

**NUMBER**

#20-48-01

**DATE**

May 4, 2020

**OF INTEREST TO**

County/Tribal directors

Social services supervisors and  
staff

HCBS waiver service providers

People who receive HCBS  
waiver services

**ACTION/DUE DATE**

Please read information and  
prepare for implementation

**EXPIRATION DATE**

May 4, 2022

## Temporary expansion of remote support for home and community-based services (HCBS) waivers

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### TOPIC

Policy modification to allow several HCBS waiver services to be delivered remotely (via phone or other interactive technology medium) temporarily during the COVID-19 pandemic.

### PURPOSE

Provide instructions for lead agencies and providers to make the remote support service option available to people on HCBS waiver programs.

### 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)

### 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. Background

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Because service availability is limited during the COVID-19 pandemic, DHS will allow for alternative methods to deliver services. This supports the ability to ensure the health, safety and well-being of people who receive services.

In response to the COVID-19 pandemic, the human services commissioner authorizes temporary expansion of remote support as a service delivery option for several waiver services during the peacetime emergency. DHS received federal approval through an Appendix K on April 29, 2020, waiver to modify existing federally approved 1915(c) waiver plans in order to implement this change.

The affected programs include:

- 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)

## II. Remote support policy

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The delivery of remote support must be real-time, two-way communication with the person (i.e. phone calls or use of other technology media currently available to the person).

Remote support may be provided to people who live in a single-family home or apartment where the person or their family owns or rents and maintains control over the individual unit as demonstrated by a lease agreement. At this time, remote support cannot be provided to people who live in provider-controlled residential settings (e.g. corporate adult foster care, family foster care, customized living).

Older adults and people with disabilities who live in their own homes have been identified as particularly vulnerable during the stay-at-home-order. Service availability might be more limited for people who live in their own homes. Remote support may be used to minimize vulnerability and isolation and increase oversight of health, safety and well-being for people who live in their own homes.

The provision of services through remote support must be performed within:

- The scope of the covered services
- The needs identified in the person's support plan
- The amount of service authorized.

## **A. Services that may be provided remotely**

Services provided through remote support must be the same as or similar to functions of the existing services authorized in the person's support plan. DHS will provide additional guidance about service functions that may be provided through existing services through [electronic distribution lists](#) and the [frequently asked questions](#) webpage.

Service that may be provided remotely	Waiver(s)
<a href="#">24 hour emergency assistance</a>	BI, CAC, CADI and DD
<a href="#">Adult companion services</a>	AC, BI, CAC, CADI and EW
<a href="#">Consumer directed community support (CDCS): personal assistance</a>	AC, EW, BI, CAC, CADI and DD
<a href="#">Day training and habilitation (DT&amp;H)</a>	DD
<a href="#">Employment development</a>	BI, CAC, CADI and DD
<a href="#">Employment exploration</a>	BI, CAC, CADI and DD
<a href="#">Employment support</a>	BI, CAC, CADI and DD
<a href="#">Family training and counseling</a>	BI, CAC, CADI and DD
<a href="#">Family caregiver coaching and counseling</a>	AC, ECS, EW
<a href="#">Family caregiver training and education</a>	AC, ECS, EW
<a href="#">Homemaker services/home management and homemaker services/personal care</a>	AC, BI, CAC, CADI, DD, ECS and EW
<a href="#">Independent living skills (ILS) training</a>	BI, CAC, and CADI
<a href="#">Individualized community living supports</a>	AC, EW
<a href="#">Individualized home supports</a>	BI, CAC, and CADI
<a href="#">In-home family support</a>	BI, CAC, CADI and DD
<a href="#">Personal support</a>	BI, CAC, CADI and DD
<a href="#">Positive supports</a>	BI, CAC, CADI and DD
<a href="#">Prevocational services</a>	BI, CADI
<a href="#">Respite</a>	AC, BI, CAC, CADI, DD and EW
<a href="#">Specialist services</a>	BI, CAC, CADI and DD
<a href="#">Structured day services</a>	BI
<a href="#">Supported living services (in a person's own home)</a>	DD
<a href="#">Transitional services</a>	EW

## B. Types of technology applications that may be used

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 HIPAA requirements. This guidance may be found in the [Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency](#).

## C. Lead agency instructions

### 1. Rate determination for [Disability Waiver Rate System services \(DWRS\)](#)

#### a. Rate Management System (RMS) framework rates

Lead agencies should use existing RMS frameworks for services that will be provided remotely. If a rate needs to be calculated for the remote provision of the service, 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 a service before the COVID-19 emergency and they will now receive the service remotely, the lead agency will need to recalculate the rate if there will be any changes in the RMS input fields used to calculate the rate. For example, if a person's staffing ratio for a given service was previously 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 a service before the COVID-19 emergency and they will now receive the service remotely, the lead agency does not need to recalculate the rate if there are no changes in the RMS input fields used to calculate the rate. The existing rate that was determined before the COVID-19 emergency may be used.

For **new services**

If a person will receive a new service via remote provision:

- The lead agency and provider will need to have a service planning discussion.
- The provider will complete a [6790 worksheet \(PDF\)](#) (if applicable).
- The lead agency will calculate the rate for the service within the MnCHOICES Support Plan.

#### b. Market rate services

For [DWRS market rate services](#), lead agencies should follow existing guidance for setting market rates, including the cost of remote service provision.

### 2. Rate determination for Aging programs

There is no change to the rates for remote services delivered under the Elderly Waiver (EW), Alternative Care (AC) and Essential Community Supports (ECS) programs. Remote services should be authorized using the existing codes and rates. Providers should submit claims for the number of units of service delivered to each person.

### 3. 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.

For new MMIS service authorizations, lead agencies should follow existing rate calculation and service authorization guidelines.

### 4. Support plan documentation

Lead agencies must update the support instructions or service notes in the person's support plan to include the following:

- The person's choice to receive services remotely
- The person's chosen delivery method (e.g. telephone) to receive remote support
- How the chosen remote support method(s) of delivery will meet the person's health and safety needs and planned goals.

## D. Provider instructions

### 1. Add service(s) to provider license

License holders who need to add services to an existing HCBS 245D license may contact DHS Licensing at 651-431-6624 to request the addition of a 245D-licensed service to their license.

### 2. Add service(s) to provider record

Existing providers who need to add a service to their MHCP record may submit a request via MPSE or complete and fax the [HCBS Programs Service Request Form, DHS-6638 \(PDF\)](#) paperwork as instructed. After providers have faxed the DHS-6638 form, they should contact the MHCP provider help desk at 651-431-2700 to expedite processing.

### 3. Contact lead agency

After provider records and licenses are updated (if needed), providers should contact lead agencies to update a person's support plan to include remote support delivery of identified services and, as needed, service authorization changes.

### 4. Service delivery documentation

Providers must document in the person's record:

- Why the change in delivery of in-person services to remote support is needed related to COVID-19
- The person's choice to receive services remotely
- The person's chosen delivery method (e.g. telephone) to receive remote support

- How the chosen remote support method(s) of delivery will meet the person's health and safety needs and planned goals.

Providers must continue to comply with the [MHCP – Billing for Waiver and Alternative Care \(AC\) Program](#) documentation requirements.

## Americans with Disabilities Act (ADA) advisory

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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.