



Minnesota Department of Human Services

Bulletin

NUMBER

#15-25-03

DATE

February 27, 2015

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

Use additional operational information to implement changes in nursing facility level of care.

EXPIRATION DATE

February 27, 2017

Lead Agency Implementation of NF LOC Changes: Additional Operational Information

TOPIC

Nursing facility level of care (NF LOC) criteria changed effective January 1, 2015 for individuals age 21 and older. Support for lead agency implementation of this change has been provided by DHS through bulletins, training, and materials. This bulletin provides additional operational information for lead agencies.

PURPOSE

Provide additional operational information to lead agencies regarding forms, MMIS changes, assessment of risk, and operational scenarios.

CONTACT

dhs.nfloc@state.mn.us

SIGNED

LOREN COLMAN

Assistant Commissioner

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

Implementation of the change in nursing facility level of care (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) waiver. This change in NF LOC criteria may also affect eligibility for and MA payment of nursing facility services.

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.

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. See bulletins 14-25-13 and 14-25-13C for 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.

This bulletin provides additional operational information for lead agencies (counties, tribes and managed care organizations or MCOs) related to the implementation of changes to the NF LOC and providing Essential Community Supports to eligible individuals.

II. Updated Materials

The Minnesota Department of Human Services (DHS) updated or created materials to support the implementation of the revised NF LOC. A list of these materials is provided here to ensure lead agency Long Term Care Consultants and/or MnCHOICES Certified Assessors¹ are aware of and are using the most recent versions of these materials when completing assessment, reassessment, and other management and operational tasks related to the revised NF LOC and the programs and services listed above. All DHS forms and other materials 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.

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

A list of all updated forms is included as *Attachment A*. Of particular importance is DHS 7028, which contains the revised NF LOC criteria. Lead agencies should make sure that the most recent versions of forms included in Attachment A are being used in the implementation of the revised NF LOC criteria, and provision of transition supports.

III. Notes on Assessing Risk

The information below is provided to clarify areas of assessment, NF LOC criteria, and in response to requests for information delivered to DHS through various channels. It is included based on typical questions that DHS staff have received, including questions submitted through the NF LOC mailbox at dhs.nfloc@state.mn.us The information is grouped by topic as much as possible.

A. Assessing Risk of Self-Neglect or Maltreatment by Another

Assessment of the risk of maltreatment by another, or risk of self-neglect, in combination with the living arrangement status of “living alone”, “homeless”, or “would live alone/be homeless without current housing type” form one basis of NF LOC. In order to assist assessors in determining risk of self-neglect or maltreatment by another, some examples of the type and source of evidence that would signify *risk* of maltreatment by another or *risk* of self-neglect sufficient for the purposes of NF LOC determination are provided in this section.

Additional information about living arrangement and risk is provided in section IV.

The Notion of Risk

As has been discussed in previous trainings and in bulletins, assessment of the *risk* of self-neglect or the *risk* of maltreatment by another may be based on evidence that does not rise to the level or type of evidence that would generate a report of maltreatment or self-neglect of a vulnerable adult as required under Adult Protection mandates.

The notion of “risk” does not imply the immediacy that is inherent in reportable self-neglect or maltreatment by another. The notion of “risk” is associated with assessment of conditions or circumstances that *increase an individual’s vulnerability* to maltreatment by another, or *increase an individual’s vulnerability* for self-neglect.

The types of risks associated with self-neglect or maltreatment by another that are outlined below are also included in DHS 7028, the published NF LOC criteria brochure.

Risks Associated with Self-Neglect

The types of risks associated with increased vulnerability for self-neglect include:

- Alcohol and/or other drug use leading to health or safety concerns

- Behaviors that pose a threat of harm to self or others
- Dehydration or malnutrition
- Hygiene that may compromise health
- Impairment of orientation, memory, reasoning and/or judgment
- Inability to manage funds that may result in negative consequences
- Inability to manage medications or to seek medical treatment that may threaten health or safety
- Unsafe/unhealthy living conditions
- Other - Specify:

An individual may be considered to be at risk of self-neglect under any *one* of the circumstances listed above. The assessor may determine additional types of risk not listed here, such as a demonstrated inability to maintain housing (history of evictions, e.g.) or inability to maintain access to health care, or inability to adequately maintain the sanitary condition of their home.

Risks Associated with Maltreatment by Another

The types of risks associated with increased vulnerability to maltreatment by another include:

- Financial exploitation
- Physical abuse
- Mental abuse
- Emotional abuse
- Sexual abuse
- Risk that a caregiver who has assumed responsibility for all or a portion of care cannot or will not provide food, shelter, clothing, health care or supervision necessary to maintain the person's physical or mental health.

B. Sources of Evidence in Determining Risk

Synthesizing Information: One of the assessor's main strengths in performing comprehensive assessment is their ability to bring together and synthesize information about a wide variety of needs. A determination of "risk" may be based more on a combination of information gathered during assessment than on a single assessed need. Sources of evidence of the risk of self-neglect or maltreatment by another may include, but are not limited to:

- **The Assessment:** The assessment itself is a source of evidence in determining risk or increased vulnerability. The assessor is gathering information about a wide variety of needs during assessment.

III.B – Continued

- **Observation:** An assessor may observe conditions that are not reported by the person, or are under-reported or not addressed by the individual in the course of the assessment interview. Observation is an important source of assessor information.
- **Information Provided by Others:** Information provided by others may be an important supplemental source of information to the assessor about how well and consistently a person is managing to meet their own needs or to protect themselves from maltreatment by another.
- **Current Services:** Assessors should *consider the person's current services and supports, what type and level of needs those services and supports meet, and how the person would meet those needs without those services and supports.* Assessors need to consider the likelihood and the ability of an individual to meet their own needs, including their ability to protect themselves from maltreatment by another, without services and supports.

For example, an individual may currently receive assistance in paying their bills, and without this assistance may be more vulnerable to financial exploitation by another.

- **Combinations of Need:** Assessors should consider how *needs in one area affect a person's ability to meet their needs in another area of life,* and how multiple limitations will affect their overall ability to reasonably manage their own needs.

For example, if a person has difficulty preparing their own meals, cannot shop for groceries without assistance, and cannot provide their own transportation to complete shopping, how will they maintain nutritional health?

A person may be considered to have increased vulnerability for self-neglect if there is evidence of the *person's inability to do day-to-day tasks without assistance* such as preparing their own meals, shopping, engaging in transportation, or maintaining adequate healthy, sanitary conditions of their kitchen/bathroom.

Another example is that the person has *multiple limitations in performing various activities of daily living,* despite the fact that their level of need for assistance in any single activity does not rise to “dependency” under the assessment items. Without support, multiple limitations may increase this person's risk for self-neglect.

The *need for occasional assistance, because the individual has “good” or “not so good” days, cannot be dismissed in assessing risk of self-neglect.* If this assistance is not available, there can be a cumulative effect on this person's ability to maintain as much

Sources of Evidence – Con't

independence as possible. This type of assistance also provides an opportunity for “eyes on” the person to ensure that “risk” of self-neglect does not escalate or progress and become reportable under the Adult Protection mandate.

A last example of *how need in one area can affect or create other areas of need*: an individual who is unable to manage their diabetes or other medications sufficiently may be at risk both due to their “Inability to manage medications or to seek medical treatment that may threaten health or safety” and at risk of the *consequences* of mismanaged medication (disorientation, e.g.).

- **Previous Knowledge:** Some individuals may be receiving services at present because of previous referrals from Adult Protection or other agencies. Current services are in place, at least in part, as part of a strategy to avoid future incidents of maltreatment by another or self-neglect.

Abuse and exploitation

The assessment of risk of maltreatment by another can also be based on information that does not rise to the level that would require mandated reporting. The *assessment of risk can be part of a strategy to put services in place to reduce the person’s vulnerability to maltreatment by another, to avoid the occurrence of maltreatment, rather than in response to protect against further maltreatment when maltreatment has been reported.*

This *increased risk of vulnerability to maltreatment by another* is based on the assessor’s consideration of the person’s overall circumstances. These circumstances can include, for example:

- The presence of an overburdened caregiver
- Financial or other dependence of the person on others
- Dependence on the person by a family member, or
- Observation of family dynamics during the interview

These kinds of circumstance could each result, based on the assessor’s professional judgment and experience, in the assessor’s conclusion that this person is at risk of increased *vulnerability* for maltreatment.

The assessor may also respond to any concerns expressed by the person, and of course would also report “incidents” described by the person that have, in fact, occurred. Some individuals may express concern but be unwilling to reveal incidents.

Unpaid Caregiver Capacity

It is important to consider the role current or needed services and supports play or would play in supporting an unpaid caregiver.

If current or needed services and supports are not available to support the caregiver, is the person at risk of caregiver neglect? Remember, this type of risk of maltreatment by another can be based on the inability of a caregiver to meet the person's needs without support, and does not imply an unwillingness to meet those needs.

IV. Living Arrangement and Risk

The connection between the person's living arrangement and risk of self-neglect or maltreatment in determining NF LOC is based on an assumption that living alone or being homeless increases a person's vulnerability.

The Living Arrangement classification of "Would live alone/be homeless without current housing type" was created to allow an assessor to indicate the increased vulnerability that can result with the loss of a person's current housing type². This classification is found in the LTCC and MnCHOICES assessments, and is to be used in combination with other risk factors to establish NF LOC.

Assessors capture information about where a person lives (Housing Type), who a person lives with (Living Arrangement), and information about program licensing related to settings during assessment or reassessment. DHS has received many questions about proper coding of this information. Examples of coding this information is provided under subsection C.

It is important to accurately record information about housing type, living arrangement, and program license for two reasons:

- Eligibility verification in MMIS for home and community-based services (HCBS) programs considers *planned housing type* in this verification. A person may not be opened to an HCBS program if their planned housing type indicates an institutional setting, for example.
- The NF LOC criteria include *certain planned living arrangements* in combination with an additional risk factor. These criteria are also found in DHS Form 7028.

² The MnCHOICES assessment tool generates the Living Arrangement code 06 when the Certified Assessor indicates "Yes" in response to the question: Would the person live alone or be homeless without their current housing type?

A. NF LOC: Living Arrangement and Additional Risk

A person may meet NF LOC if their **planned living arrangement** is coded as:

- **01** (living alone) **or**
- **05** (homeless) **or**
- **06** (would live alone/be homeless without current housing type).

AND

They are assessed to have *one* of the following additional risks:

- Vision **or** hearing impairment **or**
- Increased vulnerability for self-neglect **or** maltreatment by another **or**
- Fall resulting in a fracture in the last 12 months

Criteria associated with “risk” is intentionally included under the NF LOC criteria in order to allow assessors to exercise their professional judgment in providing access to or continuation of services and supports that a person may need to maintain community living and decrease vulnerability.

B. Examples for Use of Living Arrangement Code 06: “Would live alone/be homeless without their current housing type”

While primarily intended to address the circumstance of individuals living in congregate settings, assessors can also consider this “living arrangement” when an individual is living with others, such as a spouse or family member, when, without this housing support, the person would live alone without adequate supports, or be homeless due to identified risk factors. For example, the person’s current housing arrangement may only continue to be viable if the unpaid caregivers can receive support in providing care to the person in addition to housing.

This Living Arrangement code “Would live alone/be homeless without current housing type”, was added in the assessment tools and in MMIS to identify a type of living arrangement related to NF LOC criteria and defined in statute. This addition to the NF LOC criteria is intended to allow assessors to account for several circumstances they may encounter in determining NF LOC during assessment.

The examples provided below are not an exhaustive list of these circumstances, and are included here to demonstrate the range of circumstances in which use of this code (Would live alone/be homeless without current housing type) in describing Living Arrangement may be appropriate:

1. An individual is currently living in and receiving services in a congregate setting such as foster care, when the setting is also their planned living arrangement, and *termination of this housing type would result in the person living alone or homelessness.*
2. A nursing facility resident *would be homeless or living alone at discharge.*
3. An individual lives with others. In some cases, others may provide housing to or share housing with the individual, and may or may not provide non-paid support. *Loss of this housing arrangement would result in the person living alone or homelessness.*
4. The individual lives with a spouse. The person *would be at risk of homelessness if they lived alone* because of assessed self-neglect factors.

Remember, the Living Arrangement circumstance must be paired with another risk factor to meet NF LOC criteria. I.e., it is not simply the living arrangement that meets NF LOC. To illustrate this, and using the same examples above, combine these living arrangement circumstances with the various risk factors that make up this NF LOC criteria:

1. An individual is currently living in and receiving services in a congregate setting such as foster care, when the setting is also their planned living arrangement, and *termination of this housing type would result in the person living alone or homelessness AND they would be at increased vulnerability for maltreatment by others.*
2. A nursing facility resident *would be homeless or living alone at discharge, AND they fell with a fracture in the last 12 months.*
3. An individual lives with others. In some cases, others may provide housing to or share housing with the individual, and may or may not provide non-paid support. *Loss of this housing arrangement would result in the person living alone or homelessness AND they have hearing loss.*
4. The person would be at *risk of homelessness if they lived alone because of assessed self-neglect factors.*

C. MMIS Coding for Living Arrangement

Living Arrangement, Housing Type, and Program License information is captured in MMIS for each face-to-face assessment or reassessment performed. This information can differ between current and planned circumstances, and will differ for each individual. Examples of common scenarios are provided below to assist staff in entering this information correctly in MMIS; these examples are also found in in DHS 4625, DHS 4669, and DHS 5020A, the

manuals containing information about completing the Long Term Care Screening Document in MMIS. Individual scenarios may differ from the examples provided.

| Scenario | Field Coding |
|--|--|
| Person is living and will continue to live in foster care | Current Living Arrangement = 04 (Lives in a congregate setting) Planned Living Arrangement = 04 (Lives in a congregate setting) or 06 (Would live alone/be homeless without current housing type) Current/Planned Housing Type = 05 (Foster Care) Current/Planned Program License = 05 or 06 (Foster Care) |
| Person lives alone and will continue to live alone in an apartment or other home. Living alone means no one else lives with the person. | Current/Planned Living Arrangement = 01 (Lives alone) Current/Planned Housing Type = 09 (Own home) Current/Planned Program License = 09(None) |
| Person lives in an apartment where assisted living services are provided. An apartment is a self-contained unit that includes <i>private</i> space for sleeping, cooking, dining, living, and a bathroom. <i>They have a roommate.</i> | Current Living Arrangement = 03 (Lives with family, friends, others) Planned Living Arrangement = 03 (Lives with family, friends, others) or 06 (Would live alone/be homeless without current housing type) Current/Planned Housing Type = 09 (Own home) Current/Planned Program License = 07 (Non-certified Class A home care) |
| Person lives in an assisted living building with seven others. Each person has a bedroom with an attached bath. All other space for living, dining, cooking is shared accommodation. | Current Living Arrangement = 04 (Lives in a congregate setting) Planned Living Arrangement = 04 or 06 (Lives in a congregate setting) or (Would live alone/be homeless without current housing type) Current/Planned Housing Type = 04 (Board and lodge) Current/Planned Program License = 08 (Class F home care) |
| Person lives in a nursing facility and will return to the community to an assisted living, in an apartment, with spouse. | Current Living Arrangement = 04 (Lives in a congregate setting) Planned Living Arrangement = 02 (Lives with spouse) Current Housing Type = 11 (NF/Certified) |

| Scenario | Field Coding |
|----------|---|
| | Boarding Care) Planned Housing Type = 09 (Own home) Current Program License = 11 (NF/Certified Boarding Care) Planned program License = 07 (Non-certified Class A home care) |

V. Other MMIS Coding

A. Coding the Correct Exit Reason

Individuals may be exited from a waiver program or AC for reasons other than level of care determinations. Lead agency staff should use the proper Exit Reason and reserve Exit Reason 21 for exits related to level of care determination.

For example, an individual may choose to discontinue waiver services (Exit Reason 23), or a person may be admitted to a nursing facility (Exit Reason 20), or may no longer meet financial or other eligibility criteria for a program (Exit Reason 22). Recording the correct Exit Reason is important both to accurately document lead agency activity, and to support the department's evaluation activities related to implementation of the change in NF LOC.

B. MMIS Coding and Appeals

Attachment B includes information about requesting continuation of services when an appeal has been filed related to NF LOC determination.

C. Verifying NF LOC in MMIS

It has come to DHS' attention that the description of the NF LOC risk status field on DHS 3427 (LTC Screening Document) has created confusion because the value used to indicate "NF LOC" is labeled "NF/Certified Boarding Care". As a result, some lead agency staff have incorrectly coded individuals as having "No LOC" (value 07) when the assessment information indicates the person does, in fact, meet NF LOC criteria.

The NF/Certified Boarding Care risk status text is correct in that this description includes two types of nursing facilities. Certified boarding care facilities ARE nursing facilities, as are Skilled Nursing Facilities, which some assessors may more typically identify as "nursing facilities".

It is strongly recommended that assessors use MMIS to verify that the NF LOC determinations entered into MMIS are correct, and to check for data entry errors that may occur. MMIS can be used to verify NF LOC determinations using the following steps:

1. After assessment, enter the correct assessment information into the LTC SDOC subsystem in MMIS.
2. In the "Risk Status" field in the MMIS screen (shown on DHS 3427 as field 82) **ALWAYS indicate the value 02 – NF/Certified Boarding Care.** (If another institutional level of care has been determined, such as hospital level of care, assessors will enter this more appropriate LOC. This instruction is provided in consideration of NF LOC determinations.)
3. Complete all other required sections of the LTC SDOC in MMIS.
4. Edit the SDOC.
5. If **Edit 179 appears**, this will show the assessor that the assessment information **DOES NOT satisfy NF LOC** criteria. The person does not meet NF LOC criteria.
6. If **Edit 179 DOES NOT appear**, this indicates that the assessment information **DOES satisfy NF LOC** criteria. The person does meet NF LOC criteria.
7. If Edit 179 appears (indicating no LOC), check all data entry for errors.
8. If the data entry is correct, and Edit 179 indicates the person does not meet NF LOC, the assessor will change the "Risk Status" field to indicate "None" – value 07.
9. When the edit function is again performed, correcting the Risk Status to "None" will have resolved Edit 179.

VI. Essential Community Supports

A. Billing Case Management - Essential Community Supports

Counties and tribes may be providers of case management services to ECS participants. Many counties use SSIS to generate claims for billable services, but in the case of the ECS program (both Program Type 29 and 30 on the LTC SDOC), services provided by the lead agency cannot be billed via SSIS claiming until needed changes to SSIS programming have been completed.

Due to other significant SSIS systems programming changes underway, the SSIS systems changes needed to create and support the ECS program in SSIS are not scheduled to be completed. This programming is scheduled to be completed until the end of 2015 (Release 15.4).

Until SSIS systems changes are complete, billing for case management and other services the lead agency may provide for individuals in ECS can be accomplished by direct claiming

to MMIS via MN-ITS Direct Data Entry (DDE). Please go to [MMIS Billing](#) for information about submitting claims via this method.

B. Essential Community Supports is Only for Individuals Who Do Not Meet NF LOC

The Essential Community Supports funding and services provided under the transition Program Type 30 is intended to be used ONLY for individuals who do not meet NF LOC based on results of their first reassessment occurring on or after January 1, 2015. It **is not** an alternative payor for waiver or AC services for individuals who meet NF LOC and who also need only services identified under ECS benefit set. ECS funding should not be treated as an alternative or primary source of funding for needed services for individuals who meet NF LOC.

C. ECS Workbook for Managed Care Organizations

There are two methods for ECS services to be authorized and approved in MMIS for managed care enrollees who are eligible for ECS as part of the transition population:

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 Excel workbook for use by MCOs to request authorization of services by DHS is completed and available at [ECS Home Page](#)

VII. Update to PAS Process Completed by Senior LinkAge Line[®]

When an online preadmission screening (PAS) request has been submitted, and NF LOC cannot be determined via the online tool, Senior LinkAge Line[®] (SLL) staff will perform a review of information within one business day to verify and correct submitted information before referring the request to a Lead Agency for face-to-face assessment. This review is conducted by registered nurses who are part of the SLL staff performing PAS with the health care professional seeking admission (hospital discharge planner, physician, clinic nurse or, in some cases, nursing facility staff).

This review will not be completed for individuals that SLL will refer, under current protocols, to a managed care organization (MCO) for completion of PAS. However, MCOs may also incorporate a similar one-business day review process to avoid unnecessary referrals for face-to-face assessment.

This additional review step was developed in response to concerns about inconsistency in the information provided within the online PAS tool, as well as to avoid unnecessary referrals for face-to-face assessment, when at least some of the information provided in the online tool suggests the person does, in fact, meet NF LOC.

In the case where this review, either by SLL or MCO staff, cannot establish NF LOC, the SLL or MCO will make the referral to the appropriate Lead Agency for a face-to-face assessment. Lead Agencies will continue to use the referral date as the Assessment Date (Activity Date in MMIS) only in this circumstance.

VIII. Advance Notice - MMIS Changes

A. Advance Notice Requirement

An individual whose services will be terminated based on NF LOC determination must receive a 30 day advance notice of that termination. The 30 day advance notice is based on **30 days from the date the notice is SENT to the individual**. It is not based on the date of reassessment.

The individual's lead agency (county, managed care organization or tribe) is responsible to ensure the notification is sent, and that the effective date of the action meets notice requirements. The effective date of termination is **not based on the date of reassessment or the end of a person's current waiver span**. It is based solely on the date the advance notification was sent to the person.

For individuals in fee-for-service, calculation of the 30 day advance notice period is based on the date that the DHS 2828 "Notice of Action" form was sent to the individual. **The effective date of termination of waiver services must be at least 30 days after the date the form is sent**. This date is also the date entered into MMIS as the effective date of an exit, and the "no sooner than date" communicated to a financial worker using DHS 5181.

For EW individuals enrolled in managed care, the effective date of termination of waiver services is based on the date the MCO sent the Denial, Termination or Reduction (DTR) notice to the enrollee. **The effective date of termination of waiver services must be at least 30 days after the date the DTR is sent**. This date is also the "no sooner than date" communicated to a financial worker using DHS 5181.

MCOs must have a method of communicating the effective date of waiver termination, based on the date of issuance of the DTR, to care coordinators. Care coordinators must use this effective date for proper completion of exit documents in MMIS, and for communication with financial workers about changes in long-term care eligibility using DHS 5181. Care coordinators must not enter exit documents or complete DHS 5181 without this communication from the MCO.

For both MCOs and fee-for-service clients, the **date entered in MMIS as the effective date of an exit and the date communicated to a financial worker MUST be based on**

the effective date of termination as determined under advance notice requirements and notification, NOT based on the reassessment date and not based on the end of the current waiver span.

The 30-day advance notification requirement was included by the Minnesota Legislature to assure, in part, adequate time for transition planning for individuals affected by the revised NF LOC. Lead agencies are encouraged to complete reassessment visits within a timeframe that allows sufficient notice as well as transition planning, to the extent possible given their assessor resources and overall caseloads.

B. MMIS Changes to Support Advance Notice

Changes in MMIS have been completed to support the implementation of the revised NF LOC criteria, the 30-day advance notice requirement, and the transition of individuals to other services. The MMIS changes were needed because the lead agency reassessment visit date will not always be sufficiently in advance of the end of the person's current waiver span to allow continuation of services for at least 30 days, when the person's HCBS services will be terminated as a result of NF LOC determination.

1. Changes to Edit 781 governing how MMIS treats Exits and the allowable Effective Date of Exits

This edit has been revised to require that when:

- A Reassessment (Activity Type 06) results in an Exit Reason 21 (no longer meet LOC)
- The Effective Date of the Exit can be in the future and
- MUST be at least 30 and not more than 60 days from the date of the reassessment (Activity Date).

This change will be applied in MMIS to all HCBS program types when a Reassessment has been completed and the Exit Reason is 21 (No longer meets LOC).

Edit 781 will continue to operate in the current manner for all other Exit Reasons. For purposes other than the Reassessment/Exit Reason 21 described above, Edit 781 only allows the Effective Date of an Exit from an HCBS program performed using the LTC SDOC subsystem to be in the past, or in the month in which the Exit SDOC is entered into MMIS. This edit primarily prevents data entry errors.

2. Changes to Edit 690 (AC) and an MMIS message (all MA waiver programs) governing the extension of the eligibility span end date in MMIS.

The lead agency must be able to extend a current waiver span in MMIS when a Reassessment is done, the person no longer meets NF LOC criteria, and the current span ends sooner than will be required to support the 30-day advance notice requirement.

MMIS Edits – Con't

This can occur when a reassessment is completed less than 30 days before the end of the current span. In addition, the system operation must support the assessor's entry of the "true" assessment and NF LOC determination.

- a. **Edit 690** has been changed to allow the AC major program span to be extended ONLY when:
 - A Reassessment (Activity Type 06) results in an Exit Reason 21 (no longer meet LOC)
 - The span end date will be extended to equal the Effective Date of the Exit 21.

- b. **Programming changes related to the MMIS error message PWMW9687 S625-030 NO MATCHING WAIVER SEGMENT** have also been completed. This change will prevent this message from appearing, thus allowing the extension of the waiver span end date, when
 - Reassessment Activity Type 06 and Exit Reason 21 are present.
 - The waiver span end date will be extended to equal the Effective Date of the Exit 21.

To summarize: The changes to Edit 781, Edit 690 and the MMIS message work in concert with each other when a Reassessment Activity Type 06 is paired with Exit Reason 21 (No LOC):

- Edit 781 will *require* that an Effective Date of the Exit be set to satisfy the advance notice requirement, and
- Edit 690 will extend the AC major program span to equal the Effective Date of the Exit for AC
- The MMIS message will not post and will thus allow the waiver span to be extended beyond the current end date to the Effective Date of the Exit 21.

3. **Edit 262 – ECS edit**

This edit, created for use in MMIS with the ECS program, has been changed to allow ECS to be opened using Activity Type 07 (Administrative Activity) with Assessment Result 10 (Changing programs). This change was necessary to follow a sequence of activity in MMIS:

- a. **Following Resource Center activity to force the extension of the waiver span** before the changes to 781, 690 and the error message were completed:
 - Reassessment 06 + Exit Reason 21, followed by
 - Activity type 07 and Exit Reason 22 (used after forcing the extension of the waiver span by the Resource Center and creating the valid Exit)
 - Open to ECS using Activity Type 07 and Assessment Result 10

OR

- b. **Following an appeal in which the individual did not prevail:**
 - Using the instructions found in **Attachment B**, the Resource Center has

- continued a person on a program during an appeal
- Who is then subsequently exited from the program using Activity Type 07 and Exit Reason 22 and
- Then opened to ECS for transition using Activity Type 07 and Assessment Result 10.

IX. Transition Scenarios and MMIS Actions

All individuals affected by the changed NF LOC criteria are to be offered transitional services, and all individuals affected by the changed criteria can appeal termination of their current waiver, AC, or NF services. These two policy requirements affect how lead agencies will implement these changes on an individual basis, and also form the basis of many of the changes implemented in MMIS that govern management of these programs and services.

In order to provide reference material to lead agencies in managing these transition scenarios and performing necessary operations in MMIS, the most common transition scenarios are presented in Attachment C.

All transition scenarios include two requirements for lead agencies related to communication with the individual and with the financial worker, and are not repeated under each scenario:

- 1. Complete DHS Form 2828 or MCO Denial, Termination or Reduction (DTR) notice to provide advance notice to the individual of the termination of their waiver, AC or NF services.**
 - Be sure to use an effective date that complies with advance notice requirements.
 - Be sure to download the most recent copy of DHS Form 2828 from [DHS Forms](#)
 - Be sure to include the information created by the department for lead agency use for HCBS participants. This information can be found in bulletin 14-25-12 in Attachment B.
 - For MCOs, be sure to use the DTR codes 1622 and 1623 created for termination of EW or NF services respectively, when termination is related to NF LOC determination. Be sure to include the information created by the department for lead agency use.
 - Provide additional information as outlined in bulletin 14-25-12.
- 2. Complete DHS Form 5181 to forward to the person's financial worker.**
 - Be sure to download the most recent copy of this form from [DHS Forms](#)
 - Be sure to indicate the person no longer meets NF LOC, and use the correct "no sooner than" date on the form to honor the advance notice requirement. Remember this "no sooner than date" is based on the date the notice of action or DTR is sent to the individual.

Detailed MMIS information is presented in *Attachment C* to provide a guide to lead agencies in implementing any of several scenarios they may encounter as a part of the

transition for individuals. These scenarios are also included in “Instructions for Completing and Entering the LTCC Screening Document into MMIS” manual, DHS Form 4625 (County-Tribe), DHS Form 4669 (MSHO, MSC+), and DHS Form 5020A (SNBC), and are published here for reference.

See bulletin 14-25-13 and 14-25-13C for information about opening a person age 65 and older, who is NOT part of the transition population, to the Essential Community Supports program. The bulletins also contain complete information about Service Agreement Type Y used to authorize ECS services for both populations.

X. 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](#)

XI. 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 – Updated Forms Related to NF LOC/ECS

- **DHS Form 7028** – *“Nursing Facility Level of Care Criteria: Determining Service Eligibility for Medical Assistance Payment of Nursing Facility Services and Home and Community-Based Programs for Individuals Age 21 and Older”*
 - This document contains a description of the revised NF LOC criteria effective January 1, 2015 for individuals age 21 and older and includes notes for lead agency assessors.
 - This document also contains information about the specific assessments items and the level of need that is used to establish NF LOC.
 - This document reflects Minnesota Statutes, section 144.0724, subdivision 11 governing NF LOC criteria, and contains the operational definition of needs that lead agencies MUST apply in determining NF LOC.

- **DHS Form 3361** – *“Nursing Facility Level of Care: Recording the Basis of Professional Determination of Need for Individuals Under 21 Years Old”*
 - This form contains the NF LOC criteria required to be used for level of care determinations for individuals under 21 years old until October 2019.
 - These criteria are applied in the Medicaid Management Information System (MMIS) based on the age of the person as calculated on the Effective Date/Assessment Result Date in MMIS, which can be different than the Assessment or Activity Date.

- **DHS Form 2828** – *“Notice of Action – Long Term Services and Supports”*
 - This form is used by counties and tribes to communicate lead agency decisions related to long term services and supports, including the programs and services listed above.
 - This form has been updated to capture NF LOC determinations specifically, and remind lead agency staff of the 30 day advance notice requirement related to NF LOC determinations.
 - The form now has expandable text fields to allow lead agencies to insert the language related to NF LOC determinations provided by DHS and included in bulletin 14-25-12 in Attachment B.

- **DHS Form 5181** – *“Lead Agency Assessor/Case Manager/Worker LTC Communication Form”*.
 - This form is used for communication between lead agency assessors and financial workers.
 - The form has been updated to more clearly separate communication from an assessor from those of a case manager, and to remind all of the advance notice requirements related to NF LOC.
 - The form also has an additional field to indicate to a financial worker that a person who has applied for ECS appears eligible for MA but has no LOC.
 - This form is used to communicate to a financial worker that an individual no longer or does not meet NF LOC.
 - Only a lead agency assessor can complete this portion of DHS Form 5181 after completion of a face-to-face assessment or reassessment.
 - For an individual who no longer meets NF LOC, this form has a “No sooner

Attachment A – Con't

- than” date field used to communicate to a financial worker when a person’s waiver services will end based on the determination that the individual no longer meets NF LOC criteria AND based on the 30 day requirement for advance notification. This date is also completed when communicating to a financial worker after assessment of a NF resident.
- This “No sooner than” date MUST be at least 30 days from the date the Notice of Action (DHS Form 2828) or the issuance of a Denial, Termination or Reduction (DTR) of Service notice by a MCO is SENT to the individual.
- The “No sooner than date” must be used by the financial worker in completing redetermination of MA eligibility for the person.

- **DHS Form 3427** – *“LTC Screening Document – AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, SNBC”*
 - This form is used to record information related to Long Term Care Consultation or MnCHOICES assessments in MMIS. The form replicates the screens in MMIS and reflects information to be entered into MMIS.
 - Reason for Referral code 19 – LOC Appeal Authorization was added to support advance notice and due process requirements related to NF LOC determinations and requests for continuation of service.

- **DHS Form 3428** – *“Minnesota Long Term Care Consultation Services Assessment Form”*
 - The Long Term Care Consultation (LTCC) assessment form is used by lead agencies who have not launched under the MnCHOICES initiative, or when completing reassessments for individuals who did not have an initial assessment using MnCHOICES. This form is also referred to as the “legacy” assessment tool.
 - This assessment tool is the source of references to “LTC SD” fields that indicate where in the assessment information is found that populates the LTC SDOC.
 - This assessment tool is also the source of references to particular items and scores used to determine NF LOC as included in DHS Form 7028, and in bulletins 14-25-09, 14-25-10, and 14-25-12 in Attachments describing the revised NF LOC criteria.
 - Several items in the assessment form have been changed to reflect changes in valid values (such as the new code used for Living Arrangement: 06 - Would live alone/be homeless without current housing type).

- **DHS Form 6826** – *“Essential Community Supports (ECS) Financial Disclosure Form”*
 - This form is completed as part of financial eligibility determination for the Essential Community Supports program.
 - This form is not required to be completed for individuals in the transition group who are eligible for MA, or for individuals who are transitioning from AC. See bulletin 14-25-13 and 14-25-13C for information about the definition of the transition group.
 - This form is completed by the ECS applicant and collects information about

Attachment A – Forms Con't

assets and income for use by lead agencies in completing DHS Forms 6683 and/or 6683A described next.

- **DHS Form 6683** – “*Essential Community Support Program Financial Eligibility Worksheet*”
 - This form is completed by the lead agency to determine financial eligibility for ECS for:
 - Unmarried individuals
 - Married couples when both are requesting ECS
 - A married person whose spouse is an AC or EW participant or is living in a nursing facility
- **DHS Form 6683A** – “*Essential Community Support Program Financial Eligibility Worksheet*”
 - This form is completed by the lead agency to determine financial eligibility for ECS for a married individual when only one spouse is requesting ECS services.
- **DHS Form 6638** – “*HCBS Programs Service Request Form*”
 - This form is used by providers to enroll in services for HCBS programs. The Essential Community Supports program has been added to this form, as has Community Living Assistance (CLA) service. See Bulletin 14-25-13 for more information about the CLA service available under the Essential Community Supports program.
- **DHS Forms 4625, 4669 and 5020A** - “*Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS*”, **DHS-4625**; the versions used by managed care organizations are **DHS-4669** for Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+), and **DHS-5020A** for Special Needs Basic Care (SNBC).
 - These manuals have been updated to include information provided in section IV related to transition scenarios, as well as updated to reflect MMIS changes necessary to implement the ECS program.

Attachment B – LOC Appeals and Requests for Continuation of HCBS Services

If an individual appeals the NF LOC determination and an Appeals hearing has not been held before the effective date of termination of services, the lead agency must take additional steps to ensure that HCBS services can be continued if an individual has requested HCBS services continue during an appeal.

1. Screening Document: Update the Screening Document in MMIS.

- a. The reassessment document that was entered into MMIS to exit the individual from the previous HCBS program is valid for 60 days from the date of assessment.
- b. Enter a new document using Activity Type 07 (Case Management Administrative Activity) and Assessment Result 11, to “Reopen the person to the same program.”
- c. *Do not* change the assessment information or the Level of Care (07 – No LOC).
- d. Enter “LOC Appeals Authorization” new valid value 19, in the “Reasons for Referral” field.
- e. Use the previous Program Type (AC, for example).
- f. The Effective Date for Assessment Result 11 must be the day after the Effective Date of the exit.
- g. This will generate Edit 179 (Level of care does not match the program type). This edit is not force-able. This means that lead agency staff cannot remove this edit.
- h. For EW fee-for-service and AC only: If the dollar amount in the “Case Mix Amount” field on the ALT4 screen populated by MMIS in this reopening document is less than the previous “Total Authorized Amount” on the prior approved Service Agreement as shown on the ASA1 screen, enter the “Total Authorized Amount” (NOT the Total Cap Amount) required to support the previous approved, authorized services in the “Case Mix Amount” field in the LTC SD on the ALT4 screen. This amount is NOT necessarily the previous case mix budget cap but the amount needed to continue previous authorized services. This will also generate an edit: either 784 or 794 (EW and AC, respectively).
- i. For individuals under age 65, the waiver allocation amount must remain the same in order to support continuation of services during an appeal.
- j. Resolve any edits that are not listed above.
- k. For EW fee-for-service only: If an individual was previously receiving services under a 24 hour CL rate and no longer meets the criteria for a 24 hour CL rate, Edit 520 will post if the lead agency indicates 24 hour CL in ALT5 using service codes 58, 59, 60 or 86. If this edit occurs on a document being submitted for NF LOC appeals, the Resource Center will resolve this edit as well.
- l. Save the suspended LTC SD with edits listed above posting.

2. Request approval of the suspended LTC SD via the DHS Resource Center

- a. Send an email to dhs.resourcecenter@state.mn.us In the subject line, indicate “NF LOC Appeal”.
- b. Include only the Document Number (found at the top of the LTC SD form suspended in MMIS) and the PMI. Do not include names or other information that

Attachment B – LOC Appeals – Con't

- can identify an individual.
- c. Include the sender's contact information: Name, agency, phone number and email address.
 - d. In the email, request that Edit 179 be forced to allow services to continue during an appeal.
 - e. Request that Edit 784 or 794 or 520 also be forced, if applicable.
 - f. DHS Resource Center staff will force Edit 179 when:
 - i. The Activity Type is 07 (Case management administrative activity)
 - ii. The Assessment Result is 11 (Reopening a person to the same program).
 - iii. The "Reason for Referral" is coded as 19 (LOC Appeals Authorization).
 - iv. The Program Type is the same as the previous program type.
 - v. There is no interruption in eligibility span dates.
 - vi. The person remains eligible for the program in other respects (e.g. the individual is still eligible for MA, or for payment of long term care under MA).
 - g. Resource Center staff will email the lead agency when the LTC SD is approved in MMIS.

Forcing Edit 179 and continuing the person on EW will also allow continuation of EW capitation payments to health plans to support the continuation of services during an appeal for individuals in MSHO or MSC+, since forcing the edit will create a new waiver span in MMIS when the LTC SD is approved by Resource Center staff. Capitation payment is subject to existing capitation cut off dates.

The Resource Center will not complete requests for approval unless all of the steps in 1 and 2 above are completed and correct. If a document is suspended for edit codes other than those listed above, the Resource Center will not complete the request to resolve edits 179, 784 or 794 and the request will be returned.

3. Authorize services when the LTC SD is approved.

- a. Using the appropriate Service Agreement Type, authorize services included in the previous approved service plan.
- b. For individuals under age 65, the waiver allocation amount must remain the same in order to support continuation of services during an appeal.
- c. Generate service agreement letters to the provider and participant.

Managed care organizations must also provide timely information to providers regarding the reinstatement of service authorizations, using their current prior authorization processes, communications and tools.

4. When the Appeal is Final.

- a. If the individual prevails:
 - i. Use Activity Type 05 and **Assessment Result 98** and enter a comment in the Case Manager Comment Screen indicating the Appeal has been heard, the

Attachment B – Con't

- individual prevailed and include the Appeal Docket Number.
- ii. The Activity Date and Assessment Result Date (effective Date) can be the date the LTC SD was updated with this information.
 - iii. No other action is needed. The individual will continue on the program with authorized services in place. Complete reassessment as required.
- b. If the individual does not prevail:
- i. Using Activity Type 07, Exit the person from the waiver or AC program, using **Exit Reason 22** (Person exited- no longer meets other eligibility criteria.). **This Exit Reason must be used rather than Exit Reason 21** (no LOC) because Exit Reason 21 can ONLY be used with Reassessment Activity Type 06, and not with Activity Type 07 as it is being used here.
 - ii. The Effective Date of the exit is the date the appeal determination is received by the lead agency. This will end the eligibility span and will also end EW capitation payments to health plans.
 - iii. Enter a comment in the Case Manager Comment Screen indicating the Appeal has been heard, the individual did not prevail and include the Appeal Docket Number.
- c. Terminate service agreements, which will generate provider notices.
- d. Authorize transition services, whether PCA or ECS.
- i. **For ECS, use Activity Type 07 and Assessment Result 10** (Changing program), with an Effective Date the same day or one day later than the effective date of the exit.
 - ii. Use Program Type 30 for individuals in the transition group who remain n MA. Use Program Type 29 for individuals who were previously on AC.

Managed care organizations must also provide timely information to providers regarding the discontinuation of service authorizations, using their current prior authorization processes, communications and tools. Managed care organizations will also provide timely access to and notification to providers of approved transition services (PCA or ECS).

Attachment C

Fields named in the scenarios included below refer to fields on DHS Form 3427 - "LTC Screening Document – AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, SNBC"

Transition Scenarios

Transition Scenario 1 EW/CADI/BI-NF to ECS

A person is on EW, CADI or BI-NF as of 1-1-15. At their next reassessment occurring on or after 1-1-15, the person does not meet the revised NF LOC criteria.

Person will transition from the waiver program directly to ECS.

The previous waiver program span must cover the date 1/1/15 (see RWVR screen).

MMIS Step 1- Ending Service Agreement and Preparing Provider Notices

Service Agreement: For individuals with Service Agreements, the service agreement must be closed before the person may be exited from the program.

- a. Using the current Service Agreement for the individual, change the Agreement End Date on the ASA1 screen to the effective date of the exit.
- b. Verify that the "SEND RECIP LTR" and "SEND PROV LTR" fields on the ASA2 screen are both marked "Y" to ensure both the participant and the provider receives the service agreement notice that will be generated as explained in c.
- c. Enter Reason Code 865 in ASA2 screen. This is a new Reason Code with the text: "Services will be ending effective the end of the waiver span or AC eligibility end date. Person is not continuing on the program, no longer eligible." Upon entering the new Reason Code in this manner, MMIS will generate this notice to each provider on the Service Agreement and the participant.
- d. End Service Agreement lines based on the effective date of the exit from the waiver.
- e. Adjust units as needed for the remaining time period.
- f. This step must be taken to ensure timely notification of providers of discontinuing eligibility for payment of services and must be completed as soon as possible after determining the person will no longer be participating in a program. Updating the Service Agreement is the systematic method used to communicate to providers the effective date when services will no longer be paid for under a waiver or AC program.

Ending Service Authorization – Managed Care

Managed care organizations must also provide timely information to providers regarding the discontinuation of service authorizations, using their current prior authorization processes, communications and tools.

Transition Scenarios

Transition Scenario 1 –Con't

MMIS Step 2 - Exiting the person from waiver using the LTC SDOC

- a. An individual may be exited from the waiver based on NF LOC determination only when a Reassessment Activity Type 06 occurs.
- b. Use Exit Reason 21 (No longer meets LOC) to exit an individual from the waiver when the exit is based on NF LOC.
- c. Use Exit Reason 21 in field 75A and Assessment Result 10 (Person is changing to a different program) in field 75B. This scenario anticipates the person moving to ECS.
- d. Change the Level of Care field to 07.
- e. The Effective Date of the exit from the waiver must be at least 30 days and not more than 60 days from the Activity Type Date. The advance notice requirement must be reflected in the effective date chosen.
- f. Edit 781 will post if the Effective Date of the Exit does not fall within this time period.

MMIS Step 3 - Open to ECS

- a. Open to ECS using
 - Activity Type 07 (Administrative Activity)
 - Assessment Result 10 (Changing to a different program) and
 - **Program Type 30**
- b. The Effective Date field for ECS must be the same day or one day greater than the Effective Date of the Exit from the waiver.

MMIS Step 4 - Complete ECS Service Agreement Type Y

- a. See bulletins 14-25-13 and 14-25-13C from complete information about the services, rates, and service agreement requirements for ECS.
- b. For managed care enrollees, MCOs may either have their delegates enter Service Agreement Type Y directly into MMIS, or may prepare the ECS workbook found at [Essential Community Supports](#) to prepare and submit for DHS staff input into MMIS.

ECS Financial Eligibility Forms 6826, 6683, and 6683A DO NOT need to be completed for individuals transitioning to Program Type 30.

Transition Scenario 2 – AC to ECS

A person is on AC as of 1-1-15. At their next reassessment occurring on or after 1-1-15, the person does not meet the revised NF LOC criteria.

Person will transition from the AC program directly to ECS.

The previous waiver/AC program span must cover the date 1/1/15 (see RWVR screen).

Transition Scenarios

Scenario 2 – Con't AC to ECS

MMIS Steps 1 and 2 – (Ending AC Service Agreement and Exiting the person from AC) for this scenario are the same as Transition Scenario 1.

MMIS Step 3 - (Open to ECS) is the same EXCEPT the lead agency will use **Program Type 29** to open the person to ECS.

MMIS Step 4 – Complete ECS Service Agreement is the same as Transition Scenario 1.

None of these individuals will be in managed care.

ECS Financial Eligibility Forms 6826, 6683, and/or 6683A MAY need to be completed for individuals transitioning from AC to Program Type 29.

Transition Scenario 3 - NF to ECS

A person admitted to a NF between October 1 and December 31, 2014 is assessed and does not meet NF LOC to satisfy the qualifying 90 day stay criteria for continuation of MA payment for NF services. Was MA eligible for at least one day during this time period.

Person in transition group opens to ECS from the nursing facility.

MMIS Step 1 - Open to ECS - Activity Type = 04, Assessment Result = 01 or 10,

Program Type = 30

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

The MA eligibility span must be at least one day within the period 10/1/14 to 1/1/15.

The Effective Date must be more than 1/1/15 and less than 5/1/15.

MMIS Step 2 - Complete ECS Service Agreement Type Y

- See bulletins 14-25-13 and 14-25-13C from complete information about the services, rates, and service agreement requirements.
- For managed care enrollees, MCOs may either have their delegates enter Service Agreement Type Y directly into MMIS, or may prepare the ECS workbook found at [Essential Community Supports](#) to prepare and submit for DHS staff input into MMIS.

Transition Scenario 4 – EW/CADI/BI-NF to PCA

Transition Scenarios

Person is transitioning with ADLs that show they are eligible for PCA services. Person is
Scenario 4– EW/CADI/BI-NF to PCA

not eligible for ECS and must be open to MA state plan services.

Edit 262 will indicate a person is not eligible for ECS when the ADL fields on the ALT3 screen in the LTC SDOC show, on the reassessment used to exit the person from the waiver for no LOC:

Bathing or Dressing or Grooming or Walking is greater than 01; or Eating is greater than 02 and Program Type 30 and Medical Assistance program overlaps with proposed effective date for ECS.

(Note: A reminder: an individual with 4 or more ADL dependencies meets NF LOC criteria, as does an individual with a dependency score in positioning or transferring (greater than 01) or a “Y” in the new toileting item. That is why these ADLs are not included here.

MMIS Steps 1 and 2 - Same as Transition Scenario 1. Close any waiver Service Agreement, enter LTC SDOC with Activity Type 06 and Assessment Result 21 in Field 75A on the LTC SDOC. Use Assessment Result 02 (Remain in community, services not funded by the waiver or AC program) in Field 75B in the LTC SDOC.

Step 3 - The LTCC or MnCHOICES assessor must complete the “Supplemental Waiver PCA Assessment and Service Plan” using **DHS Form 3428D**.

MMIS Step 4 - Enter Type B Home Care Service Agreement for PCA authorization. There is no need to complete an additional assessment. The Type B Home Care Authorization should be completed based on the reassessment information.

The lead agency authorizes PCA based on the completed DHS 3428D. A separate PCA assessment is not nor should be required.

Transition Scenario 5 – NF to PCA

A person has been assessed in the NF and will be opening to PCA services (Has assessed ADL dependencies, not eligible for ECS)

The person has received a LTCC or MnCHOICES assessment. This MUST have been completed to make a final determination for LOC purposes.

On the LTC SDOC - **Activity Type 04, Program Type 00, Assessment Result 02** (In community, services not funded by the waiver or AC program)

Complete the “Supplemental Waiver PCA Assessment and Service Plan” using **DHS Form 3428D**.

Enter Type B Home Care Service Agreement

Transition Scenarios

Transition Scenario 6 - Person is exited from EW, AC, CADI, BI-NF and appeals LOC determination with requested continuation of service.

See Attachment A for a review of the steps the lead agency must take to reinstate services when an appeal is filed. Attachment A also contains information about steps to take when an appeal has been decided.

Scenario 7: Person 65+ opens to ECS – not transition

LTC SDOC – **Activity Type 02 or 04**

Verify **no LOC**

Complete ECS financial eligibility determination.

Refer for MA if applicable. If referral required, cannot open ECS until MA is denied.

If eligible, use **Program Type 29**,

Assessment Result 01 (initial open to (any) program) or **10** (changing program) – the person could have been on AC in the past, e.g., or **11** (return to program) person was on ECS in past.

Complete **Service Agreement Type Y**

At reassessment, Assessment Result 13 if continuing, etc.