COVID-19: Participation in LTSS Programs Cannot be Terminated

TOPIC

DHS will ensure that people who receive long-term services and supports (LTSS) continue to have coverage and remain eligible for state public programs throughout the national public health COVID-19 emergency period. Minnesota will allow for continued coverage under recently issued CMS guidelines.

PURPOSE

To inform lead agencies of the federal guidance and provide operational information to continue program and service eligibility for people

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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. Background

The Centers for Medicare and Medicaid Services (CMS) has issued guidance that prohibits states from terminating a person’s participation in all Medical Assistance-funded home and community-based waiver programs during the national public health COVID-19 emergency period (except for in the case of the person’s choice to leave the program, a move out of state or the person’s death).

In general, people must remain eligible for these programs (referred to collectively as long-term services and supports [LTSS]), throughout the national COVID-19 emergency period. As such, the Minnesota Department of Human Services (DHS) requires lead agencies (counties, tribal nations and managed care organizations) to maintain continued coverage under the recently issued CMS guidelines.

This prohibition is effective March 18, 2020, and continues until the end of the national public health COVID-19 emergency period.

The prohibition applies to these LTSS programs:

- Alternative Care (AC)
- Brain Injury (BI-NB and BI-NF) Waiver
- Community Alternative Care (CAC) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW).

This prohibition includes people who use Alternative Care under the conditions specified in Minnesota’s 1115 waiver (which provide federal financial participation for Alternative Care costs). For more information about additional guidance for AC oversight, see Section V of this document.

II. Exceptions and MMIS guidance

As mentioned, there are exceptions that allow for LTSS program termination. Under federal policy, lead agencies only can terminate participation for these three reasons during the national COVID-19 emergency period:

- The person chooses to exit the waiver/AC program.
- The person moves out of state.
- The person died.

A lead agency cannot terminate a person’s enrollment from an LTSS program for any other reason. People must remain eligible throughout the national COVID-19 emergency period. People who use services can change LTSS programs, as noted in Section II, Subsection C, Allowable program changes. Refer to Section IV, Admission to an institutional setting for information about continuation of current policy regarding termination of LTSS program eligibility upon admission to a facility.
Lead agencies use the Minnesota Medicaid Information System (MMIS) to record assessment, reassessment, service authorization and other activities related to the administration and management of LTSS programs and services. MMIS activity establishes and renews participant eligibility for the programs listed above. It also is used to record termination of program eligibility, referred to as “exiting” a person from a program.

Lead agency staff enter assessment result and exit-reason codes in MMIS to document information about these administrative activities.

A. Allowable exit reasons

Under federal guidance, termination of LTSS participation in all programs listed in Section I, Background only is allowed when the reason for exiting a person is consistent with the use of the following exit-reason codes used in MMIS:

Allowable MMIS termination codes

**Developmental Disabilities (DD) Screening Document, DHS-3067**


Use the following allowable exit-reason codes, when applicable:

- Assessment Result 05 and Exit Reason 07-“Exit Relocate out of state”
- Assessment Result 05 and Exit Reason 08-“Exit Death”
- Assessment Result 05 and Exit Reason 10-“Exit-Other (specify)” (only allowed when used to reflect the person’s choice)
- Assessment Result 05 and Exit Reason 12-“Community without services” (only allowed when used to reflect the person’s choice)
- Assessment Result 05 and Exit Reason 14-“Community with services-not DD waiver” (Allowed to reflect the person’s choice and when used to change waiver programs. For more information, refer to Section II, Subsection C, Allowable program changes).

**Long Term Care (LTC) Screening Document, DHS-3427**


Use the following allowable assessment result and exit-reason codes, when applicable:

- Assessment Result 23-“Person exited, chose to leave program” combined with any code 02-06, 29 or 98
- Assessment Result 24-“Person exited for other reason(s)” combined with 30-“Person died”
- Assessment Result 24-“Person exited for other reason(s)” combined with 98-“Other” (only when person has moved out of state)
• Assessment Result 33-“Person exit because of AC estate claim recovery” combined with any other code (this is an AC participant’s choice)
• Assessment Result 34-“Person exited because of AC fee changes” combined with any other code (this is an AC participant’s choice).

B. Not-allowable exit reasons

Under the federal prohibition, a person’s participation cannot be terminated for any other reason than those listed in Section II, Subsection A, Allowable exit reasons. This includes changes in level of care, non-payment of required fees or other financial eligibility criteria or failure to meet any other program eligibility criteria.

Not allowable MMIS codes

The following exit-reason codes are not allowed:

**DD Screening Document, DHS-3067**
- Assessment Result 09-“Exit No longer financially eligible.”

**LTC Screening Document, DHS-3427**
- Assessment Result 17-“Person exit, lost financial eligibility for current program”
- Assessment Result 21-“Person exited, no longer requires level of care”
- Assessment Result 22-“Person exited, no longer meets the program’s criteria other than financial eligibility or level of care”
- Assessment Result 24-“Person exited for other reason(s)” (except when used to record the death of a person or the person has moved out of state)
- Assessment Result 31-“Person exited, non-payment of AC fee for 60 days.”

C. Allowable program changes

People who use LTSS programs can change programs at reassessment (including when reassessments are conducted remotely). Changes between LTSS programs can only occur if the benefits/services available under the proposed program are the same or greater than those available under the current LTSS program.

When changing programs, the lead agency must exit the person from their current program in order to enter a new LTSS program. There cannot be a gap between program eligibility spans or service authorizations when one LTSS program is terminated and when the person continues to receive LTSS services under a different program.
Allowable MMIS change codes

Use the following assessment result and exit reasons in MMIS to reflect allowable changes between LTSS programs:

DD Screening Document, DHS-3067
- Assessment Result 05 “waiver out” combined with an Exit Reason 14 “Community with services-not DD waiver”
- Enter the LTC Screening Document to change to the new LTSS program, as usual.

LTC Screening Document, DHS-3427
- Assessment Result 19 “Person exited AC or temporary AC due to change in financial eligibility”
  - Combined with 10-“Person is changing to a different program” or 11-“Person is reopening to the same program”
  - Use these codes in MMIS when a person moves from temporary AC to AC or EW, or from AC to EW
  - Changing a person from AC to EW, or from Temporary AC to AC can be completed using Activity Type 07 (administrative activity)
- Assessment Result 20 “Person exited, level of care changed”
  - Combined with 10-“Person is changing to a different program” or 11-“Person is reopening to the same program”
  - Use these codes in MMIS when a person moves from ECS to AC (e.g., BI-NB to CADI)
  - A change to level of care can only be based on reassessment (Activity Type 06), including remote reassessment
  - Recent changes to MMIS allow the lead agency to change the level of care on the exit document when using Assessment Result 20. This allows the lead agency to open the subsequent program using Activity Type 07.
- Assessment Result 22 “Person exited, no longer meets the program’s criteria other than financial eligibility or level of care,” when used to change a program.
  - Combined with 10 -“Person is changing to a different program” (or 11- “Return to a previous program”)
  - This exit reason ONLY is allowed during the emergency period when a person changes to another program near their 65th birthday.
  - This type of change in LTSS program is based on completion of Activity Type 08.

III. How to reopen if exited on or after March 18, 2020

A. People exited from a waiver or AC program who remain in the community

If a lead agency exited someone from a waiver or AC program on or after March 18, 2020, for reasons listed in Section II, Subsection B, Not-allowable exit reasons, the lead agency must reopen the person to the program he/she was using if that person remained in the community.
This reopening should be applied retroactively to the date of closing for the waiver/AC program. This does not apply to a person who was closed from one LTSS program and changed to another LTSS program as outlined in Section II, Subsection C, Allowable program changes.

Please note that all advance-notice and notice-of-action requirements are unchanged when changing a person’s LTSS program.


**Step 1: Reopen with DD/LTC screening documents**

To reopen people who remained living in the community to their previous program, use the following steps depending on the screening document type (DD or LTC):

**DD Screening Document, DHS-3067**

Use the following steps to reopen the DD Waiver. Follow DD Codebook DD Waiver screening Scenario 6 with the following direction:

*Exit date in the future*

To reopen, request deletion of the exit-screening document. If the decision to terminate the LTSS program was made at a reassessment (Action Type 01) and the Effective Date of the exit is in the future:

1. Complete and submit the [DSD Screening Deletion Request, DHS-4689A (PDF)](https://www.dhs.state.mn.us/docs/dsd-screening-deletion-request-dhs-4689a-pd.pdf) per the instructions on the form.
2. After the DHS has deleted the document, re-enter the screening document and update the Assessment Result from an exit to 15 – “Remain in community with DD WVR.”
3. Renew the service agreement as described in Step 2: Renew fee-for-service SAs.

*Exit date in the past*

If the effective date of the exit from the LTSS program is in the past, do not request the deletion of the exit document. Instead, reopen the person to the previous LTSS program using the following steps:

1. Enter a DD Screening Document using Action Type 01 (face-to-face assessment). (Note: You do not need to complete a face-to-face or remote assessment. Entering this document will allow you to reopen the program without having the exit document deleted.)
2. Enter the Action Date using the date following the Effective Date of the exit document entered into MMIS.
3. Allow other data previously entered to remain unchanged. If the previous screening document changed level of care, change it back to 01-ICF-DD LOC to allow the DD waiver to reopen.
4. Use Assessment Result 04 – Waiver in.
5. Enter the Effective Date that is one day later than the Effective Date of the exit document. This date will be the same as the Action Type Date. This will allow a new DD waiver eligibility span to be created without a gap.
6. Enter the previous Medicaid Program Type.
7. Resolve any edits that prevent the document from being approved (this may require changes in data entered sufficient to resolve a particular edit).
8. **If edits remain that the lead agency staff cannot resolve,** save the document in suspended status.
9. In the Case Manager Comment screen, enter “COVID-19 program reopened.”
10. Save the document.
11. Renew the service agreement, as described in [Step 2: Renew fee-for-service SAs](#).

### Table 1: Scenario: Family home or foster care (without support services) to DD diversion

<table>
<thead>
<tr>
<th>County/tribal nation-entered fields</th>
<th>First sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>(23) Action date</td>
<td>In-person assessment date</td>
</tr>
<tr>
<td>(24) Action type</td>
<td>01</td>
</tr>
<tr>
<td>(39) Level of care</td>
<td>01</td>
</tr>
<tr>
<td>(41) Current services</td>
<td>01, waiver service codes, residential code, other</td>
</tr>
<tr>
<td>(42) Planned services</td>
<td>01, waiver service codes, residential code, other</td>
</tr>
<tr>
<td>(44) Waiver need index</td>
<td>004</td>
</tr>
<tr>
<td>(46) Final action planned</td>
<td>Corresponds with field 42 planned services</td>
</tr>
<tr>
<td>(47a) Assessment result</td>
<td>04 – Waiver in</td>
</tr>
<tr>
<td>(47b) Exit reason</td>
<td>N/A</td>
</tr>
<tr>
<td>(48) Effective date</td>
<td>Waiver start date</td>
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<tr>
<td>(49) Current MA program</td>
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<tr>
<td>NF begin and through dates</td>
<td>Delete dates previously entered</td>
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<td>Payment authorized</td>
<td>01</td>
</tr>
<tr>
<td>Case manager comments</td>
<td>COVID-19 program reopened</td>
</tr>
</tbody>
</table>
LTC Screening Document

Use these steps to reopen previous LTSS programs for non-DD waiver.

Exit date in the future

If the decision to terminate the LTSS program was made at a reassessment (Activity Type 06) and the effective date of the exit is in the future:

1. Complete and submit a DSD Screening Deletion Request, DHS-4689A (PDF) per the instructions on the form.
2. After DHS deletes the document, re-enter the screening document and update the Assessment Result from an exit to 13 – “continuing on program.”
3. Renew the service agreement as described in Step 2: Renew fee-for-service SAs.

Exit date in the past

If the effective date of the exit from the LTSS program is in the past, do not request the deletion of the exit document. Reopen the person to the previous LTSS program using the following steps:

1. Enter a LTC Screening Document using Activity Type 02 (face-to-face assessment in the community).
   (Note: You do not need to complete a face-to-face or remote assessment. But, entering this document will allow you to reopen the program without having the exit document deleted.)
2. Enter the Activity Date using the date following the Effective Date of the exit document entered into MMIS.
3. Allow other data previously entered to remain unchanged. (See step 7.)
4. Use Assessment Result 11 – Returning to previous program.
5. Enter the Effective Date that is one day later than the Effective Date of the exit document. This date will be the same as the Activity Type Date. This will allow a new waiver or AC eligibility span to be created without a gap.
6. Enter the previous Program Type.
7. Resolve any edits that prevent the document from being approved (this may require changes in data entered sufficient to resolve a particular edit).
8. If edits remain that the lead agency staff cannot resolve, save the document in suspended status.
9. In the Case Manager Comment screen, enter “COVID-19 program reopened.”
10. Save the document.
11. Renew the service agreement as described in Step 2, in the next section.

Step 2: Renew fee-for-service service agreements

Once the DD or LTC screening document is approved and the eligibility span is renewed, you must enter a new service agreement for fee-for-service participants. Some important things to keep in mind:

- The service agreement header must have a begin date that is equal to the effective date of the approved reopening screening document.
• Service authorization must be based on assessed needs and the authorization can differ from the previous authorization for this reason.

• There is no change in the requirement that services only can be authorized if they are included in the person-centered plan and are based on assessed need.

• Case managers should review the previous authorization and most recent assessment information with the person to renew the coordinated services and support plan (CSSP). You can conduct this review remotely.

• The service agreement can include case management only as described in Section III, Subsection B: People who only have case management as their authorized service.

• Do not suppress the service agreement recipient letter on the service agreement. The service agreement letter must be sent to the person to provide information about services that are authorized as a result of reopening the program.

• In some cases, services may be authorized using line item start dates back to the effective date of the reopening in order to pay for services that were provided between closing and reopening the program.

• For AC service agreements, the AC fee amount is still calculated and included in the service agreement.
  o When reopening AC, enter the original amount of the AC fee unless it has decreased. The case manager must update the AC fee amounts if there is a decrease in the fee amount.
  o Do not increase the amount of the AC fee. See additional information about AC fees in Section V, Additional information about Alternative Care.

**Step 3: Notice of action**

The lead agency must forward a Notice of Action informing the person that they have been reopened to their previous program. DHS suggests you use the following language on the notice as the reason for the change:

“
You previously received a notice that said the services you were receiving under a home and community-based program were ending because the program was closing. This notice is to let you know that the program you were in has been reopened to provide support during the COVID-19 emergency period. A case manager will contact you to review your support plan and services.”

**Other information**

**Managed care organizations (MCO)**

MCOs will follow the same steps outlined in the LTC screen document section to reopen the EW program, and must communicate with enrolled members about the reopening of EW. The MCO will inform providers about authorizations in place for the person in the manner typically used by the MCO.

**B. People who only have case management as their authorized service**

A person can be opened to and remain on an LTSS program when case management is their only authorized service. The approved federal waiver plans (including 1115 waiver for AC) allow this for up to 120 days.

When case management is the only service for longer than 120 days, edit 951 will post in MMIS on the BI, CAC, CADI or DD service agreements. During the national COVID-19 public health emergency, DHS will allow lead
agencies to force edit 951. This will allow case management to continue as a single waiver service in all waiver programs (and AC) for more than 120 days, if needed to maintain eligibility for LTSS programs, as is now required.

C. Technical assistance

If needed, DHS can help lead agencies when they need to reopen LTSS programs for people who have been exited on or after March 18, 2020.

Help identifying people

If needed, lead agencies can ask DHS to identify people who must be reopened to their previous LTSS program. To ask for this information, send an email to DHS.AASD.HCBS@state.mn.us for all LTSS programs/services.

Resolving edits

Once you receive this information from DHS, use the steps outlined in Section III, How to reopen if exited on or after March 18, 2020. If you encounter an edit you cannot resolve, save the DD or LTC screening document in suspended status, as noted, and send an email request to the mailbox included above. Include only the person’s PMI and the Document Control Number of the saved, suspended screening document.

IV. Admission to an institutional setting

Waiver and AC policy requires lead agencies to close LTSS programs after a 30-day stay in an institution. Continue to follow established policy and procedures to close LTSS when an admission is 30 days or longer.

A. Guidance

Use the CBSM – Temporary waiver exits page for guidance on admissions to an institutional setting. The following summarizes potential options for exiting a person from the waiver:

DD Screening Document (for DD only)

When you exit a person from the DD Waiver upon admission to a nursing facility, follow the applicable instructions:

- Follow DD codebook, OBRA Scenario 2 for a person on the DD Waiver who experiences a nursing facility (NF) stay longer than 30 days. In this scenario, the person already has screening-document history in MMIS.
- Follow DD codebook, OBRA Scenario 3 for a person on the DD Waiver who experiences an NF stay that does not exceed 30 days. In this scenario, the person also has previous screening document history in MMIS.
- Follow DD codebook, nursing facility Scenario 7 that describes NF to DD diversion/conversion for a person who experiences an NF stay fewer than 30 days.

For additional assistance, contact dsd.obra@state.mn.us.
LTC Screening Document (for all other waivers/AC)

When you exit a person from all other waivers or AC, follow these instructions:

**At reassessment for Activity Type 06**

Using Activity Type 06 – Reassessment, a person may choose facility-based services at reassessment. To document that choice:

1. Use Assessment Result 23 (choice) and Exit Reason 04, 05, 06, 07, 08 or 09.
2. The Effective Date of the exit must be at least 10, and not more than 60 days, from the Activity Type Date, to support advance notice.
3. Advance notice is required.

**Using Activity Type 07**

Activity Type 07, Administrative Activity, is also used to exit a person when the length of stay in an institution is 30 days or more. To document:

1. Use Assessment Result 22 (not 24) – the person no longer meets LTSS program criteria (of living in the community) and Exit Reason 04, 05, 06, 07, 08 or 09.
2. The Effective Date will be the date of admission, and will always be prior to the Activity Type Date.
3. Notice is required, but *advance* notice is not required.

**B. Preadmission screening (PAS)**

The Senior LinkAge Line® (SLL) will continue to perform PAS activity as usual, and will continue to forward communication to lead agencies when a PAS request has been submitted for a person who currently uses AC or a waiver program or is enrolled in managed care.


**OBRA Level I**

The lead agency will continue to provide a completed [OBRA Level I Criteria – Screening for Developmental Disabilities or Mental Illness, DHS-3426 (PDF)](https://www2.health.state.mn.us/divs/eh/forms/obra-level-i.pdf) form to the nursing facility, as required for people who use LTSS waivers/AC and MCO enrollees who enter a nursing facility.

**OBRA Level II**

Lead agencies still are required to complete all OBRA Level II activities when applicable. During the COVID-19 national emergency period, lead agencies can conduct the OBRA Level II evaluative report remotely. Use the appropriate [OBRA II screening scenario](https://www2.health.state.mn.us/divs/eh/forms/obra-level-ii-screening-scenario.pdf) to document in MMIS that an OBRA Level II evaluation was completed for people with developmental disabilities.

For additional assistance, contact dsd.obra@state.mn.us
V. Additional information related to Alternative Care

A. Temporary AC

Lead agencies can use the temporary AC program to provide services for up to 60 days when completion of the AC financial worksheets (DHS forms 2630 (PDF) or 2630A (PDF)) indicates a person is likely eligible for Medical Assistance (MA). The person must apply for MA and they can use temporary AC to provide home and community-based services, pending an MA eligibility determination. The eligibility period for temporary AC automatically is created in MMIS, including an eligibility end date based on the allowable temporary AC period. However, during the COVID-19 national health emergency, MA eligibility determinations may be delayed, and the temporary AC program span in MMIS could end before people receive a final determination. In that case, the lead agency must change the program to AC for all people opened to temporary AC who do not receive an eligibility determination before the temporary AC span ends. Use the following steps to update the AC service agreement to continue and extend services:

1. Use AT 07 to change the person from temporary AC to AC.
2. Use exit code 19 to end temporary AC and 10 to indicate a change in program.
3. Enter another AT 07 with an Assessment Result of 10 and an Effective Date one day later than the Effective Date of the exit from temporary AC.
4. Enter AC as the program type.
5. Enter a new AC service agreement.

If the person is found eligible for MA, the lead agency will close AC and open the EW program. The lead agency will complete this change from AC to EW as usual in MMIS. If the person is not eligible for MA, the person will remain on the AC program.

B. Restoration of AC coverage

As mentioned in Section II, Subsection B, Not-allowable exit reasons, AC participation only can be terminated for three specific reasons (choice, moving out of state and death) during the COVID-19 national emergency. If a person was exited from the program on or after March 18, 2020, for a non-listed reason, follow the steps in Section III, Subsection A, Step 1 and Step 2 to reopen the person to AC and renew the service agreement.

C. COVID-19-specific AC guidance

Beginning March 18, 2020, and during the duration of the national public health emergency related to COVID-19, note the following temporary changes to AC policy:

Suspension of financial eligibility renewals

Lead agencies should suspend annual financial eligibility redeterminations that would otherwise occur at annual reassessment for people who use AC. They will maintain eligibility throughout the COVID-19 national health
emergency regardless of changes in financial status. A person who uses AC can change to the EW program if he/she becomes eligible for MA.

**Change in circumstances**

Do not act on reported changes in circumstances for people who use AC that would result in the loss of AC, a reduction in benefits or an increase in AC fees. This change also applies to changes the person who uses AC is required to report.

People who use AC will maintain eligibility during COVID-19 regardless of the changes in circumstance, unless the person is deceased, no longer a state resident or voluntarily requests closure.

**Non-payment of AC fees**

People who use AC and who must pay a monthly fee as part of their eligibility (and do not pay their fee for 60 days) cannot be closed from the AC program. The person will maintain eligibility if they cannot pay their monthly fees. However, they will be expected to pay all past due fees after the national health emergency ends. DHS will continue to send monthly billings to people who use AC. If the person reports a decrease in income, or there is a decrease in services being provided, the lead agency must recalculate AC fee amount.

**VI. Resources**

For additional COVID-19 information and updates, go to:

- [COVID19 Information and Updates - State of Minnesota](#)
- [Latest information about COVID-19 from DHS Aging and Adult Services Division](#)
- [Latest information about COVID-19 from DHS Disability Services Division](#)

For non-COVID-19 information:

- See [Bulletin 19-25-02 (PDF)](#) for information about preadmission screening activity and requirements.
- For policy instruction and resources for long-term services and supports, refer to the [Community-Based Services Manual (CBSM)](#)
- For all DHS manuals, go to the [manuals home page in CountyLink](#).
- For all DHS bulletins, go to the [bulletins home page](#).
- For DHS forms and PDFs, go the [eDocs home page](#).

For general information related to completion of screening documents and services agreements in MMIS, go to:

- [DD Screening Document Codebook](#)
- [Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS, DHS 4625 (PDF)](#)
  - The version used for Minnesota Senior Health Options and Minnesota Senior Care+ is [Instructions for Completing and Entering the LTCC Screening Document and Health Risk Assessment into MMIS for the](#)
  - [MSC+ and MSHO Programs, DHS-4669 (PDF)](#)
The version used for Special Needs Basic Care is Instructions for Completing and Entering the Health Risk Assessment Into MMIS for the Special Needs Basic Care (SNBC), DHS-5020A (PDF).

To request the deletion of MMIS documents, use the Screening Deletion Request, DHS 4689A (PDF) form.

**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.