Care Plan Training

Presenters:
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Kelsey Raml, Brown Clinic Watertown
Lori Atkins, Behavioral Management Systems
Shayla Scherr, Behavioral Management Systems

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Goal of Training

- Discuss the importance of Care Plans to the Health Home Program.
- Provide examples of Care Plan Templates (Others not included in this training will be available on the web after the training is complete)
- Discuss the Care Plan process as it relates to our initial Quality review.

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Six Core Services

- Six Core Services must be provided to the level appropriate for each recipient.
    1. **Comprehensive care management**
    2. Care coordination
    3. Health promotion
    4. Comprehensive transitional care/follow-up
    5. Patient and family support
    6. Referral to community and social support services
- CMS requires the six Core Services be provided to all enrolled recipients.

- Health Homes are paid a monthly PMPM for the delivery of the Core Services. All medical services continue to be reimbursed according to the current reimbursement structure.

1. Comprehensive Care Management

- Comprehensive Care Management is the **development** of an individualized care plan with active participation from the recipient and health home team members.

- Each recipient's individual care plan is based on a comprehensive assessment with all identified issues incorporated into the care plan and documented in the EMR.

- The designated provider is responsible for providing for all of the recipient's health care needs. Takes responsibility for:
  - Arranging care as needed
  - Coordination with other qualified professionals
  - Discussing appropriate access to care (ER utilization)
  - Preventive education
  - Conducting a standard behavioral health assessment of your choosing.

- Provides same day appointments, timely clinical advice by telephone during and after office hours (24/7), and documents clinical advice in the medical record.

Key Elements of a Care Plan

- Care Plans should:
  - Include basic information about the recipient;
  - Summarize the recipient's medical conditions and medications;
  - Identify those involved (providers, family, other services);
  - Summarize recipient's social situation (housing, employment, transportation etc.);
  - Summarize recipient's barriers;
  - Establish goals to improve health and overcome barriers.
  - Become a part of the recipients EMR.

Key Items to know about Care Plans

- Care Plans are an integral part of serving recipients in Health Homes.
- Each clinic or Health System is allowed to choose a template for their Care Plan, but a Care Plan must be completed on each recipient in Health Homes.
- If behavioral health needs are identified in the assessment, Care Plan should include plan to address.
- Care Plans should be developed with active participation from the recipient and natural supports of their choosing.
- Care Plans should guide the care for the recipient.
- Updates to the care plan should be done as needed.

Other Presenters

- Kelsey Raml – Brown Clinic
- Lori Atkins and Shayla Scherr, Behavior Management Systems

Questions and Thank You!

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