2017 Amendment to Eligibility Update Activity Type 09 for HCBS Eligibility Determination

TOPIC

The 2017 Legislature amended Minnesota Statutes, section 256B.0911, subdivision 3a, paragraph (j) governing Long Term Care Consultation services. The amendment allows for retroactive HCBS eligibility to begin effective the date of face-to-face assessments occurring on or after July 1, 2017, when an eligibility update is completed within 90 days of the assessment and all other eligibility requirements have been met.

PURPOSE

This bulletin amends policy and replaces bulletin 13-25-09. Information about documentation of an “update” in MMIS is included.

CONTACT

Jolene.Kohn@state.mn.us or (651) 431-2579. For MMIS DHS.ResourceCenter@state.mn.us

SIGNED

CLAIRE WILSON
Assistant Commissioner
Community Supports 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

In 2013, Minnesota Statutes, section 256B.0911, subdivision 3a was amended to permit HCBS program eligibility to be re-established without requiring another face-to-face assessment when eligibility information is updated within 90 days following an initial face-to-face assessment. This activity is known as an “eligibility update”.

The intent of the legislation was to provide an alternative method of re-establishing (updating) service eligibility when there is a delay in opening an individual to a program because additional eligibility determination(s) for Medical Assistance (MA) and/or HCBS are pending. This option became effective for assessments completed on or after August 1, 2013. However, the effective date of HCBS program eligibility under the original language was to be based on the date the eligibility update was completed rather than the date of the initial assessment.

The 2017 Legislature amended Minnesota Statutes, section 256B.0911, subdivision 3a by adding a paragraph (m) that reads: “If an eligibility update is completed within 90 days of the previous face-to-face assessment and documented in the department’s Medicaid Management Information System (MMIS), the effective date of eligibility for programs included in paragraph (k) is the date of the previous face-to-face assessment when all other eligibility requirements are met.”

This bulletin updates the policy parameters and information related to data entry in the Medicaid Management Information System (MMIS) to reflect this legislative change. This bulletin also replaces 13-25-09 and clarifies the use of the eligibility update option by lead agency staff.

II. Eligibility Update

When eligibility for the Elderly Waiver (EW), Alternative Care (AC), and Essential Community Supports (ECS), Community Alternatives for Disability Inclusion (CADI), Community Alternative Care (CAC), Brain Injury-Nursing Facility (BI-NF) or Brain Injury-Neurobehavioral Hospital (BI-NB) programs has not been fully determined within 60 days of an initial face-to-face assessment, an eligibility update is permitted. The previous language required that the earliest effective date used to establish eligibility for HCBS was the date of the eligibility update.

The 2017 amendment allows the earliest effective date of eligibility to be the date of the face-to-face assessment, if the eligibility update occurs within 90 days of the face-to-face assessment and all other eligibility requirements are met.

A new Activity Type 09 was created in MMIS in 2013 to support use of the eligibility update option. Like other Activity Types, policy parameters determine how and in what circumstances MMIS will accept and approve the use of Activity Type 09 to establish eligibility. All other policy requirements related to determination of eligibility for these programs remains the same.

Information included in this bulletin is intended to provide lead agencies (counties, tribes and managed care organizations (MCOs)) with additional policy and operational information about the proper use of the Eligibility Update Activity Type 09. Case scenarios are included to illustrate when an Eligibility Update should be used, as well as circumstance when it is not necessary or appropriate to use this Activity Type to manage and administer HCBS.

Professional qualifications required of individuals performing an Eligibility Update using Activity Type 09 are the
same as those for individuals completing face-to-face assessments. See Minnesota Statutes, section 256B.0911, subdivision 2b for requirements related to certification of assessors.

III. Policy Parameters for Performing Eligibility Updates

The MnCHOICES assessment or Long Term Care Consultation (LTCC) face-to-face assessment determines service eligibility for the programs listed above, but final determination of eligibility can be delayed pending other processes, such as financial eligibility determination for Medical Assistance, pending certification of disability status, or a delay in the date of discharge from an institution. When these delays exceed 60 calendar days from the date of the in-person assessment, service eligibility for these programs must be re-established. Lead agencies can use an Eligibility Update to re-establish service eligibility. Important policy parameters are applied to the use of the Eligibility Update and are outlined below.

- Activity Type 09 is never used to carry out or record any activity for individuals while they are participating in HCBS or State Plan programs. Reassessments, updating case manager information or exiting people from programs are carried out using other Activity Types in MMIS.

- Activity Type 09 should only be used when additional eligibility determination(s) unrelated to assessment and service eligibility determination have not been completed within 60 days of the face-to-face assessment.

It is not necessary to perform an Eligibility Update when the person meets all eligibility criteria needed to open a person to an HCBS program within the valid 60 day period following the in-person assessment.

While MMIS will allow an Activity Type 09 to be entered within 1 to 90 days of the date of the preceding face-to-face assessment, the face-to-face assessment itself is valid for 60 days. There is no policy or practice reason to enter an Eligibility Update Activity Type 09 during the 60 day period in which the face-to-face assessment is valid. Lead agencies use Activity Type 07, Case Management Administrative Activity, to open individuals to HCBS programs within 60 days of an in-person assessment as described in Section IV.D below.

- This Activity Type cannot substitute for a face-to-face assessment completed in the community (Activity Type 02) or in an institution (Activity Type 04), and can only be completed following a face-to-face assessment.

- It is strongly recommended that the certified assessor/care coordinator that performed the preceding face-to-face assessment subsequently perform any needed Eligibility Update. When the same assessor updates previous assessment information, the validity of the Eligibility Update information is improved and is based on previous conversation with the person.

If the certified assessor/care coordinator is unavailable to complete the eligibility update, the CM/CC NPI number should be updated in MMIS using Activity Type 05 prior to entering the Activity Type 09 document in MMIS to avoid edits on the Activity Type 09 document.

- Activity Type 09 is typically completed via telephone, and must be completed in direct communication with the person applying for HCBS services and/or their representative.
• Activity Type 09 can only be used within 90 days following a face-to-face assessment completed in the community or in an institution (Activity Type 02 or 04). Activity Type 09 cannot follow Activity Type 06 (reassessment) or Activity Type 08 (a specific assessment completed for individuals on HCBS waiver programs when they turn 65 years of age).

• Activity Type 09 cannot be used for required annual reassessments to determine ongoing program eligibility, or for interim reassessments for changes in condition. Both types of reassessments continue to be documented in MMIS using Activity Type 06.

• Only one Eligibility Update using Activity Type 09 can be completed following a face-to-face assessment (i.e. Activity Type 09 cannot follow a previous Activity Type 09 in MMIS).

• The timeline for completing required annual reassessments is based on the date the last face-to-face assessment was completed, not the Eligibility Update Activity Date.

• Lead agencies are reminded to enter all screening documents, which record all types of lead agency activity, into MMIS in a timely fashion.

IV. Possible Eligibility Start Dates Using Activity Type 09

An eligibility start date is often referred to as the date a person can “open” to a program. The eligibility start date, or effective date, that can be used for an individual will depend on the sequence of activities performed by a lead agency, as well as on the effective date of MA eligibility, and the proposed date for the start of services for the person.

Some examples of these timelines and dates are included below.

A. For Retroactive Start Dates

For face-to-face assessments completed on or after July 1, 2017, when Activity Type 09 is completed 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 retroactive to the date of the face-to-face assessment.

While this retroactive coverage may not be necessary or useful in all cases, an example is included here that shows how this policy can benefit an individual applying for HCBS.

Example 1: George is assessed on July 1, 2017. This assessment is entered into MMIS with no program established because George is not enrolled in MA. He applied for MA on the same date. His MA application has not been approved by August 28, and the assessor performs a telephone-based Eligibility Update on September 5 because nearly 60 days had elapsed since his face-to-face assessment. His MA is approved on September 15, and MA is approved retroactive to August 1. George was living in assisted living at the time of his application, had no remaining resources to continue to pay for services, and continues to live there and receive services. The lead agency opens George to EW effective August 1 based on the Activity Type 09 completed on September 5.

Even though the Eligibility Update was performed September 5, the lead agency can use August 1 as the effective date to open to the EW program and authorize customized living services starting August 1.
because:

- the lead agency performed the Eligibility Update within 90 days of the face-to-face assessment, and
- the person was receiving services that the HCBS program includes, and
- assisted living (customized living) was included in the plan developed at the time of the assessment, and
- the opening date chosen for EW overlaps with MA eligibility dates.

While George’s waiver span or period of eligibility created in MMIS will begin August 1, George’s reassessment will be due on or before June 30, 2018, since a face-to-face reassessment is required to be completed at least annually for EW, and is based on the date of the last face-to-face assessment (in this example, July 1), not based on the date of the Eligibility Update or the effective date of the opening to the program.

**B. For Prospective Start Dates**

While the 2017 legislative amendment allows for retroactive eligibility start dates, the Eligibility Update itself is also valid for 60 days prospectively.

**Example 2:** Isobel was assessed on July 1, 2017. This assessment is entered into MMIS with assessment result 02 or 03 because, while Isobel is participating in MA, she had not applied for Long Term Care (LTC) under MA and did so on September 1, 2017. The lead agency completed an Eligibility Update September 15. Isobel is eligible for LTC under MA effective October 1.

The lead agency now opens Isobel to CADI effective October 1, and authorizes services to begin that date. Isobel’s waiver span or eligibility period in MMIS will begin October 1, and end June 30th, based on the date of her last face-to-face assessment. Isobel’s reassessment will be due on or before June 30, 2018 as well, based on the date of the last face-to-face assessment (in this example, July 1), not based on the date of the Eligibility Update or the effective date of opening to the program using an Eligibility Update.

**Example 3:** Van was assessed on August 1, 2017 while in the nursing facility for a rehabilitation stay. The discharge plan included services under the BI-NF program, and Van’s recovery was slower than initially anticipated. The lead agency completed an Eligibility Update on October 15, 2017, opening Van to the BI waiver effective December 1, 2017.

Van’s waiver span or eligibility period in MMIS will begin December 1, 2017, and end July 31, 2018, based on the date of his last face-to-face assessment (August 1, 2017). Van’s reassessment will be due on or before July 31, 2018 as well, based on the date of the last face-to-face assessment, not based on the date of the Eligibility Update or the effective date of opening to the program using an Eligibility Update.

**C. Allowable Date Spans Using Activity Type 09**

The 2017 amendment expanded the allowable date spans that can be used for establishing HCBS eligibility when using Activity Type 09:

- A face-to-face assessment is valid for 60 days. If eligibility determination can be completed within 60 days of the assessment, the effective date of HCBS eligibility can be as early as the date of the assessment, when all other eligibility criteria are met.
• An eligibility update can be completed up to 90 days after the face-to-face assessment. If all other eligibility criteria have been met, the effective date of HCBS eligibility can be as early as the date of the face-to-face assessment.

• When an eligibility update is completed, the update is also valid for 60 days. The effective date of HCBS eligibility can be up to 60 days following the eligibility update, when all other eligibility criteria are met.

• Eligibility can never begin prior to the date of the face-to-face assessment.

D. When an Eligibility Update Should Not Be Used

The Eligibility Update was created specifically to account for delays in completing eligibility determination within 60 days of a face-to-face assessment. Activity Type 09 should not be used when other Activity Types are available and intended to accomplish administrative and other tasks related to HCBS program management and administration.

• An Eligibility Update cannot follow a Reassessment (Activity Type 06) or Activity Type 08, a very specific assessment conducted when an individual participating in an HCBS programs turns 65 years of age.

• If eligibility determination continues to be incomplete within 60 days following an Eligibility Update, another face-to-face assessment must be completed. This subsequent face-to-face assessment date re-establishes the earliest date that a person can open to a program, and cannot be used to open a person retroactively.

• Activity Type 09 should not be used to open a person to a program within 60 days of the face-to-face assessment.

Activity Type 07 (Case Management Administrative Activity) should be used to open a person to a program within 60 days of a face-to-face assessment, when the assessment has already been entered into MMIS and approved with no program opening.

• Activity Type 09 should not be used to indicate a change in lead agency or case manager for an individual, or to update service plan information.

Activity Type 05 (Document Change) is used to accomplish several administrative tasks in MMIS, and can be used at any time. This Activity Type is used to update case manager information, or service plan summary information. It is also used to update an AC or ECS participant’s address information.

• Do not use Activity Type 09 when a person is exited from a program at reassessment (Activity Type 06) and is opened to a different program immediately or within 60 days of the reassessment. For example, a person on the BI waiver program is reassessed and is going to change to the CADI program. In this case, the reassessment (Activity Type 06) document will document the exit reason from BI. Then a document entered using Activity Type 07 (Case Management Administrative Activity) is used to change the person to a different HCBS program (in this case, CADI).
E. Using MnCHOICES to Update Eligibility

When eligibility for the Elderly Waiver (EW), Alternative Care (AC), Essential Community Supports (ECS), Community Alternatives for Disability Inclusion (CADI), Community Alternative Care (CAC), Brain Injury-Nursing Facility (BI-NF) or Brain Injury-Neurobehavioral Hospital (BI-NB) programs has not been fully determined within 60 days of a face-to-face assessment and that assessment was completed using MnCHOICES, an Eligibility Update is also completed using MnCHOICES.

The Eligibility Update is completed within MnCHOICES from the Person and Activities screen. After an assessment is completed and closed, lead agencies would use the Add Eligibility Update button to create a document to review with the person via telephone. The certified assessor completes the assessment process and produces an LTC screening document from MnCHOICES for entry into MMIS following the scenarios and policies presented throughout this bulletin.

V. MMIS Systems Support for Eligibility Update

The programs listed in Section II are managed in MMIS at the Department of Human Services. Lead agencies perform service eligibility determination for these programs and use MMIS to document that determination. The Long Term Care Screening Document (LTC SDOC) subsystem in MMIS provides systems support to open and assign individuals to these programs, calculate and assign budgets, control the services that are included under programs, and so on.

Through a series of edits that are applied to the LTC SDOC, MMIS manages effective dates of program participation, verifies eligibility requirements, and captures types of lead agency activity, reflected as Activity Types in the LTC SDOC subsystem. Activity Types indicate whether a lead agency performed a face-to-face assessment that is valid for purposes of opening or returning individuals to these programs, continuing individuals on a program, changing programs, or performing other administrative activities.

In order to support the change in the method that can be used to update eligibility information, Activity Type 09 was developed for lead agency use. Activity Type 09 will indicate that an update was performed by telephone or other remote communication rather than by a face-to-face visit with the applicant.

A LTC SDOC must be entered into MMIS to document the completion of the eligibility update and re-establishment of service eligibility using Activity Type 09. In completing the eligibility update with the person, all assessment information must be reviewed and/or updated in MMIS to ensure the LTC SDOC reflects any changes in need that have occurred since the initial face-to-face assessment.

A. MMIS Operational Information for Activity Type 09

All of the MMIS editing that is applied to a face-to-face assessment entered into MMIS using Activity Types 02 and 04 to open, re-open or change an individual to a different program is applied to Activity Type 09.

These edits ensure all required fields in MMIS are completed, for example, and that values entered are valid. Please see DHS 4625, Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS for information about using MMIS for HCBS programs management. The link to this document, and the version used by managed care organizations, are included in Section VI of this bulletin.
Activity Type 09 is used according to the policy parameters included in this bulletin, and can be used, when following a face-to-face assessment (and when other conditions related to using this Activity Type are met), for many purposes that face-to-face assessments are used in MMIS, such as:

- Opening an individual to a waiver, ECS or AC program (using Assessment Results 01), given other eligibility requirements are satisfied, such as an overlapping MA eligibility span, or return to a community living arrangement from an institutional stay;

- Re-opening a person to a program using Assessment Result 11 when the person was previously enrolled in a given HCBS program, was exited from the program, and will return to that program; or

- Changing programs using Assessment Result 10. For example, a person may have been opened to the AC program in the past, was exited for a period of time, and has now had another in-person assessment. Financial eligibility for EW could not be completed in 60 days, and Activity Type 09 is used to re-establish service eligibility and open the person to EW when MA eligibility was finalized.

B. Additional MMIS Details for Activity Type 09

The information provided here pertains to specific logic and edits in MMIS related to the use of Activity Type 09.

- Activity Type 09 cannot be approved in MMIS unless the previous face-to-face assessment LTC SDOC is approved in MMIS.

- Activity Type 09 cannot have the same Activity Date used for the previous Activity Type 02 or 04. The Activity Date must be at least one day but no more than 90 days after the Activity Date of an Activity Type 02 or 04.

- The Certified Assessor/Case Manager/Care Coordinator (CA/CM/CC) ID on the screening document that will record Activity Type 09 must be the same as the CA/CM/CC ID on the preceding face-to-face screening document. An edit will post if these IDs number do not match. However, if the previous assessor is unable or unavailable to complete the eligibility update, the CA/CM/CC NPI information can be updated in MMIS using Activity Type 05 prior to entering the Activity Type 09 document to avoid this edit.

- When Activity Type 09 is used following a face-to-face assessment completed on or after July 1, 2017 to open, reopen or change to an HCBS program (Assessment Results 01, 10, 11), the waiver, AC or ECS begin date can be based on a date span ranging from the date of the preceding face-to-face assessment, and up to 60 days after the Activity Date of Activity Type 09.

- Regardless of the effective date used, when using Activity Type 09, the waiver or AC span will be approved in MMIS only through the end of the month prior to the month the face-to-face assessment was completed. The waiver span will, in turn, then determine when a face-to-face reassessment must be completed in order to continue a person on their program (or take other action at reassessment). This is to ensure that individuals are visited and participate in a face-to-face assessment on an annual basis as required under state and federal law.

- Activity Type 09 can be used in combination with Assessment Results 01, 10, 11 as allowed under
Activity Type 02 or 04.

- Activity Type 09 is paired with all of the edits that are used to manage Activity Types 02 and 04. This includes edits related to completion of all fields in MMIS, valid values, combinations of data (assessment result and program type, e.g.), and verification of financial eligibility.

- Activity Types 07 and 05 can be used in the same ways following Activity Type 09 as these Activity Types can be used following Activity Type 02 and 04 (in-person assessment).

- Activity Type 09 cannot be used following Assessment Result 13 (continuing on same program, used only with reassessment Activity Type 06) or following Assessment Results 19 – 26, 31, 33, or 34 (any exit from a program).

VI. Other Resources

The manual, DHS 4625, *Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS* includes detailed information about entering the Long Term Care Screening Document and all edits related to various activities and assessment results, and can be found at [DHS-4625-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4625-ENG) or at [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4669-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4669-ENG). The version of the manual used by managed care organizations is found at [DHS-4669-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4669-ENG) or at [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4669-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4669-ENG).

More information about the Long Term Care Consultation program, and community alternatives to facility-based services, can be found at [https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/ltcc.jsp](https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/ltcc.jsp) or at [Long Term Care Consultation Program](https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/ltcc.jsp).

The statute governing the Long Term Care Consultation program, Minnesota Statute section 256B.0911, is located at [Legislative Revisor](https://www.revisor.leg.state.mn.us/) or at [https://www.revisor.leg.state.mn.us/](https://www.revisor.leg.state.mn.us/).

A listing of statewide LTCC Administrative Contacts for all counties can be found at [http://www.dhs.state.mn.us/main/dhs16_136710](http://www.dhs.state.mn.us/main/dhs16_136710) or at [Long Term Care Consultation Statewide Contacts](http://www.dhs.state.mn.us/main/dhs16_136710).

Contact information for each MCO can be found at [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6581A-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6581A-ENG) or at [MCO Contact Information](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6581A-ENG).

**Americans with Disabilities Act (ADA) Advisory**

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2590 (voice) or toll free at (800) 882-6262. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency’s ADA coordinator.