

# HEALTH RISK ASSESSMENT TOOLS & TIPS

SecureBlue MSHO & Blue Advantage MSC+

BCBS of MN Partner Relations Team – Ricky Vang

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# LEARNING OBJECTIVES

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## Participants will:

- Understand Blue Plus requirements and timelines for assessment completion
- Be knowledgeable of the different types of assessments
- Understand requirements for Unable to Reach and Refusals
- Be knowledgeable of resources



# COMMUNITY CARE COORDINATION GUIDELINES

<b>Contact Requirements</b>				
<b>Care Coordinators must document that for all assessments a face-to-face visit was offered.</b>				
Contact/year	MSHO CW	MSHO EW	MSC+ CW	MSC+ EW
<b>Mailing of Intro Letter</b>	CC must mail product specific Intro Letter within 30 days of enrollment.			
<b>Initial Assessment (including product changes)*</b>  *due after notification of enrollment*	CC contact info given w/in 10 days  Face-to-Face w/in 30 days	CC contact info given w/in 10 days  Face-to-Face w/in 30 days	CC contact info given w/in 10 days  Face-to-Face w/in 60 days	CC contact info given w/in 10 days  Face-to-Face w/in 30 days
<b>Annual Assessment</b>	Face-to-Face within 365 days	Face-to-Face within 365 days	Face-to-Face within 365 days	Face-to-Face within 365 days
<b>Mid-year contact</b>	Phone contact	Face-to-Face	Phone contact	Face-to-Face
<b>New/Change in Care Coordinator</b>	CC contact info given w/in 10 days of the change			
<b>Member Request or As Needed</b>	<ul style="list-style-type: none"> <li>• Contact for significant change in member’s health status or as requested</li> <li>• Member request for HRA (LTCC) must be completed within 20 calendar days of the request</li> </ul>			

**\*Refer to the MSHO & MSC+ Community Care Coordination Guidelines for more details.**



# NURSING HOME GUIDELINES

<b>Contact Requirements</b>		
<i>All members must be notified of their Care Coordinator's information within 10 calendar days of enrollment notification or change in Care Coordinator.</i>		
<b>Contact/year</b>	<b>MSHO</b>	<b>MSC+</b>
<b>Initial Assessment (includes product changes)</b>	Face-to-Face w/in 30 days	Face-to-Face w/in 60 days
<b>Annual Assessment</b>	Face-to-Face within 365 days	
<b>Mid-year contact</b>	Face-to-face or over the phone with the member or responsible party, or at a care conference	
<b>Long Term Care Placement</b>	Within 45 days of notification of LTC placement or within 365 days of previous assessment (whichever is sooner)	
<b>Member Request</b>	Member request for HRA (LTCC) must be completed within 20 calendar days of the request	

**\*Refer to the MSHO & MSC+ Nursing Home Care Coordination Guidelines for more details.**



# TYPES OF ASSESSMENTS

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## Comprehensive Assessment

- DHS 3428 Long Term Care Consultation (LTCC) paired with the 6.28 Collaborative Care Plan (CCP)
  - DHS 3428A SW section paired with 6.28 CCP
- MnCHOICES paired with Community Support Plan (CSP)/ Coordinated Services and Supports Plan (CSSP)\* (**Do NOT complete** on Blue Plus members until DHS launches the revised MnCHOICES anticipated for 4/2023)
- 6.15 Nursing Home/ICF Assessment

## Health Risk Assessment

- 6.28 Transitional Health Risk Assessment - completed if there is no significant health change and is paired with a comprehensive assessment that was completed within the last 365 days
- 3428H Health Risk Assessment paired with 3428H Care Plan (3428 must be offered face-to-face first, if declines offer 3428H in person, if declines can offer telephonically, will review in detail in later slides)
- 6.28.01 Nursing Home/ICF Transitional Health Risk Assessment for Product Change (embedded in the 6.15 NH/ICF Member Assessment Care Plan Review)



# COMPREHENSIVE ASSESSMENT

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Community members must be offered a face-to-face comprehensive assessment. This comprehensive assessment can be used to determine PCA eligibility, in addition to DHS 3428D Supplemental Waiver PCA and Service Plan and/or open to the elderly waiver (EW) with the appropriate MHCP Request for Payment of LTC services application. These members would be required to have an annual comprehensive assessment to determine and continue PCA and/or elderly waiver services.

- DHS 3428 Minnesota Long Term Care Consultation Services Assessment Form
- MnCHOICES (prior to Blue Plus enrollment and/or after Revised MnCHOICES is launched)



# COMMUNITY & ELDERLY WAIVER

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Additional forms needed to determine EW eligibility:

- DHS 3340 Asset Assessment for Medical Assistance and LTC Services (married people when one spouse needs LTC services through EW or LTC facility >30 or more continuous days)
- DHS 3531 Application for Medical Assistance for LTC Services (application for people needing LTC services, NH care, waiver services such as EW)
- DHS 5181 Lead Agency Assessor/CM/Worker LTC Communication Form

General rule of thumb - the comprehensive assessment is valid for up to 60 days to determine elderly waiver eligibility, with a few exceptions, refer to Eligibility Update



# ELIGIBILITY UPDATE & HCBS WAIVERS

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Eligibility Update activity type 09, must follow an “initial assessment”. It is used to extend the time the lead agency has to determine a person’s program eligibility without another in-person assessment, up to 90 days from the face-to-face comprehensive assessment. All other comprehensive assessments are only valid for 60 days to determine waiver eligibility.

“Initial assessment” for purposes of activity type 09, means:

- Member requests an assessment for the first time
- Reopens to a waiver program after a gap in eligibility

Important Reminder: A member’s reassessment would be due from the date of the comprehensive face to face assessment, not the “Eligibility Update Activity Date”.





# CUT OFF DATES

For members open to elderly waiver, reassessments must also be completed and entered in MMIS by the cut-off date. These dates are updated annually.

**\*Important:** These dates are slightly earlier than DHS capitation dates

When the first month of the waiver eligibility span is:	Last Day to enter timely screening document into MMIS is:
January 2023	12/21/2022
February 2023	1/23/2023
March 2023	2/17/2023
April 2023	3/23/2023
May 2023	4/20/2023
June 2023	5/22/2023
July 2023	6/22/2023
August 2023	7/21/2023
September 2023	8/23/2023
October 2023	9/21/2023
November 2023	10/23/2023
December 2023	11/20/2023
January 2024	12/20/2023



# DHS 3428H

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Health Risk Assessment for;

- Members open to another home community-based (HCBS) waiver (i.e., CADI)
  - Waiver CM responsible to complete DHS 5841 MCA Communication- Recommendation for State Plan Home Care Services
- Community members not accessing any MA or EW services after refusing the comprehensive assessment (LTCC).
- Document and offer comprehensive face to face assessment prior to pivoting to telephonic 3428H HRA

The 3428H cannot be used to determine EW or PCA eligibility. If a member has another HCBS waiver and has had a comprehensive assessment by the waiver case manager (CM), the Blue Plus Care Coordinator may authorize MA state plan services requested by the other waiver CM.

# DHS 5841

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## Managed Care Organization Communication Form – Recommendation for State Plan Home Care Services

- Other HCBS waiver CM will send form to Blue Plus and/or Care Coordinator (CC) to review and process. The Partner Relations Team will forward to the assigned CC.
- For PCA services, DHS 5841 form must be accompanied by the PCA summary for CC's review and record
- Blue Plus CC reviews and completes service agreement(s) in Bridgeview within 10 business days and communicates completion to other HCBS waiver CM
- If reduction/termination in MA service, obtain copy of DHS 2828A LT Services and Supports Notice of Action from other HCBS CM

# COMMUNITY - TIMELINESS

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Initial assessments must be completed within 365 days from the previous comprehensive assessment and/or;

- For all MSHO members or MSC+ members open to EW, assessments must be completed within 30 days of Blue Plus enrollment notification, including product changes, whichever comes first.
- For MSC+ members not open to EW, must be completed within 60 days of Blue Plus enrollment notification, including product changes, whichever comes first.

# NURSING HOME/ICF ASSESSMENT

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Complete Blue Plus 6.15 NH-ICF Member Annual Assessment Care Plan Review. Meet with member, authorized representative and facility staff. Obtain copy of the facility care plan and review as part of assessment for;

- Members residing in a nursing home long term

OR

- Members residing in an Intermediate Care Facility (ICF)

# NURSING HOME/ICF - TIMELINESS

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Initial assessments must be completed within 365 days from the previous comprehensive assessment, or which ever comes first;

- MSHO members within 30 days of Blue Plus enrollment notification
- MSC+ members within 60 days of Blue Plus enrollment notification
- MSHO or MSC+ members within 45 days of long-term care notification
- MSHO or MSC+ member requesting return to community within 20 days of the request

Reassessments are due within 365 days from the previous comprehensive assessment.

# TRANSITIONAL HEALTH RISK ASSESSMENT

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Must have copy of comprehensive assessment completed within the last 365 days and care plan to review with member and/or their authorized representative.

- 6.28 Transitional Health Risk Assessment
- 6.28.01 NH/ICF Transitional HRA for Product Change

## Limitations:

- Transitional HRA does not determine MA state plan PCA services, elderly waiver eligibility or extend the waiver span.
- Do not complete THRA if members have a significant health change/change in condition, proceed to complete a comprehensive assessment



# REFUSALS

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- Required to offer and document face-to-face assessment for initial and reassessment
- CW members not receiving services must be offered the LTCC face to face first, then the DHS 3428H face to face, if they decline, offer 3428H assessment telephonically.
- Only member or their authorized representative can refuse the assessment
- Members open to elderly wavier or accessing PCA cannot have refusals, their comprehensive assessment determines their elderly waiver and PCA eligibility annually.
- Members that refuse their initial or annual assessment must be offered another comprehensive assessment at their midyear check in.



# UNABLE TO REACH/CONTACT

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- Community well members not receiving services
- Must make a total of 4 attempts. The last attempt must be the 8.40 Unable to Contact letter, that is the date of the attempted assessment.
- Members that cannot be reached for their initial or annual assessment must be offered a face-to-face comprehensive assessment at their midyear check in.
- Members receiving PCA services and/or open to elderly waiver (EW) are required to have an annual comprehensive assessment to determine and continue PCA and/or elderly waiver services.

# IMPORTANT REMINDERS

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- Document enrollment notification date and delays in completing assessments timely.
- Delegate is responsible to complete assessment if enrollment discrepancy not reported to [SecureBlue.Enrollment@bluecrossmn.com](mailto:SecureBlue.Enrollment@bluecrossmn.com) by the 15<sup>th</sup> of the month
- Assessment must be entered in Bridgeview by the 10<sup>th</sup> of the following month (i.e., assessment date 12/29/2022, must be entered in Bridgeview by 1/10/2023)
- Best practice – complete reassessment prior to transferring if member is due for their reassessment



# RESOURCES

\*Orange font are links



## Care Coordination Website

### Care Coordination Guidelines

- Community
- Nursing Home

### Checklists

- MSHO CW EW
- MSC+ CW EW
- MSHO-MSC NH/ICF

### Assessment & Care Plans

- 6.28 THRA
- 6.15 NH ICF Member Annual Assessment Care Plan Review
- 6.28.01 NH ICF THRA for product change
- 3428H Care Plan
- 6.02.01 Collaborative Care Plan



## DHS

- [CBSM – Assessment & Timelines](#)
- [MHCP Eligibility Policy Manual](#)
- [DHS Searchable Document Library \(e-docs\)](#)

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| <ul style="list-style-type: none"> <li>➤ 3428/3428A MN LTCC assessment</li> <li>➤ 3428H MN HRA</li> <li>➤ 3428D Supplemental Waiver PCA Assessment and Service Plan</li> <li>➤ 5181 Lead Agency/CM Communication Form</li> </ul> | <ul style="list-style-type: none"> <li>➤ 5841 MCO Communication form – Recommendation for State Plan HC Services</li> <li>➤ 3340 Asset Assessment for MA-LTC</li> <li>➤ 3531 Application for MA-LTC</li> </ul> |
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## Trainings

- [Blue Plus Trainings](#)
- [TrainLink](#)
- [Minnesota DHS YouTube Trainings](#)



# THANK YOU!

Any Questions?

Reach out to your Partner Relations Consultant or email

[Partner.Relations@bluecrossmn.com](mailto:Partner.Relations@bluecrossmn.com)