July 2021

Medica | CARE COORDINATOR NEWSLETTER

All Products

Quality Regulatory Updates

- Delegation Oversight activities are conducted annually and were put in motion a little earlier in 2021 than in past years. The purpose of this Delegation Oversight review is to provide feedback regarding delegate performance and practices and for Medica to collect information and attestations regarding care coordination policy and procedures. Medica also collects Care Coordinator names, licenses, and new this year, date of completion of Model of Care training. Delegation Oversight documents were sent 7/8 or 7/9. This is a friendly reminder to complete and return the documents to your auditor by Friday, August 6th!
- The annual MSHO and SNBC Member Satisfaction Surveys will be mailed in mid-September to a random sampling of MSHO, SNBC and ISNBC members. The survey is designed to help Medica evaluate the effectiveness of its care coordination services from the member's perspective. Medica will communicate about the survey again closer to the mailing date to ensure that Care Coordinators are aware and can respond accordingly if they were to receive a phone call from a member who receives the survey. If your Care Coordinators were to receive a call from a member asking about this mailing, please encourage the member to complete the one page satisfaction survey and return it to Medica in the self-addressed stamped envelope provided to them to share their thoughts and opinion. Completion of the survey is optional and responses are confidential. We hope for a strong response from our Medica Members and want to hear from them!

Policy Updates

The following policies have been reviewed. A summary of the changes are listed below.

- Advance Directive Planning – Reviewed, no update

- Assessment Schedule Policy (MSHO/MSC+) – Added definition re: 3428 D, updated members who lose eligibility language, clarified assessment use for institutional members & restated that they are not entered in MMIS, and scenarios at end of policy updated.
- Assessment Schedule Policy (SNBC) – Scenarios at end of policy updated
- Audit Process – Updated random audit sample to include transition documents for all products. Added the following additional sources of evidence: Care Plan, SCP, CSSP, MMIS data, PCA assessments, and additional letters (Welcome letter, DHS 5181, DHS 5841, Provider Summary Letter). Added language around TOC CAP.
- Behavioral Health Home Coordination – Reviewed, no updates
- Benefit Exception Inquiry Request – Approval and denial process updated
- Care Coordination Accountability MSHO/MSC+ – Added the care plan will identify person-centered SMART goals. Removed some language re: My Move Plan requirements, as it is no longer a "new" process. Added DHS Link to My Move Plan Summary.
- Care Coordination Delegation Oversight – Reviewed, no updates
- Care Coordination Operations – Reviewed, no updates
- Case Management Accountability SNBC/SNBC Enhanced – Added in Person-Centered Principals definition. Added the care plan will identify person-centered SMART goals.
- Choice of Primary Care Provider – Reviewed, no updates
- Collaboration with Tribal Case Managers – Added "As dual citizens, tribal members have a choice between tribal management and county/health plan management of Home and Community Based Services such as the elderly waiver." Removed Mille Lacs Band of Ojibwe, as they were removed from the DHS site. Corrected White Earth Nation.
- Coordination with Certified Community Behavioral Health Clinics – Updated CCHBC definition. Link to DHS CCBHC page that shows current CCBHC providers has been added.
- Evaluation of Care Coordinator – Reviewed, no changes
- Interdisciplinary Care Team – Added ICT definition
- Most Vulnerable Beneficiaries – Reviewed, no changes
- Range of Choice – Reviewed, no changes
- Transitions of Care – Reviewed, no changes
- Vendor Oversight – Reviewed, no changes

Upcoming Meetings

Care Coordinator Quarterly Meeting via WebEx Events for ALL products:
Tuesday September 14, 2021 from **9 a.m. to 11 a.m.**

MSHO/MSC+

Independent Living Skills (ILS) Reminder

As many of you know, we changed the process for Independent Living Skills (ILS) back in October 2020. We have discussed internally and have made the decision to no longer offer ILS services due to this service category change at the DHS level as well as the availability of other services that can meet member's needs. Therefore, effective immediately we will no longer be accepting BEI requests for ILS. Members with a current ILS authorization via BEI will be able to continue to utilize this service through the auth end date. During this time, we request CC's to look for alternative services or supports to meet the member's ongoing needs. Some examples of alternatives could be Adult Companion Services, Individual Community Living Supports (ICLS which can be accessed if not living in residential services), family/friends, AHRMS, and assisted living/adult foster care if member currently resides there.

Note: If a member is living in an assisted living facility or adult foster care, we would recommend the CC having a conversation with the facility about meeting the member's needs by adding time to the RS Tool accordingly. Keep in mind, DTR's are not needed for services that are ending.

PCA Assessments

In June of last year, the Referral Request Forms (RRF) was updated to require the PCA Assessment submitted with the RRF when the PCA authorization increased by 8 units or more from the previous authorization. This new process allowed for a potential review of the PCA assessment for educational opportunities and reminders of DHS Policy and Medica's documentation expectations.

Care Coordinators completing PCA Assessments are required to review DHS training PCA Legacy Assessment on **DHS TrainLink** or on **YouTube** and complete the **Attendance Log for Care Coordinator Trainings** and submit it to **MedicaCCSupport@Medica.com**. Additionally, Medica Personal Care Assistance Overview training provides further clarification from the DHS training and Medica's documentation expectations. This training is highly recommended to be reviewed by Care Coordinators and can be referenced when needed. This training is located on the **Medica CC Website** under *Training Materials > Other Training*.

Overall, the assessments reviewed are thorough, the documentation supports the determination of a dependency, behavior or complex health related need and includes information to support the decision as well as the medical reason for the need. We appreciate that Care Coordinators are providing the

documentation to support the assessment which in turn the provider uses for the plan of care and is also used during an appeal process.

Based on the reviews of the PCA Assessments, we have compiled some areas on the assessment that may need clarification for some care coordinators. We hope you find this helpful and will be applied to future assessments.

Complex Health Related Needs

- **Other Congenital or Acquired:** dependency in 6-8 ADLS and a diagnosis alone or the need for hands on assistance does not meet criteria for a yes in this area. Documentation must include a need for **significantly increased hands on assistance** with ADLs and provide supporting documentation.

Behavior

- Include documentation of the behavior, frequency and the intervention needed to support whether additional time is given in this area or not. The behavior needs to occur at least four times a week to qualify for the additional 2 units.

ADL

- Supervision alone does not meet dependency criteria. Member must need **cuing AND constant supervision** or **hands on assistance** to complete the task. Documentation should include what type of assistance is needed during ADL. Example, Mobility: “member uses a 4-wheeled walker and needs supervision.” This documentation does not support a dependency in mobility. “Member uses a 4 wheeled walker and needs daily hands on assistance to navigate the walker due to unsteadiness and lower extremity weakness” addresses the criteria of daily hands on assistance and also indicates why member needs assistance.
- **Eating** – Assistance cutting up food and meal prep is considered an IADL on the PCA Assessment and does not meet dependency criteria for eating.
- **Toileting** – if the only assistance needed during toileting is mobility and/or transfers and dependencies are already given in those ADLs, there is not a dependency in toileting. However, if assistance is needed daily in other areas of toileting (i.e. perineal care, managing incontinence), that would meet the dependency criteria for toileting.
- Document the assistance needed during the ADL task and why it is needed as well as what the member is able to do.

General Comments

- Reminder to use this section to document what has changed from the previous assessment that results in an increase or decrease from the previous PCA assessment.

Home Care Rating and PCA units

- Always double check your work to assure the home care rating is correct and the total number of units is correct. If a yes is given in a Complex Health Related Need, this will affect the home care rating and the additional time that is added to the base rate.

If you have questions or need to consult on a PCA Assessment, please reach out to **MedicaCCSupport@medica.com**.

Policy Quest – Transitional Services Question Details

Question number: 35776
Submitted by: Stearns
Program name: Elderly Waiver

Question: For Elderly Waiver participants wishing to use transitional services,...

1. Is a board and lodge an eligible setting (either to or from) for transitional services?
2. Can transitional services be utilized to move to an adult foster care placement or customized living facility? Please clarify what is intended by “semi-independent community based housing”. Thank you!

Answer: Thank you for submitting your question to DHS. The answers to your questions are below.

1. For EW, people must be moving from an eligible licensed setting to independent or semi-independent community-based housing. The eligible licensed settings that people can move from using Transitional Services are listed in the CBSM Transitional Services page and include:

    - Hospitals licensed under Minn. Stat. §144.50 to 144.58
    - Adult foster settings licensed under Minn. R. 9555.5105 to 9555.6265
    - Certified nursing facilities and intermediate care facilities licensed under Minn. R. 9505.0175, subp. 23.

    Board and Lodge is not an eligible licensed setting that a person can be moving from and use Transitional Services. However, a person currently residing in one of the eligible licensed settings, could potentially move to a Customized Living or a Board a Lodge setting if it is semi-independent or independent living.

2. The intent of the Transitional Service is to move a person out of an institutional based setting into the community, ideally into an independent apartment or house etc. or moving into the community with community based services, thus leaving the facility type setting.

   As noted in the CBSM policy page for Transitional Services, Adult Foster Care is an eligible setting to be moving people from, not to. To use Transitional Services to move a person to a Customized Living setting, the person must be moving from one of the eligible licensed settings listed above and as noted in the CBSM policy page, which can be found **here on the DHS website.**

Home Care Provider Network

The new **Contracted PCA and Home Health Agency List** was introduced in February 2021 and it is located on the **Medica CC Website** under Tools and Forms, MSHO or MSC+, Contacts and Group Numbers, **Contracted PCA and Home Health Agency List**.

This list includes column filters for ease of use. If you are looking for a specific agency on the list, you may need search by using drop down filter at the top of the “Site Name” column or search by using “Ctrl + F”.

The PCA tab has additional columns to assist in locating an agency including counties where the agency provides services. Please note these additional columns are populated only if the PCA agency provided this information to Medica. If the columns are blank, the provider did not offer this information and the Care Coordinator will need to contact the provider directly. Also note, the “provider” column indicates traditional or choice. “Both” was not an option so be aware a provider may offer both traditional and choice.

When setting up home care services that are the responsibility of Medica, please always reference the most recent document on the CC website to assure an in network provider is being used.

If a provider indicates there is incorrect information on the grid or that they no longer provide the service indicated, please refer them to their Medica contract manager so this list can be updated.

We're here to help.

Call or email, whichever works best for you.

Call us at 1-888-906-0971 (TTY:711)

Email us at **MedicaCCSupport@medica.com**.

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