

Smart Guide: Transfer Guidance for MSHO/MSC+ Care Coordinators v3

Updated 10/2/2025

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Overview

This document will help care coordinators to make sure they enter the needed information in the MnCHOICES application.

Key terms

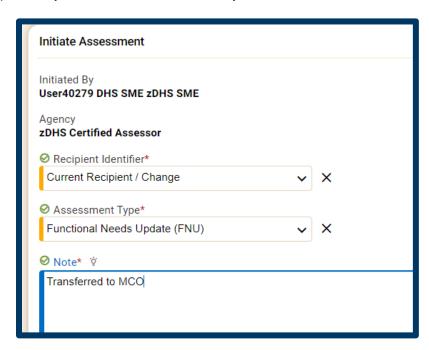
- Care coordinator MSHO/MSC+: Minnesota Senior Health Options/Minnesota Senior Care Plus care coordinator.
- Care coordinator SNBC: Special Needs Basic Care coordinator.
- Case manager: Staff member providing case management for a lead agency.
- Certified assessor: Lead agency staff member who completed the training to be a MnCHOICES certified assessor.
- **Disability Waiver Rate System (DWRS)**: Tool that determines individualized payment rates for certain Brain Injury (BI), Community Access for Disability Inclusion (CADI), Community Alternative Care (CAC) and Developmental Disabilities (DD) waiver services.
- Elderly Waiver Residential Services (EWRS): Tool that determines individualized rates for customized living services and adult foster care services for people using an Elderly Waiver (EW).
- **Lead agency**: County, managed care organization (MCO) or tribal nation working in MnCHOICES.
- **Fee-for-service (FFS)**: A county or tribal nation that provides services to a person who is not enrolled in a managed care program.
- Managed care organization (MCO): An organization in the community that DHS contracts with to serve people enrolled in Minnesota Health Care Programs (MHCP).
- MCO delegate agency: Organization contracted with an MCO to coordinate care.
- MICP list: MnCHOICES interagency contact point list.
- Rate staff: Staff members who oversee rates information.
- **Support staff**: Staff members who support the assessment and support plan workflow.
- **Tribal nation**: For purposes of MnCHOICES access, a tribal nation is a sovereign nation that has a contract with the state to provide assessment and/or support planning services.

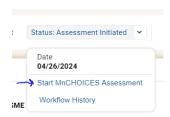
A person on an Elderly Waiver (EW) or Community First Services and Supports (CFSS) transfers to an MCO

Scenario 1: FFS EW to MCO EW; Support plan created

A county or tribal nation completed a MnCHOICES assessment without the staying healthy section and a support plan – MnCHOICES assessment (SP – MnA), and the person was on the EW program. Then they were transferred to an MCO. The MCO must:

- 1. Make sure the previous agency has unassigned staff from the person's record.
- 2. Assign the care coordinator as the certified assessor and MSHO/MSC+ care coordinator.
- 3. Create a new form. (Assessment should already be in the plan approved status. If it is not, contact the previous lead agency.)
 - a) Form category: Assessment
 - b) Form: MnCHOICES assessment
 - c) Recipient identifier (Initiate assessment screen): Choose "Current recipient/change"
 - d) Assessment type (Initiate assessment screen): Select "Functional needs update (FNU)"
 - e) Note (Initiate assessment screen): Enter "Transferred to MCO."



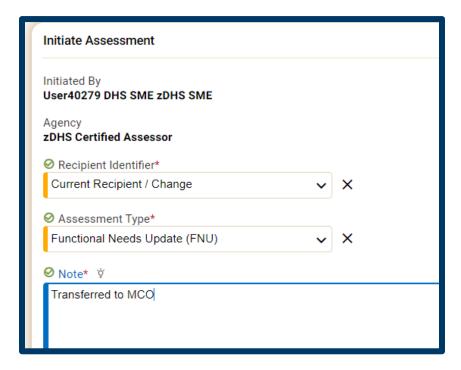


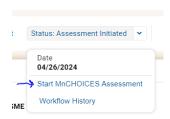
- a) Make sure the Prepaid Medical Assistance Program (PMAP) type is correct.
- b) Activity and effective dates are the same date the FNU assessment was conducted. Choose the result date, which is when eligibility-based rules apply. This can be the same as or within 60 days of the activity date.
- c) Enter the mode by which the interview with the person was conducted. (e.g., in person, virtually, etc.)
- d) Assessment interview time includes how long it took to complete the staying healthy section and review the assessment for any changes.
- e) I am the care coordinator and need the staying healthy section: Choose "Yes Staying healthy only."
- f) Review each section of the functional assessment to make sure it is correct.
- g) Complete the staying healthy section.
- h) Go to the assessment results section and select get results.
- i) Complete assessment summary.
- j) Enter the <u>LTC Screening Document AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, DHS-3427 (PDF)</u>, and enter "05" (Document change only) for activity type and "98" (Other) for assessment results. This is used to update care coordinator information.
- k) Create the screening document in the MnCHOICES assessment and enter it in MMIS.
 (Note: "10" is the default for activity type on the long-term care (LTC) Screening Document.)
- 5. Create a new support plan form with "EW" for program type and choose "MCO MnCHOICES assessment" for support plan type.
 - a) Complete the support plan.(Note: Use the split view toggle to review the previous support plan at the same time.)
 - b) Collect required signatures.
 - c) Move plan to the plan approved status when done.
- 6. Send the assessment summary and support plan to the person.

Scenario 2: FFS EW to MCO EW; No support plan created

A county or tribal nation completed a MnCHOICES assessment without the staying healthy section, but a support plan was not created. The person was on the EW program. Then they were transferred to an MCO. The MCO must:

- 1. Make sure the previous agency has unassigned staff from the person's record.
- 2. Assign the care coordinator as the certified assessor and MSHO/MSC+ care coordinator.
- 3. Create a new form. (Assessment should already be in the approved by MMIS status. If it is not, contact the previous lead agency.)
 - a) Form category: Assessment
 - b) Form: MnCHOICES assessment
 - c) Recipient identifier (Initiate assessment screen): Choose "Current recipient/change"
 - d) Assessment type (Initiate assessment screen): Choose "Functional needs update (FNU)"
 - e) Note (Initiate assessment screen): Enter "Transferred to MCO."





- a) Make sure PMAP type is correct.
- b) Activity and effective dates are the same date the FNU assessment was conducted. Choose the result date, which is when eligibility-based rules apply. This can be the same as or within 60 days of the activity date.
- c) Enter the mode by which the interview with the person was conducted. (e.g., in person, virtually, etc.)
- d) Assessment interview time includes how long it took to complete the staying healthy section and review the assessment for any changes. (Subject to change.)
- e) I am the care coordinator and need the staying healthy section: Choose "Yes Staying healthy only."
- f) Review each section of the functional assessment to make sure it is correct.
- g) Complete the staying healthy section.
- h) Go to the assessment results section and select get results.
- i) Complete the assessment summary.
- j) Enter the <u>LTC Screening Document AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, DHS-3427 (PDF)</u>, and enter "05" (Document change only) for activity type and "98" (Other) for assessment results. This is used to update care coordinator information.
- k) Create a screening document and enter it in MMIS. (Activity type = 10 is preprogrammed on the LTC Screening Document.)
- 5. Create new support plan form with "EW" for program type and choose "MCO MnCHOICES assessment" for support plan type.
 - a) Complete the support plan.
 - b) Collect signatures. (Upload if needed.)
 - c) Move plan to the plan approved status when done.
- 6. Send the assessment summary and support plan to the person.

Scenario 3: FFS and no EW or CFSS to MCO with no EW or CFSS; No support plan created

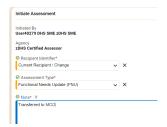
A county or tribal nation completed a MnCHOICES assessment without the staying healthy section, but a support plan was not created and the person did not use any long-term services or supports. Then, they were transferred to an MCO. The MCO must:

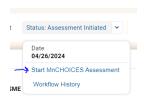
- 1. Make sure the previous agency has unassigned staff from the person's record.
- 2. Assign staff as the MSHO/MSC+ care coordinator.
- 3. Complete a health risk assessment (HRA).
- 4. Create new support plan form with HRA program type.
 - a) Complete the support plan.
 - b) Collect signatures.
 - c) Move plan to the plan approved status when done.
- 5. Send the support plan to the person.

Scenario 4: FFS state plan to MCO state plan; Support plan created

A county or tribal nation completed a MnCHOICES assessment without the staying healthy section and created a support plan. Also, the person chose state plan services and was transferred to an MCO. The 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. Create a new form. (Assessment should already be in the plan approved status. If it is not, contact the previous lead agency.)
 - a) Form category: Assessment
 - b) Form: MnCHOICES assessment
 - c) Recipient identifier (Initiate assessment screen): Choose "Current recipient/change"
 - d) Assessment type (Initiate assessment screen): Choose "Functional needs update (FNU)"
 - e) Note (Initiate assessment screen): Enter "Transferred to MCO."





- a) Make sure PMAP type is correct.
- b) Activity date and effective date is when the FNU assessment was done. Result date is the is when eligibility-based rules are applied. This can be the same as or within 60 days of the activity date.
- c) Enter the mode by which the interview with the person was conducted. (e.g., in person, virtually, etc.) Assessment interview time includes how long it took to complete the staying healthy section and review the assessment for any changes. (Subject to change)
- d) I am the care coordinator and need the staying healthy section: Select "Yes Staying healthy only."
- e) Review each functional assessment section to make sure it is correct, but do not change the assessment.
 - (Important: A new assessment (not an FNU) must be completed if the person's needs changed a lot. The MCO will establish a new date span.)
- f) Complete the staying healthy section.
- g) Go to the assessment results section and select get results.
- h) Complete the assessment summary.
- Complete the screening document to meet the requirements of the MnCHOICES application and close the assessment. Do not enter the screening document into MMIS or upload to attachments.
- 5. Create a new support plan form with "CFSS" as the program type and choose "MCO MnCHOICES assessment" as the support plan type.

(Note: Use split screen toggle to review a previous CFSS support plan or assessment, if needed.)

- a) Complete the support plan.
- b) Collect signatures.
- c) Move to the plan approved status when done.
- 6. Send the assessment summary and support plan to the person.

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 members from the person's record.
- 2. Assign staff member as the certified assessor and MSHO/MSC+ care coordinator.
- 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 policy.)
- 4. Review the support plan and follow MCO instructions.
- 5. Enter a screening document using <u>LTC Screening Document AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, DHS-3427</u>, with "05" for activity type and "98" for assessment result to update the care coordinator name in MMIS.
- 6. Send assessment summary and support plan to the person, if applicable.

Scenario 6: MCO EW but the person chose not to use a 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. 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 user cannot access the care coordinator indicator report when an SP — HRA is created from a MnCHOICES Assessment. Also, a user can use the split view toggle to see the assessment while creating the new support plan.)

- a) Complete the support plan.
- b) Collect signatures.
- c) Move to "Plan approved" status when done.
- 4. Send the assessment summary and support plan to the person.

Scenario 7: FFS EW legacy to MCO EW; Community support plan (CSP) created [legacy MnSP]

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 <u>LTC Screening Document AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, DHS-3427</u>, with "05" as the activity type and "98" as the assessment result 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, and select "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 the plan approved status once completed.
- 5. Send the support plan to the person.

A person not on EW because of pending external factors transfers to an MCO

The lead agency that completes the initial assessment review (IAR) to start a person on EW depends on the person's MCO enrollment and the effective date of the EW span. For more information, go to CBSM – Initial assessment review (IAR) for home and community-based services (HCBS).

Scenario 8: FFS pending EW to MCO; Effective date needed before MCO enrollment¹

A county or tribal nation completed a MnCHOICES assessment without the staying healthy section, but the person had external factors pending and could not start EW. They enrolled in a managed care plan before it was determined they are eligible to use EW. The MCO must:

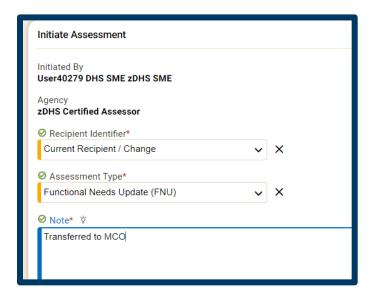
- 1. Complete an HRA.
- 2. Create an SP HRA.

The county or tribal nation uses an IAR to open the person to EW and backdate its start to the date of the initial assessment. The county or tribal nation transfers the person to the MCO, the MCO must:

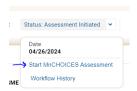
- 1. Make sure the previous agency has unassigned staff members from the person's record.
- 2. Assign the care coordinator as the certified assessor and MSHO/MSC+ care coordinator.
- 3. Create a new form.

(**Note**: Assessment should already be in the plan approved status. If not, contact the previous lead agency.)

- a) Form category: Assessment
- b) Form: MnCHOICES assessment
- c) Recipient identifier (Initiate assessment screen): Choose "Current recipient/change"
- d) Assessment type (Initiate assessment screen): Choose "Functional needs update (FNU)"
- e) Note (Initiate assessment screen): Enter "Transferred to MCO."



¹ If a person had an IAR by a county or tribal nation before they transfer to an MCO this scenario does not apply. Follow applicable scenario, from Scenario 1 to 4.



- a) Make sure the PMAP type is correct.
- b) Activity and effective dates are the same date the FNU assessment was done. Choose the result date, which is when eligibility-based rules apply. This can be the same as or within 60 days of the activity date.
- c) Enter the mode by which the interview with the person was conducted. (e.g., in person, virtually, etc.)
- d) Assessment interview time includes how long it took to complete the staying healthy section and review the assessment for any changes.
- e) I am the care coordinator and need the staying healthy section: Select "Yes Staying healthy only."
- f) Review each section of the functional assessment to make sure it is correct.
- g) Complete the staying healthy section.
- h) Go to assessment results section and select get results.
- i) Complete the assessment summary.
- j) Enter the <u>LTC Screening Document AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, DHS-3427 (PDF)</u>, and enter "05" (Document change only) for activity type and "98" (Other) for assessment results. This is used to update care coordinator information.
- k) Create the screening document in the MnCHOICES assessment and enter it in MMIS.
 (Note: "10" is the default for activity type on the LTC Screening Document.)

5. Revise the SP – HRA.

- a) In the services and supports section, change the end date of all active services to the day before receiving the person's support plan from the county or tribal nation.
- b) In the overview section, change the effective date range end date to one day before receiving the person's support plan from the county or tribal nation.

- 6. Create a new support plan form and choose "EW" for program type and "MCO MnCHOICES assessment" for support plan type.
 - a) Complete the support plan.
 - (**Note**: Use the split view toggle to review the previous SP HRA or the support plan that was transferred from the county or tribal nation [if applicable].)
 - b) Include any ongoing services from the SP HRA in the new support plan.
 - c) Collect required signatures.
 - d) Move plan to the plan approved status when done.
- 7. Send the assessment summary and support plan to the person.

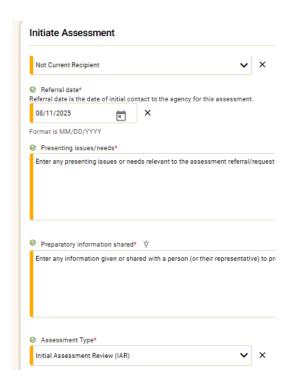
Scenario 9: FFS pending EW to MCO; Effective date needed on or after MCO enrollment

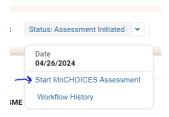
A county or tribal nation completed a MnCHOICES assessment without the staying healthy section, but the person had external factors pending and could not start EW. They enrolled in a managed care plan at the same time it was determined they are eligible for EW. The MCO must:

- 1. Make sure the previous agency has unassigned staff from the person's record.
- 2. Assign the care coordinator as the certified assessor and MSHO/MSC+ care coordinator.
- 3. Create a new form.

(**Note**: Assessment should already be in the plan approved status. If it is not, contact the previous lead agency.)

- a) Form category: Assessment.
- b) Form: MnCHOICES assessment.
- c) Recipient identifier (Initiate assessment screen): Choose "Not current recipient."
- d) **Referral date (Initiate assessment screen)**: Choose the date of initial contact to the agency for this assessment.
- e) **Presenting issues/ needs (Initiate assessment screen)**: Enter any presenting issues or needs relevant to the assessment referral/request.
- f) **Preparatory information shared (Initiate assessment screen)**: Enter any information given or shared with a person (or their representative) to prepare for the assessment process.
- g) Assessment type (Initiate assessment screen): Select "Initial assessment review."





- a) Complete all required items. For more information, go to "Practice guide MnCHOICES Assessment form" in the MnCHOICES Help Center.
- b) Enter the LTC Screening Document AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, DHS-3427 (PDF), and enter "05" (Document change only) for activity type and "98" (Other) for assessment results. This is used to update care coordinator information.
- c) Create the screening document in the MnCHOICES assessment and enter it in MMIS. (**Note**: "14" is the default for activity type on the LTC Screening Document.)
- d) Make sure MnCHOICES assessment is past an in progress status.
- 5. Create a new support plan form with "EW" for program type and choose "MCO MnCHOICES assessment" for support plan type.
 - a) Complete the support plan.
 - b) Collect required signatures.
 - c) Move plan to the plan approved status when done.
- 6. Send the assessment summary and support plan to the person.

Scenario 10: FFS Pending EW to MCO; Effective date needed considerably after MCO enrollment

A county or tribal nation completed a MnCHOICES assessment without the staying healthy section, but the person had external factors pending and could not start EW. They enrolled in a managed care plan with external criteria still pending. The MCO must:

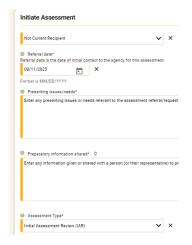
- 1. Make sure the previous agency has unassigned staff members from the person's record.
- 2. Assign the care coordinator as the certified assessor and MSHO/MSC+ care coordinator.
- 3. Complete an HRA.
- 4. Create an SP HRA.

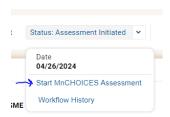
After 30 days, but before 365 days from the initial assessment, the person became eligible for EW. The MCO must:

1. Create a new form.

(**Note**: Assessment should already be in the plan approved status. If it is not, contact the previous lead agency.)

- a) Form category: Assessment.
- b) Form: MnCHOICES assessment.
- c) Recipient identifier (Initiate assessment screen): Choose "Not current recipient."
- d) **Referral date (Initiate assessment screen)**: Choose the date of initial contact to the agency for this assessment.
- e) **Presenting issues/needs (Initiate assessment screen)**: Enter any presenting issues or needs relevant to the assessment referral/request.
- f) **Preparatory information shared (Initiate assessment screen)**: Enter any information given or shared with a person (or their representative) to prepare for the assessment process.
- g) Assessment type (Initiate assessment screen): Select "Initial assessment review."





- a) Complete all required items. For more information, go to "Practice guide MnCHOICES Assessment form" in the MnCHOICES Help Center.
- b) Enter the LTC Screening Document AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, DHS-3427 (PDF), and enter "05" (Document change only) for activity type and "98" (Other) for assessment results. This is used to update care coordinator information.
- c) Create the screening document in the MnCHOICES assessment and enter it in MMIS. (**Note**: "14" is the default for activity type on the LTC Screening Document.)
- d) Make sure the MnCHOICES assessment is past the in progress status.
- 3. Revise the SP HRA.
 - a) In the services and supports section, change the end date of all active services to the day before receiving the person's support plan from the county or tribal nation.
 - b) In the overview section, change the effective date range end date to one day before receiving the person's support plan from the county or tribal nation.
- 4. Create a new support plan form and choose "EW" for program type and "MCO MnCHOICES assessment" for support plan type.
 - a) Complete the support plan.
 (Note: Use the split view toggle to review the previous SP HRA or the support plan that was transferred from the county or tribal nation [if applicable].)
 - b) Include any ongoing services from the SP HRA in the new support plan.
 - c) Collect required signatures.
 - d) Move plan to the plan approved status when done.
- 5. Send the assessment summary and support plan to the person.