

Position Statement

For 2024 Session

MACSSA has an organizational priority of “Strategic Position Development” with the goal of addressing challenges and leading innovation through thoughtful analysis that incorporates fiscal implications, systemic policy concerns, and legislative strategies in the development of policy and legislative positions.

MnCHOICES Administrative Timelines

Proposal

Issue: MnCHOICES Administrative Timelines

This position statement delineates several areas in the statute for discussion about possible change. Risks, benefits, and impact need to be further explored. But one thing is becoming clearer, the current system at a statewide level is likely not sustainable, fiscally or with workforce.

- A. One current strategy to serve as many people as possible in a way that addresses their most critical needs and is allowed in current statute and policy is to contract for assessments for individuals using the state plan PCA program. The contracted agencies use legacy forms and processes, and they refer to the county for a MnCHOICES assessment if additional needs appear to exist and other program eligibility may need to be determined. In addition, the person or Responsible Party can request a MnCHOICES assessment if there is a request for more support/services. The county can also make the determination to complete a MnCHOICES assessment if it is deemed more appropriate. The existing statute language removes this provision for contracted agencies to do these assessments once statewide implementation of MnCHOICES revision is complete. Not all counties use this strategy but some counties, particularly in the metro area, do. A proposal is to simply remove the expiration date language. Language of “PCA” would need to be updated for CFSS implementation.
- B. A second proposal is to increase the length of time that an initial assessment can be used to establish service eligibility and open to a waiver program without doing a full new assessment. Current statute states the assessment is good for 60 days and can be updated for an additional 90 days to open to a waiver program. This is a total of 150 days. This proposal is to change the statute to allow for the assessment to be valid to establish service eligibility 365 days. Counties would continue their current practice of doing a new assessment if there was a significant change. Changing to 365 days would align with current requirements for assessments done for maintaining eligibility ie reassessment or annual assessment.
- C. A third proposal is developing a shorter, less time intensive process to review and determine if things are stable and unchanged. If no change, and the person agrees, the focus would be on support plan and reauthorization of services for the next plan year. A full MnCHOICES assessment would only be done every 2-3 years, upon request, or when there is a significant change in condition. Subd 24 of current statute already allows for remote assessments in some situations. Subd 25 is the

provision stating annual reassessments aren't required for Rule 185. While waiver and rule 185 are different we could consider these 2 sections and work with DHS to develop language that would allow for something other than a full assessment for situations as described above.

D.

A fourth proposal is an adjustment to the statutory timeline whereby lead agencies must complete the assessment. Current statute requires an assessment is completed within 20 calendar days. Most often this is equivalent to 14 or less business days. It's not our intention with this proposal to directly increase the number of days a person must wait for an assessment. The intent is to have statute reflect historical and current reality. Despite years of hiring and efficiency efforts to build and maintain staffing capacity the current timeline has been unattainable for a number of counties. The proposal is to change to 20 business or working days. Twenty working days is approximately 30 calendar days and still provides a "reasonable" expectation for the public.

Implementation:

A.

Subd. 12. Exception to use of MnCHOICES assessment; contracted assessors.

(a) A lead agency that has not implemented MnCHOICES assessments and uses contracted assessors as of January 1, 2022, is not subject to the requirements of subdivisions 11, clauses (7) to (9); 13; 14, paragraphs (a) to (c); 16 to 21; 23; 24; and 29 to 31.

~~(b) This subdivision expires upon statewide implementation of MnCHOICES assessments. The commissioner shall notify the revisor of statutes when statewide implementation has occurred.~~

Subd. 18. Exception to use of MnCHOICES assessments; long-term care consultation team visit; notice.

~~(a) Until statewide implementation of MnCHOICES assessments, the requirement under subdivision 17, paragraph (a), does not apply to an assessment of a person requesting personal care assistance services. The commissioner shall provide at least a 90-day notice to lead agencies prior to the effective date of statewide implementation.~~

~~(b) This subdivision expires upon statewide implementation of MnCHOICES assessments. The commissioner shall notify the revisor of statutes when statewide implementation has occurred.~~

B.

Subd. 20. MnCHOICES assessments; duration of validity.

(a) An assessment that is completed as part of an eligibility determination for multiple programs for the alternative care, elderly waiver, developmental disabilities, community access for disability inclusion, community alternative care, and brain injury waiver programs under chapter 256S and sections [256B.0913](#), [256B.092](#), and [256B.49](#) is valid to establish service eligibility for no more than 365 60 calendar days after the date of the assessment.

~~(b) The effective eligibility start date for programs in paragraph (a) can never be prior to the date of assessment. If an assessment was completed more than 60 days before the effective waiver or alternative care program eligibility start date, assessment and support plan information must be updated and documented in the department's Medicaid Management Information System (MMIS). Notwithstanding retroactive medical assistance coverage of state plan services, the effective date of eligibility for programs included in paragraph (a) cannot be prior to the completion date of the most recent updated assessment.~~

~~(c) If an eligibility update is completed within 90 days of the previous assessment and documented in the department's Medicaid Management Information System (MMIS), the effective date of eligibility for programs included in paragraph (a) is the date of the previous in-person assessment when all other eligibility requirements are met.~~

C.

Subd. 24. **Remote reassessments.**

(a) Assessments performed according to subdivisions 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the requirements of this subdivision. Remote reassessments conducted by interactive video or telephone may substitute for in-person reassessments.

(b) For services provided by the developmental disabilities waiver under section [256B.092](#), and the community access for disability inclusion, community alternative care, and brain injury waiver programs under section [256B.49](#), remote reassessments may be substituted for two consecutive reassessments if followed by an in-person reassessment.

(c) For services provided by alternative care under section [256B.0913](#), essential community supports under section [256B.0922](#), and the elderly waiver under chapter 256S, remote reassessments may be substituted for one reassessment if followed by an in-person reassessment.

(d) A remote reassessment is permitted only if the lead agency provides informed choice and the person being reassessed or the person's legal representative provides informed consent for a remote assessment. Lead agencies must document that informed choice was offered.

(e) The person being reassessed, or the person's legal representative, may refuse a remote reassessment at any time.

(f) During a remote reassessment, if the certified assessor determines an in-person reassessment is necessary in order to complete the assessment, the lead agency shall schedule an in-person reassessment.

(g) All other requirements of an in-person reassessment apply to a remote reassessment, including updates to a person's support plan.

[See Note.]

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Subd. 25.Reassessments for Rule 185 case management.

Unless otherwise required by federal law, the county agency is not required to conduct or arrange for an annual needs reassessment by a certified assessor for people receiving Rule 185 case management under Minnesota Rules, part [9525.0016](#). The case manager who works on behalf of the person to identify the person's needs and to minimize the impact of the disability on the person's life must instead develop a person-centered service plan based on the person's assessed needs and preferences. The person-centered service plan must be reviewed annually for persons with developmental disabilities who are receiving only case management services under Minnesota Rules, part [9525.0016](#), and who make an informed choice to decline an assessment under this section.

D.

Subd. 17.MnCHOICES assessments.

(a) A person requesting long-term care consultation services must be visited by a long-term care consultation team within 20 working ~~calendar~~ days after the date on which an assessment was requested or recommended. Assessments must be conducted according to this subdivision and subdivisions 19 to 21, 23, 24, and 29 to 31.

(b) Lead agencies shall use certified assessors to conduct the assessment.

(c) For a person with complex health care needs, a public health or registered nurse from the team must be consulted.

(d) The lead agency must use the MnCHOICES assessment provided by the commissioner to complete a comprehensive, conversation-based, person-centered assessment. The assessment must include the health, psychological, functional, environmental, and social needs of the individual necessary to develop a person-centered assessment summary that meets the individual's needs and preferences.

(e) Except as provided in subdivision 24, an assessment must be conducted by a certified assessor in an in-person conversational interview with the person being assessed.

Systemic Priority/Paradigm Trend Alignment
(highlight all that apply and explain why)

- **Equity:** Promote racial equity and eliminate racial disparities in the human services system for all people across the state. *(systemic priority)*
- **Workforce:** Advocate for strategies to sustain and equip the workforce, and simplify work given the forecasted labor shortages. *(systemic priority/paradigm trend)*
- **Technology:** Collaboratively seek state investment in systems transformation and modernization which must include appropriate county collaboration, oversight, and guidance. *(systemic priority/paradigm trend)*
- **Governance/Partnerships:** Co-create state/county governance that results in clear accountability, appropriate allocation of resources, stabilized service delivery, and improved outcomes for people served. *(systemic priority/paradigm trend)*
- **Resident Service:** Adapt to individual needs to support real choices *(paradigm trend)*

Operational Priority (Committee) Alignment
(highlight all that apply and explain why)

Adult Services	Children’s Services	Healthcare	Policy
Behavioral Health	Equity	Modernization	Self-Sufficiency

Why: MnCHOICES is a gateway to critical services for seniors and people with disabilities. For financial sustainability we need to increase efficiency in administrative processes while maintaining program integrity.

Rationale/Background:

The role of MnCHOICES assessment and support planning is an important one. It ensures informed choice, it ensures eligibility for the programs being accessed, it allows for conversations about the most cost-effective options to meet support plan needs, and it ensures service authorization within program rules. It is a robust process and of great value especially when a person initiates services. Individuals once on waiver programs all have case managers. Some individuals have relatively stable conditions with little or no functional change on an annual basis.

Many counties are experiencing increased demand for assessments and support planning for people with disabilities and seniors. Due to the current demand many individuals must wait to be scheduled for their initial assessment and more lead agencies are falling outside the statutory requirements for those assessments. Counties must balance those needing access to programs with those already open to waivers who need an annual assessment. The assessment is also used for several programs that aren’t waivers including state plan PCA services. Even counties who get approved for ongoing hiring of new positions struggle to meet their statutory obligation to maintain adequate capacity. There are many factors and “capacity” is a complex, multi-dimensional issue with counties balancing many priorities and local community needs. We believe there are administrative efficiencies and considerations that would require statutory change (and possibly CMS and DHS administrative policy changes as well).

High-level, one paragraph description of the issue and its importance:

MACSSA appreciates legislative and administrative actions waiving certain administrative requirements to deliver services effectively during the pandemic. The statewide experience in terms of administrative efficiency, program integrity, and consumer satisfaction demonstrated that waiving certain requirements did not diminish program effectiveness, but rather, enhanced it. As we move forward, we advocate changing the paradigm from “waiving requirements” to human services transformation, reflecting 21st century service delivery opportunities, and meeting both consumer and staff expectations.

MnCHOICES is an area with multiple opportunities. Administrative simplification, flexibility, and leveraging technology/remote options for assessment and case management visits are key to achieving these goals.



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