

NATIONAL STANDARDS FOR CARE MANAGEMENT

MMM of Florida's commitment is to listen with empathy, communicate with clarity and respond with respect and compassion to improve lives and transform healthcare – together. We promise to follow best practices in coordinated care. The Centers for Medicare and Medicaid Services, Department of Health and Human Services, has identified the following standards for Care Management as part of the Medical Assistance Program:

MMM of FL Care or Case Management is a service that assists individuals who are eligible under a state plan, who reside in the community or are moving to a community setting, to access certain services.

An MMM of FL Case Manager's role includes:

Doing a comprehensive assessment of members to find out what medical, educational, social or other services are needed.

Assessment should include:

- Client history.
- Identifying the needs of the member and obtaining related documentation.
- Seeking information from other sources such as family members, medical providers, social workers, and educators (if necessary).

Developing a Care Plan and periodic reassessments based on the initial assessment with:

- Specific goals and actions (such as making appointments) to access the services that a member might need.
- Activities that ensure participation of the member or an authorized family member.
- Follow-up to ensure the care plan is effective and meets the needs of the member and that services are being provided according to the member's needs.
- Changes to the plan and to services if there are any changes in the member's needs.
- Inclusion of other members who can identify the eligible member's needs, care, and services, who may provide useful feedback.

AT MMM OF FLORIDA WE WANT TO GIVE YOU MUCH MORE!

Reference:

GOVINFO, Centers for Medicare & Medicaid Services, Department of Health and Human Services - Medical Assistance Program

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