

SERVICE MODIFICATION REQUEST FORM TEMPLATE

DEPARTMENT

Health & Wellness - SSD - Division of MnChoices & Aging & Disability Services

1. Describe the service modification request.

Please including the reason for change

This is a request to approve an enhancement to the June 30, 2021 Service Delivery Modification Request for the Aging & Disability Services Division in the Social Services Department. Since that time, the option to further offer *virtual* MnChoices re/ assessments and case management services to residents has presented. Further clarification and confirmation on reimbursements for virtual services from the Department of Human Services has been obtained.

Prior to this, virtual services were only provided on a case by case basis with Supervisor and Manager consultation and approval. The requirement for face to face - in-person service delivery began July 14th.

This change is to now also offer virtual services beginning August 26, 2021 if possible.

2. Who will be impacted by the change?

Consider the racial equity impacts for both service users and staff

More flexibility in service delivery for nearly 200 employees across MnChoices and Aging & Disability Services who are comprised of Assessors, Case Aides, Social Workers etc. and the residents and families they serve.

3. How will this change impact workplace safety during COVID-19?

Will this change return staff who've been remote to face-to-face resident interaction either in a building or in the community? No

4. Will this change bring additional staff or residents into your assigned county building?

- NO

5. Has this request been reviewed and approved by your Deputy County Manager or Executive Team member?

- NO

Use the [online service modification request form](#) to submit official requests