

## **POLICY 308**

## **CARE COORDINATION**

The Agency can designate Service Providers to offer a Care Coordination Program (CCP) as part of a consumer-centered, coordinated, comprehensive network of community-based services. The program shall offer choices to the older adult and their caregiver, when applicable, to age in place safely and shall support them as their needs change.

The purpose of the CCP is to facilitate access and utilization of home- and community-based services for persons with diverse incomes and needs. The population served shall be older persons and may include caregivers of eligible care recipients. The Service Provider may employ innovative care coordination techniques to coordinate a wide range of traditional and/or brokered services, including those not defined in ODA taxonomy. Brokered services are those funded with dollars over which the case manager has no authority or control.

### **PROCEDURE A PROGRAM COMPONENTS**

Care Coordination Programs are defined as having a minimum of the following four components:

1. Screening;
2. Assessment and reassessment;
3. Care planning; and
4. Ongoing contact between the case manager and the consumer.

### **PROCEDURE B PROGRAM PLAN AND BUDGET**

Service Providers offering this program shall develop a plan for the delivery and evaluation of services provided. This plan shall be submitted as a component of the Service Provider's annual application for funding, and shall include, at a minimum, the following:

1. Consumer eligibility requirements;
2. Assessment instrument;
3. Matrix of funded and commonly brokered services;
4. Linkages between CCP and other programs;
5. Methods/delivery of care coordination services;

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6. Service cost caps, if applicable;
7. Anticipated number of consumers by funding source to be served;
8. A budget by funding source identifying administrative, care coordination and service costs;
9. Evaluation component in addition to quality assurance activities

## **PROCEDURE C CONSUMER ELIGIBILITY**

The Service Provider shall, with the approval of the Agency, establish eligibility criteria for consumers based on the funding source requirements, which may include, but are not limited to, age, physical or mental disability, or caregiver status.

Consumers must need ongoing or episodic care coordination for coordination of services delivered by service providers and/or informal caregivers.

The Service Provider shall provide consumers with information about each of the programs for which they are eligible. This shall include, but not be limited to, services and/or benefits available; care plan cost caps and estimated date of initiation of services.

The Service Provider shall allow consumers to choose the program in which they will be enrolled. Consumers' participation in CCP will not be terminated due to changes in income or functional status unless the consumer chooses to enroll in PASSPORT.

The Service Provider shall develop and submit to the Agency for approval a prioritization system that identifies consumers at most risk. These consumers may receive services before others who had requested services on an earlier date.

## **PROCEDURE D FUNDING OF SERVICES**

1. The Agency shall maintain records to ensure that the funding sources for services arranged through CCP are identified with the exception of brokered services.
2. The Service Provider shall fund and/or broker services.
3. Care coordination shall be a direct service, i.e., funded as a service from the CCP budget.

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4. Cost share requirements do not apply to care coordination.

### **PROCEDURE E SCOPE OF SERVICES**

1. The Agency shall determine which services and/or brokered services will be offered in the CCP. Services may include activities not described in the ODA taxonomy.
2. The Agency shall request a variance for any service, except for brokered services, not currently in the ODA taxonomy, as outlined in ODA Policy 207.00, Request for Variance from Prescribed ODA Service Taxonomy.
3. The Agency shall assure that care coordinated services that are part of the current ODA taxonomy are delivered in compliance with Conditions of Participation and current service specifications in ODA Policy 308.

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1. The Agency shall provide care coordination services directly and/or through contract with an external Service Provider. These services shall include advocacy and may include brokering of services.
2. The Agency shall establish guidelines for the frequency, duration, and method of Service Provider staff level of involvement.
3. A Service Provider that contracts to provide care coordination with the Agency shall not provide a second service to CCP consumers to avoid causing a conflict of interest unless the Service Provider has a waiver to do so.
4. The Agency shall monitor contracted care coordination services as part of the quality assurance program in accordance with ODA Policy 211.

### **PROCEDURE G ASSESSMENT AND CARE PLAN**

1. The Service Provider shall develop written procedures that ensure that the assessment process will:
  - a. Collect the data needed to determine eligibility and service need;  
and,

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- b. Facilitate ease of access for consumers residing in the community and/or being transferred from another program or type of care setting.
2. The Service Provider shall develop written procedures that ensure the consumer or his/her designated representative's active involvement with the development and implementation of the care plan.
3. The Service Provider shall develop written procedures that ensure the consumer or his/her designated representative's understanding of his/her rights and responsibilities to voice concerns to the Agency and the designated Regional Long-term Care Ombudsman Program.

## **PROCEDURE F      MONITORING OF CONTRACTED SERVICE PROVIDERS**

1. The Service Provider shall develop written procedures for program and contract monitoring of Service Providers with which it has brokered-service contracts. These procedures, along with service specifications and any other appropriate documentation shall be submitted to the Agency's Department of Planning and Program Development for review and approval prior to implementation.
2. The Service Provider shall monitor each contracted Service Provider at least annually and maintain monitoring records for a minimum of 5 years from the date of each final monitoring report.