

## State Profile

# Summary of Care Coordination Contract Provisions for the Minnesota Senior Health Options (MSHO) and Senior Care Plus (MSC+) Programs

*This summary was prepared for a study of care coordination in managed long-term services and supports programs, conducted by Truven Health Analytics for the AARP Public Policy Institute.<sup>1</sup> Contracts from the following states were included in the study: AZ, CA, DE, FL, HI, IL, KS, MA, MN, NJ, NM, NY, OH, RI, TN, TX, VA, and WI. The full report and contract summaries from the 18 states are available at [www.aarp.org/carecoordination](http://www.aarp.org/carecoordination). The full report includes a compilation of findings across the states.*

## Minnesota Contract Provisions

Element	Contract Requirement	Summary and Notes
<b>Care Coordination Eligibility and Choice</b>		
1) Which members are eligible for care coordination?	All	All members receive care coordination. The programs enroll older people. Senior Health Options is a Medicare-Medicaid program. Senior Care Plus is a Medicaid-only program.
2) Can eligible members opt out of care coordination?	Not addressed in contract	
3) Can members choose or change care coordinators?	Yes	Contractors are required to evaluate care coordinators and to seek member input as part of that process. As part of the input process, the member must be able to request a change and be offered a different care coordinator.

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Element	Contract Requirement	Summary and Notes
<b>Care Coordinator Qualifications</b>		
4) Are care coordinators required to have college or nursing degrees?	Other	Specifically for the MN Senior Health Options program, the minimum qualification is social worker, public health nurse, registered nurse, physician assistant, nurse practitioner, or physician. No minimum is specified for MN Senior Care Plus. Contractor must submit a care coordination plan that specifies qualifications.
5) Are care coordinators required to have experience in long-term services and supports or disability?	No	Contractor must submit a care coordination plan that specifies qualifications. No specific experience is specified in the contract.
6) Are care coordinators required to receive training?	Yes	Contractor must submit a care coordination plan that specifies training of staff.
<b>Cultural Competency of Care Coordination</b>		
7) Are care coordinators required to speak languages other than English when the other language is used by members?	Yes	Contractor is responsible for providing staff who are culturally and linguistically able to converse with members. This includes available staff for deaf people and members with other alternative communication needs.
8) Are translation/interpretation services required when a care coordinator does not speak a member's language?	Yes	Contractor is responsible for ensuring that interpreter services are available whenever needed, and that key materials be translated into languages that meet threshold levels (5 percent or 1,000 people in the service area likely to be affected by the program).
<b>Care Coordinator Assignments, Contact Requirements, and Role</b>		
9) Are care coordinators with certain specialties (e.g., nursing, social work, behavioral health) assigned based on the needs of members?	Not addressed in contract	
10) Is in-person contact required and at what frequency?	Yes	In general, the contractor must establish and follow a contact protocol based on members' health and long-term services and supports needs. Members in the Elderly Waiver must receive an initial face-to-face assessment and annual face-to-face reassessment. Members receiving mental health targeted case management must receive monthly face-to-face contact.
11) Is telephonic or other remote contact required?	Not addressed in contract	
12) Must initial contact with a new member be made within a specified time period?	Yes	Contractor must conduct a risk screening or assessment within 30 calendar days of enrollment for new MSHO members, and within 60 days for new MSC+ members. The screening may be conducted by phone, mail, or face-to-face.
13) Is an assessment required at initial enrollment?	Yes	The contractor must "make a best effort" to conduct a comprehensive assessment within 30 calendar days of enrollment for MSHO members, and within 60 days for MSC+ members.

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Element	Contract Requirement	Summary and Notes
<b>Care Coordinator Assignments, Contact Requirements, and Role</b> (continued)		
14) Is reassessment required and at what frequency?	Yes	Members receiving Elderly Waiver Services must have, and other members should have, a reassessment annually or more often as needed. Members requesting an assessment for Elderly Waiver services must receive it within 15 days.
15) Does the care coordinator authorize long-term services and supports?	Not addressed in contract	
16) If the member chooses a participant-directed option, does the care coordinator continue to provide coordination?	Yes	The same care coordinator remains responsible for coordinating the member’s self-directed services with medical, behavioral, and other services.
17) Does the care coordinator play a role when members use a transition program such as Money Follows the Person to move out of institutional settings?	Yes	Care coordination included the provision of transitional services for members who are returning to community settings from nursing facilities.
18) Does the member have a single point of contact who coordinates across specialized coordinators when needed (e.g., coordinates across long-term services and supports, behavioral, medical specialists)?	Yes	Contractor must provide a primary contact for each member.
<b>Care Coordination Role with Family Caregivers</b>		
19) Are family caregivers asked directly about (a) their own health and well-being; (b) level of stress and feelings of being overwhelmed; (c) need for training in assisting the member; and (d) any additional services or supports needed to better carry out their roles?	Other	Family caregivers may participate in service planning as authorized by members, but assessment of their needs is not specified.
20) Does the plan of care address needs of the family caregiver raised during the assessment process?	Not addressed in contract	
21) Are family caregivers given care coordinator contact information?	Yes	Contractor is responsible for ensuring that family members and guardians are involved in the planning of care when authorized by the member.
<b>Care Coordination Information Tools</b>		
22) Does the care coordinator have access to centralized member records?	Yes	Contractor must maintain a health information system that collects and integrates information.
23) Does the care coordinator have access to an electronic care coordination program?	Yes	Contractor must maintain a health information system that collects and integrates information.

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Element	Contract Requirement	Summary and Notes
<b>Care Coordination Structures, Policy, and Oversight</b>		
24) Are care coordination caseload ratios required?	Other	Ratios are not mandated in the contract, but contractors must establish and submit to the State their own care coordination ratios with specific criteria that include non-English-speaking or translations needs of members, case mix, rate cell designation, need for high-intensity acute care coordination, mental health status, travel, time, and lack of family or informal supports.
25) Does state program monitoring include a specific focus on care coordination?	Yes	Contractor must conduct assessment audits and submit them to the State for review. Contractors must also conduct annual reviews of their subcontracted care systems, including the care coordination used in those systems, and submit the results to the State.
26) Outcomes measurement: Does the model include an evaluative component, through which the outcomes of the care coordination are periodically measured?	Yes	Contractors are required to evaluate the performance of care coordinators and give members the opportunity to provide input.  Contractors must collaborate with the State and each other to measure the effectiveness of care coordination through interventions on mutually agreed upon topics.  Contractors must cooperate with any research or evaluation of care coordination conducted by the State, Centers for Medicare and Medicaid Services, or their contractors.
27) Care coordination entity	Partners permitted	Contractors may perform the function directly or through subcontractors. Contractors must provide to the state lists and descriptions of entities providing care coordination, arrangements with those entities, and their duties.

*Contract Reviewed:* Minnesota Department of Human Services Contract for Minnesota Senior Health Options and Minnesota Senior Care Plus Services (2012 MSHO/MSC+ Contract Model).

1 Saucier, P. and B. Burwell. 2015. *Care Coordination in Managed Long-Term Services and Supports*. AARP Public Policy Institute.

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