

PrimePartners

for Case Managers

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Tobacco Cessation: Goodbye Quitline, Hello QUITPLAN®

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Mayo Clinic ended its telephonic tobacco cessation program on December 31, 2017. In its place, PrimeWest Health members now have access to tobacco cessation resources provided by QUITPLAN® Services. QUITPLAN Services offers text messaging, email, and telephonic support and nicotine replacement therapy. Members can call **1-888-354-PLAN (1-888-354-7526)**; toll free) or sign up on the QUITPLAN website at www.wellbeingenroll.net/ProgramChoices.aspx?clientName=quitplan. Additional resources are available at www.quitplan.com. 

Elderly Waiver (EW) Respite Care

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Respite care is defined in the Minnesota Health Care Programs (MHCP) *Provider Manual* as follows:

Services provided to recipients unable to care for themselves, provided on a short-term basis because of the absence or need for relief of the person who normally provides the care. This person is not paid or is only paid for a portion of the total time of care or supervision he or she provides.

Respite care is a covered service under the Elderly Waiver (EW). However, because of the nature of the services, it is **not** covered for EW members who live in corporate or family foster care settings or who receive 24-hour customized living (CL) services.

Covered services include both in-home and out-of-home respite care. To ensure continuity of care, other services that are already defined in the care plan continue to be covered while EW members receive respite care. Out-of-home respite care is limited to 30 consecutive days per stay.

For more information, please review **Chapter 26, Home and Community Based Services (HCBS) Elderly Waivers**, in the PrimeWest Health *Provider Manual*. 

Long-Term Services and Supports (LTSS) Rate Changes Effective January 1, 2018

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Several Long-Term Services and Supports (LTSS) rate changes went into effect on January 1. Please review the information below about how and when to put these changes into effect. Changes include the following:

- Changes to Personal Care Assistant (PCA)-related rates
- An increase in the maximum amount allowed for environmental accessibility adaptations (EAA) under Elderly Waiver (EW)
- Increased consumer directed community supports (CDCS) budget caps
- Increased EW budget caps and customized living (CL) caps

PCA-related rate changes

County case managers will need to adjust current PCA-related service agreements for EW members due to the rate changes. (Rate changes went into effect for both EW and non-EW members; however, service agreements are only required for EW members.) PrimeWest Health has updated PCA rates in the service agreement section of the care plan and sent information to each county identifying which EW members have existing service agreements that need to be updated.

- Current service agreements that extend into 2018 will need to be updated. Enter an end date of December 31, 2017, for the current service agreement and create a new service agreement effective January 1, 2018, through the original end date of the service agreement.
- Once complete, mail copies of new service agreements to PCA providers for billing purposes.

EW EAA increases

The maximum amount allowed for EW EAA services per member increased to \$20,000 per waiver year. This increase only applies to waiver spans that began on or after February 1, 2017, and services authorized must fit within the member's EW budget.

Budget cap increases

CDCS budget caps have increased. As stated in the Minnesota Department of Human Services (DHS) bulletin #17-25-10, the January 1, 2018, increase takes into account the CDCS budget cap increase that went into effect August 1, 2017. See [DHS bulletin #17-25-10](#) for additional information.

EW budget caps also increased. This increase is also discussed in [DHS bulletin #17-25-10](#), which states that the new caps will not be applied to the following EW services:

- Services that began prior to January 1, 2018, and that end after January 1, 2018
- New services that began on or after January 1, 2018, until a screening document for initial assessment or reassessment with an effective date of January 1, 2018, or later, is entered in Medicaid Management Information System (MMIS)

These increases are already built into the current version of the PrimeWest Health Residential Services (RS) tool.

CL and 24-hour CL caps also increased slightly. (Please note rates for service components within the PrimeWest Health RS tool are not changing.) The new CL and 24-hour CL caps will go into effect for PrimeWest Health EW members in 2018 at the following times:

- When members go on EW
- When members are due for their annual reassessment
- When members require a mid-waiver span reassessment due to a change in needs

For members with CL or 24-hour CL services already at cap prior to January 1, 2018, services can be increased to the higher cap amount without reassessment (unless reassessment is appropriate because of significant change in needs) by completing and submitting an updated PrimeWest Health RS tool. The increased caps are already built into the current version of this tool.

More information

To review all of the LTSS rate changes effective January 1, 2018, please review [Long-Term Services and Supports Service Rate Limits Effective January 1, 2018 \(DHS-3945\)](#).

Please contact [Elizabeth Warfield](#) with questions related to the RS tool and the CL and 24-hour CL cap changes. Send other questions to caremanagement@primewest.org.

Medication Reconciliation Coverage for Skilled Nursing Facility (SNF) Members Transferring to the Community

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Medication reconciliation is an important part of the **Transition of Care (TOC) process**. Effective February 1, 2018, PrimeWest Health will cover medication reconciliation for members transitioning from a Skilled Nursing Facility (SNF) to the community. PrimeWest Health is currently updating the Medication Reconciliation Tool and will provide education to providers once the updates are complete. For more information, see the **Medication Reconciliation page** of the PrimeWest Health website. 

Updated Disability and Aging PolicyQuest

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

The Minnesota Department of Human Services (DHS) recently launched updates to the Disability and Aging PolicyQuest. This free and searchable online question-and-answer library focuses on Home and Community Based Services (HCBS) and programs and waivers, and is administered by the Aging and Adult Services (AASD) and Disability Services (DSD) divisions of DHS. Anyone can view the answers to questions included in the library, but only lead agency staff members with an account can log in to PolicyQuest to submit questions.

What's changed?

- There is a new URL for PolicyQuest: <https://policyquest.dhs.state.mn.us>.
- There is a new login process.
- Users are now able to add attachments when submitting questions.

What should lead agency staff do?

Active PolicyQuest users received two emails on December 26, 2017, containing their new user names and temporary passwords. Follow the instructions in these emails to log in and change your temporary password.

If your agency does not currently have active PolicyQuest users, contact the PolicyQuest administrator for the services, programs, or waivers about which you would like to submit questions.

- For accounts with the ability to submit questions about AASD (i.e., Alternative Care [AC], Essential Community Supports [ECS], and Elderly Waiver [EW] programs and services), send an email to dhs.aasd.hcbs@state.mn.us.
- For accounts with the ability to submit questions about DSD (i.e., Brain Injury [BI], Community Alternative Care [CAC], Community Access for Disability Inclusion [CADI], and Developmental Disability [DD]), send an email to DSD.ResponseCenter@state.mn.us.

More information

You can find more information in the following sources:

- **The Disability and Aging PolicyQuest web page in the DHS Community-Based Services Manual (CBSM)**
- **The DHS PolicyQuest Quick Start Guide** 

Minnesota Department of Human Services (DHS) Special Needs BasicCare (SNBC) Dental Access Improvement and Evaluation Project

Leah Anderson, Dental Services Coordinator

During 2017, Managed Care Organizations (MCOs), including PrimeWest Health, began working on interventions outlined by the Minnesota Department of Human Services (DHS) to improve dental access and utilization for Special Needs BasicCare (SNBC) members. This 3 to 5-year project is aimed at increasing the number of SNBC members who receive at least one dental visit during a calendar year. DHS provided MCOs with three mandatory interventions as we work to achieve this outcome: Dental Case Management, Special Needs Community Dentist and Staff Mentoring Program, and Teledentistry Demonstration. There are also three

optional, but encouraged, interventions: Expand Dental Service Contracts, Provider Education, and Support Community Dental Treatment Clinics. MCOs are required to work collaboratively on the three mandatory interventions.

Of particular interest to county case managers is the Dental Case Management intervention. As you know, PrimeWest Health already includes dental activities in case management and routine dental care is encouraged. The DHS recommendation in this area is for all MCOs to conduct similar forms of member outreach. PrimeWest Health began implementing this outreach in mid-November 2017 by mailing a letter and educational materials to SNBC members who had not had a dental visit within the previous 12 months. The letter encouraged members to visit a dentist or call PrimeWest Health for help finding a dentist. Member outreach will continue throughout 2018.

As part of the Special Needs Community Dentist and Staff Mentoring Program intervention, MCOs are working with staff from DHS' Direct Care and Treatment Dental Clinics (DCT-DCs) to develop a program to provide education to dental clinics willing to learn how to better meet the needs of SNBC members. As the project progresses, this may encompass learning how to handle social, emotional, or physical needs.

The Teledentistry Demonstration intervention is a collaborative project between DCT-DCs and MCOs. This intervention is still in the planning phase and possible locations for teledentistry have not yet been decided. The goal of this intervention is to bring dental services to those SNBC members who are not able to travel to a DCT-DC.

You can find more information about DCT-DCs, including their locations, the services they provide, and the patients they care for, in the [DHS Dental Clinics brochure \(DHS-6434\)](#). If you have any questions regarding this project, please contact [Leah Anderson](#). 

Important Dates

✓ County supervisor meeting

Meetings are held the third Thursday of the month, from 10 a.m. to 2 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

February 15

March 15

April 19

May 17

June 21

July 19

August 16

September 20

October 18

November 15

December 20

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