
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:

- Intake;
- Assessment/reassessment;
 - Evaluation/Re-evaluation of LOC and need for waiver services.
- Plan of Care 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 health safety risks; 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 Aging and Adult Services (OAAS) Waiver Procedures Manual*

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.

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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.