

**Bureau of Managed Care  
Managed Care Organizations  
Policy / Procedures**

**General Contract Monitoring**

**Long-Term Services and Supports: Guidance to MCOs on Hard to Reach Members**

Plans must make every effort to contact their Long-Term Services and Supports (LTSS) membership. Because they receive home services and plans have access to home-based providers serving them, it should be rare to have an unable-to-reach (UTR) LTSS member.

Plans must use a variety of methods to contact the member.

1. Make three (3) phone calls at different times within three (3) consecutive days.
2. Make an unannounced home visit. This should be coordinated with the service plan and hours that providers, including the Personal Assistant (PA), are supposed to be serving the member in the home.
3. Contact the agencies and other providers serving the member: homemaker, pharmacist, doctor's office, PA.
4. Contact the state agency operating the waiver. They may have historical information on how to locate the member.

***Timeframes for the efforts listed above to reach the member should go no longer than:***

1. *Fifteen (15) days for a member newly eligible to waiver services.*
2. *Ninety (90) days, per contract, for a member newly enrolled to the MCO.*

When the above methods have been unsuccessful in reaching the member, the MCO should take the following steps:

1. Send a first UTR letter.
2. If no response within one (1) week, send a second UTR letter.
3. If no response after the third week, generate a certified letter notifying the member of inability to contact and that the plan will be requesting waiver closure.

**Policy History**  
**General Contract Monitoring**  
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<b>Date</b>	<b>Action</b>	<b>Policy Originator</b>
April 2018	Contract Clarification	Lauren Tomko
<b>Policy Revisions</b> April 2020	<b>Revision Approved</b> Review/no changes	Lauren Tomko