Contact and Collaboration

Care Coordination Training Module #3

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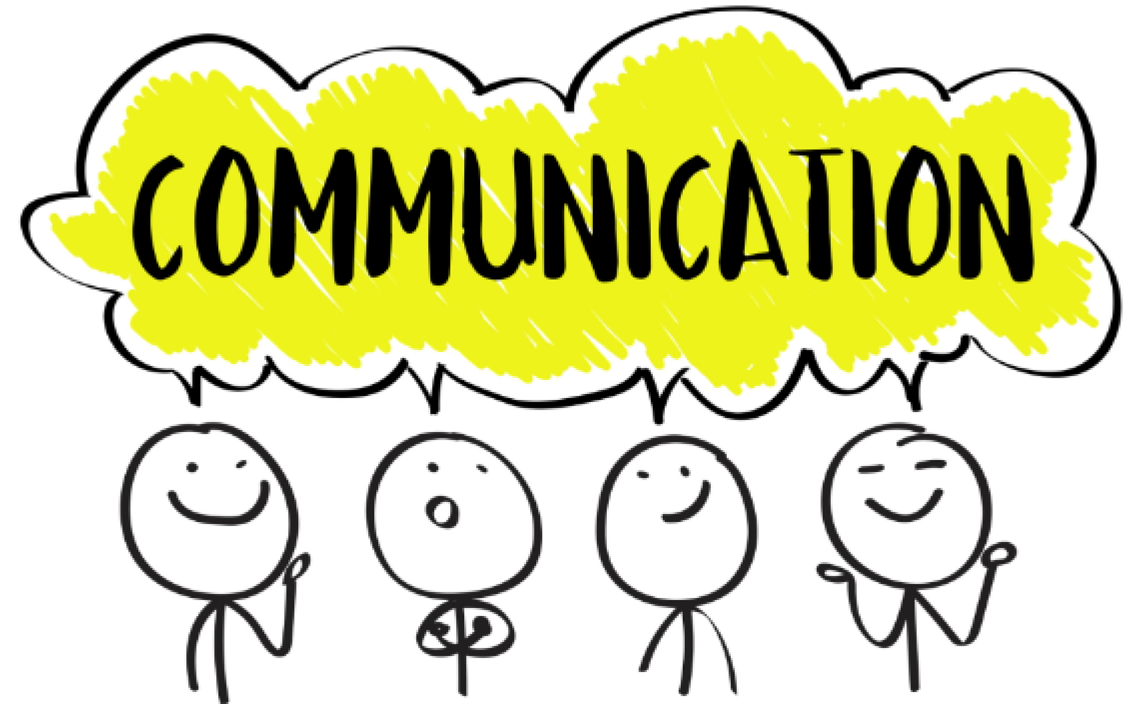
Contact and Collaboration

Contact and collaboration between Care Coordinators, Members, Primary Care Providers, County Workers, & Behavioral Health Providers are key to building an effective member support team.



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Member Contact

Requirement	Member Type	Contact Options	Special Considerations
Initial contact within 10 days of enrollment notification OR change of Care Coordinator	All members	• Welcome Letter • Change of Care Coordinator Letter • Phone call • Case Note stating that CC name and contact information was provided	Both letters provide CC name and contact information.
Within 30 days of an initial assessment or reassessment	All members, except MSHO/MSC+ Institutional (at this time) This will also be an expectation for MSHO/MSC+ Institutional after 1/1/2024	• Post Visit Letter • Case Note stating what documents were sent to the member • Effective 1/1/2024 MSHO/MSC+ Institutional Post Visit Letter	This Post Visit Letter must be sent with the care plan as it includes the required language block. If you are including the Medica Leave Behind Document or the Medication Disposal Flyer, you will need to document this in your case notes or on the Care Plan.
If, after 3 attempts, you are unable to contact a member to coordinate initial assessment or reassessment	All members that are identified as unable to reach/unable to contact	• Ongoing No Contact Letter & Case Note documenting the contact attempts	The letter Indicates that you have provided the Member Engagement Questionnaire (prior to 1/1/24 mailed HRA) and Medica Leave Behind Document as well as CC name & contact information.
If a member or member representative refuse an initial assessment or reassessment	All members that have refused a Health Risk Assessment	• Member Refusal Letter & Case Note documenting the discussion with member or member representative that led to refusal of assessment.	The letter Indicates that you have provided the Member Engagement Questionnaire (prior to 1/1/24 mailed HRA) and Medica Leave Behind Document as well as CC name & contact information.

Member Letters

- Care Coordinator Contact Info Update Letter
- Care Plan Change Letter
- Documents Letter
- Eligibility Renewal Reminder Letter
- Member Refusal Letter
- Ongoing No Contact Letter
- Post-Visit Letter
- Welcome Letter

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Primary Care Provider Contact

Requirement	Member Type	Contact Options	Special Considerations
Communication of care plan elements with Primary Care Providers must occur annually, with change in condition, with change in product, with change in CC, or following a transition **For MSHO & ISNBC UTR/Ref Members, it is required that the CC attempt to identify the PCP. These attempts may include information being obtained from: member, claims review, or other specified sources (PCP attribution list). Once PCP is identified, PCP communication must occur.**	All members	• PCP Letter • PCP Fax Notification • Phone contact • Case Notes stating name of PCP, method of PCP contact, & documentation of the discussion	PCP letters are an opportunity to address findings from the most recent assessment, identify services the member is receiving, identify the PCP as an integral part of the Interdisciplinary Care Team & provide CC contact information. MSHO & ISNBC PCP letters also include Model of Care Training Requirements for Physicians PCP Fax Notification allow CC’s to complete PCP communication of admissions & discharges during a transition

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PCP Letters

- PCP Letter
- Notification of Care Transition Fax

FAX

CARE TRANSITION – PROVIDER NOTIFICATION

DATE:			
TO:		FROM:	, CC/CM
COMPANY:		COMPANY:	
FAX:		FAX:	
PHONE:		PHONE:	
SUBJECT:	Care Transition Notification		

MESSAGE:

As your patient's/client's care coordinator/care manager, **I was notified** on ____ that your

Patient/Client Name: ____ DOB: ____

☐ was **hospitalized/admitted** to ____ on ____.

☐ was **returned to their usual care setting/home** on ____.

As your patient's/client's care coordinator/care manager; I will be assisting the member during the transition of care process and manage activities such as:

- Support the member through the transition process.
- Provide follow-up care and coordinate needed services or equipment.
- Facilitate communication between the member and the provider.

Please contact me if you have any questions about this member's/client's care transition.

Thank you.

Comments:

<<today_date_mmmm_ddyyyy>>

<Doctor's Name>
<Clinic Name/Fax Number>
<Address>
<City>, <State> <ZIP>

Re: <Member Name>, <DOB>

Dear <Doctocr's Name>,

My name is <CC Name> and I'm the Medica Care Coordinator for <Member Name>. I can help members:

- Navigate through health care systems, manage transitions, and access home care services and other community-based resources
- Identify and set up any non-medical services that can help the member maintain or improve their health and well-being
- Answer health care coverage questions
- Communicate and coordinate with their Interdisciplinary Care Team

The most recent Health Risk Assessment with <Member Name> indicates the following<Free text-HRA identified needs/concerns (or if no needs identified, unable to contact member, or member declines assessment document that here)>.

Currently, <Member Name> is receiving the following services:

- Care Coordination
- <free text for services received>
- <free text for services received>

We also see you as an integral member of the Interdisciplinary Care Team. Please contact me with questions or input about this member's health care needs or plan of care.

<Free text-additional comments/concerns, etc.>

My Contact Information:
Call me at <phone> <Monday – Friday> between <9 a.m. - 5 p.m.> TTY/TDD: 711.

Thank you,

<Care Coordinator Name>, <Credentials>
<County/Care System/Agency name>
<CC phone number>

Care Plan Sharing with Providers-Member Choice

Requirement	Member Type	Contact Options	Special Considerations
If the member chooses, a summary of the Care Plan or full Care Plan must be sent to providers within 30 days of completion of the Care Plan. If not signed and returned it must be sent again within 60 days of completion of the Care Plan.	EW members & members receiving Housing Stabilization Services	• Care Plan Summary Letter • Care Plan Cover Letter	The CC Hub has Home and Community Based Services (HCBS) Providers included in the Care Plan Sharing Requirement and a FAQ.

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Provider Letters

Care Plan Summary Letter

- This letter is sent when the member has chosen to send providers a summary of the member's Care Plan.
- Care Coordinators can specify which goals on the Care Plan pertain to the services they provide.
- Has a spot for the providers to sign and return.

Care Plan Cover Letter

- This letter is sent when the member has chosen to share the entire Care Plan with the Provider.
- Has a spot for the providers to sign and return.

- ❖ Applicable for providers that provide EW services, PCA with EW, and Housing Stabilization Services.
- ❖ A provider letter is required for HSS.
- ❖ If the member resides in a Residential Setting (CL, AFC, etc.), the member can choose to only have the RS tool sent. The provider may sign and return the tool.

County Staff

Requirement	Member Type	Contact Options	Special Considerations
The Care Coordinator will maintain communication with county social services or public health agencies throughout the year as needed. (Such as financial workers & case managers). **This may include, but is not limited to, referrals and/or coordination with county service staff for members in need of the following services:** **–Pre-petition screening for civil commitment** **–Preadmission screening for HCBS waivers.** **–County case management for HCBS waivers.** **–Child Protection** **–Court ordered treatment** **–Housing funding resources** **–Assessment of medical barriers to employment** **–Adult Protection** **–Relocation Service Coordination** **–State medical review team or social security determination** **–Working with Local Agency social service staff or county attorney staff for members who are the victims or perpetrators in criminal cases.**	All members	• DHS 5181 • DHS 5841 • Phone • Email • Fax • Face to Face • Case Note summarizing communication that occurred with specific county worker.	If members are on another waiver, annual collaboration with the waiver worker is required to assure member needs are being met and there is not duplication of services.

Behavioral Health

Requirement	Member Type	Contact Options	Special Considerations
When behavioral health concerns are identified, referrals will be made to qualified behavioral health professionals. **Updates and changes to the member's condition and needs are to be provided to behavioral health staff as appropriate.**	All members	• Letter • Fax • Email • Face to Face • Phone • Case Note summarizing communication that occurred re: behavioral health concern & referral	If you identify a behavioral health need, but do not complete a referral, documentation as to why a referral was not provided must be present.

Questions??

If you have questions regarding this audit element, please reach out to your auditor or email MedicaSPPRegQuality@Medica.com.

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