

# Bulletin

March 14, 2014

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

## OF INTEREST TO

- County Social Services Directors
- County Public Health Directors
- Tribal Health Directors
- Long -Term Care Consultation Contacts
- HCBS Program Managers
- Managed Care Organizations
- Financial Worker Supervisors

## ACTION/DUE DATE

Understand and request approval for HCBS services for qualified EMA individuals on or after July 1, 2013.

## EXPIRATION DATE

March 14, 2016

## Home and Community-Based (HCBS) Services Available to Emergency Medical Assistance (EMA) Recipients

### TOPIC

The 2013 Legislature amended Minnesota Statutes, section 256B.06, subdivision 4 to allow the provision of HCBS services available under the Elderly Waiver (EW) program to EMA recipients of any age who meet eligibility requirements, and within the availability of funding appropriated for this purpose.

### PURPOSE

Summarize the legislation and outline the policy and process related to implementation of the amendment to Minnesota Statute, section 256B.06, subdivision 4.

### CONTACT

[dhs.emacommunitysupportplans@state.mn.us](mailto:dhs.emacommunitysupportplans@state.mn.us)

### SIGNED

---

LOREN COLMAN  
Assistant Commissioner  
Continuing Care Administration

### Terminology Disclaimer

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

## **I. Background**

Minnesota Statutes, section 256B.06, subdivision 4 governs citizenship requirements for medical assistance (MA). This subdivision includes information about eligibility for qualified noncitizens, as well as services available to noncitizens, regardless of status, as necessary for the treatment of an emergency medical condition. Services necessary for the treatment of an emergency medical condition are defined and limited under paragraph (h), item (1); item (2) under paragraph (h) defines services not available to recipients of emergency medical assistance (EMA).

The 2013 Legislature amended this statute by adding a new paragraph (l) under subdivision 4 that modified the services available to recipients of emergency medical assistance:

(l) Effective July 1, 2013, recipients of emergency medical assistance under this subdivision are eligible for coverage of the elderly waiver services provided under section 256B.0915, and coverage of rehabilitative services provided in a nursing facility. The age limit for elderly waiver services does not apply. In order to qualify for coverage, a recipient of emergency medical assistance is subject to the assessment and reassessment requirements of section 256B.0911. Initial and continued enrollment under this paragraph is subject to the limits of available funding.

Under Minnesota Statutes, section 256B.0911, Long Term Care Consultants<sup>1</sup> (LTCC) perform assessments and develop community support plans as part of eligibility determination for HCBS programs. The LTCC assessment and development of a community support plan is completed by counties to determine HCBS eligibility for EMA participants and to implement this legislation.

The county where the individual is located at the time of the request for an LTCC assessment is responsible to complete the assessment, eligibility determination and support plan for EMA participants, as is required under Minnesota Statutes, section 256B.0911.

The county where the individual resides is responsible to provide ongoing case management for EMA individuals approved to receive HCBS services by the Department of Human Services (DHS) as described in section III below.

## **II. Emergency Medical Assistance (EMA)**

As noted in the statutory amendment included above, an individual of any age who has been determined to be eligible for EMA can be eligible for coverage of EW-like services and

---

<sup>1</sup> Long Term Care Consultants will become certified assessors as part of the statewide launch of the MnCHOICES Initiative. In addition, for purposes of this bulletin, "LTCC assessment" includes MnCHOICES assessments in counties that have transitioned into MnCHOICES.

rehabilitative services provided in a nursing facility. The funding for these EMA-HCBS services is separate from funding that supports the MA waiver programs and Alternative Care, and does not affect county aggregate allocations and management of HCBS waiver programs for individuals under age 65.

LTCC consultants do NOT determine eligibility for EMA. Financial workers complete EMA eligibility determination. A brief description of EMA eligibility is included here for LTCC consultant information only.

To be eligible for EMA, people must meet all of the following conditions:

- Have an [MA basis of eligibility](#)
- Have an emergency medical condition
- Meet all other MA eligibility requirements, including state residence.

An emergency medical condition for EMA purposes occurs when a person:

- Has a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to do any of the following:
  - Place the person's health in serious jeopardy
  - Cause serious impairment to bodily functions.
  - Cause serious dysfunction of any bodily organ or part.

Note: Examples of such conditions include, but are not limited to, stroke, heart attack, abscessed teeth, broken bones, ear infections, and kidney failure.

### **Long Term Care Services to Prevent Emergency Conditions from Arising**

When long-term care services are needed for medical conditions that require further care outside of the emergency room or hospital, such as long-term care facility or home care services to prevent the condition from becoming an emergency within 48 hours, the physician or dentist can submit an Emergency Medical Assistance Care Plan Certification (CPC) Request ([DHS-3642](#)) to DHS' review agent. This form will continue to be used for requests of this nature.

### **III. Instruction for Long Term Care Consultants in Determining Eligibility for HCBS Services for EMA Individuals**

The request for approval of home and community-based services available for an EMA recipient will be based on criteria and process as outlined below.

- The individual must be determined to be eligible under EMA requirements.

- The individual has had a face-to-face LTCC assessment (and reassessment, if applicable) by a Long Term Care Consultant as described in Minnesota Statutes, section 256B.0911.
- The individual is determined to meet nursing facility level of care (NF LOC). The level of care criteria is found in DHS Form 3361.
- An individual is in need of a service available under the EW program as part of a Community Support Plan/Coordinated Services and Support Plan (CSP/CSSP) developed by the LTCC consultant that reasonably ensures health and safety.
  - The services that can be recommended as part of the CSP/CSSP to address assessed needs are limited to those covered under the Elderly Waiver. These services, including provider qualifications for services, can be found at [http://www.dhs.state.mn.us/main/id\\_056766](http://www.dhs.state.mn.us/main/id_056766)
  - All EW services are available to qualified EMA individuals of any age, based on assessed needs and inclusion in the CSP/CSSP.
- The maximum monthly budget amount for the CSP/CSSP is the monthly EW case mix budget amount. These case mix amounts can be found at [http://www.dhs.state.mn.us/main/dhs16\\_151043.pdf](http://www.dhs.state.mn.us/main/dhs16_151043.pdf)
- Rates for HCBS services approved for an EMA-HCBS participant will be the EW service rates. Rates for EW services can also be found at [http://www.dhs.state.mn.us/main/dhs16\\_151043.pdf](http://www.dhs.state.mn.us/main/dhs16_151043.pdf)
- Case management is required to be provided by the county where the participant resides.

The 2013 amendment to Minnesota Statutes, section 256B.06, subdivision 4, paragraph (1) *does not* limit the provision of home and community-based services available under the EW program to a recipient of EMA of any age solely to prevent conditions from becoming an emergency within 48 hours.

However, a referral for a LTCC assessment and additional community support planning may be received for an individual who has a Care Plan Certification (CPC) approval in place for home care, including personal care assistant (PCA) services. See information below about coordination of approved home care services and the HCBS community support plan and request for approval of HCBS services.

#### **IV. MMIS Detail and Operational Information for EMA Recipients**

When an individual who has been determined by a financial worker to be eligible for EMA and has been assessed by a Long Term Care Consultant and determined to meet the criteria outlined above for receipt of HCBS services as an EMA recipient:

1. A Long Term Care Screening Document is entered into MMIS with **Program Type 00**.
2. Do NOT attempt to enter a service agreement or prior authorization of any type for HCBS services that will be requested for approval by the Department of Human Services (DHS).
3. Complete the relevant sections of the CSP/CSSP, **DHS 4166** and forward via secure e-mail to

[dhs.emacommunitysupportplans@state.mn.us](mailto:dhs.emacommunitysupportplans@state.mn.us) Counties are reminded that the CSP/CSSP includes private data.

4. This CSP/CSSP form can be found at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4166-ENG>
5. Part C of the CSP/CSSP MUST include the proposed, requested services to be covered as an HCBS service. All information about the provider, the procedure code, the units, the rate, and the monthly total must be included. The services, procedure codes, and rates are limited to those used in the Elderly Waiver program.
6. If approval is being requested for customized living (CL), a CL/24CL rates workbook must be completed and submitted before a request for approval can be completed. The workbook and other related information can be found at [http://www.dhs.state.mn.us/dhs16\\_143983](http://www.dhs.state.mn.us/dhs16_143983)
7. Completion of the CSP/CSSP will result in a monthly support plan budget total that can be compared to the EW case mix monthly budget cap for the individual, based on the person's case mix classification. The services requested must be within these monthly budget caps.
8. If state plan home care services are currently authorized under a CPC, there will be a "Type B" home care service authorization in MMIS. The Type B service authorization CAN overlap with the service authorization that will be used by DHS staff to authorize EMA-HCBS services.
9. If a person has an approved CPC that includes state plan home care, the cost of those services IS NOT included under the case mix budget maximum.
10. If an individual does NOT have an approved CPC that includes state plan home care, but state plan home care will be part of a request for approval of an EMA-HCBS CSP, then the cost of the home care services MUST BE included under the case mix budget maximum.
11. Upon receipt of the CSP/CSSP by DHS' review agent via the mailbox indicated on the previous page, DHS staff will create authorizations for each provider for services requested and approved, based on availability of funding attached to the legislative amendment.
12. Completion of the authorization by DHS staff will generate provider letters with approved service, units, and rates information, including case management.

Because of the limitation on funding attached to this legislative amendment, services will be approved on a month-by-month basis. The county requesting approval of the service plan will receive a confirmation by email:

- When the first month's services are approved
- About the availability of funding to support requested services on an ongoing monthly basis
- When no further services can be approved if funding has been exhausted.

If an individual does not meet one or more of the requirements for HCBS but could benefit from PCA or other home care services, or an assessor believes the person's needs can be more appropriately and adequately met through state plan home care services only, the lead agency can contact DHS at the email address above for consultation about the CPC process.

### **Additional Information**

- How long will it take to get an approval for a complete request (i.e. all documentation is included)?
  - Staff will complete the review process and enter the authorizations within 10 business days.
- When does the approval start? What is the effective date of the approval?
  - The effective date of the approval will be the day it is approved unless the county requests the start date be based on the date they sent the completed request for approval.
- When will the county receive the notice that funds will be approved for an additional month?
  - The county will be notified by return e-mail when the first authorizations are entered. After that, the authorizations will be entered monthly, but the lead agency will not receive monthly notice. Each provider will receive a monthly notice of authorization, as will the county as the case management service provider.
- How much lead time will counties have when funding is expected to be exhausted?
  - DHS will notify all counties when funding is reduced to a determined amount (\$100,000, e.g.) and DHS staff will continue entering authorizations for approved plans.
- How will due process work?
  - DHS will send notices that will include appeal rights as part of authorization AND if services will be terminated because of lack of remaining funding.
  - If the county is denying service or recommending less services or different service than the recipient has requested, the county must give the recipient notice of action and appeal information as needed and according to current policy and process requirements.

### **V. Other Resources**

The **manual, DHS 4625**, *Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS* includes detailed information about entering the Long Term Care Screening Document and all edits related to various activities and assessment results, and can be found at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4625-ENG> .

More **information about the Long Term Care Consultation program**, and community alternatives to facility-based services, can be found at [http://www.dhs.state.mn.us/id\\_005990](http://www.dhs.state.mn.us/id_005990)

The **statute governing the Long Term Care Consultation program** is located at <http://ros.leg.mn/7>

A listing of statewide **LTCC Administrative Contacts for all counties** can be found at [http://www.dhs.state.mn.us/id\\_006098](http://www.dhs.state.mn.us/id_006098)

## **VI. Americans with Disabilities Act (ADA) Advisory**

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2590 (voice) or toll free at (800) 882-6262. TTY users can call through Minnesota Relay at (800) 627-3529 or a preferred relay service. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.