AWA CONFERENCE

C.OORDINATION
A.DVOCACY
R.IGHTS
E.MPOWERMENT

July 12, 2018

Arkansas Total Care

arkansas total care

arkansas total care

arkansas health & wellness

- Founded in AR
- Local Leadership & Team
- Statewide

Mercy

- Not-for-profit hospital network
- 3,500+ physicians and advanced practice clinicians *(entire network)*
- Locations across AR

LifeShare

Real Life For Real People

- 20+ years as IDD direct provider
- Community Based
- Competitive Employment
- Managed Care experience

Our Approach

Our Commitment to Whole Health and Person-Centered Care

We know that clinical care addresses only part of a person's needs. Our *whole health approach* means we get to know our members individually, so we can tailor our full portfolio of support to each person's circumstances and serve their needs better.

Care Coordination Definition

Act 775 of the 2017 Arkansas Regular Session defined care coordination as including the following activities:

1. Health education and coaching;
2. Coordination with other healthcare providers for diagnostics, ambulatory care, and hospital services;
3. Assistance with social determinants of health, such as access to healthy food and exercise;
4. Promotion of activities focused on the health of a patient and their community, including without limitation outreach, quality improvement, and patient panel management; and
5. Coordination of Community-based management of medication therapy.

Care Coordination Duties

The care coordinator employed by the PASSE is responsible for the total plan of care for each beneficiary assigned to him or her. The total plan of care is all services and plans related to the client. The total plan of care may include, but is not limited to, the following:

1. Behavioral Health Treatment Plan;
2. Person Centered Service Plan for Waiver Clients;
3. Primary Care Physician Care Plan;
4. Individualized Education Program;
5. Individual Treatment Plans for developmental clients in day habilitation programs;
6. Nutrition Plan;
7. Housing Plan;
8. Any existing Work Plan;
9. Justice system-related plan;
10. Child welfare plan; or
11. Medication Management Plan

Local & National Resources

- **Trainings:**
  - Person-centered Practices
  - Quality of Life
  - Empowerment/Advocacy
  - Crisis Prevention/Intervention
  - Crimes Against People with Disabilities
  - Community Inclusion
  - Creating a path to employment
  - Setting high expectations
  - Transition planning
  - ABLE Act
  - Health/Wellness
  - Diversity

Advocacy Groups: AUCD, Starkloff Disability Institute, AAPD, APRIL, ANCOR, The Arc, NCIL

The People We Serve

- Man in his mid-40s. Down Syndrome and hearing impaired. Circle of supports was having a difficult time. Care Coordinator knows American Sign Language. Using methods from our person-centered supports training we worked with everyone involved on new solutions and are working on finding Behavioral Health therapy.

- Female member lost Medicaid eligibility. Lonely and not able to leave home. Her Care Coordinator worked to help the woman get back on Medicaid. Care Coordinator plans extra time at meetings to simply talk with the member.

- 19 y.o. man with Autism. Has a high I.Q. In therapy but different provider types won't see him. Working to link him with providers and an employment program.

What Should We Know?

What are the:

1. Processes
2. Transitions to Prepare for 2019
3. Gaps
4. Other Things?

Contact Us

www.arkansastotalcare.com

866-282-6280