

## MSC+ and MSHO

Care Coordination and LTSS

**TITLE:** In-Person Assessment Requirements

### **DEFINITIONS:**

DHS: Department of Human Services

ICT: Integrated Care Team as documented on the member Support Plan

CMS: Center for Medicare and Medicaid Services

MAL: Monthly Activity Log

Alternate Year: The DHS allowance to complete remote Elderly Waiver, non PCA reassessment via phone or televideo if followed by an in-person reassessment.

**PURPOSE:** To provide care coordinators guidance related to DHS and CMS in-person and documentation requirements. This job aid also addresses when alternative methods of assessment and alternative encounters are to be conducted.

**SUMMARY OF REGULATOR GUIDANCE:** DHS resumed in-person requirements as of November 1, 2023. DHS maintains care coordinators must meet minimum case management in-person requirements for people accessing:

- Elderly Waiver
- PCA services

DHS requires all PCA assessments and all initial EW assessments to be conducted in-person. For EW members, a remote reassessment (televideo or phone) is permitted only if the member/legal representative is provided informed choice and the person being reassessed or the member/person's legal representative provides informed consent for a remote assessment. DHS requires an additional in-person care coordinator visit when assessments are conducted remotely. Documentation must be present that informed choice was offered, and consent approved. If while performing a phone or televideo assessment the care coordinator determines an in-person assessment is warranted, the care coordinator would complete a new assessment in-person.

CMS requires MSHO members to have a completed in-person or televideo encounter annually by at least one member of the ICT. Care coordinators, primary care providers, other waiver case managers and other specialty care providers listed on the support plan are members of the ICT.

**POLICY:** To ensure UCare is meeting DHS and CMS requirements, all community members enrolled in MSC+ and MSHO are required to be offered an in-person assessment within 30 days of new enrollment and within 365 days of previous assessment, UTR or Refusal timelines and upon change of condition. Based on the member's situation, remote assessments may or may not be allowed. See below:

### Institutional Status Members:

MSC+ and MSHO members residing in a Skilled Nursing Facility or Intermediate Care Facility assessment are to be completed in-person and noted on the Enrollment Roster as “Institutional” for living status.

**TIP:** To ensure an in-person visit can be completed, attempt to schedule 3-4 weeks in advance of the due date. This will allow sufficient time to reschedule the assessment if illness, facility closures, or other barriers interfere with the scheduled assessment.

In the rare instance, if unable to complete the assessment in-person, the care coordinator should document why in-person assessment is not an option, what other options were considered and why the alternative were not feasible. The care coordinator should gather as much information as possible, through conversations with facility staff, member, and member’s caregivers/family and complete IHRA.

**NOTE:** Neither MMIS nor MnCHOICES entry, nor UTR/Refusal Support Plans are required for MSC+/MSHO Institutional members.

### Community Status Members:

**MSC+ (No PCA, No Waivers):** If a member/legal representative declines an in-person, initial, or reassessment, a televideo assessment may be offered second. If a televideo assessment is declined, a phone assessment may be completed per member choice. Document the informed choice of assessment methods and member preferences in the member’s record. If all options are declined, follow the refusal process.

**MSHO (No PCA, No Waivers):** If a member/legal representative declines and in-person assessment, a televideo option may be completed. If in-person or televideo is declined, follow the refusal process.

**Note:** At any time during the assessment for a community status member the care coordinator deems an in-person in necessary, the care coordinator would move to completing a new assessment. (For example: care coordinator is completing 3428H/HRA-MCO and determines the member needs to be open to PCA or waiver. Care coordinator would need to complete and LTCC/MnCHOICES assessment.)

### MSC+ and MSHO (Elderly Waiver without PCA):

- **Initial Assessment:** All initial waiver assessments are completed in-person.
- **Alternate Year:** When an initial assessment is completed in-person, subsequent assessments may be offered via televideo or phone with additional encounter requirements.
  - If a member/legal representative declines an in-person reassessment, televideo assessment may be offered second. If a televideo assessment is declined, a phone assessment may be completed per member choice.
  - At no time may two consecutive assessments be completed by televideo/phone.

- Document the informed choice of assessment methods and member preferences in the member’s record.
- See below for alternate year encounter requirements.
- **EW refusal to meet in-person:** If a member declines to meet in-person during a time when in-person assessment is required, the care coordinator should inform the member of the DHS requirements to conduct in-person visits to maintain EW status. If the member does not wish to meet in-person, the result is a refusal of the assessment. Complete Denial, Termination and Reductions as applicable.

Elderly Waiver MSC + and MSHO Alternate Year Encounter Requirements



Care coordinators ensure a completed in-person visit is completed with the member at least once a year to meet DHS and CMS requirements. Best practice would be to complete an in-person encounter at the time of assessment.

If an in-person assessment is not completed, Care coordinators must conduct an in-person visit at the time of the mid-year Support Plan update or any other in-person during the year. Update the Support Plan and the Monthly Activity Log accordingly.

**EXAMPLE:**

Member Demographics						Current Year Activity						Care Coordinator	
Delegate	Last Name	First Name	UCare Member ID#	DOB	Living Status <small>(Select from the drop down menu)</small>	Date of Current Activity Completed <small>In 2023</small>	Activity Location in <small>2023</small>	Type of Current Activity Completed in <small>2023</small>	Unable To Reach <small>Attempt 1</small>	Unable To Reach <small>Attempt 2</small>	Unable To Reach <small>Attempt 3</small>	Name of Care Coordinator	Comments
UCare	Doe	Jane	412345678	1/26/1934	Community	1/25/2023	In-Person	6 Month				Cindy Ucare	

**Transferred Members:** When a member is transferred to a newly assigned care coordinator, the receiving care coordinator must review the transfer documents and determine if the previous full assessment was completed in-person, televideo or phone in order to plan for the future reassessment. THRA’s may be conducted via in-person or by phone.

- **Product Change THRA:** The first assessment following a product change THRA is considered an initial assessment and should follow in-person requirements.
- **Transfer Member THRA (delegate to delegate):** Determine future assessment method based on the member’s previous assessment method. See table below.

**TABLE:**

	Offer First: In-Person	Offer Second: Televideo	Offer Third: Via Phone
<b>INITIAL:</b> MSC+/MSHO MnCHOICES or LTCC (EW or PCA)	X	NA	NA
<b>INITIAL/ANNUAL:</b> MSC+/MSHO No EW with PCA Services	X	NA	NA
<b>INITIAL/ANNUAL:</b> MSC+/MSHO EW with PCA	X	NA	NA
<b>INITIAL/ANNUAL:</b> MSC+/MSHO 3428H (No PCA, No EW, other Waivers)	X	X	<b>MSC +: X</b> <b>MSHO: NA</b>
<b>ANNUAL:</b> MSC+/MSHO EW without PCA	X	<b>MSC+/MSHO: X</b> <b>Alternate Year</b> <b>requirements</b>	<b>MSC+/MSHO: X</b> <b>Alternate Year</b> <b>requirements</b>
<b>INITIAL/ANNUAL:</b> MSC+/MSHO Institutional	X	NA	NA