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

SCOPE:
All Care Systems, Agencies, and Counties that provide Care Coordination for Medica members must have detailed policies and procedure to guide Care Coordinator operations.

DEFINITIONS
Care Coordination: The assessment, care planning, providing support, and coordination of needed services between members, involved health professionals, and care settings.

Care Coordinator (CC): A person, who assesses the member, develops a care plan, coordinates, and supports delivery of services identified in the care plan, also referred to as a navigator.

PURPOSE
To describe Medica’s requirements related to care coordination policies and procedures for MSHO, MSC+, and SNBC.

POLICY
1. Medica recognizes the unique structure of each Care Coordination entity and requires they develop policies/procedures/protocols to manage Care Coordination processes based upon their structure and staffing. At a minimum, the following policies and/or procedures must be in place that describe:
   a. Care Coordination accountabilities [job description]
   b. Care Coordination education, experience and training
   c. Care Coordination PTO/Leave coverage
   d. MMIS data entry
e. Care Coordination case ratios  
f. Monthly enrollment reconciliation  
g. Member notification of Assigned Care Coordinator Screenings, assessments, timelines, and follow up processes  
h. Composition of and communication processes with Interdisciplinary Teams (IDT)  
i. Communication process to share information/training opportunities with internal staff  
j. Management of transitions between care settings  
k. Monitoring of members Medicaid status  
l. High Risk Member List  
m. Annual evaluations of Care Coordination staff that incorporates a process for including input from members  

2. The methodology for Care Coordinator caseload determination will consider the following factors when determining caseload ratio:  
a. Need for high intensity acute care coordination (amount of services, complex medical needs, etc.)  
b. Mental health status  
c. Low English proficiency or need for translation  
d. Case mix/Rate Cell Designation  
e. Lack of family or informal supports  
f. Travel time  
g. Other circumstances as appropriate  

Note caseload ratio is not part of SNBC contract.  

3. Medica’s professional requirements for Care Coordination staff:  

- **MSHO/MSC+:** Care Coordinators for Medica MSHO and MSC+ members must be provided by an individual that is a Registered Nurse, Licensed Social Worker, County Social Worker evaluated by the Minnesota Merit System, Physician Assistant, Nurse Practitioner or Physician.  

- **SNBC:** Medica prefers SNBC Care Coordinators be a Registered Nurse, Licensed Social Worker, County Social Worker evaluated by the Minnesota Merit System, Registered Nurse, Physician Assistant, Nurse Practitioner or Physician. At a minimum, SNBC CCs must be supervised by a Licensed Social Worker, County Social Worker evaluated by the Minnesota Merit System, Registered Nurse, Physician Assistant, Nurse Practitioner or Physician.  

In lieu of these requirements, an individual with specialized expertise working with people with disabilities may be allowed to act as a care coordinator if they have a four-year degree in a closely related field and three or more years of experience in home and community based services. The individual must also be trained on assessments and consultation for long-term care services and other training required by DHS.
Medica must approve the individual’s qualifications before they can function in a Care Coordination capacity. The entity that hired these individuals must submit the initial and ongoing disability-related training plan for the staff working with the SNBC Medica members. Medica requires these staff to have at a minimum 24 clock hours of training that is relevant to their role as a Care Coordinator and/or the population served every two years. It is the responsibility of the contracted entity to ensure this training occurs and to provide Medica with documentation upon request.

4. All Care Coordinators are required to attend/participate in Medica facilitated meetings and/or trainings. If staff does not attend, the contracted entity needs to ensure materials have been distributed and reviewed with staff that was not present.

5. Contracted entities are required to maintain documentation of the training Care Coordinators participate in. Medica may request copies of this documentation.

6. The Care System, Agency or County must be prepared to provide documentation and a copy of their policies and procedures to Medica upon request.

7. Medica may review Care Coordination policies/procedures prior to contracting.

CROSS REFERENCES
MSHO/MSC+ DHS Contract Sections: MSHO 6.1.4, MSC+ 6.1.5
SNBC DHS Contract Section: 6.1.5
Minnesota Statute § 256B.0911, Subd. 2b
Minnesota Statutes, § 256.012
DHS MHCP Provider Manual

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