

Dose Medication Dispenser and QMedic PERS MSHO Eligibility Changes Eff. 1/1/25

Effective 1/1/25, eligibility for the Dose medication dispenser and QMedic PERS benefits under SecureBlue MSHO is changing. Members who are on a Home and Community Based Services (HCBS) waiver are no longer eligible to receive the Dose medication dispenser or QMedic PERS under the MSHO benefit. **The ONLY exception to this is current SecureBlue members who are at their waiver budget cap may be grandfathered in.**

2025 MSHO Medication Dispenser and PERS benefit information:

- 1) Dose Flip Medication Dispenser: eligible members can receive a Dose Flip medication dispenser with reminders to take medications
- 2) QMedic PERS: eligible members can receive an in-home or mobile PERS device to call for help in an emergency

2025 Eligibility Requirements for MSHO Medication Dispenser and PERS:

- must be an active SecureBlue MSHO member **and**
- living in community (not in a nursing home) **and**
- not on an HCBS waiver*

*Only SecureBlue members who had a Dose or QMedic device under MSHO in 2024 and are at their waiver budget cap may be able to continue to receive the benefit(s) under MSHO in 2025

Current MSHO members with a Dose or QMedic device and a waiver

Care coordination delegates will receive reports of MSHO members who currently have a Dose medication dispenser and/or QMedic PERS **and** an HCBS waiver. See process below.

Identifying Members:

- Nov 2024 delegates will receive a report of all MSHO members who have a Dose medication dispenser and/or a QMedic PERS device and are on an HCBS waiver. NOTE some members may have more than 2 Dose dispensers, causing them to display on the report more than once for Dose.
- Between Nov – Dec 31st 2024, care coordinators will review the waiver service budget for members on their report. (NOTE – All members on the report should be reviewed by March 1st, 2025. Members who have a reassessment in Jan or Feb 2025 may be transitioned at the time of their 2025 reassessment).
 - **EW members:** review the current EW services and budget
 - If there is not money in the member's EW budget, the member may continue to receive these services under their MSHO budget. **No additional action is needed.**

- If the member DOES have money in their EW budget, follow process below to discuss with the member, update the Support Plan, enter a service agreement and inform the service provider.
- **BI, CADI, CAC, DD members:** work with the member's case manager to review the waiver services/budget.
 - If the waiver case manager confirms there is no money in the member's waiver budget, the member may continue to receive these services under their MSHO budget. **No additional action is needed.**
 - If the member DOES have money in their waiver budget, follow process below to discuss with the member, update the Support Plan, request a service agreement and inform the service provider.

Transitioning MSHO medication dispenser/PERS benefits to waiver budget:

1. **Discuss with the member.** If members have money in the waiver budget, care coordinators should have a discussion with members before January 1st 2025 (either during their annual assessment, if it occurs during Nov 2024 –Dec 2024, or via phone) to inform them about moving these MSHO services to the waiver. (NOTE – All members on the report should be reviewed by March 1st, 2025. Members who have a reassessment in Jan or Feb 2025 may be transitioned at the time of their 2025 reassessment).
2. **Update the Support Plan:**
 - If the member's medication dispenser or PERS service can be moved to the waiver (member has money in their waiver budget), Care Coordinators must make revisions to the member's Support Plan in MnCHOICES for this added service.
 - Send the member an updated a copy of the Support Plan including a signature page for the member to sign following these steps as outlined on our workflow checklist:
 - 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.
3. **Service Agreement:**
 - For EW members that have money in their EW waiver budget, enter a service agreement in Bridgeview effective 1/1/25 through the **end of the member's waiver span**. See below for service costs/codes.

- For members on another waiver (BI, CADI, CAC, DD), work with the case manager to request that they enter a service agreement effective 1/1/25 through the end of the member's waiver span. See below for service costs/codes.
4. **Inform the Provider.** If the member's service has transitioned from MSHO to waiver, contact the provider (Dose/QMedic). Provide the waiver information including the waiver billing start and end date and HCPC code. See contact information below. If the member chooses a different provider to receive their medication dispenser or PERS services from, inform Dose/QMedic that member's services will be ending and proceed with setting up services for new provider.

NEW referrals to Dose or QMedic for remainder of 2024

1. Confirm active MSHO enrollment
2. Is member on an HCBS waiver?
 - If member is **not** on an HCBS waiver, submit referral to Dose/QMedic for services to be billed under MSHO budget
 - If member **is** on a waiver, member may receive a Dose medication dispenser/QMedic PERS under MSHO for remainder of 2024, however, member must be transitioned to waiver effective 1/1/25. OR you may immediately start services under the member's waiver. If using waiver, submit referral to Dose/QMedic (or waiver provider chosen by member) for services to be billed under member's waiver. Enter a service agreement in Bridgeview (EW) or work with the member's case manager to enter a service agreement (BI, CADI, CAC, DD).
3. Update member's Support Plan with appropriate service and funding source

NEW referrals to Dose or QMedic Eff. 1/1/25 or after

1. Confirm active MSHO enrollment
2. Is member on an HCBS waiver?
 - If member is **not** on an HCBS waiver, submit referral to Dose/QMedic for services to be billed under MSHO budget
 - If member **is** on a waiver, member is not eligible to receive Dose/QMedic services under MSHO. Member's waiver must be used for these services. Submit referral to Dose/QMedic (or waiver provider chosen by member) for services to be billed under member's waiver. Enter a service agreement in Bridgeview (EW) or work with the member's case manager to enter a service agreement (BI, CADI, CAC, DD).
3. Update member's Support Plan with appropriate service and funding source

Provider Contacts

Dose Health (Dose Flip Medication Dispenser and Notifications/Reminders)

- Call 844-300-6212
- Referrals: <https://app.dosehealth.com/referrals>

QMedic PERS

- Call 877-241-2244
- Referrals: [Referral Form](#)

Waiver Codes, Service Rates, NPIs

To authorize QMedic PERS or Dose Medication Dispenser for an MSHO member under the Waiver, see information below.

1. **Waiver Codes:** <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG>

Medication Dispenser: [T2029](#)

PERS: Monthly Service Fee Per Month [S5161](#)

2. **Rates:**

Dose Health (Dose Flip Medication Dispenser and Notifications/Reminders)

For existing MSHO members who had a device under MSHO in 2024 and transferred their device to waiver:

- \$60.00 per month for 1 or 2 devices
- \$20.00 per device per month (max of 2 additional devices)
- \$300.00 for device not returned to Dose

For NEW referrals: **contact Dose directly for most up to date waiver pricing.**

QMedic PERS

For existing MSHO members who had a device under MSHO in 2024 and transferred their device to waiver:

- PERS Install and Testing \$70.00
- PERS Monthly Service \$30.00/month

For NEW referrals: rates effective 11/19/24 are \$30/month for in-home and \$65/month for mobile. **Contact QMedic directly for most up to date waiver pricing.**

3. **NPIs:**

Dose Health: 1891155909

QMedic: 1215358361

REMINDERS

- No service agreement is required for services under the MSHO supplemental benefit

- No DTRs are needed as MSHO Supplemental Benefits are annual benefit ending 12/31/24. Benefits start over effective 1/1/25.
- Review all members on the report between Nov-Dec 31 2024 and no later than 3/1/25

If you have any questions about this change, please contact your Partner Relations Consultant.