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**CHAPTER 7: COMMUNITY CHOICES 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:

1. Intake;
2. Assessment/reassessment, including the following:
  - a. Evaluation/Re-evaluation of LOC and need for waiver services.
3. Plan of Care development and revision:
  - a. Linkage to direct services and other resources; and
  - b. Coordination of multiple services among multiple providers.
4. Follow-Up/Monitoring:
  - a. On-going assessment and mitigation of health, behavioral and health safety risks; and
  - b. Responding to beneficiary crisis.
5. Critical Incident Management; and
6. 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 Aging and Adult Services (OAAS) Waiver Procedures Manual*.

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**Other Support Coordination Responsibilities**

The support coordinator is responsible for coordination of the beneficiary's Community Choices Waiver services in a way that does not duplicate services when the beneficiary is also receiving other services, such as home health, or hospice services.

The 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.