



Care Coordination

1. What Is Care Coordination?

- Care Coordination is the cornerstone of Centennial Care, the Medicaid managed care program. It involves identifying Member needs, coordinating care and services, information sharing, and working with the member and a multitude of providers and State agencies to promote the achievement of individual and/or care plan goals.
- Through the Care Coordination process, MCO Members' integrated physical health, behavioral health and long-term care needs are identified.
- Care Coordinators assist engaged Members to access appropriate services and ensure that their needs are addressed.
- Care Coordinators act as the hub in navigating a network of services such as primary care, specialty care, behavioral health services, medication management, laboratories, hospitals, nursing facilities and a variety of community services. For actively engaged Members this is accomplished through collaboration efforts with doctors, nurses, health coaches, community health workers, peer support specialists, service agencies, and the Member's support system.

2. What is the goal of Care Coordination?

- To provide each member with the right care, at the right time, and in the most appropriate setting by matching Member needs with services.

3. Who is eligible for Care Coordination?

- Any member, who has an established full Medicaid Category of Eligibility (COE), is enrolled in Centennial Care, and is determined to be eligible for Care Coordination through a Comprehensive Needs Assessment (CNA).

4. How do members enroll in Care Coordination and what does a Care Coordinator do for members?

- The Health Risk Assessment (HRA) conducted by the MCO or its designee determines if a Member may require a Comprehensive Needs Assessment (CNA) to identify the Members physical health, behavioral health, and long-term care needs.
- At a minimum, Members receive an HRA initially when the MCO is notified of a new enrollee in Centennial Care or when a Member, who is not in Care Coordination Level 2 or Level 3, experiences a change in health condition requiring a higher level of care. Members, not currently in Care Coordination Level 2 or Level 3, may request to be assessed for Care Coordination and may access the MCO Care Coordination Unit for assistance.
- Members in Care Coordination Level 2 or Level 3 are assigned to an individual Care Coordinator. These Care Coordinators meet face to face with Members to conduct their initial, annual, or semi-annual CNA and have regular contact with the Member to ensure they are receiving the services they need.
- Approximately 42,000 Centennial Care Members are receiving Level 2 and Level 3 Care Coordination.
- Care Coordinators work with Members in Level 2 or Level 3 Care Coordination to develop and implement a Comprehensive Care Plan (CCP) based on a person-centered approach that includes the Member's unique needs and preferences.
- Level 2 or Level 3 Care Coordination is on-going to ensure Members receive necessary and appropriate care and services.

5. What is Care Coordination Delegation?

- MCOs may delegate some or most Care Coordination activities to providers, entities or individuals.
- **Full delegation** of Care Coordination allows for the full set of Care Coordination functions to be delegated to a provider in a value-based purchasing arrangement. Functions that are not allowed to be delegated include the Nursing facility level of care (NF LOC) assessments and Care Coordination functions for Members who are in the Self-Directed Community Benefit model.
- **Shared functions** model allows the MCOs to engage community partners to perform a limited portion of Care Coordination functions. The goal for the shared functions model is to engage Members in the communities where they live, increase outreach to Members who may need Care Coordination but have been difficult to engage, and include a variety of community providers who have established relationships with the members they serve.