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| **MSHO/MSC+ Members open to another waiver (non-EW) or rule 185 case management** | | | |
| Members open to a non-EW waiver (DD, CAC, CADI or BI) already have assessments and care planning completed by another waiver case manager. While the primary case management responsibility will remain with the other waiver case manager, the MSHO/MSC+ Care Coordinator must collaborate with the other case manager. | | | |
| 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. |
| 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 to assessment |  |  | Contact other waiver CM via phone or mail *8.39 Intro Letter to Other Waiver CM.* |
| CC assignment in MnCHOICES |  |  | Assign the Care Coordinator in the member profile under Staff Assignments as the Care Coordinatory only in MnCHOICES and do not check "Is Primary Assignment" because there is an other waiver case manager. Ensure correct lead agency organization role <Delegate Name - Blue Plus> is selected. |
| **MSHO:** Within 30 calendar days of notification of enrollment; on or after the enrollment date  **MSC+:** Within  60 calendar days of notification of enrollmenton; or after the enrollment date |  |  | **Members open to a non-EW waiver (DD, CAC, CADI or BI) should already have a full MnCHOICES assesment and support plan completed by their other waiver case manager.   Care Coordinators are required to contact member and offer:** • to complete an in-person HRA-MCO in MnCHOICES • if declined, offer to complete HRA-MCO telephonically. • if both offerings are declined, proceed to the Refusal checklist. |
| MMIS entry |  |  | There are no MMIS entry requirements by the Care Coordinator. MMIS entry is done by the other waiver case manager. |
| By the 10th of the following month |  |  | Enter your assessment into Bridgeview |
| Within 30 calendars days of assessment completion |  |  | **Create applicable MnCHOICES Support Plan:** Care Coordinators are required to document all MCO paid services authorized on the Support Plan under "Services and Supports". Other waiver services must be documented under "People and commnity Organizations that support me".  Document on the member’s Support Plan under the Support Plan Signature Sheet under Person> Materials shared> Other information> Enter a list of other materials shared:  • **MSHO:** Reviewed 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).   • Provide Safe Disposal of Medications flyer and list of take back sites to member  • Obtain member/responsible party signature on support plan. • Send a copy of the support plan to the member using *8.25 Care Plan Cover letter* and any care team members chosen by the 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. • Provide a copy of HRA-MCO support plan to the member and other waiver Case Manager |
| 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 |
| Authorization of State Plan Home Care Services |  |  | The Blue Plus Care Coordinator is responsible for authorizing state plan home care services, including PCA. State plan home care services can be authorized if the member has refused the HRA-MCO or is unable to reach as long as there is a completed MnCHOICES assessment completed by the other case manager.  **To authorize state plan home care services for someone open to a non-EW waiver, the other waiver CM must send DHS 5841 for the Care Coordinator to review. This may be sent directly to Blue Plus or directly to the Care Coordinator. If services are requested, the Care Coordinator must:** • Review DHS 5841 within 10 business days.  • Review the assessment & support plan in the MnCHOICES application. • Enter authorization of approved services into Bridgeview. • Sign and return DHS 5841 back to the other waiver CM. |
| **Mid Year Contact Requirements** | | | |  |  |
| Within 6 months of previous assessment |  |  | • Phone contact made with member; reviewed member goals and status/effectiveness of support plan.  • If no contact is made at mid-year, make 3 attempts and mail the *General Unable to Reach letter*. Document attempts in case notes and proceed to goal updates in MnCHOICES. No Bridgeview entry required. |
| Goal updates in MnCHOICES |  |  | **Provide goal updates/monitoring by revising the goal(s) in the MnCHOICES application using the most recently revised Support Plan:**   • Update all sections and goals (Achieved, In Progress or Discontinued with brief note)  • Close any goals that are completed  • Ensure there is at least one open/active, high priority goal   • If all goals are completed, create a new goal |
| **Annual re-assessment: within 365 calendar days of previous assessment:** | | | |  |  |
| Prior to reassessment |  |  | **Goal outcomes/closure for previous MnCHOICES Support Plan goals are documented on the reassessment support plan following these steps:**  1. Log into R MnCHOICES application 2. Go to the person record 3. Go to Forms tab 4. Must create and complete your re-assessment (must do this first otherwise assessment information will not pull over in the correct sequence to your new support plan).  5. Go to filter and select “Support Plan” (only plan approved support plans will display the revise capability) 6. Locate form, click on ellipsis, and select “revise” 7. Under Reason for Support Plan Select “Annual/Reassessment”  8. Update the plan "Effective Date Range" to the new annual date span.  9. Review previous plan narratives that copy over and update information (no rate inputs or dates will come over)  10. Review previous Goals that were carried over from the previous Support Plan and update them accordingly (Achieved/In Progress/Discontinued with brief monitoring description, especially with discontinuing a goal).  11. When editing goal(s), minimally document required goal sections and include MMDDYYYY and a brief update in the "Monitoring progress" field to each goal(s).  12. Leave the previous Goals with their goal outcomes on this revised support plan for the new plan year. Care Coordinators will need to remove the previously monitored goals at midyear, this will prevent having too many goals carried over at the next reassessment. |
| Within365 calendar days of previous assessment |  |  | Complete re-assessment. See assessment tasks above. |
| Within 30 calendar days of the reassessment |  |  | Complete new Support Plan. See support plan tasks above. |
| By the 10th of the following month |  |  | Enter your assessment 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 *CC Change - Intro to Primary Care Provider letter* (clinic delegates may use EHR notification) • Mail 8.39 *Intro Letter to Other Waiver CM* for those open to non-EW waivers • Reassign CC in MnCHOICES following steps outlined in the Smart guide: Assignments, transfers and discharges (located in MnC Help Center) |
| 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).  • Using the Member Service Change Signature Cover Letter, mail member/responsible party an updated copy of the Support Plan including a signature page for member to sign.  • Upload a copy of the Member Service Change Signature Cover Letter to fulfill MnCHOICES signature requirements in order to close your newly revised Support Plan. When you receive a signature back from the member, upload as an attachment upon receipt.    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. |