

## HCBS Waiver Services

Revised: [January 24, 2023](#)

- [Overview](#)
- [Eligible Providers](#)
  - [MHCP Enrollment](#)
  - [MN-ITS](#)
  - [HCBS Waiver and AC Training Requirements](#)
- [Eligible Members](#)
- [Waiver Reimagine Project](#)
- [Covered and Noncovered Services](#)
- [Service Authorization](#)
- [Billing](#)
  - [Void \("Take-Back"\) Waiver and Alternative Care \(AC\) Service Claims for Fee-for-Service](#)
  - [Specialized Equipment and Supplies Authorization and Billing Responsibilities](#)

Review the [Elderly Waiver \(EW\) and Alternative Care \(AC\) Program](#) section for specific information about EW and AC programs and services.

### Overview

Review the [Waiver and Alternative Care programs overview](#) for information about the Home and Community-Based Services (HCBS) waiver programs including background, federal and state guidelines, state, county and tribe responsibilities, and specific information about each waiver and AC program.

### Eligible Providers

For providers to provide services and be eligible to receive payment from Minnesota Health Care Programs (MHCP), they must meet the following criteria:

- Be an enrolled MHCP provider
- Maintain licensure or documentation supporting their qualifications to provide waiver services
- Obtain a Minnesota Department of Human Services (DHS)-approved service authorization (SA) to provide services to the person eligible for HCBS programs

For information on limitations to [paying relatives and legally responsible individuals](#), review the Community-Based Services Manual (CBSM).

### MHCP Enrollment

To enroll in MHCP to provide waiver or AC program services, follow the instructions in the [Home and Community-Based Services \(HCBS\) Programs Provider Enrollment](#) section.

Providers must determine which HCBS program services they want and are qualified to provide. Use the [HCBS Programs Service Request Form \(DHS-6638\) \(PDF\)](#) to report the service(s) you want to provide and the qualifications you have to provide the service(s) to a person receiving services through waiver programs.

For more information regarding licensures, certifications or registrations needed to provide the waiver service, refer to one or more of the following:

- Lead agency where you will provide services. Lead agencies include:
  - Human service office in each county or tribal nation. Review the [Minnesota tribal and county directory](#)
  - [Managed Care Organizations \(MCOs\)](#)

- [DHS Licensing](#)
- [Minnesota Department of Health](#)

## MN-ITS

MHCP requires those who provide services through waiver and AC programs to register for a [MN-ITS](#) account. You will receive a welcome letter with your MN-ITS registration information once you are approved as an MHCP-enrolled provider.

## Eligible Members

The lead agency determines a person's eligibility for HCBS programs through an assessment. Each waiver program has an application process, eligibility requirements and covered services.

Refer to the specific eligibility criteria for each of the following waiver programs:

[Brain Injury \(BI\)](#)

[Community Alternative Care \(CAC\)](#)

[Community Access for Disability Inclusion \(CADI\)](#)

[Developmental Disabilities \(DD\)](#)

Providers must verify program eligibility for each person receiving waiver services, each month through phone or [MN-ITS](#) eligibility verification. Use MN-ITS Eligibility Request (270/271) to review eligibility information for each person before providing services.

## Turning 65

A person receiving disability waiver services before age 65, remains eligible for the respective waiver after their 65th birthday if all other eligibility criteria are met. The case manager must inform a person nearing age 65 of the other community support options so that the person can choose which program will best meet his or her needs. Options may include the [Elderly Waiver](#), remaining on the person's current HCBS waiver or other alternatives that may meet the needs and preferences of the person.

## Covered and Noncovered Services

Select the link below to view the [Community-Based Services Manual \(CBSM\)](#) policy page for each service that includes the legal reference, service description, covered and noncovered services when applicable, and provider standards and qualifications.

Service	BI	CAC	CADI	DD
<a href="#">24-hour emergency assistance</a>	X	X	X	X
<a href="#">Adult day services</a>	X	X (Family Adult Day Services [FADS] Only)	X	X
<a href="#">Adult day services bath</a>	X		X	X
<a href="#">Assistive technology</a>				X
<a href="#">Caregiver living expenses</a>	X	X	X	X
<a href="#">Case management</a>	X	X	X	X
<a href="#">Case management aide (paraprofessional)</a>	X	X	X	X
<a href="#">Chore services</a>	X	X	X	X
<a href="#">Community residential services</a>	X	X	X	X
<a href="#">Consumer directed community supports (CDCS)</a>	X	X	X	X

<a href="#">Crisis respite</a>	X	X	X	X
<a href="#">Customized living (including 24-hour customized living)</a>	X		X	
<a href="#">Day support services</a>	X	X	X	X
Employment Services				
• <a href="#">Employment exploration services</a>	X	X	X	X
• <a href="#">Employment development services</a>				
• <a href="#">Employment support services</a>				
<a href="#">Environmental accessibility adaptations</a>	X	X	X	X
<a href="#">Extended home care services</a>				
• Home Health Aide (HHA)				
• Home Care Nursing (HCN)	X	X	X	
• Therapies (physical, occupational, speech language- pathology, and respiratory)				
<a href="#">Extended Personal Care Assistance</a>	X	X	X	X
<a href="#">Family residential services</a>	X	X	X	X
<a href="#">Family training and counseling</a>	X	X	X	X
<a href="#">Home-delivered meals</a>	X	X	X	X
<a href="#">Homemaker services</a>	X	X	X	X
<a href="#">Housing Access Coordination - ending July 2021</a>	X	X	X	X
See <a href="#">Housing Stabilization Services</a>				
<a href="#">Independent living skills (ILS) therapies</a>	X	X	X	X
<a href="#">Individualized home supports (without training, with training, with family training)</a>	X	X	X	X
<a href="#">Integrated community supports</a>	X	X	X	X
<a href="#">Night supervision services</a>	X	X	X	X
<a href="#">Positive support services</a>				
• Positive support professional	X	X	X	X
• Positive support analyst				
• Positive support specialist				
<a href="#">Prevocational services</a>	X	X	X	X
<a href="#">Respite</a>	X	X	X	X
<a href="#">Specialist services</a>	X	X	X	X
<a href="#">Specialized equipment and supplies</a>	X	X	X	
<a href="#">Transitional services</a>	X	X	X	X
<a href="#">Transportation</a>	X	X	X	X

### Service Authorization

Waiver services require approval from a case manager in the form of a completed service authorization (SA). MHCP will pay only services on the SA; however, an approved SA is not a guarantee of payment. For claim payment:

- Providers must be actively enrolled and have their credentials up to date in order to provide the approved service(s).
- The person must maintain their MA and waiver eligibility in order for the authorization to be valid.
- Providers are responsible for ensuring the SA is accurate upon receipt of their service authorization letters (SAL) in their MN-ITS mailbox.

Each line item on the SA lists the following:

- MHCP enrolled provider who is authorized to provide the needed services
- Rate of payment for the service
- Number of units approved
- Date or date span of authorization of service
- Approved procedure code(s)

The SA for BI, CAC, CADI and DD waivers may include the following:

- Medical Assistance (MA) home care services of skilled nursing visits, home health aide, home care nurse and personal care assistance
- Waiver services consistent with the provider agreement

If there are concurrent waiver services with a hospice benefit, review [Hospice and other MA-covered services](#).

### **County Health and Human Service or Lead Agency Responsibilities**

County agencies and tribal nations acting as agents for the HCBS Programs are responsible for providing program access and local program administration. Review the county or tribal responsibilities section of the [Waiver and Alternative Care programs overview](#) in the Community-Based Services Manual (CBSM).

After the needs assessment and support planning have occurred, the lead agency will use the [Disability Waiver Rate System](#) (DWRS) to price individual services and provide the amount to authorize individual services.

### **Billing**

Follow the [Billing for Waiver and Alternative Care \(AC\) Program](#) instructions.