Policy Name	MSHO - Secure Blue
Policy Number	3.303
Origination Date	05/01/11
Board Approval Date	10/1/2019
Policy Owner	Social Services Supervisor – Linda Erhardt
Responsible Personnel	Home and Community Care Staff
Regulatory Requirement	MN Statute 256B
Cross References	(Includes but not limited to Department processes, workflows, guidelines or other policies etc…)
Attachments	

Policy Purpose

Pursuant to the above regulatory authorities. This policy defines the responsibilities of this agency and the case managers in executing their delegated duties to those enrolled in Minnesota Senior Health Options (MSHO) through Blue Cross Blue Shield of Minnesota.

Procedure

1. **Autonomy of Members' Rights**
   a. Care Coordinators will promote each client's autonomy and the decision making abilities of both the client and their family members. During the initial LTCC screening and during the six-month visit, the Care Coordinator will discuss an advanced health care directive product. The preferred tool will be that promoted by the Minnesota Board on Aging. Consumers will be encouraged to complete a directive and if assistance is needed, the Care Coordinator will assist in the process. Notary public services of SCHS will be provided, if needed, at no cost to the consumer.
   b. As appropriate, Care Coordinators will involve the client, caregiver and/or other interested persons, in the development of the comprehensive care plan and will ensure that the client is making informed choices.
2. **Care Options Disagreement Resolution**
   a. The Care Coordinator will be responsible for informing the Health Plan of a potential DTR. In addition, Care Coordinators will assist with grievances, either written or oral, when requested by client or on behalf of the client if the client requires assistance. The Delegate has also designated a contact person for grievances and when requested by Blue Plus, will provide any necessary information within two business days.
3. **Care Coordination Staff Qualifications**
   a. SCHS will only employ care coordinators who meet Minnesota Merit System criteria for the classification of Social Worker. Current Merit System

requirements call for a bachelor's degree in social work, sociology or psychology. Care coordinators who are employees of Countryside Public Health Service will be credentialed as either a RN or PHN.

4. **Confidentiality/Records Retention**
    a. All consumer records developed, maintained, disseminated and destroyed by SCHS will be in accordance with SCHS's Data Practices and Records Management Policy and the County General Records Retention Schedule. The Care Coordinator shall comply with any applicable Federal and State laws that pertain to member rights including HIPAA laws and the Minnesota Data Privacy Act. Client or patient records will be retained for 10 years after case closure.
5. **Documentation Guidelines**
    a. For the purpose of Care Coordination, SCHS and CPHS will follow the requirements outlined in the Care Coordination Delegation Guidelines and will utilize the standardized forms from Secure Blue.
6. **Facilitation of Care Coordination Process**
    a. SCHS will provide each Care Coordinator with the most current Care Coordination Delegation Guidelines from Secure Blue. Care Coordinators will comply with the required guidelines. In addition, Care Coordinators will be directed to utilize the website for most up-to-date versions of the required forms. Care Coordinators will also be given information regarding Performance Improvements Projects and chronic care management programs. Care Coordinators will be encouraged to attend trainings presented by the health care plan.
    b. Care Coordination will be provided by SCHS and CPHS only. This service will not be delegated nor subcontracted. Case management will involve the provision of professional services which include these basic functions:
        i Intake
        ii Needs Assessment
        iii Individualized Planning
        iv Coordination of Services
        v Monitoring of Services
        vi Advocacy
        vii On-Going Functions
    c. Care Coordinators shall document all activities in the member's case notes. Care Coordinators shall coordinate with local agency case managers, financial workers and other staff as necessary to meet the member's needs.
7. **Grievance/Complaint Process**
    a. Formal Intake and follow up of all oral and written grievances will be managed by Blue Plus. Care Coordinators will be responsible for assisting members with reporting oral and written grievance to Blue Plus. This policy will be consistent with the Care Coordination Guidelines.
    b. Care Coordinators will direct member to report all oral grievances to Blue Plus by calling member services, seven (7) days a week 8:00 a.m. to 8:00

pm CST. Care Coordinators may also call Blue Plus to report an oral grievance on behalf of the member if the member requires assistance.

c. If a member requests the assistance of the Care Coordinator in filing a written grievance, the grievance should be transcribed in the member's words and faxed to Blue Plus Consumer Service Center within one business day of the receipt of the grievance. The information faxed to Blue Plus should include both the written grievance and all other pertinent information or documentation related to the grievance. The Blue Plus Grievance Form may be used to document the written grievance A copy of written grievances, if submitted to the Agency, must be maintained in the member's file.

d. The Adult Services' Supervisor will be the contact person to maintain a log of the written and/oral grievances in which the member requested the assistance of their Care Coordinator to report to Blue Plus. Blue Plus Consumer Service Center may contact the Agency for additional information during the investigation of the grievance. The Supervisor will provide any additional information to Blue Plus within two days of the request.

8. Guidelines for Care Coordination Caseloads

a. Per the Care Coordination Delegation Guidelines, SCHS acknowledges that the required caseload per worker is EW/CW mix= 40-70; Nursing facility only = 90-120; and Community Well only = 75-100.

b. SCHS will ensure that these caseload numbers/ratios are consistently followed by reviewing caseload numbers at the monthly unit meeting. Cases may be transferred between Care Coordinators to assure equal balances and compliance with maximums and minimums requirements. Position descriptions for Care coordinators also include Alternative Care case management, Adult Protection, and Mnchoices

9. Health Plan Consultation

a. Care Coordinators will consult with Secure Blue staff and physicians when appropriate. Swift County utilizes the health plan contact list provided by Secure Blue.

10. Enrollment Process

a. The monthly new enrollment report (CAP and REIN) and the monthly full detail enrollment reports will be reviewed by the Supervisor within two business days of receipt of the reports via secure email. For the members in the community, the Supervisor will assign a care coordinator within two business days from the date of the review. The full detail report will be shared on a monthly basis with care coordinators for their review. Any discrepancies will be reported immediately to Blue Plus. Upon assignment of a new member, Care Coordinators will inform the member of the name, number and availability of the assigned Care Coordinator within 10 days from the date of the receipt of the new enrollment report.

b. The SCHS Supervisor will review the monthly enrollment reports in regards to Rate Cell D members and will provide a list to Public Health on a monthly

basis via email. This updated list will be forwarded to CPHS within two days of receipt of the enrollment report from the Blues via secure email. For members in the Nursing Home, the NH Care Coordinator will inform the member of the name, number and availability of the assigned Care Coordinator within 10 days from the date of the receipt of the new enrollment report. Any discrepancies will be reported immediately to Blue Plus.

11. On-Site Care Coordination audits

a. The Blue Plus contract with DHS and CMS requires the auditing of care coordination activities on an annual basis. On–site care coordination audits will not interfere with care coordination activities. Swift County and their Care Coordinators will make every effort to be available for the audits to address questions and concerns. In addition, Swift County will make available the requested audit information.

12. Paraprofessional Staff

a. Swift County will utilize a paraprofessional for the purposing of entering LTC screening documents. In addition, the paraprofessional is responsible for billing activities. The paraprofessional is directly supervised by the Fiscal Supervisor, has a written job description and receives job performance evaluations on an annual basis. The paraprofessional will not make any clinical decisions. All care coordination activities, including assessments, reassessments and care plan development, will be performed by the assigned Care Coordinator.

b. Paraprofessional staff, along with all Care Coordinators, is informed about the monthly capitation dates. A separate mailbox is designated solely for the purpose of LTC screening documents and service agreements. This mailbox is monitored daily by Paraprofessional Staff and Care Coordinators ensure paperwork is being entered on a timely basis. In addition, good communication between Paraprofessional staff and Care Coordinators is a high priority.

13. Safety of Care Coordinators

a. SCHS has written policies to ensure the safety of their Care Coordinators. Please refer to SCHS policy 1.601 – Health & Safety.

14. Safety of Members

a. SCHS has an obligation to protect the welfare and safety of MSHO clients. Care Coordinators are mandated reporters and have an understanding of the CEP reporting process. In addition, Care Coordinators are knowledgeable in the area of guardianship and conservatorship.

b. Swift County Human Services does not allow agency staff to transport clients for MSHO/MSC+. This is a covered benefit for medical transport through Secure Blue and is the responsibility of the MCO.

15. Elderly Waiver Network Management

a. Per the Care Coordination Delegation Guidelines, Blue Plus does not contract directly with EW service providers. Blue Plus utilizes vendors that are within the Delegate's County Network. There are options available listed

in the guidelines for one-time services agreements and the use of lead County Contract.

16. Denial, Termination and Reduction of Service Process

a. Per the Care Coordination Delegation Guidelines, Blue Plus will review notifications of Denials, Terminations and Reduction of Services for State Plan and Elderly Waiver Services. The Care Coordinator is assigned the responsibility of faxing the Notification of Potential Denial Termination or Reduction of Services form to Blue Plus.

17. Fraud, Waste and Abuse

a. On an annual basis, Care Coordinators and Administration shall complete Fraud, Waste and Abuse Training. The curriculum is provided by Blue Plus.

18. Coordination of Transitions Between Care Settings

a. Per the Care Coordination delegation guidelines, the Care Coordinator shall provide transition of care services for members when they move from one care setting to another due to a change in health status. The goal of this process is to reduce incidents related to fragmented or unsafe care and to reduce readmissions for the same conditions. The Care Coordinator will document transition services on the Individual Care Transitions Log in compliance with the timelines stated in the delegation guidelines.

b. Two individuals within SCHS (an Adult Service Worker and a Supervisor), have been designated to receive the secure emails regarding the inpatient notifications from the Blues. The Social Services Supervisor will be primarily responsible for accessing and distributing the inpatient notifications for both the social services agency and the public health agency. These reports are disbursed to the designated Care Coordinator immediately upon receipt of the secure email. The Care Coordinator will complete the required transitions activity within 1 business day of receipt of the notification by the Agency.

c. In the event that that Supervisor is out of the office, the second individual (an Adult Service Worker) who has been authorized to receive the inpatient notification from the Blues via secure email, will access the reports and will distribute the reports to the designated Care Coordinator.

d. When Care Coordinator received notification of Care transitions for individuals on their caseload from other sources such as the member, the family, the clinic, etc; the Care Coordinator will complete the required transition activities within 1 business day of receipt of notice.

e. In the event that our agency receives notification of a transition and the assigned Care Coordinator is not available to complete the activities within 1 business day, the Social Services Supervisor will either complete the required activities for the worker or will assign the transition activities to another Care Coordinator depending upon availability of staff.

19. Communications with Member's Eligibility Worker

a. Care Coordinators will complete DHS-5181 Lead Agency Case Manager/Worker Communication Form and provide a copy to the member's Eligibility Worker whenever there is a change in living arrangement and/or

address change. This form will be completed and provided to the Eligibility Worker within the next business day or sooner when possible.

20. Notification of Potential Denial/Termination/Reduction of Services Process

a. If the Care Coordinator recommends a DTR of services, the Care Coordinator will complete the Notification of Potential Denial/Termination/Reduction of Services form (6.05) located on the Blues manual and reference guide website AND will fax the completed form to the Blues Plus within 24 hours of the determination. This activity will be documented in the client's file.

21. Pass Through Policy and Procedure

a. Per DHS Bulletin 13-56-04, Swift County Human Services will maintain a Vendor Log for Blues EW claims submitted on behalf of non-enrolled providers for Tier 2 and/or Tier 3 services. SCHS will utilize the excel vendor log provided by DHS. In addition, the HCBS waiver/AC Service Purchase Agreement will be completed with each provider and documentation will be entered on the vendor log Per DHS e-docs 7004, all required specific record retention requirements will be followed.

b. Care coordinators will be required to inform the Supervisor of new non-enrolled providers and will provide the necessary information for the vendor log. "Tier 2/3 non-enrolled providers" will be a standing agenda item on the monthly Aging Units meetings to ensure that all non-enrolled provider information is gathered and documented in a timely manner.

Violation of this Policy

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to Swift County Human Services Inc. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Signatures:

Linda Erhardt, Policy Owner — Date: 10-1-19

Catherine Lee, Director — Date: 10-1-19

Board Review Date: 10-1-2019

Board Approval: Gary Hendrickx

Gary Hendrickx, Board Chair