PRODUCTS AFFECTED
- Medica DUAL Solution® – for Minnesota Senior Health Options (MSHO) enrollees
- Medica Choice CareSM – for Minnesota Senior Care Plus (MSC+) enrollees
- Medica AccessAbility Solution® – for Special Needs Basic Care (SNBC) enrollees

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 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
- Private duty 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)
• 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 that provide Care Coordination for Medica members have a policy and/or procedure that ensures access to an adequate range of Elderly Waiver (EW) and Nursing Facility (NF) Services to meet the individual member’s needs who are found to require Nursing Facility Level of Care (NF LOC).

**POLICY**
Care Systems, Agencies, and Counties 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 who are found to require NF LOC. Medica will ensure access to an adequate range of Elderly Waiver (EW) and Nursing Facility (NF) Services for all of its MSHO/MSC+ members through the services of its Care Coordination Product (CCP).

**PROCEDURE**

1. Care Coordinators (CC) will give members appropriate choices among NF and/or EW services so that individual needs of members, who are found to require a NF Level of Care, are met.

2. 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.

3. During initial assessment, routine follow-up, or annual reassessments, Care Coordinators will assess and identify Institutionalized members whose needs could be met as well or better in non-Institutional settings.

4. Care Coordinators will identify methods for meeting those needs.
5. Care Coordinators 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 family conferences
   d. Communicating with other Providers

6. Care Coordinators will update or create a Care Plan that identifies steps to move Institutionalized members back into the community, when appropriate.

7. Care Systems, Agencies, and Counties 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 waivered services as well as a choice between Home and Community Based Services and Care and nursing home placement.

8. Medica will complete annual audit.

CROSS REFERENCES
MSHO/MSC+ Contract
Medica Member Signature Sheet

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