



Minnesota Health Care Programs (MHCP)

PCA Agency Surety Bond

This form is the surety bond, required for enrollment of a PCA agency with MHCP to assist the surety in drafting the bond. It outlines the minimum required elements of the bond and contains the required bond language. Any changes to the recommended language or to the terms and conditions of the bond must be approved by MHCP before submission of the bond for enrollment.

Form with fields: PCA AGENCY NAME, AGENCY TYPE (CORPORATION, LLC, ETC.), STREET ADDRESS, CITY, STATE, ZIP CODE, NAME OF SURETY

KNOW ALL PERSONS BY THESE PRESENTS: That agency named above with business office at address above as PRINCIPAL and Surety named above, a corporation duly organized under the laws of the State of _____ which is authorized to engage in the business of insurance in the State of Minnesota, as SURETY, are hereby held and firmly bound to the Department of Human Services of the State of Minnesota in the sum of \$_____ [Fifty thousand dollars for newly enrolling or re-enrolling PCA Agency providers; fifty thousand dollars if total Medicaid payments for PCA services in the previous calendar year were three hundred thousand dollars or less; or one hundred thousand dollars if the if total Medicaid payments for PCA services in the previous calendar year were over three hundred thousand dollars.]

Principal and Surety hereby bind themselves, their representatives, successors and assigns, jointly and severally.

The parties further agree that:

- 1. The purpose of this obligation, which is required by Minnesota Statutes, Section 256B.0659, Subd. 21(a)(2), is to secure the compliance by Principal with the terms of Minnesota Statute, Chapter 256B, of all rules made by the commissioner, and any other legal obligations arising out of the Principal's conduct as a personal care assistance provider agency.
2. This bond is for the benefit of the State of Minnesota. Surety shall immediately notify the Department of Human Services if the bond lapses or is cancelled.
3. This bond shall be an annual bond in effect from _____ until _____.
4. If the Principal shall violate Minnesota Statutes, Chapter 256B, or any rules made by the commissioner or other legal obligations arising out of Principal's conduct as a PCA Agency provider, the Commissioner of the Department of Human Services shall have, in addition to all other legal remedies, a right of action on this bond.

NAME OF SURETY
SIGNATURE OF ATTORNEY IN FACT (SURETY MUST ATTACH POWER OF ATTORNEY)

NAME OF PCA AGENCY
SIGNATURE OF PRESIDENT/INDIVIDUAL PROPRIETOR

ACKNOWLEDGMENT OF SURETY

State of _____) ss.
County of _____

On this _____ day of _____ 20_____,
before me personally appeared

who acknowledged that he or she is the attorney in fact
who is authorized to sign on behalf of

(NAME OF SURETY COMPANY)

a _____ corporation, on
(STATE OR PLACE OF INCORPORATION)
behalf of the corporation.

Notary Public
(Notary Seal)

ACKNOWLEDGMENT OF PCA AGENCY

State of _____) ss.
County of _____

On this _____ day of _____ 20_____,
before me personally appeared

who acknowledged that he or she is the
_____ of the PCA agency
provider whose name is subscribed on this bond form, and
that he or she is authorized to execute the bond for the
purposes contained therein.

Notary Public
(Notary Seal)