DEFINITIONS

Care Coordination/Case Management for all Enrollees: The assignment of an individual who coordinates the provision of all Medicaid health and long-term care services for MSHO, MSC+, and SNBC Enrollees and Medicare services for MSHO Enrollees. The Care Coordinator is responsible for completion of the assessment, care planning, providing support, and coordination/collaboration of needed care and services between members, involved health and social service professionals, and care settings for members.

Care Coordinator (CC)/Case Manager/Wellness Navigator: A person, who assesses the member, develops a care plan, coordinates, and supports delivery of services identified in the care plan.

Care Coordinator/Case Manager Qualifications:

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

SNBC Care Coordinator’s- Medica prefers SNBC Care Coordinators be a Registered Nurse, Licensed Social Worker, County Social Worker evaluated by the Minnesota Merit System, Physician Assistant, Nurse Practitioner or Physician. At a minimum, SNBC Case Manager/Navigation Assistant must be supervised by a Licensed Social Worker, 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 Department of Human Services (DHS).

Medica must approve the individual’s qualifications before they can function in a Case Manager/Navigation Assistant 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 Case Manager/Navigation Assistant 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.

PURPOSE
To assure that all Care Systems, Agencies, and Counties that provide Care Coordination for Medica members have a policy and/or procedure that follows Medica’s requirements related to Care Coordinator operations and ratios for MSHO, MSC+, and SNBC membership.

POLICY
Care Systems, Agencies, and Counties that provide Care Coordination for Medica members are required to have procedures in place that describe how they will meet Medica’s requirements related to Care Coordinator operations and ratios for MSHO, MSC+, and SNBC membership. Medica recognizes the unique structure of each Care Coordination Delegate and requires they develop policies/procedures/protocols to manage Care Coordination operations and ratios based upon their structure and staffing.

Medica will audit each Delegates policies and/or procedures listed below annually.

PROCEDURE
1. At a minimum, each Delegate must have written policies/procedures/protocols in place to address the following areas:
   a. Care Coordination Accountabilities (job description)
   b. Care Coordination education, experience, and training
   c. Care Coordination paid time off (PTO)/Leave Coverage
   d. Medicaid Management Information System (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. Annual evaluations of Care Coordination staff that incorporates a process for including input from members

2. When determining Care Coordinator caseload ratios, the Delegate will consider the following factors when assigning Medica members:
   a. Need for high intensity acute Care Coordination
   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

3. Medica’s professional requirements for Care Coordination staff are defined above.

4. All Care Coordinators are required to attend/participate in Medica facilitated meetings and/or trainings.
   a. If staff does not attend, the Delegate needs to ensure materials have been distributed and reviewed with staff that was not present.
   b. Delegates are required to maintain documentation of the training Care Coordinators participate in.

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

Cross References
MSHO/MSC+ DHS Contract
SNBC DHS Contract

© 2011-2016 Medica. Medica® is a registered service mark of Medica Health Plans. “Medica” refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC. Management, LLC.