Customized Living, Foster Care and Residential Care Process

Products Affected:
- Medica DUAL Solution® – Minnesota Senior Health Options (MSHO) program
- Medica Choice Care® – Minnesota Senior Care Plus (MSC+) program

Purpose: To ensure that member’s residing in customized living (CL), adult foster care (AFC) or residential services (RS) settings receive services necessary to meet their assessed needs while keeping cost within member’s case mix limit using the Minnesota Department of Human Services (DHS) Residential Services Workbook.

Procedure:

I. Assessing members in Customized Living, Foster Care or Residential Care

A. Prior to completing member’s initial/re-assessment or change in condition assessment, provide the facility with a courtesy call.
   - Give the date and time of anticipated arrival.
   - Request copies of the nursing assessment or written report be available with a deadline date for which the information is needed (i.e. date when the residential services (RS) workbook will be completed).
   - Document the courtesy call in case notes outlining date and time of deadline that was provided.
   - It is the Customized Living (CL), Adult Foster Care (AFC) or Residential Care setting’s responsibility to obtain permission from the member to release information to the care coordinator.

B. Complete the Long Term Care Consultation (LTCC)/verify that current LTCC reflects member’s current needs.

C. If member is new to care setting and/or a MSHO/MSC+ member opening to EW, reassess and complete LTCC.
   - Is member nursing facility certifiable? (DHS-3361-ENG, Nursing Facility Level of Care)
     - DHS-3543-ENG must be completed by member and sent to financial worker (FW).
   - Contact the county FW to determine that member is waiver eligible prior to move.
     - DHS-5181-ENG must be completed by the care coordinator (CC) and faxed to FW
   - Refer member to county financial worker for group residential housing (GRH) to determine eligibility for rental assistance. Contact County Financial Worker to determine financial implications such as EW obligation, MA spend down, and GRH eligibility.

D. If member is relocating to different facility/residence:
   - Has there been a change in assessed activities of daily living (ADL) needs or has case mix changed?
     - If no, proceed with updating RS workbook to reflect new facility/residence.
     - If yes, complete LTCC reassessment.

E. If member has had a change in condition requiring increased long term assistance:
   - Has there been a change in assessed ADL needs and/or has case mix changed?
II. Complete the **EW Residential Services Workbook**

A. As outlined in DHS Bulletin #16-25-02, to qualify for the higher 24-hour RS rate limit, member must have the following needs as determined by the LTCC assessor:
   - Cognitive or behavioral intervention of 02 or >
   - Clinical monitoring with special treatment and case mix of C, F or K.
   - Staff assistance in toileting, positioning, or transferring (single dependency); Intermittent Assistance with Toileting 01 or > or Transferring 02 or > or Positioning (Bed Mobility) 02 or >
   - Medication management, at least 50 hours per month of residential living services and be dependent in at least three of the following activities of daily living: dressing 2 or >, bathing 4 or >, grooming 2 or >, walking 2 or > or eating 3 or >

B. Determine Assessed Member Service Needs:
   - Care coordinator is responsible for completing the RS workbook within 30 days of the assessment. CC should collaborate with member and provider for information to complete the tool. If a provider is not present for assessment, collaboration can be completed via phone or through written documentation.
   - The RS workbook will not allow provider payment over cap. It is the responsibility of the CC to negotiate services/time to determine appropriate plan of care within budget. CC is encouraged to seek informal/quasi-formal services if possible. There is also a tab on the workbook that will allow an auto adjust payable amount to fall at/under cap if you are < 103% of the budget amount. *The AFC rate limit is the same as member’s EW cap.
   - **Caution:** If RS tool is at the rate limit, there is no room for additional services or supplies under the waiver.

C. Duplication of Services:
   - Members cannot receive homemaker, chore or respite in combination with residential services.
   - Outside vendor personal emergency response devices or systems cannot be authorized in addition to 24 hour residential living service.
   - Transportation to health services covered by Medicaid state plan cannot be authorized in combination with residential living services.

III. Upon completion of the RS workbook

A. Review error report tab
   - If the error report tab is red there are errors to be corrected
   - To view the error report click on the red error report tab
   - At the top right side of the report it will show the total errors to be corrected.
     - If there are errors, click on the blue hyper-link and you will be taken to the area of the tool where the error is.
     - Correct the error.
   - The error report tab will turn white when all errors have been corrected.
   - The error report tab must have zero errors when submitted.

B. Save RS workbook as an excel document.
• If updates or changes to the tool need to be made this will enable updates without re-entering information.
• Save the document name to include:
  o CC NPI #_EWCL_Member PMI_date of assessment CC initials
  ▪ Example: 1234567890_EWCL_01234567_010117xyz.xls

C. Upload RS workbook into MN-ITS (refer to internal process).
• RS workbooks must be submitted within 15 days of the service authorization line item begin date.

D. Send the member and/or provider the Print Rate Guide and Print RS Plan.
• CC will send the residential services plan noting the final rate determination to the provider. Operation’s does not send out authorizations to providers for residential services.
• The CC does not need to print the community services support plan (CSSP) and have member sign. Complete collaborative care plan with member signature sheet in lieu of CSSP.

E. Complete cost cap tool to verify member is under elderly waiver (EW) case mix cap.

F. Complete referral request form and submit to assigned Medica operations associate.

Residential Services Resources:
DHS EW Residential Services webpage
DHS Bulletin #16-25-02 Comprehensive Policy on Elderly Waiver (EW) Residential Services
DHS Bulletin #15-25-02 Rate Methodologies for EW, AC and ECS Service Authorization
Minnesota statutes section 256B.0915 Medicaid Waiver for Elderly Services
Finding the HFID for a housing with services establishments
Residential services tool change history

Housing Resources:
Care Options
aPlaceforMom
MinnesotaHelp
Senior Linkage Line 1-800-333-2433
Disability Linkage Line 1-866-333-2466

County Financial Worker or AFC Worker may also know about local
AFC and open beds. Minnesota senior housing & senior care
directory: https://www.mnseniorsonline.com/senior-living

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