



Residential Support Service Criteria
Office Hours
June 25, 2025

Disability Services Division

- Housekeeping
- Residential Support Service Criteria (RSSC) background
- Resources and training
- Q/A

Housekeeping

- DHS will respond only to pre-submitted questions.
- Attendees will be muted during this session.
- Chat will be turned on after pre-submitted Q and A are reviewed.
- DHS will answer clarifying questions.
- DHS will not answer:
 - Case specific questions
 - Hypothetical questions
- This presentation and recording will be posted to the [DSD training archives](#)

Don't see your question?

- Pre-submitted questions were themed and simplified
- DHS posted a new manual page that provides policy and process guidance to certified assessors and case managers about RSSC. For more information, including RSSC exceptions, refer to [CBSM – RSSC](#).
- The MnCHOICES Help Center has additional resources, including:
 - MnCHOICES assessment practice guide (complex needs guidance).
 - MnCHOICES support plan practice guide (informed choice/informed decision guidance).

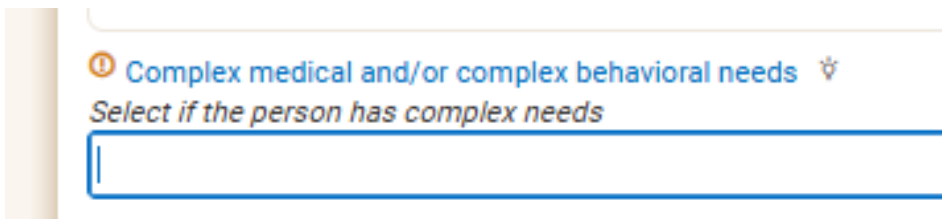
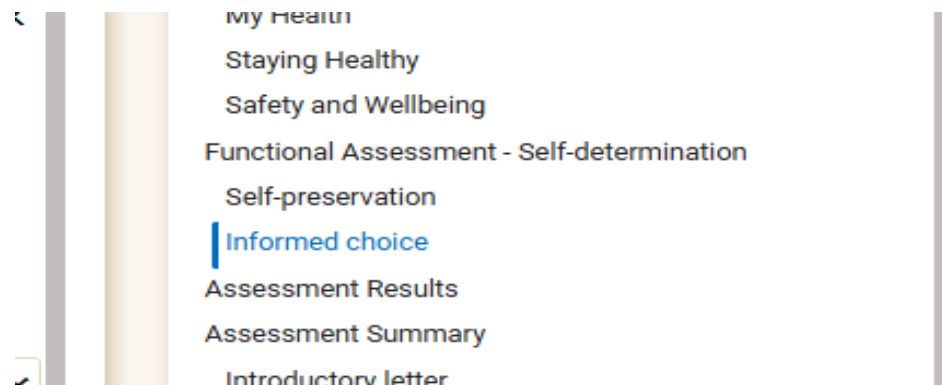
Background

- The legislature directed DHS to implement new residential support services criteria as required under statutes [256B.49 Subd. 29](#) and [256B.092 Subd. 11](#).
 - “Residential support services” include Community Residential Services (CRS) and Customized Living, including 24-hour customized living (CL)
- For someone to receive residential support services the following conditions must be met:
 - The person has complex behavioral health and/or complex medical needs; and
 - The person's service planning team has considered all other available residential service options and determined that those options are inappropriate to meet the individual's support needs

- A person is exempt from RSSC if they have an active service agreement for CRS or CL **on** July 1, 2025, and continual authorization for the waiver.
- People receiving CL under the Elderly Waiver are excluded from new residential support service requirements.

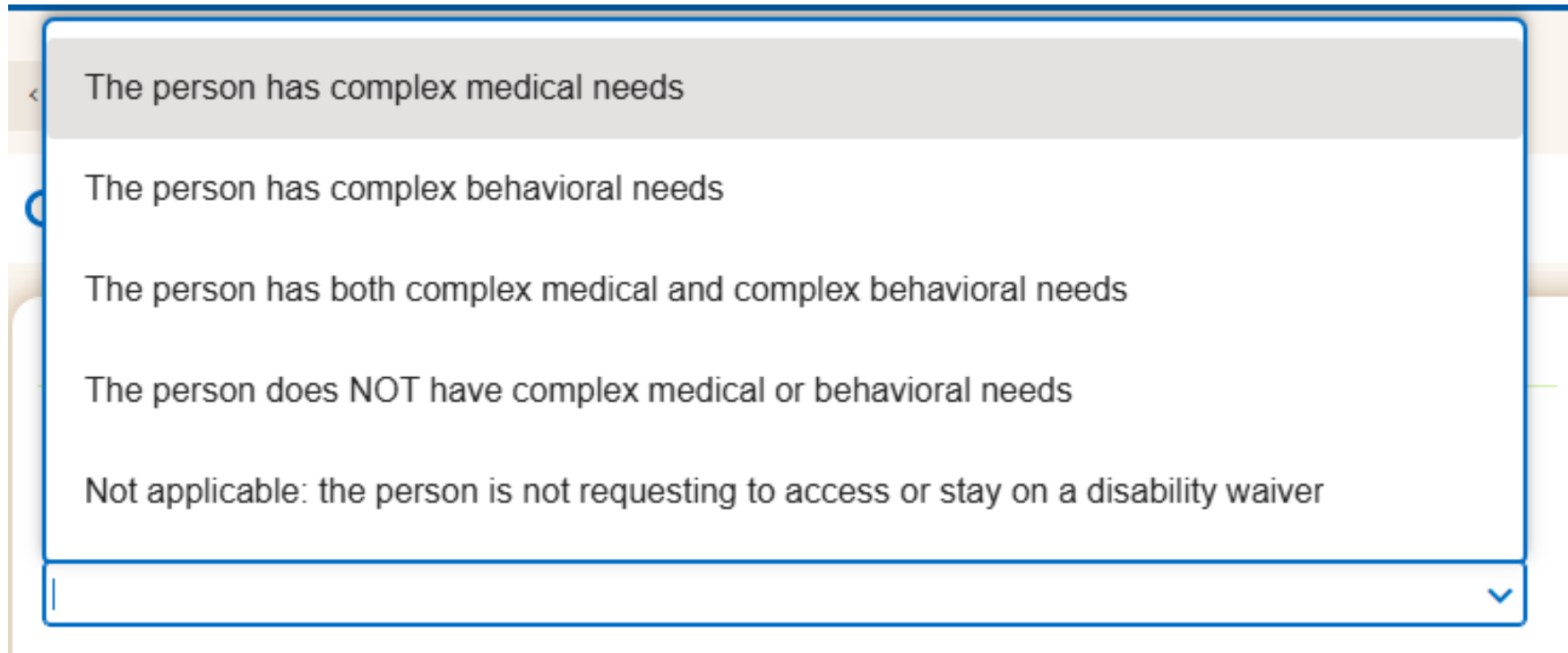
MnCHOICES assessment

In the MnCHOICES assessment, you will find the complex need indicator in the Informed choice section:



Complex need options

Complex need dropdown options:



The image shows a screenshot of a dropdown menu with five options. The first option is highlighted in grey. The options are:

- The person has complex medical needs
- The person has complex behavioral needs
- The person has both complex medical and complex behavioral needs
- The person does NOT have complex medical or behavioral needs
- Not applicable: the person is not requesting to access or stay on a disability waiver

The dropdown menu is enclosed in a blue border and has a small blue downward arrow in the bottom right corner.

Complex need determination

If the assessor selects the person has complex medical and/or complex behavioral needs, the following will appear:

- You meet the criteria for complex medical or complex behavioral needs, which is one of the factors needed to access community residential services or customized living services. Your case manager will work with you to determine if you meet additional criteria and will help identify the services available to meet your needs.

If the assessor selects the person does NOT have complex medical or behavioral needs the following will appear:

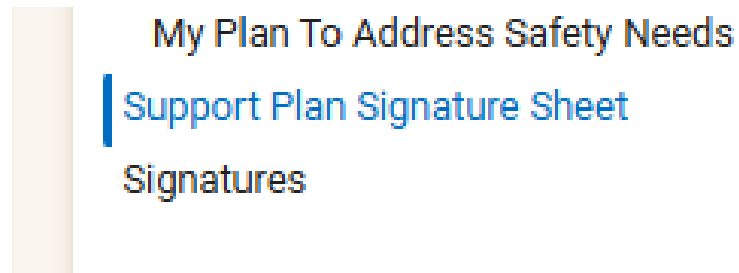
- You do not meet the criteria for complex medical or complex behavioral needs, which is one of the factors needed to access community residential services or customized living services. If you meet an exception, you may still be able to access residential services. You will work with your case manager to determine if you meet an exception and to explore services that meet your needs.

If the assessor selects not applicable: the person is not requesting to access or stay on a disability waiver the following will appear:

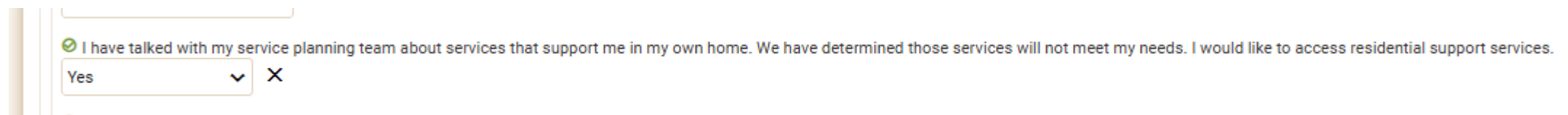
- This criteria does not apply as you are not requesting to access or stay on a disability waiver.

Where to document conversations about less restrictive housing options

Discussions about less restrictive housing options should be documented in the support plan signature page:



This statement will populate on the Support Plan Signature Sheet after the user selects the assessment determination for complex needs in the About Plan section of the support plan:





Assessment Questions

Can you clarify what areas/questions in the MnCHOICES assessment count as complex health and complex behavioral health?

Assessors will use content from the entire assessment interview to answer the complex need(s) item.

This evaluation can be challenging, as people assessed using MnCHOICES have unique and multifaceted needs. It is not possible to categorize someone as having complex medical or behavioral needs without considering the whole person—their specific conditions, circumstances and situation.

There is not a definitive list of conditions that automatically qualify a person as having complex medical or behavioral needs.

This means an assessor must look at a person's overall situation because different conditions and diagnoses may interact and contribute to complex needs. A person's unique situation also affects the support they need. Assessors can consult with their agency's multidisciplinary team or their supervisor to help make that determination.

Complex needs and Level I/Level II behaviors- Continued

Level I or Level II behaviors

A person with Level I or Level II behaviors will often meet the criteria for complex behavioral health needs. However, a person without Level I or Level II behaviors may also meet the criteria, depending on their unique situation. An assessor must take a holistic view of a person's behavioral health needs to decide if complex behavioral health needs are met, regardless of the presence of Level I or Level II behaviors.

How does the new criteria take into account the overall supervision needs of a person with significant cognitive deficits and safety concerns?

In assessing complex health needs an assessor must:

- Recognize that a person with developmental and intellectual disabilities (DD/ID) may present with non-traditional medical needs that require ongoing, specialized support to maintain health and daily functioning. These needs may not always be tied to a diagnosed medical condition, but they can still cause significant health-related risk or instability if supports are not in place.

DD without high-risk medical needs-Continued

A person with a developmental disability without a high-risk medical condition may still meet the complex medical need criteria if they need:

- Daily support to follow a diabetic treatment plan.
- Help to identify symptoms of health-related problems (e.g., infections, dehydration).
- Structured interventions or routines to not destabilize their health.
- More complex care because of co-occurring mental health or behavioral challenges.

When the RSSC dropdown is added to the assessment 7/1, what assessment statuses will be impacted? Ex: will this only display in forms created 7/1 or after, will it display in any forms still “in progress” as of 7/1, for only forms with activity date after 7/1, etc.?

All assessments and support plans will have this content as of June 26, 2025.

- For all in-flight assessments with an activity date completed between June 26 and July 1st, assessors should select the appropriate response.
- For in-flight support plans where the assessor did not answer the complex need(s) item, the case manager must select the N/A option on the about plan page. The statement on the signature page will not display.

Not applicable: the person is not requesting to access or stay on a disability waiver

Can you add clarity on the terms “significant challenges” and “specialized and comprehensive interventions”?

- Complex medical needs often involve multiple healthcare providers, specialized treatments, and ongoing care coordination to ensure the best outcomes for patients. They can include chronic illnesses, rare diseases, disabilities, or conditions requiring advanced technology like ventilators or feeding tubes.
- Complex behavioral health needs can encompass a wide range of conditions, including severe mental illnesses, co-occurring substance use disorders, developmental disabilities, or trauma-related challenges. Individuals with these needs often require multidisciplinary approaches, combining therapy, medication management, social support, and specialized interventions tailored to their unique circumstances.

If a person has been receiving CL or CRS and enters the hospital, detention, NF, RTC etc. (locations noted on temporary waiver exit page) and has the SA lines closed on 7/1/25, will they continue to meet the exception when they are ready to return to the community following the temporary waiver exit guidelines?

A person admitted to a hospital, NF, RTC, etc., for a temporary stay ([CBSM - Temporary waiver exits](#)) is eligible for the exemption if they:

- Have an active service agreement for CL or CRS on July 1, 2025.

OR

- The person is residing in a facility included in the 121-day policy and will be returning to the community within 121 days.

In these situations, CL/CRS services can resume upon discharge without requiring the person to meet the new residential support service criteria.

How does it work if a person has an assessment on June 15, prior to the implementation of the new assessment criteria, but they are unable to access the service of CRS/CL until July 15? Can they access CRS/CL even though their assessment doesn't indicate they meet RSSC, because they had an assessment before the policy was effective?

- No, the RSSC policy applies to all CRS/ CL services that are authorized on or after July 1, 2025. An assessment completed before July 1, 2025, does not exempt a person from the RSSC requirement. If the person is not authorized for CRS/CL until July 15, 2025, a new assessment must be completed for the person to access CRS/CL.
- The only exemption allowed under legislation is for people who already have an active service agreement for CRS or CL on July 1, 2025, and maintain continual waiver eligibility.

For a person who has an assessment on June 15 but then goes into the hospital for 5 months. When they come out, their assessment will still be effective because of the new 365-day effective policy that will go into effect on July 1. Will they be able to go into a CRS setting when they are released from the hospital or will the RSSC policy require a new assessment?

- The 365-day effective period only applies to *initial assessments* where the person has not yet opened to a waiver or program. If the person completes an initial assessment on June 15 but does *not* open to a program and later seeks CRS services after hospital discharge, the assessment could still be valid. However, because CRS services would be authorized after July 1, 2025, the person would still need to meet RSSC at the time of service authorization—even if the assessment is technically still valid.
- If the person *does* open to a program and then is hospitalized, the person is no longer under the 365-day initial assessment rule. In that case, they must follow all regular program rules, including meeting RSSC if they are seeking CRS after 7/1/25. A new assessment may be needed if the existing one does not reflect that the person meets RSSC.

How will youth who are state wards be handled with residential service criteria? We have youth who require ongoing support of community residential services in a child foster residence setting on a DD or CADI waiver but may not meet the criteria of “complex” for either medical or behavioral support.

Juvenile Treatment Screening Teams conduct screenings to determine appropriate placement in residential treatment programs or other out of home placements for juveniles. Information gathered during these screenings could help inform assessors during the assessment process.

In assessing complex health needs an assessor must:

- Recognize that a person with developmental and intellectual disabilities (DD/ID) may present with non-traditional medical needs that require ongoing, specialized support to maintain health and daily functioning. These needs may not always be tied to a diagnosed medical condition, but they can still cause significant health-related risk or instability if supports are not in place.

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Assessing complex needs, cont.

A person with Level I or Level II behaviors will often meet the criteria for complex behavioral health needs. However, a person without Level I or Level II behaviors may also meet the criteria, depending on their unique situation.

An assessor must take a holistic view of a person's behavioral health needs to decide if complex behavioral health needs are met, regardless of the presence of Level I or Level II behaviors.

- A person's disability may significantly impact their ability to independently manage their health, meaning caregivers or medical teams need to provide constant support in managing medications, treatments and health monitoring.
- When determining whether less restrictive residential options are available, consider whether traditional family foster care (non-waiver) could meet their needs based on availability, and skill of providers that provide services in a person's home or foster home.



Support Plan Questions

What are the timelines and process a case manager should follow if a person's situation changes and they no longer meet RSSC criteria and reside in a CRS or CL?

- The person may appeal the lead agencies determination. The case manager must support the individual through the appeal process. The person can choose to continue with the same level of service (continue to live in the CRS/CL and receive services) until the appeal process. The waiver will continue to pay for the program, even if the decision is upheld.
- At this time there are no formal timelines a person must move out of a CRS/CL program if they no longer meet RSSC criteria. The person and their case manager must work with the provider to support the person through the transition.

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Timelines and process a case manager should follow if a person's situation changes and they no longer meet RSSC criteria and reside in a CRS or CL, cont.

- If an individual no longer meets RSSC criteria, the case manager should notify the individual and the CRS/CL program as soon as possible.
- The CM must create a transition plan with the individual to move the person out of the CRS/CL program. Once a new residence is found for the individual, the CM should review the My Move Plan with the individual to support their move.
- The individual should make every effort to be able to give a 30-day notice to the CRS/CL program when they are ready to move or follow any existing residential agreement or lease requirements to provide notice. (The waiver will continue to pay for the CRS/CL program until after the individual moves out of the program.)

Will a complex medical and/or complex behavioral needs determination under RSSC mean a rate exception is needed?

A complex medical and/or complex behavioral needs determination makes a person eligible to access CRS or CL, if less restrictive housing options do not meet their needs. A determination of complex medical and/or complex behavioral needs does not automatically qualify the person's CRS/CL services for a rate exception. In order for a person's CRS/CL services to qualify for a rate exception, the person must have extraordinary needs and there must be extraordinary costs a provider incurs when the framework rate does not meet the person's needs, as outlined in the [Community-Based Services Manual \(CBSM\)](#).

If the MnCHOICES assessment determines there is no complex medical or behavioral needs, but the person and /or guardian WANTS to access CRS, can a case manager still approve this service?

No. If the MnCHOICES assessment determines there is no complex medical or behavioral needs, and the person does not meet the exception criteria, but the person and/or guardian wants to access CRS, the case manager must deny the service and send an NOA. The person and/or guardian may appeal this decision. The case manager must support the person and/or guardian through the appeal process.

If a person who had CL/CRS authorized on 7/1/25 and then loses waiver access due to MA closure, SMRT renewal not completed, etc. will they need to meet RSSC again or will the exception continue to be applied?

A person meets the exception criteria for RSSC if they had CL/CRS authorized on 7/1/25, and continual authorization of the waiver. This exception continues to apply during a temporary waiver exit. In cases where a person loses access to a waiver due to MA closure, SMRT renewal not completed, etc., it would depend as MA can be retroactively applied up to 90 days. If this causes any gaps to the waiver, the person would no longer meet the exception criteria.

Additional information

- DHS is developing additional support planning guidance as we receive feedback from partners and will make guidance public when available.
- If there is a specific case that needs consult for Support Planning, use the [DHS-8168-ENG \(DSD Contact Form\)](#), MnCHOICES questions- ask your MnCHOICES mentor.



Notice Of Action and Appeals Questions

Who sends the NOA and in what situations is it sent?

- The assessor will provide eligibility criteria information in the assessment summary that is sent to the person.
- If the assessor makes the determination the person does **not** meet complex criteria, the case manager must still determine whether the person meets the exception criteria.
- If the assessor determines the person does meet complex criteria, the case manager must still provide informed decision-making for own home living, least restrictive options, first.
- Since the case manager makes the final exception and service determination, the notice of action would be sent by the case manager if a requested service is denied. If the person meets complex criteria and they and/or guardian appeals the case manager's service denial, the case manager must support the person and/or guardian through the appeal process.

Are people able to appeal the RSSC determination?

- Any decision made by the lead agency is appealable. If the person and/or guardian appeals the denial of CRS/CL services, the CM must support the person and/or guardian through the appeal process.
- During an appeal, a person may choose to continue using CRS/CL until the appeal hearing. If they were not receiving CRS/CL previously, they may not access a new CRS/CL service during the appeal process.

For additional questions

- Support planning questions-submit additional questions using the [DHS-8168-ENG \(DSD Contact Form\)](#)
- MnCHOICES assessment questions- consult with your MnCHOICES mentor



Thank You!