

## Minnesota Department of Human Services

Managed Care (MSHO and MSC+) **Non-Elderly Waiver Care Planning Audit**  
(as required under 7.1.4.D., 7.8.3, and 9.3.7 of the 2016 MSHO/MS C+ contract)

### 2016 Audit Protocol

***Goal: To facilitate an interdisciplinary, holistic, and preventive approach to determine and meet the health care and supportive services needs of enrollees.***

***Description:*** The *Audit Protocol* is presented in matrix format, first presenting outcomes related to assessment and enrollment/disenrollment and then followed by outcomes related to care planning. The method and acceptable evidence for determining outcome achievement is described for each desired outcome and the criteria for achieving a “met” or “not met” score is outlined in the middle column of the matrix under the heading “Method for measuring outcome achievement.” This 2016 Audit Protocol was developed for use in auditing 2016 created care plans in CY2017.

#### ***MCO sampling instructions:***

MCOs should describe their sampling methodology used for this audit protocol when reporting results to DHS.

***Sources of Evidence:*** Sources of evidence may include the following: care plan, MCO Health Risk Assessment, case notes to supplement care plan, and HCBS service plan.

#### ***Reporting:***

##### *MCO reporting to DHS*

- MCOs will complete a summary report for MSHO and MSC+ for each delegate under contract with the MCO for care coordination (MSHO) and case management (MSC+), and will prepare a summary of key findings and recommendations. MCOs will complete a summary report of results from all delegates audited that compiles the results across your MCO. The MCO summary report must be forwarded to DHS.

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
1	<p>INITIAL HEALTH RISK ASSESSMENT (HRA)</p> <p>For enrollees new to the MCO or product<sup>1</sup> within the last 12 months:</p> <p>Date of completed initial Health Risk Assessment or documented review of previously completed Health Risk Assessment is within 30 calendar days for MSHO and 60 calendar days for MSC+ of enrollment and is verified for completeness</p>	<p>Met as determined by all of the following:</p> <ul style="list-style-type: none"> <li>- Date HRA completed is within 30/60 calendar days of enrollment date</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- HRA results are included in and attached to the enrollees care plan</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- All (100%) of the fields relevant to the enrollee’s program shall be completed with pertinent information or noted as Not Applicable or Not Needed as appropriate.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- If attempted but not completed within 30/60 calendar days of enrollment date, an explanation must be present and documented: <ul style="list-style-type: none"> <li>-person refused completion of the initial HRA, or</li> <li>-person was admitted to a hospital before the 30<sup>th</sup> calendar day, or</li> <li>-person was admitted to a nursing facility for a short-term stay of 30 or fewer days before the 30<sup>th</sup> calendar day after enrollment date</li> </ul> </li> </ul> <p>Not Met as determined by the following:</p> <ul style="list-style-type: none"> <li>-The above stated requirements are not met</li> </ul> <p>Not applicable if enrollee has not been enrolled for more than 12 months</p>	<p>6.1.4(A)(1) 6.1.5(B)(1)</p>

<sup>1</sup> For example, enrollee moves from MSHO to MSC+ or vice versa.

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
2	<p>ANNUAL HEALTH RISK ASSESSMENT (HRA)</p> <p>For enrollees who have been enrolled with the MCO for more than 12 months</p> <p>Date of completed HRA is within 365 days of prior assessment</p>	<p>Met as determined by all of the following:            -Date annual HRA is completed is within 365 days of previous HRA</p> <p>OR</p> <p>-Completed but not within the past 365 days (explanation for not completing within the past 365 days must be present)</p> <p>OR</p> <p>-If attempted but not completed, an explanation must be present and documented</p> <p>AND</p> <p>– All (100%) of the fields relevant to the enrollee’s program shall be completed with pertinent information or noted as Not Applicable or Not Needed as appropriate.</p> <p>AND</p> <p>-Results are included in/attached to enrollees care plan</p> <p>Not Met as determined by the following:            -HRA not completed or attempted within 365 days of previous HRA with no explanation of status</p>	<p>6.1.4(A)(1)            6.1.5(B)(1)</p>

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
3	<p>CARE PLAN</p> <p>A care plan was completed within 30 calendar days of the completed HRA based on issues and needs identified in the HRA and other sources such as medical records and enrollee and/or family input</p>	<p>Met as determined by the following:</p> <ul style="list-style-type: none"> <li>-Date care plan was completed is within 30 calendar days of completed HRA ("Complete" defined as the date the care plan was sent to enrollee)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>-If attempted but not completed, an explanation of status must be present and documented: <ul style="list-style-type: none"> <li>-enrollee was admitted to a hospital or nursing facility before the 30<sup>th</sup> calendar day.</li> <li>-enrollee/legal representative/ guardian chose a date more than 30 calendar days after completion of the HRA</li> </ul> </li> </ul> <p>Not Met as determined by the following:</p> <ul style="list-style-type: none"> <li>- Care plan not completed or attempted within 30 calendar days of completed HRA with no explanation of status</li> </ul>	<p>6.1.4(A)(2) 6.1.5(B)(4) 6.1.13(B)</p>

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
4	<p>CARE PLAN SPECIFIC ELEMENTS<sup>2</sup></p> <p>The care plan must have an interdisciplinary, holistic, and preventive focus. To achieve this focus, the care plan must include the elements listed below:</p> <ul style="list-style-type: none"> <li>– Identification of enrollee needs and concerns, including identification of health and safety risks, and what to do in the event of an emergency</li> <li>– Goals and target dates identified</li> <li>– Interventions identified</li> <li>– Monitoring of outcomes and achievement dates are documented</li> <li>– Outcomes and achievement dates documented</li> </ul>	<p>Met as determined by the following:</p> <ul style="list-style-type: none"> <li>-Identification of enrollee’s needs and concerns as identified in the HRA.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-Identify any risk to health and safety and plans for addressing the risk, as applicable</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-Identifies services that are essential to the health and safety of the enrollee</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-If yes, a back-up plan for provision of documented essential services</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-A plan for community wide disasters, such as weather related conditions, as applicable</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-Goals and target dates (at least, month/year) identified AND</li> <li>-Interventions identified</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-Monitoring progress towards goals</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-Outcomes and achievement dates (at least, month/year) are documented</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-Care plan signed by enrollee or authorized representative</li> </ul> <p>Not Met as determined by the following:</p> <ul style="list-style-type: none"> <li>– One or more of the above items is not completed or attempted with no explanation of status given</li> </ul>	<p>6.1.4(A)(2) and (3) 6.1.5(B) (4) 6.1.13(B)</p>

<sup>2</sup> Completed per MCO care model.

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
5	Follow-up plan for contact for preventive care <sup>3</sup> , long-term care and community support <sup>4</sup> , medical care <sup>5</sup> , or mental health care <sup>6</sup> , or any other identified concern <sup>7</sup>	<p>Follow up plan for contact for preventive care, long-term care and community support, medical care and other concerns included</p> <ul style="list-style-type: none"> <li>– Care Coordinator has documented their plan for enrollee contact</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Care Coordinator documented contact with enrollee according to plan</li> </ul> <p>Not Met as determined by the following:</p> <ul style="list-style-type: none"> <li>– No enrollee contact plan or contact plan was not followed with no explanation of status given</li> </ul>	

<sup>3</sup> Preventive care concerns may include but not be limited to annual physical, immunizations, screening exams such as dementia screening, vision and hearing exams, health care (advance) directive, dental care, tobacco use, and alcohol use.

<sup>4</sup> Long-term care and community support concerns should include but not be limited to caregiver support, environmental and personal safety (e.g. falls prevention), home management, personal assistance, and supervision, long-term health-related needs (e.g., clinical monitoring, special treatments, medication monitoring, and palliative/hospice care).

<sup>5</sup> Medical care concerns should include but not be limited to the management of chronic disease such as hypertension, CHF/heart disease, respiratory /lung disease, diabetes, and joint/muscle disease.

<sup>6</sup> Mental health care concerns should include but not be limited to depression, dementia, and other mental illness.

<sup>7</sup> Completed per MCO care model

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
6	COMMUNICATION <sup>8</sup> OF CARE PLAN/SUMMARY	Met as determined by the following:  - Evidence of care coordinator communication of care plan elements with Primary Care Physician (PCP) or clinic if applicable	6.1.4 (A)(2)(a) 6.1.13 (B) (4)
7	ANNUAL PREVENTIVE HEALTH EXAM	Met as determined by the following: – Documentation in enrollee’s care plan that <u>substantiates a conversation was initiated</u> with enrollee about the need for an annual, age-appropriate comprehensive preventive health exam  Not Met as determined by the following: - No evidence of conversation about the importance of annual preventive health care present in enrollee’s care plan	6.1.4(B)(2) 6.1.5(A)(2) 6.1.6(B)

<sup>8</sup> Completed per MCO care model

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
8	<p>ADVANCE DIRECTIVE<sup>9</sup></p> <p>Advance Directive exists, or evidence that a discussion was initiated with the enrollee and/or planning is underway</p>	<p>Met as determined by the following:</p> <ul style="list-style-type: none"> <li>– Conversation about Advance Directive initiated</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>– Enrollee refused to complete an Advance Directive</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>– Care coordinator documented reason why Advance Directive conversation was not discussed</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>– Advance Directive is completed</li> </ul> <p>Not met as determined by the following:</p> <ul style="list-style-type: none"> <li>– No evidence of conversation about Advance Directive present in enrollee’s record</li> </ul>	<p>6.1.4(A)(2)(c) 6.1.5(B)(4)</p>

<sup>9</sup> Completed per MCO care model

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
9	<p>CHOICE OF HCBS PROVIDERS<sup>10</sup></p> <p>Enrollee was given information to enable the enrollee to choose among providers of HCBS, and Enrollee made choices of provider(s) - if applicable</p>	<p>Met as determined by the following:</p> <ul style="list-style-type: none"> <li>- Completed and signed care plan</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- Documentation that a copy of the care plan summary or care plan was provided to the enrollee</li> </ul> <p>Not Met as determined by the following:</p> <ul style="list-style-type: none"> <li>- No evidence of choice found as identified above</li> </ul>	6.1.13(L)
10	<p>SERVICE PLAN <sup>11</sup>- if applicable</p>	<p>Met as determined by the existence of a service plan:</p> <ul style="list-style-type: none"> <li>-Type of formal services funded by the MCO (outside of a waiver)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-The amount, frequency, duration and cost of each service funded by the MCO</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>-The type of provider, and name of provider if known, furnishing each service, including non-paid caregivers and other informal community supports or resources</li> </ul> <p>Not Met will be determined as follows:</p> <ul style="list-style-type: none"> <li>-If one or more of the above items are not completed</li> </ul>	

<sup>10</sup> Completed per MCO care model

<sup>11</sup> Completed per MCO care model

#	Desired outcome	Method for measuring outcome achievement	Contract Citation
11	Appeal Rights <sup>12</sup>  Appeal rights information provided to enrollee	Met as determined by the following:  -Completed and signed care plan  OR  -Other signed documentation in enrollee file	3.4.G
12	Data Privacy <sup>13</sup>  Data privacy information provided to enrollee	Met as determined by the following:  -Completed and signed care plan  OR  -Other signed documentation in enrollee file	6.1.4(B)(13) 6.1.5(B)(16)(I)

<sup>12</sup> Completed per MCO care model

<sup>13</sup> Completed per MOC care model