

All Products



Auditors Corner: Care Plan/Support Plan Essential Services, Back Up Plan, Safety Plan, Community Wide Disaster Plan

Essential Services & Back Up Plan

Essential services are services that if the member did not receive them, the member's health, or ability to maintain safety in their home would be compromised. Examples:

- If the member's only source of nutrition is Meals-on-Wheels, then it is an essential service.
- If a member receives home care services, including personal care assistance (PCA) for assistance with Activities of daily living (ADL) completion, then it is an essential service.
- If the member resides in a Customized Living, 24-hour Customized Living, or Adult Foster Care to ensure health and safety are maintained, then it is an essential service.

It is critical for members to have individualized backup plans in place to maintain support in the event of an unexpected staffing and/or support emergency. Backup planning before an emergency occurs will help each member make an informed choice based on their individualized goals and preferences.

The Care Coordinator must discuss and develop emergency backup plans with the person and their legal representative (if applicable). The Care Coordinator will provide information to ensure the person can make an informed choice about the people, organizations, providers, services, and technology that may be available to provide support during a staffing emergency.

The backup plan must focus on the member's needs, desires, and preferences for service delivery. The support the person chooses as part of their emergency backup plan does not need to include only formal supports and services. The member may choose to receive emergency backup support through assistive technologies, family members, friends, community organizations or other informal supports. Exploring preferences and choices with the person may lead to identifying unique and innovative backup support — something not necessarily part of their regular list of options. Each person's strengths, needs and supports are unique. A backup plan should reflect each member's individual circumstances and choices.

Important topics to discuss include, but are not limited to:

- Plan for short-term staffing emergencies (e.g., staff are late, staff did not show up)
- Plan for long-term staffing emergencies (e.g., staff resigned, staff are unable to work, primary caregiver is unable to care for the person, provider terminates services, residential site closes)

- From whom the person wants to receive support during a staffing emergency (e.g., family, friends, organizations, providers, assistive technology, formal and informal caregivers)
- What specific support the person needs and wants
- When the support will occur (i.e., frequency, duration).
- Planning for staffing emergencies in advance will help the person make an informed decision about the services and supports available to them.

Safety Plan

Care Coordinators must support and encourage the person to make informed choices and respect the person's right to take risks. To do this Care Coordinators are responsible to

- Continue to work assertively with a member who refuses necessary services.
- Understand the CC's reporting duties under the Vulnerable Adults Act
- Understand person-centered planning.
- Work with the person to develop a plan that both meets the member's needs and wants and addresses any identified risk.

Care Coordinators should review members identified safety concerns and the services/supports documented in the members care plan. Though additional notes are not required, there is additional room in this section for any notes the Care Coordinator wants to add. If there are identified health and safety risks the Care Coordinator must document how these will be addressed with services or the members plan for managing risk. If the member doesn't have a plan because member doesn't have risks identified or doesn't believe they have any risks, then Care Coordinator should note that on this section of the care plan. If the Care Coordinator offers a service that is critical to the member's health and safety that is not accepted by the member, this should be noted in this section.

A Care Coordinator can report suspected maltreatment of a vulnerable adult by either:

- Calling the Minnesota Adult Abuse Reporting Center (MAARC) at 1-844-880-1574
- Completing the **online MAARC Mandated Reporter Form**.

Community Wide Disaster Plan

Our members may have greater difficulty accessing the public health and medical services they require following a disaster or emergency. Often, they have needs in one or more of the following functional areas:

- Communication
- Medical
- Maintaining Independence
- Supervision
- Transportation

It is important for our members to be prepared for a natural disaster. Consider disasters that may impact our Minnesota members (flooding, fires, tornados, extreme heat or cold, blizzards, etc.). These types of disasters can force people to evacuate their homes or shelter-in-place at short notice. Support services that are usually available, such as help from caregivers/family members or services and

supports may be unavailable for a period of time. A Community Wide Disaster Plan should be created and reflect each member's individual circumstances and choices. Consider including:

- Planning for pets and service or support animals
- Consider special needs related to medical conditions or disabilities.
- Consider Durable Medical Equipment (DME)
 - Many types of durable medical equipment can be challenging to replace during disruptions to the health care system and supply chain during a disaster.
 - Consider alternate or backup equipment options, such as a manual wheelchair or an oxygen tank that does not require electricity.
- If the member takes a medication that requires refrigeration, consider alternative power sources and storage options in case of a power outage.

If you have questions about this audit element, please reach out to your auditor or email

MedicaSPPRegQuality@Medica.com

Breast Cancer Awareness Month

The early detection of breast cancer is often key to successful outcomes. Mammograms are the key to early detection.

But we know that to help those facing breast cancer, awareness alone is not enough. In October, get involved, get screened and take action.

Not everyone has access to the best care or resources while facing breast cancer. With 1 in 8 women diagnosed with breast cancer in her lifetime, there must be a better way.

It's important for all women ages 40 and over to get a mammogram every year. Women over the age of 20 should prioritize an annual well-woman exam and talk to their doctor about breast cancer risk factors to determine when to begin annual mammograms.

For the 31 days of Breast Cancer Awareness Month (BCAM), pink ribbons appear as the impact of breast cancer is brought to the forefront of national conversation.

NATIONAL BREAST CANCER FOUNDATION, INC.®



Care Coordinator Success Stories

We want to hear from you. We know that care coordinators are doing great work every day with our Medica members. We would love to share these internally with our leadership. Some suggestions of possible successes: assisting a member with a complex medical situation or mental health crisis, arranging transportation for an urgent situation, housing assistance, etc.

Reminder: We will be sharing your good work at the December Care Coordinator meeting. The CC whose story is chosen will get some Medica swag.

Please submit stories to MedicaCCSupport@medica.com

Community engagement team planned events:

- 10/19/2023: 5th Annual Chisago County OCC (North Branch)
- 10/19/2023: Kanabec County OCC (Mora)
- 10/19/2023: Sherburne County OCC (Elk River)
- 10/25-26/2023: Minnesota Financial Workers and Case Aides Conference (Brainerd)
- 10/28/2023: Tu Salud Health Fair (Minneapolis)
- 10/30/2023-11/1/2023: MAARCH Conference (St. Paul)
- 11/1/2023-11/3/2023: Local Public Health Association (LPHA) Fall Conference (Breezy Point)
- 11/2/2023: Minnesota Cares (Minneapolis)
- 11/4/2023: Isanti County OCC (Cambridge)

We welcome Medica colleagues to attend and participate in our events! If you are interested in attending an event or learning more about our team's outreach work, please contact us at communityengagement@medica.com

Extension for parents, spouses providing PCA services ends Nov. 12

Effective Nov. 12, the federal Centers for Medicare & Medicaid Services will end the exception that allowed Department of Human Services (DHS) to pay personal care assistance provider agencies for services provided by spouses and parents (including stepparents and legal guardians) of minors. Before the COVID-19 pandemic, PCA provider agencies could not bill DHS or a person's managed care organization for services provided by these specific family members. This information is also available at [Aging and Adult Services \(AASD\) and Disability Services divisions \(DSD\) eList announcement](#)

Health Risk Assessment (HRA) Completion Report Template Updates (effective for Calendar Year (CY) 2024 reporting)

Medica is adding two new fields to the HRA Completion Report Template to help us meet Centers for Medicare & Medicaid Services (CMS) reporting requirements.

- **Type of Care Plan (HRA, Refusal or Unable to Reach):** Indicate if the care plan date reported on your monthly report is associated with an HRA/assessment or with a Refusal or Unable to Reach member. The response in this field should align with the response in the Type of Current Assessment field.
- **Advance Care Planning Discussed with Member (Yes/No):** Indicate if the Care Coordinator discussed advance care planning with the member (as documented on the legacy care plan, MnCHOICES HRA/Assessment or institutional HRA). Answer yes if the CC talked with the member about advance care planning, even if the member does not have an advance directive in place.

Medica Monthly HRA Completion Report												
Product: MSHO												
Member PMI	Last Name	First Name	DOB	Delegate Name	Date of Assessment	Type of Current Assessment	Assessment Method	Date Care Plan Completed	Type of Care Plan	Advance Care Planning Discussed with Member	Name of Care Coordinator	Comments
12345678	Smith	John	1/1/1980	XYZ Delegate	1/1/2018	(Select from Dropdown Box)	(Select from Dropdown Box)	1/1/2018	(Select from Dropdown Box)	(Select from Dropdown Box)	Jane Doe	
									<div style="border: 1px solid black; padding: 2px;"> HRA Refusal Unable to Reach </div>			

Medica will post the updated CY2024 HRA Completion Report Template on the CC Hub under each product (>Templates, tools, and additional resources >Tools and Forms >Miscellaneous). Delegates must start using the new template no later than with their first HRA report for CY2024 (i.e., January 2024 HRA dates reported to Medica in February 2024) but can start using it as soon as it is posted on the CC Hub. The template will include instructions on how to complete each field.

Reminders:

- You only need to complete the HRA Completion Report Template for Minnesota Senior Health Options (MSHO) and Integrated Special Needs Basic Care (I-SNBC) members.
- Continue reporting HRA and care plan data to us for all MSHO and I-SNBC members, even if CC is working in MnCHOICES
- Send completed report to Medica monthly by the 15th of the following month. Either drop the file in your HRA folder in Sharefile (preferred) or send via secure email to MedicaSPPRegQuality@medica.com.
- Report all December 2023 HRA dates to us as soon as possible in January 2024 even if the associated care plan has not been completed yet. It is critical that we receive all December 2023 HRA dates to report to CMS by early February 2024.

Questions? Email MedicaSPPRegQuality@medica.com

Updated form: Member Engagement Questionnaire

The Self-Report Health Risk Assessment has been updated and re-named.

Medica does not utilize a mailed HRA, but this document is used as a tool to engage members that are Unable to Reach or Refusal. The name change reflects a more appropriate description of the form purpose.

It should be sent with the Ongoing No Contact Letter or Refusal Letter.

It is required to utilize the updated form 1/1/24, but Care Coordinators may begin using it when it is posted to the CC Hub.

When the Member Engagement Questionnaire has been completed and returned, the Care Coordinator should:

- Review the document for any concerns or needs the member has identified.
- Review whether the member would like Care Coordinator contact.
- Document as appropriate in case notes.
- Follow up with the member as indicated.
- Continue to attempt to reach the member at least every 6 months, or upon transition notification, etc.
- Reminder: This is not to be utilized as an assessment, it is an engagement tool.

Medica Guidance: Initial and Annual In-Person Assessments (Effective 11/1/2023)

General Approach: Best practice and Medica’s preference is for care coordinators (CCs) to complete assessments in-person. Certain assessments must always be in-person, as outlined in the table below. In situations where remote assessments are allowed, the first step is always to offer an in-person assessment. If the member declines an in-person assessment, the CC may then complete a remote assessment.

Product/Member Type	Initial Assessment	Annual Assessment	Notes
Minnesota Senior Health Options (MSHO)/ Minnesota Senior Care Plus (MSC+) Elderly Waiver (EW) [no PCA/ Community First Services and Supports (CFSS)] <u>Assessment Tools:</u> MnCHOICES Assessment or Long-term care	In-person	1. Offer in-person assessment. 2. If member declines, may complete reassessment remotely via HIPAA secure interactive video or telephone <u>if</u> :* <ul style="list-style-type: none"> a. Prior LTCC/MnCHOICES Assessment was in-person. b. Member/legal representative is provided information to 	If a reassessment is completed remotely, CCs/Delegates must track and document compliance with the remote reassessment requirements and with the annual in-person visit requirement. <u>Initial</u> assessments always must be completed in-person. EW services cannot be started until an in-

Product/Member Type	Initial Assessment	Annual Assessment	Notes
consultation (LTCC)		<p>make an informed choice between a remote and in-person assessment.</p> <p>c. Member/legal representative provides informed consent for a remote reassessment.</p> <p>d. CC documents that offered the member/legal representative informed choice regarding method of assessment and member/legal representative's decision to complete the reassessment remotely.</p> <p>3. Note: All MSHO/MSC+ members receiving EW services must have at least one in-person visit per 12-month period. Consequently, if a member completes a remote assessment in accordance with the above requirements, the CC must complete a separate in-person visit during the same 12-month period. **</p>	person assessment has been completed.

Product/Member Type	Initial Assessment	Annual Assessment	Notes
<p>MSHO/MS C+ PCA/CFSS</p> <p><u>Assessment</u></p> <p><u>Tools:</u> MnCHOICES Assessment or LTCC + DHS 3428D Supplemental Waiver PCA/CFSS Assessment</p>	In-person	In-person	All PCA/CFSS assessments must be in-person. Remote assessments are not allowed. PCA/CFSS services cannot be started until an in-person assessment has been completed and cannot be continued without an annual in-person assessment. ***
<p>MSHO Community (non-EW & non-PCA/CFSS)</p> <p><u>Assessment</u></p> <p><u>Tools:</u> MnCHOICES HRA or DHS 3428H</p>	<ol style="list-style-type: none"> 1. Offer in-person assessment. 2. If member declines, may complete assessment remotely via HIPAA secure interactive video. 3. CC must document the assessment method, including the member's refusal to complete the assessment in-person, as applicable 	<ol style="list-style-type: none"> 1. Offer in-person assessment. 2. If member declines, may complete assessment remotely via HIPAA secure interactive video. 3. CC must document the assessment method, including the member's refusal to complete the assessment in-person, as applicable 	
<p>MS C+ Community (non-EW & non-PCA/CFSS)</p>	<ol style="list-style-type: none"> 1. Offer in-person assessment. 2. If member declines, may complete 	<ol style="list-style-type: none"> 1. Offer in-person assessment. 2. If member declines, may complete assessment remotely via HIPAA secure 	

Product/Member Type	Initial Assessment	Annual Assessment	Notes
<u>Assessment Tools:</u> MnCHOICES HRA or DHS 3428H	assessment remotely via HIPAA secure interactive video or telephone. 3. CC must document the assessment method, including the member's refusal to complete the assessment in-person, as applicable.	interactive video or telephone. 3. CC must document the assessment method, including the member's refusal to complete the assessment in-person, as applicable	
MSHO/MSC+ Institutional <u>Assessment Tool:</u> Medica Institutional HRA & Care Plan	In-person	In-person	
SNBC/I-SNBC Community <u>Assessment Tools:</u> MnCHOICES HRA or DHS 3428H	1. Offer in-person assessment. 2. If member declines, may complete assessment remotely via HIPAA secure interactive video or telephone.	1. Offer in-person assessment. 2. If member declines, may complete assessment remotely via IHPAA secure interactive video or telephone. 3. CC must document the assessment method, including the member's refusal to complete the	

Product/Member Type	Initial Assessment	Annual Assessment	Notes
	3. CC must document the assessment method, including the member's refusal to complete the assessment in-person, as applicable	assessment in-person, as applicable	
SNBC/I-SNBC Institutional Assessment Tools: MnCHOICES HRA or DHS 3428H	In-person	In-person	

*Per DHS guidance, effective 11/1/2023, a remote reassessment may substitute for one annual reassessment, followed by an in-person reassessment in the second year for MSHO and MSC+ members receiving EW services but not PCA/CFSS services. After 11/1/2023, delegates/CCs must review past assessments to determine if a person meets the requirements to complete their next reassessment remotely (see 7/18/2023 **DHS e-list announcement**).

All MSHO & MSC+ members receiving EW services must have at least one in-person visit per 12-month period (see 4/4/2023 **DHS e-list announcement). Consequently, if a member completes a remote reassessment per the above guidelines, the CC must complete a separate in-person visit during that same 12-month period.

***See the **Community-Based Services Manual (CBSM), Assessment applicability and timelines** for additional detail.

MnCHOICES Phase 2

MnCHOICES phase 2 began **October 2, 2023**. With this phase each delegate should be increasing the staff working in the Revised MnCHOICES application to up to **30% of your users**.

Why is this important? The phased launch will allow your staff time to familiarize themselves with this new documentation platform gradually and develop their skills before we are fully integrated in the system next spring.

Phase 2 — Oct. 2 to Nov. 30, 2023

Lead agencies should:

- Continue to assign staff members to practice in MTZ.
- Have up to 30% of users complete HRAs, assessments and support plans in production environment.
- Allow remaining staff members to continue using legacy systems.
- Conduct COL assessments in MnCHOICES 1.0 or MnCHOICES revision at county discretion.

You can find the full updated Revised MnCHOICES launch schedule [here](#)

Medica encourages all mentors to attend the upcoming MnCHOICES Office Hours and call-in sessions.

2023/2024 MnCHOICES UPCOMING Call in Sessions: (Mentors receive call instructions the Monday before the call.)

- 11/03/2023 9:30 -11:00 A.M.
- 01/05/2024 9:30 -11:00 A.M.
- 02/02/2024 9:30 -11:00 A.M.
- 03/01/2024 9:30 -11:00 A.M.
- 04/05/2024 9:30 -11:00 A.M.
- 05/03/2024 9:30 -11:00 A.M.
- 06/07/2024 9:30 -11:00 A.M.

MCO Call-in Sessions: (DHS will continue to host MCO call-in sessions open to all MCOs and their delegates through April 2024.)

- Wednesday, Dec 20, 2023: 9:30 to 11:30 a.m.
- Wednesday, Feb 21, 2024: 9:30 to 11:30 a.m.
- Wednesday, April 17, 2024: 9:30 to 11:30 a.m.

MSHO and SNBC D-SNP (Integrated SNBC/I-SNBC) members – Medica HouseCalls program

Beginning the week of 10/23, MSHO and SNBC DSNP members who are not in an institutional stay will begin receiving outreach from Medica HouseCalls program from our vendor Optum. This program will consist of the vendor contacting members to invite them to participate in an in-person visit with a Optum nurse practitioner. The first outreach will be an introductory letter, followed up phone calls coming from “HouseCalls”. Watch for additional information to come out via email to Care Coordinators related to the different communications that members may be getting as part of this program and a FAQ about the Medica HouseCall program.

We are asking that you please support your members in accepting a visit from Medica HouseCalls if your member contacts you with questions pertaining to this program. During the 60-minute visit, the nurse practitioner will review the member's health history, conduct a physical evaluation, complete medication reconciliation, identify health risk and gaps, and provide tailored education and health referrals. There is also a variety of lab tests that can be done during this visit. These visits are important for members who are not active with a Primary Care Physician (PCP) as well as members who have a PCP, as the HouseCalls professional can provide the member with a personalized checklist of important questions and topics specific to their needs to discuss with their doctor at the next visit. This helps ensure you get the information you need. Following the visit, a visit summary is provided to the member and the member's PCP. The Optum nurse practitioner will also send a notification to Medica if there are any items that were identified during the visit that would need follow-up by the members Care Coordinator (this notification is referred to as a "referral" back to the Care Coordinator). Once received at Medica, the Care Coordination delegates will receive a secure email with this follow-up information with the expectation that follow-up occurs promptly.

We are looking forward to the Medica HouseCalls program starting and we will continue to provide you with more information on this program.

New toll-free numbers for MSC+ and SNBC members effective 1/1/2024

(877) 379-7540

There will be a new toll-free call center number for MSC+ and SNBC effective 1/1/24. The call center will be answering calls toward the end of quarter 4 2023 if calls come into it. This new number will be on cards issued effective 1/1/24.

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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