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| **MSHO/MSC+ Refusal Checklist** | | | |
| \*Members receiving EW, PCA, and/or state plan home care services cannot refuse assessment and maintain eligibility for services. Nursing Home members cannot refuse. | | | |
| 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 |
| Prior Service authorizations |  |  | For new enrollees receiving home care or elderly waiver services approved prior to enrollment, obtain and review copy of prior auth from previous county or MCO and enter authorization in Bridgeview.   **At reassessments:** Notify member that they cannot continue home care and/or elderly waiver authorizations past current authorization without participation in an assessment as reassessment. |
| 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 |  |  | Contact member to: • offer in person assessment (transitional HRA, MnCHOICES, HRA-MCO as applicable). • if declined, offer to complete telephonic assessment (transitional HRA, MnCHOICES, HRA-MCO as applicable). • if still declined, must document offerings in case notes and mail member the *Refusal Member Support Plan Letter*.   Reminder: If member is due for their reassesment and they are on EW or accessing PCA services, educate mbr/legal rep declining MnCHOICES assessment means EW and services must be terminated, if they continue to decline, follow DTR process and timelines. Providers must be notified. |
| Within 30 calendar days of notification of enrollment; on or after the enrollment date |  |  | **Enter Refusal date into MnCHOICES:** • Form category: Assessments • Form: Health Risk Assessment - MCO • Complete form details and mark as "complete" • Attach copy of *Refusal Member Support Plan Letter*. |
| MMIS entry |  |  | There are no MMIS entry requirements for Refusals. **EW:** If an EW member is refusing reassessment, an EW exit SD needs to be entered following the DTR process and timeline. |
| By the 10th of the following month |  |  | Enter the refusal date 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 the member was a refusal at their intial/annual assessment, CC’s must reach out at mid-year and offer again to complete in person assessment. If member agrees to assessment, proceed to tasks outlined in the **Initial-Annual-Sig Change** checklist • If declined, must offer to complete telephonically.  • If still declined, must document offerings in case notes. • If member is unable to be reached at mid-year contact, CC should mail the *General Unable to Reach letter*.  • Do not enter mid-year refusal into Bridgeview and/or MnCHOICES. |
| **Annual re-assessment: 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. | | | |
| Within365 calendar daysof previous assessment |  |  | • CC’s must reach out and offer to complete in person assessment. If member agrees to assessment, stop and proceed to tasks outlined in the **Initial-Annual-Sig Change** checklist.  • If declined, must offer to complete telephonically.  • If still declined, must document offerings in case notes and mail member the *Refusal Member Support Plan Letter*.   If member is due for their reassesment and they are on EW and/or accessing PCA services, educate mbr/legal rep declining MnCHOICES assessment that EW and/or PCA services must be terminated. If they continue to decline, follow DTR process and timelines.  **Enter Refusal date into MnCHOICES.**  • Form category: Assessments • Form: Health Risk Assessment - MCO • Complete form details (Member Information, Assessment Information) and mark as "complete" • Attach copy of *Refusal Member Support Plan Letter*. |
| By the 10th of the following month |  |  | Enter the refusal date into Bridgeview |
| **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) |