Transitions of Care Lunch and Learn Q & A

1. **What are your recommendations for contacting members when they have been admitted to a hospital and it is medically inappropriate for us to try to reach them at that time?**

   If the member is unable to participate in discussion about transition, it would be beneficial to reach out to a designated representative or guardian during each phase of a transition. This is an opportunity to share information such as:

   1. Explanation of the CC's role in the transition process
   2. How the CC can be contacted
   3. Assistance with discharge planning and follow-up care after the transition
   4. Review of medication changes, durable medical equipment (DME) products required, services needed, etc.
   5. Education on strategies to help prevent readmissions

   If you are unable to communicate with the member, their designated representative, or a guardian during this process, document the reason this did not occur in the comments section.

2. **If a person is transitioning within the same health system as their PCP do we need still need to send a message to the PCP even though they receive notification of each transition via the EMR that is in the same health system.**

   Medica's MOC indicates that the Care Coordinator is responsible to notify the member's Primary Care Provider (PCP), if known, of the transition within one business day of notification if the PCP is not the admitting physician. If you can view within the EMR that notification has occurred, this could meet the notification requirements. If you are utilizing the EMR as notification, you may be required to provide this documentation upon Medica request (Ie: Medica, MDH, or CMS audit)

3. **The Support Plan in MnCHOICES is not editable once completed, so we are not able to note the TOC on it. Should we keep the POC open to add TOC goals though out the year? How do we complete a revision**

   MnCHOICES support plans can be updated using the revision process. The support plan must be put in the completed status and cannot remain open.

   <u>Support Plan Revisions in MnCHOICES</u>

   CCs must revise a member's MnCHOICES Support Plan in the following circumstances:

   - If there is a significant change during the year (e.g., changes to goals **<u>or services/supports</u>**)
   - At the six-month check-in. At this time, the CC should document the following in the revised Support Plan:
     - any transitions of care that occurred in the past six months that did not result in an update to the Support Plan at the time of the transition (because there were no significant changes resulting from the transition);
     - goal progress; and
     - any other relevant updates

- When closing out the Support Plan at the end of the year. At this time, the CC should document the following in the revised Support Plan:
    - any transitions of care that occurred since the six-month check-in that did not result in an update to the Support Plan at the time of the transition; and
    - goal progress (i.e., close out goals achieved or carry them over to the new Support Plan associated with the annual reassessment)
- **Note:** Please do not leave a Support Plan open throughout the year. The Support Plan should be closed/in approved status when it is first created and any time there is a revision.

Other scenarios that would normally trigger an update to the Support Plan (e.g., transitions with no significant changes, quarterly check-ins when no significant changes) may be documented in progress notes, either in MnCHOICES or in your internal documentation system.

Note on Transitions of Care: CCs still must document all required information on the TOC Log

Revising a plan

A revised support plan is an updated or edited plan.

To revise a support plan:

1. In the person's record select the form icon.
2. Open the filter by clicking the icon in "Forms."
3. Locate the completed support plan that needs a revision from those listed.
4. Click on the vertical ellipsis (three vertical dots) and select revise from the dropdown menu.
5. Enter the reason for the support plan and the date range for which the plan will be effective.
6. Information will be copied from the support plan that was selected and pasted into the next support plan.

This information can be found in the MnCHOICES Application Help Center, search "support plan" for additional training resources.

4. When documenting on TOC log what level of detail is required in the log.

The TOC Log is a summary of the transition & steps that the CC has taken to ensure a smooth transition for the member. Medica does not require member specific treatment documentation on the log. If you receive this information, you may include it on the log or in the members case notes.

5. Should we be sending Care Plan/Support Plan with the member and PCP after each TOC?

If there are changes in the members care needs and the member wants an updated support plan shared with the PCP you would send this information. At a minimum the PCP notification must include admission, transfer to alternate facility, and/or discharge dates. If you are providing additional information, please indicate this in the members case notes.

6. **Notification for ER visits to help prevent hospitalizations and work with homelessness has been an ongoing need that would help reduce hospitalizations and perhaps a way to connect with those who have no address.**

   Medica has been working with the DHS vendor PointClickCare to allow all CCs to receive notifications of real time admissions (hospital, ED and SNF). It is still unknown when this will launch for all. In the interim, if your agency is interested in a direct contract with PointClickCare, please have leadership from your agency contact the Clinical Liaisons and we will put you in touch with the contacts at PointClickCare.

7. **Can you clarify the TOC process for Substance abuse/MBH and PCP notification rules.** Often facilities will not confirm or deny their admission without a ROI, making collaboration difficult. Included are 2 sites from the SAMHSA (Substance Abuse and Mental Health Services Administration) that may further explain the changes related to the final rule and its impact on data privacy *CFR-42 42 CFR Part 8 Final Rule | SAMHSA. Substance Use Confidentiality Regulations | SAMHSA

   Medica's expectations are that the CC will continue to attempt to communicate with the PCP & receiving settings. If you are unable to do so, document the attempts you've made to obtain consent or collaborate in the comments section or member case notes.

8. **Regarding SUD admissions. Facilities refuse to confirm or deny a member's admission. Our faxed request for ROI for member to sign to communicate are not responded to. CCs are told that their message for a return call will be 'posted' if member chooses to respond or not. Very difficult to provide support or services with these members and most of the time, we are never notified if a member is discharged. Is there a resource we can use or how long would we hold open a TOC if outreach attempts are unsuccessful?**

   We understand the difficulty associated with attempted communication in these instances and appreciate your ongoing attempts to collaborate with providers. In the instance you are not having communication with the facility nor being notified of discharge plans it would be a Medica best practice to attempt to contact the member upon notification of request for or resuming services in the community.

9. **Is MBH notified on mental health inpatient stays?**

   MBH is notified if they are managing the inpatient stay. This may not occur if Medicare is not the primary payor for the admission.

10. **Is MBH notified of senior products transitions? or just SNBC?**

    If Medica/MBH is notified of the hospitalization (medical or BH), it does appear on the DAR. Notification can be dependent on the provider informing us of the admission. MBH does manage inpatient admissions for all Medicaid products including seniors. There are times

providers inform us of the hospitalization after the member has discharged, this is called Retro Review and these admissions will not show on the DAR.

11. Does MBH contact the CC to collaborate on mental health inpatient stays?

Utilization Management (UM) Care Advocates may contact a CC to collaborate when members are hospitalized. This contact would be reliant on obtaining the CC's contact information. Notification also may not occur if it is a short stay. The MBH UM Care Advocate will outreach on most admissions `but this can depend on the member's discharge needs. Mental Health hospitalizations will appear on the DAR whenever MBH has been notified by the facility.