

PrimePartners

for Case Managers

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Revised Minnesota Long-Term Care Consultation Assessment Form

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

As a reminder, effective July 1, 2016, the revised *Minnesota Long Term Care Consultation Services Assessment Form (DHS-3428)* must be used for all in-person assessments and reassessments. The Minnesota Department of Human Services (DHS) revised the form to include more person-centered language and to help fully and explicitly identify what is important to the member. The revised form was posted on the DHS website on June 27.

DHS provided training on use of the form via videoconference on June 23. You can [review the session](#) on the DHS website. 

Archiving Member Care Plans

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

A new member care plan should be created any time there are significant changes to the care plan, such as those that occur when a member undergoes a reassessment or dies. Members can only have one active care plan at a time, which means each time you create a new care plan for a member, you will need to archive the current care plan. The archive feature of the electronic care plan includes a function that allows you to save a copy of the care plan in its current state so you can create a new care plan based on information from a previous version. Once you have selected that you want to archive a care plan, you will be prompted to enter a reason for doing so from a dropdown list. Keep in mind that archiving a care plan is a permanent move—once archived, you cannot edit the care plan and you cannot “undo” the archive. If you have questions, please email seniorcare@primewest.org or snbc.phc@primewest.org. 

Overview of the Changes in the Implementation of Spousal Impoverishment Protections

Elizabeth Warfield, RN, BSN, Senior Care Coordinator

Effective June 1, Minnesota began using Affordable Care Act (ACA)-mandated spousal impoverishment protection rules to determine Medical Assistance (Medicaid) eligibility for Home and Community Based Services (HCBS). To explain the rules for applications filed on or after June 1, 2016, the Minnesota Department of Human Services (DHS) issued **Bulletin #16-21-04**. It is important for county case managers to be aware of this change as it may affect some of the members you serve.

History

The ACA stipulates that all states must apply spousal impoverishment protection rules when determining eligibility for Medical Assistance (Medicaid) for HCBS waivers as of January 1, 2014. At the time this mandate was passed, Minnesota was already using spousal impoverishment protection rules for Elderly Waiver (EW) and Alternative Care (AC) waivers. However, Minnesota was not using these rules for certain other HCBS waiver programs and was instead using a method called a “deeming waiver.” Because Minnesota already had a process in place (although it was different from the method outlined in the ACA), Minnesota lawmakers and DHS sought a waiver from the Centers for Medicare & Medicaid Services (CMS). CMS did not grant the waiver, which means DHS was required to implement the ACA mandate effective June 1, 2016.

Changes

The ACA-mandated spousal impoverishment protection rules affect the following HCBS waiver programs:

- Brain Injury (BI)
- Community Alternative Care (CAC)
- Community Access for Disability Inclusion (CADI)
- Developmental Disabilities (DD)

The policy changes for these waiver programs are as follows:

1. The asset allowance for community spouses has been increased to the maximum allowed by the Federal government (\$119,220), allowing affected families to retain more assets.
2. An undue hardship exclusion has been established and can be granted to protect some assets when a member would otherwise lose HCBS eligibility.

For more detailed information on these changes, please review **DHS Bulletin #16-21-04**.

Source: DHS, “Bulletin #16-21-04, DHS Explains Changes in the Implementation of Spousal Impoverishment Protections,” June 9, 2016, www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-287711.pdf. 

Automation of Elderly Waiver (EW) Claims Payments

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

PrimeWest Health has started automation of claims payments for Elderly Waiver (EW) services. This process compares EW claims received at PrimeWest Health to the member’s service agreement and checks to ensure the claim matches the service agreement in the following areas:

1. Specific provider
2. Procedure code
3. Units allowed per the frequency of measurement
4. Submitted modifiers
5. Billed amounts

Claims that do not match the service agreement in any area will either be pended for additional review or denied.

PrimeWest Health has contacted providers to offer education on the importance of ensuring the service agreement matches the submitted claim. You may receive inquiries from providers and/or PrimeWest Health staff when a discrepancy is identified and be asked to work with the provider to resolve the issue.

If the issue cannot be resolved, you and/or the provider can call the Provider Contact Center at **1-866-431-0802** (toll free). You can also send a secure email to the Provider Contact Center via the **provider web portal**. If you are not registered to use the portal, you can **request access** on our website. 

Make Sure Older Members Know How to Handle the Heat

Christi Matt, RN, Complex Care Coordinator

Summer has come to Minnesota! Many of the members you see are likely excited to spend time outdoors, and members age 65 and over are no exception. This population, however, needs to take special care when the temperature rises because they are more likely to be affected by heat and humidity than younger people (CDC 2012). Take a few minutes with older members to share information about symptoms of heat-related illnesses and tips for keeping cool.

Heat can be especially hard on older people because their bodies do not adjust well to sudden changes in temperature. What's more, older adults are more likely to have chronic medical conditions that can change the body's normal response to heat. In addition, some medications prescribed to help manage these conditions impair the body's ability to regulate temperature (CDC 2012). Because of their increased susceptibility to heat-related illnesses, be sure to give members the information they need to recognize signs of **heat exhaustion** and **heat stroke**.

Heat exhaustion

According to the Centers for Disease Control and Prevention (CDC), heat exhaustion "can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids." Signs of heat exhaustion include heavy perspiration, weakness, headache, muscle cramps, paleness, and fast and shallow breathing. The person's skin may feel cool and moist (CDC 2012). A person suffering from heat exhaustion should get out of the heat and rest. Going to an air-conditioned room is best, but a shady spot can also help. The person should drink plenty of fluids, remove excess or tight clothing, and take a cool bath, if possible. If symptoms don't improve within 15 minutes, the person should receive emergency medical assistance (WebMD 2014).

Heat stroke

Heat stroke is extremely serious and happens when the body is unable to control its temperature. Signs of heat stroke include red, hot skin and a high body temperature (above 103°F). The person will no longer be able to sweat (will have dry skin); will have a strong, rapid pulse; and may be nauseated, dizzy, and have a throbbing headache. Heat stroke requires emergency medical assistance as soon as possible. After calling **911**, the person should be moved to a cooler location and cool water or ice should be applied to the person's body as quickly as possible (CDC 2012).

Prevention

To help members avoid heat-related illness, encourage them to stay hydrated and wear lightweight clothing. Remind them to remain indoors and not to participate in strenuous activities during the hottest parts of the day (around midafternoon). If the member doesn't have air conditioning, suggest alternatives, such as the mall, library, or community center.

Arming older members with information about how to stay cool and what to look out for can help them take advantage of the summer weather without jeopardizing their health. If you have questions, contact **Elizabeth Warfield**.

Sources: CDC, "Heat Stress in Older Adults," June 1, 2012, www.emergency.cdc.gov/disasters/extremeheat/older-adults-heat.asp.

WebMD, "Heat Exhaustion," 2014, www.webmd.com/fitness-exercise/heat-exhaustion. 

Encourage Members to Get Their Vaccines

Ann Challes, RN, BSN, PHN, CMCN, Women & Children Care Coordinator

There are a lot of vaccines recommended for people at all stages of life. This can seem overwhelming at times, but please let members know that these vaccines are recommended because they are important. Vaccines not only save individual lives by preventing disease, they also protect family members and communities.

One thing many people cite as a reason not to get vaccinated is that they believe the diseases vaccines protect against are no longer a threat. They may think of diseases like whooping cough, measles, and polio as diseases that were a problem in the past, but have now been “wiped out.” While it’s true that the United States has low rates of vaccine-preventable diseases, some of these diseases are still common in other countries. As the CDC notes, “...if we let ourselves become vulnerable by not vaccinating, a case that could touch off an outbreak of some disease that is currently under control is just a plane ride away.” Even if a member isn’t the one taking the trip or flight, if he comes into contact with someone who has contracted polio in Africa, he could become sick.

Members may have heard the term “herd immunity” when it comes to vaccines, but they might not know what it means. It might be easier to explain it as community immunity: when a large portion of a population is vaccinated against a disease, most members of the community are protected—including those who have not been vaccinated. This is because there are so many people who *have* been vaccinated, that there is little chance for a disease to spread. Herd immunity is important because there are some people who can’t get vaccinated for certain diseases for reasons such as age, allergies, or other medical conditions.

Let members know that if they can get a vaccine, they should. It protects them and other members of their family and community. For the most recent vaccine schedules for both children and adults, please visit the [CDC website](#).

Source: CDC, “What Would Happen If We Stopped Vaccinations?” May 19, 2014, www.cdc.gov/vaccines/vac-gen/whatifstop.htm. 

Tools for Person-Centered Thinking: Part 5 of 7

Ann Tesch, RN, BSN, PHN, CCP, Complex Care Coordinator

This is the fifth in a series of articles about tools to help county case managers develop a skill set focused on person-centered thinking, a concept that emphasizes empowerment, personal rights, choice, and inclusivity when working with members. This article focuses on the concept of 4+1 problem solving.

4+1 is a problem-solving tool designed to help collect and organize information in a way that will help identify problems and potential solutions. This tool is a quick way to identify useful ways to support a member as she works to achieve her goals. And, because this tool is meant to be used by more than one person, it is a good way to incorporate different perspectives into the problem-solving process.

The first step in the 4+1 tool is to work with the member to identify the problem or area of focus. Once that has been identified, answer the following four questions with the member:

1. What have we tried?
2. What have we learned?
3. What are we pleased about?
4. What are we concerned about?

Once these questions have been answered, answer one final question: What should we try/do next based on what we have learned?

On the next page is an example of a simple 4+1 chart used with a member and her Interdisciplinary Care Team (ICT). For more information, please contact [Ann Tesch](#).

Sample 4+1 member chart

For: Audrianna

Team members: Melissa, John, Mom, and Audrianna

Focus: Ways to lose weight

1. What have we tried?	2. What have we learned?	3. What are we pleased about?	4. What are we concerned about?	+1: What should we try/do next based on what we have learned?
Nutritional shakes	Shakes did not satisfy her hunger	She is motivated to try new ways to lose weight	She is at continued risk for diabetes	She will stop drinking shakes and she will try smaller meals throughout the day
Gym with personal trainer	Worked well and kept her motivation up, but it was expensive	Going to the gym helps with her motivation	Cost	She will try free gym classes offered at the local community center
Meeting with a dietician	She didn't like the dietician and meeting did not increase motivation to lose weight	She is motivated to learn how to cook healthy meals	Fast food and take-out food is tempting for her	She will try menu-planning and work on finding healthy foods that taste good
Home-delivered meals	She didn't feel invested	She is motivated to cook her own meals	She is at continued risk for heart attack and diabetes	She will try making shopping lists in advance

Important Dates

✓ County supervisor meeting

Meetings are held on the third Thursday of the month, 10 a.m. – 3 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

August 18

November 17

September 15

December 15

October 20

✓ County case management educational training

Trainings are held on the fourth Wednesday of the month via webinar from 10 a.m. – noon, unless otherwise noted.

August 24

November 23

September 28

December 28

October 26

Contact Information

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