

All Products

Come see Medica at the St. Louis County Health & Human Services Conference

Medica is proud to be a sponsor of the 40th annual St. Louis County Health & Human Services Conference on Wednesday, October 12th-Friday October 14th. The theme for 2022 is “Come Together: Community, Unity, and Hope”. If you are at the conference, please stop by Medica’s table. We have a special gift for any Medica Care Coordinators who come by to say hello!

Dental Support Resource

The Provide-a-Dentist program is available to Medica members to support their dental needs. If a Medica member can’t find a dentist who has openings, Care Coordinators or County staff can call Delta Provide-a-Dentist Access Care Coordinator at 651-994-5198 (toll free 1-800-459-8574). This number is for Care Coordinator/ County Staff use only.

The Provide-a-Dentist Access Care Coordinator can help with the following needs:

- Find a dentist in Delta Dental’s Minnesota Select Dental Network
- Schedule a dental appointment
- Get a ride to the appointment
- Arrange an interpreter for the appointment
- Schedule follow-up dental care

Denial Termination and Reduction (DTR) Reminders

Care Coordinators (CC) complete DTR requests following the **DTR Policy** available on the CC website. The CC will complete the appropriate DTR form and submit it by faxing it to the number on the DTR form. The CC will need to

confirm the fax was sent successfully. Medica Utilization Management will process the DTR and notify the CC within 10 working days by faxing the notification letter to the CC using the fax number provided on the DTR form.

Please ensure you receive the notification letter, review it, and save it in the member record. If submitting a clinical DTR **and** a non-clinical DTR, you will receive the faxed notification letters separately.

If you need to check on the status of a DTR, please contact Medica Utilization Management Inquiry at 1 (800) 987-2459 and choose option 3.

Medica Fall Stakeholder Group

The vision for Medica's Stakeholder Group is to provide a safe and welcoming environment for members, advocates, providers, county representatives and other key stakeholders to share their feedback, concerns and ideas. The Stakeholder Group's input is highly valued by Medica and will be used for feedback and decision-making regarding our Medical Assistance plans, communications and programs.

We are beginning planning for our fall Stakeholder Group, which we tentatively plan to hold in October. We are hoping to conduct an in person meeting (with a virtual option as well) but will base that decision on Covid-19 community transmission levels this fall.

Please contact our team at advisorycommittee@medica.com if:

- You or another staff member wish to participate in the Fall Stakeholder meeting;
- You know of Medica members who may be interested in participating; and/or
- You have topics or focus areas you would like covered at an upcoming Stakeholder meeting.

My Move Plan Update

DHS has updated the My Move Plan. Please ensure you are using the new version going forward.

Who must complete the form, and when must they complete it?

When a person moves from one residence to another and does not intend to return, their case manager/care coordinator must work with the person to complete the My Move Plan Summary.

What will change?

The revised version of the My Move Plan Summary will promote a more personalized planning experience for people who need supports and services. It will reduce duplication of the support plan and align with requirements based on the person's specific needs.

Where can I find training on how best to support a person's move?

"Supporting my move: A case manager's role" is an online, on-demand course for disability waiver case managers to guide them through their role and responsibilities in supporting a person to find a new home. This course is available through TrainLink.

Policy Updates

The following policy updates have been completed and are in the process of being uploaded to the website: (Please note that these updates do not include changes in assessment related to the COVID 19 Public Health Emergency.)

Telephonic Assessment

- CC Definition updated
- Department of Human Services (DHS) 3426 OBRA Level 1 added to list of assessment tools
- Additional language added re: determining if face to face assessment may be the most effective way to complete the assessment vs. telephonic
- Added the following to members that may be considered for telephonic assessment
 - Special Needs Basic Care (SNBC) or SNBC Enhanced members currently on a waiver program
 - Minnesota Senior Care (MSC+), SNBC, and SNBC Enhanced members that have declined a face-to-face assessment
 - Transfer members with current assessments
- Added the following to face-to-face assessment offering required
 - SNBC or SNBC Enhanced members not currently on a waiver program
 - As indicated following notification of change in condition
- Added the following to "red flags"
 - Readmissions
 - Recent Falls
 - Social Determinants/Drivers of Health (SDOH) concerns
- Updated MMIS Entry Process

Assessment Schedule MSHO/MSC+

- Updated definitions
 - Care Coordinator
 - Elderly Waiver (EW) Program

- Future End Date
- DHS 3426 OBRA Level 1 added to list of assessment tools
- Elderly Waiver Residential Services Tool added to list of assessment tools
- Minnesota Senior Health Options (MSHO) Rate Cell D living settings updated
- Members who lose eligibility updated
- MSHO members, MSC+ members receiving EW services or Personal Care Assistance (PCA) services are required to have a face-to-face assessment annually.
- Care Coordinators are required to support members in understanding why they have had a loss in Medicaid eligibility and assist them in re-establishing their eligibility, if possible.
- Initial assessment PCA scenarios updated
- EW eligibility updated
- MMIS Entry Process updated to reflect the addition of Activity Type 07 & Assessment Result 51 & Activity Type 10
- Scenarios updated including: sending welcome letter or completing member contact & Update Financial Worker, Primary Care Physician, and Waiver Worker: CC will document date notification of change in CC or that change in product occurred on Transfer Member HRA
- Scenario added for: Change in Program (even if CC did not change) SNBC/ISNBC to MSHO/MS+
- Care Coordination responsibility grid updated: all MMIS entries must be entered before the DHS cutoff date, added Medication Disposal Flyer for documents made available after assessment, PCP contact annually, with changes in condition, and with transitions

Assessment Schedule SNBC/SNBC Enhanced

- Updated definitions
 - Care Coordinator
 - Change of Condition
 - Future End Date
 - DHS 3426 OBRA Level 1 added to list of assessment tools
 - SBNC/SNBC Enhanced Institutional living settings updated
- Members who lose eligibility
- MMIS Entry Process updated to reflect the addition of Activity Type 07 & Assessment Result 51
- Scenarios updated including: sending welcome letter or completing member contact & Update Financial Worker, Primary Care Physician, and Waiver Worker: CC will document date notification of change in CC or that change in product occurred on Transfer Member Health Risk Assessment (HRA)
- Care Coordination responsibility grid updated: all MMIS entries must be entered before the DHS cutoff date; added Medication Disposal Flyer for documents made available after assessment, Primary Care Provider

(PCP) contact annually, with changes in condition, and with transitions; added contact with waiver case manager annually and with changes in member's needs, if applicable (DHS 5841); added contact with behavioral health providers with changes in member's behavioral health needs, if applicable

Resources for Care Coordinators

Medica fully supports Care Coordinators in continuing to further their knowledge and skills. There are many free online trainings available, and the following are just a few of the online trainings available through **DHS TrainLink Online Courses Learning Center (mn.gov)**. If you are less familiar with TrainLink, or perhaps have only used it to access MnChoices trainings, it is the DHS partner and provider access point for the DHS learning management system. The TrainLink site contains several Learning Centers as well as links to other DHS registration systems. Here you can find class schedules, online learning modules, and the training registration system. TrainLink keeps track of learner participation, including classes completed and certifications earned.

Support of Older Adults

The Minnesota Board on Aging Learning Management System was designed to provide high quality education that is easy to access. Several different training paths are available in TrainLink including: Caregiver Consultation, Dementia Capability, and Cultural Responsiveness. The system allows you to learn at your own pace. Once you register with the learning management system you can select among several training paths. You can start and stop your lessons at your convenience. The system will keep track of where you need to pick up. Note: The brief *Welcome to MBA Training Center* is where you will want to start in order to receive the overview of the following paths.

SELECT	MBA001	MBA001 WELCOME TO MBA TRAINING CENTER	1 - WELCOME!
SELECT	MBA101	MBA101 DEMENTIA CAPABILITY LEVEL 1	DEMENTIA CAPABILITY TRACK
SELECT	MBA101R	MBA101R DEMENTIA CAPABILITY LEVEL 1 (REVIEW)	DEMENTIA CAPABILITY TRACK
SELECT	MBA102	MBA102 DEMENTIA CAPABILITY LEVEL 2	DEMENTIA CAPABILITY TRACK
SELECT	MBA102R	MBA102R DEMENTIA CAPABILITY LEVEL 2 (REVIEW)	DEMENTIA CAPABILITY TRACK
SELECT	MBA103	MBA103 DEMENTIA CAPABILITY LEVEL 3	DEMENTIA CAPABILITY TRACK
SELECT	MBA103R	MBA103R DEMENTIA CAPABILITY LEVEL 3 (REVIEW)	DEMENTIA CAPABILITY TRACK
SELECT	MBA200	MBA200 ABOUT THE CULTURAL RESPONSIVENESS TRACK	CULTURAL RESPONSIVENESS TRACK
SELECT	MBA201	MBA201 TOOLS FOR YOUR PRACTICE WHEN CARING FOR AMERICAN INDIANS	CULTURAL RESPONSIVENESS TRACK
SELECT	MBA201R	MBA201R TOOLS FOR YOUR PRACTICE WHEN CARING FOR AMERICAN INDIANS (REVIEW)	CULTURAL RESPONSIVENESS TRACK
SELECT	MBA202	MBA202 TOOLS FOR YOUR PRACTICE WHEN CARING FOR SOMALI OLDER ADULTS	CULTURAL RESPONSIVENESS TRACK

SUPPORTING SENIORS WITH AGE-RELATED HEARING AND VISION LOSS (course code HRDHHS18)

Vision and hearing are the primary ways we get information about our environment and communicate with others. As a result, age-related hearing and vision loss can impact physical health, emotional well-being, safety and independence. As people age, the number of people who experience significant age-related hearing and vision loss increases: almost 50% of people over 70 have significant hearing loss and about 12% have significant vision loss. With

an understanding of what seniors are experiencing, and what you can do to assist them, you can improve the quality of care you provide, and help reduce frustration and isolation, ultimately supporting seniors to experience better quality of life.

This course explains:

- The causes of age-related hearing and vision loss.
- How significant hearing and vision loss impact people's lives through stories directly from the experts: people experiencing age-related hearing and vision loss.
- Ways to effectively interact with and support a person with dual sensory loss.

WORKING WITH PEOPLE WHO HAVE HEARING AND VISION LOSS (course code CC603)

This online training is designed to help Minnesota long-term care consultants and direct support service providers effectively assess the needs of Minnesotans with combined hearing and vision loss.

The objectives:

- To understand the unique challenges that people with combined hearing and vision loss experience;
- To learn about appropriate supports for people with combined hearing and vision loss; and
- To help people with combined hearing and vision loss maintain and improve their independence.

Training Reminder: CDCS Overview

Medica will be hosting a training for Care Coordinators that will provide a Consumer Directed Community Supports (CDCS) overview at noon on **September 22, 2022**. Watch for an email with further details and login information for the training. This training is provided by Partners in Community Supports.

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

COVID-19 Emergency Period and Long Term Services and Supports (LTSS)

As a reminder, the below information is reprinted from the March 2022 Newsletter.

Care Coordinators must continue to follow DHS's direction that participation in LTSS programs cannot be terminated. In general, members must remain eligible for waiver programs throughout the national COVID-19 emergency period. Please refer to **Bulletin #20-56-06 COVID-19 Participation in LTSS Programs Cannot be Terminated** and **Frequently asked questions about maintaining HCBS eligibility under COVID-19 requirements / Minnesota Department of Human Services (mn.gov)** for details.

Medica recognizes that communication with the member may be limited or absent. If a member is on the Elderly Waiver or is receiving PCA services and the CC is unable to reach the member to complete a reassessment before the end of the waiver span or before the end of the PCA authorization, **the CC should proceed with a DTR to terminate member's services but keep the waiver open, if applicable.** The DTR process will notify the member and the provider of the services ending.

Care Coordinators who are unable to reach members are to follow the **Medica Unable to Reach/Refusing Member Policy**. This policy provides suggestions for reaching the member such as contacting the member's providers such as PCA, Home Care, Homemaker, and Adult Day Care agencies to successfully reach member and complete an assessment.

In situations where a CC is able to reach the member, Medica expects that the LTCC and PCA Assessment (if applicable) be completing before continuing to authorize services. If the member is refusing an assessment, the CC must provide education that an incomplete assessment may result in not being able to assess the need for services and services may end. If an assessment is not completed, the CC should proceed with a DTR to terminate services but keep the waiver open, if applicable.

Denial Termination Reduction (DTR) Reminders

The purpose of a DTR is to ensure all Medica member DTR actions are completed in a timely manner using the appropriate process and notification in accordance with our regulators. Counties, agencies and Care Systems that provide services for Medica members must complete DTR actions in accordance to these requirements. This process provides member with their appeal rights.

The Medica Utilization Management (UM) team processes DTRs and relies on accurate and complete information from the Care Coordinator. If not complete or accurate, additional time is needed for UM to seek clarification from the Care

Coordinator, which may cause Medica to be out of compliance.

The following have recently been identified as areas of concern and we request your diligence to assure DTRs are completed timely, accurately and thoroughly and include the necessary documentation as to not delay processing.

- The DTR will process will complete the authorization. Do not also send in a Referral Request Form (RRF) to the referral email box or support specialist with the reduced authorization request.
- Before sending in a DTR, please ensure the following is included and accurate on the DTR form:
 - The correct servicing agency
 - Include the number of units/visits for each service
 - Include the fax number for both the PCP and servicing provider
 - Indicate “yes” or “no” if the member is requesting to terminate or reduce the service
- When completing a DTR for Adult Day Services, also include Adult Day Elderly Waiver Transportation, when applicable.
- There must be a current authorization in place when a DTR is done for a service that requires an authorization, even if the member did not receive the service and a termination is requested.
- PCA DTRs should include the current PCA Assessment and also verify the Home Care Rating and calculation of units is correct.
- If you have questions about DTRs, please contact the Clinical Liaison at MedicaCCSupport@Medica.com.

Also, a reminder that the Rationale will need to indicate how the reduction or termination will meet member’s needs (other formal, informal service or natural supports) or if it is no longer an assessed need. Please do not reference Medica Benefit Guidelines or reporting. Services are based on a member’s individual assessed needs.

DTRs must be submitted timely and processed timely. If you receive an email or phone call from our Medica Utilization Management department, please respond within one business day to meet compliance requirements.

Please reference the [DTR Policy](#) and [DTR Form Directions](#) on the CC website for more detailed information.

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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