|  |  |  |  |
| --- | --- | --- | --- |
| **MSHO/MSC+ Transitional Health Risk Assessment (THRA)** | | | |
| The Transitional HRA is a health risk assessment option for new enrollees or those have have changed Blue Plus products and have had a MnCHOICES assessment within the previous 365 calendar days. | | | |
| **Note: DO NOT COMPLETE A THRA FOR BLUE PLUS TO BLUE PLUS TRANSFERS IN CARE COORDINATION.** | | | |
| 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 |  |  | • Mail SB or MSC+ *8.22 Intro Letter* to new member (do not repeat if already sent within 10 days in step above) |
| Prior Service authorizations |  |  | For new enrollees receiving approved home care/HCBS prior to Blue Plus enrollment, obtain copy of prior authorization from previous county/MCO to review and enter service agreement in Bridgeview.   \*Reminder: CC may continue to authorize appropriate existing EW and home care services if there is an active assessment and support plan completed and member declines or is unable to reach for their 6.28 THRA following the requirements. For members that are UTR, reach out to service providers and let them know who you are and are trying to reach the member. |
| 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". |
| **MSHO and MSC+ EW:** Within 30 calendar days of notification of enrollment; on or after the enrollment date  **MSC+ non-EW:** Within 60 calendar days of notification of enrollment |  |  | If member has had a MnCHOICES assessment or HRA-MCO assessment within 365 days prior to enrollment into Blue Plus or has changed Blue Plus products (MSC+ to MSHO or MSHO to MSC+) and there are no significant health changes and is not due for their reassessment, complete form *6.28 Transitional Health Risk Assessment* and review previous assessment and support plan with member or legal rep and follow steps below.  **Document in applicable areas on form 6.28 Transitional HRA:** • MSHO: Review 6.26 Explanation of MSHO Supplemental Benefits with member. • MSC+: Discussion of SecureBlue MSHO product benefits and enrollment (see guidelines and Care Coordination website for talking points and resources).   **Document in case notes or a progress note in MnCHOICES:**  • Provide Safe Disposal of Medications flyer and list of take back sites to member. • Explain to members the Member Handbook includes information about their privacy rights, protection of PHI, and the process on how to file a grievance or appeal if they disagree with their care plan or are denied a service.**In MnCHOICES, add a New Form:** • Form Category: Assessments • Form: Health Risk Assessment - MCO • HRA type: Transitional HRA • Transitional HRA Type:   Product Change = existing member MSHO to MSC+ or MSC+ to MSHO  Other = new enrollee from Fee for Service or another MCO • Enter the THRA assessment date and assessments results “MSC+, MSHO or, SNBC or ISNBC health risk assessment completed”.  • Enter all required fields (Member Information & Assessment Information) and update status to "Complete" when finished. • Upload form *6.28 Transitional Health Risk Assessment* as an attachment (add copy of assessment/support plan if using assessment from MnCHOICES 1.0 or legacy documents) |
| MMIS Screening Document entry |  |  | There is no requirement to enter a SD following use of the Transitional HRA.  **Care Coordinator Change (EW only):** enter as the change occurs |
| By the 10th of the following month |  |  | • Enter the date of your Transitional HRA into Bridgeview. • For new enrollees (not product changes), add the date of the previous assessment and support plan reviewed with member/legal rep used following instructions in BV CC User manual section: *LTCC/MnChoices completed prior to enrollment.*   \*Important: Review and confirm the date of the last in person assessment and/or eligible every other year in person remote assessment to determine the reassessment date. For members newly opened or reopened to elderly waiver this date may be sooner. *Do not use eligibility activity date to determine reassessment date.* |
| Within 30 calendars days of assessment completion |  |  | **There are two options for meeting support planning requirements when using a Transitional HRA:**  • If the assessment in MnCHOICES does not have a Support Plan, the CC must complete a new Support Plan in MnCHOICES using the existing assessment information. • If there is a current Support Plan in MnCHOICES, CC should review each goal with the member and use the revise function.  • Comment that each goal was reviewed including the date.   • Add any new goals requested by member.  • CC must also document on the attached Transitional HRA form in the goals section “See plan revision”. |
| Within 90 calendar days |  |  | Send *Support 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 |  |  | **Elderly waiver:** • Must be offered an in-person visit but can consent to a telephonic contact.• If EW and unable to be reached at mid-year, document contact and *send General Unable to Reach letter*. Continue attempts to reach and plan to meet with member as required. Document attempts in case notes and proceed to goal updates in MnCHOICES. Do not enter this mid year contact attempt into Bridgeview. • If service change updates are made to the Support Plan, send an updated copy of the Support Plan with *8.50 Member Change Letter* for member signature.  **Community Well:** • Phone contact made with CW member; reviewed member goals and status/effectiveness of support plan.  • If CW and previously Unable to Reach but contact is made at mid-year, CC must offer to complete all assessment options. If member refuses, this should be documented in Bridgeview and MnCHOICES as a refusal and will reset the 365-day span. CC must send the *Refusal Member Support Plan Letter*.  • If CW and no contact is made at mid-year, make 3 attempts and send *UTR Member Support Plan Lette*r. Document attempts in case notes and note on support plan goals section. Do not enter this mid year contact attempt into Bridgeview or MnCHOICES. • If CW and previously a Refusal, CC must offer all assessment options again at mid-year and document offering in case notes. No letter required at mid-year. Do not enter this mid year contact attempt into Bridgeview. |
| Goal updates in MnCHOICES |  |  | If the Care Coordinator referred to use of current Support Plan goals on form 6.28 Transitional HRA, mid-year goal review should be done via entry of a progress note in MnCHOICES. The progress note must address each individual goal and it's current status.  If the Care Coordinator created new goals on form 6.28 Transitional HRA, the Care Coordinator must provide goal updates directly on form 6.28 and attach an updated copy into MnCHOICES. |
| **Annual re-assessment: within 365 calendar days of previous assessment or for EW, prior to cut-off dates** Attempt to contact member minimum of 2 weeks prior to 365 to schedule reassessment and follow tasks outlined above. | | | |
| Prior to reassessment |  |  | If the Care Coordinator referred to use of current Support Plan goals on form 6.28 Transitional HRA, end of year goal review should be done via entry of a progress note in MnCHOICES. The progress note must address each individual goal and it's current status.  If the Care Coordinator created new goals on form 6.28 Transitional HRA, the Care Coordinator must provide goal outcomes directly on form 6.28 and attach an updated copy into MnCHOICES. |
| Within365 calendar daysof previous assessment or for EW, prior to cut-off dates |  |  | Complete re-assessment (MnCHOICES assessment or HRA-MCO depending on service/program needs).  Follow all tasks listed on the **Initial-Annual-Sig Change** checklist. |
| Within 30 calendar days of the reassessment |  |  | Complete new Support Plan.  Follow all tasks listed on the **Initial-Annual-Sig Change** checklist. |
| **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*) • Review member file for any missing documents or follow up that is needed (signatures, DME & supplies and equipment, etc). • Notify member’s PCP by sending *Change in CC - 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) • Enter Care Coordinator Change SD into MMIS for EW only |
| Support Plan Revisions  Service Updates |  |  | Support plan revisions are required in MnCHOICES throughout the year for the following: • Goal updates and/or changes • Changes to the member's services and supports including addition of new and/or changes in services, service hours/units, service providers.  • Create support plan revision  • Revision reason: include a description of what service(s) is being changed or added  • Are signatures required: Choose Yes.  • Inform the member that you will be sending an updated copy of their Support Plan and that they need to sign and return acknowledging their agreement to the change(s).   • Mail member/responsible party an updated copy of the Support Plan including a signature page for member to sign.   CC's are also required to share a copy of the updated support plan or updated care plan summary as chosen by the member utilizing the Service Provider Care Plan Cover Ltr or Service Provider Care Plan Summary Ltr, as applicable. |