

All Products

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

There are no updates to what has already been communicated regarding the peacetime emergency. LTSS assessment and reassessments may be completed remotely, although can be completed in person per your own agency policy and following the requirements & attestation previously sent related to vaccination status

Care Coordinators (CC) must continue to follow The Department of Human Services (DHS) 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 Person Care Assistant (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 Denial, Termination, Reduction (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 completed **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.

If you have questions or would like to consult with the Medica Clinical Liaison please email MedicaCCSupport@medica.com.

March is National Kidney Month

Medica recently developed a clinical guideline to assess kidney function, with the aim of reducing racial disparities in kidney care. Using race as a factor when estimating kidney health is not only imprecise but disproportionately puts Black Americans at risk for severe health complications that could otherwise be treated.

Through its new clinical guideline, Medica encourages high-quality, equitable patient care by recommending providers discontinue the most common method used by health professionals to diagnose and assess the severity of kidney disease: estimated glomerular filtration rate (eGFR). Most health care providers calculate eGFR by assuming Black people generally have higher baseline levels of serum creatinine, and therefore adjust their scores upward. As a result, this method can overestimate kidney function in people with African ancestry, which causes delays in referrals for specialist care and kidney transplants, and can lead to worse health outcomes.

According to the National Kidney Foundation, Black Americans are about three times more likely to develop kidney failure than white Americans. In addition, they are less likely to receive a transplant evaluation, have less access to the waitlist, spend longer on the waitlist, are less likely to survive on the waitlist, and have lower rates of transplant success.

Referral Request Forms

As a reminder, when completing the referral request forms, please verify the provider's name, billing address, phone and fax numbers along with the provider's NPI number. This will assist with authorizations being done correctly the first time. If the provider recently merged, was purchased, or changed their name, it would be helpful to get that information as well.

Also, most Durable Medical Equipment (DME) items do have a HCPCS code,

rather than using the T2029 code. The actual HCPCS code should be used whenever possible.

SafeLink/Lifeline Resource Reminder

Please keep in mind SafeLink as an important resource for members, who automatically qualify due to their Medicaid eligibility. SafeLink provides a free Android smart phone and/or SIM card with free minutes, texting, and data plans. The Affordable Connectivity Program (ACP) is a **new** FCC benefit program that ensures households can afford the broadband they need for work, school, healthcare and more. This program provides additional phone benefits beyond the Lifeline program including **unlimited** text/talk, 25GB of data, and 5GB of hotspot data. Members must specifically enroll or opt in to ACP when they enroll with SafeLink to receive these valuable benefits. Members with an existing SafeLink account can opt in to the ACP by calling customer service (1-800-SAFELINK) or clicking the “Opt In to ACP” checkbox in their online account. Learn more at www.safelink.com.

SafeLink is just one of several approved providers for the Lifeline program, and members may use any approved provider. A search tool for all providers can be found at <https://www.usac.org/lifeline/>.

Trauma Informed Care Training

When: April 14th (noon – 1:30pm)
April 21st (noon – 1:30 pm)

- *Separate trainings and will be different content
- *CCs are strongly encouraged to attend
- *WebEx forthcoming

MSHO/MS+

Community First Services and Supports (CFSS)

CFSS is a new self-directed home and community-based service being developed by the Minnesota Department of Human Services (DHS). CFSS is a service for people living in the community who need help with day-to-day activities. CFSS is similar to PCA in many ways and will offer participants more control, flexibility, responsibility, and choice in how they use the service. CFSS will eventually replace PCA services.

On September 14th, DHS provided an update to the DHS Implementation date indicating the earliest possible implementation date is June 1st stating the delay is due to DHS' need for additional time to receive approvals on waiver and state plan amendments from the federal Centers for Medicare & Medicaid Services (CMS). DHS is forecasting a level of implementation in the summer of 2022. DHS will be developing trainings regarding implementation and we will notify you when they become available.

Care Coordinators can become familiar with the CFSS service by reviewing the [DHS CFSS website](#) for more detailed information.

Consumer Directed Community Supports (CDCS) Resources

CDCS is a service option available to members on the home and community-based services (HCBS) waivers, such as the Elderly Waiver. CDCS gives the member flexibility in service planning and responsibility for self-directing their services, including hiring and managing support workers. CDCS may include traditional services and goods, and self-designed services.

The Care Coordinator is responsible for the case management functions and establishes the member's waiver budget as determined by the assessment. The maximum CDCS budgets are based on waiver caps and are located in the CDCS budget caps section of the [Long-Term Services and Supports Services Rate Limits, DHS-3945](#).

The Department of Human Services (DHS) is in the process of reviewing and reorganizing all CDCS policy pages. This includes transferring information previously found in the [CDCS Lead Agency Operations Manual, DHS-4270 \(PDF\)](#) to the [CDCS Policy Manual](#). This manual is a subset of the [Community-Based Services Manual \(CBSM\)](#) and is accessible through the CBSM. Eventually, all CDCS policy information will live in this manual. DHS-4270 will remain live until this process is complete.

Care Coordinators can also access the [DHS Policy Quest search](#) to review question and answers already posed to DHS regarding content such as CDCS.

Medica requires referrals for CDCS, HCPCS T2028. Details are available on [Medica's Referral Guidelines for Media Members](#).

We encourage you to utilize all of these resources available to you when managing a member utilizing CDCS.

You can contact MedicaCCSupport@medica.com for consults as needed.

Happy Social Worker Month! We would like to celebrate our social workers for all they do for our members. Thank you!



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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