

**NUMBER**

#20-25-01

**DATE**

May 4, 2020

**OF INTEREST TO**

County/social services directors

Tribal health directors

Senior LinkAge Line

Managed care organizations

Adult day service providers

**ACTION/DUE DATE**

Please read information and  
prepare for implementation

**EXPIRATION DATE**

May 4, 2022

## Alternative adult day service delivery due to COVID-19 pandemic

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### TOPIC

The Human Services Commissioner is authorizing licensed adult day service providers to provide services remotely and/or in-person to one person at a time during the COVID-19 peacetime emergency.

### PURPOSE

The purpose of this bulletin is to provide new guidance for adult day service providers to deliver services to participants in alternative settings and/or via alternative methods that comply with public health guidelines through the COVID-19 emergency.

### CONTACT

Disability Services Division: [dsd.responsecenter@state.mn.us](mailto:dsd.responsecenter@state.mn.us)

Aging and Adult Services Division: [dhs.aasd.hcbs@state.mn.us](mailto:dhs.aasd.hcbs@state.mn.us)

HCBS Licensing Help Desk: 651-431-6624

### SIGNED

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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. Alternative adult day services model

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Typically, adult day centers provide services on a regular basis during the day in a facility-based setting, not a residence. In alignment with social distancing guidelines and the state's stay-at-home order, DHS ordered adult day centers to close March 29, 2020, as part of Executive Order 20-20. As such, providers of adult day services have stopped providing services in group settings, which leaves a gap in service delivery for some of the state's most vulnerable adults.

The human services commissioner is authorizing licensed adult day service providers to provide services remotely and/or in-person to one person at a time. The adult day services model is being modified to maintain essential services for the population normally served in adult day settings. [Executive order 20-11 \(PDF\)](#) and [Executive order 20-12 \(PDF\)](#) provide authority for this change.

## A. Description

Alternative adult day services include the following services:

- Wellness checks and health-related services
  - Includes medication set-up and administration overseen by a nurse
- Socialization/companionship
- Activities
- Meals, delivered to the person's home
- Assistance with activities of daily living (ADLs), including bathing
- Individual support to family caregivers.

## B. Delivery

Alternative adult day services can be delivered using the following methods:

- Remotely, via two-way interactive video or audio communication (e.g., phone or internet technology)
- In-person, one of two ways:
  - In the person's residence (Note: Providers are not allowed to bring people together who do not already reside together)
  - In the licensed adult day setting, if delivered to a single person at a time.

## C. Location

Alternative adult day services can be delivered in person by adult day services providers in the following locations:

- In the home or residence of the person who receives services
- In the licensed adult day center, if provided one-at-a-time (e.g., to receive a bath, etc.).

It is important to note that:

- People who receive services will not be physically present with one another in any single setting
- Providers will not bring people who receive services into the greater community.

## II. Rates and limits for HCBS waiver participants

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### Aging programs

Under the Elderly Waiver (EW) and Alternative Care (AC) and Essential Community Supports (ECS) programs, authorize adult day services using existing codes and rates. There is no change to the rate for providers who deliver alternative adult day services. Providers should submit claims for the number of units of service delivered to each person.

### Service limits

Providers are limited to delivering no more than four hours/day of alternative adult day services to people in the above programs. There are no minimum service delivery requirements.

## Disability waivers

### 1. Disability waiver adult day service framework rates

Lead agencies should use the existing RMS framework for adult day services to authorize the unit of service (daily or 15-minute). The lead agency will use the same procedure code and service name in the MnCHOICES Support Plan as it would have before COVID-19. (Please note, for annual service agreement renewals, all service rates must be recalculated.)

#### For existing services with changes to RMS input fields

If a person received adult day services before COVID-19 and they will now receive the alternative service model, the lead agency will need to recalculate the rate to determine if there will be any changes in the relevant RMS input fields. For example, if a person's adult day services staffing ratio previously was 1:4, and it will now be 1:1, the lead agency would need to recalculate the rate with the new staffing ratio.

### **For existing services with no changes to RMS input fields**

If a person received adult day services before COVID-19 and now will be receiving the alternative service model, the lead agency does not need to recalculate the rate if there are no changes in the relevant RMS input fields. Use the existing rate that was determined before COVID-19.

### **For new services**

New service recipients are not eligible for alternative adult day services.

## **2. Service authorization**

For existing MMIS service authorizations that require rate recalculation, lead agencies must end the previous service line and authorize a new service line with the recalculated rate.

For existing MMIS service authorizations that do not require rate recalculation, no lead agency actions are required.

### **Service limits**

Providers are limited to delivering no more than four hours/day of alternative adult day services to people in the above programs. There are no minimum service delivery requirements.

## **III. Lead agency responsibilities**

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Lead agencies should:

- Identify people who will receive alternative adult day services by working with both the:
  - People who receive services to determine their interest in receiving alternative services
  - Providers to determine availability to deliver alternative services
- Document in the person's support plan or case notes:
  - The person's choice to receive alternative services
  - The service delivery method for alternative services (e.g., in-person and/or remote) and method of receiving remote support (e.g., telephone, etc.)
  - How the chosen method(s) of delivery will meet the person's health and safety needs and planned goals
- Review service agreements and update, as needed, to ensure there is an authorization for alternative adult day services (as noted above, alternative adult day services will be authorized and billed using existing codes for traditional adult day services).

## IV. Revised licensing requirements

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The human services commissioner temporarily modified certain licensing requirements for adult day service providers during the COVID-19 peacetime emergency. The changes assure minimum health and safety standards while services are being provided remotely and in people's homes or residences. These modifications are necessary to provide additional flexibility to providers, mitigate the spread of the virus and protect the health and safety of people who receive services and providers. To ensure that DHS has knowledge of which programs will be providing modified services outside of the licensed facility, DHS also is adding a new notification requirement.

### New requirement

- **Notification of operation:**

Before providing services remotely or in the home or residence of people who receive services, providers must submit the [Notification of Operation of Alternative Adult Day Services form, DHS-7313 \(PDF\)](#) to notify the DHS Licensing Division of their intention to provide services during the peacetime emergency. Providers also must affirm that they will comply with the modified licensing standards.

### Modified requirements

The following descriptions are summaries of the changes with references to the applicable rule.

- **Services provided to existing service recipients,** (Minnesota Rules, part 9555.9660, subpart 1, A and 9555.9700, subpart 1):

Currently licensed adult day services providers who choose to operate during the peacetime emergency only may provide services to people they already serve. This modification will help the people who receive services because services will be delivered by a provider who knows their needs/supports, and service admission activities would be difficult to complete due to the COVID-19 pandemic.

- **Center director available,** (Minnesota Rules, part 9555.9690, subpart 2, A):

The center director must meet the requirements in 9555.9680, subpart 1 and must be available by telephone at any time that staff are delivering the modified adult day services. This will ensure staff have access to a center director if they do not know how to respond to situation (similar to their access to the center director in a licensed facility).

- **Documentation of service attendance and delivery,** (Minnesota Rules, part 9555.9660, subpart 1, E):

Providers must use the [Attendance and Documentation Record form, DHS-7313B \(PDF\)](#) to document the date of service, the first, middle, and last name of the person who receives services, the beginning and ending time of the service with AM and PM designations, the location of the service or method by which the service was provided, a brief description of the service and the person's response to the service, and the name of the staff person delivering the service.

- **Service plans**, (Minnesota Rules, part 9555.9700, subpart 3):

Providers must use the [Modified Adult Day Service – Participant Record form, DHS-7313A \(PDF\)](#) to review and revise, as needed, each person’s service plan to reflect the provision of adult day services outside of the licensed facility and in the person’s home or community. Once the service plan is updated to reflect the new service delivery, providers do not need to conduct quarterly reviews until after the peacetime emergency.

- **Staffing requirements**, (Minnesota Rules, part 9555.9690, subparts 3 and 4):

- New staff must complete orientation regarding the topics below. Orientation may be condensed to fewer than 20 hours. At a minimum, it must include all of the following:
  - The reporting of suspected or alleged maltreatment of vulnerable adults according to Minnesota Statutes, Section 245A.65
  - Four hours of supervised orientation before working unsupervised with people who receive services
  - Training related to the specific needs of the people who the staff will provide services to
  - The individual service plan for each person they will provide services to
  - Reporting and maintaining records of incidents
  - Written procedures governing medical emergencies, including identified source of emergency medical care and transportation.
- In lieu of annual training, all new and existing staff must receive on-going training on COVID-19 using information available from the Centers for Disease Control and the Minnesota Department of Health to mitigate the spread of the virus and to protect the health and safety of the people who receive services and staff.
- Other orientation and annual training will occur when services are again provided in the adult day center facility.

- **First aid and CPR training**, (Minnesota Rules, part 9555.9690, subpart 2, C and 9555.9650, A, 7):

The requirement for basic first aid and CPR training and documentation is waived, because it would otherwise require that all staff be trained in these areas. Now that services will be delivered in the person’s own home, it is not practicable to get all staff trained on first aid and CPR prior to delivering the service. Additionally, if adult day services are provided virtually, there is not a need for a staff person to be trained in first aid and CPR.

- **Health and safety practices**, (Minnesota Rules, part 9555.9710, subpart 3):

In addition to routine activities, providers must ensure that staff comply with health and safety practices recommended by the Centers for Disease Control and the Minnesota Department of Health to mitigate the spread of the virus and to protect the health and safety of people who receive services. Providers must provide education and counseling on COVID-19 and report any change in a person’s health status to their caregiver, health care provider, and the center director. DHS will communicate current guidance and any updated guidance to providers via email and on the DHS website.

- **Physical plant requirements,** (Minnesota Rules, parts 9555.9730 and 9555.9720, subparts 6, 7, 8, and 9):  
Standards related to the facility and equipment used at the facility temporarily are suspended. Most of the physical plant standards for these services are not applicable because services will be offered virtually or in the person’s home or residence. With the exception of individualized baths in the facility, services will be provided via alternative remote methods or in a person’s home or residence.

## V. Additional information

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Providers must continue to comply with the [MHCP – Billing for Waiver and Alternative Care \(AC\) Program](#) documentation requirements. The option to provide alternative adult day services is available until further notice.

For additional COVID-19 Information and updates (including the executive orders from Governor Walz), go to:

- [COVID19 Information and Updates - State of Minnesota](#)
- [Executive Orders from Governor Walz.](#)

## Americans with Disabilities Act (ADA) advisory

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