Clinical Coordination

Concept Paper

Clinical Coordination is a service provided to individuals who are in the process of transitioning *or* have transitioned from a Developmental Center to Home and Community Based Services. Clinical Coordination is the acquisition and integration of resources and services designed to meet the multiple needs of individuals and families in order to support a successful transition. Clinical Coordination is provided by community based HCBS providers and includes the coordination of resources on behalf of the individual/family as well as direct support and intervention.

The following services comprise Clinical Coordination:

Assessment: Assessments may be performed directly or secured for the individual from a third party. Assessments areas include but are not limited to: skills, personal needs, service needs, data collection and health and safety.

Pre-transition Planning: Includes assessment and acquisition of housing, utilities, household items, necessary transportation, the physical move and insuring adequate services and supports are in place at the time of the move. May include start up items and management of Home Choice waiver services.

Family/Guardian Support: Includes support, education and transition assistance. May include the establishment of guardianship if needed.

ISP Support: Development of skill development and/or behavioral programs and behavioral/ other needed guidelines for staff. Includes written methodologies for implementation of plans.

Securing and Managing Services: Includes but is not limited to: medical, ancillary services such as occupational, speech and physical therapies, nutrition/dietary, nursing, behavioral health, transportation, specialized medical equipment and coordination of hospital admission/discharge/stay. Includes day and/or employment services and follow up services with Developmental Center staff. Also includes on-going coordination and communication with the service providers and attendance at related meetings, reviews, in-services and training opportunities.

Resource and Benefit Management: Includes benefit acquisition and maintenance, providing or securing representative payee services, day to day management of the individuals resources and managing the individual’s participation in the dual eligibles project, Medicaid spend down or Medicaid Buy-in programs. Also includes work on Level of Care and other redetermination processes.

Community Inclusion: Includes assisting the individual to access available community resources, services and recreational opportunities. May include support and communication with community service providers, neighbors and roommates. Includes staff support and education in accessing community based services.

Crisis Intervention: Includes communication and coordination with the individual, staff, county board personnel, law enforcement, medical personnel and other social service agencies.

Consumer Satisfaction and Quality Assurance: Includes face to face time with the individual/family/guardian to assess satisfaction with services and periodic reviews of all services and supports to insure the desired outcomes for the individual.