

All Products

Care Philosophy Training: Building the Foundation for a Trauma-Informed Environment and Culture

We are excited to share this valuable training opportunity, which also provides up to 6.00 free CEUs for both nurses and social workers. Learners have the opportunity to participate in a training curriculum (twelve 30 minute modules) that offers a foundation for establishing trauma-informed environments and cultures. The training focuses on approaches that are rooted in evidence-based practices and that integrate the key components of care for individuals with the most complex social, medical, and behavioral health needs. Examples include impact of adverse childhood events, harm reduction, stages of change, and de-escalation. We believe this training will provide knowledge, tools, and skills that will enrich your practice and support our most complex, vulnerable members in their care journeys.

One option you may wish to consider is to complete this training together with others at your organization. The training curriculum includes facilitator guides for optional Learning Circles, where you can complete the trainings and then discuss your experience and learning with others after each module. The facilitator guides are located in the “Additional Information” section of the Overview for the training.

To participate, please complete a free registration at www.optumhealtheducation.com (click “Create Account” on upper right side of webpage), search the course catalog for “Care Philosophy Training” and complete the modules according to your schedule. Once you have completed the modules, you will be able to download a CEU certificate. This site contains many free CEUs on variety of topics, as well as regular live webinars.

COVID-19 Resources

The health and well-being of our members is always a top priority at Medica. We continue to monitor the effects of COVID-19 in all the communities we serve and will share what we learn with you. Learn more at:

- [Medica.com COVID-19 resource page](#)
- [Optum's COVID-19 website](#)

Energy Assistance Program

The Energy Assistance Program helps pay for home heating and water costs and furnace repairs for income-qualified households.

What is the Energy Assistance Program

- The Energy Assistance Program (EAP) is a federally funded program.
- Grants are paid directly to your energy provider, or utility company, for your bill.
- Grants range from \$300 - \$2,000.
- Grants are available to renters and homeowners.
- Grants are based on energy cost, household size, and income.
- Grants may be given to households with income at or below 60 percent of the state media income.

For more information: <https://mn.gov/commerce/consumers/consumer-assistance/energy-assistance/>

Nursing Home (NH) Checklists

The NH checklists for all products have been updated and posted to the website. All CC's should be referring to the [Preadmission Screening for Nursing Facility Admission Policy and Procedures](#) for specific information and guidelines related to the Pre-Admission Screening (PAS) process (more details are provided further down in the newsletter). The checklists provide links to these resources and do call out specific tasks that need to occur by the MCO. Important items to keep in mind:

1. Per contract the CC is responsible either for submitting the Obra Level I and PAS to the facility or assuring the process has been completed, dependent on product and waiver status.
2. Obra Level I changes may increase the need for referrals to the county for Obra Level II screenings. CC's need to be sure they are making these referrals as needed. [County and Tribal Nation offices directory](#)

Reminder: *If an Obra Level I triggers a Level II, the CC must make a referral to the county (OBRA Level II needed for DD, contact the County of Financial Responsibility; OBRA Level II needed for MH, contact the*

county or tribe where the member is located). See policy for further details.

Service rate and budget increases effective Jan. 1, 2022

The 2021 Minnesota Legislature authorized several rate and budget increases for Home and Community-Based Services effective Jan. 1, 2022. Information about the service rate and budget changes, including links to resources, rate methodologies, instructions and manuals, can be found on the [Long-term services and supports rates changes](#) webpage.

Note: The only time we would need to update EW rates on the Request Referral Form (RRF) would be for Customized Living or other very specific items that are not on the usual fee schedule from DHS. Otherwise the rates are updated by the health plan in our system.

State invests \$61 million to boost dental reimbursement rates, help improve access for low-income Minnesotans

This January, Minnesota is taking a major step toward addressing significant and longstanding gaps in dental care by raising state payment rates for dentists.

The rate increase is part of a \$61 million dental package aimed at removing barriers that keep dentists from taking patients covered by Medical Assistance and MinnesotaCare. Included in Minnesota's COVID-19 Recovery Budget signed into law by Governor Walz last year, the dental reforms include funding to raise the rates of reimbursement and implement other changes over the next four years. The Minnesota Department of Human Services increased the base dental reimbursement rate on Jan. 1.

Low-income Minnesotans with Medical Assistance and MinnesotaCare are more likely to have dental disease than Minnesotans with employer-sponsored insurance, and they also have a harder time getting dental care. For example, over 60% of Minnesota children living in poverty did not see a dentist in 2019.

“Our goal is to create more options for Minnesotans who need dental care,” said Human Services Commissioner Jodi Harpstead. “By supporting dentists with fair rates, this investment will make it easier for people in public health care programs to get the dental care that’s so important to their daily lives and overall well-being. The strong support and tireless work of our legislative committee chairs in both the House and Senate made this change possible.”

Under the old payment structure, reimbursements varied based on multiple factors, including the patient's age and the provider's location. Low payment rates set more than 30 years ago kept many dental providers from serving public program patients.

The new rates are simpler and more efficient, with all dentists receiving the same rates for the same services for both Medical Assistance and MinnesotaCare. All dentists are expected to receive an overall increase in payments. For some services, payments may increase up to 98%.

DHS also will add coverage of non-surgical treatment for periodontal disease, the leading cause of adult tooth loss.

Managed care rates for dental care will have to at least match DHS' fee-for-service rates. Managed care organizations will be required to give dental providers their fee schedules when asked, so that dentists better understand how they are paid.

With the new rate structure, health plans will also have to meet benchmarks to ensure that more people in public health care programs receive dental care. Starting in 2022, the goal will be an annual dental visit for at least 45% of enrollees. The participation rate will rise to 55% in 2024. If any managed care organization is unable to meet that benchmark, DHS plans to carve out the dental benefit and administer dental coverage directly for all public program enrollees.

How to find dental care if you have Medical Assistance or MinnesotaCare:

- If you are a health plan member, you must go to a dentist in your plan's network for most services. Contact your **health plan's member services** staff, who can help you find a provider.
- If you are not a health plan member, you can go to any dentist who accepts Minnesota Health Care Programs fee-for-service coverage. Find providers in the **online MHCP Provider Directory**, or call the **MHCP Member Help Desk** at 651-431-2670 or 800-657-3739 weekdays from 8 a.m. to 5 p.m.

Transition of Care (TOC)

TOC Log instructions has been updated and added to the CC website. Updates include: CC considerations/suggested questions for communication with member upon discharge to "usual setting", including the additional social determinant of health topics.

Updates to OBRA Level I, DHS-3426 and Senior

LinkAge Line referrals

Effective immediately, DHS and the Minnesota Board on Aging have updated the OBRA Level I policy, **OBRA Level I Criteria – Screening for Developmental Disabilities or Mental Illness, DHS-3426** and Senior LinkAge Line online referrals (including preadmission screening) based on federal guidelines and feedback from lead agencies and providers.

Policy and form changes

Key policy and form changes include:

- Simplified mental health questions
- Updated forms to only require one “yes” mental health question to trigger an OBRA Level II evaluation (rather than all three) to meet federal requirements
Note: This could lead to an increase in OBRA Level II evaluations for mental illness.
- Removal of the fourth developmental disability question: “Has the person been referred for nursing or boarding care facility placement by an agency that serves people with a developmental disability or related condition?”

For all assessments after Jan. 5, 2022, lead agencies must use **OBRA Level I Criteria – Screening for Developmental Disabilities or Mental Illness, DHS-3426** until the revised MnCHOICES application launches. The new OBRA Level I content is not available in the current version of the MnCHOICES Assessment. If the lead agency completed an assessment before Jan. 5, 2022, the OBRA Level I evaluation completed at the time of that assessment can be used for a person seeking nursing facility admission.

Senior LinkAge Line changes

There is a new website for the Senior LinkAge Line’s preadmission screening (PAS) and other referrals: **Senior LinkAge Line referral website**. The previous referral page will redirect to the new website for a short time, so it is important to bookmark the new website’s URL.

The new **Senior LinkAge Line referral website** has a new general assistance referral option to provide help to older adults (e.g., information, transition assistance, other assistance). It is much more open and streamlined, so anyone can make a referral with the person’s consent.

As always, the person must be informed about the PAS referral before submission. The Senior LinkAge Line created an informational card about the PAS that providers can share with the person. Call the Senior LinkAge Line at 800-333-2433 to request free copies for distribution.

Questions

If you have questions about these changes, contact:

- Senior LinkAge Line: senior.linkage@state.mn.us
- OBRA Level II DD: dsd.obra@state.mn.us
- OBRA Level II MI: dhs.mh.pasrr@state.mn.us

Website updates

Make sure you are utilizing updated versions if not available in agency documentation platform, utilize updated version from website and upload to documentation platform.

- TOC Log
- Transition of Care Hospital Readmission Prevention Resource Guide (New CC resource)
- UTR/Ref Care Plan
- Letters (Coming Soon!)
 - Post Visit Letter (updated language around new fitness facility provider)
 - Ongoing No Contact Letter (updated language around mailed HRA)
 - Refuser Letter (updated language around mailed HRA)
 - PCP Letter (updated area for documentation of assessment date and findings & MOC provider training)
 - Divided into two separate letters: one for MSHO/ISNBC and one for MSC+/SNBC to meet MOC needs for discussion of provider training for MSHO/ISNBC
- Transition of Care Log - updated with change 1/4/2020 (Are there any concerns of vulnerability, abuse, or neglect? Changed if no to if yes for action needed.)

MSHO/MSC+

Personal Care Assistance (PCA) Enhanced Rate

The December Care Coordinator Newsletter announced DHS's Long-term services and supports rate changes and budget changes effective January 1, 2022. Included in these changes is the PCA enhanced payment eligibility reduced from 12 hours a day to 10 hours a day. For eligible members and qualifying individual PCAs, the enhanced payment rate is \$5.27 per unit. Extended PCA hours do not count toward eligibility for the enhanced rate,

however if a member is eligible for 10 or more hours of state plan PCA and has a qualifying worker, the enhanced rate also applies to the member's extended PCA rate. It is the Care Coordinators responsibility to inform the member if they are eligible for the enhanced rate at initial assessment or reassessment.

Per statute, the lead agency (Medica) shall approve an exception to the monthly case mix budget cap to account for the additional cost of providing enhanced rate personal care services. Medica must calculate the difference between the rate for PCA and the enhanced rate. The additional budget amount approved under an exception must not exceed this difference. The exception must be reapproved on an annual basis at the time of the member's annual reassessment.

If you have a member on Elderly Waiver who is accessing the enhanced PCA rate and the increased rate results in the member exceeding their monthly waiver budget, please submit a Benefit Exception Inquiry (BEI) request to exceed budget due to the enhanced PCA rate. Please include the PCA Assessment and indicate the difference between the rate for PCA and enhanced rate and the amount that exceeds the case mix cap. Please refer to the Benefit Exception Policy for any BEI instruction or guidance.

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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