Policy Title:	Telephonic Assessment
Department:	Government Programs
Business Unit:	State Public Programs
Category:	
Approved By:	Director of SPP Products
Approved Date:	
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PRODUCTS AFFECTED
- Minnesota Senior Care Plus (MSC+) – Medica Choice Care[SM] MSC+
- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution®
- Special Needs BasicCare (SNBC) Integrated – Medica AccessAbility Solution Enhanced®

DEFINITIONS
Care Coordinator (CC): A person who assesses the member, creates a person centered care plan, and then coordinates the provision of services and supports for those members among different health and social services professionals and across settings of care.

DHS: Minnesota Department of Human Services

HRA: Health Risk Assessment

HRA and Assessment Tools for Telephonic Assessment
- DHS form 3426 OBRA Level I Criteria – Screening for Developmental Disabilities or Mental Illness (OBRA)
- DHS form 3428H Minnesota Health Risk Assessment Form

PURPOSE
Face-to-face Health Risk Assessment (HRA) with members is a Medica best practice. Based on the member's needs, health conditions, and service status there may be instances when specific SNBC, SNBC Enhanced, and MSC+ member's HRA may be completed telephonically. To ensure that all Care Systems, Agencies, and Counties/Tribes that provide Care Coordination for Medica members and are conducting telephonic HRA's are aware of the identification process for "red flags" that will prompt a CC to offer the member a face-to-face HRA or visit with a member/responsible party.

POLICY
CC must assess and reassess members in accordance with DHS, CMS, and Medica requirements. In the event that the HRA is completed telephonically, Medica has established the following criteria which include the procedures, identification process, schedules and timelines for face-to-face visits for all members based on the member's needs and health conditions. In addition, Care Coordinators are to use new member information and existing member information provided by Medica, reported by the member and reported by others when determining when a face to face assessment may be

the most effective way of completing the member assessment, even in cases where a telephonic HRA is allowed.

MEMBERS THAT MAY BE CONSIDERED FOR TELEPHONIC HRA

- SNBC or SNBC Enhanced members not permanently residing in a skilled nursing facility
- SNBC or SNBC Enhanced member currently on a waiver program
- MSC+ members not on Elderly Waiver (EW)
- MSC+ members not receiving Personal Care Assistance (PCA)
- MSC+, SNBC, and SNBC Enhanced members that have declined a face-to-face assessment
- Transfer members with current assessments

FACE-TO-FACE ASSESSMENT OFFERING REQUIRED

- If a SNBC/SNBC Enhanced member is not currently on a waiver program
- If the member/responsible party is requesting a face-to-face HRA or as indicated following notification of a change of condition.
- If at least one of the following “red flags” has been identified:
  - 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

PROCEDURE:

1. The CC will complete the following telephonically
   - DHS 3428H
   - DHS 3426 (OBRA Level I)
   - Transfer HRA (if criteria met)

2. If any of the face-to-face ”red flags” are identified or if the member/responsible party requests a face-to-face visit, the CC will proceed with offering the face-to-face HRA with the member/responsible party within 20 calendar days. If the member/responsible party decline a face-to-face visit, the CC will document all attempts to schedule the visit and will proceed with completing the assessment telephonically, if the member is willing to do so.

3. When the HRA is completed telephonically, the CC will attempt to address all elements of the assessment with the member.
   - If all elements cannot be addressed, additional telephonic contact with the member may be warranted upon member agreement.
   - If the CC is unable to obtain all elements of the assessment, an explanation will be documented and an unable to contact or refusal assessment will be completed.

4. Upon completion of assessment, the CC will place the member in the following visit/contact schedule and note the follow-up frequency on the care plan.
    - Annual HRA
    - Minimum contact every 6 months (additional contacts per CC judgement)
    - Contacts related to member transitions, if applicable

5. The CC will document all member contacts in the member's record or chart.

6. If CC becomes aware through notification from a county, health care provider, family member, the member or others, of a member's change of condition or recent change of living setting due to an increase in service needs (for example, move to customized living setting or group home), CC will contact member and schedule a change of condition assessment to be completed within 20 calendar days.

7. Annual reassessments must be completed within 365 days of previous assessment.

8. Refer to Assessment Schedule Policies for required Assessment and Follow up Activities.

MMIS ENTRY PROCESS
The following steps in MMIS should be taken for entry for members enrolled with Medica. All entries to be completed in H Screen.

Activity Type 01: Telephone Screen

- For use with initial and reassessment Health Risk Assessments conducted by telephone, Assessment Result 35. Program Type 18 or 28 depending on product.

CROSS REFERENCES:
Assessment Schedule Policy (SNBC/SNBC Enhanced)
Assessment Schedule Policy (MSHO/MSC+)
DHS contract for SNBC
DHS contract for MSHO/MSC+
MMIS trainings found in DHS TrainLInk

Rev 8/22

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