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**CHAPTER 9: ADULT DAY HEALTH CARE WAIVER**

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**SUPPORT COORDINATION**

Support coordination, also referred to as case management, is an organized system by which a support coordinator assists a beneficiary to prioritize and define his/her personal outcomes and to identify, access, coordinate and monitor appropriate supports and services within a community service network. Beneficiaries may have multiple service needs and require a variety of community resources.

**Core Elements**

Support coordination agencies are required to perform the following:

- Intake;
- Assessment/Reassessment:
  - Evaluation/re-evaluation of level of care (LOC) and need for waiver services.
- Plan of Care (POC) Development and Revision:
  - Linkage to direct services and other resources; and
  - Coordination of multiple services among multiple providers.
- Follow-Up/Monitoring:
  - On-going assessment and mitigation of health, behavioral and personal safety risk; and
  - Responding to beneficiary crisis.
- Critical incident management; and
- Transition/discharge and closure.

For additional details on support coordination responsibilities, procedures, and timelines, refer to Appendix B for the hyperlink to the *Office of Adult and Aging Services (OAAS) Waiver Procedures Manual*.

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**Other Support Coordination Responsibilities**

The support coordinator is responsible for coordination of the beneficiary's ADHC Waiver services and Long Term-Personal Care Services (LT-PCS), if applicable, in a way that does not duplicate services when the beneficiary is also receiving other services such as home health or hospice services.

Support coordinators are also responsible for reporting critical incidents. For additional details regarding reporting requirements, procedures and timelines, refer to Appendix B for the hyperlink to the Critical Incident Reporting website.