

Health Plan Identifies Patient for ACMS
Referral Made to UDS ACMS

AWV completed by CRNP
Cognitive Assessment – GPCOG
SDoH assessment

No Needs
Report Sent
to PCP

SDoH
Needs
Identified

Educational
Needs
Identified

Behavioral
Health Needs
Identified

- Inform Health Plan
- Send PCP Thoroughcare Provider Summary

- Inform Health Plan
- Send PCP Thoroughcare Provider Summary
- Referral to PCP for follow-up care
- Follow-up visit scheduled in home by CRNP
 - Assessment of Health Literacy
 - Provide necessary education – medication management, fall prevention
 - Referrals as needed – wound care, home modifications, home care, etc.

- Inform Health Plan
- Referral for ACM/ICM
- Send PCP Thoroughcare Provider Summary

SDoH / ACMS
Need identified

Referral to ACMS Care Manager

- Follow-up visit scheduled in home or telephonic
- Individualized plan of care based on SDoH needs identified
- Goals identified
- Community referrals

Followed by ACMS for 6 months