Appointment for Care Coordination/Targeted Case Management Services

Recipient

Name:
Date of Birth:
Medicaid Number:
Harmony ID Number:
Former Care Coordinator:
Former Care Coordination Agency:

Care Coordinator

Name:
Telephone Number:
Care Coordination Agency:
Provider Number:
Effective Date of Appointment:

I understand that my Care Coordinator is certified by Senior and Disabilities Services and enrolled with Alaska Medicaid. I understand that I must be eligible for Medicaid, and need the same kind of care as people who live in a nursing home or developmental disability care facility. I choose the Care Coordinator named above to help me with my services in the following waiver program
and/or Community First Choice (if applicable).

I agree to:

- Apply for Medicaid and keep my Medicaid current with the Division of Public Assistance.
- Choose a new Care Coordinator if I want to.
- Sign my Support Plan and all other required documents.
- Request my Care Coordination case notes and service notes if I need them.
- Understand that my Care Coordinator is not an emergency contact. I should call 911 if I need help right away.
- Understand that if I change Care Coordinators, my new Care Coordinator is responsible after these things happen:
  - ❖ My new Care Coordinator can review my latest approved Support Plan and amendments.
  - ❖ SDS gets notified of my choice of new Care Coordinator.
  - ❖ My former Care Coordinator gives my new one the last 12 months of Care Coordination service notes.

My Care Coordinator agrees to:

- Help with my first Medicaid application and renewals by giving me resources so I can complete these.
- Explain my program rights and responsibilities.
- Give me a copy of the SDS Recipient Rights and Responsibilities and the Notice of Adverse Action and Fair Hearing Rights.
- Tell me about any employment or family relationship the Care Coordinator has to a service agency.
- Develop a timely Support Plan with me, to meet my needs. Revise the plan if my needs change or are not being met.
- Make and submit an amendment to my Support Plan within 10 days, if I need different providers or a different number of services, or services while I am outside my home community.
- Keep case notes that document visits, contacts, and other matters about my services.

- Contact me or my representative to confirm services are going according to the Support Plan with the following requirements:
  - ❖ For ALI, APDD, CCMC, or IDD:
    - Connect twice (2) each month in-person, by phone, or distance delivery.
    - Meet in-person at least once (1) every six (6) months, and more often as needed.
      - One (1) in-person meeting should be at your home; and
      - One (1) meeting should be at a place where services are delivered (if applicable).
  - ❖ For ISW:
    - Connect once (1) each month in-person, by phone, or distance delivery.
    - Meet in-person at least once (1) every six (6) months, and more often as needed.
      - One (1) in-person meeting should be at your home; and
      - One (1) meeting should be at a place where services are delivered (if applicable).
  - ❖ For CFC Only:
    - Contact me, my representative and my providers as described in my CFC Support Plan.
- Contact my service providers as needed to make sure services are working for me.
- Work on solving problems with my service providers as needed.
- Have a backup Care Coordinator and tell me to contact that Care Coordinator if my main Care Coordinator will be gone for 72 hours or more.
- Give me 30 days written notice, and let SDS know, if my Care Coordinator will no longer be serving me.
- Help me choose another Care Coordinator as needed.
- Make sure that my new Care Coordinator can get documents about my services.
- Work out payment for Care Coordination services between my former and my new Care Coordinator, if I change Care Coordinators mid-month.
- Report the following to SDS Central Intake:
  - o Abuse, neglect, self-neglect, and financial exploitation
  - o Critical incidents
  - o Waste or abuse of Medicaid funds
- Report Child Abuse to the Office of Children's Services by calling 1-800-478-4444.

Signature of New Care Coordinator Date

Signature of Applicant/Recipient or Legal Representative Date

Signature of Former Care Coordinator Date