

All Products



Auditors Corner: Support Plan

Support planning is an essential and required task that must be completed by the Care Coordinator with the member and/or authorized family members or legal guardian. Information obtained during the assessment is incorporated into the support plan. *It is important to have your assessment in the correct "status" for all identified elements to pull over to the support plan.*

The support plan should:

- Describe the member's needs for services.
- Include the member's choices and goals for a high quality of life.
- Document goal progress.
- Identify and address health and safety concerns.
- Identify the role of caregivers, as applicable.
- Provide a communication tool for support and service providers.

Support planning helps people identify and access social, health, educational, vocational, and other supports and services based on each person's values, strengths, goals, preferences and needs. A person's unique preferences, opinions, cultural considerations, and beliefs should guide each step of this process.

Remember these items when creating a support plan:

- Apply person centered practices to address what is important to and important for the member (refer to **DHS – Person-centered practices**)
- Use person-centered, SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) goals. Avoid labeling, acronyms, and judgmental terms when writing narratives.
- Goals should be specific to the member. Avoid "blanket" goals.
- Create a clear picture of a person's plan when the narrative is combined with the form's standardized responses.
- Consider a person's cultural and personal identity perspective when setting goals and service preferences.
- Include how a person's assistive devices and equipment address their assessed needs.
- Note gaps between a person's needs and current supports, including barriers to participation in their community.

Goals and outcomes should be identified by the member. This information will help identify support options that will help a person live their life, according to their preferences. These goals may be short or long term. These goals must be reviewed and revised periodically including documentation of goal status (e.g., member achieves a goal; goal not met and being revised, etc.). Medica considers the

support plan to be a “living document”. The support plan review and revision should occur annually and according to the follow-up plan. It should also be revised as changes/transitions occur in the members’ health care needs.

Note: For revision or transition, determine if the plan needs new signatures due to significant changes. If needed, complete a new signature form.

Additional resources are located in the MnCHOICES Help Center by searching “support plan”.

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

Bridging Benefit Guideline

The Bridging Benefit Guideline has been updated and posted to the Care Coordination Hub. Updates to the document include:

- Replaced references from Benefit Manager and that email address with Clinical Liaisons and that email address MedicaCCSupport@Medica.com.
- Please refer to this updated [Bridging Benefit Guideline](#) when requesting Bridging services.

Community engagement team - May 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.

- 5/1/24: **Arrowhead Economic Opportunity Agency (AEOA) Senior Expo** (Eveleth)
- 5/3/24: **Health Fair with Breast Cancer Champions (BCC)** (Minneapolis)
- 5/4/2024: **SEWA-AIFW Health & Resources Fair** (Brooklyn Center)
- 5/14/24: **Early Childhood Family Education (ECFE) Spring Social** (Maple Grove)
- 5/16/24: **Health Care Homes Learning Collaborative Learning Days** (St. Cloud)
- 5/17/24: **Health Fair with Breast Cancer Champions (BCC)** (Minneapolis)
- 5/20/2024: **Mental Health and Resilience Workshop** (Forest Lake)
- 5/22/2024: **St Louis County Operation Community Connect** (Hibbing)
- 5/24/2024: **North Point Free Fresh Food Friday** (Minneapolis)

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

Department of Human Services (DHS) Explains Electronic Verification of Certain Assets for Minnesota Health Care Programs

DHS has asked Managed Care Organizations (MCO's) to remind CCs that the asset tests are being put back in place for seniors and adults with disabilities, paused during the Public Health Emergency (PHE). These will start up separate from the redetermination reviews.

Beginning with annual renewals due for July 2024 eligibility, per DHS, county and tribal workers must use Account Validation Service (AVS) to electronically verify financial accounts and certain assets for Medicaid enrollees age 65 or older and people who are blind or have a disability who are subject to an asset limit when determining eligibility for Medical Assistance (MA).

Please review the full bulletin: [Full DHS Bulletin 24-21-03](#)

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 – Phase 3

Phase 3: This phase has now begun and will run through **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.

**There are 2 monthly releases expected in May.*

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](#)

Nurse’s Week May 6 - 12

It is the annual celebration of the nursing profession that always coincides with the birthday of Florence Nightingale, the founder of modern nursing, on May 12th.

This year’s theme is "Nurses Make the Difference" which honors the incredible nurses who embody the spirit of compassion and care in every health care setting.

Nursing requires heart, passion, and dedication to serving others and Medica is fortunate to have so many great nurses working with our members. We appreciate you!



Policy updates – Home Care policy

The Home Care Policy has been updated and posted to the Care Coordination Hub under *Policies and Processes* and in the *PCA* section. To provide clarification, the following was added under General Procedure:

Please Note: Personal Care Assistance (PCA) and Home Care Nursing (HCN) services are NOT included in the SNBC/I-SNBC benefit and is managed by state plan fee for service.

Additionally, the *Home Care at a Glance* was added to references.

Miscellaneous

[↓ Home Care At a Glance Grid](#)

This is posted on the **Care Coordination Hub under Tools and Forms** then Miscellaneous. This is a handy Home Care Policy companion document addresses home care services for each product, the payer, authorization needs and effect on waiver budgets. We hope you find this resource valuable for service planning and coordinating home care services for members.

QRyde Update

- QRyde is Medica's scheduling tool used to schedule rides and interpreter services which includes but not limited to; canceling or change trips, add, or delete authorizations, request bus passes, all of which requires accessing and using member information.
- In an effort to ensure we are compliant with Medica IT Security requirements the QRyde user list for our delegated care coordinators must be reviewed and updated on a quarterly basis. It is our obligation to keep sensitive personal information protected and safe. By maintaining an updated QRyde user list on a quarterly basis this will potentially minimize the risk of member information getting in the wrong hands.
- A message from the Medica Provider Oversight Team will be sent each quarter in a calendar year requesting delegated care coordinators entities to review and update their QRyde user list and submit to [**provideroversight@medica.com**](mailto:provideroversight@medica.com). **If we do not hear back with an updated list all users will be removed and a new request for access will have to be submitted.** To avoid deleting user lists we will make every attempt by sending email reminders throughout the quarter and include reminders in the monthly care coordinator newsletter.
- The spreadsheet is for your use to track and update all users within your organization. We are in the process of developing a QRyde user list that includes the data, so you won't have to add it each time. **Updated QRyde user lists should be returned by end of the business day April 30, 2024.**

Reminders from Provider Oversight

- Keep transportation referrals coming!
- Please have providers contact Provider Oversight with claims issues.

Reminders from the Support Specialist Team

Prior to submitting a Referral Request Form (RRF)

1. Ensure the correct member ID and DOB is entered.
2. Ensure correct dates are entered.
3. If the request is for Home Health Aid (HHA) or Personal Care Assistant (PCA), please be sure the provider is in network.
4. If it is for home modifications, please add description of service in notes.
5. If you are requesting Durable Medical Equipment (DME), if there is a Healthcare Common Procedure Coding (HCPC) code that should be used please enter it and do **not** use T2029.
6. Is the service staying the same or decreasing?
 - a. If it is decreasing, have you submitted the Denial, Termination, or Reduction (DTR) form?

Success Stories

Reminder to submit your care coordinator success stories to the MedicaCCSupport@Medica.com email box at any time. We want to hear about the good work you are doing with your members and share it with others. One story will be chosen and highlighted at the care coordination meeting in June. The lucky one chosen will also receive some Medica swag, so please share your successes!

Upcoming meetings & trainings

MnCHOICES Office Hours

Friday May 3, 2024, from 9:30 AM to 11 AM

Transition of Care Lunch and Learn

Wednesday May 8, 2024, from 12Noon-1:30PM

Delegate Interdisciplinary Team (IDTs)

Wednesday May 15, 2024, 9AM-12Noon

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

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

Denial, Termination, or Reduction (DTR) Reminders

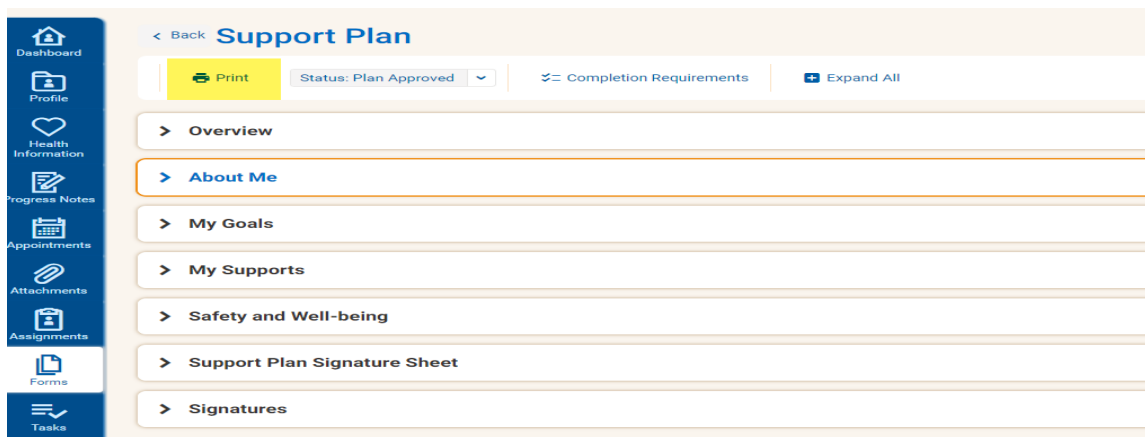
When a DTR for Personal Care Assistance (PCA) is processed and the member states they want a new assessment or states there is a change from the assessment, the member should be referred to the appeal process. The Care Coordinator should **not** complete a new assessment and will be in communication with the Medica appeals nurse if the member appeals. Please contact MedicaCCSupport@medica.com if you need to consult on a member's case.

MnCHOICES - Changes to assessment process for personal care assistance (PCA) providers

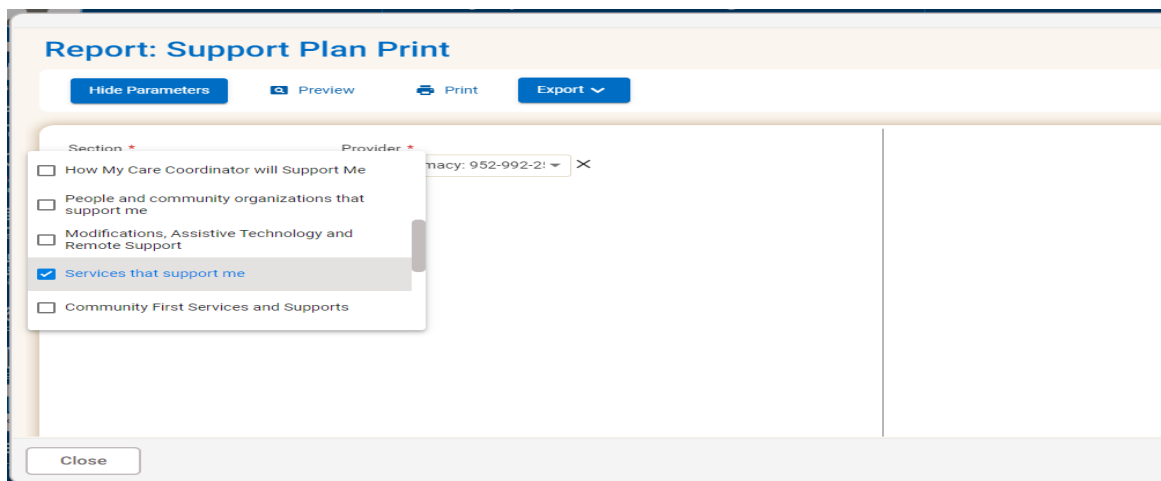
After completing revised MnCHOICES assessment, the Care Coordinators will send the following documents to the PCA provider within 10 days of assessment date:

- Supplemental Summary Charts
- Support Plan – Care Coordinators have 30 days to complete full support plan.

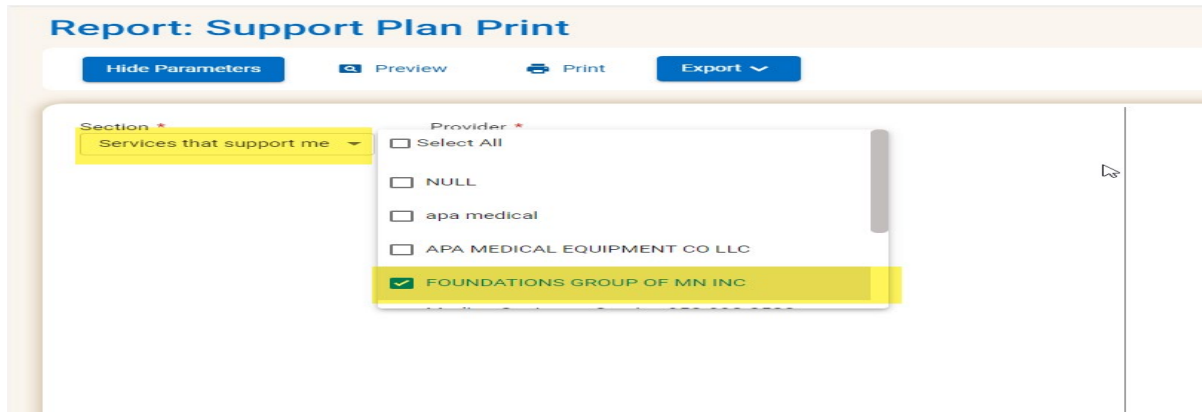
Care Coordinator will send the section “services that support me section” of the support plan to be sent with the supplemental summary charts. See below:



The screenshot shows a web application interface for a 'Support Plan'. On the left is a vertical navigation menu with icons for Dashboard, Profile, Health Information, Progress Notes, Appointments, Attachments, Assignments, Forms, and Tasks. The main content area is titled 'Support Plan' and includes a 'Print' button, a status dropdown menu set to 'Plan Approved', and links for 'Completion Requirements' and 'Expand All'. Below these are several expandable sections: Overview, About Me, My Goals, My Supports, Safety and Well-being, Support Plan Signature Sheet, and Signatures.



The screenshot shows a 'Report: Support Plan Print' dialog box. At the top, there are buttons for 'Hide Parameters', 'Preview', 'Print', and 'Export'. Below these are two dropdown menus for 'Section' and 'Provider'. The 'Section' dropdown is open, showing a list of options with checkboxes: 'How My Care Coordinator will Support Me', 'People and community organizations that support me', 'Modifications, Assistive Technology and Remote Support', 'Services that support me' (which is checked), and 'Community First Services and Supports'. A 'Close' button is located at the bottom left of the dialog.



Special Needs Basic Care (SNBC) + SNBC Enhanced

OBRA Level I Process Update

We are providing an update regarding completion of the **OBRA Level I** specifically for SNBC members. See below:

- Effective immediately the **OBRA Level I** is **not required** when completing HRA's, as it is no longer a contract requirement.
- The process remains the same for Pre-Admission Screening (PAS), where the **OBRA Level I** is required to be completed and submitted to the nursing facility per policy. Please refer to the **Pre-Admission Screening Process** on the Care Coordination Hub under Policies and Procedures for further information.

*Please note, any other documents that reference the OBRA Level 1 are currently being updated and will be reposted.

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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