

Date: November 24, 2020

To: Minnesota Medicaid Certified Nursing Facilities located in Minnesota

From: Nursing Facility Rates and Policy Division, Minnesota Department of Human Services

RE: Temporary Waiver of the statutory requirement for a Physician's Order Requirement for Medical Necessity to Authorize Medicaid Payment for a Private Room Stay MS 256.44 Upon Admission for Purposes of COVID Quarantine and Waiver of the 30-day written rate change notice requirement MS 256R.06, subd. 5. for Current and Returning Private Pay Residents

Due to increased COVID-19 cases, the Minnesota Department of Health (MDH), based on epidemiological and infection control recommendations from the Centers for Disease Control (CDC), has recommended that new admissions and residents returning to the nursing facility from a leave of absence be placed in a private room (a single-person room with a private bathroom) or in a separate admission/readmission observation area, for monitoring of signs and symptoms of COVID-19, when possible. Residents can be transferred out of the private room and out of the quarantine area of the facility if they remain afebrile and without symptoms for 14 consecutive days after admission/readmission to the nursing facility. Nursing facility staff that have questions about the quarantine guidelines policy should contact MDH via email at Health.CM-Cert@state.mn.us.

For Medicaid certified nursing facilities with the qualifying single bed election¹, the Minnesota Department of Human Services (DHS) is temporarily waiving the statutory requirement that nursing facility residents obtain a

¹ Single-bed election. This election determines whether single-bed rooms have greater costs assigned to them when computing the property-related payment rate. Choosing to assign greater costs means that each single-bed room is counted as a room-and-a-half when computing capacity days and the single-bed limit is used in calculating the allowable replacement-cost-new value. This increases the capacity days and allows more costs in the appraised value. The increased capacity days may lower the property-related rate; the facility can then charge any price a private pay resident is willing to pay for a single-bed room. The facility can also request up to 11.5% more for MA residents requiring a single-bed room under a physician's orders. Choosing not to assign greater cost means each single-bed room counts as one bed in the capacity calculation and the multiple-bed limit is used in calculating the allowable replacement-cost-new value. However, the facility can charge a private-pay resident only 10% more for a single-bed room and nothing extra for MA residents in a single-bed room (regardless of physician's orders). Minnesota Rules, part [9549.0060](#), subpart 11.

physician's order to obtain a private room authorization and payment for up to 14 consecutive days, or for a time period recommended per MDH/CDC guidance and mandates, upon admission for Medicaid recipients for the purposes of observation/quarantine (MS 256R.44); and

DHS is temporarily waiving the 30-day written change notice requirements for a rate increase MS 256R.06, subd. 5, to allow Medicaid certified nursing facilities to charge private pay residents the private room rate, regardless of their COVID status, for up to 14 consecutive days, or for a time period recommended per MDH/CDC guidance and mandates, upon admission/readmission for purposes of observation and quarantine. This applies to residents returning to the nursing facility after a leave of absence for a hospital or therapeutic leave. Nursing facility staff that have questions about payment policies associated with these waivers should contact the Long-Term Care Policy Center via email at DHS.LTCpolicycenter@state.mn.us.

These waivers are effective for dates of service on and after November 26, 2020.

The 14 day precautionary quarantine guidance does not trigger the isolation coding for the Minimum Data Set (MDS) for any resident entering the 14 day quarantine period. A nursing facility may NOT code the resident for "isolation" on the MDS unless the resident has AN ACTIVE INFECTION. Quarantine and isolation do not mean the same thing in this context. An active infection is a medical diagnosis. As such, to code an MDS for isolation, an active infection must be documented by a physician, NP, or PA in the last 60 days and have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.

Process for obtaining the Private Room Medicaid payment for Medical Assistance recipient's for the quarantine period (up to a maximum of 14 consecutive days):

- Verify that the facility is eligible (has the qualifying single-bed election) for this payment before requesting Medicaid payment for a private room. Facilities that are eligible for this payment will have an "n/a" on the last page of their rate notice after the phrase "Max additional charge for private pay in single rooms."
- Fill out the DHS MEDICAID PRIVATE ROOM REQUEST form available in the [NFRP Portal](#). Access to this form requires the use of the facility login credentials.
- This form will not require a physician's signature when it is being submitted for private room payment authorization of a new admission or readmission for a quarantine period of 14 consecutive days or less, or for a time period recommended per MDH/CDC guidance and mandates,.
- When the DHS MEDICAID PRIVATE ROOM REQUEST form is being used to request payment for quarantine purposes, the provider must check the box on this form in front of "Other highly infectious condition", and in the explanation free-text box, write "quarantine for new admission effective [insert

date of admission/readmission to the facility so long as the resident was admitted to a private room on the day of admission] through [insert last date of being in a private room for quarantine purposes].”

- Submit the MEDICAID PRIVATE ROOM REQUEST form to DHS only AFTER the resident’s quarantine period is over. Submit the form via fax to 651-431-7466. Retain your fax journal receipt as proof that this was received by DHS.
- Incomplete and illegible forms will not be processed nor returned to the sender.

Process for Implementing Waiver of 30 day written change notice:

The nursing facility should inform in advance, or as soon as practicable, both verbally and in writing, the resident and/or the resident’s personal representative, of the cost associated with the private room and the reason for the private room. This information should be included in the admissions packet and in the bed hold information upon transfer or faxed to the hospital and disclosed during the planning phase of a return.

These waivers will expire concurrent with any expiration of the Governor’s emergency declaration.