

Eligibility update for home and community-based services

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Legal authority	Minn. Stat. §256B.0911	
Definitions	<p>Eligibility update: An activity that follows an initial assessment and is used to extend the time in which the lead agency can determine a person's program eligibility without another in-person assessment.</p> <p>Initial assessment: An assessment that happens when a person either:</p> <ul style="list-style-type: none"> • Requests an assessment for the first time, typically to access a home and community-based services (HCBS) program • Reopens to a waiver program after a gap in eligibility. <p>Initial assessments are completed by the county of location/tribal nation or managed care organization (MCO) (for people in MSHO or MSC+ seeking EW).</p>	
Overview	<p>The 2013 Minnesota Legislature authorized a way for lead agencies to update and reestablish a person's program eligibility when he/she experiences a delay in accessing programs because his/her administrative eligibility determination(s) are pending.</p> <p>If a lead agency has not fully determined a person's eligibility within 60 days of an in-person assessment, it can perform an eligibility update to establish eligibility for the following programs:</p> <ul style="list-style-type: none"> • 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. <p>Lead agencies can perform and subsequently enter eligibility updates into MMIS in both the developmental disabilities (DD) and long-term care (LTC) screening documents.</p>	
Purpose	<p>An eligibility update allows assessors to extend the period of time to act on an initial assessment in certain situations. These include, but are not limited to, when a person is:</p> <ul style="list-style-type: none"> • Establishing disability status (i.e., Social Security or State Medical Review Team [SMRT]) • Applying for Medical Assistance (MA) • Submitting an application for long-term care eligibility under MA • Completing an asset assessment and other long-term care eligibility tasks required for Alternative Care (AC) eligibility • Participating in the DD diagnostic determination process • Experiencing a delay in proposed discharge date from an institutional stay. 	
Who completes it	<p>The certified assessor who completed the person's initial assessment also completes the eligibility update.</p> <p>Exception</p> <p>There may be circumstances when the certified assessor who completed the initial assessment cannot complete the eligibility update, including when the assessor is:</p>	

	<ul style="list-style-type: none"> • No longer employed by the lead agency • Unexpectedly unavailable or unavailable for an extended length of time (e.g., medical leave). <p>In these situations, the lead agency must enter a screening document into MMIS that updates the name of the assessor who will complete the eligibility update. This must happen before entering the eligibility update into MMIS. The new certified assessor must complete a thorough review of the initial assessment with the person to ensure the eligibility update accurately reflects the person's needs.</p>
<p>How to complete it</p>	<p>The lead agency must complete the eligibility update in direct communication with the person applying for services and/or the person's representative. The lead agency may complete an eligibility update in person or via telephone.</p> <p>The certified assessor:</p> <ol style="list-style-type: none"> 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. Completes the assessment in MnCHOICES 5. Enters the new screening document and the result of the eligibility update into MMIS using the eligibility update activity type 6. Completes any additional requirements of the assessment process 7. Creates a new Community Support Plan (CSP) in the MnCHOICES Support Plan application 8. Completes a Notice of Action (Assessments and Reassessments), DHS 2828A (PDF) based on the results of the eligibility update 9. Sends the updated CSP and notice of action to the person. <p>Changes in needs</p> <p>When the person indicates he/she has had a change in his/her needs, 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.</p> <p>Note</p> <p>The lead agency does not need to gather new signatures for the Long-Term Services and Supports Assessment and Program Information and Signature Sheet, DHS-2727 (PDF) as part of the eligibility update.</p>
<p>Timelines</p>	<p>Completing an eligibility update</p> <p>When a lead agency has not determined a person's program eligibility within 60 days of an initial in-person assessment, the lead agency may complete an eligibility update. The lead agency must complete the eligibility update between the 60th and 90th day from the initial assessment. Completing and documenting the eligibility update allows the lead agency an additional 60 days to establish program eligibility. The lead agency does not need to perform an eligibility update when the person meets all eligibility criteria for an HCBS program within the valid 60-day period following the in-person assessment.</p> <p>If the person's eligibility is not determined after an additional 60 days from the activity/action date of the eligibility update, the person must have a new in-person assessment to access programs and services.</p> <p>Effective date</p> <p>When the lead agency completes an eligibility update within 90 days of</p>

	<p>the in-person assessment and the person meets all other eligibility criteria, the effective date used to open a person to a program must be:</p> <ul style="list-style-type: none"> • No earlier than the date of the in-person assessment • No later than 60 days after the eligibility update. <p>Annual assessment date The timeline for completing required annual assessments is based on the date the last in-person assessment was completed, not the eligibility update activity date.</p>
<p>Limitations</p>	<p>Eligibility updates cannot:</p> <ul style="list-style-type: none"> • Substitute for an in-person assessment completed in the community or in an institution; an eligibility update can only be completed following an initial in-person assessment • Be used for a person who is actively open to a waiver, AC or ECS programs • Be used to change a person's needs to change an authorization (only applies to state plan home care) • Follow a reassessment • Be used for a required annual reassessment to determine a person's ongoing program eligibility • Be used as an interim reassessment for changes in condition • Be completed more than once after an in-person assessment; an eligibility update cannot follow a previous eligibility update in MMIS • Be conducted within 60 days of the in-person assessment.
<p>Additional resources</p>	<p>CBSM – Assessment applicability and timelines CBSM – MnCHOICES CBSM – Temporary waiver exits: MMIS actions CountyLink – MnCHOICES interagency contact point list DD Screening Document Codebook – Scenarios Instructions for Completing and Entering the LTCC Screening Document a Service Agreement into MMIS, DHS-4625 (PDF) MSC+ and MSHO Programs: Instructions for Completing and Entering the Screening Document and Health Risk Assessment into MMIS, DHS-4669 (PDF) Health Plan Contacts for Care Coordinator or Navigator Information, DHS-6581A (PDF)</p>