

All Products



Auditors Corner: Mode of Assessment

The required mode of assessment varies depending on the member's product/program and assessment type. Best practice is to complete assessments in-person; however, remote assessments are allowed in certain circumstances. For all assessments, Medica requires Care Coordinators (CCs) to first offer/attempt to schedule an in-person visit to complete an assessment. If a member declines to complete an assessment in-person, the CC may complete the assessment remotely via HIPAA secure interactive video or telephone under certain circumstances. This offer/attempt to schedule an in-person visit must be documented.

When an in-person assessment is required:

- All Initial and annual reassessments for members being evaluated for/receiving Personal care assistance (PCA)/ Community First Services and Supports (CFSS) services. PCA/CFSS services cannot be started until an in-person assessment has been completed and may not be continued without an annual in-person assessment.
- All initial assessments for members being evaluated for Elderly Waiver (EW) services. EW services cannot be started until an in-person assessment has been completed.
- Reassessments for members receiving EW services if their most recent reassessment was remote.
- If a member requests an in-person assessment
- Member enrolled in any product who resides in a Nursing Facility (Medica requirement, if unable to complete an in-person assessment, reach out to your auditor for next steps vs completing the UTR/Ref process!)

Additional considerations for an in-person assessment to be completed:

- Member's level of care and changes or is expected to change.
- Care Coordinator uses professional judgment to recommend an in-person assessment. Some factors to consider:
 - 3 or more emergency room (ER) visits during the last 12 months.
 - 1 or more hospital admissions/readmissions during the last 3 months.
 - Diagnosis of Schizophrenia
 - At risk pregnancy
 - Skin breakdown
 - Infections/Urinary Tract Infections (UTI)
 - Recent Falls
 - Activities of Daily Living (ADL) rating of 4 or more dependencies
 - Social Determinants/Drivers of Health (SDOH) concerns

When a remote assessment via Health Insurance Portability and Accountability Act (HIPAA) secure interactive video can be completed:

- Initial or annual reassessment for Minnesota Senior Health Options (MSHO) members residing in the community who are not receiving or being evaluated for EW or PCA services (Non-EW and Non-PCA/CFSS members) (Medica requirement, if unable to do so reach out to your auditor for next steps vs completing the UTR/Ref process!)
- Note: CC must offer an in-person assessment before completing a remote assessment

When a remote assessment via HIPAA secure interactive video or telephone can be completed:

- Initial and annual reassessments for Minnesota Senior Care Plus (MSC+) Non-EW and Non-PCA/CFSS members residing in the community.
- Initial and annual reassessments for Special Needs Basic Care (SNBC)/ Special Needs Basic Care Enhanced(I-SNBC) members residing in the community.
- Annual reassessment for EW members that have had an in-person assessment (LTCC or MnCHOICES Assessment) completed within the past 365 days.
 - Note: All MSHO and MSC+ members receiving EW services must have at least one in-person visit per 12-month period. Consequently, if a member completes a remote reassessment in accordance with Minnesota Department of Human Services (DHS) requirements, the CC must complete a separate in-person visit during the same 12-month period.
- Transfer/Transitional Health Risk Assessment (HRA)

If a member is eligible for a remote assessment, your organization must provide information for the member to make an informed choice between a remote and in-person reassessment. The CC may proceed with a remote assessment if your organization provides informed choice and the member, or their legal representative provides informed consent for a remote assessment. When selecting remote as the mode for a MnCHOICES Assessment, the CC must document in the corresponding text box that they offered informed choice.

“Assessment” is used to collectively refer to the legacy Health Risk Assessment (HRA) (DHS Form 3428H), Long-term care consultation (LTCC) (DHS Form 3428), MnCHOICES HRA, MnCHOICES Assessment, and Institutional HRA.

Resources:

[4/4/2023 DHS e-list announcement](#)

[7/18/2023 DHS e-list announcement](#)

[CBSM - Assessment applicability and timelines \(state.mn.us\)](#)

[CBSM - Choice to waive annual reassessment \(state.mn.us\)](#)

[Minnesota Statutes, section 256B.0911, subdivision 24](#)

Medica Assessment Schedule & Remote Assessment Policies on the [Care Coordination Hub](#)

If you have questions about this audit element, please reach out to your auditor or email MedicaSPPRegQuality@Medica.com

Care/Support Plan Translation: Minnesota Senior Health Options (MSHO) & Integrated SNBC (I-SNBC) Members

As presented at the Quarter 1 Care Coordinator (CC) training and in accordance with Centers for Medicare and Medicaid Services (CMS) expectations, Medica has implemented a new process for translation of care/support plans upon request by an MSHO or I-SNBC member. When working with a member whose preferred written language is not English, the CC should discuss this option with the member. If the member requests written translation of their care/support plan, the CC should take the following steps:

1. Advise member of the timeframe for receiving the translated document.
 - General estimate is two to four weeks from the time Medica receives the request, but this could be longer depending on the language needed and the length/complexity of the care/support plan that is being translated. Remember to always use simple, person-centered language when creating a care/support plan.
 - **Note:** The 30-day timeline for sharing the care/support plan with a member is still applicable. We understand that CCs cannot control the timeline to complete translation. However, CCs should prioritize completing the care/support plan for these members and sending the translation request to Medica as soon as possible after completing the assessment to accommodate for the time needed to translate the documents.
2. Send request for the translated care/support plan via secure email to the Support Specialists email box (see template below). Attach a copy of the completed care/support plan and Post-Visit Letter for translation.
3. Document the discussion with the member and the member's preference (e.g., member requested written translation vs. verbal translation only). If member requests a translated copy of the care/support plan, document date the request was sent to Medica.
 - **Note:** Once a member requests translation of a care/support plan, that becomes a "standing request." This means that the CC should assume the member would like all future care/support plans translated unless the member indicates otherwise. If a member subsequently transfers, the translated care plan should be included in the transfer documents, so the receiving entity is aware of the prior translation request.

Upon receipt of a translation request, Medica will translate the care/support plan and Post-Visit Letter and send the translated documents directly to the member. The Support Specialists will email the CC/requester a copy of the translated documents for the member's record. CCs should document in the member's record the date they received the translated documents from Medica.

Email Template: Care/Support Plan Translation Requests

Send care/support plan translation requests via secure email to the Support Specialists at ReferralRequest@medica.com using the below template. Attach a copy of the member's care/support plan and Post-Visit Letter.

- **Subject:** Care/Support Plan Translation Request
- **Email Body:** Please translate the attached Care/Support Plan and Post-visit Letter for the below member.
 - Member Name: (first and last)
 - Member ID: (8 digits)
 - Member Mailing Address:
 - Product: (MSHO or I-SNBC)

- Language Needed:

Questions? Email the Reg Quality team at medicaspregquality@medica.com

Community First Services and Supports (CFSS)

CFSS is a Minnesota health care program that offers flexible options to meet the unique needs of people. CFSS allows people greater independence in their homes and communities. CFSS will replace personal care assistance (PCA).

- **DHS email announcement 2/28/2024** On Feb. 27, 2024, the federal Centers for Medicare & Medicaid Services (CMS) approved DHS' state plan amendments on CFSS.
- DHS will announce the CFSS launch date at least 90 days in advance.

Community Engagement team planned events



Our County and Community Engagement Team is excited to sponsor and participate in community events throughout Minnesota. Below is a list of upcoming events.

- 4/5/24: **Dia del Nino** (Richfield)
- 4/13/24: **SNMA Health Fair** (Minneapolis)
- 4/16/24: **Project Community Connect** (Mankato)
- 4/17/24-4/19/24: **Autism State Conference** (Bloomington)
- 4/19/24: **Damiano Outreach** (Duluth)
- 4/25/24-4/26/24: **MN Public Health Association Annual Conference** (St. Paul)
- 4/27/24: **Crosslake Senior Expo** (Brainerd)
- 5/1/24: **AEOA Senior Expo** (Eveleth)

We always welcome referrals for events happening in your community (metro or regional!) that we may sponsor or participate in – please let us know. If you are at one of these events, please stop by to say hello! Contact us at communityengagement@medica.com

Consumer-directed community supports (CDCS) budget changes for Elderly Waiver (EW) and Alternative Care (AC) Programs

As of Jan. 1, 2024, EW/AC CDCS case mix budgets are equal to traditional EW/AC case mix budgets. During the 2023 session, the legislature approved EW/AC CDCS case mix budget increases. Prior to this legislative change, EW/AC CDCS case mix budgets were significantly less than traditional EW/AC case mix budgets.

Reminders for lead agencies

Lead agencies are responsible to inform people who receive services and their families about CDCS. It is important for people who receive services and their families to understand:

- The CDCS service option is available.
- The CDCS case mix budgets are now equal to the traditional AC/EW case mix budgets.

- CDCS provides people more flexibility to plan and direct their services, which allows them to use their EW/AC funds in a self-directed way.

CDCS background information

Under CDCS, the person who receives services can:

- Develop their own support plan.
- Hire, train and manage their own support workers.
- Manage their own budget.
- Choose where, when, and how they receive services.

Additional information

For more information about rate changes, refer to **DHS – Long-term services and supports rates changes**. For CDCS AC/EW case mix budget caps, refer to **Long Term Services and Supports Rate Limits Effective Jan. 1, 2024, DHS-3945 (PDF)**. For more information about CDCS, refer to **DHS – CDCS Policy Manual**. For full DHS eList announcement, refer to **CDCS budget changes for EW and AC**.

Consumer Directed Community Supports (CDCS) and Denials/Terminations

First, we would recommend CC’s review the CDCS Manual for detailed instruction on implementation and denying any portion or all the CDCS plan or service:

DHS-4270-END (CDCS Lead Agency Operations Manual) (state.mn.us)

Using Ctrl F, enter in “denial” and it will bring you to the section that speaks to denials for CDCS. Sections 4.7 – 4.10 address denials and approving the plan in greater detail.

Reviewing the plan

Lead agency case managers/care coordinators will review each plan submitted by a person selecting CDCS for the following elements and criteria. In general, any plan submitted by a consumer that contains the required documentation and that meets the above criteria, as applicable to an individual consumer, must be approved by the lead agency. If consumer’s health and safety needs change, the case manager will reevaluate the Community Support Plan for any necessary changes.

Approval, denial, or partial denial of a proposed CDCS plan

The lead agency must make a decision in writing about the proposed CDCS plan submitted by the consumer within 30 calendar days of receipt of the proposed plan. The lead agency can do one of the following:

- Approve the plan
- Recommend changes needed to approve the plan before a final decision
- Approve part of the plan
- Deny or refuse to approve the plan.

A written decision to deny portions of a proposed plan must be accompanied by an explanation detailing the reason(s) for the denial or reduction of a requested service.

Lead agency and consumer approval required

The person's Consumer Support Plan (CSP) will provide the foundation for purchase and delivery of services and achievement of individually desired results. The plan must include certain characteristic elements:

- A summary of assessed needs
- The person's desired service outcomes or results
- How the result or outcome will be achieved/how the need will be met (description of services)
- What training and qualifications are required for staff
- How the service will be monitored
- The budget.

Procedures related to involuntary exits (section 11.2 of the manual)

CC's must provide technical assistance regarding service implementation, budget and fiscal records management and take corrective action if needed in order to ensure support plan implementation **prior** to involuntary exit from CDCS.

Additional technical assistance and oversight" means the ongoing involvement of the lead agency to resolve issues surrounding plan implementation or expenditure of funds. This is assistance and oversight beyond that provided to all consumers through materials and completion of Required Case Manager functions. **"Reasonable efforts" is defined as three documented events of need for additional technical assistance and oversight during one plan year.** This documentation must include:

- Identification of the problem
- Corrective action needed
- A timeline in which to accomplish the action or change.

When health and safety concerns arise, or fraud or misuse of funds are evident, or a **fourth** occurrence from the date of CDCS authorization requiring corrective action (additional technical assistance) is encountered, consumers may be immediately exited from CDCS and returned to conventional waiver services.

Additional technical assistance and oversight

An individual's need for additional technical assistance and additional oversight could be reported to a lead agency by an FMS provider or difficulties could be discovered during lead agency monitoring. A person may be the subject of a maltreatment report, or the person may need assistance to resolve problems encountered in plan implementation or services management. While not an inclusive list, the matters below would indicate a need for additional technical assistance and oversight:

- Not spending enough for services needed to support health and safety without a reasonable explanation
- Over-spending at a rate that suggests the plan will not be sustainable over the service plan year
- Ongoing difficulty in arranging for services needed for health and safety
- Unapproved expenditures
- Failure to respond to notices requesting missing information from the FMS provider
- Not implementing the Community Support Plan as approved.

***Refer to Appendix D: Consumer directed community supports (CDCS) notice of technical assistance and additional oversight.** The required case manager should complete this form to document a need for additional technical assistance and/or support that is beyond reasonable efforts. The consumer or their legal representative should sign the form and be given a copy. The original will be kept in the consumer's file.

MnCHOICES – Certified assessor recertification

We wanted to send out a reminder to make sure you and your team are thinking about how you are tracking and managing the certified assessors with your county, agency, or care system. Many of the certified assessors may be coming up on the 3-year date for recertification requirement to continue work in MnCHOICES so we wanted to make sure this was on your radar.

- 45 CLUs are required for recertification. At least 12 of the required 45 CLUs must help to improve the ability of an assessor to practice in a more person-centered way.

See the link below that houses the most current statewide list which includes the dates they are due for recertification as well as the resources from DHS for recertification.

MnCHOICES training

Statewide certified assessor list

[Explanation about statewide list of certified assessors](#)

[Statewide list of certified assessors \(XLS\)](#) (Updated Feb. 2, 2024)

[Lapsed certified assessor audit protocol MnCAT](#)

MnCAT Step 4 – Recertification: Instructions

MnCHOICES Resources reminder

We now have MnCHOICES resources posted on the main page of the [Care Coordination Hub](#)



MnCHOICES Resources

- ↓ [Revised MnCHOICES Resource Links](#)
- ↓ [Medica Access Request Form for State Programs](#)
- ↓ [Medica Care Coordination Legacy Assessment/MnCHOICES Reference Guide](#)

MnCHOICES – April 1st begins Phase 3

Phase 3: This phase is scheduled to run from **April 1 to June 28, 2024**, during this phase lead agencies should:

- Continue to assign staff members to practice in the MTZ.
- Delegates should have 100% of users working in the production environment and completing HRAs, assessments and support plans in the production environment.
- Start all new assessments (including HRAs) in MnCHOICES revision.

Phase 4: This is the final transition period – “**ALL-IN PHASE**” scheduled to **begin July 1, 2024**.

- Medica’s expectation is that 100% of our delegate staff members will start all new assessments (including HRAs) in MnCHOICES revision. **(Do not start new assessments in Legacy Systems.)**
- Finish existing assessments and support plans in legacy systems by Sept. 30, 2024.

Note: MnCHOICES 1.0 assessments and support plans not completed by Sept. 30, 2024, will not migrate to MnCHOICES revision. DHS will deactivate MnCHOICES 1.0 after Sept. 30, 2024.

For full announcement: [Update on launch of MnCHOICES revision project](#)

Reminders from Support Specialist Team

- Prior to submitting a Referral Request Form (RRF), please review your dates of service to ensure accuracy of start and ends dates.
- When your member has a change in provider for a service with an authorization, please submit a RRF with the new provider and dates of service to reflect the start and end dates with the new provider.
- Denial/Termination/Reduction (DTR) request should not be sent to the referral box, please submit via fac per instructions on the DTR form. For more details on DTR process, follow the CC Hub to DTR heading where you can find the DTR policy, DTR directions, and FAQ.

Skilled Nursing Facility (SNF) Authorizations

As a reminder, the Care Coordinator has no role in the authorization for Skilled Nursing Facility (SNF) admission authorizations. The Care Coordinator should refer the facility directly to the NFcommunication@medica.com for assistance with obtaining the authorization.

Stress Awareness Month!



Stress is a part of life and lucky for us, humans are built to respond effectively to pressure in our environment. Our brains and bodies react to that pressure in ways that can be helpful in the moment. We may experience increased motivation, clarity and focus, energy and even passion or an increased sense of purpose when the pressure is on, and the stress is time limited and specific to a situation.

When environmental stress is acute or traumatic, or when it's unrelenting and chronic, our stress experience can be more complicated. March is stress awareness month, so let's lean into some tactics we can use to mitigate and soften that stress response during times of acute, traumatic, and unrelenting stress.

Stress reduction Tip 1:

- Allow yourself to be where you are. You don't have to change anything. The opportunity is to fully accept the moment as it is. Give yourself some grace and let go of the self-imposed rules that are adding stress and pressure.
<https://www.upworthy.com/woman-shares-therapists-mental-health-tip-for-doing-dishes>

Stress reduction Tip 2:

- Get comfortable saying yes to yourself and no to others. It is hard to do, especially for those of us in the helping profession. Saying no is a skill, and skills get better with practice.
<https://www.psychologytoday.com/us/blog/the-couch/201601/why-is-it-hard-say-no-and-how-can-you-get-better-it>

Stress reduction Tip 3:

- For a lot of us, stress shuts us down and we become less active and more socially isolated. If you notice this is your habit, and you have the energy to reach out to a trusted colleague or a friend, this is a great time to cultivate support and lean into your “people” to increase feeling connected. If reaching out to a specific person is hard, but being around people might offer you some energy, honor that and find company in your community but amongst strangers. Whether that’s a visit to the library, a church, a coffee shop or even calling a mental health warm line, you have options to create community and enjoy the company of others directly and indirectly.
<https://www.verywellmind.com/the-impact-of-social-isolation-on-mental-health-7185458#:~:text=Social%20isolation%20and%20mental%20health%20have%20a%20bidirectional%20relationship.,affect%20health%20and%20well%2Dbeing.>
- If you have the opposite response and you feel overwhelmed by people, pick a place or activity you can do to increase solitude and personal peace. For you that could also be visiting a church, taking a walk, staying home but turning off your phone and not answering the door for an hour – just make a plan that will work for you and have that ready to go when the feeling strikes.
<https://worksmartlivesmart.com/quiet-day-february/>

Stress reduction Tip 4:

- Over communicate. Talk to yourself, talk to others, write down your feelings, record yourself asking questions that are on your mind. Anything you can do to express thoughts and feelings can offer relief. The trick here is not to problem solve or fix or make a to do list. You need good listeners, not people to correct or offer advice. Even talking to yourself can be an effective strategy to keep feelings fluid and moving – which is exactly what they are supposed to do.
<https://www.nbcnews.com/better/health/talking-yourself-normal-here-s-how-master-it-ncna918091>
<https://www.psychologytoday.com/us/blog/the-chronicles-infertility/201808/the-power-talking> (this article has one fertility reference, but the rest of it is great, about talking and who you want as a listener, so I included it...)

Stress reduction Tip 5:

- Try to stay mindful and catch the small victories. For me some days, just getting out of bed is worth celebrating as a real achievement because it was truly, that hard, to make myself face the day. Celebrate those victories, whether it is surviving another day, getting your teeth brushed, or having a momentous workday by slaying a presentation or getting promoted – it’s all about being right where you are, and holding on to whatever celebration there is for you – right in that moment.
<https://greatperformersacademy.com/motivation/8-simple-tips-on-how-to-celebrate-small-wins-daily>
<https://thriveglobal.com/stories/how-to-celebrate-small-wins-reach-goal-new-habit-change/>
<https://www.shawnellis.com/celebrate-little-victories/>

Upcoming meetings & trainings

Care Coordination Quarterly Meeting for all products via Microsoft Teams

Tuesday June 4, 2024, from 9 AM to 10:30 AM

Tuesday September 3, 2024, from 9 AM to 10:30 AM

Tuesday December 3, 2024, from 9 AM to 10:30 AM

MnCHOICES Office Hours

Friday April 5, 2024, from 9:30 AM to 11 AM

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

Community-Based Services Manual (CBSM) Updates

DHS Weekly Updates email 2/20/2024. At the March Quarterly Care Coordination, we reviewed some of the updates to Elderly Waiver services. Please read the full update for all the details and always reference the Community-Based Services Manual (**CBSM**) for the specific service information.

- Adult Foster Care
 - Added **environmental accessibility adaptations (EAA)** to the list of services that cannot be authorized for people receiving adult foster care.
- Customized Living
 - Added **environmental accessibility adaptations (EAA)** to the list of services that cannot be authorized with customized living.
- Individual community living supports (ICLS)
 - Updated the covered services section to add that people receiving ICLS services **must receive assistance and/or support in a minimum of two of the six ICLS service components**.
 - If the person is currently receiving ICLS services, the case manager/care coordinator must review the need for ICLS services at the next scheduled review to ensure the person's need meets the requirement of at least two ICLS components. If the person does not meet the minimum requirement, the case manager/care coordinator cannot reauthorize ICLS. Instead, they must authorize the service that meets the person's identified need.
 - Updated **ICLS Planning Form, DHS-3751** to reflect that people receiving ICLS services must receive assistance and/or support in a minimum of two of the six ICLS service components.

Special Needs Basic Care (SNBC) + SNBC Enhanced

Healthy Pregnancy Allowance

Medica is excited to share our new healthy pregnancy benefit, beginning later this month. Pregnancy Medica members (all Medicaid products) will be automatically issued a \$70 allowance for baby related items such as car seats, diapers, wipes, formula, and portable cribs. The allowance will be added to their existing Healthy Savings card, and the items can be ordered from Walmart and delivered directly to their home (free delivery over \$35).

Eligible members will receive a letter informing them of the allowance. Members are welcome to call Member Services for questions about the benefit.

Medica Member Services Phone Number –

- **SNBC** – 1-877-379-7540 (TTY 711) – 8am-6pm, Monday-Friday
- **SNBC-I** – 1-888-347-3630 (TTY 711) – 8am-9pm, 7 days/week

Member Advisory Committee Meetings

We will be holding multiple Member Advisory Committee meetings throughout 2024 and will be including groups of members from each of our Medicaid products. Upcoming meetings:

- 4/11/24 (11am-1pm)- People, Incorporated (*St. Paul*) – **Health Equity, Diabetes and Food Security** (*SNBC & ISNBC*)
- 5/29/24 (11am-1pm) – Public Library (*St. Cloud*) – **Health Equity & Healthy Start for Families** (*PMAP & MinnesotaCare*)

We invite you to send us the names of any individuals you think would be a good fit to share feedback and input with Medica for this or other meetings later in the year. We look for a diverse set of voices and perspectives for these groups. We include members as well as a variety of other stakeholders (providers, advocate, county representatives) as well.

Please let us know if you would like to attend and/or share any potential participant names by emailing us at AdvisoryCommittee@medica.com.

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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