Recipient Assignment and Stratification

Each month, the Medicaid Agency's fiscal agent will share a list of assigned recipients for each PCCM-e. The Agency will also provide historical medical claims information, enrollment information, and recipient contact information. Additionally, the Agency will provide supplemental files with a list of recipients that might benefit from case management or care coordination. The goal will be to provide a list sufficient to reach active care management targets set by the Agency, provide fiscal stability for the PCCM-e and reside within the budget limitations.

The list of recipients in the supplemental files will be based on the Agency's criteria for Medical Complexity and High Risk. The lists will use the previously outlined stratification criteria and available claims data. This means that the lists will not include data unknown to Agency, which the PCCM-e will need to document the additional information appropriately. These stratification criteria have been developed with the intention of delineating areas where care coordination and case management can garner the greatest impact on cost and recipients' health.

It is not anticipated that each of these recipients will be appropriate for case management and care coordination. From the provided list, recipients will be assessed for care management assignment as indicated by the stratification mandates and/or criteria established by the Agency. If the PCCM-e is exceeding targets and fiscal limitations, the Agency will limit assignments. The Agency may also change or update the algorithm, or create a new algorithm, as needed to best identify recipients.

All data and reports will be provided directly to the PCCM-e through the HIMS. The Population Health Data Analyst, Quality Care Director and applicable staff should work closely to ensure recipients are stratified and managed appropriately.

Referrals

The PCCM-e shall receive referrals for care management, which must be screened no later than five business days from the receipt of the referral, from the following but not limited to:

- PCPs;
- Medical or psychiatric facilities;
- State or Community Agencies; and/or
- Recipients

The PCCM-e shall use a process to screen and stratify recipients who are determined to need care management services. The PCCM-e must use the results of the screening and risk stratification to assign an initial risk level to each recipient and place those recipients into appropriate categories of risk which will determine the timeframe of the assessment and assignment to a Care Manager.

For recipients identified as needing care management services and stratified as indicated by the screening and assessment results, the PCCM-e shall provide the level of care management service for the indicated health risk in accordance with the Agency's established criteria. The health risk levels are high, medium and low.

Once a recipient who needs care management services has been identified, contact must be attempted by the PCCM-e within five business days of screening. At least three attempts must be made at a minimum of 30 calendar days, including a written letter, mailed via postal service, to offer care management services. Proof of postal service mailing and other attempted contact methods must be maintained and documented in the HIMS for auditing and compliance purposes. A hand-delivered or mailed notification to the recipient are acceptable routes of notifications. The delivery format, when the letter was mailed or hand delivered to the recipient, and a copy of the letter must be documented and maintained in HIMS. The documentation must show all efforts to contact up to closure of the case file.

Recipient Refusal of Services

The recipient has the right to refuse care management services. If the recipient refuses care management, the PCCM-e will notify the recipient, via postal letter, that they may request care management services at any time. Proof of postal service mailing must be maintained and documented in HIMS for auditing and compliance purposes. A hand-delivered or mailed notification to the recipient are acceptable routes of notifications. The delivery format, when the letter was mailed or hand delivered to the recipient, a copy of the letter and the recipient's refusal must be documented and maintained in HIMS.

All recipients must be assessed and provided care management services at the intensity that correlates with their risk stratification level as outlined in the Care Management Activity Schedule. The needs identified in this assessment will be the basis for the recipient's comprehensive care plan.

The recipient's comprehensive care plan shall be current and contain five components: the assessment of identified needs, goals, interventions, rationales, and evaluations. The care plan shall be evaluated and/or updated as applicable, with documentation to support a completion of an update and/or evaluation process.

As the recipient's needs are identified or goals are met, the recipient's risk level may change. The PCCM-e will complete a risk reassessment including a Social Determinants of Health (SDoH) assessment to redetermine the recipient's risk level. A risk assessment using the Agency approved reassessment tool(s) must be completed in accordance with the Care Management Activity Schedule. Documentation to support the need for a change in the risk level not captured

during the risk assessment/reassessment, must be appropriately documented within the HIMS, with new goals and interventions documented in the care plan.

Additional assessments required for each recipient receiving care management include:

PHQ-A for recipients ages 12-17;

PHQ-2 for recipients age 18 and older;

PHQ-9 for recipients age 18 and older that score a four (4) or higher on the PHQ-2;

Substance abuse screening tool approved by the Agency; and

CRAFFT – A health screening tool designed to identify substance abuse, substance-related riding/driving risk, and substance use disorder among youth between the ages 12 and 18, or

UNCOPE – A six question screening tool used as a quick means of identifying whether a person, age 18 and over, is at risk for abuse or dependence for alcohol and other drugs.

If the recipient is between the ages of 18 and 21 but is still in high school or otherwise considered a dependent, then the ACHN should use CRAFFT and recommendations would be made for adolescent treatment. If the recipient is between the ages of 18 and 21 but has graduated high school or obtained a GED, use UNCOPE to provide a recommendation for adult treatment services.