



Special Needs Basic Care (SNBC) and Special Needs Basic are Enhanced (ISNBC)

Product Overview

Special Needs Basic Care (SNBC)

Overview

- Medica product name: Accessibility Solution
- DHS product name: SNBC (Special Needs Basic Care)
- Eligibility
 - 18-64 years old
 - Eligible for Medical Assistance
- Members with Medicare
 - Medica will coordinate benefits with Medicare
 - Members must have a Part D Plan and will have their Medicare Part D copays
 - Medica covers OTC (over the counter) Rx.
- Members without Medicare
 - Medica is the primary payor for all covered services.
- SNBC is an opt-out program

Special Needs Basic Care Enhanced (ISNBC)

Overview

- Medica product name: Medica AccessAbilitySolution Enhanced
- DHS product name: ISNBC (Integrated Special Needs Basic Care)
- Eligibility:
 - 18-64 years old
 - Eligible for Medical Assistance
 - Eligible for Medicare part A and B
 - Have a certified disability
 - Reside in an ISNBC service area
- ISNBC is a voluntary program; member must elect

New Member Packet

The SNBC/SNBC Enhanced Member Resource Guide (MRG):

- welcome letter
- privacy notice
- women's cancer rights notice
- advance directive
- also includes summaries of other benefits and services

***Their ID card arrives in a separate mailing**

SNBC BENEFITS

- Medical
- Pharmacy
 - Medicaid covered medication
 - Over the Counter (OTC)
- Dental-Delta Dental
 - CC contact number ONLY: 1-866-303-8138
- Vision- Eye Kraft (ask for Jeannie 320-281-2617)
- Behavioral Health (Medica Behavioral Health-MBH): 800-848-8327
 - Consults: when calling MBH identify yourself as a Medica CC, ask to speak to a Care Advocate or Clinical Supervisor
- Care Coordination
- Up to 180 days institutional care

SNBC ENHANCED BENEFITS

- Medical
- Pharmacy
 - Medicare Part D
 - Medicaid covered medication
 - Over the Counter (OTC)
- Dental-Delta Dental
 - CC contact number ONLY: 1-866-303-8138
- Vision- Eye Kraft (ask for Jeannie 320-281-2617)
- Behavioral Health (Medica Behavioral Health-MBH): 800-848-8327
 - Consults: when calling MBH identify yourself as a Medica CC, ask to speak to a Care Advocate or Clinical Supervisor
- Care Coordination
- Up to 180 days institutional care

SNBC Benefits Continued

- Transportation
 - Cab, Volunteer, Metro Mobility, bus passes, etc.
 - Special Transportation
 - Certificate of Need (CON)
- 24/7 Nurse Line – Health Advocate
- Health Support Programs
- Child and Teen Checkup Screenings
- State Plan Services (Home Health Aid, Nurse Visits, MA Transportation, Supplies & Equipment within MA limits)
- *See SNBC Plan Documents
[Medicaid Plan Documents | Medica](#)

SNBC Enhanced Benefits Continued

- Transportation
 - Cab, Volunteer, Metro Mobility, bus passes, etc.
 - Special Transportation
 - Certificate of Need (CON)
- 24/7 Nurse Line – Health Advocate
- Health Support Programs
- Child and Teen Checkup Screenings
- State Plan Services (Home Health Aid, Nurse Visits, MA Transportation, Supplies & Equipment within MA limits)
- Supplemental Benefits
- *See ISNBC Plan Documents
[Medicaid Plan Documents | Medica](#)

MEMBER TRANSPORTATION

- Medica Provide-A-Ride – 952-992-2580/888-347-3630
 - Cab, volunteer driver, Metro Mobility, bus passes
- Transportation to medical appointments
- Special Transportation Service (STS)
 - Requires Certificate of Need (CON)
- Transportation **not** covered:
 - Transportation to a provider outside of the Medica network unless approved through the Prior Authorization process at Medica.
 - Transportation outside of 30/60 mile radius without going through process.
- QRyde
 - Transportation scheduling platform
 - Available for internal Medica staff and delegates
 - Training available online
 - Member portal where members can view their rides and cancel their rides

HEALTH SUPPORT PROGRAMS

- Disease Management/Chronic Care Management
 - Diabetes
 - Asthma
 - Cardiac Disease/High blood pressure
 - Weight management (MSHO only)
- Tobacco Cessation
 - No cost
- How members get involved?
 - Preselected/Referred/Self-Refer
 - [Complex Case Management Health Support Referral Form](#)

PHARMACY

- Pharmacy Benefits

Plan includes pharmacy benefits that cover certain:

- Drugs covered by Medical Assistance
- Drugs covered by Medicare Part D (ISNBC only)
- Medication Therapy Management services
- Certain over-the-counter (OTC) drugs

- Overrides

- PCP must complete Prior Authorization Request and Exception paper [form](#) or [online](#)
- PCP will be notified of decision
- Member will receive letter regarding decision

INTERDISCIPLINARY TEAM

Interdisciplinary Team (IDT)

- IDT
 - Opt-in process
 - Provided every 3rd Wednesday of the month
 - Delegates sign-up for a time that works for them (schedule is in Sharefile).
 - 30 min slots provided from 9am-noon
 - Case consultations are conducted with Clinical Liaisons and a mental health professional

Care Coordination HUB

Care Coordination resources

[Medica DUAL Solution[®] \(HMO D-SNP\) \(MSHO\) >](#)


[Medica Choice CareSM MSC+ >](#)

[Medica AccessAbility Solution[®] \(SNBC\) >](#)


[Medica AccessAbility Solution[®] Enhanced \(HMO D-SNP\) >](#)

Manuals, policies + processes

 [Care Coordination Manuals](#)

 [Policies and Procedures](#)

Guidelines


 [Benefit and Clinical Guidelines](#)

 [Transition of Care](#)

 [Denial, Termination, Reduction \(DTR's\) and Benefit Exceptions](#)

Templates, tools, and additional resources

 [Letter Templates](#)

 [Tools and Forms](#)

 [Transportation](#)

Care Coordination HUB Continued

Stay up-to-date



Training

Find meetings, events and more >



News

Get updates and guidance >



Upcoming meetings

Care Coordination Quarterly Meeting
For all products via Microsoft Teams



New Care Coordinator Resources

Useful contacts

[↓ Contact Numbers for Key Staff in Medica Care Coordination Products \(PDF\)](#)

Care coordination inquiries

MedicaCCSupport@medica.com
1-888-906-0971

Audit and documentation requirements, delegation oversight and Model of Care inquiries

MedicaSPPRegQuality@medica.com

Enrollment + transfers

SPPEnrollmentQ@medica.com

Referral requests

ReferralRequest@medica.com

Report Fraud, Waste and Abuse Special Investigations Unit (SIU)

[SIU Team](#)
Fraud Hotline: 1-866-595-8495
[Online SIU Referral Form](#)

Helpful websites and links

[MN Department of Human Services](#)

[MinnesotaHelp.info](#)

[Disability Hub MN](#)

[Coronavirus \(COVID-19\) \(state.mn.us\)](#)

[Advance Directives](#)

[↓ Durable Medical Equipment \(DME\) Grid \(PDF\)](#)

Member Product Pages

[SNBC SNP \(Medica AccessAbility Solution Enhanced\)](#)

[MSHO \(Medica DUAL Solution\)](#)

[MSC+ \(Medica ChoiceCare\)](#)

[SNBC \(Medica AccessAbility Solution\)](#)

Care Coordinator Role



Initial Member Contact

- Within 10 business days of assignment or change in Care Coordinator
- Notification must include Care Coordinator name and telephone number.
- Additional information to provide: explanation of new product, added benefits, answer member questions, schedule initial assessment, etc.
- Notification may be via mail or phone call with attempts documented in case notes or member record.

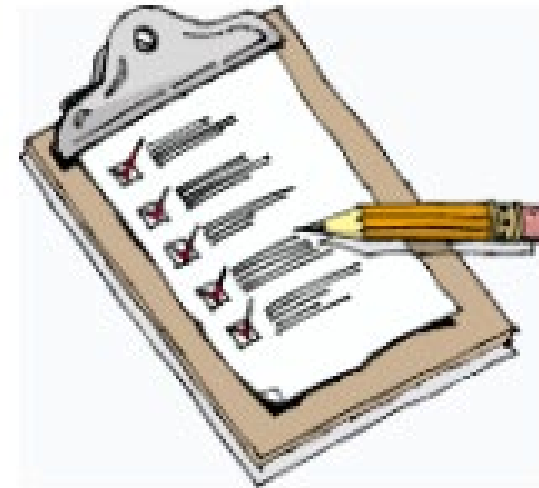


Assessment

- Members new to managed care will receive a complete Health Risk Assessment within 60 calendar days.
 - Health Risk Assessment
 - Medica Transfer Member HRA
 - Unable to Reach Assessment
 - Refusal Assessment

Health Risk Assessment

- All members must be offered a Health Risk Assessment (HRA).
- Face to Face HRAs must be offered to all members who are not on another waiver.
- Refer to Telephonic Assessment Policy for “red flags” indicating the need for Face to Face.
- 100% of the HRA must be completed.



Medica Transitional Member HRA

The Transitional Member HRA can be used when the member is changing products (SNBC to ISNBC or vice versa) or changing Care Coordination entity.

It is not to be used if the member was previously Unable to Reach or Refusing.

If the member identifies any changes in health or needs, a new assessment may be needed.

Transitional HRA process includes:

Review HRA, Care Plan, and signature page with the member.

Complete Transitional Member HRA form.

If the signature page is not received, there should be documentation of your attempt to retrieve one from the member.

Complete reassessment within 365 from last FULL assessment, not from the transfer HRA date.



Transfer Member Health Risk Assessment Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+) Special Needs Basic Care (SNBC) & SNBC Enhanced

Completion of this form as described will meet requirements for a Health Risk Assessment (HRA) and a supplement to the existing care plan for the following members:

- **MSHO/MSC+:** Members who are newly enrolled community members with a HRA completed within the past 365 days, community members with a product change, transferred community members who have had a HRA/Long Term Care Consultation (LTCC)/MnCHOICES assessment within the past 365 days, or members with a product change who have had a LTCC/MnCHOICES assessment indicating opening of Elderly Waiver services (65th birthday assessment and must be full LTCC/MnCHOICES assessment).
- **SNBC/SNBC Enhanced:** Members with a product change who have had a HRA completed within the past 365 days.

This form should be completed within 30 days of transfer for all eligible MSHO/MSC+ members and within 60 days of transfer for all SNBC/SNBC Enhanced members. This form is to be attached to the most recent HRA/LTCC/MnCHOICES assessment and care plan. A new assessment and care plan must be completed if the Care Coordinator is unable to obtain a copy of the prior assessment and care plan to review and update. Throughout this form, the term "Assessment" may be used to refer to an HRA, LTCC or MnCHOICES assessment. **NOTE:** The next annual reassessment is due 365 days from the date of the last full HRA/LTCC/MnCHOICES assessment attached to this form. Please refer to the Assessment Schedule Policy for details.

I. PERSONAL INFORMATION

Name	PMI Number	Birth Date
Address (Street, City, ST, ZIP)		Phone
Physician	Phone	Clinic
Physician Address (Street, City, ST, ZIP)		

II. ASSESSMENT/ CARE PLAN / PREVENTIVE CARE:

New product/Transfer enrollment date: Date of last Assessment:

Date of last Community Support Plan (CSP)/Collaborative Care Plan (CCP):

Reason for Transfer:

Unable to Reach/Refusing

Unable to Reach:

- 3 phone attempts plus a letter are required.
- Document attempts to contact in member chart.
- Send On-going No Contact letter, include Member Engagement Questionnaire & Medica Care Coordinator Leave Behind Document.
- Create UTR/Refuser Care Plan. **(ISNBC ONLY)**
- Attempt to identify Primary Care Physician and send Primary Care Physician letter. **(ISNBC ONLY)**

Refusing:

- The *member* or *member's authorized representative* must refuse the assessment.
- Send Member Refusal letter, include Member Engagement Questionnaire & Medica Care Coordinator Leave Behind Document.
- Create UTR/Refuser Care Plan. **(ISNBC ONLY)**
- Attempt to identify Primary Care Physician and send Primary Care Physician letter. **(ISNBC ONLY)**

Assessment Follow Up Work

- Within 30 calendar days of completing the Health Risk Assessment (HRA)
 - Create Care Plan/Support to address all identified needs
 - Send Post Visit Letter, Care Plan/Support Plan, Assessment Summary, Member Signature Sheet (if not signed at assessment), Medica Care Coordinator Leave Behind Document to member for review, Medication Disposal Form as indicated.
 - Complete Referral Request Form as needed to authorize services (i.e. HHA); submit to CC Support Specialist.
 - Send Primary Care Physician letter, Waiver Worker Communication, Behavioral Health Communication.

Effective 3/1/2024, it is no longer required to complete the OBRA Level 1 as part of the assessment follow up work. This change has not been updated on the 101 recording.
- If Transitional Member with unchanged needs
 - Update Care Plan to reflect changes or create new Care Plan.
 - Update Financial Worker & Waiver Worker
 - Update Primary Care Physician
- If Unable to Reach/Refuser
 - Send Member Refusal or On-going No Contact letter, include Member Engagement Questionnaire & Medica Care Coordinator Leave Behind Document
 - Create UTR/Refuser Care Plan (**ISNBC Requirement**).
 - Send Primary Care Physician letter (**ISNBC Requirement**).

Care Planning/Support Plan Tips

- Identified findings on the HRA must be carried over to the care plan. If the member declines needs for supports, this must be documented. We must know why the need is not carried over.
- Avoid using medical terminology or abbreviations.
- Keep Care Coordinator and PCP information up to date.
- Care plans goals should be written using SMART goals: specific, measurable, achievable, realistic, and time bound.
- Ongoing monitoring of progress and outcome of goals need to be documented on the Care Plan/Support Plan.
- Home and Community Based Service Agreement completed as part of the care plan/Support Plan.

Reassessment

- All members will receive a complete Health Risk Assessment (HRA) annually, within 365 days of previous Health Risk Assessment. Ideally, ISNBC members will be reassessed within 365 days of **ENROLLMENT**.
 - Complete HRA. All areas must be complete.
 - Create Care Plan/Support Plan to address all identified needs
 - Close out previous Care Plan/Support Plan
 - Send Post Visit Letter, Care Plan/Support Plan, Assessment Summary, Member Signature Sheet (if not signed at assessment), Medica Care Coordinator Leave Behind Document to member for review, Medication Disposal Form as indicated.
 - Complete Referral Request Form as needed to authorize services (i.e. HHA); submit to CC Support Specialist
 - Send Primary Care Physician letter, Waiver Worker Communication, Behavioral Health Communication

Effective 3/1/2024, it is no longer required to review the OBRA Level 1 as part of the member reassessment process. This change has not been updated on the 101 recording.
- If Unable to Reach/Refuser
 - Send Member Refusal or On-going No Contact letter, include Member Engagement Questionnaire & Medica Care Coordinator Leave Behind Document
 - Create UTR/Refuser Care Plan **(Required for ISNBC)**
 - Close out previous Care Plan/Support Plan
 - Send Primary Care Physician letter **(Required for ISNBC)**

Early Reassessment

- If your member has requested an assessment
- If your member has had a marked improvement or decline
- This needs to occur within 20 days of the notification
- See the Assessment Schedule policy for more information.

Caregiver Assessment

- The HRA does not ask about an unpaid/informal Caregiver.
- If you think a member has an unpaid/informal caregiver, please conduct a Caregiver Assessment.
 - Determine if the Caregiver is in need of any additional support.
 - Information obtained from the Caregiver is important in the development of the individualized care plan.
 - Use form DHS 6914.

Members on other waivers

- HRA, Medica Transitional Member HRA, or UTR/Refuser Assessment initially.
- HRA annually.
- Same assessment schedule.
- Same care planning requirements.
- Same PCP notification requirements.
- Communication and collaboration with waiver case manager (CM) is essential and required on an annual basis.

Institutional members

- HRA, Medica Transitional Member HRA, or UTR/Refuser Assessment initially
- HRA annually
- Same assessment schedule
- Same care planning Requirements
- Same PCP notification requirements
- Communication and collaboration with facility staff is essential and required
 - Partner Nursing Home checklist
 - Attend care conferences, consultation rounds, phone consults
 - Provide product-specific Nursing Facility Chart Coverage Guide to facility

Member Follow Up

- SNBC Care Coordinator/Case Manager documents their plan for member contact based on member request, identified risks, needs and fragility.
- Medica requires 6 month follow-up on a minimum.
- Documentation of follow-up contacts can be summarized on the care plan & detailed in the case notes.
- If this contact does not occur as indicated, documentation needs to be present why the plan wasn't followed.

Interdisciplinary Care Team (ICT)

- Gather ICT information during the HRA process
- Based on members assessed needs and concerns & who they choose to make up their ICT
- At a minimum the ICT must include the CC, the member, and the PCP (when known).
- Communicate to other members of the ICT regarding elements that are relevant to their work with the member
- ICT members must be documented on the Care Plan
- Communication must occur initially, annually, with changes in condition, and during member transitions
- Document collaboration attempts in the members case notes.

Care Coordinator Leave Behind Document

- Required to be provided annually
- CC name and contact information
- How your CC can help you
- How you can help your CC
- Grievance process
- Shared with member annual
- Available on the Medica CC website



PLEASE KEEP THIS IMPORTANT INFORMATION

Your Medica Care Coordinator's name is:

Your Medica Care Coordinator's phone number is:

Please share this contact information with your family. They can contact your Care Coordinator with updates on your health or if they have questions or concerns.

How your Care Coordinator can help you

Your Care Coordinator can help with your medical, social, and everyday needs. They'll also work with you to create a plan to help keep you healthy and safe in your home.

Your Medica Care Coordinator will:

- Call you to see how you are doing
- Offer to visit you in your home at least once a year and more often if your health changes
- Arrange services to help you in your home
- Give you information on resources available in your community
- Help you get transportation to your health care appointments
- Help you make health care and dental appointments
- Work with your health care team to assist with ongoing or new health conditions
- Help you if you have been or plan to be in the hospital
- Explain and help you understand benefits
- Give you info on your health conditions and topics such as nutrition, exercise, and fall prevention

How you can help your Care Coordinator

Call your Care Coordinator:

- When changes happen with your health
- When you have a scheduled procedure or surgery, including outpatient procedures at a hospital or clinic
- If you're hospitalized unexpectedly
- If you can't get to the doctor
- If you're having trouble with household tasks such as shopping, cleaning, or cooking
- If you need help to feel safe with bathing or dressing
- If you have a fall or are worried about falling
- If you move to a new home
- If you're having trouble getting housing, food, or transportation

Safe Disposal of Medication Handout

- CMS regulation requires plans to provide SNBC Enhanced members with written and verbal information about the safe disposal of prescription drugs that are controlled substances when conducting an in-home Health Risk Assessment (HRA) with a member.
- Includes identifying at least two local takeback sites in the member's community
- Not required for members residing in an institutional setting where the institution has primary responsibility for disposal of residents' unused medications (e.g., nursing facility, AFC, Group Home).
- The safe disposal handout does not need to be provided to members who complete an HRA over the phone. It also is not required for SNBC members but may be a helpful resource to provide them as well.
- Available on Medica CC Hub.

Transition Management

- Goal is to have transitions between care settings be well managed and smooth with a consistent person supporting the member and/or authorized family members or guardians.
- Opportunity to engage with members and ensure that the care plan continues to meet the member's needs.
- Reduce incidents related to fragmented or unsafe care, by assisting in planning and preparations for transitions, coordinating follow-up care, and facilitating communication with all involved parties.
- Work closely with members, PCPs, facilities, and caregivers throughout the transition process
- Be sure to address the Return to Usual Care Setting Questions on the TOC log and update the Care Plan.



THANK YOU