# UCare CT/CT + MED and MSC+/MSHO

Care Coordination and Long-Term Services and Supports

**Title:** Relocation Service Coordination-Targeted Case Management

**Purpose:** To aid care coordinators (CC) in understanding the DHS Relocation Service Coordination-Targeted Case Management program, roles and expectations.

**Summary:** Relocation Service Coordination (RSC) is a form of Targeted Case Management (TCM) that coordinates activities to help a person who resides in an eligible institution gain access to medical, social, educational, financial, housing and other services and supports necessary to move to the community.

## Contents



## Member Eligibility

A member is eligible to receive RSC-TCM services when ALL of the following criteria are met:

- Eligible for MA
- Resides in an eligible institution at the time the member receives RSC-TCM
- Be closed to any Home and Community-Based Services (HCBS) waiver due to a stay in an eligible institution
- Chooses to move into the community
- Chooses to receive services
- Not duplicative services as part of the institution's discharge plan
- Have a MnCHOICES assessment to determine and document eligibility for RSC-TCM
- RSC-TCM benefit (180 days) is not exhausted

*Ineligible:* Members receiving Mental Health TCM, VA/DD TCM or Behavioral Health Home services are not eligible to receive RSC-TCM, as this is considered a duplication of services.

### Eligible Institution

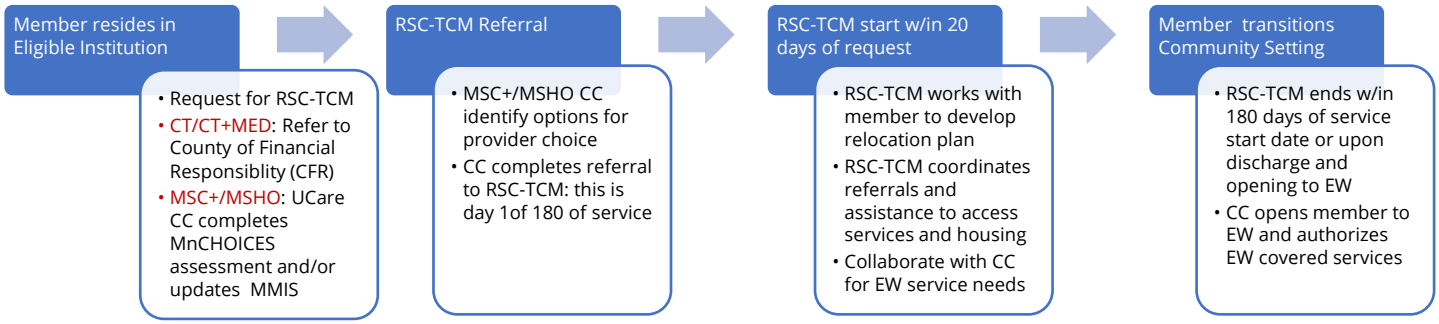
The following are eligible institutions:

- Hospital
- Intermediate care facilities for persons with developmental disabilities or related conditions (ICF/DDs)
- Institutions for mental disease (IMDs); includes regional treatment centers (RTCs) licensed as hospitals or nursing facilities
- Nursing facilities (NFs); includes skilled nursing and certified boarding care facilities
- Regional treatment center (RTC) that provides inpatient services to people who currently receive MA

NOTE: Intensive residential treatment services (IRTS) facilities licensed as either board and lodging or supervised living facilities are not RSC-TCM eligible institutions.

Reference: CBSM: RSC-TCM

## Process Flow




## UCare Care Coordinator's Responsibility

A MnCHOICES assessment within 365 days of the referral for RSC-TCM is required to determine and document eligibility for RSC-TCM.

- RSC-TCM may not begin until MMIS is updated. Use Activity type 07 and Program type 19 when the last assessment was within 365 day of the referral to RSC-TCM. The assessment result is 18. If EW is open when the member enters a nursing facility and requests RSC-TCM, enter an exit screening document for EW as of the date of admission.
    - Reference: DHS-4699 Instructions for Completing and Entering LTCC Screening Documents
- A member who is eligible for RSC-TCM must be assigned an RSC-TCM to begin working with the person within 20 days of the request for services
- Care coordinators and RSC-TCM providers work closely to avoid claim denials due to eligibility, exceeded service limits, or duplication of services

### MnCHOICES Assessment

CT/CT+MED: Refer to the member's CFR for completion of the MnCHOICES assessment and RSC-TCM assistance. The CT/CT+ MED CC will continue to assist with transition of care activities and care coordination support.

MSC+/MSHO: The member must have a completed MnCHOICES assessment that determines and documents the need for RSC-TCM. The CC completes a referral directly to a DHS-enrolled RSC-TCM provider of the member's choice. Include the identified RSC-TCM service in the People and Community Organizations that Support Me section of the MnCHOICES Support Plan. RSC-TCM costs are not factored into the EW budget.

### Locating Relocation Service Coordination Provider

Care coordinators should use the DHS Transition Service Provider Contact List to locate options for members' RSC-TCM providers. For MSC+/MSHO members, RSC-TCM providers must enroll with UCare's claims payment system in order to bill for RSC-TCM services.

Reference: DHS Transition Service Provider Contact List

### Authorizing RSC-TCM services and Elderly Waiver services

Because RSC-TCM is paid for by the member's MA, prior authorization is not required. The initial date of referral begins the 180-day RSC-TCM benefit.

Upon or prior to transitioning the community, the CC should evaluate the need for Elderly Waiver services. If eligible, the CC will complete the UCare Waiver Service Authorization Form to authorize EW services and supports.

*Waiver Transitional Services*

A service provider may simultaneously provide waiver transitional services and RSC-TCM to an eligible member who meets the requirements and limitations for waiver transitional services. Waiver transitional services reimburse for items, expenses and related supports necessary and reasonable for members to transition to their permanent place of residence in the community from the institution and do not duplicate these services.

Reference: DHS Provider Manual: Relocation Service Coordination-Targeted Case Management (RSC-TCM)

## RSC-TCM Covered and Non-Covered Services

Members residing in an eligible institution may receive RSC-TCM during the last 180 days of the member's institutionalization for the purposes of helping the member relocate to the community. The service must not duplicate the services of the institution's discharge planner, including but not limited to HSS and MHM.

### RSC-TCM Covered Services (not limited to)

- Development, implementation, updating and monitoring of a relocation plan with the member
- Communication with the member, legal representative (if applicable), informal supports, service providers and others as necessary to implement the relocation plan
- Coordination of referrals and assistance to access services and housing
- Coordination of efforts with the discharge planner at the institution
- Travel to conduct a visit with the member and others identified as necessary to develop and implement the goals of the relocation plan

### Non-Covered Services

The following list of non-covered services is **not** all-inclusive:

- Transition assistance when a member moves from one institution to another
  Example: If a nursing facility closes, a provider cannot bill for activities related to finding another nursing facility for the member, unless the member's relocation plan indicates that a move to another institution is a necessary step toward the eventual community integration of that member.
- Administrative functions:
  - Intake for Medical Assistance and other MHCP programs
  - Eligibility determinations and re-determinations for MA or an MA funded benefit such ARHMS, waivered services, VA/DD–TCM
  - Appeals or conciliation activities

  - Direct services such as treatment, therapy and other habilitative or rehabilitative services provided to the member
- RSC-TCM services do not include payment for rental deposits, household items (e.g., furniture), moving expenses, or lease agreement fees. If a member needs this support, the member may consider transitioning from RSC-TCM to other eligible supports (MHM, HSS, Transitional Services).

## RSC-TCM Responsibilities

The RSC-TCM meets with the member in the institution and provides the following support:

- Assistance in accessing needed services, including travel to visit a member to develop or implement the goals of the written plan
- RSC-TCM provider will develop, monitor and review the written service plan using a person-centered process
- Coordinate, monitor and support overall service delivery and advocacy as needed to ensure quality of services
- Coordination with the facility discharge planner and care coordinator on transition plans
- Communicate with other agencies to implement the move as appropriate (e.g., Transitional Services)
- Assistance in locating appropriate community housing
- Coordinate moving day with the member, care coordinator and home and community-based service providers

## Changes to and Ending RSC-TCM

Members can discontinue RSC-TCM at any time. RSC-TCM benefit terminates once the member has been discharged from the qualified institution.

If members utilize 180 days of RSC-TCM and continue to need additional support, consider a referral for Moving Home Minnesota.

### Reinstitutionalization After Discharge to the Community

RSC-TCM benefit may be available again once the member is readmitted to a qualified eligible institution.