



Minnesota Department of **Human Services**

Bulletin

NUMBER

#14-25-13

DATE

December 23, 2014

OF INTEREST TO

- NF Administrators
- County Directors
- Social Services Supervisors
- Public Health Supervisors
- Financial Worker Supervisors
- Tribal Health Directors
- Managed Care Organizations
- LTCC Administrative Contacts

ACTION/DUE DATE

Understand eligibility and service authorization requirements for the Essential Community Supports program. Provide access to eligible populations.

EXPIRATION DATE

December 23, 2016

Essential Community Supports Program Available January 1, 2015

TOPIC

“Essential Community Supports” (ECS) program is available January 1, 2015. This program can provide transition support to individuals affected by changes to nursing facility level of care (NF LOC), and is also available to support people age 65 and older who do not meet NF LOC and are not eligible for Medical Assistance, but who have emerging needs for community support.

PURPOSE

Provide information about the Essential Community Supports program available January 1, 2015.

CONTACT

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SIGNED

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Continuing Care Administration

TERMINOLOGY NOTICE

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

Strengthening the nursing facility level of care (NF LOC) criteria is part of Minnesota's strategy to ensure sustainability of its health care system, including the long term care services sector. Strengthening the criteria that establish the need for NF LOC is paired with efforts to redirect people with lower care needs to other types of supports. In addition, more clearly defined NF LOC criteria will contribute to greater consistency in the assessment of need for and access to long term services and supports (also referred to as long term care). These combined efforts will help ensure continued access to services for people with the greatest long-term care needs.

Implementation of the change in NF LOC criteria is effective January 1, 2015 for individuals aged 21 and older, and may affect individuals participating in the Alternative Care (AC) program, and the Medical Assistance (MA)-funded Elderly Waiver (EW), Community Alternatives for Disabled Individuals (CADI) waiver, and Brain Injury-NF (BI-NF) waivers. This change in NF LOC criteria may also affect eligibility for and MA payment of nursing facility services.

See bulletins 14-25-09, 14-25-10, and 14-25-12 for more information about the revised NF LOC criteria and the potential impact on individuals receiving or applying for MA payment of nursing facility services or services under the programs listed above.

In addition to changes in the NF LOC criteria, the Minnesota Legislature authorized the creation of a new program called "Essential Community Supports" (ECS). This program is intended to provide transition support to individuals affected by the changes in the NF LOC criteria, as well as support for individuals age 65 and older with emerging need for community support.

The ECS program is authorized under Minnesota Statute, section 256B.0922. This bulletin provides information about eligibility determination for ECS, the services included under the ECS program, information for providers interested in serving the ECS populations, and operational information for lead agencies.

II. Eligibility for Essential Community Supports

Eligibility for ECS must be established during a face-to-face Long Term Care Consultation (LTCC) or MnCHOICES assessment¹ completed by a lead agency. A lead agency is a

¹Long-term Care Consultants become Certified Assessors and perform assessments using the MnCHOICES assessment application when the lead agency launches into MnCHOICES.

county, or tribe or managed care organization under contract with the Minnesota Department of Human Services (DHS), to provide information and services as described in Minnesota Statute, section 256B.0911.

Only a LTCC or Certified Assessor can make a final determination for NF LOC. See bulletins 14-25-10 and 14-25-12 for a complete description of the role of lead agencies in NF LOC determination and transition planning for individuals affected by the change in NF LOC effective January 1, 2015, including individuals in nursing facilities.

An individual in any setting may request a LTCC or MnCHOICES visit and assessment at any time. This assessment is available to any individual with long term or chronic care needs, regardless of eligibility for public programs.

There are two populations that may be determined to be eligible for ECS:

- Individuals in the “transition” population affected by the changes in the NF LOC criteria; and
- Individuals age 65 and older who are not eligible for MA and who do not meet NF LOC criteria

Each population is supported using a separate “program type” to enroll and authorize ECS services in MMIS.

III. ECS Eligibility for Transition Populations – Program Type 30

A. Definition of Transition Population

LTCC or MnCHOICES assessors will provide access to transition support for HCBS participants as well as NF residents as part of their role in making a final determination of NF LOC through a face-to-face assessment, and in developing a community support plan as required under Minnesota Statute, section 256B.0911 governing Long Term Care Consultation.

Transition support, including ECS, is available for individuals affected by the change in NF LOC criteria and who meet the following definition of the transition populations:

1. The transition population for HCBS programs is defined as:
 - a. Individuals participating in EW, CADI, BI-NF or AC on January 1, 2015
 - b. Do not meet the revised NF LOC criteria at their next reassessment occurring on or after January 1, 2015
 - c. Are age 21 or older at reassessment
 - d. May remain eligible for MA
 - e. May be in managed care if in MA

- f. Meet financial eligibility criteria for AC if no longer eligible for MA
 - g. Have an assessed need for the transition support available.
 - h. Live in their own home or apartment
 - i. ECS participants in the transition group *can* have an overlapping Type B home care authorization for SNV/HHA, but not PCA
2. The transition population for NF residents is defined as:
- a. Individuals admitted to a Minnesota-certified nursing facility between October 1 and December 31, 2014
 - b. Are eligible for MA for at least one day during this same time period
 - c. Do not meet NF LOC to establish a qualifying 90 day stay
 - d. Are age 21 or older at reassessment
 - e. May remain eligible for MA
 - f. May be in managed care
 - g. Meet financial eligibility criteria for AC if no longer eligible for MA
 - h. Have an assessed need for the transition support available
 - i. Will live in their own home or apartment at discharge

See bulletin 14-25-10 for more detailed information about establishing a qualifying 90 day stay for NF residents.

B. ECS Exclusions for the Transition Population

Individuals in the transition population are *not* eligible for the ECS Program Type 30 if they:

1. Are eligible for personal care assistance (PCA) service: Individuals in the transition group who remain eligible for MA state plan services and who have dependencies in activities of daily living (ADLs) cannot access ECS, and must access state plan PCA services.
2. Live in or would live in a congregate setting: Individuals who live in or would live in a congregate setting (foster care, board and lodge settings that are not apartments², non-certified boarding care, or residential care settings) are not eligible for ECS.

2 "Board and lodge" here means a setting in which an individual has a bedroom/bath only, and shares other living and dining accommodations with other unrelated individuals. For purposes of ECS eligibility, it does not include apartments in settings that may be required to carry a board-only or lodge-only license to meet other food service, or environmental and/physical plant licensing requirements. An apartment means a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom.

3. Do not meet financial eligibility for ECS: While most individuals included in the transition group will continue to be eligible for MA, ECS is also available to individuals in the transition group, both over and under age 65, who are no longer eligible for MA state plan coverage as a result of no longer meeting NF LOC. For *this non-MA group, an individual must meet the financial eligibility criteria for Alternative Care in order to be eligible for ECS.*
4. Do not have an assessed need for the services available under the ECS program. The ECS program contains a limited set of services, and not all individuals may be assessed to need any service available under ECS.
5. Are on MA and are not part of the transition population: ECS is NOT a new program for individuals on MA except for those in the transition population.

Individuals in the transition population who remain eligible for MA can continue to participate in ECS as long as they continue to meet ECS criteria. However, these individuals cannot exit the ECS program and return, and must be opened to ECS immediately upon exiting their previous HCBS program.

IV. ECS Eligibility for Individuals Age 65 and Older – Program Type 29

A. Basic ECS Requirements

The ECS program is available for people 65 and older who are applying for publicly-funded long term care services if the person meets all of the following requirements:

1. The individual has participated in a face-to-face LTCC or MnCHOICES assessment.
2. The individual does not meet NF LOC criteria as determined by the lead agency assessor.
3. The individual is not eligible for MA.
4. The individual's income and assets fall within the thresholds for AC financial eligibility.
5. The individual meets citizenship requirements.
6. The individual requires an ECS service based on assessment.

Individuals enrolled in ECS under Program Type 29 are always fee-for-service clients managed by a county or tribe. Individuals in this program type are not on MA. There is no county or tribal allocation for ECS, or lead agency management of ECS funding as an aggregate or allocation.

B. ECS Exclusions for the 65 and Older Population

Individuals age 65 and older are *not* eligible for the ECS Program Type 29 if they:

1. Have previously been determined ineligible for long term care under MA or AC: Individuals who have applied for coverage of long term care services under the AC program or MA who have been determined to be ineligible for reasons such as improper asset transfers are not eligible for ECS. Information about LTC ineligibility is found in the RLVA screen in the recipient subsystem in MMIS. Editing in the Long Term Care Screening Document will not allow an individual with LTC ineligibility to be opened in, changed to, or continued on ECS. Only a financial worker can change this status.
2. Live in or would live in a congregate setting: Individuals who live in or would live in a congregate setting (foster care, board and lodge settings that are not apartments³, non-certified boarding care, or residential care settings) are not eligible for ECS.
3. Do not meet financial eligibility for ECS: If an individual's income and assets exceed the AC financial eligibility thresholds, they are not eligible for ECS.
4. Do not meet all other eligibility criteria listed in IV. A above cannot access ECS.
5. Do not have an assessed need for the services available under the ECS program. The ECS program contains a limited set of services, and not all individuals may be assessed to need any service available under ECS.
6. Have other resources that duplicate ECS services: Individuals with long term care insurance or other coverage of services available under ECS are not eligible for

³ "Board and lodge" here means a setting in which an individual has a bedroom/bath only, and shares other living and dining accommodations with other unrelated individuals. For purposes of ECS eligibility, it does not include apartments in settings that may be required to carry a board-only or lodge-only license to meet other food service, or environmental and/physical plant licensing requirements. An apartment means a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom.

funding for duplicate services under the ECS program. ECS funding should not be used to supplant existing resources.

7. Are required to apply for MA: In completing the financial eligibility determination for ECS, some individuals may fall within income and/or asset guidelines that indicate the person may be eligible for MA. In this case, an individual is not eligible for ECS until MA has been applied for and denied.
8. Are on MA and are not part of the transition population: ECS is NOT a new program for individuals on MA except for those in the transition population.

V. ECS Services and Program Details

The Essential Community Supports program includes the following services:

- Homemaker
- Personal Emergency Response (PERS)
- Chore
- Family Caregiver Coaching and Counseling
- Family Caregiver Training and Education
- Home Delivered Meals
- Service Coordination (case management/case aide)
- Community Living Assistance
 - Face-to-face
 - Remote service
- Adult Day Service
 - 15 minute unit only

When offered under ECS, with the exception of Community Living Assistance (CLA) service, the definition and scope of these services, provider qualifications and standards, and rates are the same as when these services are provided under the EW program. For more information about each of these services, please see the [Community-Based Services Manual](#)

Other ECS program features include:

- \$424 monthly maximum budget
- Required service coordination, included under the \$424 monthly budget, and limited to \$600 annually.
- For the transition group (Program Type 30), an additional \$600 for service coordination is available on a one-time basis to assist in transition planning. This additional planning resource is not included under the \$424 monthly budget.

- Prior authorization of all ECS services by a lead agency, using MMIS service agreements for approved services, including for individuals in the transition group (Program Type 30) in managed care
- Ongoing monitoring is required, as applicable

See Section VI for a complete description of Community Living Assistance service.

VI. Community Living Assistance Service

Community Living Assistance is a new service developed as part of the design of the Essential Community Supports program. The service is intended to assist or support a person to maintain their community living, including employment.

A. Covered Services

CLA services include assistance and support in the following areas:

1. Basic living and social skills such as:
 - Help to access community resources including transportation, employment, housing, etc.
 - Help to socialize with friends and family
 - Help with interpersonal communication
 - Reminders for activities of daily living
 - Support to develop and/or maintain informal support systems
2. Household management such as:
 - Assistance to make lists (e.g., grocery, cleaning, etc.)
 - Assistance to make or manage appointments and maintain calendar
 - Basic assistance with technology to support community living
 - Help to maintain and apply for benefits
 - Help to read and respond to mail
 - Help to budget and manage money
 - Review and recommend changes to address environmental risk factors (e.g., rugs, etc.)
3. Health maintenance cueing to ensure a person follows treatments according to orders issued by appropriately licensed professionals, such as:
 - Coordination of or assistance with obtaining medication refills
 - Coordination with lead agency case manager concerning health issues as identified in the support plan
 - Cues provided to the person for self-administration of medication
4. Monitor overall well-being, such as check-ins, etc.
5. Problem solving

B. Non-Covered Services

CLA services **do not** include:

1. Assistance and support not directed at a need in the person's support plan
2. Companionship
3. Nursing care
4. Services provided by people related to the person by blood, marriage or adoption (includes spouse, children, parents, step-parents, siblings, step-siblings and grandparents)
5. Transportation of the person (staff time or mileage)
6. A service provider is not covered to do the following tasks related to medication:
 - Administer medication
 - Coordinate and communicate with the prescriber or nurse, including any concerns about medication, side effects, adverse reactions, effectiveness, or the person's refusal to take medication
 - Document administration of medication
 - Prepare medication for administration
 - Set up medication
7. Services not provided directly to the person, including the remote service.

C. CLA Service Delivery Information

Allowable, approved CLA services can be provided:

- In the person's home or place of employment
- In community settings typically used by the general public
- Via remote communication conducted *directly with the individual*, such as by telephone or web, when the person needs help problem solving, to perform check-ins or deliver reminders, for example.

A provider may deliver consultative activities face-to-face or via remote communication, such as telephone or web. Either the person or the staff member can initiate contact.

Face-to-face contact by the provider must occur at least once every three months unless indicated more frequently in the support plan. If both remote and face-to-face service is authorized, both services must be delivered by the same provider.

This service is designed to supplement, not supplant or duplicate, existing supports and services or those available through other funding sources or informal supports.

D. CLA Provider Standards and Qualifications

1. Staff qualifications: Direct care staff must have on file in their employee record:
 - Background study
 - Data privacy training

In addition, staff must be able to:

- Communicate effectively with the person related to tasks, preferences and concerns either directly or via interpreter
- Follow the person's individualized support plan
- Identify and address emergencies, including calling for assistance
- Meet the needs identified in the person's support plan
- Read, write and follow written and verbal instructions
- Recognize the need for and provide assistance or arrange for appropriate assistance
- Understand, respect and maintain confidentiality
- Understand the mandated reporting requirements under Minn. Stat. §626.557
- Work independently

2. Provider qualifications

Providers must be enrolled under Minnesota Health Care Programs (MHCP), and meet one of the following qualifications:

- The provider has an active Home Care license issued by the Minnesota Department of Health; or
- An unrelated individual may receive payment to deliver CLA services without being licensed if the individual worker is excluded from licensing under Minnesota Statute, section 245A.03, subdivision 2(a),(2), and the lead agency determines the person meets the staff qualification listed above.

VII. ECS Provider Enrollment and Billing Information

A. Provider Enrollment

Providers who are currently actively enrolled to provide any service covered under the ECS program can be a provider of those same services to ECS participants. For all services except CLA service, no additional enrollment activity is required.

Qualified providers who wish to enroll to provide CLA service may add this service to their enrollment record by completing the "HCBS Service Request Form" (DHS-6638). Within the form, select "Adding Services to an Existing Provider Record", then select "Community

Living Assistance Service” and indicate your qualification to provide the service. Complete and fax to 1-651-431-7462.

If you are not currently enrolled as a provider under MHCP, please go to [Provider Enrollment](#)

A provider of CLA cannot have a financial interest in the individual’s housing. Qualified CLA providers may not control or influence participant housing directly or indirectly.

B. Provider Billing Information

All ECS services require prior authorization in MMIS. All providers will receive a Service Agreement Letter indicating the service, units, and rates approved for the ECS participant. ECS services will be authorized using a Type “Y” service agreement. This includes individuals in managed care in the transition group. All providers will bill DHS using the prior authorization information. Allowable procedure codes for each service are:

- Chore S5120
- Homemaker S5130 or S5131
- Homemaker with home management S5130 TF or S5131 TF
- Homemaker with ADL assistance S5130 TG or S5131 TG
- Personal Emergency Response System S5160 (install), S5161 (monthly fee), or S5162 (purchase)
- Family Caregiver Training and Education S5115
- Family Caregiver Coaching and Counseling S5115 TF
- Home Delivered Meals S5170
- Community Living Assistance in person and remote H2015
- Community Living Assistance remote only H2016
- Adult Day Care 15 minutes S5100
- Adult Day Care FADS 15 minutes S5100 U7
- Case Management T1016 UC, T1016 TF UC

For CLA service, an individual could be approved for in-person assistance only. However, if the plan and authorization contains the remote service, it must also contain the in-person service.

In this case, both H2015 and H2016 must be approved on the Service Agreement. The two types of service are authorized on different line items but must overlap by at least one day. The rate for CLA in-person service is \$4.50/15 minute unit. The rate for remote service is \$6/day.

CLA codes H2015 and H2016 cannot be billed on the same day. If both services are provided on the same day, the time spent in remote service must be added into the face-to-

face time and billed under H2015. Providers must follow billing policy related to calculation of appropriate units for billing.

Individual CLA workers determined by the lead agency to meet qualifications can enroll as an individual provider, but are not required to if the lead agency is the billing agent for the service.

C. Eligibility Verification Information (EVS)

The EVS system is in the process of being updated to deliver the message "This subscriber is eligible for Essential Community Supports services" for both the transition population and the senior program. Providers will also receive verification that a person has been approved for ECS by receipt of their ECS Service Agreement letter.

VIII. Financial Eligibility for ECS

A. Financial Eligibility for the ECS Transition Group - Program Type 30

1. Individuals who remain on MA: No additional financial eligibility determination is required for the individual to access ECS, if otherwise eligible.
2. Individuals previously served under the AC program: No additional financial eligibility determination is required for the individual to access ECS, if otherwise eligible.
3. Individuals who are no longer eligible for MA as a result of changes in NF LOC and loss of long term care eligibility must meet ECS financial eligibility requirements as described in VIII.B below.

B. Financial Eligibility for People Age 65 and Older – Program Type 29

DHS has created calculating worksheets (forms) for use in determining financial eligibility for ECS. These worksheets are patterned after those used to determine financial eligibility under the Alternative Care program, with some exceptions. Information obtained in completing the worksheets is used in the Long Term Care Screening Document (LTC SDOC) subsystem in MMIS to document and verify ECS financial eligibility, as is done for AC program participants.

These forms collect information about income, assets, and certain types of expenditures in order to determine whether the applicant's combined income and assets exceeds the program limits for financial eligibility. At the time of publication, the combined total income and assets calculated, multiplied by 4.5, cannot exceed \$28,080. This is the amount estimated to be spent, on average, within 135 days (or 4.5 months) of NF admission.

A videoconference on AC and ECS financial eligibility determination is scheduled for February 26, 2015.

C. Documenting ECS Financial Eligibility in MMIS

The person’s gross income and asset amounts as well as the adjusted income and asset amounts from these worksheets are added to Section H of the LTC SDOC in MMIS. Edits within the LTC SDOC will assure that the person’s amounts fall within the financial eligibility guidelines for ECS.

To establish financial eligibility, all of Section H must be completed *except* for:

- Medicare ID Number
- Medicare Part A Effective, and Medicare Part B Effective (these fields will be mandatory if the Medicare Eligible field = Y)
- AC Fee Waiver Reason
- AC Fee Accessed

The AC fee fields are not completed because there is no participant contribution for ECS.

LTC SDOC Section H Fields - Section H collects data for the Alternative Care and Essential Community Supports recipient. The screen only appears on MMIS for those program types.

| SDOC Section H Fields | |
|--|---|
| AC and ECS Recipient’s Address County of Financial Responsibility AC/ECS Gross Income AC/ECS Gross Assets AC/ECS Adjusted Income AC/ECS Adjusted Assets Medicare ID Number Medicare Part A Start/End Dates Medicare Part B Start/End Dates AC Fee Waiver Reason Medicare Eligible AC Fee Assessed | For the Alternative Care client, the Gross Income, Gross Assets, Adjusted Income, Adjusted Asset, AC Waiver Reason, and AC Fee Assessed fields can be changed at any time using Activity Type 05 and Assessment Result 32. For the ECS client, use Activity Type 05 and Assessment Result 98. |

IX. MMIS Support for ECS Programs

Please see the “Instructions for Completing and Entering the LTCC Screening Document into MMIS” manual, DHS Forms 4625 (County-Tribe), and 4669 (MSHO, MSC+), final

revision to be posted in December, 2014. The manual(s) contain complete information about establishing eligibility for both of the ECS program types, as well as information about ECS service authorizations.

Some abridged information is included below to highlight some of the differences between ECS and other HCBS programs managed within the LTC SDOC and HCBS service authorization subsystems. As noted previously, two Program Types are created in MMIS to support access to ECS for the two eligible populations.

A. Mandatory ECS Fields in the SDOC

When opening an individual over to ECS, all of the fields typically required to be completed for completing a face-to-face assessment and opening an individual to a HCBS program are mandatory. When opening a person 65 and older who is not part of the transition group and on MA to ECS, use new Program Type 29. When transitioning a person from EW, AC, CADI, or BI-NF to ECS, use new Program Type 30.

For both Program Type 29 and 30:

All of Section A must be completed except for:

- Reference #
- Secondary Diagnosis
- Mental Health Targeted Case Manager

All of Section B must be completed except for:

- Hospital Transfer
- OBRA Screening Level 1
- OBRA Level 2 Referral
- BI/CAC Referral

All of Section C must be completed

All of Section D must be completed except for:

- Guardian Choice
- Case Mix Amount
- Reason(s) for Assessment Results/CDCS Terminate

All of Section E must be completed.

All of Section F must be completed except for:

- MHM IND
- CDCS
- CDCS Amount

At least one value must be entered for Section G. Do not use Source Code M.

Additional information is included here related to allowable valid values for certain fields in order for the program type to be ECS:

- Informed Choice. Value must be a Y.
- Level of Care. (Value must be 07 – NO LOC)
- Waiver Eligibility Criteria. All fields must be a Y.
- Current Housing. Value must be 09 (Own home)
- Planned Housing. Value must be 09 (Own home)
- AC Adjusted Assets and Income Fields (Must fall within AC guidelines, see more information below).
- Current/Planned Living Arrangement (Planned cannot be live with others in a congregate setting)
- Assessment Team. For Program Type 29, must be 01 (county/tribe)

Persons enrolled with MSHO or MSC+ products MA02, MA35, MA30, NM30, or NM35; or SNBC products MA17, MA19, or MA37 are not allowed to open to the ECS program using program type 29.

Persons transitioning to ECS using program type 30 may open to ECS while enrolled with MSHO, MSC+, and SNBC products.

B. ECS Service Agreement Type “Y”

All ECS services for both Program Type 29 and 30 require prior authorization using a type “Y” service agreement in MMIS, including for individuals in the transition group who remain in managed care.

A new service agreement type Y is entered into the MMIS. County and tribal staff will enter this service agreement for their fee-for-service individuals and any individual enrolled with any health plan under SNBC. For persons enrolled with MSHO or MSC+, the MCO will submit the service agreement to DHS for data entering unless there is an arrangement with a delegate agency to enter the service agreement into the MMIS. Providers bill DHS, not the MCO.

Tribal staff will enter this service agreement for their fee-for-service individuals and any individual enrolled with any health plan with SNBC, MSHO, or MSC+ the tribe is managing. The SACTAD field is completed.

There are two methods for services to be authorized and approved in MMIS for managed care enrollees:

1. Contracted lead agency staff who currently have MMIS access directly enter the service agreements; or
2. The MCO submits a service authorization to DHS using an Excel workbook tool submitted through MN-ITS for DHS staff entry

The monthly budget for both program types is \$424/mo. Case management is required for FFS individuals, and is limited to \$600 annually. The transition population can access and additional \$600 for transition planning one time. Case management will not be allowed to be entered on a SA for an individual enrolled in managed care.

Services may begin January 1, 2015 or later and are authorized after a LTC SDOC with Program Type 29 or 30 is entered into MMIS and approved when a person is opened to, changed to or continuing on the ECS program.

C. Additional Information about Service Agreement Type “Y”

- A service agreement header may have a period up to twelve months but each individual line item is limited to six months.
- The service agreement may overlap with a Type B Home Care authorization for purposes of authorizing skilled nurse or home health aide state plan services.
- The person must be in the community with living arrangement code 80 in the Recipient Subsystem.
- The monthly budget is \$424.00. This amount is multiplied by the number of months in the service agreement period for a total cap amount. The total budget cap will increase or decrease if the service agreement period is increased or reduced.
- Case management is not added to the service agreement for persons enrolled with managed care.
- The “Referring Provider ID Number” must be populated with the MCO provider number for ECS-enrollees for all MCOs.
- The total of case management and paraprofessional case management for persons opening to ECS from the nursing home cannot exceed \$600.00. The entire amount authorized will be included under the total budget cap.
- The total for case management and paraprofessional case management for persons *transitioning* to ECS from the waiver program and from the nursing home cannot exceed \$1,200.00. \$600.00 of the amount authorized for this service will be included under the total budget cap.
- Claim payment for ECS services is through the MMIS and not submitted to MCO billers. New reason code 700 is automatically added to remind providers not to bill the MCO.
- The line items for H2015 and H2016 must overlap at least one day and both be approved. The provider must submit a claim for one or the other but not both services on the same day.

X. Additional Support for Transition Populations

Housing - The Essential Community Support program does not pay for housing. Many individuals participating in HCBS programs, including ECS, may also be eligible for housing support such as that provided under the Group Residential Housing (GRH) program. Please go to [Group Residential Housing](#) for more information about the GRH program, as well as [the Housing Tool Box](#) for a collection of information and resources about housing access and supports.

Other community resources - Persons who are 60 and older are also eligible for Federal Older Americans Act Title III services. The ECS service plan can be supplemented with Title III services such as home delivered meals. It is important for lead agency assessors to be familiar with and knowledgeable about other community resources available from faith-based or volunteer organizations, or other community-wide resources, such as transportation in order to develop the individual's Community Support Plan/Coordinated Services and Supports Plan.

XI. ECS Communication with a Financial Worker – DHS-5181

The Lead Agency Assessor/Case Manager/Financial Worker Communication Form, DHS-5181 is used by lead agency assessors to notify the financial worker of assessment results, requests for MA payment of long-term care, waiver program status, and other information about MA applicants and enrollees. It is also used for some AC applicants for purposes of asset assessment. Financial workers use the same form to communicate MA eligibility information back to lead agency assessors.

It is very important that both assessors and financial workers are timely and consistent in the use of this form to communicate long term care service and financial eligibility determinations and changes.

For ECS individuals, financial workers will be notified when an ECS applicant is required to apply for MA, based on completion of the ECS financial eligibility worksheets. DHS Form 5181 has been revised to include a section specifically for this purpose, since the assessor will also be indicating that the individual does NOT meet NF LOC.

For individuals required to apply for MA, ECS cannot be opened until MA has been denied. This determination will be communicated back to the assessor by the financial worker using DHS 5181 as well.

XII. ECS and Appeals

An individual can appeal a denial or termination of ECS services. Lead agencies will use their Notice of Action (DHS 2828) form for fee-for-service clients; MCOs will use their DTR (denial, termination or reduction) templates, using a reason code provided by DHS.

XIII. Communications and Training Opportunities

Please go to www.dhs.state.mn.us/nfloc periodically for additional information about additional training opportunities.

Information about **videoconference** schedules and registration information can be found at <http://agingtraining.dhs.state.mn.us>

Copies of previous videoconference presentations can be found at [NF LOC Videoconferences](#) Videoconference is archived for at least 90 days after the session.

Other presentations and training: Organizations can request presentations and training, and DHS staff will accommodate as many of these requests as possible. Please forward any requests to dhs.nfloc@state.mn.us

NF LOC materials are posted at www.dhs.state.mn.us/nfloc Lead agencies will be notified when materials are posted.

The **NF LOC Stakeholder Group** will continue to meet with CCA staff to assist in review of communication materials, clarify policy, and review draft content for publication.

Stakeholders provide an important communication link to their constituents. Information about the NF LOC Stakeholder Group can be found at www.dhs.state.mn.us/nfloc

Lead agency communications and reports will also be used to assist lead agencies in implementing the changes to NF LOC.

XIV. Additional Resources

All DHS Forms can be found at [DHS Forms](#) This web site includes a subscription option to receive notification when forms are revised, or when new forms are published. The revised NF LOC criteria is available in DHS Form 7028

More information about the **Preadmission Screening** initiative can be found at [Preadmission Screening](#)

All DHS bulletins can be found at [DHS Bulletins](#) This web site includes a subscription option.

See Minnesota Statute, section 144.0724, subdivision 11, for the **statutory NF LOC criteria** at [Minnesota Statutes](#)

See Minnesota Statute, section 256B.0911 for more information about the **role of Long Term Care Consultants** and **MnCHOICES Certified Assessors** at [Long Term Care Consultation/MnCHOICES](#)

A listing of statewide **LTCC Administrative Contacts for all counties** can be found at [LTCC Contacts](#) **Contact information for each MCO** can be found at in DHS Form 6581A found at [DHS Forms](#)

XV. Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2600 (voice) or toll free at (800) 882-6262 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Attachment A – MMIS Information

| Transition Scenarios | Program Eligibility Requirements – MMIS Edits |
|--|---|
| <p>Person is transitioning from a waiver program to ECS.</p> <p>The previous waiver program must cover the date 1/1/15 (see RWVR screen)</p> | <p>The exit from the waiver program must be due to a reassessment visit (activity type 06) using Assessment Result 21.</p> <p>The opening to the ECS uses Activity Type 07, Assessment Result 10, and Program Type 30.</p> <p>The Effective Date field must be the same day or one day greater than the exit date.</p> |
| <p>Person in transition group opens to ECS from the nursing facility.</p> <p>The Effective Date must be more than 1/1/15 and less than 5/1/15.</p> | <p>Activity Type = 04, Assessment Result = 01 or 10, Program Type = 30</p> <p>The Living Arrangement type located on the MMIS RLVA screen must be 41, 42, 44, or 45 (short and long term NF) and the living arrangement begin date must be equal to or greater than 10/1/14 but less than 1/1/15</p> <p>The MA eligibility span must be at least one day within the period 10/1/14 to 1/1/15.</p> |
| <p>Person is transitioning to ECS with ADLs that show they are eligible for PCA services. Person is not eligible for ECS and must be open to MA state plan services.</p> | <p>Program Type = 30 Major Program MA overlaps with Effective Date of ECS: The ADL fields on the ALT3 screen show: Bathing or Dressing or Grooming or Walking is greater than 01; or Eating is greater than 02. Edits will indicate not eligible for ECS.</p> |
| <p>Allowable Assessment Results</p> | <p>Program Type 29</p> <ul style="list-style-type: none"> ○ Initial Opening to Program - 01 ○ Opening to a New Program - 10 ○ Reopening to Same Program - 11 ○ Reassessments - 13 ○ Exiting the Program – 20, 22 – 26 ○ Other – 98 <p>Program Type 30</p> <ul style="list-style-type: none"> ○ Initial Opening to a Program – 01 (For NF resident transition population only) ○ Changing to a New Program - 10 ○ Reassessments - 13 ○ Exiting the Program – 20, 22 – 26 ○ Other – 98 |