

Waiver, AC and ECS case management

In response to the COVID-19 peacetime emergency, DHS has waived the in-person case management visits requirement. Case managers may use phone or video communication to meet this requirement. When completing a visit via phone or video communication, case managers must note "COVID-19 Emergency Protocol" at the top of case notes to document required case management visits. See the [April 6, 2020, eList announcement](#).

Page posted: 10/01/03	Page reviewed: 9/28/18	Page updated: 10/14/20
Legal authority	Federally approved BI, CAC, CADI, DD and EW waiver plans, Minn. Stat. 256B.0913 , Minn. Stat. §256B.49 , Minn. Stat. Chapter 256S , Minn. Stat. §256B.092 , Minn. R. 9525.0004 to 9525.0036 , Minn. Stat. §256.012	
Applicability	This page applies to case management and care coordination provided under the following programs: <ul style="list-style-type: none">• Alternative Care (AC) program• Brain Injury (BI) Waiver• Community Access for Disability Inclusion (CADI) Waiver• Community Alternative Care (CAC) Waiver• Developmental Disabilities (DD) Waiver• Elderly Waiver (EW)• Essential Community Supports (ECS) program.	
Definitions	<p>Waiver, AC and ECS case management: A service that provides people and their families with access to assessment, person-centered planning, referral, linkage, support plan monitoring, coordination and advocacy related to waiver services, resources and informal supports that are not necessarily funded through the waiver.</p> <p>Care coordination: A service for people enrolled in Minnesota Senior Health Options (MSHO) and/or Minnesota Senior Care Plus (MSC+). It provides assessment and coordination of the delivery of all health and long-term care services among different health and social service professionals and across settings of care. Care coordination also includes the waiver case management responsibilities identified above. References to "case management" on this page also include care coordination, when applicable.</p> <p>Case manager/care coordinator: The professional who assists with access to and navigation of social, health, educational, vocational and other community and natural supports and services based on the person's values, strengths, goals and needs. This professional is responsible to provide the person with information necessary to make informed choices.</p>	
Covered services	Waiver, AC and ECS case management includes the following activities: <ol style="list-style-type: none">1. Plan:<ul style="list-style-type: none">• Develop the support plan with the person, parents or legal representative and/or anyone else the person wants to invite (e.g., informal caregivers, friends, family members)• Ensure the support plan identifies the person's options and choices of services and providers, including case management and services provided in a non-disability-specific setting• Provide the person with a copy of the support plan• Review and update the support plan annually with the person2. Refer and link:<ul style="list-style-type: none">• Work with the person to connect with providers and services• Assist the person with the appeal process3. Coordinate:<ul style="list-style-type: none">• Communicate with the person's team to ensure all the person's needs are	

	<ul style="list-style-type: none"> • addressed • Organize services and supports based on the person's needs and preferences • Ensure services are not duplicated <p>4. Monitor:</p> <ul style="list-style-type: none"> • Ensure providers deliver services as written in the person's plan • Continually evaluate whether the support plan meets the person's needs • Update the support plan as needed <p>5. Advocate:</p> <ul style="list-style-type: none"> • Encourage and empower the person to make informed choices • Promote health, safety, wellbeing and independence • Support and respect the person's right to take risks.
<p>Non-covered services</p>	<p>Waiver, AC and ECS case management cannot duplicate other Minnesota state plan or waiver services.</p> <p>Administrative activities are not billable under any waiver, AC or ECS program.</p> <p>Administrative activities include:</p> <ul style="list-style-type: none"> • Diagnosis • Intake • Initial determination and ongoing review of eligibility for programs and services, including Medical Assistance (MA) eligibility and disability certification • Service authorization and screening document entry into MMIS • Transportation of the person • Determination of financial eligibility • Responding to requests for conciliation conferences and appeals in certain circumstances • Job duties not directly related to the person's plan and delivery of services based on the person's individual need (e.g., training time, filing relevant documents/materials and obtaining technical assistance).
<p>Supporting a person's move</p>	<p>If a person expresses a desire to move or wants more information about options or processes before deciding to move, the case manager/care coordinator must:</p> <ul style="list-style-type: none"> • Provide information about services available and make appropriate referrals if the person wants to move or is interested in learning more about a move, including Housing Benefits 101 • Provide the person with I know me: My Home. Creating the best home for me, DHS 6803A (PDF) (BI, CAC, CADI and DD only) • Develop the My Move Plan Summary, DHS-3936 (PDF) with the person, when required. <p>For additional information, see:</p> <ul style="list-style-type: none"> • CBSM – Housing resources • CBSM – My Move Plan Summary • CBSM – Person-Centered, Informed Choice and Transition Protocol • DHS – Housing Stabilization Services • Disability Hub MN – Housing toolkit • Disability Hub MN – Informed choice toolkit. <p>BI, CAC, CADI and DD case manager training</p> <p>“Supporting my move: A case manager’s role” is an online, on-demand course for disability waiver case managers to guide them through their role and responsibilities in supporting a person to find a new home. DHS strongly recommends all disability waiver case managers complete this course and pass the required knowledge check.</p> <p>This course is available through TrainLink. You must have a unique key to register and receive credit for training.</p>

Steps to take course

The case manager should:

- Go to [TrainLink](#)
- Select Disability Services Learning Center
- Select Sign On in the upper right hand corner
- Enter your unique key
- Select Find a Course
- Search 'Supporting my move'
- Select the course
- Select Start Course.

Service requirements and exceptions**AC, BI, CAC, CADI and EW**

People on AC, BI, CAC, CADI and EW must receive another waiver service in addition to waiver/AC case management.

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

If the lead agency does not authorize an additional waiver service during the 60-day timeframe, the person must exit the waiver or AC until the person becomes eligible and the lead agency can authorize additional waiver services.

Exception

If the reason for not authorizing additional waiver/AC services is that the person is transitioning between providers, services or settings, DHS allows an additional 60 days to authorize an additional waiver/AC service. During this timeframe, the case manager/care coordinator must check in with the person at least monthly (e.g., phone calls or in-person visits).

If the lead agency does not authorize services during the additional 60 days (120 days total), the person must exit the waiver or AC until the person becomes eligible and the lead agency can authorize additional waiver services.

For people who receive AC and fee-for-service EW, see the instructions in section of 301.07 of the [Instructions for Completing and Entering the LTCC Screening Document and Service Agreement Into MMIS, DHS-4625 \(PDF\)](#).

For people who receive EW through a managed care organization (MCO), refer to the MCO's instructions.

DD

People on the DD Waiver must receive waiver case management and habilitation (see [CBSM – Habilitation](#)).

Starting DD Waiver

When a person starts the DD Waiver, the lead agency may authorize a support plan that does not include habilitation for a maximum of 90 calendar days. The case manager must:

- Document in the support plan how habilitation will be met within the 90-day timeframe
- Document in MMIS the reason habilitation was not authorized
- Contact the DSD Resource Center for help approving the service authorization (see [CBSM – DSD Resource Center](#))
- Authorize habilitation within 90 days of a person starting the DD Waiver (see [CBSM – Habilitation](#)).

If the lead agency does not authorize habilitation during the 90-day timeframe, the person must exit the waiver until the person becomes eligible and the lead agency can authorize additional waiver services.

Loss of habilitation while currently on DD Waiver
 People currently on the DD Waiver must receive waiver case management and habilitation.
 The lead agency may authorize waiver case management without habilitation 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 habilitation during the 60-day timeframe, the person must exit the waiver until the person becomes eligible and the lead agency can authorize habilitation.

Exception
 If the reason for not authorizing habilitation within 60 days is that the person is transitioning between providers, services or settings, DHS allows an additional 60 days to authorize habilitation. 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 habilitation during the additional 60 days (120 days total), the person must exit the waiver until the person becomes eligible and the lead agency can authorize habilitation.

Secondary information

Additional types of case management
 Some people who receive waiver, AC and ECS case management may be eligible for other types of case management (e.g., mental health case management). In these situations, DHS recommends the waiver, AC and ECS case manager/care coordinator:

- Ensures effective communication and coordination of supports
- Defines roles and responsibilities clearly to ensure supports are not duplicated.

If the person has more than one type of case manager/care coordinator (e.g., person also has a mental health case manager), the waiver, AC and ECS case manager/care coordinator is responsible for all covered waiver, AC and ECS case management services.

Excluded types of case management
 People who receive waiver, AC and ECS case management are not eligible for the following types of case management:

- Targeted case management for vulnerable adults and adults with developmental disabilities (VA/DD-TCM)
- Relocation service coordination (RSC)
- Alternative Care conversion case management.

For more information about types of case management, see CBSM – Case management/care coordination.

Provision of case management
 People may request to receive waiver, AC and ECS case management services from a lead agency other than the lead agency responsible for managing the person's waiver, AC or ECS. If a lead agency subcontracts with a qualified provider, choice of provider should be given to the person.

BI, CAC, CADI and DD
 Waiver case management for people on BI, CAC, CADI and DD is arranged by the county or tribal nation of financial responsibility (CFR).

AC, ECS and EW
 For people who receive AC, ECS or EW case management, the county of residence or tribal nation is responsible to provide access to and arrange for the provision of case management services. For people enrolled in MSHO and MSC+, the MCO is responsible to provide case management services.

Financial interest
 The case manager, care coordinator or case management aide cannot have a personal financial interest in the services provided to the person.

	<p>Additionally, case management/case management aide services cannot be provided by a private agency that has a financial interest in the services provided to the person.</p>
Frequency	<p>The timelines below represent the minimum required frequencies for face-to-face visits. The frequency of face-to-face visits should increase based on the person's needs.</p> <p>BI, CAC, CADI and DD</p> <p>The waiver case manager must have a minimum of two face-to-face contacts with the person within the 12-month period. The person's annual reassessment may count as one face-to-face contact when case management activities are performed at the time of the visit.</p> <p>AC, ECS and EW</p> <p>The waiver, AC and ECS case manager/care coordinator must conduct at least one face-to-face visit per 12-month period. This visit can be included as part of the person's annual reassessment if the assessor is also the case manager/care coordinator.</p>
Provider standards and qualifications	<p>AC, BI, CAC, CADI, ECS and EW</p> <p>The lead agency may employ or contract with the following people to provide case management:</p> <ul style="list-style-type: none"> • Public health nurse • Registered nurse • Social worker. <p>Public health nurse and registered nurse</p> <p>A public health or registered nurse providing case management must be licensed under Minn. Stat. §148.171 – §148.285.</p> <p>Social worker</p> <p>A social worker providing case management must either:</p> <ul style="list-style-type: none"> • Be a graduate from an accredited four-year college with a major in social work, psychology, sociology or a closely related field • Be a graduate from an accredited four-year college with a major in any field and one year of experience as a social worker/case manager/care coordinator in a public or private social service agency. <p>For lead agencies that use the Minnesota Merit System or a county civil service system, social workers must:</p> <ul style="list-style-type: none"> • Apply to the Merit System to be considered for an open social worker position and put on an eligible employment list • Meet the minimum qualifications of a social worker under Minn. R. 9575 or the county civil service system. <p>For more information, see DHS – About the Merit System.</p> <p>Care coordinator</p> <p>Qualifications for MCO care coordinators are outlined in the contracts between DHS and MCOs. For more information, see DHS – Managed care contracts.</p> <p>DD</p> <p>A case manager must have:</p> <ul style="list-style-type: none"> • A bachelor's degree (at minimum) in social work, special education, psychology, nursing, human services or other fields related to the education or treatment of people with developmental disabilities or related conditions • One year of experience in education or treatment of people with developmental disabilities or related conditions, or a minimum of one course that specifically focuses on developmental disabilities. <p>Registered nurse requirement</p> <p>A registered nurse must be designated as either the case manager or the qualified developmental disability professional (QDDP) for people who are both:</p> <ul style="list-style-type: none"> • Determined to have overriding healthcare needs

	<ul style="list-style-type: none"> • Seeking admission to a nursing facility or intermediate care facility for persons with developmental disabilities (ICF/DD), or accessing home and community-based waiver services. <p>Tribal nations For services provided by tribal governments, alternative credentialing standards can be applied under Minn. Stat. §256B.02, subd. 7. For more information, see CBSM – Tribal administration and management of HCBS programs.</p> <p>BI, CAC, CADI and DD training requirement If a case manager works with a person on the BI, CAC, CADI or DD waiver, they must complete 10 hours of case management education and disability-related training each year. The education and training must include person-centered planning. Training may be provided by DHS, a lead agency or providers approved by a lead agency. The lead agency must monitor and record completion of case manager training.</p>
Billing	<p>The case manager/care coordinator must plan and deliver services based on the person's individual needs and submit claims based on case management services actually delivered. The case manager/care coordinator cannot bill services based on an average of billable units provided to a person, nor the average billable units provided to all people on waivers.</p> <p>Provider payment information DHS will not pay for waiver, AC and ECS case management services provided by more than one provider on the same day. DHS pays the provider as indicated on the service agreement.</p>
Additional resources	<p>CBSM – AC conversion case management CBSM – Case management/care coordination CBSM – Case management aide CBSM – Case management and travel time CBSM – DSD Response Center CBSM – Feedback about services for EW through MCOs CBSM – Guide to encouraging informed choice and discussing risk CBSM – Guide to support a person with a residential service termination notice CBSM – Person-Centered, Informed Choice and Transition Protocol CBSM – Support planning DHS – About the Merit System DHS – Person-centered practices DHS – TrainLink Disability Hub MN – Benefits planning toolkit Disability Hub MN – Housing toolkit Disability Hub MN – Informed choice toolkit DSD MMIS Reference Guide MHCP Provider Manual – Billing for Waiver and Alternative Care (AC) Program Instructions for Completing and Entering the LTCC Screening Document and Service Agreement Into MMIS, DHS-4625 (PDF).</p>