



Policy Title:	Collaboration with Tribal Case Managers
Business Unit:	Government Programs
Department:	State Public Programs
Approved By:	Manager, Medica Care System
Approved Date:	2/1/2019
Original Effective Date:	2/1/2019
Review Date(s) (no changes)	2/20/2021, 6/1/2021
Revision Dates:	1/13/2020

PRODUCTS AFFECTED

Minnesota Senior Health Options (MSHO) – Medica DUAL Solution®
Minnesota Senior Care Plus (MSC+) – Medica Choice CareSM MSC+
Special Needs BasicCare (SNBC) – Medica AccessAbility Solution®
Special Needs BasicCare (SNBC) Integrated – Medica AccessAbility Solution Enhanced®

DEFINITIONS

Lead Agency: A county, tribal health entity or Managed Care Organization (MCO) who is responsible to put into effect appropriate Home and Community Based Services (HCBS) waiver functions, for any enrollee who meets waiver program eligibility criteria under Medica HCBC waivers. This includes completion of the Long Term Care Consultation (LTCC) or MnCHOICES assessment which determines eligibility for waiver programs.

Tribal Community member: Tribal Community Member means individuals identified as enrolled members of the tribe and any other individuals identified by the tribe as a member of the tribal community.

Tribal Case Manager: Case manager from a tribal nation who has the overall responsibility to complete assessments, care plans and establish home and community service waiver eligibly.

PURPOSE

To ensure a Medica Care Coordinator (CC) working with MSHO and MSC+ members who are receiving Elderly Waiver (EW) case management, or other waiver case management through a Minnesota Tribal Nation understand the expectations Medica and DHS have related to a members choice of case managers, collaboration between a care coordinator and a tribal case manager, and avoiding duplication of services.

POLICY:

Care Systems, Agencies, and Counties that provide Care Coordination for Medica MSHO and MSC+ members are required to work collaboratively with a members Tribal Case Manager to avoid confusion over who is considered the “lead agency” for that case, to understand the annual HRA and care planning requirements that are in place for the Medica CC and to understand the communication and collaboration that is expected.

As dual citizens, tribal members have a choice between tribal management and county/health plan management of Home and Community Based Services such as the elderly waiver. Health plan care coordinators are responsible to give eligible members a choice to receive tribal waiver case management or health plan case management/care coordination during an initial assessment and at annual reassessment visits. Health plans are also responsible for accepting assessments and care plans/community support service plan (CSSP's) from Tribal Case Managers.

The Minnesota Department of Human Services (DHS) has contracts in place with the following tribes to provide Elderly Waiver case management:

- Leech Lake Band of Ojibwe
- Red Lake Band of Chippewa Indians
- White Earth Nation

The below link to the DHS manual is kept updated by DHS with the contracts in place with tribes to provide Elderly Waiver case management. Please refer to the DHS Community Based Services Manual (CBSM) manual under the document Tribal administration of HCBS programs for the listing of Minnesota counties served by these tribal entities as well as specifics related to each tribes programs and services: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_145079#

PROCEDURE:

Medica CC's maybe working with Tribal Case Managers in a variety of ways depending on the product the member is enrolled in, and their waiver type.

For MSHO/MSC+ members on the Elderly Waiver managed by a tribal agency case manager:

- The Medica CC will accept the results of EW assessments, reassessments and the resulting care plans developed by tribal assessors for Tribal Community Members as determined by the tribe. Referrals to non-tribal providers for services resulting from the assessments must be made to providers within the MCO's network. This applies to services requested by Tribal Community Members residing on or off the reservation.
- The Medica CC will submit authorizations for any services which require one in Medica's system using the referral request form, and include services on the members care plan.
- The Medica CC should request a copy of the Tribal Case Manager's assessment as well as the care plan/CSSP for their records in order to ensure there is no duplication of services.
- When the Tribal Case Manager is acting as the "lead agency" and they complete the LTCC/MnCHOICES assessment, the Medica CC will complete an HRA (3428H) and enters this HRA into MMIS upon enrollment and annually along with all other required annual care coordination activities (care plan, member letter, etc.)

For MSHO/MSC+ members on the Elderly Waiver who are tribal members, but the member is not eligible for services by a Tribal Case Manager, or does not wish to receive their waiver case management through a Tribal Case Manager:

- In this scenario, Medica is considered the "lead agency".
- The Medica CC will complete all member activities due upon enrollment, annually, and with change of condition. Please see MSHO/MSC+ Assessment Schedule policy.

For MSHO, MSC+, and SNBC members on CAC, CADI, BI or DD waivers managed by a Tribal Case Manager:

- The CC will coordinate services with Tribal Case Managers for Enrollees who remain enrolled in CAC, CADI, BI or DD and communicate with Enrollee’s Case Managers on the authorization of medical assistance home care services using the DHS form “Managed Care Organization/Lead Agency Communication Form - Recommendation for Authorization of MA Home Care Services State Plan Home Care Services, DHS-5841.
- The Medica CC will submit authorizations for any approved home care services covered by the members benefit set which require one in Medica’s system using the referral request form.
- The Medica CC will complete an HRA (3428H) annually and enters this into MMIS along with completion of all other required annual care coordination activities (care plan, member letter, etc.).

CROSS REFERENCES

DHS MSHO/MS C+ contract

DHS SNBC contract

Rev. 06/21

© 2019-2021 Medica.