

Service Authorization Template

DOCUMENT DATE	MCO NAME
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Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) Nursing Facility Service Authorization Process

Check MN-ITS to determine Medical Assistance (MA) eligibility and managed care enrollment. MSHO and MSC+ program plans may be responsible for up to 180 days of nursing facility (NF) days for enrollees. Contact the managed care organization (MCO) to determine MCO liability for enrollees.

Note: Definitions are listed after the table.

Admission	In Community With or Without Home Care Services	In Community With Elderly Waiver Services	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
Contact for pre-admission screening (PAS) telephone screening	<p>PAS bulletin #17-25-06</p> <p>Make all PAS referrals online at www.mnaging.org.</p> <p>Senior LinkAge Line® retrieves the referral information and forwards it to the MCO responsible for determination of need LOC and OBRA Level 1.</p>	<p>PAS bulletin #17-25-06</p> <p>Make all PAS referrals online at www.mnaging.org.</p> <p>Senior LinkAge Line® retrieves the referral information and forwards it to the MCO responsible for determination of need LOC and OBRA Level 1.</p>	<p>PAS bulletin #17-25-06</p> <p>Make all PAS referrals online at www.mnaging.org.</p> <p>Senior LinkAge Line® retrieves the referral information and forwards it to the MCO and county of financial responsibility (CFR) responsible for determination of need LOC and OBRA Level 1.</p>	<p>PAS bulletin #17-25-06</p> <p>Make all PAS referrals online at www.mnaging.org.</p> <p>Senior LinkAge Line® retrieves the referral information and forwards it to the MCO and CFR. DHS approval required. The lead agency must obtain approval on the DD screening document full team screening through MMIS.</p>
Does the NF need to be in the MCO network?				

Admission	In Community With or Without Home Care Services	In Community With Elderly Waiver Services	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
Where to contact to determine MCO liability?				
MSHO only: Is service prior authorization required for qualified SNF Medicare stay?				
MSHO only: Is service prior authorization required for qualified NF Medicaid (MA) stay?				
MSC+ only: Is service prior authorization required for qualified SNF Medicare stay?				

Admission	In Community With or Without Home Care Services	In Community With Elderly Waiver Services	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
MSC+ only: Is service prior authorization required for qualified NF Medicaid (MA) stay?				
Who conducts OBRA Level II for MI?	PASSR bulletin #17-25-06 COL	PASSR bulletin #17-25-06 COL	PASSR bulletin #17-25-06 COL	PASSR bulletin #17-25-06 COL
Who conducts OBRA Level II for DD?	County of financial responsibility (CFR)	CFR	CFR	CFR
MSHO only: Where to bill for Medicare-covered days or appeal Medicare decision?	MCO	MCO	MCO	MCO
MSC+ only: Where to bill for original Medicare-covered days or appeal original Medicare decision?	Medicare	Medicare	Medicare	Medicare
What is impact on waiver service agreement?	N/A	N/A	CFR case manager will close service line item agreement upon admission.	CFR case manager will close service agreement upon admission.
When does waiver program end?	N/A	MCO care coordinator will enter exit screening document after 30 days.	CFR case manager will enter exit screening document after 30 days.	CFR case manager will enter exit DD screening document upon admission.

Admission	In Community With or Without Home Care Services	In Community With Elderly Waiver Services	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
Uncompensated transfer penalty	MCO pays state plan service, including HHA services. LTC not covered by MCO, individual pays. Call care coordinator for transition services and the financial worker for additional information.	N/A	N/A	N/A
Nursing facility LOC not met	See next section under discharge for state plan transition services.	See next section under discharge for state plan transition services.	See next section under discharge for state plan transition services.	Person will return to DD waiver services if the person still meets DD waiver eligibility criteria.

Discharge	In Community With or Without Home Care Services	In Community With Elderly Waiver Services	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
Who provides relocation services?			CFR – depending upon length of stay	CFR
Who conducts waiver assessment?			COR prior to MnCHOICES, COL after MnCHOICES. CFR determines who gets waiver slot and does case management.	CFR
Who conducts PCA assessment	MCO	MCO	County through MnCHOICES	County through MnCHOICES
Who authorizes home health service, such as SNV and HHA?	MCO must approved	MCO must approved	MCO must approved	MCO must approved
Who conducts HCN assessment?	HCN Provider	HCN Provider	HCN Provider	HCN Provider
Moving Home MN available after 90 days	DHS determines program eligibility, MCO processes	DHS determines program eligibility, MCO processes	DHS determines program eligibility, CFR processes dependent on length of stay	DHS determines program eligibility, CFR processes

Special Needs BasicCare (SNBC) Nursing Facility Service Authorization Process

Check MN-ITS to determine Medical Assistance (MA) eligibility and managed care enrollment. SNBC program plans may be responsible for up to 100 days of nursing facility (NF) days for enrollees. Contact the MCO to determine MCO liability for enrollees.

Admission	In Community With or Without State Plan Home Care	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
<p>Contact for pre-admission screening (PAS) telephone screening</p>	<p>PAS bulletin #17-25-06</p> <p>Make all PAS referrals online at www.mnaging.org.</p> <p>Senior LinkAge Line® retrieves the referral information and forwards it to the MCO responsible for determination of need LOC and OBRA Level 1.</p>	<p>PAS bulletin #17-25-06</p> <p>Make all PAS referrals online at www.mnaging.org.</p> <p>Senior LinkAge Line® retrieves the referral information and forwards it to the MCO and CFR responsible for determination of need LOC and OBRA Level 1.</p>	<p>PAS bulletin #17-25-06</p> <p>Make all PAS referrals online at www.mnaging.org.</p> <p>Senior LinkAge Line® retrieves the referral information and forwards it to the MCO and CFR responsible for determination of need LOC and OBRA Level 1. DHS approval required.</p> <p>The lead agency must obtain approval on the DD screening document full team screening through MMIS.</p>
<p>Does the NF need to be in the MCO network?</p>			
<p>Where to contact to determine MCO liability?</p>			
<p>Integrated SNBC: Is service prior authorization required for qualified SNF Medicare stay?</p>			

Admission	In Community With or Without State Plan Home Care	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
Non-integrated SNBC: Is service prior authorization required for qualified SNF Medicare stay?			
Is service prior authorization required for qualified MA stay?			
What is the face-to-face screening timeline?	Call COL adult intake	Call COL adult intake	Call COL adult intake
Who conducts OBRA Level II for MI?	PASSR bulletin #17-25-06 COL	PASSR bulletin #17-25-06 COL	PASSR bulletin #17-25-06 COL
Who conducts OBRA Level II for DD?	CFR	CFR	CFR
Integrated SNBC: Where to bill for Medicare-covered days or appeal Medicare decision?	N/A	N/A	N/A
Non-integrated SNBC: Where to bill for original Medicare-covered days or appeal original Medicare decision?	Medicare	Medicare	Medicare
What is impact on waiver service agreement?	N/A	CFR case manager will close service line item agreement upon admission.	CFR case manager will close service agreement upon admission.
When does waiver program end?	N/A	CFR case manager will enter exit screening document after 30 days.	CFR case manager will enter exit DD screening document upon admission.

Admission	In Community With or Without State Plan Home Care	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
Enrollee under 21 years old	DHS must approve admission by emailing DSD.ResponseCenter@state.mn.us or call 651-431-4300 or 866-267-7655.	DHS must approve admission by emailing DSD.ResponseCenter@state.mn.us or call 651-431-4300 or 866-267-7655.	DHS must approve admission by emailing DSD.ResponseCenter@state.mn.us or call 651-431-4300 or 866-267-7655.
Uncompensated transfer penalty	MCO pays state plan services including HHA services. Call care coordinator for transition services. LTC not covered by MCO, individual pays.	N/A	N/A
Nursing facility LOC not met	See next section under discharge for state plan transition services.	See next section under discharge for state plan transition services.	Person will return to DD waiver services if the person still meets DD waiver eligibility criteria.

Discharge	In Community With or Without State Plan Home Care	In Community With CAC, CADI, BI Waiver	In Community With DD Waiver
Who provides relocation services?	CFR	CFR	CFR
Who conducts waiver assessment?	COR prior to MnCHOICES, COL after MnCHOICES. CFR determines who gets waiver slot and does case management.	COR prior to MnCHOICES, COL after MnCHOICES. CFR determines who gets waiver slot and does case management.	CFR does waiver assessment, determines who gets waiver slot and does case management.
Who conducts the PCA assessment?	COR	COR	COR
Who authorizes home health service, such as SNV, HHA?	MCO must approve	MCO must approve	MCO must approve
Who conducts the HCN assessment?	Home care agency RN conducts the assessment. DHS contracted entity authorizes and fee-for-service (FFS) pays.	Home care agency RN conducts the assessment. DHS contracted entity authorizes and FFS pays.	Home care agency RN conducts the assessment. DHS contracted entity authorizes and FFS pays.
Moving Home MN available after 90 days?	DHS determines program eligibility, CFR processes.	DHS determines program eligibility, CFR processes.	DHS determines program eligibility, CFR processes.

Appendix A: Minnesota Senior Health Options (MSHO) and Minnesota Senior Care + (MSC+)

Health Plan	MSHO Product	MSC+ Product
Blue Plus	Secure Blue	Minnesota Senior Care+
HealthPartners	HealthPartners MSHO	HealthPartners Care MSC+
IMCare	IMCare Classic	IMCare MSC+
Medica	Medica Dual Solutions	Medica Choice Care
PrimeWest Health	PrimeWest Senior Health Complete	Minnesota Senior Care Plus
South Country Health Alliance	Senior Care Complete	Minnesota Senior Care Plus
UCare Minnesota	Minnesota Senior Health Options	Minnesota Senior Care Plus

Appendix B: Special Needs BasicCare (SNBC)

Health Plan	MSHO Product	MSC+ Product
Blue Plus	AccessAbility Solutions	
HealthPartners	Inspire	
Hennepin Health	Hennepin Health - SNBC	
PrimeWest Health	Special Needs BasisCare	Prime Health Complete
South Country Health Alliance	Single Care Shared Care – person is receiving original Medicare benefits	AbilityCare
UCare Minnesota	UCare Connect	UCare Connect+Medicare

Appendix C: Definitions

BI	Brain Injury Waiver: Medical Assistance program for people with a traumatic, acquired or degenerative brain injury who require the level of care provided in a nursing facility that provides specialized services for persons with brain injury, or who require the level of care provided in a neurobehavioral hospital.
CAC	Community Alternative Care Waiver: Medical Assistance program for chronically ill and medically fragile people who require the level of care provided in a hospital.
CADI	Community Access for Disability Inclusion Waiver: Medical Assistance program for people with disabilities who require the level of care provided in a nursing facility.
CFR	County of financial responsibility: The county responsible for payment of a person's social services.
COL	County of location: The county where the person served is located.
COR	County of residence: The county where the person served is currently living.
DD	Developmental Disability Waiver: Medical Assistance program for persons with developmental disabilities or a related condition who require the level of care provided in an intermediate care facility for persons with developmental disabilities (ICF/DD).
DHS	Minnesota Department of Human Services
ECS	Essential Community Supports: The Essential Community Supports program may be available to people needing one or more services to live in the community and meet certain eligibility rules. It is designed for people who do not need the level of care provided in a nursing home.
EW	Elderly Waiver: Program for people over 65 years old who require the level of care provided in a nursing facility and choose to reside in the community.
HCN	Home care nursing: Formerly know as private duty nursing (PDN).
HHA services	Home health agency services includes the following home care services: skilled nurse visit (SNV), home health aide (HHA), physical therapy (PT), speech therapy (SP), occupational therapy (OT) and respiratory therapy (RT).
Home care services	Includes all home health agency services plus home care nursing (HCN) and personal care assistance (PCA) services.
LOC	Level of care: Care and services associated with a particular facility type.
LTC	Long-term care: Services providing rehabilitative, restorative, or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living.
MI	MI refers to Mental Illness and the OBRA Level II Evaluative Report form for people with mental illness.
MCO	Managed care organization: A managed care organization is a health care provider, a group of providers or an organization of medical service providers who offer managed care health plans.
MSC+	Minnesota Senior Care Plus: Program similar to MSHO in the long-term care services it covers but does not include Medicare services or Medicare Part D.

MSHO	Minnesota Senior Health Options: A voluntary Minnesota managed health care program for people age 65 years and older who are eligible for Medical Assistance (MA) and Medicare Parts A and B.
NF	Nursing facility: Licensed healthcare residence for individuals who require a higher level of medical care than an assisted living facility.
OBRA	Omnibus Budget Reconciliation Act 1987: Federal law that mandates the screening and review of all persons with a diagnosis or suspected diagnosis of developmental disability who seek admission to a nursing facility regardless of the source of payment for the NF services.
PAS	Pre-admission screening: PAS refers to screening individuals for developmental disabilities or mental illness, and a LOC determination. Federal and state laws require that ALL individuals entering a nursing facility receive a PAS, regardless of the anticipated length of stay or the payer source for facility services. The PAS is a screening activity referred to as part of the OBRA Level I screening.
PASRR	Pre-admission screening and resident review: PASRR screening ensures everyone who applies for admission to a nursing facility (NF) is screened for evidence of serious mental illness (MI) or intellectual disabilities (ID), developmental disabilities (DD), or related conditions, and is placed in nursing facilities only when appropriate. It also ensures that they receive all necessary services while in the NF.
PCA	Personal care assistance: Services to help people with day-to-day activities in their home and community.
SNBC	Special Needs BasicCare: A voluntary Minnesota managed health care program for people with disabilities ages 18 through 64 who are eligible for MA. If a person is eligible for Medicare, he or she must have both Medicare Parts A and B.