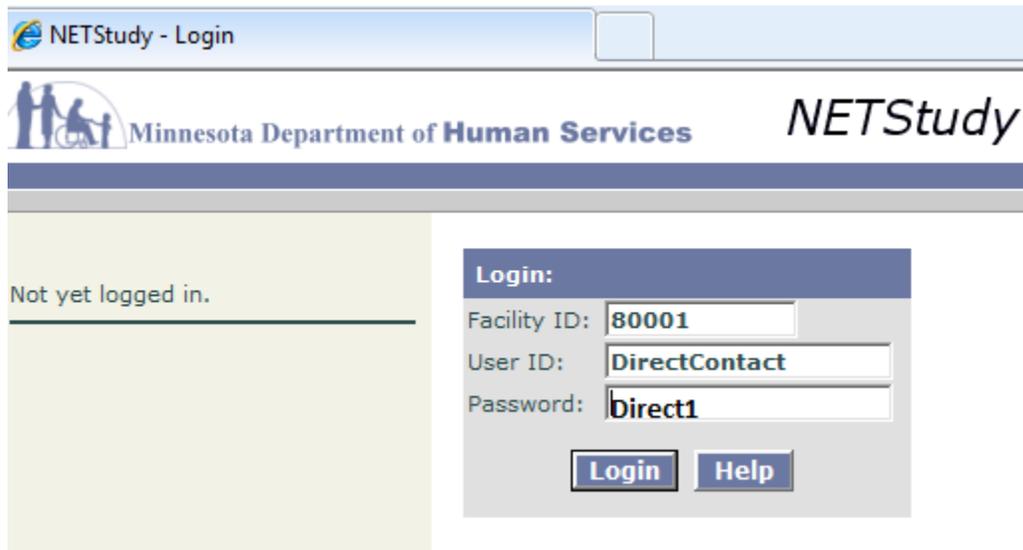


Background Studies on New Owners/Managers for Licensed Home Care/Hospice

1. Log into this website: <https://bgs.dhs.state.mn.us>
2. If the owner/manager **will** be providing direct contact services enter the Facility ID, User ID, and password listed below in the picture:



NETStudy - Login

Minnesota Department of Human Services *NETStudy*

Not yet logged in.

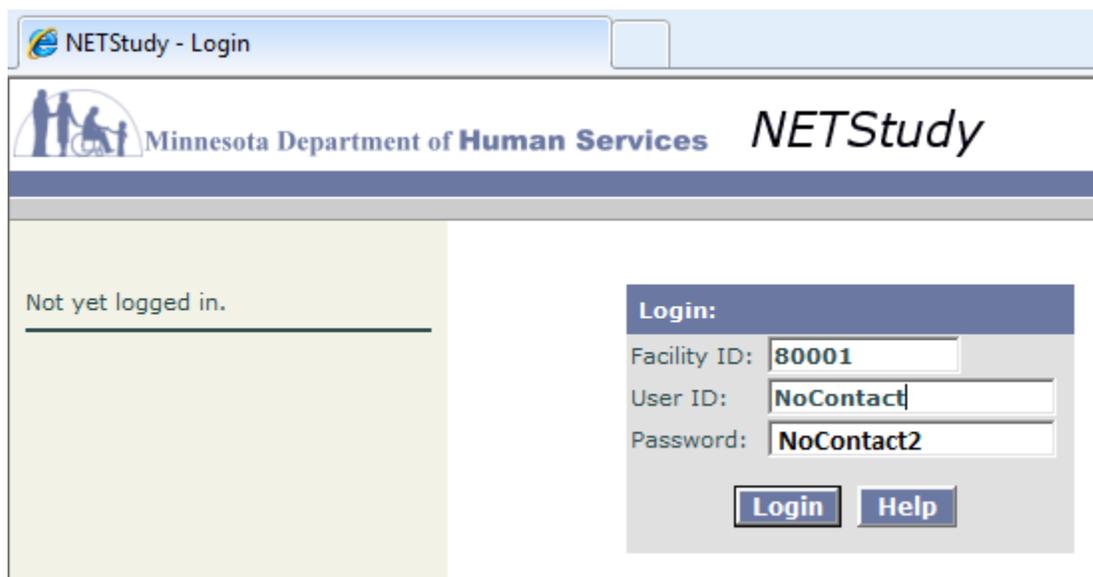
Login:

Facility ID:

User ID:

Password:

If the owner/manager **will not** be providing direct contact services enter the Facility ID, User ID, and password listed below in the picture:



NETStudy - Login

Minnesota Department of Human Services *NETStudy*

Not yet logged in.

Login:

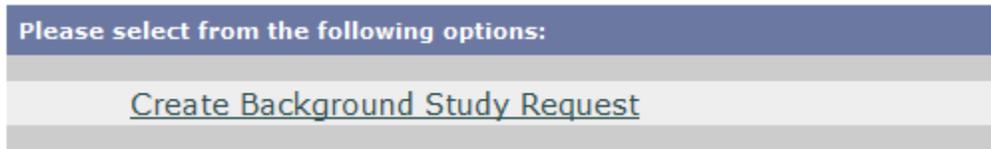
Facility ID:

User ID:

Password:

After entering the required information, click the  button.

3. Click on:



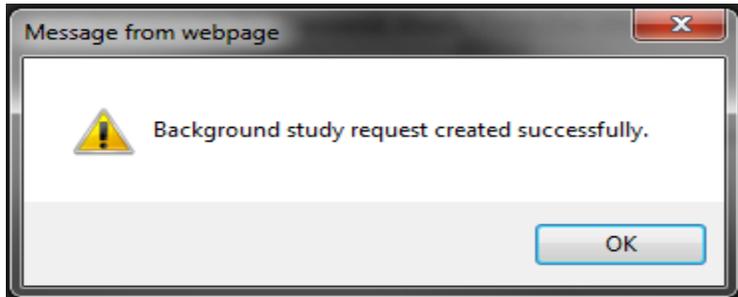
4. Read the Privacy Notice, select the appropriate checkbox, and click the “Next Tab” button.



A screenshot of the "Create Background Study" form. The form has a header with "Create Background Study" and buttons for "Help" and "Cancel". There are four tabs: "Privacy Notice" (selected), "General Information", "Address", and "Other Names". Below the tabs, there is a section titled "YOU MUST SELECT A CHECKBOX AT THE BOTTOM OF THIS PAGE TO CONFIRM THE PRIVACY NOTICE HAS BEEN RECEIVED". The privacy notice text reads: "MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES SUPPLEMENTAL NURSING SERVICES AGENCIES, EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES, PROFESSIONAL SERVICES AGENCIES BACKGROUND STUDY PRIVACY NOTICE Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:". Below the notice, there is a section titled "CONFIRM PRIVACY NOTICE" with the instruction "Please select one of the checkboxes below." and two checkboxes: "I am the subject of this background study, and I confirm I have reviewed the privacy notice." and "I am initiating this background study on someone else, and I confirm the privacy notice has been provided to the subject of the background study." There is a "Print Privacy Notice" button and a "Next Tab" button at the bottom right.

5. Enter in the background study information into the “General Information”, “Address” and “Other Names” tabs. Required fields: First, Middle, and Last Name, Date of Birth, Gender, MN driver’s license/MN state ID, Address, and Other Names (if any). Optional fields: Race, Social Security and Phone Number.

6. After all required information and any optional information is entered, click on the “Create Study” button in the upper right hand corner . A message box will display stating:



Important Note: If at any time during the creation of a study, the user clicks the  button, the user will be returned to the Main Menu and any information that was entered will be lost.

7. Once the Minnesota Department of Health (MDH) receives the application form an individual from MDH, Facility and Provider Compliance Division will submit your study to the Department of Human Services, Background Study Unit. MDH will track the study and process your application.

If you need information regarding submitting a background study for the owners/managers or any technical issues regarding NETStudy, please send an email to the NETStudy Administrator at DHS.NETStudyAdmin@state.mn.us.

If you need information regarding the application process, please contact MDH, Facility and Provider Compliance Division at 651-201-4101.