LTSS policy amendments related to COVID-19 peacetime emergency

TOPIC

Policies related to the administration and management of Long-Term Services and Supports (LTSS) have been amended temporarily for the duration of the COVID-19 peacetime emergency.

PURPOSE

Provide information to lead agencies about policy amendments and instructions to implement amended LTSS policy related to assessment, reassessments and continuation of services to people during the COVID-19 peacetime emergency.

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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. Introduction

This bulletin provides information about policies related to the administration of long-term services and supports (LTSS) in Minnesota. Under the Governor’s Emergency Executive Order 20-12 (PDF), the Minnesota Department of Human Services (DHS) has authority to temporarily waive or modify requirements during the COVID-19 peacetime emergency. This will allow Minnesota’s lead agencies (counties, tribal nations and managed-care organizations) to continue to provide essential programs and services to people who receive services safely and without undue delay during the COVID-19 pandemic.

The amendments pertaining to waiving document and signature requirements are effective March 20, 2020, the date of the Governor’s Emergency Executive Order 20-12. The changes will remain in place until further notice from DHS.

This bulletin provides instructions for lead agencies to implement these policies to ensure continuity of care for people in Minnesota who receive LTSS. The amended policies:

- Allow LTSS assessments and reassessments to be conducted remotely (this was also communicated in the March 23, 2020, eList: COVID-19 emergency protocol updates for the DHS disability Services and Aging and Adult Services divisions)
- Allow case management visit requirements to be conducted remotely. (This also was communicated in the April 6, 2020, eList: COVID-19 emergency protocol for case management visits)
- Waive document and signature requirements

The information contained in this bulletin applies to all LTSS services and programs, including:

- Alternative Care (AC)
- Brain Injury (BI) Waiver
- Community Alternative Care (CAC) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW)
- Essential Community Supports (ECS)
- Personal care assistance (PCA)
- Rule 185 case management
- Long-term care consultation (LTCC) assessments (i.e., MnCHOICES and legacy assessments) completed under Minnesota Statutes, section 256B.0911.
II. LTSS assessments

A. LTSS assessments and reassessments may be completed remotely

DHS has suspended the in-person requirements for assessments and reassessments. During the COVID-19 peacetime emergency, lead agencies may, instead, conduct assessments (MnCHOICES or legacy assessments) and reassessments through an interactive telecommunication that allows real-time conversation between the assessor, the person and legal representative, if applicable. (Also, refer to the March 23, 2020, eList: COVID-19 emergency protocol updates for the DHS disability Services and Aging and Adult Services divisions).

The U.S. Department of Health and Human Services website offers the most recent information about the types of technology applications that may be used in accordance with HIPPA requirements. This guidance may be found in the Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency resource.

If the person and/or legal representative does not have access to interactive telecommunication that allows real-time conversation between the assessor and the person/legal representative, all efforts must be made to use resources available to conduct the assessment or reassessment. This includes partnering with a provider who is visiting the person to assist in a phone conversation with the person.

**COVID-19 protocol for entering screening documents in MMIS for remote assessments and reassessments**

Use the following guidelines to enter the corresponding screening document into the Medicaid Management Information System (MMIS) after completing a remote assessment or reassessment. (Note: These guidelines also were communicated to lead agencies on April 2, 2020 via eList.):

- Even if you complete the assessment or reassessment with the person remotely, use the existing activity type codes that indicate in-person assessments, including those for nursing facility admission of people younger than 21 years old, reassessments and OBRA Level II evaluations.
- In one or more of the following places, add the comment “**COVID-19 – remote assessment complete**”:
  - LTC screening document – ACMG panel, Case manager comment section
  - DD screening document – ACMG panel, Case manager comment section
  - PCA Type B – ADHS panel, DHS comment section.
• If a lead agency entered a screening document for a remote assessment before the March 23, 2020, DHS guidance or if the lead agency forgot to enter the notation after March 23, 2020, follow these steps to document the remote activity:

  • LTC screening document
    1. Enter a new screening document using Activity Type 05, Document Change Only and Assessment Result 98-Other
    2. Add “COVID-19 – remote assessment complete” comment
    3. Do not delete the original screening document.

  • DD screening document
    1. Enter a new screening document using Action Type 03, Service change
    2. Use the same assessment result as the previous assessment
    3. Add “COVID-19 – remote assessment complete” comment
    4. Do not delete the original screening document.

  • PCA Type B
    • No action is necessary by lead agencies.

• If a lead agency entered a screening document related to a remote assessment into MMIS and forgot to enter the “COVID-19-remote assessment complete” notation, and has entered additional screening documents since that time, follow these steps:

  • Enter the Activity Type 05 (LTC) screening document or Action Type 03 (DD) screening document described above as soon as possible
  • Use the same date as the date from the most recently entered document in MMIS as the activity date
  • Enter the “COVID-19-remote assessment complete” notation in the comments area of the screening document along with an additional notation indicating the screening document comment applies to the assessment on [insert activity date of the remote assessment which the notation is in reference to].

III. Case management

DHS has developed temporary guidance for case managers regarding visit requirements for waiver, Rule 185 case management, Alternative Care and Essential Community Supports case management services during the COVID-19 peacetime state of emergency.

Case management in-person visits may be conducted remotely

DHS has suspended the in-person case management visit requirement during the COVID-19 peacetime emergency. Instead, 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. For more information on this process, email dsd.responsecenter@state.mn.us (disability programs) or dhs.aasd.hcbs@state.mn.us (programs for older people). See also April 6, 2020 eList COVID-19 emergency protocol for case management visits.

IV. Distribution of documents and signature requirements

Assessors, case managers and care coordinators may not be able to obtain signatures or provide assessment and support planning documents to people and providers because of social distancing requirements and/or limited access to mailing. Changes to this process, as identified in this section, apply only to documents and signature requirements related to assessment and support planning. This amended policy does not include Tennessen Warning documents and Release of Information documents.

A. Requirement to provide copies of assessment and support planning documents is waived

When the assessor or case manager is unable to mail assessment and support planning documents to people or providers, the assessor or case manager must:

- Complete a review of the documents with the person and/or their legal representative and provider(s)
- Document the review in case notes
- Ensure MMIS service authorization letters are sent to service providers and recipients, which will confirm the initiation or continuation of services.

B. Expressed approval for assessment and support planning can replace signature requirements

When assessors and case managers have completed the review of assessment and support planning information, expressed approval can replace signatures that typically are required. Expressed approval can be a verbal, physical or electronic acknowledgement by the person (or the person’s legal representative) who receives services.

Document the approval of assessment and support planning documents by:

- Using case notes to record the date of expressed approval, a summary of the conversation and a list of the document(s) reviewed and approved by the person, the legal representative (if applicable) and the provider(s)
- Retaining the document in the person’s record.
V. Responding to changes in need

There are no changes to the case manager’s responsibility to update a person’s CSSP/CCP and service plan during the course of a waiver span. Case managers and care coordinators must continue to update the CSSP/CCP when a significant change to the service plan occurs.

When the person’s needs have changed to the degree that typical service planning does not cover, then the lead agency should complete a mid-year reassessment, or for EW/AC participants, complete a service change (activity type 10). Examples of this may include a potential change in the PCA home care rating or changing to a different program as needed.

VI. Participation in LTSS programs cannot be terminated

In general, people must remain eligible for waiver programs throughout the national COVID-19 emergency period. As such, DHS requires lead agencies to maintain continued coverage under the recently issued CMS guidelines. Please refer to bulletin #20-56-06 COVID-19: Participation in LTSS Programs Cannot be Terminated for additional details.

VII. Additional information

A. Lead agency review and HCBS monitoring processes

Because of the COVID-19 peacetime emergency, DHS will allow variations to the protocols for the Lead Agency Review (LAR) and home and community-based services (HCBS) monitoring processes. DHS will adjust LAR monitoring to account for the COVID-19 peacetime emergency protocols, with the understanding of an effective March 20, 2020, the date of the Governor’s Emergency Executive Order 20-12.

When possible, lead agencies should continue to provide services following pre-COVID required timelines and procedures. However, in cases where lead agencies cannot follow standard timelines and procedures because of the COVID-19 peacetime emergency, note a “COVID-19-emergency protocol” message in documentation.

B. Resources

DHS has listed all COVID-19-related waivers and modifications on the DHS waivers and modifications page. It will be updated as new changes are approved. We encourage you to monitor that page, the DHS homepage and DHS bulletins. The May 2020 MnMatters publication lists several additional COVID-19 resources available, as well.

For general, non-COVID-19-specific information about the support planning process, completing screening documents and service agreements in MMIS, refer to:

• Support planning for long-term services and supports (LTSS)
• Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS, DHS-4625 (PDF)
• Instructions for Completing and Entering the LTCC Screening document and Health Risk Assessment into MMIS for MSC+ and MSHO, DHS-4669 (PDF)
• DD Screening Document Codebook.

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

This information is available in accessible formats for people with disabilities by calling 651-431-4300 (voice) or toll free at 866-267-7655 or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.