



DEPARTMENT OF
HUMAN SERVICES

Minnesota's Medicaid Innovation For Serving Pre-Eligible Seniors- Alternative Care (AC) Program

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Session Goals

- Learn about the Alternative Care Program (AC) – History and purpose
- Understand the eligibility criteria for the AC Program
- Learn about the range of services and supports available on AC
- Learn more about Minnesota's LTSS programs that serve seniors including those served by managed care LTSS
- Understand the similarities and differences between the Minnesota LTSS programs

Acronyms

- AC Alternative Care
- MA Medical Assistance
- EW Elderly Waiver
- PNA Personal Needs Allowance
- FPG Federal Poverty Guidelines
- NF Nursing Facility
- LTCC Long Term Care Consultation
- CDCS Consumer Directed Community Supports
- FFP Federal Financial Participation
- ECS Essential Community Supports

Alternative Care (AC) Background

- Minnesota's first home and community based program, implemented in 1980 Minnesota Statutes – 256B.0913
- Prior to November 2013 Alternative Care (AC) was an entirely state funded program
- The Reform 2020 waiver (1115) was approved by the Centers for Medicare and Medicaid Services (CMS) in October 2013 - providing federal support
- The AC program was implemented under Reform 2020 beginning November 1, 2013

The Reform 2020 Demonstration Waiver

- The current reform 2020 waiver expires June 2018.
- Current renewal request seeks to continue current waiver for a three year period through June 30, 2021
- 30 day comment period was 5/22/17 to 6/21/2017

Copy of proposed Reform 2020 renewal application and information on public comment process at:

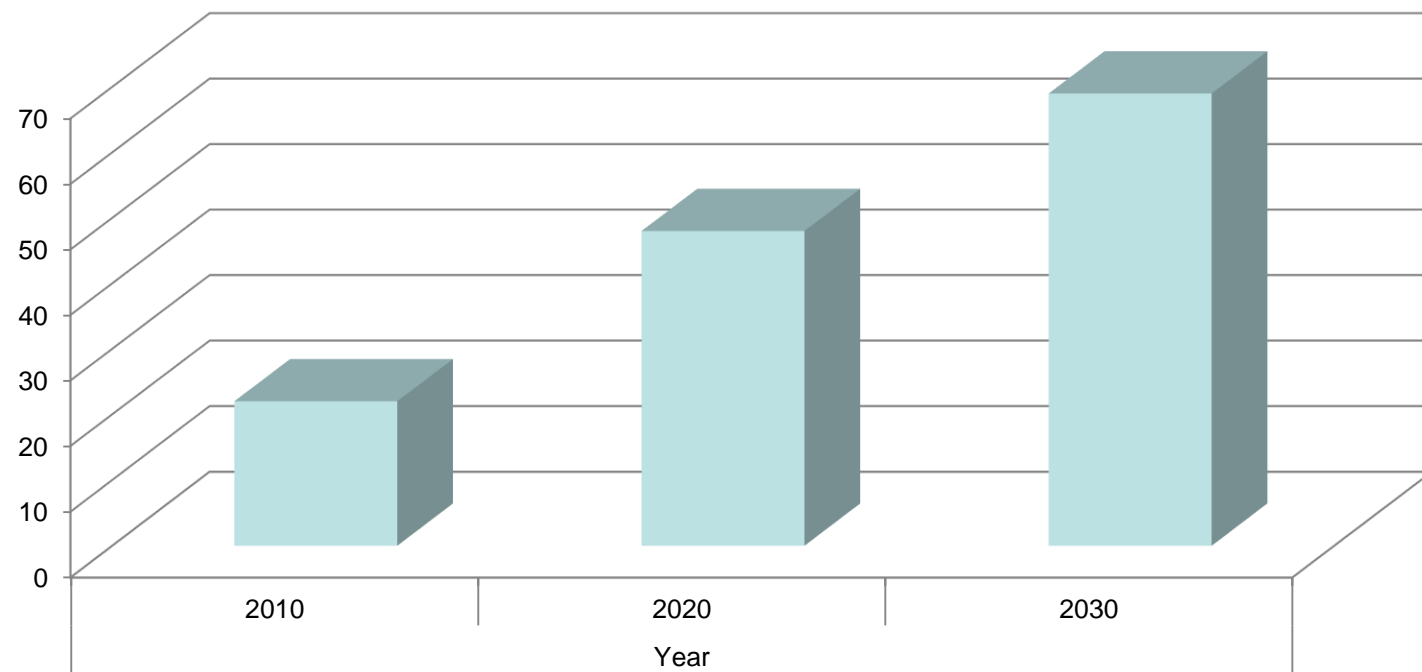
<https://mn.gov/dhs/health-care/federal-waivers>

Alternative Care

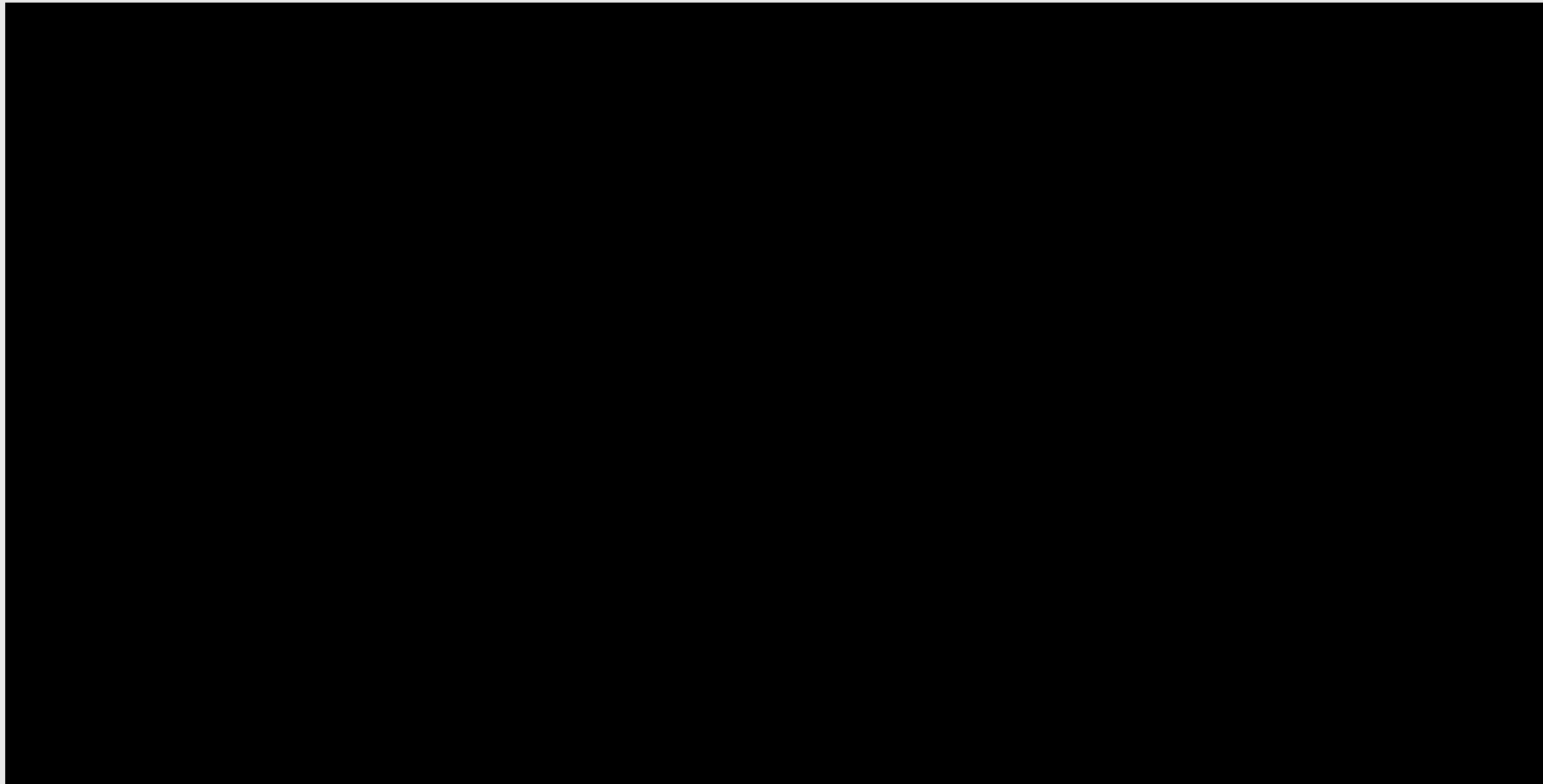
- The Reform 2020 waiver allows Minnesota to receive federal financial participation to provide Alternative Care services to people:
 - 65 and older
 - Who meet eligibility for nursing facility care
 - Who have combined adjusted income and assets exceeding state plan Medicaid standards for seniors.

20% or 1 in 5 People Age 65+

Minnesota Counties with More than 20% of People Age 65+



My Generation



My Generation



Purpose of Alternative Care (AC)

- Program that provides home and community based services (HCBS) to seniors age 65 and older who meet nursing facility level of care but who have combined adjusted income and/or assets exceeding state plan Medicaid standards for seniors.
- Connecting seniors with community services earlier can divert them from nursing facilities.
- Allows people to extend use of their personal resources and delay or avoid spend down to MA.
- Can support people in their own homes and delay or prevent moving to more costly services settings like assisted living.

Minnesota AC Effects

- DHS expenditures forecast shows that the nursing facility forecast numbers would be higher if AC caseload and expenditures were lower
- The correlation between the AC caseload and the NF caseload are well established.
- Evaluation plan submitted on the impact of FFP on the population
- Compare the AC population before the 1115 implemented and compare it to after implementation and to the Elderly Waiver (EW) population in the same time period

AC Program

- No Medical Assistance only home and community based services (HCBS) – (No Financial Worker)
- Participants use their own resources and insurance to pay for other health care services such as hospital and physician care.
- Administered by the counties and tribal health agencies
- Cost sharing fee paid by participants
- Individual budget caps (subject to long term care consultation(LTCC) and case mix assignment) will meet client needs and ensure health and safety- these are 75% of Elderly Waive (EW) budget caps

AC Program

- Most are Medicare eligible and receive prescription drug coverage pursuant to Medicare Part D.
- Many are also eligible and access the Medicare Savings Programs-QMB, SLMB and QI1
- Applies MA rules for long term care financial eligibility, such as how income and assets are treated for a spouse and penalty periods for improper transfers.
- Does not duplicate or pay for services reimbursable through other funding streams
- Covers most of the services that are provided under Elderly Waiver; *except* AC does not include residential services
- Services are authorized and claims paid through the state's MMIS system

AC Participants Rights

- Same as described in the federally approved EW waiver
- Notice for denied, terminated, reduced or suspended services or eligibility requires a written notice to be sent 10 days prior to the action taken
- Appeals and grievance system
- All or the rights and responsibilities included on AC Eligibility forms

Program Monthly Budget Caps Effective 7/1/17

Case Mix	EW Monthly Cap	AC Monthly Cap
A	2,951	2,213
B	3,356	2,517
C	3,938	2,953
D	4,066	3,050
E	4,486	3,365
F	4,623	3,467
G	4,769	3,577
H	5,379	4,034
I	5,522	4,141
J	5,887	4,416
K	6,860	5,145
L	2,272	770
V	24,957	N/A

Estate Claims

- Effective 7/1/2003, DHS and the lead agencies pursue estate claims for people that use the AC program
- People are informed of estate recovery using an information sheet given to them at the time of application
- Claims are only filed after the death of the community spouse(if applicable)

Client Characteristics

Average Age:

- 81 years old
- 22 are 100+ years
- Oldest is 104
- Total Eligible AC Clients
FY17 3,775- Aug 2017 -2,700

Gender:

- 72% female
- 28% male

Marital Status:

- More than half are widowed

Living Arrangements:

- Nearly 2/3 live alone

Service Months:

- 30.2 months average

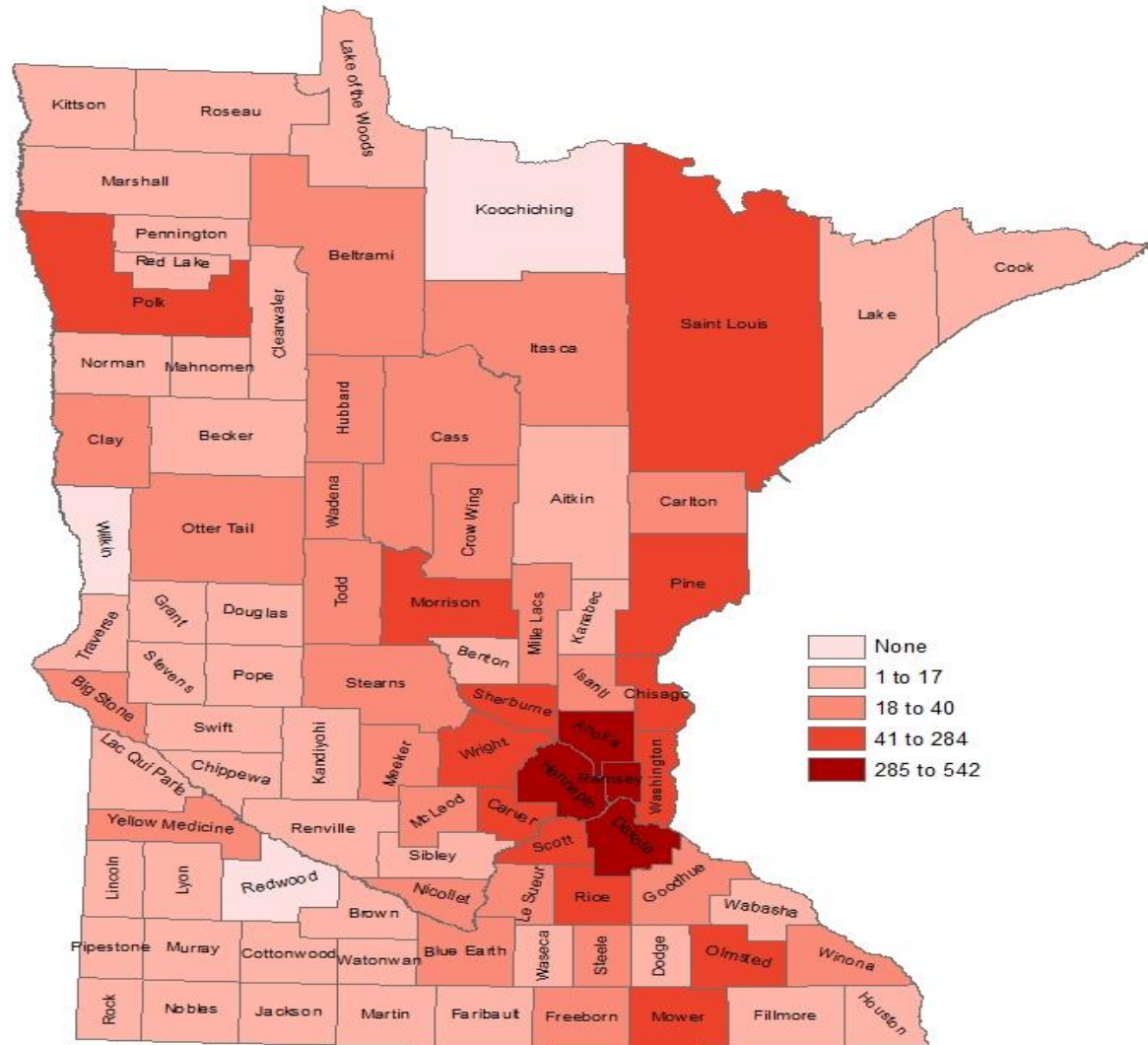
Ave Cost (State):

- \$7,464 per client/per yr or
\$886/month

AC Total Cost:

- Approx. \$27.1 million (FY2016)

Alternative Care (AC) Recipients by County FY2017



DHS Data Warehouse
August 2017

Total AC recipients FY17 3,779

AC Eligibility Criteria

- **Age 65 or older**
- **Assessed to need the level of care provided in a nursing facility (NF-LOC)**
- **Minnesota Resident/US Citizen**
- **The persons income and assets would be inadequate to fund a nursing facility stay for more than 135 days – currently this is \$33,546. NF cost is based on the statewide weighted average nursing facility per diem (used for threshold of AC eligibility – 135 days)**
- **Person is not eligible for Medical Assistance (MA) due to excess income and assets**
- **No other funding source is available**
- **Person is capable of paying a monthly fee requirement if applicable**
- **Participant has financial resources to meet own health related needs**

AC Financial Eligibility Criteria

- **Combined adjusted income and assets are \leq the projected nursing facility cost for 135 days (currently \$33,546)**
- **Income is $>120\%$ FPG (\$1226)**
- **Assets are $>\$3000$**
- **Did not improperly dispose of assets**
- **Home Equity must be within the home equity limit – currently \$560,000**
- **Net income and assets are determined by deducting out of pocket medical costs, unpaid medical bills and burial accounts valued up to \$1500**
- **Spousal impoverishment rules apply-including income allocation and community spouse asset allowance**

AC Financial Eligibility Thresholds

- If monthly income is >\$1208 (7/1/17 \$1226) or
- Assets are >\$3000 (MA Asset limit) and
- Total combined adjusted monthly income and assets are \leq the projected nursing facility care costs for 135 days ** currently \$33,546
- Client is financially eligible for AC

Temporary AC

- Persons who have income \leq \$1226 (120% FPG) and assets \leq \$3000 are ineligible for AC
- Person can be served on AC program for up to 60 days while applying for Medical Assistance (MA) and Elderly Waiver(EW)
- A completed signed application has to be received by the lead agency for processing in order to approve Temporary AC.

AC Program Eligibility Worksheets

- Net income and assets are determined using program eligibility worksheets
- Worksheets are found on DHS website – eDocs <https://mn.gov/dhs/general-public/publications-forms-resources/edocs/>

- Forms used are:

DHS 2630 – For Unmarried person or married couples when both may choose AC or a married person whose spouse is an EW recipient or is living in a nursing facility (NF)

DHS 2630A – For a Married person who has a community spouse

AC Program Eligibility Worksheets

Forms DHS 2630 and DHS 2630A

- Are fillable online
- Calculations are done online
- Completed forms can be printed and/or saved

Alternative Care Program Eligibility Worksheet for a Married Person who has a Community Spouse

I. Transfer of assets [\(Instructions\)](#) Date of transfer: _____ Date of eligibility: _____

Individual has transferred assets within the previous 60 months without receiving adequate compensation.
 Amount of transfer: \$ _____ ÷ 6,280 = _____ (months of ineligibility, including partial months)

Individual is ineligible for AC program until _____ due to transfer. Any applicant who is in a penalty period for a federal program may not receive AC services.

II. Income

A. Monthly spousal income allocation	\$ 2,005.00
B. Community spouse's monthly income	\$ _____
C. Applicant's gross monthly income (enter as Gross Income on Screening Document)	\$ _____
D. Allocation to community spouse (A - B = D) (if line B is greater than line A there is no income allocation)	\$ _____
E. Subtotal (C - D)	\$ _____
F. Recurring and predictable monthly medical expenses (health insurance, drug costs, acute care on a monthly basis)	\$ _____
G. Subtotal (E - F)	\$ _____
H. Clothing and personal needs allowance (PNA)	\$ 97.00
I. Subtotal (G - H = I) Individual's available monthly income (enter as AC Adjusted Income on Screening Document)	\$ _____
J. Individual's available income for 135 days of nursing home care (I x 4.5 = J)	\$ _____

III. Assets [\(Instructions\)](#)

K. Total marital assets ("Total Counted Assets" from page 2 of DHS-3340B)	\$ _____
L. The community spouse asset allowance (CSAA) (see DHS-3340B)	\$ 120,900.00
M. Subtotal (K - L) (enter as Gross Assets on Screening Document)	\$ _____
N. Enter incurred unpaid past medical bills which are the individual's responsibility (bills owed that are payable but will not be payable by Medicare or medical insurance)	\$ _____
O. Subtotal (M - N)	\$ _____
P. Subtract \$3,000 <u>if</u> there are no burial account(s) with a licensed mortuary for either spouse or \$1,500 for the applicant only if spouse has burial account	\$ _____
Q. Individual's assets which are available for nursing facility care (O - P = Q) (enter as AC Adjusted Assets on Screening Document)	\$ _____

IV. Determination of Eligibility

R. Individual's income and assets available for nursing facility care (J + Q)	\$ _____
S. Projected nursing facility care cost for 135 days (+ MA Asset Limit)	\$ 33,546.00

Check the appropriate box below:

- (R) is greater than (S). Applicant is **not** eligible for AC services.
- (R) is less than (S), **AND** income (I) is > \$1,208 **OR** assets (M) are > \$3,000. Applicant is **eligible** for AC services.
- (R) is less than (S), **AND** income (I) is ≤ \$1,208 **AND** assets (M) are ≤ \$3,000. Applicant is **ineligible** for AC services. Ineligible applicant can be temporarily served under AC up to 60 days only during their first application to MA/EW, and only if a completed, signed MA/EW application (and Asset Assessment, DHS-3340) has been received by the county for processing.

V. Fee Schedule

Assess the client fee based on the AC adjusted income (I) and gross assets (M). Determine the monthly fee amount by applying the percentage to the average monthly cost of AC services, including case management costs.

AC Adjusted Income (I)	Gross Assets (M)	Monthly Fee Charge
less than 100% FPG (\$900), and	less than \$10,000	No monthly fee
equal to or greater than 100% FPG, but less than 150% FPG (\$1,485), and	less than \$10,000	5 percent
equal to or greater than 150% FPG, but less than 200% FPG (\$2,000), and	less than \$10,000	15 percent
equal to or greater than 200% FPG (\$2,000), OR	equal to or greater than \$10,000	30 percent

Alternative Care Program Eligibility Worksheet for Unmarried Individuals or Married Couples When Both May Choose the Alternative Care Program or a Married Person Whose Spouse Is an EW Recipient or Is Living in a Nursing Facility

I. Transfer of assets [\(Instructions\)](#)

Date of transfer: _____ Date of eligibility: _____

Individual has transferred assets within the previous 60 months without receiving adequate compensation.

Amount of transfer: \$ _____ ÷ 6,280 = _____ (months of ineligibility, including partial months)

Individual is ineligible for AC program until _____ due to transfer. Any applicant who is in a penalty period for a federal program may not receive AC services.

II. Income

A. Individual's Monthly Income (enter as Gross Income on Screening Document)	\$ _____
B. Recurring and predictable monthly medical expenses (health insurance, drug costs, acute care on a monthly basis) ..	\$ _____
C. Subtotal of A - B	\$ _____
D. Clothing and personal needs allowance (PNA)	\$ 97.00
E. Subtotal of C - D. Individual's available monthly income (enter as AC Adjusted Income on Screening Document) ..	\$ _____
F. Individual's available income for 135 days of nursing home care (E x 4.5 = F)	\$ _____

III. Assets [\(Instructions\)](#)

G. Individual's total nonexcluded assets (enter as Gross Assets on Screening Document)	\$ _____
H. Enter incurred unpaid past medical bills which are the applicant's responsibility (bills owed that are payable but will not be payable by Medicare or medical insurance)	\$ _____
I. Subtotal G - H	\$ _____
J. Subtract \$1,500 IF there are no burial account(s) with a licensed mortuary	\$ _____
K. Individual's assets which are available to fund nursing home care (I - J = K) (enter as AC Adjusted Assets on Screening Document)	\$ _____

IV. Determination of Eligibility

L. Individual's income and assets available for nursing facility care (F + K)	\$ _____
M. Projected nursing facility care cost for 135 days (+ MA Asset Limit)	\$ 33,546.00

Check the appropriate box below:

- (L) is greater than (M). Applicant is not eligible for AC services.
- (L) is less than (M), AND income (A) is > \$1,208 OR assets (G) are > \$3,000. Applicant **is** eligible for AC services.
- (L) is less than (M), AND income (A) is < \$1,208 AND assets (G) are < \$3,000. Applicant is **ineligible** for AC services. Ineligible applicant can be temporarily served under AC up to 60 days only during their first application to MA/EW, and only if a completed, signed MA/EW application has already been received by the county for processing.

V. Fee Schedule

Assess the client fee based on the AC adjusted income (E) and gross assets (G). Determine the monthly fee amount by applying the percentage to the average monthly cost of AC services, including case management costs.

AC Adjusted Income (E)	Gross Assets (G)	Monthly Fee Charge
less than 100% FPG (\$990), and	less than \$10,000	No monthly fee
equal to or greater than 100% FPG, but less than 150% FPG (\$1,485), and	less than \$10,000	5 percent
equal to or greater than 150% FPG, but less than 200% FPG (\$2,000), and	less than \$10,000	15 percent
equal to or greater than 200% FPG (\$2,000), OR	equal to or greater than \$10,000	30 percent

Individuals with monthly income (A) less than \$1,400 and assets (K) less than \$10,000 should be referred to their county or tribal financial assistance office for an evaluation of possible eligibility for QMB, SLMB, QI-1 and Extra help part D.

I declare that the information I have given in completing this form is true and correct to the best of my knowledge.

CLIENT NAME _____ CLIENT SIGNATURE _____ DATE _____ AGENCY USE ONLY _____

AC Eligibility

- **Certified Assessors/Case Managers determine financial eligibility and conduct a face to face community assessment of needs – no lead agency financial worker**
- **Program eligibility requires Nursing Facility Level of Care (NF LOC) – components are:**
 - 1. Unstable health**
 - 2. Need for complex care management**
 - 3. Functional limitation**
 - 4. Existence of complicating conditions**
 - 5. Cognitive or behavioral condition**
 - 6. Frailty or vulnerability**
 - 7. Living arrangement and risk**

Alternative Care Recipients Pay Fees

- Fees are used to help fund the program
- Monthly fee is required
- Some people are exempt from fees based on recipients income and asset
- Recipients can lose eligibility if they don't pay their required fees
- eDoc DHS 4639 AC Program Monthly Fee and Payment Information
- The monthly fee charged is a percent of the average monthly cost of AC services – including case management services

AC Monthly Fees

Client Income*	Gross Assets	Monthly Fee
Income < 100% FPG (\$1005) and	< \$10,000	\$0
Income ≥ 100% (\$1005) and < 150% FPG (\$1508) and	< \$10,000	5% cost of AC Services
Income ≥ 150% (\$1508) and < 200% FPG (\$2030) and	< \$10,000	15% cost of AC Services
Income ≥ 200% FPG (\$2030) OR	≥ \$10,000	30% cost of AC Services

*Income minus recurring and predictable medical expenses

AC Benefit set

- AC services are generally the same as those offered under the EW program
- AC does not have residential services such as: Foster Care, Customized living (Assisted Living) or Residential Care Services
- Service definitions and provider standards are the same as specified in the approved Elderly Waiver
- Service rate limits are the same and are published:<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-3945-ENG>

**ELDERLY WAIVER (EW) AND ALTERNATIVE CARE (AC)
PROGRAM COMPARISON – July 2017**

Program Feature	Alternative Care (AC)	Elderly Waiver (EW)
Financial Eligibility	<p>Forms DHS-2630 and DHS-2630A used by AC case managers to determine financial eligibility</p> <p>Determined to be eligible for Medical Assistance (MA) within 135 days of entering a nursing facility (Max \$32,975 total income and assets)</p> <p>Sliding fee assessed for 0% to 30% of service plan (including case management) based on income and assets.</p>	<p>Must enroll in MA</p> <p>Must meet MA asset limits</p> <p>Monthly income \$0-\$2205, qualifies for SIS EW; no medical spenddown, may have waiver obligation. Monthly Maintenance Needs Allowance= \$990</p> <p>Monthly income >\$2205: must meet medically needy MA standard of \$804 - since over 100% FPG \$1005</p>
Enrollment Process	<p>LTCC assessment determines NF level of care</p> <p>Case manager determines financial eligibility; Public Health nurse/social worker/case manager/ determines if meets AC service eligibility(NFlevel of care)</p>	<p>LTCC assessment determines NF Level of care</p> <p>Financial worker determines Medical Assistance eligibility, Public Health nurse/social worker/case manager/MCO determines if meets waiver service eligibility(NF level of care)</p>
Services	<p>Adult Day Service/ADS Bath</p> <p>Family Caregiver Training/Education Case Management & Conversion Case Management Chore Services Companion Services Home Delivered Meals Home Health Aide Homemaker Services Individual Community Living Supports LPN, Home Health Environmental Accessibility Adaptations Consumer Directed Community Supports Personal Care Assistant (PCA) Respite Care PDN,RN, Home Health Specialized Equipment and Supplies AC Transportation Nutrition Services Discretionary Services RN, Supervision of PCA</p>	<p>Adult Day Service/ADS Bath Customized Living 24 hour Customized Living Residential Care Service Adult Foster Care –Corp and Family Family Caregiver Training /Education Case Management</p> <p>Chore Services Companion Services Home Delivered Meals Home Health Aide, Extended Homemaker Services Individual Community Living Supports LPN, Extended Home Health Environmental Accessibility Adaptations Consumer Directed Community Supports Personal Care Assistant , Extended Respite Care PDN, RN, Extended Home Health Specialized Equipment and Supplies Waiver Transportation</p> <p>Transitional Supports</p>
Spending Limits	<p>The monthly cost of AC services is limited to 75% of the monthly limit assigned to the same case mix classification for an EW client</p>	<p>The monthly cost of the EW services is limited to the statewide average monthly Medical Assistance payment for the nursing facility care at the individual's case mix classification</p>

EW/AC Benefit Set

- **Adult Day Services (ADS)-including FADS & Bath**
- **Environmental Accessibility Adaptations (EAA)**
- **Case Management**
- **Chore Services**
- **Homemaker**
- **Home Delivered Meals**
- **Companion Services**
- **Transitional Supports**
- **Consumer Directed Community Supports (CDCS)**

- **Family Caregiver Training/Education Coaching & Counseling- includes assessment**
- **Extended Home Health Aide***
- **Extended Nursing Services***
- **Extended Personal Care***
- **Specialized Supplies and Equipment * – includes PERS**
- **Case Management**
- **Respite**
- **Transportation**

EW/AC Benefit Set

EW Only Services

- Foster Care
- Residential Care
- Customized Living/24 hour Customized Living
- Transitional Supports

AC Only Services

- Conversion Case Management
- Nutritional Services
- Discretionary Services

State Plan Medical Assistance (MA)

- AC does not have MA – the following services are covered as part of the AC benefit:
 - Personal Care Assistance
 - Home Health Aide
 - Special Supplies and Equipment
 - Skilled Nursing Services

State Plan Medical Assistance/EW

- Personal Care Attendant
- Home Health Aide
- Specialized Medical Supplies and Equipment
- Skilled Nursing Services
- *The Elderly Waiver will pay for extensions of these service needs beyond what medical assistance will pay for*

Consumer Directed Community Supports (CDCS)

- CDCS option is offered to AC clients as well as EW clients
- The consumer decides what services will be provided, by whom, when and how much.
- Involves person centered planning, traditional assessment and care plan.
- Client has their own budget based on the case mix cap. Requires case manager approval.
- Can use both traditional and non-traditional services under one plan.



Questions



Elderly Waiver (EW)

- Enacted into law in 1982 - Minnesota Statute, Section 256B.0915 - 1915C Waiver
- EW program funds home and community based services for people age 65 and older who are eligible for Medical Assistance(MA) and require the level of care in a nursing home, but choose to reside in the community.
- Maintain people in their own homes and connect people with services that they need
- Prevent or delay Nursing Facility admissions and move people out of institutions
- Support choice and informed decision making
- Support and extend informal caregiving

EW Eligibility Criteria

- Age 65 or older
- Eligible for Medical Assistance (MA)
- Assessed to need the level of care provided in a nursing facility NF-LOC
- May be cost sharing by the participant – Waiver Obligation
- Individual budget caps (subject to long term care consultation (LTCC) and case mix assignment) will meet client needs and ensure health and safety

Client Characteristics

Average Age:

- 81 years old
- 22 are 100+ years
- Oldest is 104
- Total Eligible EW Clients
FY17 31,187- Aug 2017 24,411

89% MCO 11% FFS

Gender:

- 73% female
- 27% male

Marital Status:

- 45% widowed

Living Arrangements:

- 39% Congregate settings, 39% live alone

Service Months:

- 41 months average

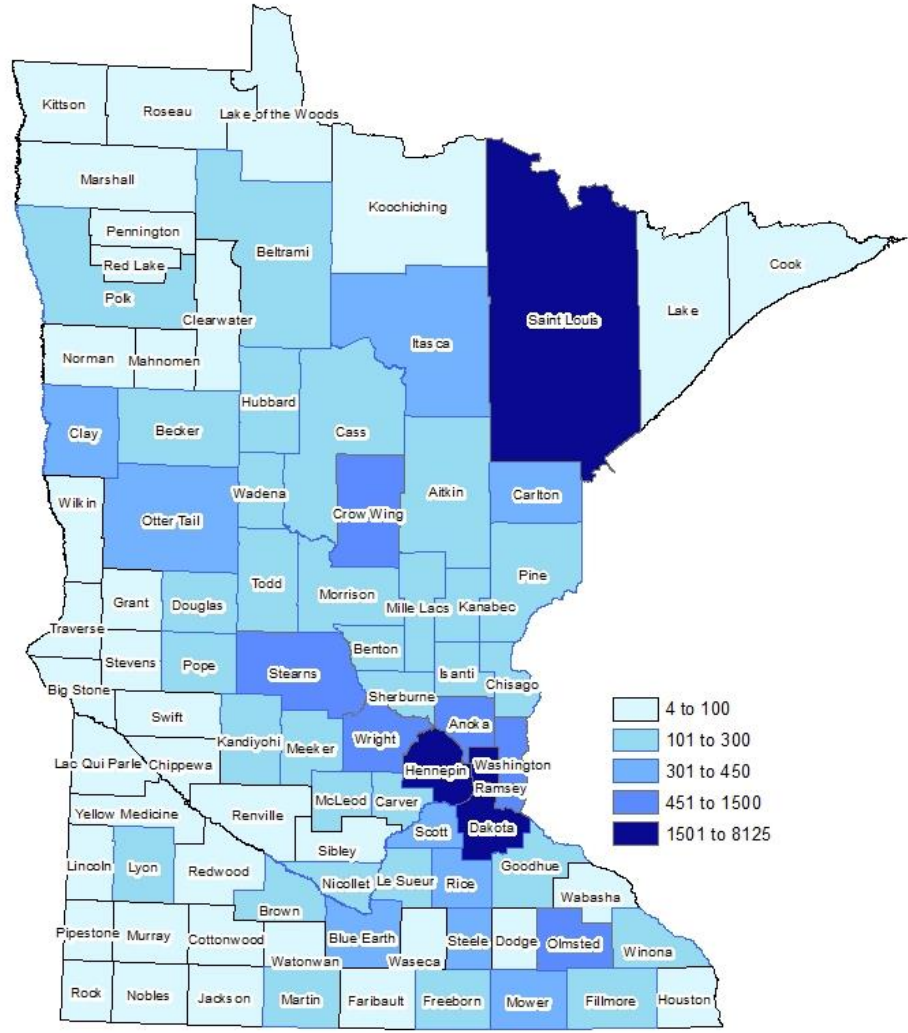
Ave Cost (State):

- \$1400/month

EW Total Cost:

- Approx. \$400 million (FY2016)

Elderly Waiver Recipient count by County FY 2017



White Earth Tribe has 114 EW Recipients
 Total EW Recipients FY17 31,187

DHS Data Warehouse August 2017

EW Financial Eligibility

- Special Income Standard – SIS-EW -Income is equal to or below \$2205/month (300% SSI)
- Participants can keep Maintenance Needs Allowance (MNA) –Currently \$990
- If income exceeds \$990 the participant must pay for part or all waiver service costs – Waiver Obligation
- If income greater than SIS-EW standard can be eligible on MA with a spenddown

EW Financial Eligibility

- Participants do not have to meet the waiver obligation in full each month to remain eligible. They pay for the services that they use.
- Waiver obligations cannot be collected until services are delivered – these are billed by the provider

EW Asset Limit

- MA \$3000 for a household of 1
- If married and both want MA : the limit is \$6000
- Married couples: The community spouse is entitled to an community spouse asset allowance (CSAA) and an asset assessment needs to be completed
- Community spouse asset allowance maximum = \$120,900
- MA and CSAA are determined by financial workers

Elderly Waiver	Alternative Care
Age 65 or older	Age 65 or older
Eligible for Medical Assistance	Not Eligible for Medical Assistance
Minnesota Resident/US Citizen	Minnesota Resident/US Citizen
Need a nursing facility Level of care as determined by the Long term care consultation process (LTCC) . Is at risk of NF placement.	Need a nursing facility Level of care as determined by the Long term care consultation process (LTCC). Is at risk of NF placement.
Have chronic care needs.	Have chronic care needs
Need medical assistance for their health care related needs.	Have financial resources to meet their own health related needs and independent living needs
Person's plan of care assures health and safety	Person's plan of care assures health and safety
Voluntary enrollment	Voluntary enrollment
May be cost sharing by participant – Waiver Obligation or Medical Assistance spenddown	May be cost sharing by participant – fee is assessed
Budget is limited by the person's case mix classification	Budget is limited by the person's case mix and is 75% of EW budget for same classification

EW Conversion Rates

Exceptions to the monthly service budget caps for EW clients leaving nursing facilities (NF)

- Person is a resident of certified NF for 30 consecutive days or more
- Implementation of the community support plan exceeds the published EW service caps
- Person can access a higher monthly service cap equal to no more than the cost to MA for services in the NF where the person currently resides

Service Delivery Systems for EW Recipients

- Fee for Service (FFS): The provider bills MN Department of Human Services for each service
- Minnesota Senior Care Plus (MSC+): 2003 State Legislation adds LTC to basic Medicaid Managed Care package.
 - Managed care enrollment is mandatory for all clients 65+ Who are not excluded from managed care for Medical Assistance.
- Minnesota Senior Health Options (MSHO) – began 1997 -Voluntary
 - includes full risk for Medicare/Medicaid primary, acute, LTC (NF and EW services) through a Special Needs Plan
- All Medicare and Medicaid drugs and other services in one coordinated plan.

MSHO and MSC+

	MSHO Statewide	MSC+ Statewide
Enrollment	Voluntary (alternative to MSC+)	Mandatory
Medicare Part A/B	All Medicare services through Medicare Special Needs Plans (SNP)	All Medicare services through Medicare fee for service or separate Medicare Advantage Plan
Medicare Part D Drugs	SNP	Separate free standing Medicare PDP or separate Medicare Advantage Plan
Remaining Medicaid Drugs	SNP	Medicaid MCO
Medicaid Basic Care-including state plan home care and PCA	SNP	Medicaid MCO
Medicaid NF	SNP (180 days for new community enrollees) remainder is FFS	Medicaid MCO (180 days for new community enrollees) remainder is FFS
Medicaid Elderly Waiver	SNP	Medicaid MCO

Enrollment Process for EW

- Face to Face Assessment determines service needs – Nursing Facility Level of Care (NF LOC) through Long Term Care Consultation (LTCC) Assessment tool
- Performed by Lead Agency – County, Tribe or Managed Care Organization (MCO)
- Medical Assistance Eligibility (EW) – county financial worker

Estate Claims-EW

- Estate recovery requires Minnesota counties to make claims against the estates of certain deceased MA members, or the estates of the deceased members' surviving spouses, to collect the amount MA paid for certain health care services. The law changed as of 6/1/16
- Estate recovery applies to deceased members who received any MA services at 55 years old or older before January 1, 2014, or who received a subset of MA services called long-term services and supports (LTSS) on or after January 1, 2014. – this includes all home and community based waivers, nursing facility services (NFS), hospital and pharmacy services received during the period the member was provided NFS or Home and Community Based Services (HCBS). This includes EW clients.
- Liens are only imposed if stay in nursing facility or hospital is greater than 30 days (paid by MA)
- Claims only filed after the death of the community spouse
- More information on liens and estate recovery - <http://mn.gov/dhs/ma-estate-recovery/>

Essential Community Supports (ECS)

- Legislature enacted in 2009 – State funded program
- Along with Nursing Facility Level of Care (NF LOC) criteria changes
- Set of services for people that do not meet NF LOC
- Implemented January 1, 2015

Eligibility for ECS

- Must be established based on a face-to-face Long Term Care Consultation assessment
- Individuals who are eligible for PCA services under MA cannot access ECS
- ECS is available to seniors applying to programs
- Must have a need for an ECS service

ECS Program Requirements

- \$428 monthly maximum budget
- Required service coordination, limited to \$600 annually (an additional \$600 for service coordination to assist in transition planning is available one time).
- ECS will be authorized by a LTCC/certified assessor, using MMIS service agreements, for needed services.

ECS Program Requirements

- Ongoing monitoring is required, as applicable
- Individuals who no longer meet MA financial eligibility requirements can access ECS if they meet AC financial eligibility guidelines

ECS

- Citizenship requirement applies
- Must apply for MA if within certain income/asset guidelines
 - Cannot open until denied MA, no “temporary” ECS
- New financial eligibility worksheets for ECS similar to AC
 - Simple asset assessment, applicant statement

ECS

- Because the person has no NF LOC, ECS services are not considered “long term care” services under MA or AC policy.
- No asset assessment is completed by financial worker
 - Because no LOC, asset assessment would not be valid
- No client fee
- No estate recovery

ECS Services

- Adult Day Service
- Personal Emergency Response Systems (PERS)
- Chore
- Home Delivered Meals
- Homemaker

- Family Caregiver Coaching/Counseling
- Family Caregiver Training/Education
- Case Management
- Community Living Assistance

ECS – New Forms

- DHS-6683 Financial Eligibility Worksheet
- DHS-6683A Financial Eligibility Worksheet
- DHS-6826 Financial Disclosure Form
- Patterned after AC financial eligibility worksheets
- Instructions included on forms
- Financial and service eligibility is determined by certified accessor/case manager – no financial worker

Where to Find Information– DHS Websites

- Seniors DHS Web site:
<https://mn.gov/dhs/people-we-serve/seniors/>
- [Minnesota Help. Info](https://www.mnhelp.com/)
<https://www.mnhelp.com/>
- Minnesota Board on Aging
www.managing.net
- Long term care services and supports rate limits including Case Mix Caps

https://mn.gov/dhs/assets/historic-rates-2_tcm1053-242199.pdf

Person-Centered, Informed Choice and Transition Protocol

- http://mn.gov/dhs-stat/images/PCP_protocol.pdf

Minnesota Community Based Services Manual (CBSM)

- http://www.dhs.state.mn.us/main/id_000402
- Senior LinkAge Line® at 1-800-333-2433
- Veterans Linkage Line 888-546-5838

- [Waiver AC Provider Overview](#)

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_181656#

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Questions

