

## Section 3 - Care Management Teams

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### 3.1 Care Management

Care Management is a process that ensures consistent oversight, coordination and support to members and their families in accessing Managed Long Term Care covered services, as well as non-covered services. The mutually agreed upon care plan is reviewed and revised over time in response to the changing needs of the member. Senior Health Partners is dedicated to the provision of services that will enable members to remain safe and secure in their own homes.

Objectives:

- Ensure primary accountability for case management, beginning with pre-enrollment and continuing through transition and enrollment
- Establish effective systems to ensure consistent oversight of care and services are met across all service settings
- Establish protocols for routine and event monitoring, e.g., hospitalization, short/long term nursing home placement, new diagnosis, major social or environmental change, increasing frequency of falls, pain management concerns or change in cognitive status
- Establish standards for documentation and practice
- Applying cost containment controls when clinically appropriate and with consideration for member/family preference

#### Contact with Members/Families/Caregivers

- Members, families and caregivers are instructed that they should contact the Care Team if they have any questions, concerns, compliments or complaints related to providers. They should not contact providers directly.
- Members, families or caregivers who contact providers for service issues, e.g., aide change, should be told to contact the Senior Health Partners Care Management Team **and** provider staff should inform the member's Care Management Team that they have been contacted.

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