

All Products

Auditors Corner: Member Signature Sheet/Support Plan Signature Sheet



Each item should be discussed with a member to make sure they understand what is being agreed to and have the necessary information to make an informed decision.

Ask the person “Yes” or “No” for each statement and record each answer. If the person answers no to any of these items, review the content again in another format or discuss further with the member.

This document is confirmation the member has received the required information, participated in the development of the care plan or support plan, & has been given choices about the services they will receive.

Materials shared- record whether a staff member shared each of these documents with the member on the version of the form you are using:

- Data privacy practices that explain my right to confidentiality (DHS-4839E or Medica Leave Behind Document- which is currently being updated)
- My right to appeal (DHS-1941 or Medica Leave Behind Document-which is currently being update)
- These should both be marked yes.
 - Medica provides every member with a copy of Medica's Privacy Policy that is contained within the "Important Information Booklet" upon their enrollment and then annually thereafter. Members can request the “Important Information Booklet” through Medica Member Services.
 - A Notice of Electronic Delivery is mailed annually to all members educating that member documents are available on the Medica.com website or that they can request a copy of specific documents be sent to them. The Member Handbook which contains information specific to their right to appeal is one of those documents. The member product specific Member Handbooks can be located here: <https://www.medica.com/ls/shop/medicaid/medicaid-plan-documents> Appeals information for Special Needs Basic Care (SNBC) and Minnesota Senior Care Plus (MSC+) members is located in the “Member Handbook” Chapter 13. For Minnesota Senior Health Options (MSHO) it is in the “Member Handbook” Chapter 9. For Special Needs Basic Care Enhanced (SNBC Enhanced) Members it is in the “Evidence of Coverage “(this title will be changing in 2024 to Member Handbook similar to the others) Chapter 9. The contact number for Appeals & Grievances is also listed on the members Medica insurance card for reference.

- This information should be communicated to the member verbally during the visit. If they have any additional questions about privacy practices or appeals rights the Care Coordinator (CC) can assist in obtaining the information at the resources listed above.
- If completing the Support Plan Signature Sheet, consider the addition of materials you are providing to the member Example:
 - Other information:
 - Safe Disposal of Medication Flyer (This is required for all MSHO/ISNBC members that have had an in-person assessment and do not reside in a Customized Living, Adult Foster Care, or Nursing Facility where facility staff manage their care.)
 - Medica Leave Behind Document
 - When and Where to Get Care Document
 - Tips for Good Oral Health Document
 - Managing Your Depression by Taking Antidepressants Document
 - Health Care Directive
- We realize there are many reasons why a member signature may not be obtained on a care plan/support plan, however the Federal waiver reporting requirements & Centers for Medicare & Medicaid Services (CMS) Assurance Performance Measures do require a signature on the care plan/support plan for all members receiving waived services. Members that are receiving Elderly Waiver (EW) services are required to have a signed care plan/support plan. Please make every effort to attempt to obtain these signatures. Include documentation showing the date the care plan/support plan was sent for signature as well as ongoing attempts to obtain this. Services can NOT be withheld from someone that does not sign or refuses to sign their care plan/support plan.

For members with Elderly Waiver services, Personal care assistance (PCA)/ Community First Services and Supports (CFSS) in addition to EW services, the CC must discuss with the member if they'd like to have their plan, or a summary of their plan shared with the provider. If the member chooses not to share indicate this by checking none.

For a member to be eligible for Housing Stabilization Services (HSS), this must be checked as chose to share and included the HSS provider. The care coordinator must send the HSS provider a complete copy of the member's care plan within 30 days of the completion of the care plan/support plan. If the member does not want this shared, this conversation must be documented. If the HSS provider does not acknowledge that they have reviewed the plan, agreeing to provide the services and supports listed within 60 days for care plan support plan completion a second attempt to obtain a signature must occur. The second attempt must be documented. The HSS provider must sign the plan.

Apart from HSS, when the member chooses to share the complete care plan/support plan or a summary letter, the CC must send this to the identified provider within 30 days of the completion of the care plan/support plan. If the provider does not acknowledge that they have reviewed the plan, agreeing to provide the services and supports listed within 60 days for care plan support plan completion a second attempt to obtain a signature must occur. The second attempt must be documented. The Signature Sheet must also include the signatures from the member, the care coordinator and the member's legal representative (if applicable) and could include the following method of signing: E-Signature or a handwritten signature that is uploaded as an attachment.

DHS expects the MnCHOICES platform to be used to its full capacity. If you are working in MnCHOICES it is expected that you will attach Support Plan Member Signature sheets in the MnCHOICES platform.

During the phased roll out:

- If using the legacy assessment forms and Collaborative Care Plan/Care Plan, you will continue to follow current process and use the Medica Member Signature Sheet. In this instance, prior to getting the members signature, we ask that you review the collaborative care plan/care plan, including the goals and support plan services, verbally with the member. Document this verbal review and that a hard copy of the agreed upon collaborative care plan/care plan will be sent to the member. Upload the signed Medica Member Signature Sheet in your agency documentation platform.
- If using the MnCHOICES Assessment or Health Risk Assessment and Support Plan in MnCHOICES you should be using the Support Plan Signature Page. If you are unable to obtain an electronic signature at the time of the visit, you can print the support plan signature page and bring it with you to the visit. In this instance, prior to getting the members signature, we ask that you review the support plan, including the goals and support plan services, verbally with the member. Document this verbal review and that a hard copy of the agreed upon support plan will be sent to the member. DHS is in the process of completing a standalone member signature sheet for times an electronic signature is not an option. Upload the signed Support Plan Signature Page into MnCHOICES as an attachment.
- For both options, if you are unable to obtain an electronic signature or handwritten signature at the time of assessment and review of support plan, we ask that you would be follow the current process of mailing the signature sheet to the member with the support plan, including the goals and support plan services, that was verbally discussed with the member at the time of the assessment and asking them to return it. As mentioned above, EW members as well as members receiving Housing Stabilization Services (Non-EW) are required to have a signed care plan/support plan, so documented ongoing attempts to obtain this would be required. For all others, Medica requires at least a minimum of 2 attempts to obtain the signature has occurred and is documented.

Once the phased roll out is complete, it is expected that all will primarily use the Support Plan Signature Page. If a CC is unable to access this, they will be able to use the supplemental signature page DHS is in the process of creating. We will provide additional information about this as we learn more. If the signature is handwritten, it will need to be uploaded into MnCHOICES as an attachment.

Additional Resources can be located:

Medica Care Coordination Hub

- Provider Signature Care Plan Sharing Requirements
 - Provider Signature Requirements FAQ
- MnCHOICES Help Center search “support plan”

[FAQ: Housing Stabilization Services \(Last Revised 6/29/2021\) \(mn.gov\)](#)

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

MedicaSPPRegQuality@Medica.com

Changing Health Plans

Care Coordinators please be aware that when a member changes health plans, the member may have had benefits through the previous health plan's supplemental benefit offerings that are not available with Medica. For example, the member may have accessed personal emergency response system (PERS) or home delivered meals as a supplemental benefit through the previous health plan. When the member enrolls with Medica and that service is not a benefit, it will end when the member disenrolls with that plan. It is the members choice to change health plans and then they are subject to Medica's benefits. If there is a need for the member to continue the service and the member is not able to access through other means, such as a waiver, a BEI may be submitted to include rational to support the need for the service.

Community engagement team planned events

- 9/18-19/2023: Minnesota Coalition for the Homeless (MCH) Annual Conference (Duluth)
- 9/19/2023: Love Your Age 55+ Senior Expo (Mankato)
- 9/21/2023: Brainerd Lakes Area Drug Education (BLADE) 2023 Recovery Walk (Brainerd)
- 9/23/2023: National Alliance on Mental Illness - NAMI Walks Minnesota (Minneapolis)
- 9/30/2023: Alzheimer's Walk (Minneapolis)
- 10/2/23: Reimagine Aging Conference – Senior Community Services (Golden Valley)
- 10/11/23-10/13/23: St. Louis County Health & Human Services Conference (Duluth)
- 10/12/23: CAPI Fresh Food Distribution Event (Brooklyn Center)
- 10/12/23: MSHO Member Advisory Meeting (Duluth)
- 10/17/23: Go Show Senior Expo (Duluth)

DHS Update: eDocs 5181

DHS sent out an announcement on 9/1/2023 of forms published to eDocs which included the DHS-5181. Please make sure you are using the most up to date DHS forms posted on [MN DHS eDocs](#) .

Free food resource map for Hennepin County

There are many places to access free food in Hennepin County. This map shows food shelves, food box programs, and free meal sites. [Free food resource map \(hennepin.us\)](#)

Gaps in Care Campaign

We wanted to provide a reminder of the Gaps in Care Campaign that Medica is running through a vendor called mPulse Health. There are seven different health promotion campaigns for Care Coordination products **Minnesota Senior Health Options (MSHO)** and **Special Needs BasicCare - Dual Eligible Special Needs Plans (SNBC-DSNP)**. Medica is offering incentives to **MSHO and SNBC-DSNP** members that take specific health actions/close gaps in care on 5 of the campaigns. Incentive values will vary based on the type of gap that is closed. See below for detailed information on each campaign.

Campaign Name	Health Action	Target Audience	Launch Date/Incentive
Medicare Annual Wellness Visit	Complete Annual Wellness Visit	Medicare members who have not had a Medicare Annual Wellness visit in 2023.	September - \$25
A1c Testing	Complete A1C Testing	Members aged 18 and older who have not had an A1c test in 2023.	October - \$30
Medication Adherence	Improve adherence to prescribed medications	Members with medication adherence gaps	November - \$0
TBD			December - \$?

Outreach to eligible members will occur through various communication channels including phone, text, and email. For telephone outreach, mPulse will call members on behalf of Medica from the following phone number: 952-206-0166. If the call goes to voicemail, a voicemail message instructs the member to call us back at the following toll-free number: 833-694-0614. Members can also call back at 952-206-0166.

Additional information pertaining to Gaps in Care is found in the May Care Coordinator newsletter.

Introducing mPulse training

This is an educational academy available to members. The site is now live (<https://medica.thebigknow.com/home/>). Any member (or staff) can sign up to review the courses covering a wide range of health topics. Signing up is as easy as clicking the “sign up” button in the screen's upper right corner and filling in the first /last name, email, and password fields (users make up their password).

The Member Academy

The academy can be accessed at:
<https://medica.thebigknow.com>

The screenshot displays the Member Academy interface. At the top, there are four course cards: 'Type 2 Diabetes Essentials' with Dr. Reed Tuckson, 'Heart Health Essentials', and 'Becoming Healthy in an Unhealthy World' with Pilar Corrales. Below these is a 'LESSONS' section with four thumbnails: '1 Short and Long-Term Effects of Type 2 Diabetes', '2 Your Type 2 Diabetes team', '3 Identifying Your Barriers', and '4 Working with a Dietician'. Each lesson thumbnail includes a 'RESUME' button and a brief description of the content.

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The screenshot shows the Medica website header with navigation links: Home, Education Plans, Courses, Instructors, LOG IN, and SIGN UP. The hero section features a large image of a smiling man with a beard and glasses, wearing a denim shirt. The text reads: 'Simple steps to a healthier you'. Below this, it says: 'How to get stronger, move better, sleep well, and boost your well-being.' A 'Go to Education Plan' button is visible.

Medica vaccine & mask requirements

Medica remains committed to the health and safety of our members and our Care Coordinators.

Medica continues to require only fully vaccinated Care Coordinators conduct in-person visits with Medica members. However, for those delegate organizations with policies in place, Medica will allow staff who have been granted exemptions to work in-person with Medica members. We are asking that each delegate organization have a policy related to vaccination exemption to include measures to prevent the spread of COVID-19 such as routine testing and PPE requirements for staff. At this time, Medica is not asking for copies of your vaccination policies but expects that you will continue to monitor

adherence to your organization's vaccination policies and exemptions. Medica is not dictating mask usage or PPE requirements for in-person visits, those decisions should be made at the individual delegate level.

Member Complaints and Grievances

If your member expresses dissatisfaction with a Medica network provider or pharmacy, encourage them to file a grievance with Medica. Grievances can be done over the phone or in writing. Members can contact Medica Members Services to start this process. This includes a complaint about the quality of their care. Network providers include but are not limited to medical providers, behavioral health providers, transportation providers, skilled home care service providers and nursing facility providers. Grievances allow Medica to track patterns of concerns, follow up with providers, and improve the overall quality of care for our members. More information about grievances can be found in the Member Handbooks found on Medica.com

MnCHOICES

MnCHOICES phase 2 begins **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.

You can find the Update on launch of MnCHOICES revision project [here](#).

NAMI Walk Reminder

There's still time to donate and **support our Medica walkers**. It's happening September 23rd, 2023 in Minneapolis. **GO TEAM MEDICA!!!**

National Suicide Prevention Month



There are an average of 123 suicides each day in this country. It's the tenth leading cause of death in America — second leading for ages 25-34, and third leading for ages 15-24. To create awareness and strengthen the fight against suicide, the entire month of September is Suicide Prevention Month.

Participate in the fight by getting involved with local organizations and listening to those who need help. © 2017–2023 by National Today.

September is National Suicide Prevention Month. All month, mental health advocates, prevention organizations, survivors, allies, and community members unite to promote suicide prevention awareness.

National Suicide Prevention Week is the Monday through Sunday surrounding World Suicide Prevention Day. It's a time to share resources and stories, as well as promote suicide prevention awareness.

World Suicide Prevention Day is September 10. It's a time to remember those affected by suicide, to raise awareness, and to focus efforts on directing treatment to those who need it most.

If you or someone you know is in an emergency, call **The National Suicide Prevention Lifeline** at 800-273-TALK (8255) or call 911 immediately.

One Pass - Life Time Fitness changes

MSHO and SNBCI: Life Time is implementing a change to their memberships that will impact One Pass members. Starting 1/1/24, members enrolled at Life Time through One Pass, will have revised club access hours, which are as follows:

- Monday through Friday from 9:30 a.m. to 3:00 p.m.
- Saturday: 2:00 p.m. to close.
- Sunday: all open hours.
- Continued any time access to ARORA Aqua classes with a reservation.

Members may have recently received a notice from Life Time Fitness directly if their email address was on file with them, and they will see this update posted on the Life Time website, social media pages and at the gym location.

Note: If a One Pass member is at Life Time beyond 3pm during Monday through Friday, as long as a member has swiped in at the Life Time club prior to 3:00 p.m., they may remain for the duration of their workout/event/activity.

Quarterly Meeting Follow-up: Unable to Reach (UTR)/Refusal transfers

Question: Are delegates to transfer UTR/Refusal members back to the Medica Care System (MCS)?

Answer: Care Systems would retain their Unable to Reach/Refusing members. If you are an agency, you would submit a request to SPP enrollment to determine if Medica Care System has the capacity to take on additional membership. Counties typically Unable to Reach/Refusing members. If you have a question about returning an Unable to Reach/Refusing members, please contact SPP Enrollment @ SPPEnrollmentQ@medica.com

Upcoming October Meetings

Delegate Supervisory Meeting – October 10, 2023, 9-10:30am

IDT consults – October 18th, 2023, 9:00-12noon

Lunch & Learn on Updated Institutional HRA & Post-Visit Letter - October 19, 2023, 12:00 -1:00 PM

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

Adult Day Services and Adult Day Bath Benefit Guideline Updated

The Minnesota Department of Human Services (DHS) approved a Remote delivery option available July 1, 2023, for licensed adult day service providers who are enrolled with DHS to offer Remote Services. Please refer to the July 2023 Care Coordination Newsletter for more details.

Medica has updated the Adult Day Services and Adult Day Bath Benefit Guideline to include the Remote delivery option indicating the steps for the Care Coordinator when authorizing the service and care planning requirements. The Benefit Guideline will be posted on the Care Coordination Hub under Guidelines, then Benefit and Clinical Guidelines. Please reference this document when authorizing Adult Day Services.

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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