**Jan. 11th 2017**

**12:00 pm-1:00 pm**

**Lunch and Learn Call for HCBS Consumers**

**(10 Participants on the call)**

**\* Ombudsman Lunch and Learn Conference Call Series\***

**Information on:**

**Care Coordination and Community Transitions**

**Cynthia Houser & Katie Hook – United Healthcare**

Cynthia and Katie both oversee annual, 6 month, quarterly and monthly client assessments as well as annual and bi-annual onsite facility assessments with the help of 150 Field Care Coordinators and 11 regional managers.

The Person Centered Support Plans focus on the whole person by use of in depth assessments seeking to better understand client’s function and needs.

Persons the 5 waivers cover are: FE, PD, I/DD,TBI & TA. They receive a four part assessment by a care coordinator and review team consisting of intake information such as:

* Race
* ethnicity
* types of assistance such as:
  + health risks
  + depression
  + long term care
  + follow ups
  + wellness visits

Persons on non-waiver care receive telephone or in person follow ups and wellness visits often to discuss chronic conditions and medications to provide a more integrated approach to care.

Every client has the choice of self-directed care or care through a provider with the security of emergency backup plans in place. Clients existing assessments such as CDDO assessments are looked at as very important to our overall client assessment.

The Transition Team helps when choosing institutional or community care by providing personal assistance, transition help workbook, help with finding housing, help with bill paying as well as help with addiction. Transition Team members can also help with not normally covered items like security deposits, late bills or even shopping needs in some situations.

Q&A session

Q - What do you do with families transitioning and providing resources?

A – We will provide a care associate demonstration or copies of resources.

UHC Care Coordination, PowerPoint attachment.