## **Telemedicine and remote delivery of services**

**Allowing phone or video visits for waiver programs (CV15)**

The commissioner waived certain requirements for face-to-face visits for seniors and people with disabilities receiving long-term services and supports. For people receiving home and community-based services under Medical Assistance, this means that assessments for needs can be done by phone or online connection, and that case managers can conduct phone or video visits.

The affected programs are Alternative Care (AC), Brain Injury (BI) waiver, Community Alternative Care (CAC) waiver, Community Access for Disability Inclusion (CADI) waiver, Developmental Disabilities (DD) waiver, Elderly Waiver (EW), Essential Community Supports (ECS), and Federal OBRA Level II Evaluations. Personal Care Assistance (PCA) programs include assessments but do not require case management.

This change also applies to people served under Rule 185 case management who choose not to waive the annual reassessment. These actions will protect people receiving services and case managers during the pandemic.

**Expanding access to telemedicine services for Children’s Health Insurance Program, Medical Assistance and MinnesotaCare enrollees (CV16)**

The commissioner eased certain limits on receiving care and services through telephone and video visits that can instead be provided safely and effectively without a face-to-face visit by:

* Expanding the definition of telemedicine to include telephone calls so providers who have a telemedicine agreement in place with DHS can serve patients through telephone visits;
* Allowing a provider’s first visit with a patient to be conducted on the phone;
* Allowing Children’s Health Insurance Program (CHIP), Medical Assistance or MinnesotaCare enrollees to have more than three telemedicine visits in a week; and
* Requiring managed care plans to follow these policies.

These measures help enrollees and providers follow social distancing best practices.

**Allowing telemedicine alternative for School-Linked Mental Health services and Intermediate School District Mental Health services for children and their families (CV21)**

The commissioner temporarily waived certain requirements for School-Linked Mental Health and Intermediate School District Mental Health Innovation programs to allow for services via telemedicine. This action:

* Authorizes reimbursing school mental health providers for expanded telemedicine services through grant funds;
* Increases flexibility to no longer require the first visit be in person;
* Waives the three-day-per-week limit on telemedicine; and
* Allows telephone and other non-secured electronic communications platforms, such as Skype.

**Allowing phone or video use for targeted case management visits (CV24)**

The commissioner waived requirements temporarily for face-to-face visits for Minnesotans on Medical Assistance who receive certain targeted case management services. This means case managers can conduct targeted case management visits by phone or video with adults receiving services or their legal guardians and with children receiving services and their parents or legal guardians. The affected programs include:

* Child welfare targeted case management
* Children’s mental health targeted case management
* Adult mental health targeted case management
* Vulnerable adult or adult with developmental disabilities (VA/DD) targeted case management
* Relocation service coordination targeted case management

**Expanding telemedicine in health care, mental health, and substance use disorder settings (CV30)**

The commissioner temporarily expanded access to telemedicine for Minnesotans enrolled in Medical Assistance and MinnesotaCare who receive health care, mental health treatment, or substance use disorder treatment. Specifically, the commissioner expanded the providers who are permitted to provide services through telephone and video visits to include the following providers and their tribal provider equivalents:

* Providers who are considered “licensed health care providers” under section 256B.0625, subdivision 3b, paragraph (e), and providers who licensed medical providers supervise;
* Mental health certified peer specialists and mental health certified family peer specialists where they are currently authorized to provide services;
* Mental health rehabilitation workers in Adult Rehabilitative Mental Health Services (ARMHS);
* Mental health behavioral aides in Children’s Therapeutic Support services (CTSS); and
* Alcohol and drug counselors, alcohol and drug counselor-temps, recovery peers, and student interns in licensed SUD programs.

The commissioner also temporarily expanded telemedicine (including telephone and video visits) to Rule 25 assessments, comprehensive assessments, and group therapy.

These measures help enrollees and providers follow social distancing best practices.

**Allowing remote delivery of adult day services (CV44)**

The commissioner authorized licensed adult day service providers, directed to close on March 29, 2020, to provide certain similar services remotely and/or in-person to one individual at a time. This change means:

* Adult day services can be delivered remotely, via 2-way interactive video or audio communication.
* Providers may deliver in-person services to people in their own homes or residences.
* Providers may deliver in-person services to one person at a time in their licensed setting, such as to receive a bath

Providers can deliver the following services in alternative ways:

* Wellness checks and health-related services, including medication set-up and administration overseen by a nurse;
* Socialization/companionship;
* Activities;
* Meals, delivered to participants’ homes;
* Assistance with Activities of Daily Living (ADLs), including bathing; and
* Individual support to family caregivers.

**Expanding remote Home and Community Based Services waiver services for people with disabilities (CV43)**

The commissioner temporarily waived requirements to allow remote services by phone and other interactive technologies for people living in their own homes. This flexibility was needed to help combat isolation and strengthen the health and safety of older adults and people with disabilities who used to have daily contact in day services facilities.

The commissioner also approved flexibilities to allow services to be delivered remotely in provider-controlled settings, including licensed adult foster care settings, licensed community residential settings and registered housing with services settings.

This modification affects the following programs:

* Alternative Care (AC) program
* Brain Injury (BI) Waiver
* Community Alternative Care (CAC) Waiver
* Community Access for Disability Inclusion (CADI) Waiver
* Developmental Disabilities (DD) Waiver
* Elderly Waiver (EW)
* Essential Community Supports (ECS)

**Modifying certain requirements for Early Intensive Developmental and Behavioral Intervention (EIDBI) services (CV50)**

The commissioner temporarily modified certain requirements for Early Intensive Developmental and Behavioral Intervention (EIDBI) services for people with autism spectrum disorder and related conditions. The changes allow more flexibility to provide services using phone and internet video tools, so that both the people receiving and providing services can practice social distancing during the peacetime emergency.

The modifications also:

* Clarify limits on the number of telemedicine visits allowed per week for EIDBI services, effective retroactively to March 19, 2020, the retroactive effective date determined by the U.S. Centers for Medicare and Medicaid Services (CMS)
* Waive the face-to-face requirement for EIDBI coordinated care conferences, effective April 30, 2020
* Waive the requirement to update the individual treatment plan to extend service authorizations, effective retroactively to March 13, 2020

**Allowing flexibility for personal care assistance (PCA) service oversight and hours (CV53) - *Partial***

The commissioner temporarily adjusted certain requirements related to personal care assistance (PCAs) to allow flexibility and ensure people can safely access services during the COVID-19 peacetime emergency. These changes:

* Allow qualified professionals to provide required in-person oversight of PCA workers via two-way interactive telecommunications (i.e., phone or video technology) for all people who receive PCA services, including people who are new to receiving services or transferring to a new agency.

These changes affect PCA services authorized through:

* Medical Assistance state plan
* Alternative Care program
* Extended PCA authorized under Home and Community-Based Services waivers

## **Ensuring health, safety, and effective service delivery during COVID-19**

**Allowing exemption for temporary absence policy in Housing Support (CV27)**

The commissioner waived certain requirements for Housing Support recipients who would be vulnerable to service interruptions due to COVID-19.  Under current law, there is a limit to the number of days Housing Support recipients can be absent from their residence. By continuing Housing Support payments for people in quarantine or hospitalized due to the COVID-19 pandemic, these individuals will not lose their housing.

**Allowing flexibility in housing licensing requirements (CV38)**

The commissioner waived certain licensing requirements for Housing Support settings to provide needed flexibility in response to the COVID-19 pandemic. The change allows people to move to another setting, approved by the department, in order to isolate and keep people safe.

Housing Support recipients currently live in a variety of group and individual settings. Some of the existing living arrangements may not meet social distancing guidelines, or quarantine/isolation guidelines needed to keep people safe and healthy. In addition, it may not be possible for licensors and inspectors to complete inspections during this time.

**Allowing waiver of county cost when COVID-19 delays discharges from DHS-operated psychiatric hospitals (CV31)**

The commissioner will temporarily allow counties to request not to be held financially responsible for increased charges incurred for patients who no longer require inpatient care when discharge from DHS-operated psychiatric hospitals is delayed because of the COVID-19 pandemic.

State law requires counties to pay the full cost of care for patients admitted to the Anoka-Metro Regional Treatment Center or one of the six Community Behavioral Health Hospitals once they no longer require inpatient care. Community-based programs that normally accept patients discharged from DHS-operated psychiatric facilities may no longer admit new patients because of COVID-19 concerns, which could result in delayed discharges from DHS facilities and increased costs for counties.

The commissioner’s action allows for administrative review and possible waiver of a portion of a county’s increased financial responsibility when a delay in discharge is directly related to the coronavirus pandemic and is beyond county control.

## **Waivers to preserve enhanced federal funding**

**Preserving health care coverage for Medical Assistance and MinnesotaCare (CV17)**

The commissioner continued enrollment in public health care programs to ensure that no one enrolled in Medical Assistance, including Medical Assistance for Employed Persons with Disabilities, or MinnesotaCare loses coverage during the pandemic, unless an enrollee requests that their coverage ends or moves out of Minnesota. This includes coverage for enrollees who are unable to pay their premiums. The department is not sending notices on the need to renew coverage or closure notices to Minnesotans on Medical Assistance and MinnesotaCare.

These changes are effective March 18, 2020, and will remain in effect through the last day of the month in which the national public health emergency ends.

**Eliminating cost-sharing for COVID-19 diagnosis, treatment (CV20)**

The commissioner eliminated any cost-sharing, including co-pays and deductibles, for the diagnosis, testing and treatment of COVID-19 for all Medical Assistance and MinnesotaCare enrollees. This applies to enrollees in both fee for service and managed care. This helps ensure that financial concerns don’t prevent someone from seeking testing, treatment or appropriate care, increasing public health risks. This change was effective as of March 19, 2020, but may apply to testing and treatment that occurred prior to that date. Further details about retroactive coverage will be announced later.

This change is effective through the last day of the quarter in which the federal public health emergency ends.

**Implementation of federal changes to the Supplemental Nutrition Assistance Program (CV18, CV37, and CV39)**

The Minnesota Department of Human Services continues to implement federal changes to the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) and the Minnesota Food Assistance Program (MFAP).

With a record number of Minnesotans seeking unemployment benefits since the peacetime emergency was declared, many of the same people are expected to apply for nutrition assistance.

**Modifying eligibility period for federally funded Refugee Cash Assistance Program (CV59)**

The commissioner applied for and received a federal waiver for the federally funded Refugee Cash Assistance (RCA) program, allowing the benefit eligibility period to be extended from 8 months to 18 months, with the additional months not to extend beyond l September 30, 2020. This change applies to people with refugee, asylee, victim of trafficking, Cuban/Haitian entrant, Amerasian, and special immigrant visa statuses who became eligible for RCA benefits after April 1, 2019, and who meet income guidelines. Recipients of these benefits are not eligible for other public assistance programs.

This change will allow people who have lost employment or are unable to work and are not eligible for other supports to receive a minimum cash benefit to support their well-being during the COVID-19 pandemic.

**Modifying eligibility period for federally funded Refugee Social Services Program (CV60)**

The commissioner applied for and received a federal waiver to extend the 60-month eligibility period for the federally funded Refugee Social Services Program, with additional months not to extend beyond September 30, 2020. This change applies to people with refugee, asylee, victim of trafficking, Cuban/Haitian entrant, Amerasian, and special immigrant visa statuses. The federal waiver also allows eligibility status to be confirmed through verbal attestation rather than written documentation.

The Refugee Social Services Program provides employment, orientation, mentoring and system navigation services to people in their first five years after arriving in the United States. These changes support people who have lost employment or are unable to work or need other assistance to support their well-being during the COVID-19 pandemic.