

# 2025 BLUE PLUS MNCHOICES WORKFLOW WEBINAR

Partner Relations Team - January 16, 2025

Ricky Vang

# HOUSE KEEPING

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Mandatory training for Mentors/Supervisors, Care Coordinators, and including anyone working in the MnCHOICES application.

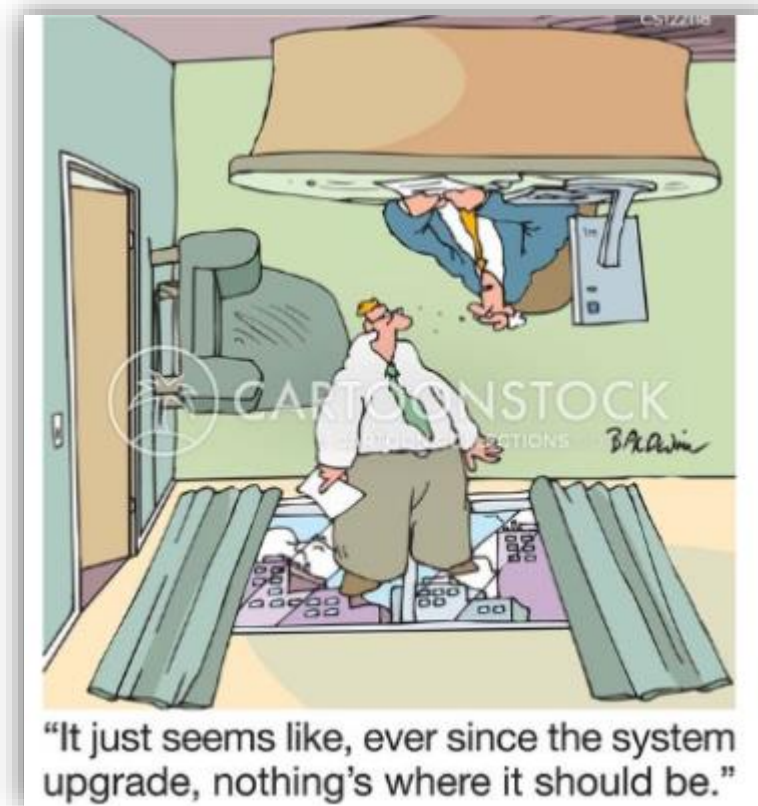
- All participants should be muted, if not, please mute yourself.
- We will review questions at the end of the training as time allows.

This webinar will be recorded and posted to the CC website. Delegate agencies should keep a copy of the attendance log at your agency and make it available upon request.



**CHANGE – it's easier when you let go and go with the flow.**

The only way to make sense out of change is to plunge into it, move with it, and join the dance. ~ Alan W. Watts



# Agenda

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Welcome

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Process Improvements

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Access & Roles

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Getting Started

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Assessment Options

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Transfers and Product Changes

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Dual Role Options

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Support Plans

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RS Tools

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Tips & Reminders

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Audit Updates

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Questions

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Appendix

# WELCOME

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Information discussed today is subject to change!

- This webinar is designed to share our current understanding and decisions around processes. As we learn more about the application we may pivot if/when functionality changes or enhancements are made.
- We continue to work collaboratively with DHS and other lead agencies to streamline processes when able.
- We strongly encourage MnCHOICES mentors to bring forward policy related process questions and enhancement requests to DHS via *6979 MnCHOICES Help Desk Contact Form*.

# “The More You Know”

MnCHOICES	
MN	Minnesota
C	Community Engagement
H	Health & Well Being
O	Own Home
I	Important Relationships
C	Control Over Resources
E	Employment and Stable Income
S	Support Preferences

# FINAL TRANSITION TO MNCHOICES

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DHS has retired the legacy systems at the end of the rolling launch on September 30, 2024. Effective **Oct. 1, 2024**, users were no longer be able to access the legacy systems (MnCHOICES 1.0, MnSP, and legacy documents for community members).

DHS has requested that going forward the revised MnCHOICES application be referred to as MnCHOICES or MnC. The original MnCHOICES application will be referred to as MnCHOICES 1.0 or MnC 1.0. This will take a little time to get acclimated to.

# Process Improvements



# PROCESS IMPROVEMENTS

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- ❖ Uniformed system for all users (assessments, support plan, and forms)
- ❖ All assessment and support plan documents located in one location
- ❖ All required fields will be completed for audits (if the correct assessment and support plan type is selected)
- ❖ Ability to pull information from previous assessments and support plans if completed in MnCHOICES app
- ❖ Ability to attach documents to the person profile
- ❖ Ability to bulk assign/reassign members to your delegate agency
- ❖ Ability to document progress notes in MnCHOICES
- ❖ Ability to move a member to your caseload
- ❖ Ability to see your entire caseload, assign tasks/reminders, send notes
- ❖ Ability to reset your password
- ❖ Removes the need to send attachments (assessments & support plans) when transferring if completed in MnCHOICES\*
- ❖ No assessment entry in MMIS for HRA-MCO, Refusal, Unable to Reach or Transitional HRA if done in MnCHOICES (exception: must enter CC change SD in MMIS when member is accessing to EW/PCA/CFSS\*)

# Access and Roles

# REQUESTING ACCESS

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For any new requests, role additions, changes, deactivations and/or offboarding requests:

- Complete and return the [Bridgeview-Web-Tool-and-Revised-MnCHOICES-User-Access-Request-Form](#)
- Newly hired staff must complete Certified Assessor (CA) training and receive CA certification prior to completing the MnCHOICES assessments (equivalent to the LTCC).

Submit access requests to: [Partner.Relations@bluecrossmn.com](mailto:Partner.Relations@bluecrossmn.com) & [Secureblue.Enrollment@bluecrossmn.com](mailto:Secureblue.Enrollment@bluecrossmn.com)



# ACCESS – SIGNING IN

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- Existing Users requesting to add Blue Plus agency combination will not receive any new emails from DHS/FEI, they will see their new access the next time they log in.
- New Users will receive an email prompting them to create an account. After changing the temporary password, users must log off and log back in.

Note: Previously DHS would not grant access to MnCHOICES unless their MAXIS role was changed to INSW. \*DHS is currently updating this rule to allow additional MAXIS roles limited to Support Staff. If you have support staff that were denied for this reason, resubmit the access form to be reprocessed.

# ACCOUNT CREATED NOTIFICATION



## Includes

- Username
- Reset Password link
- MnCHOICES URL link

# Getting Started

# LOCATING A PERSON

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- 1) Search using the member's last name or PMI
- 2) If no matches found, wait and search the next day.
- 3) Confirm person/member is not found.
- 4) Be sure to review potential matches before "Add" new person/member.
- 5) If still not match, "Add" new person.
  - Ensure the PMI is entered correctly.



## Scenarios when a member should have an existing Person/member profile

- FFS To MCO
- MCO to MCO
- BP to BP

Refer to DHS MNCHOICES Help Center:

- Smart Guide Adding a Person
- Smart Guide "Assignments Transfers Discharges" for additional details.



# HISTORICAL DATA

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- Historical data may be in the Person record, within the attachment icon as a PDF.
- [Historical PDFs](#) include data from Nov. 1, 2019, to 9/30/2024. MnA and MnSP documents with a closed status were created as pdf and were attached to the person's record in the MnCHOICES application.

Reminder that legacy documents (LTCC, 3428H, PCA assessment, Collaborative Care Plan, etc.) created outside of MnA/MnSP/MnCHOICES 1.0 are not included in the migration of historical data. These must be manually attached to a person's profile, as applicable.

# ASSIGNMENT TIPS

< Back **Location Assignments**

+ New Location Assignment **1**

Location	Effective Date	Expiration Date	Status
Blue Plus	05/31/2024	--	Active

**New Location Assignment**

Assignment Type\*

MCO delegate agency **2**

Contracted case management agency

County

Managed care organization

MCO delegate agency

Tribal nation

< Back **Staff Assignments**

+ New Staff Assignment **3**

Location	Assignment Type	Assigned Staff Member	Effective Date	Expiration Date	Status
Blue Plus	Certified Assessor	User02714 Blue Plus	05/31/2024		Active
Blue Plus	Care Coordinator MSHO/MS+	User02714 Blue Plus	12/01/2024		Active

**Reminder: Do not select Certified Assessor if there is another waiver CM involved**

**Confirm the "Location" if you work for more than one lead agency**

**Reminder: This user will be able to complete work the day after the effective date.**

**"Status" must be active to create forms for that Role**

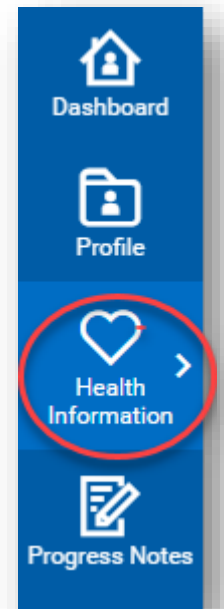
**\*Important: Blue Plus Care Coordinators are NOT Case Managers, do not select Case Manager as role.**

# HEALTH INFORMATION AND SUPPORT PLANNING

You may list all active and historical member diagnoses in the person profile. When creating your assessment if a diagnosis/health concern is identified, the Care Coordinator must address it in the support plan.

How to manage diagnosis codes that are relevant and impact the members functioning in the assessment and Support Plan:

- Include and indicate those that are "Active" pertinent diagnoses related to health, safety and services/supports. These must be included in the support plan.
- If the member chooses to not include the **active diagnoses** as a goal on their support plan, you must document how it was discussed and is being managed on the support plan.
- If a member/auth rep identifies a **concern** on the assessment (i.e., pain, sleep, incontinence, etc.) it must be included in the support plan. If member/auth rep chooses not to include on their support plan as a goal, you must document how it was discussed and is being managed on the support plan.

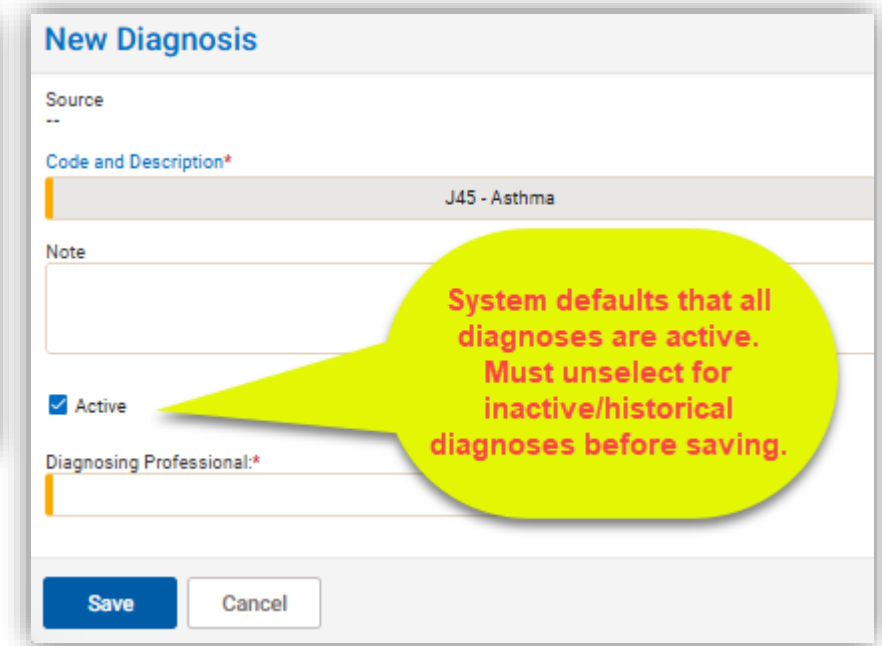


# DIAGNOSES

## Active vs. Not Active



Source	Diagnosis Code	Diagnosis Description	Note	Active
Manual Entry	E23.2	Diabetes insipidus	--	No
Manual Entry	G93.2	Benign intracranial hypertension	--	Yes
Manual Entry	F31	Bipolar disorder	--	Yes



**New Diagnosis**

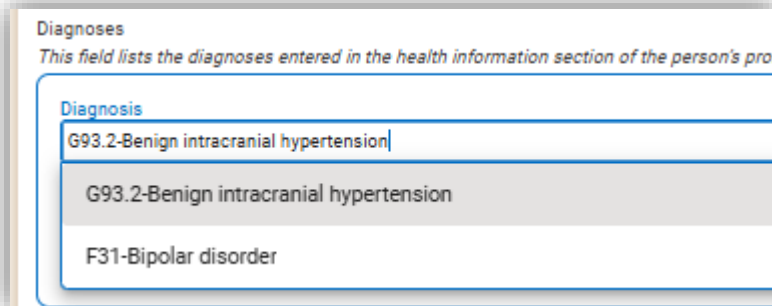
Source  
--

Code and Description\*  
J45 - Asthma

Note

Active

Diagnosing Professional\*



Diagnoses  
This field lists the diagnoses entered in the health information section of the person's profile.

Diagnosis

- G93.2-Benign intracranial hypertension
- G93.2-Benign intracranial hypertension
- F31-Bipolar disorder

All active diagnoses will be available in this drop down. Only select active diagnoses that are creating a need for services and/or supports.

# INTERDISCIPLINARY CARE TEAM (ICT)

## Documentation Options:

Must add ICT member in person profile under *Contacts* tab:

- Clearly identify Support team member/ICT

## ICT Members

- Select applicable ICT members under *About Me* section in the support plan
- Document choice to share support plan
- If yes, enter date shared.

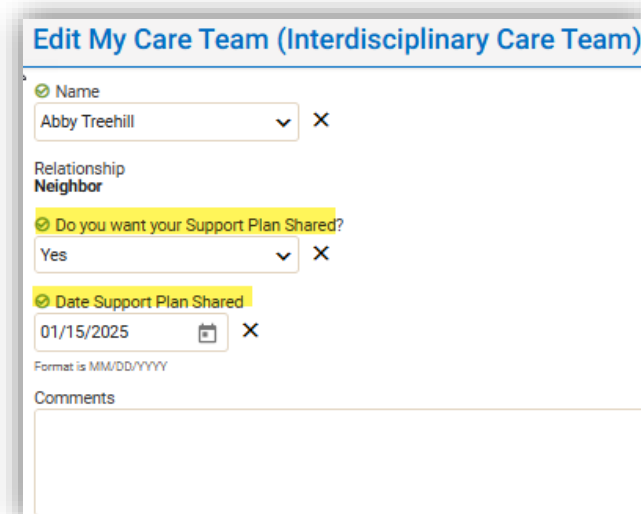
## *Services and Supports Section*

- Pull over supports for ICT member(s) to the support plan under *People and Community Organizations that Support Me* if they have an **informal relationship and the support is not clearly identifiable (i.e., neighbor, friend, volunteer, etc.)**. Describe support being provided.



Representative Type

- Emergency Contact
- Support/Interdisciplinary care team



Edit My Care Team (Interdisciplinary Care Team)

Name: Abby Treehill

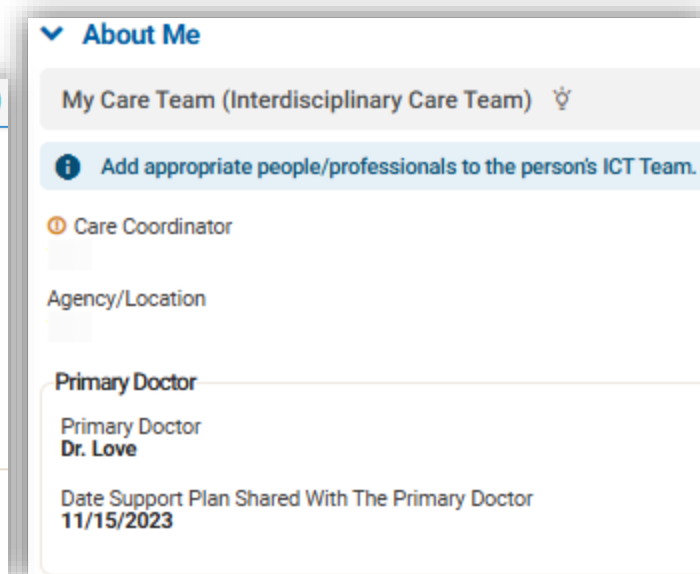
Relationship: Neighbor

Do you want your Support Plan Shared?: Yes

Date Support Plan Shared: 01/15/2025

Format is MM/DD/YYYY

Comments:



About Me

My Care Team (Interdisciplinary Care Team)

Add appropriate people/professionals to the person's ICT Team.

Care Coordinator

Agency/Location

Primary Doctor

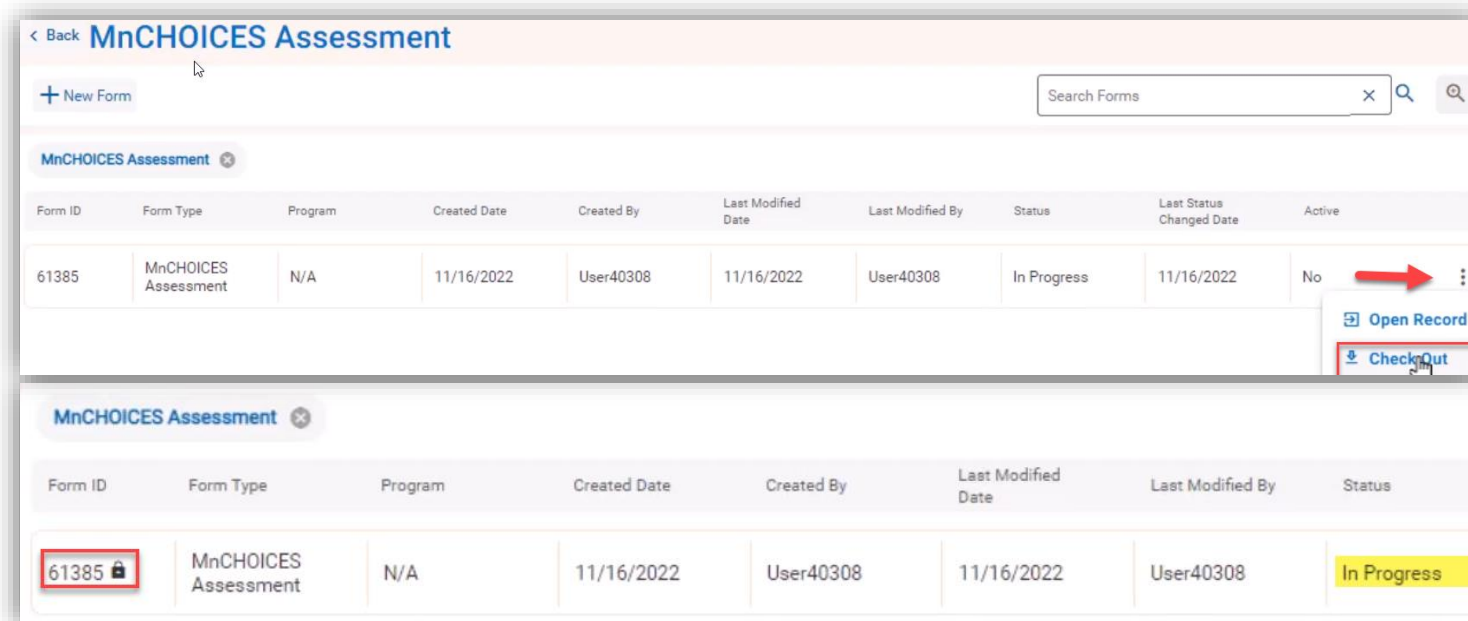
Primary Doctor: Dr. Love

Date Support Plan Shared With The Primary Doctor: 11/15/2023

# FORMS OFFLINE - REMINDER

Users can take forms offline when it is known internet access is not reliable. User must be online to create and check out forms and then take self offline to access “In Progress” documents that are checked out.

\*Pad lock next to Form ID indicates the form is locked and has been checked out.



The screenshot shows a web interface for managing MnCHOICES Assessment forms. At the top, there is a navigation bar with a back arrow and the text "MnCHOICES Assessment". Below this is a search bar labeled "Search Forms" and a "+ New Form" button. A table lists the forms, with columns for Form ID, Form Type, Program, Created Date, Created By, Last Modified Date, Last Modified By, Status, Last Status Changed Date, and Active. The first row shows Form ID 61385, Form Type MnCHOICES Assessment, Program N/A, Created Date 11/16/2022, Created By User40308, Last Modified Date 11/16/2022, Last Modified By User40308, Status In Progress, Last Status Changed Date 11/16/2022, and Active No. A red arrow points to a dropdown menu for this row, which contains "Open Record" and "Check Out" options. Below the table, there is a summary section for MnCHOICES Assessment, which includes a table with columns for Form ID, Form Type, Program, Created Date, Created By, Last Modified Date, Last Modified By, and Status. The first row in this summary table shows Form ID 61385 with a padlock icon, Form Type MnCHOICES Assessment, Program N/A, Created Date 11/16/2022, Created By User40308, Last Modified Date 11/16/2022, Last Modified By User40308, and Status In Progress.

Form ID	Form Type	Program	Created Date	Created By	Last Modified Date	Last Modified By	Status	Last Status Changed Date	Active
61385	MnCHOICES Assessment	N/A	11/16/2022	User40308	11/16/2022	User40308	In Progress	11/16/2022	No

Form ID	Form Type	Program	Created Date	Created By	Last Modified Date	Last Modified By	Status
61385	MnCHOICES Assessment	N/A	11/16/2022	User40308	11/16/2022	User40308	In Progress

# OFFLINE REMINDERS

- The first-time users take forms offline; users will be prompted to create an encryption key. Reminder encryption keys for accessing offline forms for MTZ/Training and MnCHOICES production are different.



The first screenshot, titled "Check Out", shows a confirmation step with a blue circle containing the number "1". Below this, there is a table with two columns: "Form ID" and "Form Type". The "Form ID" is "90192" and the "Form Type" is "Support Plan".

The second screenshot, titled "Create Encryption Key", prompts the user to "Please enter an encryption key to access the form when offline." It features two input fields: "Encryption Key\*" and "Confirm encryption key\*", both with orange borders. At the bottom, there are "Save" and "Cancel" buttons.

The third screenshot, also titled "Create Encryption Key", shows the same prompt and input fields, but the "Encryption Key\*" and "Confirm encryption key\*" fields are filled with "\*\*\*\*\*".

- Use same browser type for checking out, accessing, and checking in forms.
- Do not clear browser cache until all MnCHOICES forms checked out are checked back in.

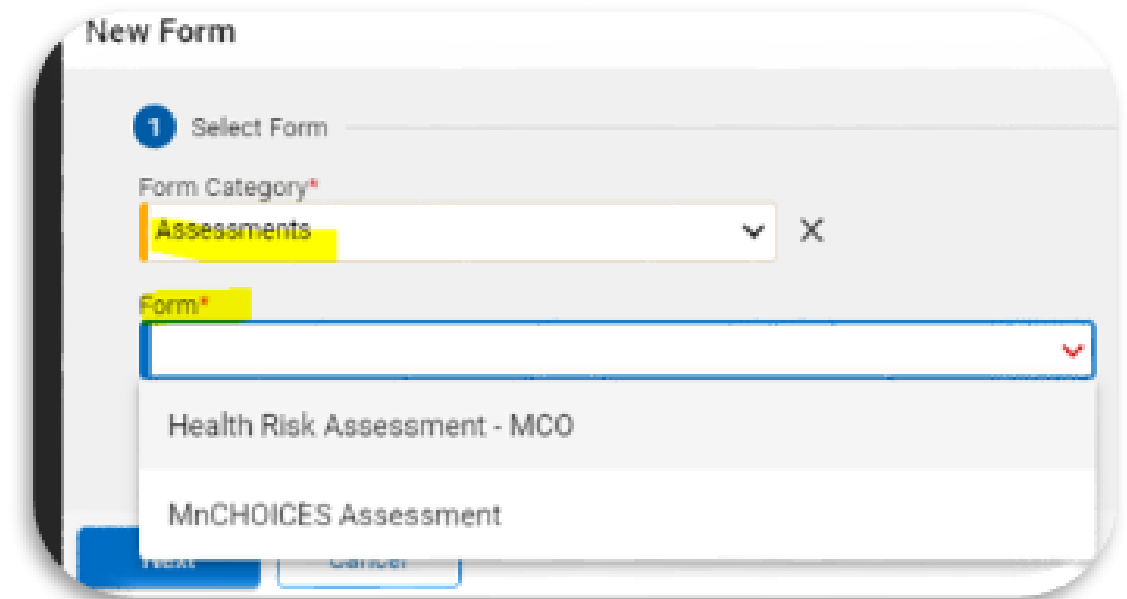
# Assessment Options



# ASSESSMENT OPTIONS

## Assessments Forms:

- HRA – MCO
- MnCHOICES Assessment



New Form

1 Select Form

Form Category\*

Assessments

Form\*

Health Risk Assessment - MCO

MnCHOICES Assessment

Next Cancel

Images obtained in the current Revised MnCHOICES Training Zone

# HRA – MCO (AKA 3428H)

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Care Coordinators offer this assessment to community well members not accessing PCA/CFSS services and/or Elderly Waiver program.\*

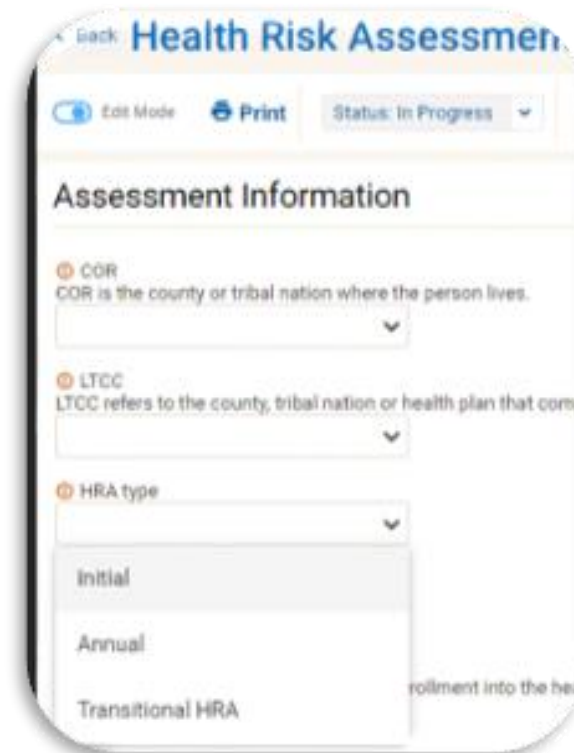
Reminder: This assessment does not determine program eligibility

\*For CW assessments related to transfers and product changes, refer to Blue Plus THRA process.

# HRA - MCO

Form HRA-MCO is also selected to generate the following HRA Types:

- HRA – MCO (previously 3428H)
- Refusal
- UTR
- Transitional HRA (HRA Type)



Back Health Risk Assessment

Edit Mode Print Status: In Progress Completion Re

### Assessment Information

**COR**  
COR is the county or tribal nation where the person lives.

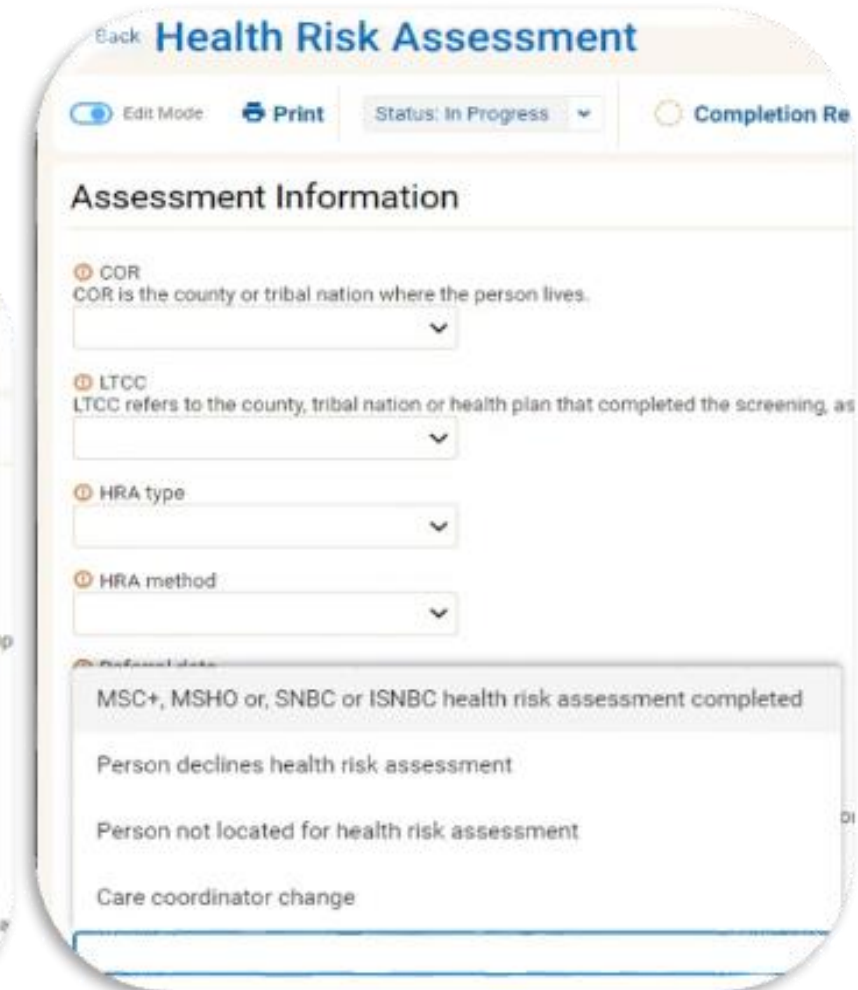
**LTCC**  
LTCC refers to the county, tribal nation or health plan that comp

**HRA type**

Initial

Annual

Transitional HRA



Back Health Risk Assessment

Edit Mode Print Status: In Progress Completion Re

### Assessment Information

**COR**  
COR is the county or tribal nation where the person lives.

**LTCC**  
LTCC refers to the county, tribal nation or health plan that completed the screening, as

**HRA type**

**HRA method**

**Refusal date**

MSC+, MSHO or, SNBC or ISNBC health risk assessment completed

Person declines health risk assessment

Person not located for health risk assessment

Care coordinator change

# REFUSAL AND UTR REMINDERS

Enter all Refusals and UTR in MnCHOICES & Bridgeview:

- Must select HRA – MCO then:
  - Refusal = Person declines health risk assessment
    - Only person or auth representative can decline assessment offering
  - Unable to Reach (UTR) = Person not located for health risk assessment
    - Date of assessment is the date of the 4<sup>th</sup> attempt and date of letter
- Document all contact attempts in case notes/or Progress Notes **and** in Bridgeview
- Attach Refusal/UTR Member support plan letter in MnCHOICES
- Timelines for offering, completing and documenting assessments remains unchanged
- No MMIS entry required\*

\*Important: Members on EW or accessing PCA/CFSS cannot refuse or be UTR at their reassessment and continue services. Must proceed with DTR process and entering EW exit per normal process.

# MNCHOICES - MCO ASSESSMENT

Care Coordinators must be trained certified assessors to initiate and complete the MnCHOICES assessment.

**When are MnCHOICES - MCO assessments required?**

**Determine program eligibility:**

HCBS Waivers & Services

PCA/CFSS Services

Relocation programs/services  
(\*MHM, HSS, etc.)

**When are assessments required:**

Initial (30/60 days) or within 20 days of the request

Significant change

Annually from previous assessment and prior to waiver span or PCA/CFSS end date, whichever is sooner.\*

Changing programs to Elderly Waiver when previous disability assessment is greater than 60 days

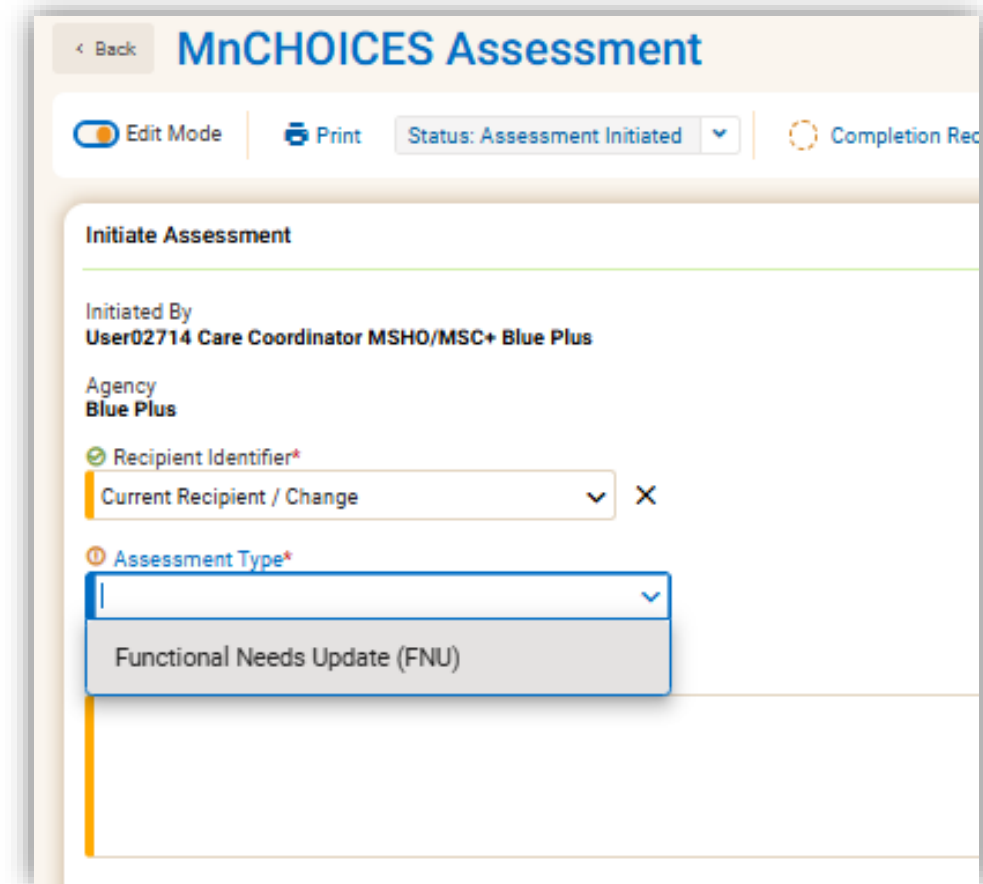
**\*Reminder: Members newly opened/reopened to EW may need to be reassessed sooner.**

# FUNCTIONAL NEEDS UPDATE - FNU

For FNU option, must select & initiate MnCHOICES Assessment:

There are two types of FNU's:

- 1) FNU replacing "Activity Type 10"
- 2) Transfer FNU (non-BP to BP)



The screenshot displays the 'MnCHOICES Assessment' interface. At the top, there is a navigation bar with a '< Back' button, the title 'MnCHOICES Assessment', and several utility buttons: 'Edit Mode' (with a toggle), 'Print', 'Status: Assessment Initiated' (with a dropdown arrow), and 'Completion Rec' (with a circular arrow icon). Below this is the 'Initiate Assessment' section. It contains the following information: 'Initiated By: User02714 Care Coordinator MSH0/MS+ Blue Plus', 'Agency: Blue Plus', and 'Recipient Identifier\*' with a dropdown menu showing 'Current Recipient / Change' and a close button. The 'Assessment Type\*' dropdown menu is open, showing a list of options with 'Functional Needs Update (FNU)' highlighted in grey.

# Transfers & Product Changes

# BLUE PLUS to BLUS PLUS TRANSFERS

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Process and timelines remain unchanged:

- Continue to complete and send Transfer in Care Coordination Delegation Form
  - Transferring delegate should contact the receiving delegate agency prior to transfer if there are:
    - Assessment/support plan “In Progress”
    - Outstanding services and supports needing coordination in the new county of residence
  - Continue active SA’s in Bridgeview (except Care Coordination/case aide SA’s, as applicable).
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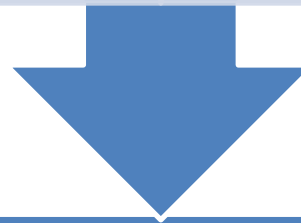


# 6.28/BLEU PLUS TRANSITIONAL HRA PROCESS – CURRENT STATE

Conduct a Blue Plus Transitional HRA (THRA)\* within 30 days of enrollment for MSHO or MSC+ EW or within 60 days of enrollment for MSC+ not open to EW when:

New enrollees who have had an LTCC/3428H/MnCHOICES assessment (done either in MnCH 1.0 or R-MnCHOICES application) within the previous 365 calendar days.

New enrollees due to a Product Change (MSHO to MSC+ or MSC+ to MSHO) and had an LTCC/3428H/MnChoices assessment (done either in MnCH 1.0 or R-MnChoices application) within the previous 365 calendar days.



\*If a significant health change is identified during the THRA, do not complete a THRA, must complete a full MnCHOICES or HRA-MCO.

# DHS SMART GUIDE – TRANSFER GUIDANCE

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## **New Process:**

Effective 2/1/2025, Blue Plus (BP) will be implementing the DHS Smart Guide - Transfer Guidance for MSHO & MSC+ Care Coordinators for non-BP to BP transfers. This ensures consistency in our transfer process with other lead agencies following DHS guidance. Timelines remain unchanged.

\*Scenario 6 may need additional steps if a member is not an existing BP member to capture an assessment for Blue Plus.

# NON-BLUE PLUS TRANSFERS & PRODUCT CHANGES

Follow the Smart Guide using Transfer process outlined in the *Transfer Guidance for MSHO/MS C+ CCs* for the remaining scenarios (1,2,**3\***,4).

Care Coordinators must complete the Blue Plus Transitional HRA process for scenarios 5, 6, 7 and product changes AND enter a Transitional HRA in MnCHOICES.

**\*Scenario 3 does not require a Transfer FNU.**

## Smart guide: Transfer guidance for MSHO/MS C+ care coordinators

Updated: 9/26/2024

### Contents

Overview

Key terms

Scenario 1: FFS EW to MCO EW, support plan created by FFS

Scenario 2: FFS EW to MCO EW, no support plan created by FFS

Scenario 3: FFS no program to MCO no program, no support plan created by FFS

Scenario 4: FFS state plan to MCO state plan, support plan created by FFS

Scenario 5: MCO EW to MCO EW

Scenario 6: MCO EW but person chooses no program

Scenario 7: FFS EW legacy to MCO EW and FFS CSP support plan

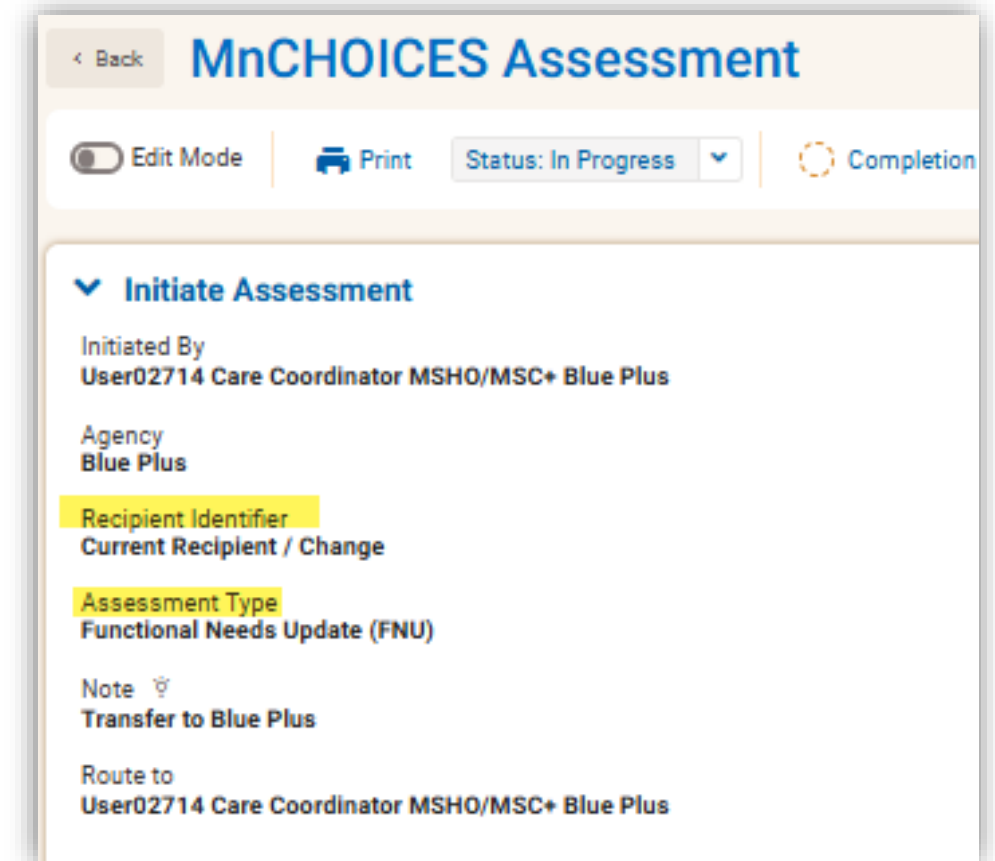
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Reminder: When your agency receives a transfer from another lead agency (FFS or another health plan) and the member's assessment was completed by another lead agency (LTCC, 3428H, MnCH 1.0, HRA-MCO, R-MnCHOICES), document these assessments in Bridgeview as "Fee For Service/Reviewed HRA".

# TRANSFER FNU's - MnCHOICES

## How to document in MnCHOICES:

- Select Form Category: *Assessments*
- Select Form: ***MnCHOICES Assessments***
- Initiate MnCHOICES assessment
  - Select ***Current Recipient/Change***
  - Select Assessment Type *FNU*
  - In notes field indicate reason for assessment "*Transfer to Blue Plus*"
  - Complete the entire "*FNU*" assessment
- Complete a new MnCHOICES-MCO
- support plan



The screenshot shows the MnCHOICES Assessment form interface. At the top, there is a navigation bar with a back arrow, the title "MnCHOICES Assessment", and a status dropdown set to "In Progress". Below the navigation bar, there are controls for "Edit Mode" (a toggle switch), a "Print" button, and a "Completion" button. The main content area is titled "Initiate Assessment" and contains the following information:

- Initiated By: User02714 Care Coordinator MSHO/MSC+ Blue Plus
- Agency: Blue Plus
- Recipient Identifier: Current Recipient / Change
- Assessment Type: Functional Needs Update (FNU)
- Note: Transfer to Blue Plus
- Route to: User02714 Care Coordinator MSHO/MSC+ Blue Plus

# TRANSFER GUIDE & BLUE PLUS THRA's

## Must also continue to complete:

- Blue Plus Transitional HRA (previously known as 6.28 THRA)
- MnCHOICES THRA – select "*HRA-MCO*" assessment Form type and HRA Type "*Transitional*" in MnCHOICES application
  - Required fields: Member Information, Assessment Information (including who was present) and Staying Healthy section.
- Enter Care Coordinator screening document changes in MMIS for members that had a MnCHOICES-MCO assessment (enter 05/98 - use the Blue Plus enrollment date as the activity/assessment and effective date).
- Assessments in Bridgeview by the 10th of the following month.

Member Information
Assessment Information
Who is present at the HRA
Living Situation
Everyday Life
Independent Living
Informal caregiver
Taking Care Of Self
Modifications, Assistive Technology and Remote Supports
Communication With Providers
My Health
Health Concerns/History
Diabetes
Medication
Pain Management
Health Stability
Advance Directive
Staying Healthy
Preventive Screenings
Emotional Health
Nutrition
Sexual Health
Substance Use
Safety and Wellbeing
Falls
Memory
Risk

# SMART GUIDE – TRANSFER GUIDANCE

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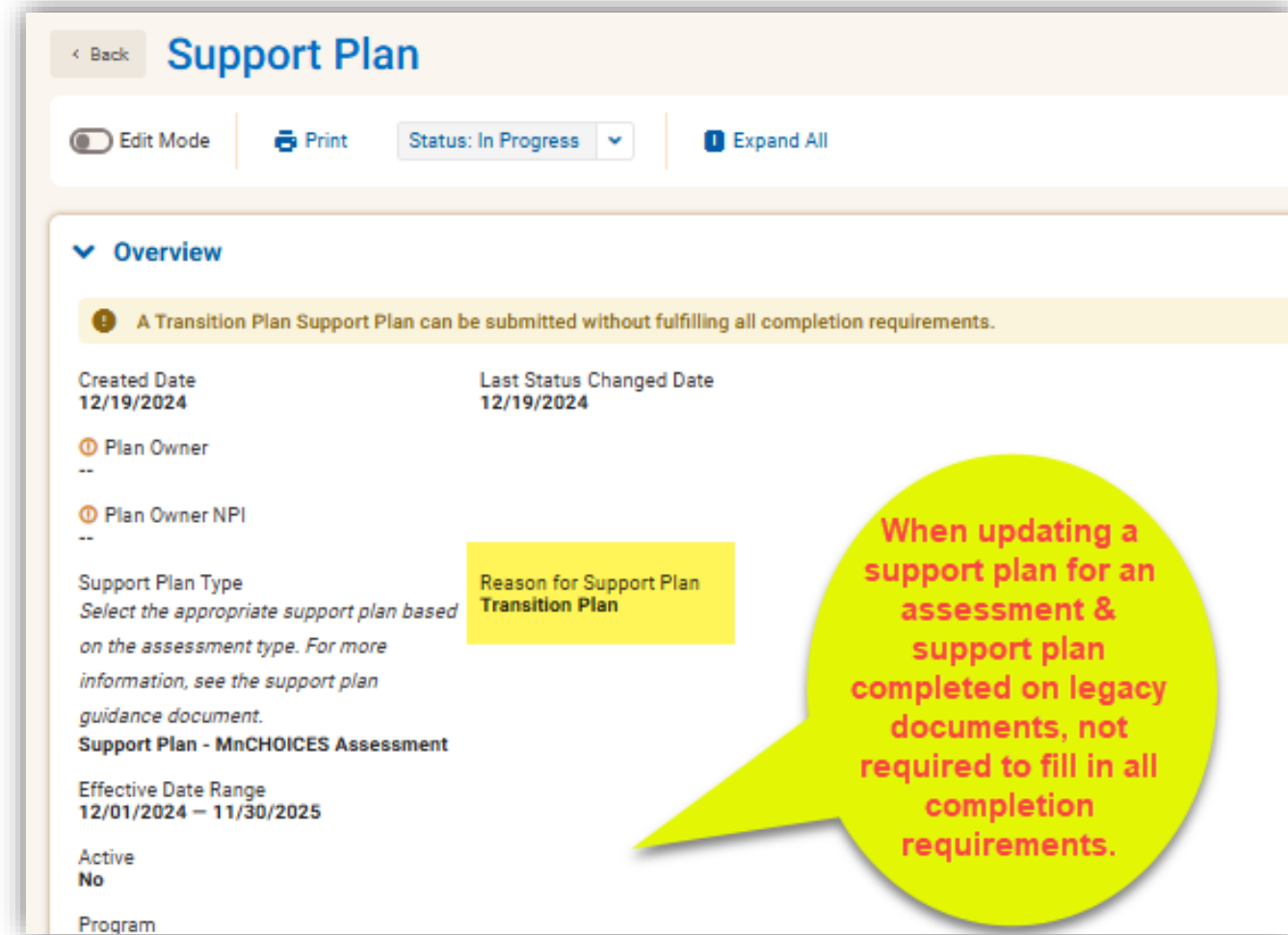
**Scenario 6-MCO EW but person chooses no program** does not appear to be directly related to a transfer scenario.

\*If another lead agency completed the MnCHOICES assessment and transfers to BP:

1. Follow Blue Plus Transitional HRA guidance for assessment
2. Discard EW Support Plan (need to request/communicate with previous CM/CC to discard)
3. Create and complete new HRA–MCO Support Plan
4. Follow normal process for obtaining signatures, sharing support plan, authorize services as applicable, entering assessment(s) in Bridgeview by the 10th of the following month.
5. Enter MnCHOICES Transitional HRA

# TRANSFERS & LEGACY DOCUMENTS

Scenario 7 – Support Plan revisions, follow step # 4 using “Transition Plan”.



The screenshot shows a web interface for a "Support Plan". At the top, there is a navigation bar with a "Back" button, the title "Support Plan", and several controls: a toggle for "Edit Mode", a "Print" button, a status dropdown menu currently set to "In Progress", and an "Expand All" button. Below this is an "Overview" section with a warning message: "A Transition Plan Support Plan can be submitted without fulfilling all completion requirements." The main content area displays several fields: "Created Date" (12/19/2024), "Last Status Changed Date" (12/19/2024), "Plan Owner" (indicated as missing), and "Plan Owner NPI" (also missing). The "Support Plan Type" field is highlighted in yellow and contains the text "Support Plan - MnCHOICES Assessment". A yellow callout bubble points to this field with the text: "When updating a support plan for an assessment & support plan completed on legacy documents, not required to fill in all completion requirements." Other fields include "Effective Date Range" (12/01/2024 – 11/30/2025) and "Active" (No).

# COMMUNITY WELL & TRANSFERS

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When the requirements for completing a THRA is met for a CW member (not EW or CFSS) and the member is not due for a reassessment or had a significant health change:

- Complete Blue Plus THRA with member/auth rep reviewing previous assessment and support plan
    - Enter MnCHOICES Transitional HRA
  - When there is no previous assessment or support plan completed in (revised) MnCHOICES (i.e., legacy documents):
    - Complete Blue Plus THRA with member/auth rep reviewing previous assessment and support plan. Includes completing newly added Staying Healthy Comment field and Goal section.
    - Enter MnCHOICES THRA. THRA fields in MnCHOICES will be blank. Minimally complete Member Information, Assessment Information (including who is present), Staying Healthy section.
  - Following current process, if no care plan or support plan was completed at all, in addition to the Blue Plus THRA and MnCHOICES THRA, create and complete new HRA-MCO support plan.
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# COMMUNITY WELL & TRANSFERS CON'T

**Note:** If previous assessment was completed and in *Completed* status in MnCHOICES, responses will copy over. Must review & update the responses, i.e., assessment date, on the THRA in MnCHOICES.

Form ID	Form Type	Program	Created Date	Created By	Last Modified Date	Last Modified By	Status
90238	Health Risk Assessment - MCO	N/A	01/15/2025	user02715	01/15/2025	user02715	In Progress
87373	OBRA I	N/A	09/11/2024	user02715	09/11/2024	user02715	Completed
73966	EW Customized Living and Foster Care Worksheet	N/A	10/10/2023	user02715	10/10/2023	user02715	In Progress
73965	Rates	Elderly Waiver (EW)	10/10/2023	user02715	10/10/2023	user02715	Discarded
73568	Health Risk Assessment - MCO	N/A	10/04/2023	user02715	01/15/2025	user02715	Completed

**Assessment Information**

xxxx  
4/50 Characters

✔ Assessment team  
Health Plan

✔ HRA type  
Transitional HRA

✔ Transitional HRA type  
Product change

✔ HRA method  
Telephone

✔ Referral date  
Referral date is the date of the person's enrollment into the health plan.  
10/04/2023  
Format is MM/DD/YYYY

✔ Date of health risk assessment  
Date of health risk assessment is the date the health risk assessment activity was completed.  
10/04/2023  
Format is MM/DD/YYYY

✔ Assessment results  
MSC+, MSHO or, SNBC or ISNBC health risk assessment completed

# OVERVIEW - BLUE PLUS THRA's

---

- Complete Blue Plus THRA
- Review the previous assessment and support plan completed within the last 365 days with the member/auth rep
- Obtain any missing documentation not received (i.e., signatures, med list, caregiver assessment, other required Blue Plus discussion requirements, etc.).
- If applicable, enter assessment and update service agreements in Bridgeview
- Enter MnCHOICES THRA
- Contact providers of CC Change/contact info
- MMIS Care Coordinator SD change entry will depend on the scenario (EW/CFSS vs. no program)

Complete follow up for any outstanding assessed needs, goals, and authorizations as applicable.

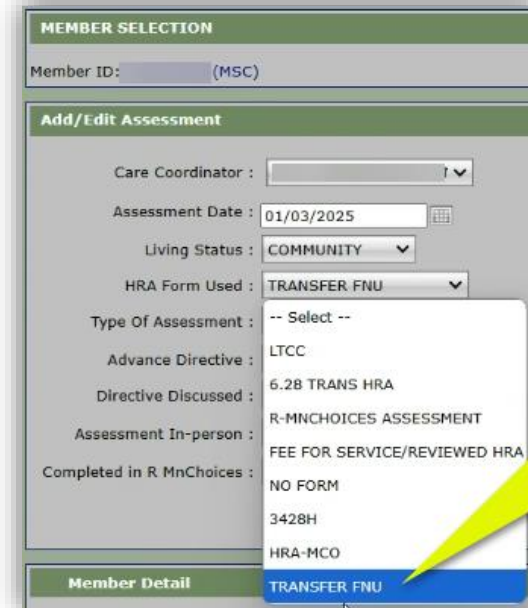
\*Reminder: THRA date does not reset date for reassessment.

# TRANSFER FNU & BRIDGEVIEW

Adding new drop-down option to document Transfer FNU in Bridgeview (1/29/2025).

Transfer FNU drop down options will mirror THRA drop down options.

\*Reminder – Transfer FNU will not reset the annual reassessment schedule. Do not use this date to calculate the reassessment.



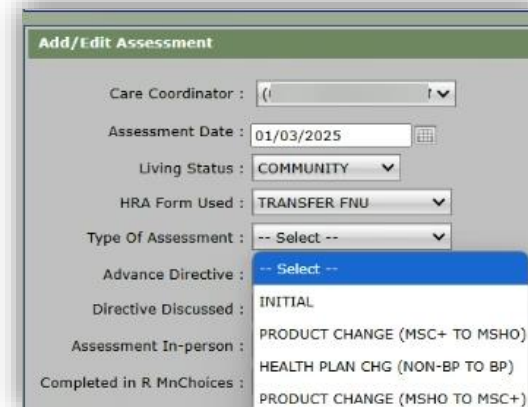
MEMBER SELECTION  
Member ID: (MSC)

Add/Edit Assessment

Care Coordinator : [dropdown]  
Assessment Date : 01/03/2025 [calendar]  
Living Status : COMMUNITY [dropdown]  
HRA Form Used : TRANSFER FNU [dropdown]  
Type Of Assessment : -- Select --  
Advance Directive : LTCC  
Directive Discussed : 6.2B TRANS HRA  
Assessment In-person : R-MNCHOICES ASSESSMENT  
Completed in R MnChoices : FEE FOR SERVICE/REVIEWED HRA  
NO FORM  
3428H  
HRA-MCO

Member Detail TRANSFER FNU

Planned enhancement to be deployed on 1/29/2025.



Add/Edit Assessment

Care Coordinator : [dropdown]  
Assessment Date : 01/03/2025 [calendar]  
Living Status : COMMUNITY [dropdown]  
HRA Form Used : TRANSFER FNU [dropdown]  
Type Of Assessment : -- Select --  
Advance Directive : -- Select --  
Directive Discussed : INITIAL  
Assessment In-person : PRODUCT CHANGE (MSC+ TO MSHO)  
HEALTH PLAN CHG (NON-BP TO BP)  
Completed in R MnChoices : PRODUCT CHANGE (MSHO TO MSC+)

# ACTIVITY TYPE 10 FNU

## Why:

Used after an assessment for Elderly Waiver when member is experiencing a short-term increase in required supports that are currently not met with services and case mix.

\*\*The member must have had a MnC 1.0, LTCC or MnCHOICES assessment for their previous assessment.

## What:

Does not extend waiver span

Does not replace annual reassessments

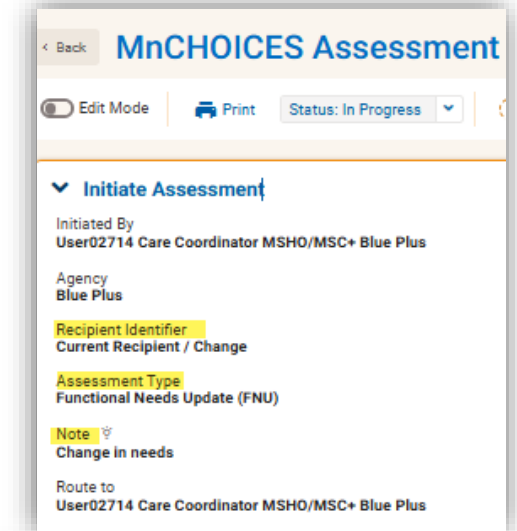
Does increase case mix/budget

## How?

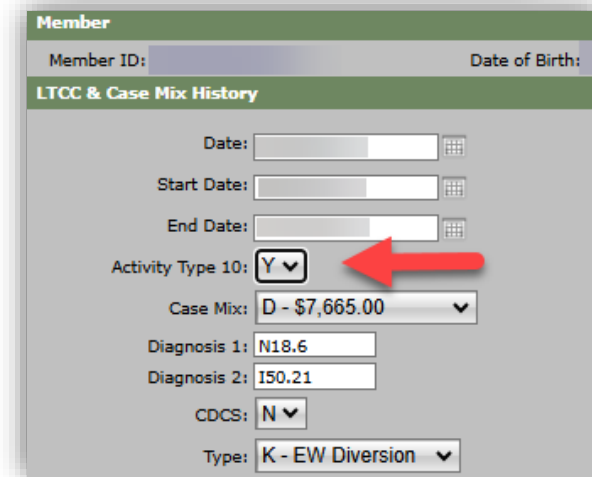
- Select Form Category: Assessments
- Form : MnCHOICES Assessment
- Initiate assessment
- Select Current Recipient/Change
- Select Assessment Type FNU,
- In notes field indicate reason for assessment "Change in needs/supports".

In Bridgeview update LTCC Case Mix Span , select Activity type 10 drop down –Yes (Activity Type 10 FNU) MMIS – must enter activity type 10/Functional Needs update

Reminder: The requirements of when and how to use this activity type has not changed. Do not use this activity date to calculate the reassessment date.



The screenshot shows the 'MnCHOICES Assessment' form in a web interface. At the top, there are navigation options like 'Back', 'Edit Mode', 'Print', and 'Status: In Progress'. The main section is titled 'Initiate Assessment' and contains the following information: 'Initiated By: User02714 Care Coordinator MSHO/MSC+ Blue Plus', 'Agency: Blue Plus', 'Recipient Identifier: Current Recipient / Change', 'Assessment Type: Functional Needs Update (FNU)', and a 'Note' field with the text 'Change in needs'. At the bottom, it shows 'Route to: User02714 Care Coordinator MSHO/MSC+ Blue Plus'.



The screenshot shows the 'Member' form with a section titled 'LTCC & Case Mix History'. It includes several input fields: 'Date', 'Start Date', 'End Date', 'Activity Type 10' (a dropdown menu with 'Y' selected and a red arrow pointing to it), 'Case Mix' (a dropdown menu with 'D - \$7,665.00' selected), 'Diagnosis 1' (text input with 'N18.6'), 'Diagnosis 2' (text input with 'I50.21'), 'CDCS' (a dropdown menu with 'N' selected), and 'Type' (a dropdown menu with 'K - EW Diversion' selected).

# ELIGIBILITY UPDATE – ACTIVITY TYPE 09

---

The Eligibility Update can be used following an initial MnCHOICES assessment when determination of the members elderly waiver program is not completed within 60 days of the assessment. It is used on day 61-90, this allows additional time to determine a member's program eligibility without having to complete a new MnCHOICES assessment in certain situations.

Reminder: The requirements of when and how to use this activity type has not changed. Do not use this activity date to calculate the reassessment date.

# Dual Role Options

# CARE COORDINATORS WITH DUAL ROLES (HCBS WAIVER & CC) OPTIONS

---



## First option:

Continue to complete annual Blue Plus assessment and support plan separate from the disability waiver CM assessment and support plan.

## Second Option:

Align and combine the Blue Plus and disability waiver assessment and support plan.

# DUAL ROLE OPTION 1

---

## Continue previous workflow:

Care Coordinator completes HRA-MCO (HRA Type: Initial & Annual) and HRA MCO Support Plan following Blue Plus CC requirements AND

Disability Waiver Case Manager completes MnCHOICES Assessment and MnCHOICES support plan following disability waiver requirements.

\*May still choose to align the assessment dates and have separate assessments and support plans. This may cause a onetime BP assessment to be documented as completed early.

Continue current process for authorizing services, sharing information, and Blue Plus specific requirements.



# DUAL ROLE OPTION 1

---

For Care Coordinators (CC) that are also the waiver CM choosing to keep roles separate:

Complete HRA-MCO AND

- Only assign BP CC as Care Coordinator, do not assign BP CC as Certified Assessor.
  - Meet all Blue Plus timelines for completing assessments, sharing support plan, PCP and provider letters.
  - Clearly document in assessment and support plan choice of sharing with waiver CM/ICT
  - Create SMART goals/monitoring/goal closure requirements
  - Send BP Support Plan Cover Letter, which includes BP specific product Language Block
  - Provide information about product specific Member Handbook on privacy rights, protection of PHI, appeals and grievances.
  - Clearly distinguish who to contact if member chooses to appeal denials or reduction for medical assistance services.
-

# DUAL ROLE OPTION 2

For Care Coordinators who choose to align and combine assessment & support plan the CC must do the following:

## Select "Yes – Staying Healthy, Notice of Action and Signatures" AND

- Only assign BP CC as Care Coordinator, do not assign BP CC as Certified Assessor.
- Meet all Blue Plus timelines for completing assessments, sharing support plan, PCP and provider letters.
- **Clearly document in assessment and support plan dual role**
- Clearly document in assessment and support plan choice of sharing with rest of ICT
- Create SMART goals/monitoring/goal closure requirements
- Complete Staying Healthy Section
- Send BP *Support Plan Cover Letter*, which includes BP specific product Language Block
- Provide information about product specific Member Handbook on privacy rights, protection of PHI, appeals and grievances.
- Clearly distinguish who to contact if member chooses to appeal denials or reduction depending on payer source, as applicable.
- **Complete Assessment and Program Acknowledgement signatures**
- **Provide DHS required forms/information as directed**

# DUAL ROLE OPTION 2 –COMBINING ASSESSMENTS

If you are fulfilling the care coordinator AND certified assessor role, AND you work for a county or tribal nation:

- **Select: “Yes-Staying Healthy, Notice of Action, and signatures”**
  - This option would typically be used for **people accessing disability waivers**
- Staying Healthy section is available.
- Notice of Action and signature section will populate in the assessment form.



Image Credit: MnCHOICES Office Hours 9/6/2024

# CARE COORDINATOR & CERTIFIED ASSESSOR

Anytime other time a MnCHOICES – MCO assessment is being completed, must select “Yes – Staying Healthy Only”.

- **If you are fulfilling the care coordinator and certified assessor role and work for a Managed Care Organization (MCO) or delegate agency:**
  - **Select “Yes-Staying Healthy only”.**
  - Staying Healthy section is available.
  - Notice of Action and signature page: Will not populate; care coordinators will use MCO specific forms.



# DOCUMENTATION LOCATIONS

## In MnCHOICES Assessment

- Initiate Assessment
- Activity Information
  - Assessment Setup
  - Assessment Details
  - Program Specific Requirements
  - Diagnostic Confirmation
- Functional Assessment - Community Living
- Relationships
- Communication

**CG Assessment offering/discussion**

## HRA – MCO Assessment

- Member Information
- Assessment Information
  - Who is present at the HRA
- Living Situation
- Everyday Life
  - Independent Living
  - Informal caregiver **Yes/No**
  - Taking Care Of Self
- Modifications, Assistive Technology and Remote Supports
- Communication With Providers
- My Health
  - Health Concerns/History
    - Diabetes
    - Medication
    - Pain Management
    - Health Stability
    - Advance Directive
  - Staying Healthy
    - Preventive Screenings
  - Emotional Health
  - Nutrition
  - Sexual Health
  - Substance Use
- Safety and Wellbeing
  - Falls
  - Memory
  - Risk

**If the member has a CG, you may document CG assessment offering/discussion here**

## In the MnCHOICES MCO & HRA-MCO - Support Plan

### Support Plan Signature Sheet

Effective Date Range

Select the effective date range of the corresponding support plan.

**01/01/2025 – 12/31/2025**

Person

Materials shared

Data privacy practices, that explain my right to confidentiality (DHS-4839E or agency's form)

My appeal rights were shared with me

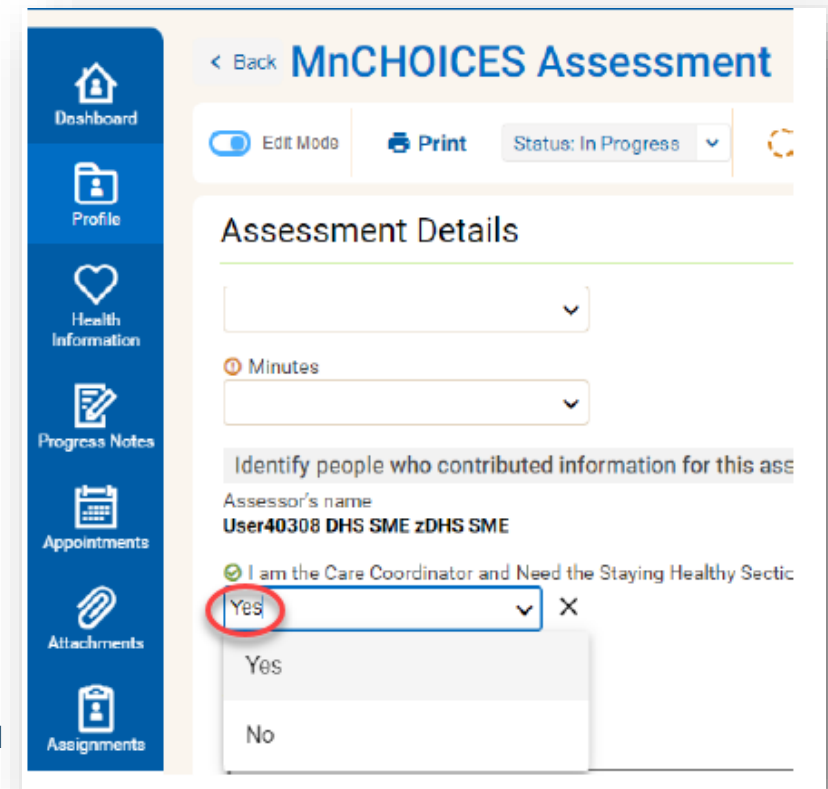
Other information

Enter a list of other materials shared.

**Discussions/Handouts:  
MSHO Supplemental  
Benefit Discussion,  
Safe Med Disposal, BP  
Language Block,  
Advanced Directive,  
Caregiver Assessment,  
Appeal Rights.**

# TIPS

- Prior to initiating assessment, update diagnosis and allergies in Health Information.
- Minimally the assessor must select "Yes" to "*I am the Care Coordinator and need the Staying Healthy Section*" for the required Staying Healthy Domain to correctly populate. If taking assessment offline, this step must be completed prior.
- When taking documents offline:
  - Per DHS, best practice is taking assessments offline vs. completing assessments online.
  - CC should be prepared and take both forms (HRA-MCO and MnCHOICES) offline to conduct the applicable assessment and pivot based on the person's needs.
  - Do not clear cache. Documents are stored to the computer until you check the assessments back in.



< Back MnCHOICES Assessment

Edit Mode Print Status: In Progress

### Assessment Details

Minutes

Identify people who contributed information for this assessment

Assessor's name  
User40308 DHS SME zDHS SME

I am the Care Coordinator and Need the Staying Healthy Section

Yes No

**Refer to Micro-learnings in Help Center: Working offline, Checking in offline forms**

# Support Plans

# POST ASSESSMENT TIMELINES

---

Documents to send PCA/CFSS Provider (if/when known) and member:

**Within 10 business days** of the assessment

1. CFSS eligibility results = Assessment Summary (previously instructed Assessment Results)
2. Supplemental Summary Chart
3. Support Plan or service line indicating choice of provider and service delivery for PCA/CFSS services (from Services and Support section)

Note: If member is not eligible for PCA/CFSS or is choosing not to access the service, only need to send CFSS eligibility within 10 business days.

\*Supplemental Summary Chart and Support Plan is direct guidance from DHS until further notice.



# POST SUPPORT PLAN TIMELINES

---



## What to send

### **Within 90 calendar days:**

- For Initials, send Support Plan Summary Letter – Intro to Primary Care Provider within 90 days of *enrollment notification* and support plan completion.
- For Reassessments, send Support Plan Summary Letter – Intro to Primary Care Provider within 90 days of the support plan completion

\*Note: Clinic system CC delegates, PCP notification send following timelines via document clinic process.

### Care plan sharing:

- Waiver CM & other ICT member as applicable
-

# SUPPORT PLAN – GOAL CROSSWALK

- My Goals = Goal Statement
- Supports Needed = Supports I Requested
- Target Date = Target Date
- Monitoring Progress/Goal Revision Date = 1) Monitoring Progress 2) Status of Goal 3) Status Date
- Date Goal Achieved/Not Achieved = Status of goal/Status Date

Rank by Priority	My Goals	Support(s) Needed	Target Date	Monitoring Progress/Goal Revision date	Date Goal Achieved/ Not Achieved (Month/Year)
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High					

## Requirements:

- Must have at least one open/active goal
- Must be SMART goals

- S-Specific
- M-Measurable
- A-Achievable
- R-Relevant
- T-Time-bound

# SUPPORT PLAN – GOAL WORKFLOW

Overview

About Plan

About Me

My Care Team (Interdisciplinary Care Team)

What do I want my life to look like

My Goals **1** **4**

Supports I Requested **2**

Barriers **3**

My Supports

Waiver Providers

How My Care Coordinator Will Support

Services and Supports

Overall Cost of Services

Safety and Well-being

My Backup Plans

Support Plan Signature Sheet

Signatures

**Support Plan: 1) Create goal statement 2) Enter Supports I requested and 3) Enter Barriers (if applicable) 4) return to My Goals to complete goal.**

### Add Goal

Goal Statement\* **1** **4**

I would like to lose 15 pounds in the next year and be able to ride my bike in the summer.

91/1000 Characters

Target Date

When will this goal be accomplished?

06/30/2025

Format is MM/DD/YYYY

Priority

High

Supports I Requested

Enter a description of the support the person needs to achieve the goal.

Available

No item available.

Selected

Monitoring progress

Enter a description of the person's progress toward completing the goal. If there is no update, enter the reason or N/A.

Status of Goal

Status Date

Format is MM/DD/YYYY

Are There Barriers To Accomplish This Goal?

Yes

No

Clear

Barriers

Available

No item available.

Selected

**Setting up goals Initially or at reassessment**

### Supports I Requested **2**

Support I Requested

Gym membership

Support I Requested Description

Enter a description of the support the person needs to achieve the goal.

Have access to my MSHO supplemental benefits Silver Sneakers and go 2-3 times a week.

### Add Barrier **3**

Barrier Name\*

Barrier Description\*

Save Cancel

\*Users may also choose to enter *Supports I Requested* and *Barriers* first, then create goal statement and complete goal without going back and forth.

# SUPPORT PLAN - SERVICES AND SUPPORTS

---

## Services that Support Me

- All services paid by MCO
- Care Coordination/Case Aide
- EW services
- MA State plan services

## People and Community Organizations that support me

- All other disability waiver services, including waiver CM
- Targeted Case Management (i.e., Adult Rehab Mental Health Services)
- HHS
- Informal services and supports
- Medicare episodic home care services
- MHM
- MSHO Supplemental benefits

\*Important: If unable to link provider, list service under People and Community Organizations that support me.

---

# SUPPORT PLAN SIGNATURE WORKFLOW

## Provider Signatures

For documenting Provider Service Support Plan Signatures when member chooses not to share:

- 1) Complete all fields:
  - Type Provider's Name
  - Select Handwritten
  - Use assessment date for both attempt date fields
  - Select "No, see attempts"
  - Date Signed <insert date of assessment>
  - Type "<insert member/auth name> chose not to share"
  - Select "None" for method of sharing the plan

Providers - I would like my plan shared with the following provider(s)

By selecting, I affirm this signature has been verified

Provider's Name  
**LIFEWORKS EAGAN I**

Method of obtaining signature from provider  
**Handwritten**

Signature File  
--

Date Signature Requested  
**01/14/2025**

Signature Obtained  
**No, see attempts**

Second Attempt To Obtain Signature Date  
**01/14/2025**

**Provider acknowledgments**  
Provider(s) signatures indicate the provider(s) who sign:

- Have reviewed the plan.
- Acknowledge the services and supports in the plan.
- Agree to provide those services and supports as outlined.
- Understand we can submit a written report to the case manager or certified information can be considered at the person's reassessment.)

Date Signed <b>01/14/2025</b>	Name <b>Member chose not to share with Lifeworks.</b>
----------------------------------	----------------------------------------------------------

Method Of Sharing The Plan  
**None**

# SUPPORT PLAN SIGNATURE WORKFLOW

---



## Member signature

### Preferred options:

- 1) Create support plan prior to assessment date and print signature page to be signed on day of assessment
- 2) Obtain electronic signature on day of assessment

Last resort if signature not obtained on day of assessment (i.e., remote assessment): Print and mail support plan signature post visit. Follow up to obtain signature.

**If signature not received, attempt(s) should be made at the mid-year and at reassessment. Clearly document all attempts in case notes/progress notes.**

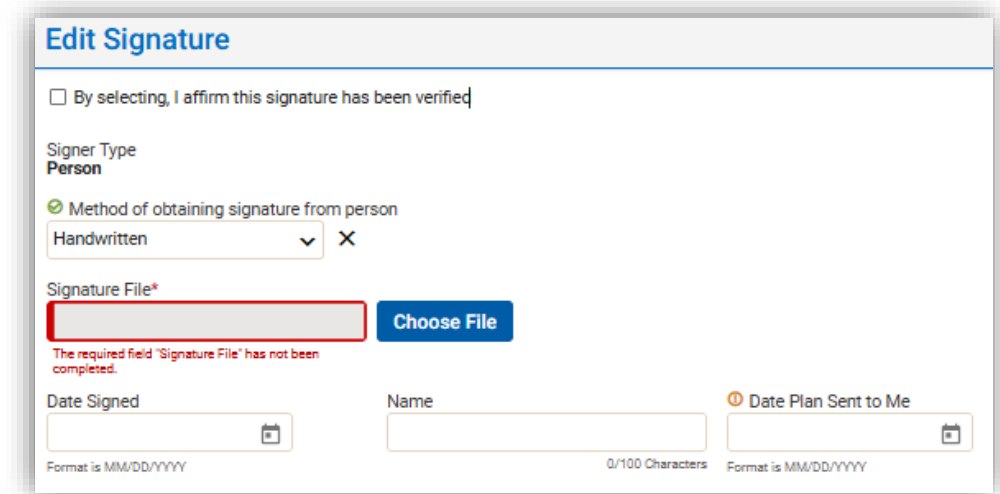
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# SUPPORT PLAN SIGNATURE WORKFLOW

In *rare instances* when a member signature is not obtained, and support plan needs to be in “Plan Approved” or “Completed” status (i.e., revisions, etc.):

- 1) Send the Support Plan Cover Letter with Support Plan and signature sheet.
- 2) Label with the date sent and save the unsigned member Support Plan signature sheet.
- 3) Upload the member Support Plan signature sheet to the member *Signature File* field.
- 4) Use date sent to member in the *Date Signed* and *Date Plan Sent to Me* fields.
- 5) In *Name* field add note “signature sheet sent to member”
- 6) Move plan to *Plan Approved* Status.

\*Upon receipt attach signed signature page to Attachments



**Edit Signature**

By selecting, I affirm this signature has been verified

Signer Type  
**Person**

Method of obtaining signature from person  
Handwritten

Signature File\*  
 Choose File

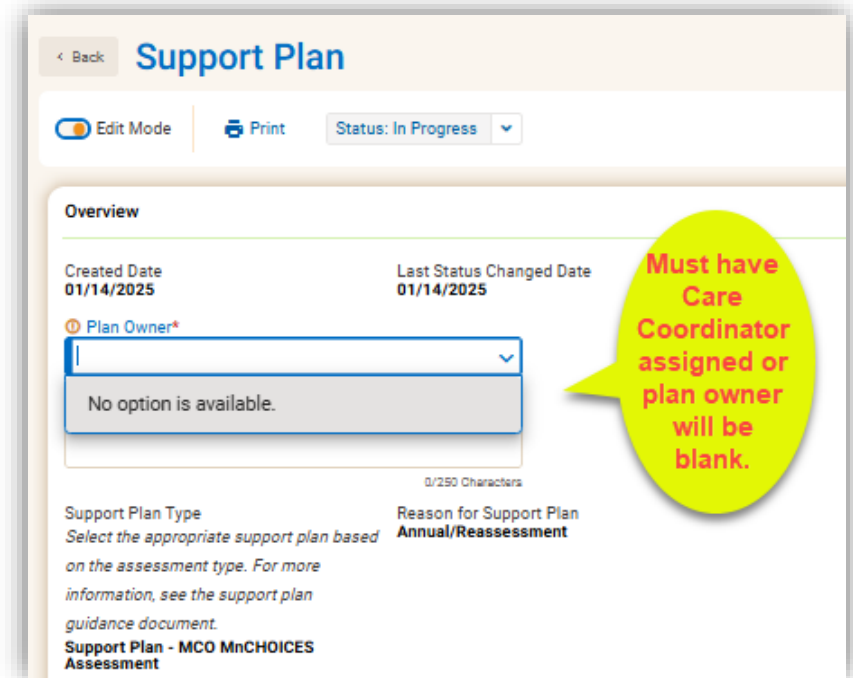
The required field 'Signature File' has not been completed.

Date Signed  Name  Date Plan Sent to Me

Format is MM/DD/YYYY 0/100 Characters Format is MM/DD/YYYY

# TIPS – SUPPORT PLAN

Must be assigned as Care Coordinator, otherwise Plan Owner will be blank (i.e., member only has a Certified Assessor assigned.)



Support Plan

Created Date: 01/14/2025 | Last Status Changed Date: 01/14/2025

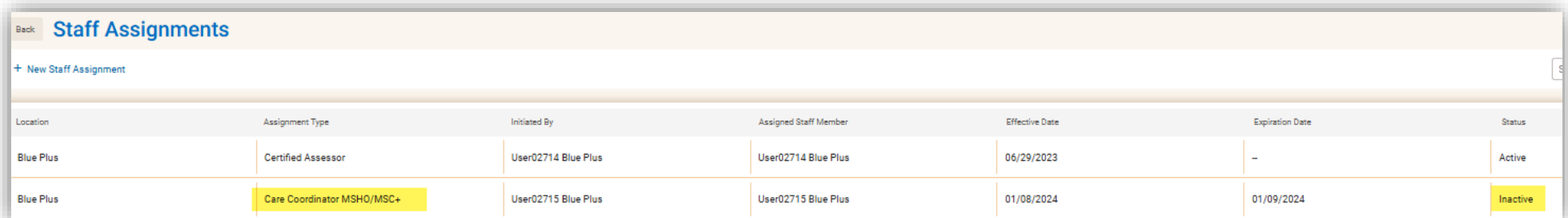
Plan Owner\*  
No option is available.

Support Plan Type: Support Plan - MCO MnCHOICES Assessment

Reason for Support Plan Annual/Reassessment

0/250 Characters

Must have Care Coordinator assigned or plan owner will be blank.



Location	Assignment Type	Initiated By	Assigned Staff Member	Effective Date	Expiration Date	Status
Blue Plus	Certified Assessor	User02714 Blue Plus	User02714 Blue Plus	06/29/2023	-	Active
Blue Plus	Care Coordinator MSHO/MSC+	User02715 Blue Plus	User02715 Blue Plus	01/08/2024	01/09/2024	Inactive



# TIPS – SUPPORT PLAN

---

Do not move support plan to “In Progress – Assessment Complete” *until* assessment is in one of these statuses:

- Completed-Ready for MMIS
- Pending MMIS Response
- Approved by MMIS

\*Note: If assessment is not in one of the above statuses and the support plan is prematurely moved to “In Progress – Assessment Complete”, it will create workflow issues for the support plan (i.e., won’t pull over information from the assessment and/or signature completion requirements showing as not met).

# SUPPORT PLAN –LAUNCH TRANSITION PERIOD

A “*Transition Plan*” can be selected for “Reason for Support Plan” when the support plan and/or EW RS Rate Tool was not completed in the Revised MnCHOICES application (legacy doc/system) and needs updates. Does not apply to HRA-MCO.

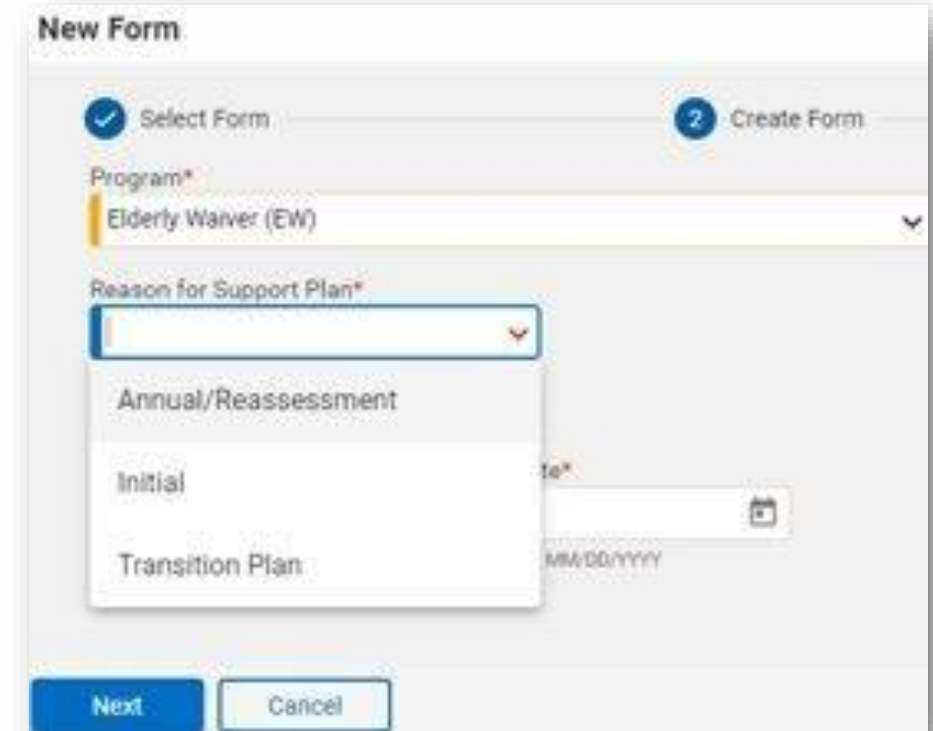
## Some reasons why:

- Add or update goals
- New providers
- Update services units
- Change in EW RS rates

## How:

- 1) Create a new support plan
- 2) Select reason as transition plan
- 3) Use the same language from the original support plan
- 4) Complete necessary applicable fields

Note: Revised support plans will not copy over. Must add service line, rate inputs and rerun rates. Transition plans cannot be revised, new transition plan must be created if there are additional changes.



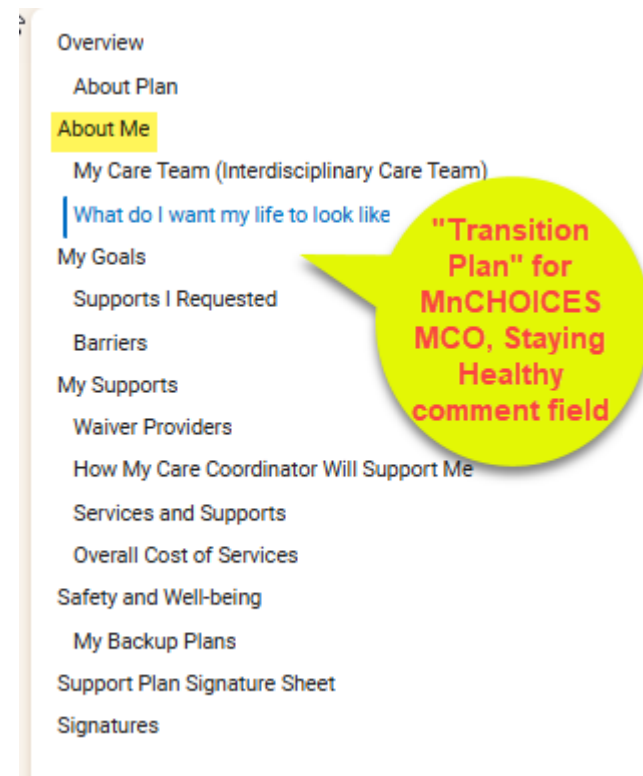
The screenshot shows a web interface titled "New Form" with a progress bar at the top indicating "1 Select Form" (completed) and "2 Create Form". Below the progress bar, there are two dropdown menus. The first is labeled "Program\*" and is set to "Elderly Waiver (EW)". The second is labeled "Reason for Support Plan\*" and is open, showing three options: "Annual/Reassessment", "Initial", and "Transition Plan". To the right of the "Reason for Support Plan\*" dropdown, there is a date field with a calendar icon and the label "MM/DD/YYYY". At the bottom of the form, there are two buttons: "Next" (highlighted in blue) and "Cancel".

*\*Refer to: Practice Guide Support Plan with Transition in Help Center*

# SUPPORT PLAN – TRANSITION PLAN

When completing a support plan with “Transition Plan” as the reason, the plan can be moved to “Plan Approved” status before meeting all the required fields.

There is no separate Staying Healthy Section this can be found under “About Me” in “What do I want my life to look like”.



# SUPPORT PLAN WITH TRANSITION PLAN REASON & UPDATES

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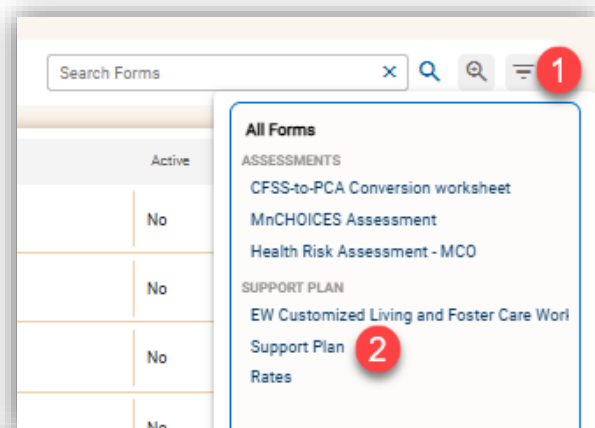
“Transition Plans” cannot be revised. When a support plan with “Transition Plan” reason needs to be updated:

- Create a new support plan with “Transition Plan” as the reason.
- Use split view to copy/paste info to the newly created support plan with “Transition Plan” reason.
- Make updates/changes as needed and repeat if there are subsequent changes until their reassessment.

# SUPPORT PLAN - REVISIONS

Update completed support plan in Revised MnCHOICES by selecting revise plan by clicking the ellipsis of the support plan being updated for the following:

- Midyear contact
- Changes (goals/demographic/service providers/units, etc.)



87332	Plan Approved <b>3</b>	09/10/2024	10/09/2024	09/10/2024	user02714	Blue Plus	09/19/2024	No	<b>4</b> ⋮
87100	Discarded	09/03/2024	09/02/2025	09/03/2024	user02714	Blue Plus	11/26/2024	No	Open Record Revise <b>5</b>

*\*Refer to Help Center resources*

# GOAL MONITORING - REVISIONS

---

**When:** additional or updated goals, changes to services, new providers, change to goals through out the year.

## Support Plan in MnCHOICES:

- Revise support plan using *Plan Revision*
- Include short description of what is being changed/added
- Indicate if signatures are required (depends on reason for change/update)
- Review goal section
- Use previous plan dates for effective date range

## Support Plan not in MnCHOICES:

- Update support plan as applicable
- EW Support Plans: Create new support plan with “Transition Plan” as the reason using previous effective date range.
- Using split screen copy relevant information from original support plan
- HRA-MCO Support Plans: Create new support plan with plan revision using date range plan will be effective.
- Legacy documents: Update the Blue Plus THRA goal section if no other changes needed

# SUPPORT PLAN – GOAL CLOSURE AT YEAR END REASSESSMENTS

---



At reassessment revise support plan and include a goal status date:

- Only revise goals on support plan (Achieved, Discontinued, In progress) if completed prior to creating a new assessment and support plan for reassessment.
- Otherwise, do not revise plan with plan revision. Revise plan and select *Annual/Reassessment*, all goals will carry over and status can be updated on new revised annual support plan.
- Goals from previous plan can be marked with discontinued or achieved and then removed at mid-year.

Miscellaneous: Closing support plan (i.e., LTC placement):

- Revise support plan in MnCHOICES with plan revision
- Mark goals with goal status “Discontinued” or “Achieved”.

# RS Tools

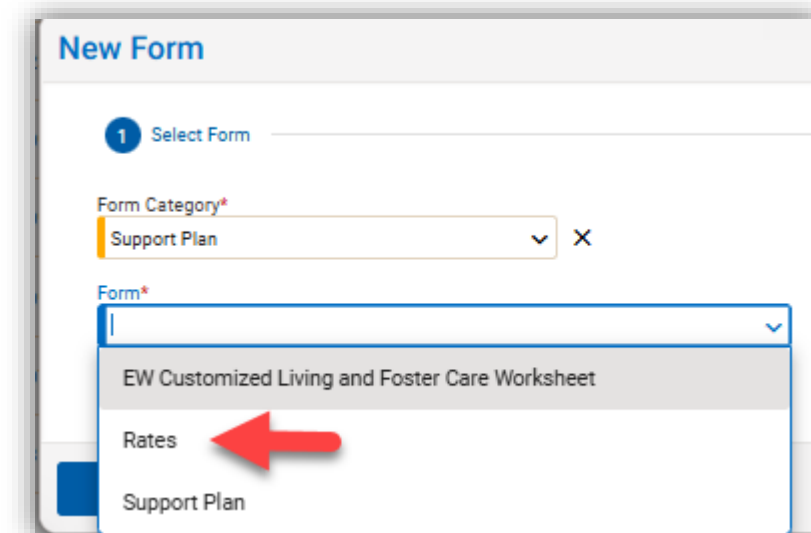


# RS TOOLS/CUSTOMIZED LIVING

EW RS Tools/Customized Living Tools are part of the person's Support Plan – MnCHOICES Assessment MCO. Access the tool in “*Services that support me*” section in the support plan.

Form *Rates*, is only used to “get rate” to test services and rate combinations before entering in a support plan. The form *Rates* is not required and does not copy over to the support plan “*Services that support me*” section.

*\*Refer to Smart Guide Rate Plan in Help Center*



The screenshot shows a web interface titled "New Form". It has a step indicator "1 Select Form". Below this, there is a "Form Category\*" dropdown menu with "Support Plan" selected. Underneath is a "Form\*" dropdown menu. The dropdown menu is open, showing three options: "EW Customized Living and Foster Care Worksheet", "Rates", and "Support Plan". A red arrow points to the "Rates" option.

Smart_Guide_Rate_Plan.pdf	Guidance Documents
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# SUPPORT PLAN- RS TOOLS

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EW RS tool – When a user chooses to revise a support plan with Reason for Support Plan being “*Annual/Reassessment*”, rate inputs and dates won’t copy over (August 2024 office hours)\*.

EW RS rate tool – When a user chooses to revise a support plan for other types of revisions with Reason for Support Plan being “*Plan Revision*”, rate inputs and dates will copy over. (refer to DHS MnCHOICES Practice Guide: Support Plan)

\*DHS is aware of the discrepancy on the Practice Guide: Support Plan (p.72) and working to correct the inaccurate information for reassessment information pulling over.

# ATTACHMENT REQUIREMENTS

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- When uploading attachments, add appropriate description for easier identification
- ALL DHS edoc forms (**related to screenings, services and supports**) must be uploaded as an attachment
- Mini Cog if completed
- My Move Plan as applicable
- Informal Caregiver Assessment (if not must document reason one is not attached)
- Medication List (if not included in assessment or support)
- Attach Refusal/UTR Member support plan letter to MnCHOICES
- Assessment/Care Plan or Support Plan reviewed when completing the Blue Plus THRA unless in MnCHOICES
- **Member and Provider signatures, as applicable.**

# PROGRESS NOTES

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Documenting in MnCHOICES under progress notes is not required by Blue Plus or DHS. Users may choose to do so following follow your agency's protocols for case noting in the member's case file. Regardless of the tool of choice used, all notes must be complete and available upon request (i.e., audits).

\*Note when printing case note(s) in MnCHOICES, it requires all progress notes to be open and not all information will copy and paste correctly when adding to a progress note.

# Tips & Reminders

# FORMS AND DOCUMENTS

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- Continue to use only Blue Plus forms, including DTR (i.e., Do not use: DHS 2828A, DHS 2828B, DHS 2727, DHS 7096)
- Continue to use Blue Plus member facing letters/provider letters & documents on CC Website
- Provider signature **if member chooses to share, upon receipt, attach signed signature page to Attachments**
- TOC process remains the same. Continue to use Blue Plus TOC log, not requirement to attach to MnC.
- Nursing home process remains the same

Note: Forms and letters are being updated to remove the number naming conventions (i.e., 6.28 THRA is Blue Plus THRA, 6.08 Transfer in Care Coordination Delegate is Transfer in Care Coordination Delegate Form)

# MMIS ENTRY

- When completing a MnCHOICES assessment to determine program eligibility, enter a screening document for the assessment (members accessing EW and/or PCA/CFSS).
- You do not need to enter a screening document in MMIS for HRA's completed in the MnCHOICES (Refusals, THRA, HRA-MCO, UTR).

## Related to Transfers:

- Transfer FNU and CC Change SD: Scenario 1 & 2
- CC Change SD Only: Scenario 4,5, & 7
- No entry in MMIS: 3 & 6

Product change – No MMIS entry, unless there is a change in CC and is on EW/CFSS enter CC change SD only. For product change for CW, no MMIS entry.

## Smart guide: Transfer guidance for MSHO/MS C+ care coordinators

Updated: 9/26/2024

### Contents

Overview

Key terms

Scenario 1: FFS EW to MCO EW, support plan created by FFS

Scenario 2: FFS EW to MCO EW, no support plan created by FFS

Scenario 3: FFS no program to MCO no program, no support plan created by FFS

Scenario 4: FFS state plan to MCO state plan, support plan created by FFS

Scenario 5: MCO EW to MCO EW

Scenario 6: MCO EW but person chooses no program

Scenario 7: FFS EW legacy to MCO EW and FFS CSP support plan

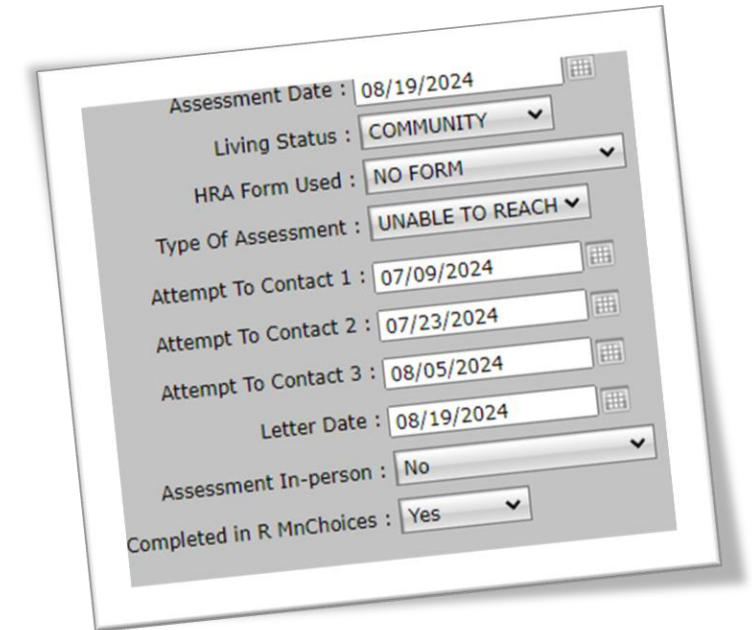
# BRIDGEVIEW

## Continue to document in Bridgeview:

- Care Coordination Assignment
- Demographics (keep current)
- Enter ALL HRA's including UTR, Refusals, FFS
- Service Agreements (MA plan state plan services & EW)

## Available data points:

- Enrollment History
- Enrollment Reports
- HRA Audits/unless noted as in MnCHOICES
- Reminders for assessments that are past due
- Dashboard



A screenshot of a Bridgeview assessment form, tilted slightly to the right. The form contains the following fields and values:

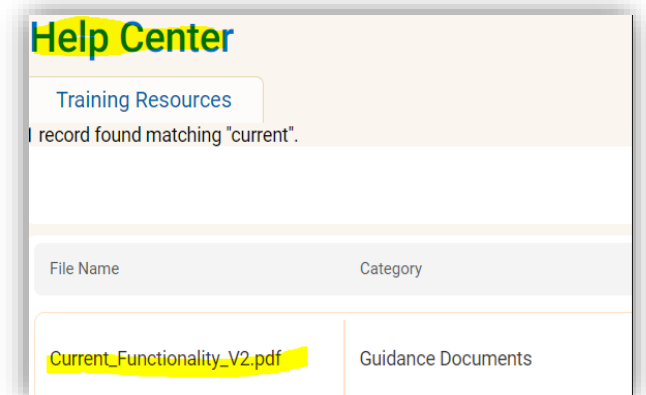
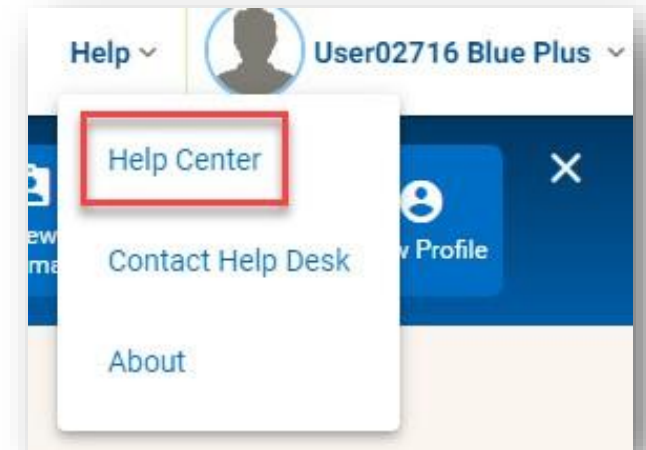
- Assessment Date : 08/19/2024
- Living Status : COMMUNITY
- HRA Form Used : NO FORM
- Type Of Assessment : UNABLE TO REACH
- Attempt To Contact 1 : 07/09/2024
- Attempt To Contact 2 : 07/23/2024
- Attempt To Contact 3 : 08/05/2024
- Letter Date : 08/19/2024
- Assessment In-person : No
- Completed in R MnChoices : Yes

Note: Enrollment notification and timelines remains the same. Delegates will continue to receive enrollment reports from Blue Plus and retrieve from Bridgeview. Continue to report enrollment discrepancies as previously instructed.



# TIPS & REMINDERS

- To prevent losing data, save often.
- Monitor “open” assessments and support plans to ensure they are moved timely to their final status.
- Be familiar with available options in DHS Help Center under Training Resources:
  - Current Functionality
  - Micro Learnings
  - MnCHOICES User Manual
  - Practice Guides
  - Smart Guides
- Refer to appendix: DHS 3428B, AC, BI, CADI, EW Case Mix Classification Worksheet (crosswalk MnCHOICES ADL scoring)
- Review both Program Eligibility Summary and Program Eligibility Details
- Refer to the [CBSM Customized Living](#) criteria to determine 24-hour CL eligibility criteria
- For non-BP transfers must continue send 6037 to new lead agency.



# AUDIT UPDATES

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DHS started the annual Care Plan Audit Workgroup meetings in November:

- Lead agency and DHS auditors shared discoveries about auditing MnCHOICES files.
- DHS will be creating a MnCHOICES Cheat Sheet to aid in audit file reviews
- Audit protocols will be updated to reflect all sources of evidence.

\*Important take away: “If it’s not documented, it’s not done.”

# MnCHOICES OFFICE HOURS

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All staff who use MnCHOICES are strongly encouraged to participate. DHS asks that only MnCHOICES mentors and administrative contacts ask questions during the call. DHS asks that staff members call in as a group when possible.

## **Submit questions**

Mentors must [submit MnCHOICES office hours questions](#) at least two weeks before the call.

## **Conference call dates**

DHS holds office hours conference calls from 9:30 to 11 a.m. on the first Friday of the month.

[Register for MnCHOICES office hours.](#)

Upcoming calls:

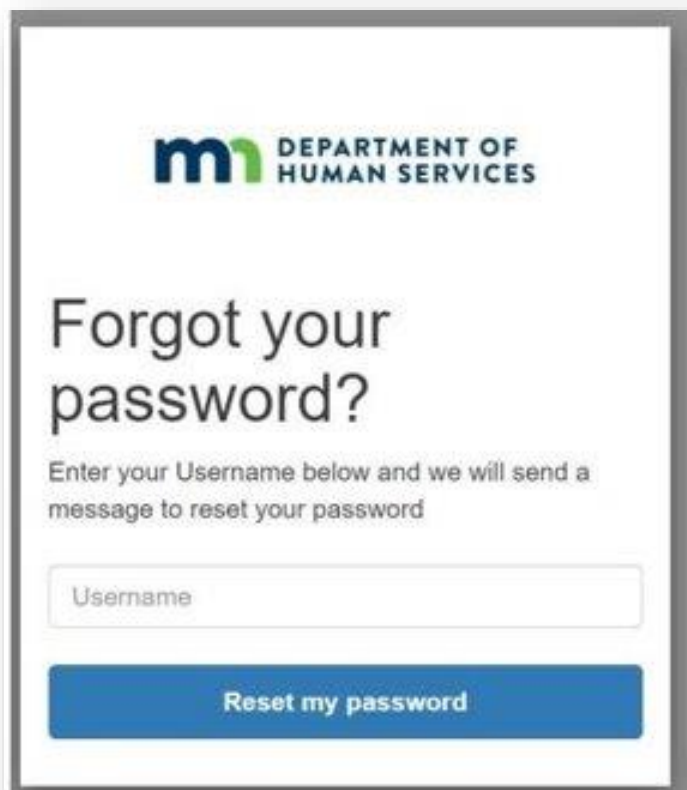
- Feb. 7, 2025
- March 7, 2025
- April 4, 2025
- May 2, 2025
- June 6, 2025
- No call July 4, 2025.



[Partner.Relations@bluecrossmn.com](mailto:Partner.Relations@bluecrossmn.com)

# APPENDIX

# RESET PASSWORD LINK AND VERIFICATION CODE EMAILS



**mi** DEPARTMENT OF HUMAN SERVICES

## Forgot your password?

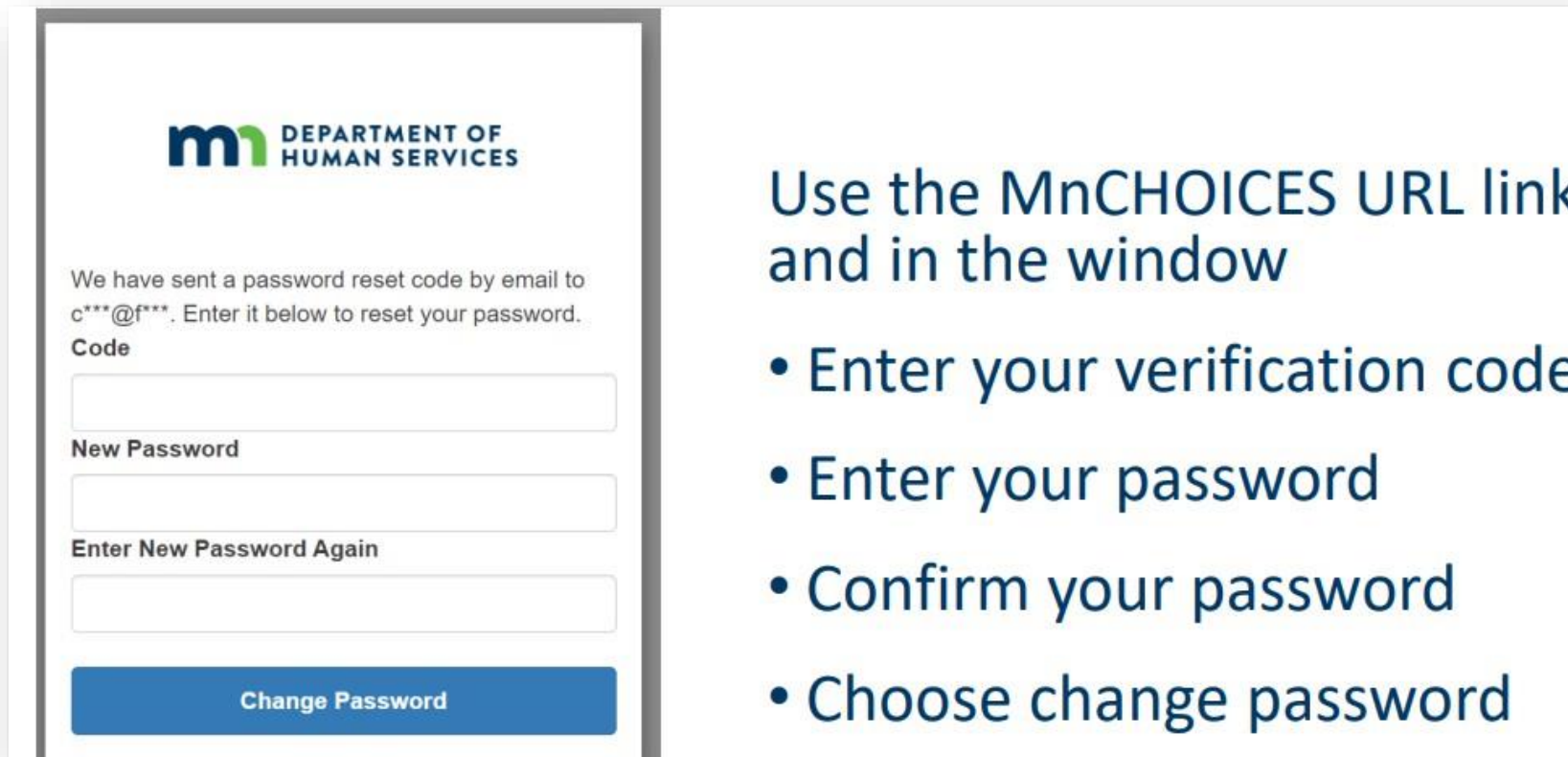
Enter your Username below and we will send a message to reset your password

**Reset my password**



- Sends a verification code
- Expires in 24 hours

# PASSWORD RESET SCREEN



The screenshot shows a web form for password reset. At the top left is the logo for the Minnesota Department of Human Services, consisting of a stylized 'm' and 'h' followed by the text 'DEPARTMENT OF HUMAN SERVICES'. Below the logo, a message states: 'We have sent a password reset code by email to c\*\*\*@f\*\*\*. Enter it below to reset your password.' The form contains three input fields: the first is labeled 'Code', the second is labeled 'New Password', and the third is labeled 'Enter New Password Again'. At the bottom of the form is a blue button with the text 'Change Password'.

Use the MnCHOICES URL link and in the window

- Enter your verification code
- Enter your password
- Confirm your password
- Choose change password

Log into the production environment for MnCHOICES following the steps provided in email.

\*Next slide provides password requirements

# PASSWORD REQUIREMENTS

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What are FEI's password standards?

- Passwords must at least 8 characters in length,
- Include a lowercase letter,
- Include an uppercase letter,
- Include a number,
- Include a special character or space

## Reminders:

The leading and ending character cannot be a space.

The new password and re-enter password fields must match.



## Scenario 5: MCO EW to MCO EW

An MCO completed a MnCHOICES assessment with the staying healthy section and an “MCO/MnA” support plan type and “EW” program type. Then the person was transferred to a new MCO. The new MCO must:

1. Make sure the previous agency has unassigned staff from the person’s record.
2. Assign staff as the certified assessor and MSHO/MSC+ care coordinator.
3. Review the MnCHOICES assessment and follow MCO instructions.  
(Note: This may include using an FNU. Follow steps in Scenario 1 or 2 if an FNU is MCO.)
4. Review the support plan and follow MCO instructions.
5. Enter a screening document using LTC Screening Document, DHS-3427 with “05” for activity type and “98” for results to update the care coordinator name in MMIS.
6. Send assessment summary and support plan to the person, if applicable.

Can do Blue Plus THRA & MnCHOICES THRA. Can revise support plan MCO EW to MCO EW. If Staying Healthy section is not completed, must complete

# TRANSFER FNU OVERVIEW – SCENARIO 6

## Scenario 6: MCO EW but person chooses no program

An MCO completed a MnCHOICES assessment with the staying healthy section, but the person chose not to use the “EW” program. Also, the MCO started a support plan with “EW” as the program type. The MCO must:

1. Not complete a new HRA, because the full assessment will be used for this.
  - a) Enter the LTC Screening Document into MMIS to show the assessment was completed.
2. Discard EW support plan.
3. Create a new support plan with HRA as the program type.

(Note: Use the split view toggle to review a previous support plan at the same time.)

  - a) You will not have access to the care coordinator indicator report when an SP — HRA is created from a MnCHOICES assessment. The split view toggle is also helpful in this scenario to look at the assessment.
  - b) Complete the support plan.
  - c) Collect signatures.
  - d) Move to “Plan approved” status when done.
4. Send the assessment summary and support plan to the person.

If this is a transfer from MCO to Blue Plus, can complete Blue Plus THRA & MnCHOICES THRA and Staying Health section.

If not a transfer from another MCO, no need to complete Blue Plus THRA & MnCHOICES THRA and Staying Health section.

Source: DHS Smart Guide -Transfer Guidance for MSHO/MS+ Care Coordinators

# TRANSFER FNU OVERVIEW – SCENARIO 7

## Scenario 7: FFS EW legacy to MCO EW and FFS CSP support plan

A county or tribal nation created a legacy assessment and support plan with EW as the program type for a person. Then, they were transferred to an MCO. The MCO must:

1. Enter a screening document using the LTC Screening Document, DHS-3427, with “05” as the activity type and “98” as the results to update the care coordinator’s name in MMIS.
2. Review the assessment and follow MCO instructions.
3. Create a new support plan if the legacy support plan or rate tool needs a significant change like, but not limited to:
  - a) Additional or updated goals
  - b) New providers
  - c) Updated service units
  - d) Change in EWRS rates.
4. Create the new support plan with “Transition plan” as the reason, “EW” as the program type and “MCO MnCHOICES Assessment (SP — MCO/MnA” for support plan type.
  - a) Complete the support plan.
  - b) Collect signatures.
  - c) Submit plan to “Plan Approved” status once completed.
5. Send the support plan to the person.

Complete Blue Plus THRA & enter MnCHOICES THRA and Staying Healthy section in MnCHOICES and new support plan with “transition plan” reason.


Source: DHS Smart Guide -Transfer Guidance for MSHO/MS+ Care Coordinators

# TRANSITIONAL HRA - REMINDER

When completing a Transitional HRA in the revised MnCHOICES and the assessment and support plan is not in Revised MnCHOICES, must attach the reviewed documents to the persons record with a description.

[← Back](#)
Attachments

[+ New Attachment](#)
Search Attachments ×

File Name	Area	Category Name	Description	Upload Date	Uploaded By	Modified Date	Modified By
DHS 3428 LTCC Reviewed for THRA form.pdf	Person	HRA documents	Reviewed LTCC for THRA done on 3/7/2023	03/14/2023	User02715	03/14/2023	User02715
6.02.01-Collaborative-Care-Plan-SB-MS-9-28-2022 (40).docx	Person	HRA documents	Reviewed Care Plan for THRA done on 3/7/2023	03/13/2023	User02715	03/13/2023	User02715
6.28-Transitional-Health-Risk- 	Person	HRA documents	Tranhra 3/7/2023 Last FF 4/11/22 Span 5/1/22-4/30/23	03/13/2023	User02715	03/22/2023	User02715

# SUPPORT PLAN – REQUIRED COMPONENTS

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Documentation of discussions/materials shared:

- Appeal Rights/PHI
- Support Plan Cover Letter with specific product Language Block
- Safe Disposal of Medication
- MSHO Program for MSC+
- MSHO Supplemental Benefits
- Informal Caregiver assessment offering and follow up as applicable

# SUPPORT PLAN TIMELINES – 30 DAYS

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## What to send

**Within 30 calendar days** of support plan completion:

- Completed Support Plan, Support Plan Cover Letter, and support plan signature page if not already obtained to the member/auth rep.
- Additionally for members accessing EW, per member choice if they choose to share with Service Providers:
  - Share support plan with Service Provider Support Plan Cover Ltr **OR**
  - Service Provider Support Plan Summary Letter with the Provider(s) and obtain provider signature(s).

# SUPPORT PLAN TIMELINES – 60 DAYS



## What to send

**Within 60 calendar days** of the support plan completion (if not sent within 10 business days for PCA/CFSS eligibility requirements):

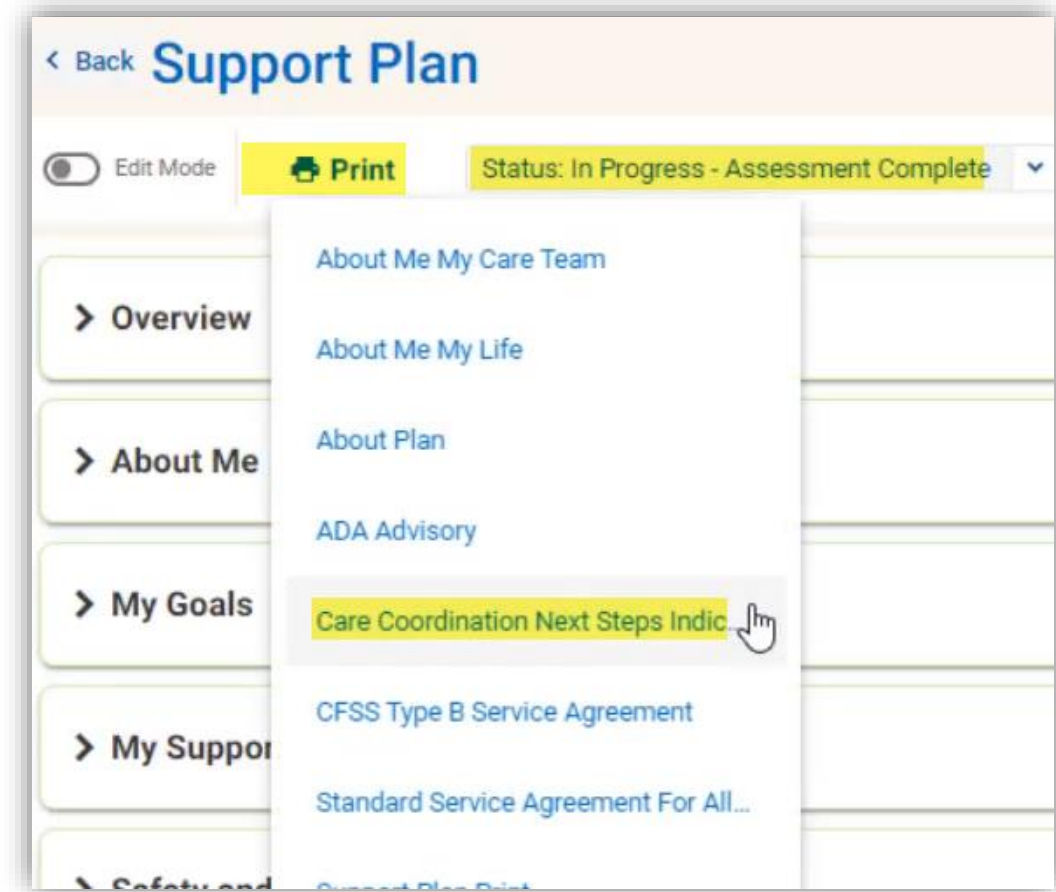
- Assessment Summary to the member/auth rep.
- For members accessing EW, per member choice if they choose to share and signature is not obtained within 30 calendar days, resend to Service Provider(s):
  - Share support plan with Service Provider Support Plan Cover Ltr **OR**
  - Service Provider Support Plan Summary Letter with the Provider(s) and obtain provider signature(s).

# CARE COORDINATOR NEXT STEP INDICATOR

Additional tool to provide high level summary of select elements from HRA and Staying Healthy Section that indicates areas of assistance or follow up that can be used to facilitate conversations for goals and support planning.

- Support Plan status must be in “In-Progress Assessment Complete”
- Access via print button drop down menu
- May choose to export report

This tool does not replace required Care Coordination practice. *DHS will advise when Care Coordinators can begin using this report.*



\*Refer to Micro-learning CC Next Steps Indicator Report for more details



# CASE MIX CROSS WALK



## AC, BI, CADI, EW Case Mix Classification Worksheet

DHS-3428B-ENG 1-18

### Step 1 for all other classifications

Review scores in the eight Activities of Daily Living (ADLs) from the LTCC Assessment (DHS-3428) to determine the total number of key ADLs in which the client is considered “dependent”. The ADLs and the dependency scores are:

Value Coded for Item	Not Dependent	Dependent
Dressing	0-1	2-4
Grooming	0-1	2-3
Bathing	0-3	4-5
Eating	0-1	2-4
Bed Mobility (Positioning)	0-1	2-3
Transferring (Mobility)	0-1	2-4
Walking	0-1	2-4
Toileting	0-0	1-6

## MnCHOICES LTC SD print view:

ALT3		
Field Name	MMIS Field Name	Value
Dressing	DRESSING	02
Grooming	GROOMING	02
Bathing	BATHING	03
Eating	EATING	00
Bed mobility/positioning	BED MOB	01
Transferring	TRANSFER	02
Walking/mobility	WALKING	01
Behavior	BEHAVIOR	00
Toileting	TOILET	00
Special treatments	SPC TRMT	00
Clinical monitoring	CL MONITOR	00
Neuromuscular diagnosis	NEURO DX	N
Case mix	CASE MIX	A

On 1/14/2025, we verified with DHS this is an accurate cross walk of ADL dependencies. The DHS 3428B will be sunset soon. Equivalent information will be included in the CBSM.

# MnCHOICES TRAINING REMINDERS

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- Keep Handling MN Securely Information trainings current
- Certified Assessor Training
  - [MnCAT Instructions for Lead Agencies](#)
  - [MnCAT Step 4 – Recertification Instructions](#)
    - ✓ Maintain records of continuing education for recertification renewal, track in
    - ✓ 12 of 45 CLU's must improve ability of assessor in person centered practices

# PAST LAUNCH WEBINARS

## Past launch webinars:

To access past launch webinars, go to the Webinar training archive:

[Disability](#)

[Services Division](#) and select [MnCHOICES](#).

This archive includes the webinar's PowerPoint and encore playback, which is available for three months.

For MnCHOICES technical assistance MnCHOICES Mentors can submit questions through the Help Desk: [MnCHOICES Help Desk Contact Form](#)

