



Procedure Title:	Range of Choice
Department:	Government Programs
Business Unit:	State Public Programs
Approved By:	Manager Regulatory Oversight & Improvement
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PRODUCTS AFFECTED

- Minnesota Senior Health Options (MSHO) – Medica DUAL Solution[®]
- Minnesota Senior Care Plus (MSC+) – Medica Choice CareSM MSC+
- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution[®]
- Special Needs BasicCare (SNBC) Integrated – Medica AccessAbility Solution Enhanced[®]

DEFINITIONS

Home and Community Based Services (HCBS): These are services provided under a federal waiver under § 1915(c) of the Social Security Act, 42 U.S.C § 1396n, and pursuant to Minnesota Statutes, § 256B.092 subd. 4, and § 256B.0915. These services are for members who meet specific eligibility criteria including being at risk of institutional care if not for the provision of HCBS services. The services are intended to prevent or delay Intermediate Care Facility/Developmentally Disabled (ICF/DD) placements, Nursing Facility (NF) placements, or neurobehavioral rehabilitative hospitalizations.

Home Care Services: means a Medicaid health service or Medicare health service as listed in § 1861 of the Social Security Act (42 USC § 1395x(m)) that meets the criteria for Medical Necessity, and is ordered by a physician and documented in a service plan that is reviewed and ordered by the physician at least once every sixty (60) days for the provision of home health services or private duty nursing, or at least once every three hundred and sixty-five (365) days for personal care services that are provided to the Enrollee at the Enrollee’s residence that is a place other than a hospital or long-term facility or as specified in Minnesota Statutes, § 256B.0625

Services may include:

- Home health aide services as listed in Minnesota Statutes, § 256B.0625 subd. 6(a), § 256B.0651, and § 256B.0653, subd. 3;
- Skilled nursing visits including telehomecare visits, provided by a certified Home Health Care Agency as authorized by Minnesota Statutes, §256B.0625, subd.6a, and §256B.0653, subd. 4
- Home care nursing as listed in Minnesota Statutes, § 256B.0625 subd. 7.
- Home care therapies as listed in Minnesota Statutes, § 256B.0625 subd. 8, and §256B.0651, subd. 1(a)

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- Durable medical equipment, and associated supplies when accompanied by a homecare service as described in Minnesota Statutes § 144A.43 subd.3 (10)
 - Personal Care Assistance (PCA) services as authorized by Minnesota Statutes, § 256B.0659, subd. 2.

Nursing Facility (NF): A long term care facility certified by the Minnesota Department of Health for services provided and reimbursed under Medicaid. Nursing Facility (NF) is also known as a Nursing Home.

Nursing Facility Level of Care (NF LOC): Standard to allow entry to nursing facilities and the home and community-based waivers for individuals demonstrating one or more of the following characteristics: a high need for assistance in four or more activities of daily living (ADL); a high need for assistance in one ADL that requires 24 hour staff availability; a need for daily clinical monitoring; significant difficulty with cognition or behavior; qualifying nursing facility stay of 90 days; or living alone and risk factors are present.

PURPOSE

To assure that all Care Systems, Agencies, and Counties/Tribes that provide Care Coordination for Medica members have a policy and/or procedure that ensures access to an adequate range of Home Care Services, Elderly Waiver (EW) Services, and Nursing Facility (NF) Services to meet the individual member's needs.

POLICY

Care Systems, Agencies, and Counties/Tribes that provide Care Coordination for Medica members are required to have procedures in place to guarantee that all members are provided a range of services and appropriate choices to meet the individual member's needs. Medica will ensure access to an adequate range of Home Care Services, Elderly Waiver (EW) Services, and Nursing Facility (NF) Services for all of its members.

PROCEDURE

1. CC will offer member choice between receiving services in the community or in a nursing, if NF Level of Care is met.
2. CC will explain home and community-based waiver services and home care services (Nursing, PCA, Home Health Aide, etc.).
3. CC will give members appropriate choices of different types of services they may need.
4. CC will give members choice of qualified service providers for services.
5. The range of choices will include methods for supporting and coordinating services with both formal and informal support systems provided by families, friends, and other community resources.
6. During initial assessment, routine follow-up, and annual reassessments, CC will assess and identify Institutionalized members whose needs could be met as well or better in non-Institutional settings.
7. CC will identify methods for meeting those needs.

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8. CC will assist in discharge planning and other care management responsibilities as needed. This may include, but is not limited to:
 - a. Review of the NF chart
 - b. Gathering input from NF staff
 - c. Participating in facility meetings and care conferences
 - d. Communicating with other Providers
 - e. Communicating with County Agencies
 9. Care Coordinators will update or create a Care Plan that identifies steps to move Institutionalized members back into the community, when appropriate.
 10. Care Coordinators will update or create a Care Plan that addresses member requests for assistance in areas of life identified by the person.
 11. Care Systems, Agencies, and Counties/Tribes are required to obtain the member signature annually verifying the member was given an explanation of choice of home and community-based services, consumer-directed support services, and waived services as well as a choice between Home and Community Based Services and Care and nursing home placement.
 12. Medica will complete annual audit.

CROSS REFERENCES

MSHO/MSC+ Contract

SNBC Contract

Medica Member Signature Sheet

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