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| **MSHO/MSC+ Unable to Reach (UTR) Checklist**  |
| \*Nursing home enrollees and members receiving EW, PCA, and/or state plan home care services cannot be unable to reach and maintain eligibility for services.  |
| 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 |
| Within30 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 home care approved prior to enrollment, obtain copy of prior auth from previous county or MCO and enter authorization in Bridgeview. Notify member that they cannot continue home care authorizations past current authorization without participation in an assessment. Reminder: If member is due for their re-assessment and they are on EW or accessing PCA services, include in letter education if no MnCHOICES assessment is completed, it means EW and services must be terminated, follow DTR process and timelines. Reach out to service providers and let them know you are trying to reach the member or member will lose service(s). |
| 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". |
| Within30 calendar days of notification of enrollment; on or after the enrollment date | [ ]  |       | CC must make a total of 4 attempts to reach member to offer in person or telephonic assessment options. This can include documented attempts at obtaining a working phone number (call to financial worker, providers, etc.).The 4th and final attempt to contact member must be mailing of the *UTR Member Support Plan letter* which must be dated within 30 days of notification of enrollment.  |
| Within30 calendar days of notification of enrollment | [ ]  |       | **Enter Unable to Reach date into MnCHOICES:**• Form category: Assessments• Form: Health Risk Assessment - MCO• Complete form details and mark as "complete". Date should match the date of the *UTR Member Support Plan Letter*. • Attach copy of *UTR Member Support Plan Letter*.  |
| MMIS entry  | [ ]  |       | There are no MMIS entry requirements for Unable to Reach. |
| By the 10th of the following month | [ ]  |       | Enter the dates of attempts and the date of the final *UTR Member Support Plan Letter* into Bridgeview. |
| Within 90 calendar days | [ ]  |       | Send *UTR-Refusal Plan Summary letter- Intro to Primary Care Provider letter* or for clinic delegates, notification to PCP documented per clinic process.If the PCC is unknown, CC should attempt to confirm correct PCC is listed in Bridgeview by reviewing the DHS New Enrollee Report or Helios. If PCC can be identified in one of these areas, CC should send the UTR/Refusal Support Plan Summary-Intro to Primary Care Provider Letter. If PCC cannot be determined and letter cannot be sent, CC must case note. |
| **Mid-Year Contact Requirements** |
| Around 6 months of previous assessment | [ ]  |       | CC’s must reach out at mid-year and offer to complete in person assessment. If member agrees to assessment, proceed to tasks outlined in the **Initial-Annual-Sig Change** checklist. If UTR again at mid-year:• CC must make a total of 4 attempts to reach member again to offer in person or telephonic assessment options. • Mail the *General Unable to Reach letter*.• Do not enter mid-year UTR attempts into Bridgeview and/or MnCHOICES. If refused at mid-year:• Must offer to complete telephonically. • If declined, the CC should document this in case notes and in Bridgeview, this will reset the 365-day span.• Enter a Refusal assessment in MnCHOICES and send Refusal Member Support Plan Letter.  |
| **Within 365 calendar days of previous UTR**Attempt to contact member minimum of 2 weeks prior to 365 to offer assessment.  |
| Within 365 calendar daysof previous assessment  | [ ]  |       | • CC’s must reach out and offer to complete in person assessment. If member agrees to assessment, proceed to tasks outlined in the **Initial-Annual-Sig Change** checklist. • If declined, proceed to tasks outlined in the **Refusal** checklist.• If unable to be reached at annual, document attempts in case notes and follow tasks below: **[ ]  Enter Unable to Reach dates into MnCHOICES.** • Form category: Assessments• Form: Health Risk Assessment - MCO• Date of health risk assessment: This is the date of your UTR Letter (4th attempt)• Complete form details (Member Information, Assessment Information) and mark as "complete"• Attach copy of *UTR Member Support Plan Letter*. [ ]  By the 10th of the following month, enter the dates of attempts and the date of the final *UTR Member Support Plan Letter* into Bridgeview.[ ]  Send *UTR-Refusal Plan Summary letter- Intro to Primary Care Provider letter* or for clinic delegates, notification to PCP documented per clinic process |
| **Ongoing** |  |  |   |
| Change in Care Coordinator | [ ]  |       | • New CC must provide contact info to member within 10 calendar day of change (can be met by sending *CM Change Intro Letter*)• 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) |