



<b>Policy Title:</b>	<b>Remote Assessment</b>
<b>Department:</b>	<b>Markets Growth &amp; Retention</b>
<b>Business Unit:</b>	<b>Medicaid and Special Needs Plan</b>
<b>Category:</b>	
<b>Approved By:</b>	<b>Director, Medicaid SNP Member Solutions &amp; Innovation</b>
<b>Approved Date:</b>	
<b>Original Effective Date:</b>	<b>4/1/2015</b>
<b>Review Date(s) (no changes):</b>	
<b>Revision Dates:</b>	<b>12/23/2015, 12/12/2016, 3/15/2017, 12/18/2018,11/12/2019, 8/8/2022 12/1/2023</b>

#### **PRODUCTS AFFECTED**

- Minnesota Senior Health Options (MSHO) – Medica DUAL Solution<sup>®</sup>
- Minnesota Senior Care Plus (MSC+) – Medica Choice Care<sup>SM</sup> MSC+
- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution<sup>®</sup>
- Integrated Special Needs BasicCare (I-SNBC) – Medica AccessAbility Solution Enhanced<sup>®</sup>

#### **DEFINITIONS**

**Care Coordinator (CC):** A person who assesses the member, creates a person-centered care plan/support plan, and then coordinates the provision of services and supports for those members among different health and social services professionals and across settings of care.

**CMS:** Centers for Medicare and Medicaid Services under the U.S. Department of Health and Human Services.

**DHS:** Minnesota Department of Human Services

**Elderly Waiver (EW) Program:** Medical Assistance (MA) program that funds home and community-based services for people 65 and older who require the level of care provided in a nursing facility, are eligible for long term care under Medical Assistance, and who choose to reside in the community.

#### **HRA and Assessment Tools for Remote Assessment**

Medica owned tools can be found on the Medica Care Coordination Hub under Tools and Forms. All Legacy tools can be found on the DHS Edocs site.

- DHS form 3426 OBRA Level I Criteria – Screening for Developmental Disabilities or Mental Illness (OBRA)- if using Legacy tools. This is built into the MnCHOICES assessments
- DHS 3428 Minnesota Long Term Care Consultation Services Assessment Form (LTCC)/MnCHOICES Assessment used for all MSHO/MSC+ EW members
- DHS 3428G Minnesota Service Change Form for EW and AC Participants/MnCHOICES Functional Needs Update- used for items/needs that have changed since the last assessment or reassessment completed resulting in

need for changes in services or service plan. This does NOT represent a full reassessment.

- DHS form 3428H Minnesota Health Risk Assessment Form/MnCHOICES HRA used for MSHO/MS+ Non-EW members without PCA services and for MSHO/MS+ members on other waivers (used for members on Community Access for Disability (CADI), Brain Injury (BI), or Developmental Disability (DD) waivers). Used for all SNBC/I-SNBC members.
- 3428Q Person's Evaluation of Foster Care, Customized Living, or Adult Day Service used for all EW members residing in a Foster Care, Customized Living or utilizing Adult Day services – if using Legacy tools. This is built into the MnCHOICES assessment.
- Transfer Member Health Risk Assessment/MnCHOICES Transitional HRA- used for MSHO/MS+ community members that have transferred into Medica or transferred between MSHO and MS+ or between SNBC and I-SNBC and have had an LTCC/HRA/MnCHOICES assessment/MnCHOICES HRA within the past 365 days. Can only be used if CC is able to obtain a copy of the full assessment previously completed with the member. This does NOT represent a full assessment. At this time you must complete both the Medica Transfer Health Risk Assessment & the MnCHOICES Transitional HRA for all transfers.
  - The Transfer Member Health Risk Assessment is NOT to be used when a member transfers to MSHO/MS+ from SNBC, unless the assessment is reflective of determination for opening Elderly Waiver (65th birthday assessment and must be a full LTCC or Full MnCHOICES assessment).
  - A MnCHOICES Transitional HRA would need to be completed for these members.

**In-Person Assessment-** An assessment conducted in-person with the member or member’s legal representative. The in-person assessment could be conducted in the person’s residence or other setting. For purposes of this definition “assessment” includes both legacy and MnCHOICES forms (e.g., MnCHOICES Assessment, MnCHOICES HRA, LTCC and DHS 3428H).

**Remote Assessment-** Assessment conducted by HIPAA secure interactive video or telephone. For purposes of this definition “assessment” includes both legacy and MnCHOICES forms (e.g., MnCHOICES Assessment, MnCHOICES HRA, LTCC and DHS 3428H). As outlined in this policy, for certain members, a Remote Assessment must be completed via HIPAA Secure interactive video; for others, a Remote Assessment may be completed via HIPAA Secure interactive video or telephone.

**Transfer/Transitional Member:** A member that has transferred/transitioned from County Fee For Service (FFS) or from another Managed Care Organization to Medica for Care Coordination; has changed from one Medica product to another (i.e.: MS+ to MSHO, MSHO to MS+, SNBC to I-SNBC, or I-SNBC to SNBC) or has changed from one Medica Care Coordination Delegate to another Medica Care Coordination Delegate.

#### **PURPOSE**

Completing an In-Person Assessment with members is a Medica best practice and a preference for Care Coordination. Care Coordinators must always offer members an In-Person Assessment and certain assessments must always be completed in-person. However, based on the member’s wishes,

needs, and service status there are instances when remote assessments are permitted. The purpose of this policy is to ensure that all Care Systems, Agencies, Counties/Tribal Nations, and Medica staff that provide Care Coordination for Medica members are aware of the circumstances under which Care Coordinators may complete Remote Assessments .

## **POLICY**

With all members, CC must first offer/attempt to schedule an in-person visit to complete the assessment. If a member declines to complete an In-Person assessment , the CC may complete the assessment remotely under certain circumstances, as further described below and in the table at the end of this policy.

### **I. MSHO & MSC+ Members receiving or being assessed for Elderly Waiver (EW) Services but not PCA/CFSS**

- **Initial Assessment (LTCC or MnCHOICES Assessment):** Must be completed in-person. EW services cannot be started until an in-person assessment has been completed.
- **Annual Assessment (LTCC or MnCHOICES Assessment):**
  1. Must offer/attempt to schedule an in-person assessment
  2. If member declines to complete an annual reassessment in-person, CC may complete the assessment remotely via HIPAA secure interactive video or telephone **if** the following conditions are met:
    - The member’s prior LTCC/MnCHOICES Assessment was completed in person;
      - Per DHS guidance, effective 11/1/2023, a remote reassessment may substitute for one annual reassessment, followed by an in-person reassessment in the second year. After 11/1/2023, CCs must review past assessments to determine if a person meets the requirements to complete their next reassessment remotely
    - The CC provides the member/legal representative information to make an informed choice between a remote and in-person reassessment;
    - The member/legal representative provides informed consent for a remote assessment; and
    - The CC documents that they offered the member/legal representative informed choice regarding method of assessment and the member’s/legal representative’s decision to complete the assessment remotely.
- **Note: Annual In-Person Visit Required.** All MSHO & MSC+ members receiving EW services must have at least one in-person visit per 12-month period. Consequently, if a member completes a remote reassessment per the above guidelines, the CC must complete a separate in-person visit during that same 12-month period.
- It is best practice to complete the annual reassessment in-person. If a CC performs an assessment remotely in accordance with the requirements outlined above, it is the CC’s responsibility to track and document compliance with the remote reassessment requirements and the annual in-person visit requirement.

## **II. MSHO & MSC+ Members receiving or being assessed for PCA/CFSS Services**

- All assessments (initial and annual) must be completed in-person.
- PCA/CFSS services cannot be started until an in-person assessment has been completed and may not be continued without an annual in-person assessment. Remote assessments are not allowed.
- See the DHS [Community-Based Services Manual \(CBSM\), Assessment applicability and timelines](#) for additional detail.

## **III. MSHO Non-EW and Non-PCA/CFSS Members Residing in the Community**

- **Initial and Annual Assessment (DHS 3428H or MnCHOICES HRA):**
  1. Must offer/attempt to schedule an in-person assessment
  2. If member declines to complete an assessment in-person, CC may complete the assessment remotely via HIPAA secure interactive video.
  3. CC must document the assessment method, including the member's refusal to complete the assessment in-person, if applicable.

## **IV. MSC+ Non-EW and Non-PCA/CFSS Members Residing in the Community**

- **Initial and Annual Assessment (DHS 3428H or MnCHOICES HRA):**
  1. Must offer/attempt to schedule an in-person assessment
  2. If member declines to complete an assessment in-person, CC may complete the assessment remotely via HIPAA secure interactive video or telephone.
  3. CC must document the assessment method, including the member's refusal to complete the assessment in-person, if applicable.

## **V. MSHO & MSC+ Institutional Members**

- All assessments (initial and annual) must be completed in-person using the Medical Institutional Assessment and Care Plan Form

## **VI. SNBC/I-SNBC Members Residing in the Community**

- **Initial and Annual Assessment (DHS 3428H or MnCHOICES HRA):**
  - a. Must offer/attempt to schedule an in-person assessment
  - b. If member declines to complete an in-person assessment, CC may complete the assessment remotely via HIPAA secure interactive video or telephone
  - c. CC must document the assessment method, including the member's refusal to complete the assessment in-person, if applicable

## **VII. SNBC/I-SNBC Institutional Members**

- All assessments (initial and annual) must be completed in-person using the 3428H or MnCHOICES HRA

## **ADDITIONAL CONSIDERATIONS FOR COMPLETION OF AN IN-PERSON ASSESSMENT**

- CCs should use their clinical judgment to determine if there are other factors that would warrant an in-person assessment even if a remote assessment is allowed. Some "factors" may include:
  - 3 or more emergency room (ER) visits during the last 12 months.
  - 1 or more hospital admissions/readmissions during the last 3 months.
  - Diagnosis of Schizophrenia

- At risk pregnancy
- Skin breakdown
- Infections/Urinary Tract Infections (UTI)
- Recent Falls
- Activities of Daily Living (ADL) rating of 4 or more dependencies
- Social Determinants/Drivers of Health (SDOH) concerns

**PROCEDURE:**

1. When a member requires an initial or annual assessment, the CC must offer to complete an in-person assessment with the member.
2. If the member declines to complete an in-person assessment, the CC will offer to complete the assessment remotely if a remote assessment is allowed per the policy outlined above. The CC will document the assessment method, including the member's refusal to complete the assessment in-person. If the member is not eligible to complete a remote assessment (required to have an in-person assessment), the CC will explain the consequences of not completing the required in-person assessment and move forward with the refusal process.
3. During a remote assessment, if the CC determines an in-person assessment is necessary , the CC will schedule an in-person assessment (e.g., while completing a MnCHOICES HRA with an MSC+ member who is not receiving EW or PCA services, the CC determines the member may be eligible for EW services and therefore must complete an initial MnCHOICES Assessment).
4. If a member/responsible party requests an in-person visit, the CC will schedule an in-person assessment with the member/responsible party within 20 calendar days of the request.
5. When an assessment is completed remotely, the CC will attempt to address all elements of the assessment with the member. If all required elements cannot be addressed, the CC will schedule additional time with the member to complete the assessment. If the CC is unable to complete the assessment because the member is unable to be reached for additional contacts or declines to schedule additional time to complete the assessment, the CC will document an explanation in the case files and proceed with the unable to contact or refusal process.
6. Upon completion of assessment, the CC will place the member in the following visit/contact schedule and note the follow-up frequency on the care plan/support plan.
  - Annual reassessment
  - Minimum contact every 6 months (additional contacts per CC judgement).  
Reminder: if EW member completes a remote assessment per the above policy, they are required to have a separate in-person visit during that same 12-month period.
  - Contacts related to member transitions, if applicable
7. The CC will document all member contacts in the member's record or chart.
8. Refer to Assessment Schedule Policies for required Assessment and Follow up Activities.

**MMIS ENTRY PROCESS**

The following steps in MMIS should be taken for entry for members enrolled with Medica. All entries to be completed in H Screen.

**Activity Type 01: Telephone Screen**

- For use with initial and reassessment Health Risk Assessments conducted by telephone, Assessment Result 35. Program Type 18 or 28 depending on product.

**INITIAL AND ANNUAL ASSESSMENT GUIDE**

Product/Member Type	Initial Assessment	Annual Assessment	Notes
MSHO/MSC+ EW (no PCA/CFSS)	In-person	1. Offer/attempt to schedule in-person 2. If member refuses, may complete remotely via HIPAA secure interactive video or telephone if: <ul style="list-style-type: none"> <li>a. Prior LTCC/MnCHOICES assessment was in-person</li> <li>b. Member/legal representative is provided information to make an informed choice between a remote and in-person assessment</li> <li>c. Member/legal representative provides informed consent for a remote reassessment</li> <li>d. Document that offered the member/legal representative informed choice regarding method of assessment and member/legal representative’s decision to complete the reassessment remotely</li> </ul> 3. Note: All MSHO/MSC+ members receiving EW services must have at least one in-person visit per 12-month period. Consequently, if a member completes a remote assessment in accordance with above requirements, the CC must complete a separate in-person visit during the same 12-month period.	If a reassessment is completed remotely, CCs must track and document compliance with the remote assessment requirements and the annual in-person visit requirement  Initial assessments must be completed In-person. EW services cannot be started until an in-person assessment has been completed.
MSHO/MSC+ PCA/CFSS	In-person	In-person	PCA/CFSS services cannot be started until an in-person

Product/Member Type	Initial Assessment	Annual Assessment	Notes
			assessment has been completed. Remote assessments are not allowed.
MSHO Community – Non-EW & Non-PCA/CFSS	<ol style="list-style-type: none"> <li>1. Offer/attempt to schedule in-person</li> <li>2. If member declines, may complete remotely via HIPAA secure interactive video</li> <li>3. CC must document the assessment method, including the member’s refusal to complete the assessment in-person, as applicable</li> </ol>	<ol style="list-style-type: none"> <li>1. Offer/attempt to schedule in-person</li> <li>2. If member declines, may complete remotely via HIPAA secure interactive video</li> <li>3. CC must document the assessment method, including the member’s refusal to complete the assessment in-person, as applicable</li> </ol>	
MSC+ Community – Non-EW & Non-PCA/CFSS	<ol style="list-style-type: none"> <li>1. Offer/attempt to schedule in-person</li> <li>2. If member declines, may complete remotely via HIPAA secure interactive video or telephone</li> <li>3. CC must document the assessment method, including the member’s refusal to complete the assessment in-person, as applicable</li> </ol>	<ol style="list-style-type: none"> <li>1. Offer/attempt to schedule in-person</li> <li>2. If member declines, may complete remotely via HIPAA secure interactive video or telephone</li> <li>3. CC must document the assessment method, including the member’s refusal to complete the assessment in-person, as applicable</li> </ol>	
MSHO/MSC+ Institutional	In-person	In-person	
SNBC/I-SNBC Community	<ol style="list-style-type: none"> <li>1. Offer/attempt to schedule in-person</li> <li>2. If member declines, may complete remotely via HIPAA secure interactive video or telephone</li> <li>3. CC must document the assessment method, including the member’s refusal to complete the assessment in-person, as applicable</li> </ol>	<ol style="list-style-type: none"> <li>1. Offer/attempt to schedule in-person</li> <li>2. If member declines, may complete remotely via HIPAA secure interactive video or telephone</li> <li>3. CC must document the assessment method, including the member’s refusal to complete the assessment in-person, as applicable</li> </ol>	

Product/Member Type	Initial Assessment	Annual Assessment	Notes
SNBC/I-SNBC Institutional	In-person	In-person	

**CROSS REFERENCES:**

Assessment Schedule Policy (SNBC/SNBC Enhanced)

Assessment Schedule Policy (MSHO/MSC+)

DHS contract for SNBC

DHS contract for MSHO/MSC+

Remote assessments: End of COVID-19 protocols and start of new remote reassessment policy-

[DHS e-list announcement](#)

Case management face-to-face requirements resume Nov. 1, 2023 [DHS e-list announcement](#)

Rev 12/23

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