One Care Implementation Council Presentation

November 12, 2019

Improving care for people with disabilities and chronic health needs

commonwealth care alliance®

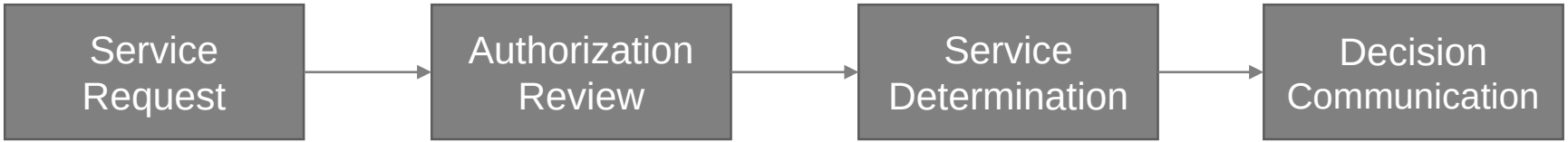
Agenda

- Care coordinator role partnering with members
  - Educate on each step of care planning
  - Prioritize life, relational, and wellness goals
  - Support navigating service request processes
  - Enhance member comfort level directing care planning
- Decision process for non-medical transportation
  - Care coordinator role supporting community living and engagement
  - Aligning with and supporting member goals

Care Coordinator as Partner

- Clinical advocate who invests in and prioritizes building and nurturing trusting, long-term relationships with members
- Collaborates with members and the interdisciplinary care team for ongoing care plan review and update, including with change of status or urgent need
- Ensures members' full understanding of treatment options based on their individualized care plans, benefit options, and internal and external resources
- Gathers crucial insight into the social and environmental factors that impact members' health and well-being, which is shared across the team
- Uses training and knowledge of CCA benefits and what services and supports may be approved based on individual needs
- Engages utilization management as part of the interdisciplinary care team to ensure individualized care plans are enrollee-directed, equitable, and include the appropriate balance of covered and expanded services

Care Partner Role Through Service Request Process



Care Partner Visibility Throughout the Process

Each Step Informed by Individualized Care Plan