MnCHOICES – Policy and MMIS updates for Developmental Disabilities programs

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All participants will be muted

Questions can be submitted through the WebEx Q&A panel

Training will be available on the DSD training archive page.
Eligibility Update

If a lead agency has not fully determined a person’s eligibility within 60 days of a face-to-face assessment, it can use an eligibility update to establish eligibility for the following programs:

- Alternative Care (AC)
- Brain Injury – Neurobehavioral Hospital (BI-NB) Waiver
- Brain Injury – Nursing Facility (BI-NF) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Community Alternative Care (CAC) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW)
- Essential Community Supports (ECS)
- Rule 185 case management.
Eligibility Update Process

The certified assessor:

1. Closes the person’s initial assessment in MnCHOICES
2. Opens an eligibility update assessment type in MnCHOICES
3. Reviews the outstanding eligibility items with the person
4. When the person indicates that there has been a change in the person’s condition, the assessor may capture those changes as part of the eligibility update process. If the person reports significant changes, the assessor should use his/her professional judgement to determine if he/she needs to complete a new in-person assessment.
5. The assessor completes the assessment in MnCHOICES.
6. Enters the new screening document and the result of the eligibility update into MMIS using the eligibility update activity type

7. Completes any additional requirements of the assessment process

8. Creates a new community support plan (CSP) in the MnCHOICES Support Plan

9. Completes a notice of action DHS-2828A

10. Sends the updated CSP and notice of action to the person.
The lead agency must complete the eligibility update between the 60th and 90th day from the initial assessment.

When the lead agency completes an eligibility update within 90 days of the face-to-face assessment to update eligibility information, the effective date that can be used to open a person to a program can be no earlier than the date of the face-to-face assessment and no later than 60 days after the eligibility update.

The timeline for completing required annual reassessments is based on the date the last in-person assessment was completed, not the eligibility update activity date.
Limitations of eligibility updates

• Eligibility updates cannot:
  • Substitute for a face-to-face assessment completed in the community or in an institution; an eligibility update can only be completed following an initial face-to-face assessment
  • Be used for a person who is actively open to a waiver or state plan home care services
  • Follow a reassessment
  • Be used for required annual reassessments to determine ongoing program eligibility
  • Be used for interim reassessments for changes in condition
  • Be completed more than once after a face-to-face assessment; an eligibility update cannot follow a previous eligibility update in MMIS
  • Be conducted within 60 days of the in-person assessment
Questions
Change in county of financial responsibility (CFR)

1. The current CFR must end the current service agreement in MMIS, effective the last date of its responsibility. This date must be consistent with the MMIS recipient file.

2. When the current CFR ends this service agreement, it must adjust the units of service to reflect only the number of units that could have been billed within the new time limits.

3. The new CFR opens and approves a new service agreement in MMIS effective the first date of its responsibility. The new service agreement must indicate the new CFR, which must be consistent with the MMIS recipient file. The waiver span must remain the same and cannot extend beyond one year since the last in-person assessment (e.g., if the person was assessed in March 2019, the waiver span cannot go beyond February 2020, regardless of when the CFR change happened).

4. After the next WMS monthly download, check the “budget detail” page to confirm the CFR transfer. The person should be listed on this page as a transfer with an associated transfer amount.

When a person changes his/her CFR, do not:

- Enter an LTC or DD screening document in MMIS for this person until the transfer is confirmed in the WMS. If either county enters a new document in MMIS, no money will transfer with the person.

- Attempt to use the “county allocation transfer” function in WMS.
Change in guardianship status

Change in guardianship status- Examples:

• Person turns 18
• Person needs a guardian later in life
• Person no longer needs a guardian
• Guardian Ad Litem
• The county becomes guardian for a child
• The state becomes the person’s guardian for an adult

Counties are required to conduct a review when a change in status is made and record this review in MMIS using AT 03 Service change or AT 01 Face to face assessment
Counties are required to conduct a review when a change in status is made and record this review in MMIS using:

- AT 03 Service change or
- AT 01 Face to face assessment
• When a person is suspected to need a guardian or supported decision making, the lead agency no longer has to stop the assessment.
• DHS updated the following pages in the DD Screening Document Codebook:
  • DD screening document fields form
  • MMIS edits
  • DD screening document scenarios
  • Guardianship
  • Exits
  • Full team screening
Short term institutional stays

• The DD Waiver can remain open for short-term institutional stay (less than 30 days)

• Resources:
  • Temporary waiver exit form
  • DD Screening Codebook
    • Scenario’s
    • Exits
DD Screening Document manual page and eDoc

• Referral dates- update annually with the date that the person accepted the assessment
• Updated action types for the DD screening document

24. ACTION TYPE
01- Face to face assessment
02- Annual review
03- Service change/start
11- OBRA Level II evaluation
12- Eligibility update
DD Screening Document manual page and eDoc

Risk Status has been changed to Level of Care
DD Screening Document manual page and eDoc
Questions
Updated MMIS to allow related condition ICD-10 codes to be entered in the primary diagnosis field

| Field 12: Diagnosis 1 | Enter the primary diagnosis. (see [DD Screening Document Codebook – Diagnosis Determination](#)).  
Diagnosis 1 (field 12) must be the person’s primary diagnosis of developmental disability or related condition. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 13: Diagnosis 2</td>
<td>Enter the secondary diagnosis, if applicable. If the person is qualifying for DD services via related conditions, enter F 78 in Diagnosis 2 (field 13)</td>
</tr>
<tr>
<td>Field 14: Diagnosis 3 Field 15: Diagnosis 4</td>
<td>Enter a third diagnosis, if applicable. For situations where the primary diagnosis is DD, enter additional diagnosis codes in fields 13-15. For situations where the primary diagnosis is RC, enter additional diagnosis codes in fields 14-15.</td>
</tr>
</tbody>
</table>
Mid-year Change of Residential Habilitation Services

• People currently on the DD Waiver must receive waiver case management and a residential habilitation service

• The lead agency may authorize waiver case management without a residential habilitation service for a maximum of 60 calendar days.
  • During this timeframe, the case manager must check in with the person at least monthly (e.g., phone calls or in-person visits)

• If the lead agency does not authorize a residential habilitation service during the 60-day timeframe, the person must exit the waiver until he/she becomes eligible and the lead agency can authorize a residential habilitation service
Residential Habilitation Exception to 60 days, continued

• DHS allows an additional 60 days to authorize a residential habilitation service if the person is transitioning between providers, services or settings.
  • During this timeframe, the case manager must check in with the person at least monthly (e.g., phone calls or in-person visits).

• If the lead agency does not authorize a residential habilitation service during the additional 60 days (120 days total), the person must exit the waiver until he/she becomes eligible and the lead agency can authorize a residential habilitation service.
DD screening document scenario’s

• Overview

• The DD screening document scenario’s
  • You should select the scenario that reflects person’s situation

<table>
<thead>
<tr>
<th>Scenario Grids</th>
<th>Each of the following scenario grids provides screening scenarios from the situation identified below to another service situation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>From CAC, CADI and TBI Waivers</td>
<td>From Community ICF/DD</td>
</tr>
<tr>
<td>From Family/Own Home/Foster Care (without support services)</td>
<td>From Family Support Grant</td>
</tr>
<tr>
<td>From DD Waiver Conversion or Diversion</td>
<td>From Nursing Facility</td>
</tr>
<tr>
<td>OBRA</td>
<td>Requesting Relocation Services Coordination (residing in hospital, RTC, NF or ICF/DD)</td>
</tr>
<tr>
<td>From Semi Independent Living Services</td>
<td></td>
</tr>
</tbody>
</table>
## 2. Scenario: DD diversion/conversion to Family Support Grant (FSG)

<table>
<thead>
<tr>
<th>County/tribal nation-entered fields</th>
<th>1st sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>(23) Action date</td>
<td>Waiver exit date (date prior to FSG program begin date)</td>
</tr>
<tr>
<td>(24) Action type</td>
<td>03</td>
</tr>
<tr>
<td>(39) Risk status</td>
<td>01</td>
</tr>
<tr>
<td>(41) Current services</td>
<td>19, 23, residential code, other</td>
</tr>
<tr>
<td>(42) Planned services</td>
<td>19, 23, residential code, other</td>
</tr>
<tr>
<td>(44) Waiver need index</td>
<td>001, 002, 003 or 005</td>
</tr>
<tr>
<td>(46) Final action planned</td>
<td>03</td>
</tr>
<tr>
<td>(47a) Assessment result</td>
<td>05 – waiver out</td>
</tr>
<tr>
<td>(47b) Exit reason</td>
<td>14 – community with services – not DD Waiver</td>
</tr>
<tr>
<td>(48) Effective date</td>
<td>Waiver exit date (date prior to FSG program begin date)</td>
</tr>
<tr>
<td>(49) Current Medical Assistance (MA) program</td>
<td>01 or 02</td>
</tr>
</tbody>
</table>

Case manager comments | Comments as needed
• DSD MMIS Reference Guide

• Temporary waiver exit form

• DD Screening Codebook
  • DD screening document scenario’s
  • DD screening document fields
Questions
Thank You!

Questions?

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