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| Guidelines Updates  The MSHO/MSC+ Care Coordination Guidelines were updated and posted to our [Care Coordination website](https://carecoordination.bluecrossmn.com/care-coordination/).  Changes in the guidelines are in red font accessible via clicking on the red sections in the Table of Contents and throughout the documents to make it easier to review what has changed.  We have posted the new Blue Plus Transitional HRA form and removed all form and letter numbers (for example - *6.28 Transitional HRA* is now *Blue Plus Transitional HRA* and *8.22 Intro Letter* is now *Intro Letter*).  The following sections and/or sub-sections have updates:  **Community Guidelines**   * Summary of Requirements & Timelines * Initial Contact with New MSHO and MSC+ Enrollee * Health Risk Assessment Options & Requirements   + Blue Plus Transitional HRA   + Members open to another waiver (non-EW) or rule 185 case management * Support Planning Options & Requirements   + Support plan components   + End of year support plan review * EW/PCA/CFSS Service Provider Signature Requirements * Process for Care Coordinator Request for Review for Blue Plus Home Care Authorizations * New enrollees with previously approved state plan home care services * Community First Services & Supports (CFSS) Authorization Processes – removal of PCA specific requirements. Added new CFSS guidance/requirements to separate resource on the website.      * New section: Behavioral Health Homes (BHH)   **EW T2029 DME Payor Determination Guidelines and Checklist**   * Added reminder that CCs are not allowed to enter a Service Agreement into Bridgeview as a “placeholder” waiting for MA/MC denial.   **Nursing Home Guidelines**   * Contact Requirements |