

# Overview of the Care Management (CM) Process



## Standard Care Management Outreach and Assessment Timeline

### 1. Initial Outreach & Engagement

Care Management outreach and engagement occur **through the first 90 days of enrollment**. Engaged members will complete both a **Health Risk Assessment (HRA)** and an **Individualized Care Plan**. Assessments may be conducted **by phone** or **in person**, depending on member needs

### 2. LTSS Assessments (In-Person)

Members with identified LTSS needs may require one or more of the following **in-person assessments** to determine eligibility and services:

- Nursing Facility Level of Care (NFLOC)
- interRAI Home and Community-Based Services (HCBS) Assessment
- Personal Care Assessment (PCA)

### 3. Reassessments & Ongoing Reviews

- **Waiver members:** Reassessed **at least annually** or with any change in condition
- **PCS-only members:** Reassessed **every 6 months** or with any change in condition
- All reassessments are completed **in person**

## Continuity of Care (COC), Service Planning, and Authorizations

Members newly enrolled with **existing LTSS services** will continue receiving current services for **up to 90 days** and be reassessed by the Care Manager prior to COC expiration. LTSS recommendations and care plans are reviewed and approved by Care Management utilizing **in-network providers**. **Member provider preference is considered** whenever possible.

Approved authorizations for care plans are communicated via the **HHAX platform** and/or **secure email**, when applicable.

If you have any additional questions regarding our CM process, please contact us via the Provider Relations Contact Form on our website.

*Wellcare Meridian Dual Align (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. Enrollment in our plan depends on contract renewal.*