



Assessment and Care Plan Timeliness

Care Coordination Training Module #2

Timeliness

Care Coordinators must complete assessments and care plans with all members in accordance with DHS and CMS required timelines.



Initial Member Contact

Member contact must occur within 10 business days of Care Coordinator assignment or change in Care Coordinator.

Notification must include Care Coordinator's name and telephone number.

- Notification may be via mail or phone call with attempts documented in case notes or member record.



Initial Assessment

Plan/Product	Timeline for Completion	Member Category
MSHO members	Within 30 calendar days of enrollment	Non-EW (A) EW (B) Institutional (D) Transfer
MSC+ members <u>with</u> PCA or EW services	Within 30 calendar days of enrollment	Community w/ EW or PCA Transfer
MSC+ members <u>without</u> PCA or EW services	Within 60 calendar days of enrollment	Community Non-EW/Non PCA Institutional
SNBC/SNBC Enhanced members	Within 60 calendar days of enrollment	Community Institutional Other Waiver Transfer

Annual Reassessment

Plan/Product	Timeline for Completion	Member Category
All	Within 365 calendar days of last <u>full</u> assessment (THRA and Functional Needs Assessments are NOT considered full assessments)	All

Early Reassessment/Functional Needs Update (EW only)/Requested Assessment

Plan/Product	Timeline for Completion	Member Category
All	Within 20 calendar days of member request or identification of change in needs	All

Care Plan

Plan/Product	Timeline for Completion	Member Category
All	Completed and sent to member within 30 calendar days from the date of a completed assessment	All, except MSHO/MSC+ Institutional members

Post-Visit Letter



05/31/2023 ← Use the date you are preparing the letter to be sent.

Important Medica Information

Bob Johnson ← Ensure the member information is correct.
120 West First Street
Apt 201
Duluth, MN 55803

Your Care Plan

Dear Bob,

When we spoke recently, I promised to send you a **Care Plan**. The plan enclosed is a summary of our discussion. It includes the steps we agreed would help you meet your health goals. In addition, I can help you with:

Provide-A-RideSM

This program is available to members who need a ride to medical and dental visits. To schedule a ride, call 952-992-2580 or 1-888-347-3630 (toll free). TTY: 711. You can call Monday - Thursday 8 a.m. to 5 p.m. and Fridays 9 a.m. to 5 p.m.

One Pass

One Pass is your no-cost, complete, fitness solution for your mind and body. To learn more visit [Medica.com/fitness](https://www.Medica.com/fitness) or call One Pass, toll-free **1 (877) 504-6830** (TTY: **711**) 8 a.m. to 9 p.m. Monday-Friday.

Implications of late assessments

- Member Impact
- CMS Star Rating
- DHS Withhold
- CCs must be mindful of EW/PCA spans in order to not impact those services and supports for members



Ways to ensure timeliness

1. Utilize a tracking system for your caseload that includes enrollment date, last assessment date, waiver span, etc. Be sure to keep this up to date.
2. Make attempts to reach the member with enough time to allow for some scheduling flexibility in the event the member or CC is sick, away, or bad weather occurs on the scheduled assessment date.
3. Complete follow-up assessment work (care plan, letters, etc.) within 20 days post-assessment whenever possible to ensure you will meet timeline requirements.
4. Utilize the appropriate Assessment Checklist to ensure all required elements are completed and timelines are met.

If you have questions regarding this audit element, please reach out to your auditor or email MedicaSPPRegQuality@Medica.com.





Thank you

MISSION

To be the trusted health plan of choice for customers, members, partners and our employees.

VISION

To be trusted in the community for our unwavering commitment to high-quality, affordable health care.

VALUES

Customer-Focused • Excellence • Stewardship • Diversity • Integrity