Metro Demo Supportive Housing program.) ▪ <i>09_Assisted Living</i> (Use when settings are considered assisted living, or where customized living or home care services are provided.) ▪ <i>10_Supportive Housing</i> (Use when vendor meets the criteria for General Supportive Housing or Long-Term Homeless Supportive Housing. This includes settings where individuals have their own lease agreement and an approved habitability inspection(s). Individuals served in Long-Term Homeless Supportive Housing settings must meet the state criteria for long-term homelessness and be referred through a regional coordinated assessment process, if applicable.) <p>Note: If a setting is not any of the above, it must indicate an Adult Foster Care license or Community Residential Setting license on the DHS License list, in order to qualify for Housing Support funding.</p>
Health Dept License 2	See "Health Dept License 1."
Health Dept License 3	See "Health Dept License 1."
Number of Licensed Beds	Enter the total number of licensed, registered, or otherwise authorized beds in this setting.
Number of Authorized Housing Support Beds	Enter the number of beds authorized by the county or tribe to receive Housing Support funding in this setting. This number is often a subset of the Number of Licensed Beds, or it could be same number.
Family Foster Care	Adult Foster Care settings are either Family Foster Care settings, or Corporate Foster Care settings. Choose "yes" or "no" to indicate if this provider is a Family Foster Care setting.
Resident Disability Types 1	A Housing Support vendor can show up to five Resident Disability types in MAXIS. Choose one for this field to indicate the population served in this setting.
Resident Disability Types 2	See "Resident Disability Types 1."
Resident Disability Types 3	See "Resident Disability Types 1."
Resident Disability Types 4	See "Resident Disability Types 1."
Resident Disability Types 5	See "Resident Disability Types 1."
Housing Support Rate Start Date	Enter the month, day, and year that the current Housing Support rate started. This is the start date of a new setting, or often is the first day of July in a new State fiscal year, for settings that are not new.

Field Name	Description
Housing Support Rate End Date	Enter the month, day, and year that the current Housing Support rate ends. This is the last day of June of the State fiscal year, unless the county or tribe chooses an earlier date.
Housing Support Room and Board Rate (Rate 1) - Monthly	Enter the monthly rate authorized by the county or tribe and paid to the vendor for the room and board costs of Housing Support recipients in this setting. This amount cannot be higher than the amount listed in the Housing Support Agreement.
Housing Support Room and Board Rate (Rate 1) – Per Diem	This daily rate is determined by MAXIS after the “Room and Board Rate (Rate 1) – Monthly” is entered. The calculation is based on the monthly rate multiplied by 12 (months), divided by 365 (days).
Housing Support Supplemental Service Rate - Monthly	Enter the monthly rate authorized by the county or tribe and paid to the vendor to provide supplemental services for Housing Support recipients in this setting.
Exempt Reason for Supplemental Service Rate	If the setting has a Supplemental Service Rate, enter the exempt reason code that authorizes it. If none of the exempt reasons in the list apply to this setting, contact Housing Support policy staff at DHS for assistance.
Agency (County/Tribe)	Enter the name of the county or tribe that signed the Housing Support Agreement, and that authorizes the vendor, Housing Support rates, and number of authorized Housing Support beds for this setting.
Agency Contact Person	Enter the name of the person at the county or tribe who has decision-making authority related to the authorization of the Housing Support vendor, Housing Support rates, and number of authorized Housing Support beds for this setting.
Agency Phone	Enter the county or tribe contact person’s phone number.

Section B. Payee (Where Housing Support payments are sent)

In this section, enter the name and related information of the individual or business that will receive the Housing Support payments from the state. **If the payee receives Housing Support payments for more than one setting, use the same payee name for all settings, if possible.**

Section C. Provider of Supplemental Services (If different from above)

In this section, enter the name of the individual or business that will provide supplemental services if not already described previously. There should be ONLY one NPI/UMPI Number listed on this form.