# Medica Choice CareSM - Minnesota Senior Care Plus (MSC+)

**Medica DUAL Solution**® **- Minnesota Senior Health Options (MSHO)**

**Care Coordinator Checklist for Elderly Waiver (EW) and Community Well (Non-EW)**

## Member Name:       DOB:

[ ]  Medica MSC+/MSHO Enrollment Date (date enrollment list received):

## Within 10 business days of CC assignment, product change or change in CC

[ ]  Welcome Letter sent to member/member representative identifying Care Coordinator name and telephone number. Date:

 OR

[ ] Welcome call to member/member representative identifying Care Coordinator name and telephone number. Date:

## Assessment Schedule- Initial and Reassessment

## MSHO, MSC+ Elderly Waiver (EW) and MSC+ with Personal Care Assistance (PCA/CFSS):

[ ]  Within 30 calendar days of enrollment or 365 days from last assessment

* Health Risk Assessment (HRA) (DHS-3428) (MNChoices Assessment) OR Health Risk Assessment (HRA) (DHS-3428H) (MNChoices-HRA) completed Date:

[ ]  Enter screening document into MMIS prior to monthly cutoff date as required. Date:

[ ]  Complete supplemental documents as appropriate. (PCA/CFSS documents, ICLS Planning Form, CDCS Community Support Plan, Residential Service Rate Tool, etc.)

**MSC+ Non-EW/PCA/CFSS**

[ ]  Within 60 calendar days of enrollment, or 365 days from last assessment

* HRA (DHS-3428H) or MNChoices HRA completed. Date:

[ ]  Enter screening document into MMIS as required. Date:

## Within 30 days from Assessment:

[ ]  Care Plan/Support Plan completed, mailed to member. Date:

[ ]  MNChoices Assessment: Assessment Summary and support plan mailed to member. Date:

[ ]  MNChoices HRA-MCO: Support plan mailed to member. Date:

[ ]  MNChoices PCA/CFSS only: Supplemental Summary Chart mailed to member. Date:

[ ]  Member Post-Visit letter mailed. Date:

[ ]  Member signature sheet/support plan signature sheet completed or mailed. Date:

[ ]  Medica Care Coordinator Leave-Behind Document given or mailed to member Date:

[ ]  Medication Safe Disposal Handout given or mailed to MSHO member receiving in-person assessment. Date:

[ ]  Primary Care Physician (PCP) letter mailed/faxed. Date:

[ ]  EW/HSS/Non-EW PCA/CFSS provider(s) signature sheet/letter mailed to provider. Date:

[ ]  Second attempt to obtain EW/HSS/Non-EW PCA/CFSS provider(s) signature sheet/letter at 60 days, if applicable. Date:

[ ]  OBRA Level I (DHS- 3426) completed. Date:

[ ]  **LTC: Communication of long-term supports and services eligibility form** (DHS-5181) completed and sent to County Financial Worker. Date:

[ ]  If opening member to Elderly Waiver: Request for Payment of Long-Term Care Services (DHS-3543) completed and sent to County Financial Worker. Date:

[ ]  **Managed Care Organization, County Agency and Tribal Nation Communication Form - Recommendation for State Plan Home Care Services (DHS-5841) completed and sent to Waiver Case Manager.** Date:

[ ]  Referral Request Form emailed to ReferralRequest@medica.com. Date:

**Transfer/Transitional Member:**

[ ]  Within 30 calendar days of enrollment, Transfer Member HRA or MNChoices Transitional HRA – obtain all assessment documentation (valid assessment within 365 days, care plan, member signature sheet). Date:

[ ]  Enter screening document into MMIS as required. Date:

## Within 30 days from Transfer Member HRA (MNChoices Transitional HRA)

[ ]  Medica Care Coordinator Leave-Behind Document sent to member Date:

[ ]  Referral Request Form emailed to ReferralRequest@medica.com. Date:

[ ]  Primary Care Physician (PCP) letter mailed/faxed. Date:

[ ]  **LTC: Communication of long-term supports and services eligibility form** (DHS-5181) completed and sent to County Financial Worker. Date:

[ ]  **Managed Care Organization, County, Agency and Tribal Nation Communication Form - Recommendation for State Plan Home Care Services (DHS-5841) completed and sent to Waiver Case Manager.** Date:

**Unable to Reach/Refusal Member:**

[ ]  Unable to Reach/Refuser Members enter screening into MMIS as required. Date:

## Within 30 days from UTR/Ref HRA

[ ]  Member Refusal or On-going No Contact letter mailed – including Member Engagement Questionnaire & Medica Care Coordinator Leave Behind Document. Date:

[ ]  MSHO Only: Member Unable to Reach/Refusal Care Plan Date:

[ ]  MSHO Only: Primary Care Physician (PCP) letter mailed/faxed. Date:

## Ongoing Care Coordination

* Pre-Admission Screenings (PAS) for nursing home admissions.
* Transitions of Care: Transition Log required for MSHO only. MSC+ documentation required in member case notes.
* Communication with Primary Care Physician and Interdisciplinary Care Team re: changes in CC, changes in product, change in ICT members, changes in health status, transitions of care, etc.
* Communication with Medica Clinical Liaisons re: any clinical case consultation.
* Communication with Medica Customer Service for benefit questions.
* Communication with Medica Support Specialist in regard to questions on referral requests, claims, etc.
* Communications with a Medica Behavioral Health (MBH) “Care Advocate” as needed for case consultations for members with mental health concerns.
* Communication with financial worker and other waiver worker as needed (i.e. transitions, relocations, death).
* Inform members of resources such as Health Improvement Programs, make referrals as appropriate.

**NOTE:** There may be activities that a Care Coordinator is doing that are not reflected on this checklist.

 All policies can be found on the  [Care Coordination Website Hub](https://www.medica.com/care-coordination/)

Please contact the Medica Clinical Liaison at MedicaCCSupport@medica.com for any questions.

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