

April 27, 2020

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<Provider City> <State> <zipcode5-zipcode4>

Dear Provider:

RE: Completion of Assessments for Nursing Facility Transition Services

To help mitigate the spread of COVID-19, promote social distancing and ensure access to essential services, the Michigan Department of Health and Human Services (MDHHS) issued MSA 20-12 to relax the face-to-face requirement for assessments, reassessments, and completion of other case management activities. Consistent with public health emergency conditions at both the state and federal level related to COVID-19, MDHHS is issuing this letter to provide further clarification. MDHHS will notify providers when policies outlined in this letter are terminated as circumstances change.

This letter is to remind providers of Federal Regulations already in place for the completion of assessments prior to enrollment. Chapter 42 of the Code of Federal Regulations (CFR) addresses completion of assessments for state plan Home and Community Based Services including the Nursing Facility Transition Services.

Specifically, 42 CFR §441.720 states in part:

- (a) Requirements. For each individual determined to be eligible for the State plan HCBS benefit, the State must provide for an independent assessment of needs, which may include the results of a standardized functional needs assessment, in order to establish a service plan. In applying the requirements of section 1915(i)(1)(f) of the Act, the State must:
  - (1) Perform a face-to-face assessment of the individual by an agent who is independent and qualified as defined in §441.730, and with a person-centered process that meets the requirements of §441.725(a) and is guided by best practice and research on effective strategies that result in improved health and quality of life outcomes.
    - (i) For the purposes of this section, a face-to-face assessment may include assessments performed by telemedicine, or other information technology medium, if the following conditions are met:
      - (A) The agent performing the assessment is independent and qualified as defined in §441.730 and meets the provider qualifications defined by the State, including any additional qualifications or training requirements for the operation of required information technology.

- (B) The individual receives appropriate support during the assessment, including the use of any necessary on-site support-staff.
  - (C) The individual provides informed consent for this type of assessment.
- (2) Conduct the assessment in consultation with the individual, and if applicable, the individual's authorized representative, and include the opportunity for the individual to identify other persons to be consulted, such as, but not limited to, the individual's spouse, family, guardian, and treating and consulting health and support professionals responsible for the individual's care.
  - (3) Examine the individual's relevant history including the findings from the independent evaluation of eligibility, medical records, an objective evaluation of functional ability, and any other records or information needed to develop the person-centered service plan as required in §441.725.
  - (4) Include in the assessment the individual's physical, cognitive, and behavioral health care and support needs, strengths and preferences, available service and housing options, and if unpaid caregivers will be relied upon to implement any elements of the person-centered service plan, a caregiver assessment.
  - (5) For each service, apply the State's additional needs-based criteria (if any) that the individual may require. Individuals are considered enrolled in the State plan HCBS benefit only if they meet the eligibility and needs-based criteria for the benefit, and are also assessed to require and receive at least one home and community-based service offered under the State plan for medical assistance.

Based upon this regulation, it is not necessary to complete the entire assessment at one time or before the individual transitions from the nursing facility. However, the transition navigator must assure enough information is gathered to determine whether the individual meets eligibility and needs-based criteria and qualifies for at least one transition service as included in the person-centered plan of care before MDHHS can approve enrollment in the Nursing Facility Transition Program.

Any questions regarding this letter should be directed to [MDHHS-MiChoice@michigan.gov](mailto:MDHHS-MiChoice@michigan.gov). Thank you for your continued partnership to care for Medicaid beneficiaries.

Sincerely,



Kate Massey, Director  
Medical Services Administration