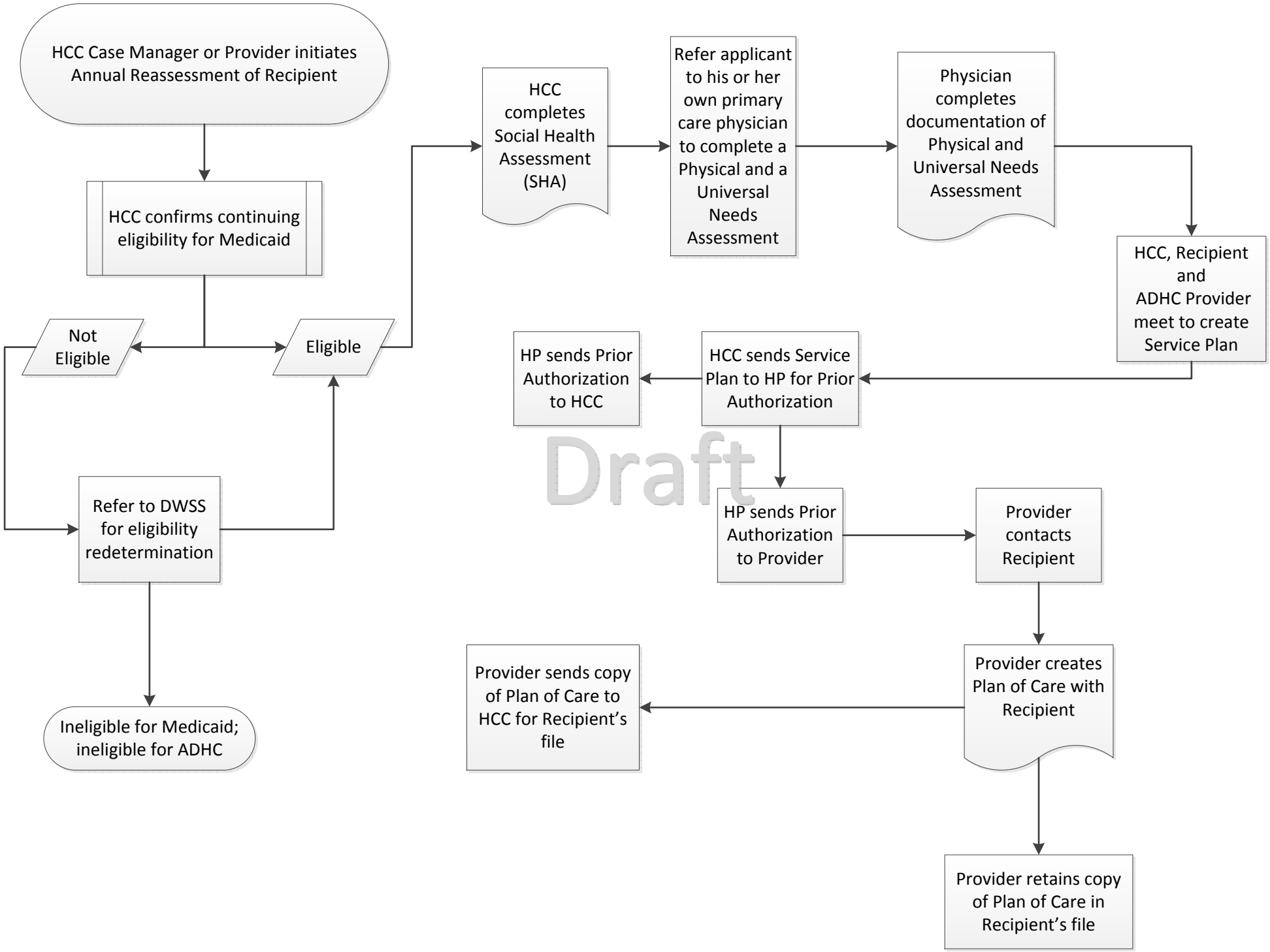
HCC Case Manager or Provider initiates Annual Reassessment of Recipient
HCC confirms continuing eligibility for Medicaid
Not Eligible
Eligible
Refer to DWSS for eligibility redetermination
Ineligible for Medicaid; ineligible for ADHC
HCC completes Social Health Assessment (SHA)
Refer applicant to his or her own primary care physician to complete a Physical and a Universal Needs Assessment
Physician completes documentation of Physical and Universal Needs Assessment
HCC, Recipient and ADHC Provider meet to create Service Plan
HCC sends Service Plan to HP for Prior Authorization
HP sends Prior Authorization to HCC
HP sends Prior Authorization to Provider
Provider contacts Recipient
Provider creates Plan of Care with Recipient
Provider sends copy of Plan of Care to HCC for Recipient's file
Provider retains copy of Plan of Care in Recipient's file
Draft