

What Happens after Enrollment into Medicaid Coordinated Care?



Enrollment	10 Days After Enrollment	60 Days After Enrollment	90 Days After Enrollment	180 Days After Enrollment
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If Client Enrollment Services enters enrollment by the 12th of the month then **coverage begins** the 1st day of the next month
 Example: If enrollment is entered April 9th, coverage starts on May 1st.

If Client Enrollment Services enters enrollment on or after the 13th of the month then **coverage begins** 1st day of the month after next.
 Example: If enrollment is entered on April 13th, coverage starts on June 1st.

Welcome Packet Received

Health Risk Screening completed.
 Enrollee assigned **low, moderate or high risk** which indicates the type and intensity of services and frequency of contact with Care Coordinator.

All enrollees are assigned a Care Coordinator who will contact enrollee within 90 days. **Low risk** enrollees receive no additional contact until one year after their enrollment date.

If enrollee is **moderate or high risk**, the Care Coordinator will complete a **Health Risk Assessment¹** and create **Individualized Care Plan (ICP).²**

Care Coordinator and enrollee work together to choose providers **Interdisciplinary Care Team (ICT).**

An in-person **Health Risk Assessment completed** for enrollees receiving Home and Community Based Services (HCBS) or living in a Nursing Facility (NF) at time of enrollment.

HCBS and NF enrollees work with the Care Coordinator to choose providers for ICT.

HCBS, NF enrollees and ICT create an ICP.³

See reverse side for Care Coordinator Minimum Contact Standards and footnotes.



Minimum Contact Standards *(Plans may establish their own more robust standards)*

By Risk:

All enrollees are reassessed each year regardless of risk.

1. Low risk: Enrollee needs prevention and wellness information and condition-specific education materials. Care Coordinator will complete annual follow up.
2. Moderate risk: Enrollee needs support in addressing specific health conditions. ICT meets every 90 days to review care plan and Care Coordinator will contact enrollee every 90 days.
3. High risk: Enrollee needs intensive care management to address past ineffective healthcare or improve social supports. Care plans are reviewed every 30 days. Care coordinators must have contact with high risk enrollees every 90 days.

Enrollees on HCBS Waiver Services or residing in NF:

They will get an in-person care plan reassessment each time there is a significant change in their condition or by their request

1. *Persons who are Elderly Waiver:* Care Coordinator will contact once every 90 days in home.
2. *Persons with Brain Injury:* Care Coordinator will contact once per month in home.
3. *Persons with HIV/AIDS:* Care Coordinator will contact once per month by phone and no fewer than one in-person contact every other month. Persons with HIV/AIDS can request more frequent contact.
4. *Persons with Disabilities:* Care Coordinator will contact once every 90 days in home
5. *Supportive Living:* Care Coordinator will contact once per year.

Footnotes

1. Exception: Enrollees receiving Home and Community Based (HCBS) Waiver Services at time of enrollment or living in a Nursing Facility (NF) at time of enrollment have 180 days to have a Health Risk Assessment completed.
2. Individualized Care Plan: This is a written plan for an individual's healthcare services and supports shaped by the individual's goals and culture, as well as behavioral, social and medical needs. The goal of this plan is to ensure continuity of health care, prevention and that care is received in a supportive, efficient, cost-effective and timely way. It is created with help from a health care team.
3. Enrollees receiving HCBS Waiver Services or living in a NF at time of enrollment will use their existing ICP for an 180 day transition period and must create a new plan within that time. There is a transition period of 90 days to complete a new ICP for a person switching MMAI plans. The old MMAI plan must provide the new MMAI plan with the ICP within 15 days of disenrollment.