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| **MSHO/MSC+ Blue Plus Transitional Health Risk Assessment (THRA)** | | | |
| The Blue Plus Transitional HRA is a health risk assessment option for new enrollees or those who have changed Blue Plus products and have had a MnCHOICES assessment within the previous 365 calendar days, except for DHS Transfer Guidance scenarios 1, 2 and 4. | | | |
| **Note: DO NOT COMPLETE A THRA FOR BLUE PLUS TO BLUE PLUS TRANSFERS IN CARE COORDINATION.** | | | |
| 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 in Bridgeview.   \*Reminder: CC may continue to authorize appropriate existing EW and home care services if there is an active assessment and support plan completed and member declines or is unable to reach for their Blue Plus Transitional HRA or Transfer FNU following the requirements. For members that are UTR, reach out to service providers and let them know who you are and are trying to reach the member. |
| 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 |  |  | **Assessment:**  If member has had a MnCHOICES assessment or HRA-MCO assessment within 365 days prior to enrollment into Blue Plus or has changed Blue Plus products (MSC+ to MSHO or MSHO to MSC+) and there are no significant health changes and is not due for their reassessment, Care Coordinators have the following two options for initial assessment completion:  **Option 1 (cannot use Blue Plus Transitional HRA) - Follow DHS’s** [**‘Smart guide: transfer guidance for MSHO/MSC+ care coordinators’**](https://carecoordination.bluecrossmn.com/wp-content/uploads/2025/01/SMARTG1-1.pdf) **for the following scenarios :**   * 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   **Scenarios 1,2,4 Functional Needs Update (FNU) - how to document in MnCHOICES:**  • Select Form Category: Assessments  • Select Form: MnCHOICES Assessments  • Initiate MnCHOICES assessment   * Recipient Identifier: select Current Recipient/Change * Assessment Type: select Functional Needs Update * Note: indicate reason for assessment "Transfer to Blue Plus” * Complete the entire “FNU” assessment   • Complete a new MnCHOICES-MCO Support Plan  **Option 2 - Use Blue Plus Transitional HRA form for the following scenarios and for Blue Plus to Blue Plus product changes:**   * 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   **Scenario 5-7 and product changes using Blue Plus Transitional HRA – how to document in MnCHOICES:**  • Select Form Category: Assessments  • Select Form: Health Risk Assessment – MCO  • HRA type: Transitional HRA  • Transitional HRA type:   * Product Change = existing member MSHO to MSC+ or MSC+ to MSHO * Other = new enrollee from Fee for Service or another MCO   • Enter the THRA assessment date and assessments results “MSC+, MSHO or, SNBC or ISNBC health risk assessment completed”, unless refusal or unable to reach.  • Complete required sections:   * Member Information * Assessment Information   + Who is present at the HRA   + Complete these sections of the Staying Healthy Section (only if not completed in the full assessment paired with the Transitional HRA):   + Preventive Screenings   + Emotional Health   + Nutrition   + Sexual Health   + Substance Abuse   • Attach the following to person profile in MnCHOICES:   * Blue Plus Transitional HRA form * Copy of assessment/support plan (if using assessment from MnC 1.0 or legacy documents)   **Scenario 6 MCO EW but person chooses no program:**  • Follow guidance for Scenarios 5-7 above.  • Discard EW Support Plan (need to request/communicate with previous CM/CC to discard)  • Create and complete a new HRA-MCO Support Plan  **Scenario 7 FFS EW legacy to MCO EW and FFS CSP support plan:**  • Follow guidance for Scenarios 5-7 above.  • Document on the Blue Plus Transitional HRA form if there are any goal updates or new goals needed.  • If the member has any other changes in service providers or service units, a new MnCHOICES MCO Support Plan should be created with Reason for Support Plan: “Transition Plan”. |
| Additional required support planning conversations |  |  | **Document in applicable areas on either the MnC Support Plan or the *Blue Plus Transitional HRA*:**  • 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. |
| MMIS Screening Document entry |  |  | **Care Coordinator Change (EW and PCA/CFSS only):** enter SD activity type 05 with assessment result 98 as the change occurs  There is no requirement to enter an *assessment SD* following use of the *Blue Plus Transitional HRA*.  Required Entries:   * Create and enter an *assessment SD* using Activity Type 10 with assessment result 12:   + 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 * Do not enter an *assessment SD* in MMIS   + 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 |
| By the 10th of the following month |  |  | • Enter the date of your *Blue Plus Transitional HRA and TFNU* into Bridgeview. • For new enrollees (not product changes), add the date of the previous assessment and support plan reviewed with member/legal rep used following instructions in BV CC User manual section: *LTCC/MnChoices completed prior to enrollment.*   **\*Important**: Schedule the reassessment based on the date of the last in-person assessment and/or eligible every other year in-person remote assessment date. For members newly opened or reopened to elderly waiver this date may be sooner than the date of the transitional HRA. *Do not use eligibility activity date to determine reassessment date.* |
| Within 30 calendars days of assessment completion |  |  | **Support Planning Options (as applicable):**   1. Support Plan is in (Revised) MnCHOICES:  * Document any changes as a support plan revision directly in the reviewed Support Plan, including the date of review and change. \*\*If you are unable to revise the current support plan to reflect changes or there is no Support Plan, you will need to create an MCO-MnCHOICES or HRA-MCO support plan\*\*  1. Support Plan not completed in (Revised) MnCHOICES with EW/CFSS, and you are reviewing legacy documents/CSSP/Collaborative Care Plan:  * Add Staying Healthy comments onto Blue Plus Transitional HRA form. * Carry over the goals from the legacy document and add new goals to the *Blue Plus Transitional HRA form*. * Upload the legacy support plan as an attachment into MnCHOICES.  1. If revisions are required to this EW/CFSS support plan:  * Create a new support plan * Enter Program Type: EW OR CFSS * Enter Reason: as “Transition plan” * Enter Support Plan Type: MCO MnCHOICES * Complete the Support Plan with applicable changes/updates * Attach/Upload the legacy support plan into MnCHOICES.  1. Support plan not completed in (Revised) MNCHOICES for Community Well and reviewing legacy documents/CSSP/Collaborative Care Plan/My Care Plan:  * Add Staying Healthy comments onto *Blue Plus Transitional HRA form*. * Carry over the goals from the legacy document and add new goals as applicable below * Attach/Upload the legacy support plan into MnCHOICES.  1. MnCHOICES EW/CFSS has an initiated EW/CFSS Support Plan, but the member has chosen no program:  * Follow scenario #6 on the DHS Transfer Guidance * Communicate with the previous assessor to discard the EW/CFSS support plan. * Create a new support plan with HRA-MCO as the program type. |
| 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 goal updates in MnCHOICES. Do not enter this mid-year contact attempt into Bridgeview.  **Community Well:** • Phone contact made with CW member; reviewed member goals and status/effectiveness of support plan.  • If CW and previously Unable to Reach but contact is made at mid-year, CC must offer to complete all assessment options. If member refuses, this should be documented in Bridgeview and MnCHOICES as a refusal and will reset the 365-day span. CC must send the *Refusal Member Support Plan Letter*.  • If CW and no contact is made at mid-year, make 3 attempts and send *UTR Member Support Plan Lette*r. Document attempts in case notes and note on support plan goals section. Do not enter this mid year contact attempt into Bridgeview or MnCHOICES. • If CW and previously a Refusal, CC must offer all assessment options again at mid-year and document offering in case notes. No letter required at mid-year. 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 or on the Blue Plus Transitional HRA form (as applicable):**      • 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  \*If the Care Coordinator created new goals on the Blue Plus Transitional HRA form, the Care Coordinator must provide goal updates directly on the form and attach an updated copy into MnCHOICES. |
| **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 to schedule reassessment. | | | |
| Prior to reassessment |  |  | **Provide goal updates/outcomes by revising the goal(s) in the MnCHOICES application using the most recent Support Plan or on the Blue Plus Transitional HRA form (as applicable)::**      • Update all sections and goals (Achieved, In Progress or Discontinued with brief note)     • Close any goals that are completed     \*If the Care Coordinator created new goals on the Blue Plus Transitional HRA form, the Care Coordinator must provide goal outcomes directly on the form and attach an updated copy into MnCHOICES. |
| Within365 calendar daysof previous assessment or for EW, prior to cut-off dates |  |  | Complete re-assessment (MnCHOICES assessment or HRA-MCO depending on service/program needs).  Follow all annual tasks listed on the **Initial-Annual-Sig Change** checklist. |
| Within 30 calendar days of the reassessment |  |  | Complete new Support Plan.  Follow all annual tasks listed on the **Initial-Annual-Sig Change** checklist. |
| **Ongoing** |  |  |  |
| Change in Care Coordinator |  |  | • New CC must provide contact info within 10 calendar day of change (can be met by sending *the CM Change 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.  • Upload a copy of the *Member Service Change Signature Cover Letter* to fulfill MnCHOICES signature requirements in order to close your newly revised Support Plan. When you receive a signature back from the member, upload as an attachment upon receipt.    CC's are also required to share a copy of the updated support plan or updated care plan summary as chosen by the member utilizing the Service Provider Care Plan Cover Ltr or Service Provider Care Plan Summary Ltr, as applicable. |