



Care Coordination Design Team Meeting Summary

Care Coordination Design Team

Date of Meeting: August 31, 2011

Present:

- Maria Bediako
- Bill Bird
- Robert Budd
- Donna Colonna
- Jill Gentile
- Marcia Heckel
- Maggie Hoffman
- Michael Kennedy

- Lois Kilkenny
- Hope Levy
- Bob Lopez
- Eric Pasternak
- Anne Swartwout
- Sheryl WhiteScott
- Jeff Wise
- Carol Rodat

Absent:

- Jane Davis-Bunt
- Poloma Hernandez
- Susan Wanamaker
- Michael Mascari
- Michael Northrop

Discussion Topics

Summary of Main Discussion Points, Considerations, Recommendations, Next Steps, etc.

Review Minutes and Action Items Updates and Confirm agreement with the Design Team Summary from August 10th meeting

- The team reviewed and approved the minutes from the August 10th meeting.

Confirm agreement with the Design Team Summary from July 27th meeting.

- The team reviewed and approved the summary from July 27th.

Review work completed from other Design Teams and Technical Workgroup

During the Steering Committee Meeting that was held on August 24th, the design teams presented preliminary recommendations and consistent themes emerged from all the presentations. These included:

- Choice and independent advocacy
- Flexibility of services
- Increase of self-direction/self-determination services

Discuss response from the Steering Committee

Specific recommendations from the Steering Committee will most likely be forthcoming after September 1st. some of the comments regarding Care Coordination's recommendations included:

- more clearly identifying the role of the family and natural supports in care coordination





Care Coordination Design Team Meeting Summary

	<ul style="list-style-type: none"> • Stating exactly what is meant by a firewall between care coordination and the provision of direct services. • Being more specific in the recommendation that there be a reasonable effort to meet individual’s choice of service provider.
<p>Examine and discuss quality components for Essential Components of Care Coordination</p>	<p>The team wants the following areas ensured to be measured:</p> <ul style="list-style-type: none"> • Family involvement in the care planning process • The ability for a care coordination entity to access and provide community resources and natural supports. • Appropriately determine when emergency services are necessary and are able to access those services in a timely fashion. • Process for resolving an individual’s dissatisfaction with the care coordination entity. • When services and advocacy are identified as a need, that the care coordinator meets those needs. <p>The team also discussed how often an individual can switch a care coordination entity and how the DISCO and care coordination entity responds to this.</p>
<p>Discuss transition issues</p>	<p>The team discussed several transition issues, such as</p> <ul style="list-style-type: none"> • Role of the State <ul style="list-style-type: none"> • Oversight of quality management and development of standards within care coordination • Assisting with the transition from service coordination to care coordination • Choice of Care Coordinator <ul style="list-style-type: none"> • A process needs to be developed so that individuals’ choice can be honored • Care Coordination entity’s viability <ul style="list-style-type: none"> • A system needs to be in place that allows for the flexibility and stability for providing care coordination when individual’s needs change. • Self-Direction and Self-Determination Concepts <ul style="list-style-type: none"> • Policies need to be in place that encourage self-direction and self-determination • Innovation within this realm should not be discouraged. • Health Information Technology <ul style="list-style-type: none"> • Care Coordination entities need comprehensive





Care Coordination Design Team Meeting Summary

	systems to be better able to communicate and coordinate services between providers.	
Identify action items and next steps	<ul style="list-style-type: none"> • Bring in Rick Surpin to discuss how care coordination works in his organization, Independence Care System (ICS). • Send out transition chart as a survey to the group. 	
Action Items		
<u>Action Item</u>	<u>Owner</u>	<u>Due Date</u>
Send out transition questions as a survey to the group.	Maria Bediako	September 9, 2011
Schedule a meeting with Rick Serpin to discuss care coordination	Jill Gentile	September 9, 2011
Additional Documents of Reference		
Essential Components of Care Coordination		

