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| **MSHO/MSC+ Community Well/Elderly Waiver Checklist: Initial, Annual, Significant Change** | | | |
| • All members must be offered an in-person visit but can consent to a telephonic visit when applicable. Both offerings must be clearly documented in case notes. | | | |
| • Request received for Elderly Waiver determination assessment: assessment must be completed within 20 calendar days of request. If assessment is not completed within 20 days of request, document reason. • Member request for PCA determination assessment: assessment must be completed within 30 days of the request. • Elderly Waiver every other year remote assessment option: The Care Coordinator may perform a remote Elderly Waiver reassessment every other year if their previous assessment was completed in person and the member or member’s legal representative was offered an in-person assessment but chooses and consents to complete a remote annual assessment. See Elderly Waiver Remote Assessments section in the Guidelines. | | | |
| 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 phone call or mailing of *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+ *Intro Letter* to new member (do not repeat if already sent within 10 days in step above) |
| Prior Service authorizations |  |  | For new enrollees receiving approved home care/HCBS prior to Blue Plus enrollment, obtain copy of prior authorization from previous county/MCO to review and enter service agreement(s) in Bridgeview. |
| CC assignment in MnCHOICES |  |  | Assign the Care Coordinator in the member profile under Staff Assignments as Care Coordinator in MnCHOICES and check "Is Primary Assignment" if there is no other waiver case manager. Must assign correct lead agency organization combination for both *Location* and *Staff* *role* <Delegate Name - Blue Plus>.  **Important:** For members on another HCBS waiver - only assign Care Coordinator role. Do ***not***select "Is Primary Assignment". |
| **MSHO and MSC+ EW:** Within 30 calendar days of notification of enrollment; on or after the enrollment date  **MSC+ non-EW:** Within 60 calendar days of notification of enrollment |  |  | \*If member had a previous assessment and support plan within 365 days prior to enrollment or is a product change with no significant health changes, proceed to **Transitional HRA** checklist, otherwise complete new assessment (MnCHOICES or HRA-MCO as applicable). **Complete an assessment and support plan- be sure to choose "I am the Care Coordinator and Need the Staying Healthy Section" when entering "Assessment Details".** **EW:** Full MnCHOICES **PCA/CFSS:** Full MnCHOICES **CW:** HRA-MCO in MnCHOICES **Open to another waiver:** HRA-MCO in MnCHOICES. Proceed to **Other waivers (non-EW)** checklist.  **Refusals:** Proceed to **Refusal** checklist. **Unable to Reach:** Proceed to **Unable to Reach** checklist.  After assessment completion, within 60 days, send the member a copy of the MnCHOICES Assessment Summary.  \*For CFSS – see 10 day requirement below.\* |
| Attachments |  |  | **If applicable, clearly label and attach in the member’s attachments in MnCHOICES:**  • medication list  • DHS 3936-My Move Plan Summary (EW only)   • DHS 3428M-Mini Cog screening tool (EW only)  • DHS 6914 Caregiver Questionnaire |
| **CFSS**  Within 10 business days of assessment date – CFSS eligibility/service plan requirements |  |  | **Send to Member/legal representative within 10 business days of assessment date:**   * To meet DHS’s requirement of communicating CFSS eligibility results to all eligible members within 10 days, CC must send copy of the Assessment Summary from the MnCHOICES assessment. * If members wants to utilize CFSS, must send:   + a copy of the Supplemental Summary Charts.   + a copy of the Support Plan if complete.     - If support plan is not complete within 10 days, you may send the following instead if provider is known or once provider is chosen:   • Copy of My Supports listing CFSS provider section of the Support Plan and information pertinent to CFSS services.   **Send to CFSS Agency Model provider within 10 business days of assessment date if provider is known or once provider is chosen:**   • A copy of Supplemental Summary Charts and Assessment Summary from the MnCHOICES assessment.   * A copy of the Support Plan if complete (with member’s documented approval)   + If support plan is not complete within 10 days, you may send the following instead if provider is known or once provider is chosen:   • Copy of My Supports section of the Support Plan listing the CFSS provider and information pertinent to CFSS services. |
| MMIS Screening Document entry |  |  | **EW:** enter by cutoff dates listed in the guidelines **Care Coordinator Change (EW and PCA/CFSS only):** enter SD activity type 05 with assessment result 98 as the change occurs |
| By the 10th of the following month |  |  | Enter your assessment into Bridgeview |
| Within 30 calendars days of assessment completion |  |  | **Create applicable MnCHOICES Support Plan:  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 *Support Plan Cover letter* and any care team members chosen by the member.  • If unable to sign electronically during visit, include support plan signature page (select handwritten and fill in “date sent to me”) • 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.  Make sure your Support Plan Status is marked as "Plan Approved" when complete.   **EW**: If member chooses to share support plan information with service provider(s), send either: Service Provider Care Plan Summary Ltr or Service Provider Care Plan Cover Ltr to member selected EW and PCA providers for provider signatures within 30 calendar days of date of care plan. |
| Additional required support planning conversations |  |  | **Document in applicable areas on either the MnC Support Plan:**  • Advance Directive discussion• MSHO: Review Explanation of MSHO Supplemental Benefits with member. • MSC+: Discussion of SecureBlue MSHO product benefits and enrollment.  **Document in case notes or a progress note in MnCHOICES:**  • Provide Safe Disposal of Medications flyer and list of take back sites to 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. |
| Within 60 calendar days of Support Plan |  |  | **EW** • If applicable, 2nd attempt to reach out to EW and PCA (if applicable) member-selected providers for signatures not received is completed and documented. • The MnCHOICES Assessment Summary must be sent within 60 days of completing the assessment. Care Coordinator may choose to send this with the member's support plan. |
| 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 |
| **Mid Year Contact Requirements** | | | |
| Around 6 months of previous assessment |  |  | **Elderly waiver:** • Must be offered an in-person visit but can consent to a telephonic contact.• If EW and unable to be reached at mid-year, document contact and *send General Unable to Reach letter*. Continue attempts to reach and plan to meet with member as required. Document attempts in case notes and proceed to next step of goal updates in MnCHOICES. **Do not enter this mid year contact attempt into Bridgeview.** • If service change updates are made to the Support Plan, send an updated copy of the Support Plan using *Member Change Letter* for member signature*.* **Community Well:** • Phone contact made with CW member; review member goals and status/effectiveness of support plan.  • If no contact is made at mid-year, mail the *General Unable to Reach letter*. Document attempts in case notes and proceed to goal updates in MnCHOICES. Do not enter this mid year contact attempt into Bridgeview. |
| Goal updates in MnCHOICES |  |  | **Provide goal updates/monitoring by revising the goal(s) in the MnCHOICES application using the most recent 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 or for EW, prior to cut-off dates** Attempt to contact member minimum of 2 weeks prior to 365 (for EW, prior to capitation) to schedule reassessment and follow tasks outlined above.  Every other year remote assessment option: The Care Coordinator may perform a remote Elderly Waiver reassessment every other year if their previous assessment was completed in person and the member or member’s legal representative was offered an in-person assessment but chooses and consents to complete a remote annual assessment. See Elderly Waiver Remote Assessments section in the Guidelines. | | | |
| Prior to reassessment |  |  | **End of year/plan closure:**    **Option 1:**   * Only revise goals on support plan (achieved, discontinued, in progress) if completed prior to creating a new assessment and support plan for reassessment.   **Option 2:**   * Otherwise, do not revise plan with plan revision.   + Revise plan and Reason for Support Plan - Select “Annual/Reassessment” for reason. 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. * Update the plan "Effective Date Range" to the new annual date span. * Review previous plan narratives that copy over and update information (no rate inputs or dates will come over) * 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). * 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). * 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 or for EW, prior to cut-off dates |  |  | Complete re-assessment. See assessment tasks above. |
| Within 30 calendar days of the reassessment |  |  | Complete new Support Plan. See support plan tasks above. |
| MMIS Screening Document entry |  |  | **EW:** enter by cutoff dates listed in the guidelines **Care Coordinator Change (EW and PCA/CFSS only):** enter SD activity type 05 with assessment result 98 as the change occurs |
| **Ongoing** |  |  |  |
| Change in Care Coordinator |  |  | • New CC must provide contact info within 10 calendar day of change (can be met by sending *CM Change Intro Letter*) • Review member file for any missing documents or follow up that is needed (signatures, DME & supplies and equipment, etc). • Notify member’s PCP by sending *Change in CC - 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) • Enter Care Coordinator Change SD into MMIS for EW only |
| 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.  • Select “Handwritten” and fill in “date sent to me”.  • 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 support plan summary as chosen by the member utilizing the *Service Provider Care Plan Cover Ltr* or *Service Provider Care Plan Summary Ltr*, as applicable. |