**Special Needs Basic Care (SNBC)/Medica AccessAbility Solution® and Special Needs Basic Care**

**(SNBC SNP)/Medica AccessAbility Solution® Enhanced Care Coordinator Checklist**

**Member Name:**       **DOB:**

[ ]  Medica SNBC/SNBC Enhanced Enrollment Date (date enrollment list received):

**Within 10 business days of CC assignment, product change or change in CC**

[ ]  Welcome Letter sent **or** phone call made to member/member representative identifying Care Coordinator name and telephone number. Date:

## Assessment Schedule- Initial and Reassessment

**Within 60 calendar days of enrollment or 365 days from last assessment:**

[ ]  In-person or Remote HRA, see SNBC/SNBC Enhanced Assessment Schedule Policy to determine when Remote HRA can be completed Date:

**Within 30 days from Health Risk Assessment**

[ ]  Care Plan/Support Plan completed, mailed to member. Date:

[ ]  MNChoices only: Support plan mailed to member. Date:

[ ]  Member Post Visit Letter mailed. Date:

[ ]  Member signature sheet/support plan signature sheet completed. Date:

[ ]  Medica Care Coordinator Leave-Behind Document given or mailed to member. Date:

[ ]  Medication Safe Disposal Handout given or mailed to ISNBC member receiving In-person assessment.

Date:

[ ]  Primary Physician Letter (PCP) mailed/faxed. Date:

[ ]  OBRA Level I (DHS-3426-ENG) completed. Date:

[ ]  Enter screening document into MMIS if using DHS-3428H within 30 days of completion. Date:

[ ]  **LTC: Communication of long-term supports and services eligibility form** (DHS-5181) completed and sent to County Financial Worker. Date:

**[ ]  Managed Care Organization, County Agency and Tribal Nation Communication Form - Recommendation for State Plan Home Care Services (DHS-5841) completed and sent to Waiver Case Manager.** Date:

[ ]  Referral Request Form as needed to authorize services emailed to ReferralRequest@medica.com. Date:

**Transfer/Transitional Assessment:**

[ ]  Within 60 calendar days of enrollment Transfer Member HRA or MNChoices Transitional HRA – obtain all assessment documentation (valid assessment within 365 days, care plan, member signature sheet). Date:

[ ]  Enter screening document into MMIS as required. Date:

## Within 30 days from Transfer/Transitional Member HRA

[ ]  Medica Care Coordinator Leave-Behind Document sent to member Date:

[ ]  Referral Request Form emailed to ReferralRequest@medica.com. Date:

[ ]  Primary Care Physician (PCP) letter mailed/faxed. Date:

[ ]  Enter screening document into MMIS if using DHS-3428H within 30 days of completion. Date:

[ ]  **LTC: Communication of long-term supports and services eligibility form** (DHS-5181) completed and sent to County Financial Worker. Date:

**Unable to Reach/Refusal Assessment:**

[ ]  Unable to Reach/Refuser Members enter screening into MMIS as required. Date:

**Within 30 days from UTR/Ref HRA**

[ ]  Member Refusal or On-going No Contact letter mailed – including Member Engagement Questionnaire & Medica Care Coordinator Leave Behind Document. Date:

[ ]  Member Unable to Reach/Refusal Care Plan (ISNBC only) completed and attached in required documentation platform. Date:

[ ]  Primary Care Physician (PCP) letter mailed/faxed (ISNBC only) Date:

[ ]  Screening document entered into MMIS if completing Legacy Process. Date:

**Ongoing Care Coordination**

• Transition Log (DOC): Transition Log required for ISNBC only. SNBC documentation required in member case notes.

•Communication with Primary Care Physician re: changes in CC, changes in product, changes in health status, transitions of care, etc.

• Communication with Medica Clinical Liaison re: any clinical case consultation

• Communication with Medica Customer Service for benefit questions.

• Communication with Medica CC Specialist in regards to questions on referral requests, claims, etc.

• Communications with a Medica Behavioral Health (MBH) “Care Advocate” as needed for case consultations for members with mental health concerns.

• Collaboration with Local Agency case managers, financial workers and other staff, as necessary.

• Inform members of resources such as Health Improvement Programs, make referrals as appropriate.

• Transfers: Complete transfer process by gathering and completing necessary transfer paperwork and notifying Medica Enrollment if a member is leaving specific service area. Please reference Transfer Responsibilities Policy.

**NOTE:** There may be activities that a Care Coordinator is doing that are not reflected on this checklist.

All policies can be found on the [Care Coordination Website Hub](https://www.medica.com/care-coordination/).

Please contact the Medica Clinical Liaisons at MedicaCCSupport@medica.com for any questions.

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