ISSUE BRIEF

DignityAlliance Massachusetts
Respect • Self-determination • Choices

Care Coordination

Issue:	Care Coordination
Goals:	Create an integrated care model that allows care coordination, transition and diversion services for all individuals living with long term services & supports, both in the community and in a facility.
Problem statement:	There are many individuals living in institutions who should not be there. There is a need for funding for transportation support services to educate individuals living in facilities on Home and Community Based Services (HCBS) alternatives. There is also a need for diversion support for individuals in institutions and for individuals who are currently living in the community.
Background/History:	The majority of individuals living with chronic illness or disability prefer to live in a community setting, and these numbers have increased with COVID. As more individuals with more complex needs opt to remain in the community, continuity of care and care coordination are imperative.
Options:	1. No or moderate improvement – individuals will still be at risk of being forced to live in institutional settings or unsafe home settings. 2. Ideal Improvement – older adults and those living with disabilities will be able to live in the setting of their choice.
Analysis/Factor Analysis:	There are no cons to this. This is a basic human rights issue
Estimated Cost/Savings:	On average, homecare is half the cost of institutional care (Paying for Senior Care.com October 2021)
Recommendations:	Create and support legislation that provides funding for continuity of care, care coordination and transition and support services across all settings.
Conclusions/Summary:	Often individuals wishing to live in the community are dealing with complex health needs, a complex health care system and numerous funding and regulatory agencies. They need the support of accessible and knowledgeable care coordinators to navigate these complexities.

For more information, contact: HCBS Workgroup Chair Meg Coffin, mcoffin@centerlw.org

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