



Working  
Together to

Coordinate  
Care



**Care Design NY** is a Care  
Coordination Organization/  
Health Home (CCO/HH) that  
offers comprehensive care  
management services for  
individuals with intellectual  
and/or developmental  
disabilities (I/DD).

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# Care Management

Members of the CCO/HH have a **dedicated Care Manager** who oversees and coordinates their access to services, based on the individual's **plan of care**, outlining their goals, safeguards, team members (i.e., providers) and desired outcomes.



## ? How does Care Design NY support its providers?

If needed, an individual's Care Manager will:

- **Link individuals** to identified needed services.
- **Ensure completion** of paperwork for seamless care transitions and information sharing.
- **Participate in, and help coordinate** an individual's discharge planning or other transitional care needs.
- **Schedule** an individual's follow-up appointments.
- **Identify and address barriers** to care or support needs.
- **Share information** with providers around an individual's current diagnosis, medications or health care history.

# Provider Input & Support

The CCO/HH model supports and coordinates access for its members to all services, including disability, mental health/SUD, medical and social supports, while employing a person-centered approach to holistic service planning and the delivery of integrated quality care.



## ? How does the provider work with Care Design NY in coordinating care for the individuals we support?

- **Notify Care Design NY** as soon as possible if an individual you support goes to the **emergency room or is admitted to the hospital.**
- **Coordinate with Care Managers** regarding treatment plans, discharge plans or barriers to achieving goals in care.
- **Invite the Care Manager** to activities where the plan of care may be discussed, reviewed or re-evaluated.
- **Notify the Care Manager** when an individual's care or program is being changed.

# Whole Person Care

The goal of Health Homes, and the Care Management model, is to improve care and health outcomes, lower medicaid costs and reduce preventable hospitalizations, emergency room visits, and unnecessary care for its members.



## ? What are some helpful resources for a Care Design NY providers?

- **Provider Newsletter**
- **Searchable Provider Directory**
- **Prompt support** from the Care Design NY Provider Relations and Network Development team at [providerrelations@caredesignny.org](mailto:providerrelations@caredesignny.org).
- **Provider Spotlight** highlighting an organizations available services and programs to Care Managers.