

Conversion Rate Request Process

This information applies for elderly waiver (EW) enrollees in the following state programs:

- Minnesota Senior Health Options (MSHO)
- Minnesota Senior Care Plus (MSC+)

The state has a procedure for requesting monthly conversion budget limits for EW enrollees moving from a nursing facility using conventional EW or Consumer Directed Community Supports (CDCS). For a person who has resided in a certified nursing facility and has lived there for 30 consecutive days or more, care coordinators (CCs) can request a monthly conversion budget limit for the cost of EW services. See more from the State of Minnesota Department of Human Services (DHS) on EW monthly conversion budget limits and maintenance needs allowance changes (refer to DHS Bulletin #19-25-05).

Steps:

1. The CC identifies a nursing home member who meets the criteria for a monthly conversion budget limit who must access a higher budget cap to pay for services necessary for their return to the community.
2. CC must review request with internal supervisor or lead prior to submission to Medica.
3. CC completes "DHS-3956 Elderly Waiver Conversion Rate Request" or "DHS-3956A EW Consumer Directed Community Supports (CDCS) Conversion Rate Request" and submits it along with supporting documentation (assessment results, community support plan, CL tool, care plan costs, overall cap request) via secure email to MedicaCCSupport@Medica.com.
4. Clinical Liaison will reach out to CC for further discussion on request.
5. Clinical Liaison will complete "DHS-3956" or "DHS-3956A" designating approval/denial and return to CC via secure email.
6. Clinical Liaison will attach "DHS-3956" or "DHS-3956A" to note in member's case in Medica's internal record.
7. If applicable, under the "Conversion Limit" tab on customized living tool, CC must validate plan approval and document that the conversion rate has been approved by Medica, then document the EW case mix limit.
8. The CC will document the request for a conversion rate and file the DHS-3956 or DHS-3956A with Medica's response in the member's record.
9. CC must submit conversion rate requests annually if member still has a need for higher case mix rate, a month prior to the end of the authorization date.

Requests for annual approval of monthly conversion budget limits:

Monthly conversion budget limit requests need to be submitted for approval annually. Minnesota Statutes, section 256B.0915, subdivision 3b clarifies that the initially approved monthly conversion budget shall be adjusted by any legislatively adopted home and community based percentage rate adjustment.

All requests submitted to extend monthly conversion budgets at renewal may not exceed this new adjusted amount and must include detailed documentation of any continued need for service costs resulting in EW costs greater than the case mix budget otherwise available to the person. The detail must include the most recent assessment results and care plan or Home and Community Based Service and Support Plan/Budget Worksheet as rationale for an amount of service or needed staff qualifications to justify the monthly conversion budget limit requested. Documentation showing the detail of the need and charge for services to be authorized is also to be included annually.

The EW Residential Services Tool (RS Tool) should be utilized used to justify and request rates for Foster Care, Residential Care and Customized Living. The justification should provide evidence that the units of needed component services and/or qualifications of needed staff exceed that which is available within the current limits and that other supports outside of the budget have been maximized. The request must include units of service to be provided, the calculation of shared service costs for transportation, socialization and congregate meals and cannot include base service package charges.

The RS Tool allows for the documentation and approval of monthly conversion budget limits. [Instructions for the use of the Residential Services Tool](#) describes the authorization form and process for conversion rate approval when using the RS Tool. When the monthly conversion budget limit is to be approved by DHS, follow the directions and provide justification for all services on the audit report. Medica approval of the conversion budget limit must be obtained before the RS tool is submitted.

References:

- [Bulletin 19-25-05 Increases to Elderly Waiver \(EW\) and Alternative Care \(AC\) Monthly Budgets and Limits](#)
- [DHS-3956: Elderly Waiver Conversion Rate Request](#)
- [DHS-3956A Elderly Waiver Consumer Directed Supports \(CDCS\) Rate Request](#)
- MN Statutes, section 256B.0915 subdivision 3b
- [DHS-3945 Long-Term Services and Supports Service Rate limits](#)