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| **MSHO/MSC+ Unable to Reach (UTR) Checklist** | | | |
| \*Nursing home enrollees and members receiving EW, PCA, and/or state plan home care services cannot be unable to reach and maintain eligibility for services. | | | |
| Member Name: |  | | Member ID: |
| Enrollment date: |  | | Notification of enrollment date: |
| Assessment date: |  | |  |
| **Timeframe/**  **task** | **Completion** | **Date** | **Task** |
| Day 1 |  |  | • Review enrollment report(s) in Bridgeview and document date of first notification of enrollment in member case notes.  • Notify secureblue.enrollment@bluecrossmn.com of any enrollment errors or miss-assignments prior to the 15th of the month. • Confirm the correct Primary Care Clinic and update in Bridgeview if PCC is incorrect. Determine if the change in PCC requires a change in Care Coordination. If so, proceed to **Transfers** checklist. |
| Within 10 calendar days of enrollment notification |  |  | • Notify member of assigned Care Coordinator within 10 calendar days of new assignment (can be met with mailing of 8.22 Intro Letter within 10 days) • Assign the Care Coordinator in Bridgeview |
| Within 30 calendar days of notification of enrollment; on or after the enrollment date |  |  | • *8.22 Intro Member Letter* sent and/or phone call made to new member. |
| Prior Service authorizations |  |  | For new enrollees receiving home care approved prior to enrollment, obtain copy of prior auth from previous county or MCO and enter authorization in Bridgeview. Notify member that they cannot continue home care authorizations past current authorization without participation in an assessment.   Reminder: If member is due for their reassesment and they are on EW or accessing PCA services, include in letter education if no MnCHOICES assessment is completed, it means EW and services must be terminated, follow DTR process and timelines. Reach out to service providers and let them know you are trying to reach the member or member will lose service(s). |
| CC assignment in MnCHOICES |  |  | Assign the Care Coordinator in the member profile under Staff Assignments as both the Certified Assessor and Care Coordinator in R MnCHOICES and check "Is Primary Assignment" if there is no other waiver case manager. Ensure correct lead agency organization role <Delegate Name - Blue Plus> is selected for each role. **Important:** For members on another HCBS waiver - only assign Care Coordiantor role and do not select "Is Primary Assignment". |
| Within 30 calendar days of notification of enrollment; on or after the enrollment date |  |  | CC must make a total of 4 attempts to reach member to offer in person or telephonic assessment options. This can include documented attempts at obtaining a working phone number (call to financial worker, providers, etc.).  The 4th and final attempt to contact member must be mailing of the *UTR Member Support Plan letter* which must be dated within 30 days of notification of enrollment. |
| Within 30 calendar days of notification of enrollment |  |  | **Enter Unable to Reach date into MnCHOICES:** • Form category: Assessments • Form: Health Risk Assessment - MCO • Complete form details and mark as "complete". Date should match the date of the *UTR Member Support Plan Letter*.  • Attach copy of *UTR Member Support Plan Letter*. |
| MMIS entry |  |  | There are no MMIS entry requirements for Unable to Reach. |
| By the 10th of the following month |  |  | Enter the dates of attempts and the final *UTR Member Support Plan Letter* into Bridgeview. |
| Within 90 calendar days |  |  | Send *UTR-Refusal Plan Summary letter- Intro to Primary Care Provider letter* or for clinic delegates, notification to PCP documented per clinic process |
| **Mid Year Contact Requirements** | | | |  |
| Within 6 months of previous assessment |  |  | • If member was an Unable to Reach at their initial or annual, CC’s must reach out at mid-year and offer to complete in person assessment. If member agrees to assessment, proceed to tasks outlined in the **Initial-Annual-Sig Change** checklist.  • If declined, proceed to tasks outlined in the **Refusal** checklist. • If member is unable to be reached at mid-year contact, CC must make a total of 4 attempts to reach member again to offer in person or telephonic assessment options.  • Mail the *General Unable to Reach letter*. • Do not enter mid-year UTR attempts into Bridgeview and/or MnCHOICES. |
| **Within 365 calendar days of previous refusal** Attempt to contact member minimum of 2 weeks prior to 365 to schedule reassessment and follow tasks outlined above. | | | |  |
| Within 365 calendar daysof previous assessment |  |  | • CC’s must reach out and offer to complete in person assessment. If member agrees to assessment, proceed to tasks outlined in the **Initial-Annual-Sig Change** checklist.  • If declined, proceed to tasks outlined in the **Refusal** checklist. • If unable to be reached at annual, follow tasks above.   **Enter Unable to Reach dates into MnCHOICES.**  • Form category: Assessments • Form: Health Risk Assessment - MCO • Date of health risk assessment: This is the date of your UTR Letter (4th attempt) • Complete form details (Member Information, Assessment Information) and mark as "complete" • Attach copy of *UTR Member Support Plan Letter*. |
| **Ongoing** |  |  |  |
| Change in Care Coordinator |  |  | • New CC must provide contact info within 10 calendar day of change (can be met by sending *8.30 CM Change Intro Letter*) • Notify member’s PCP by sending *Intro to Primary Care Provider letter* (clinic delegates may use EHR notification process) • Reassign CC in MnCHOICES following steps outlined in the Smart guide: Assignments, transfers and discharges (located in MnC Help Center) |