Exceeding Expectations

On the Ground Strategies in Family and Person Centered Care Coordination

THE COORDINATING CENTER
ANNUAL REPORT 2010

Mission

The mission of The Coordinating Center is to partner with families, children and adults with special health care needs and disabilities and those who support them in the community to achieve their aspirations for health, inclusion, independence, dignity and quality of life.

The Coordinating Center is deeply committed to its guiding values:

Engagement
▪
Integrity
▪
Diversity
▪
Quality
▪
Leadership

Exceeding Expectations.

Nearly three decades ago, The Coordinating Center embraced the ideal of a family and person centered approach. In so doing, we created a powerful prototype for care coordination wherein people with disabilities drive the decisions that are made about their lives. Our model continues to support children and adults who experience the greatest health, social and disability challenges to thrive in a nurturing family, a welcoming community. Today, the national conversation on long term care is turning once again to person and family centered care coordination. On the horizon is a renewed commitment to community. The Coordinating Center is poised to demonstrate the power of putting the person first and of achieving results that truly benefit the individuals we serve. Our "doing whatever it takes" mindset and an abiding respect for the person's abilities, values, and dreams, informs our community based care coordination. It is coordination practice that exceeds expectations. ■

Greeting from the Executive Director and the Board President

Recently the movement toward home and community based services has achieved dramatic momentum. This is reflected in a focus on rebalancing public funds from supporting primarily people in institutional settings to supporting them in their own homes. This shifting priority, many years in the making, means that The Coordinating Center's leadership in person centered practice has even more relevance and appeal.

The Coordinating Center is responding to this sea change in two key ways: the enhancement of our focus on quality and the expansion of consultation with respect to person centered, on the ground care coordination.

This year, the organization identified improving quality processes as a principal focus. As a result, we believe that we are exceeding expectations by doing a better job of tracking progress toward meeting individuals' goals and responding to issues that have a critical impact on peoples' lives. Collecting information about goals, in particular, has paid dividends in terms of better use of resources and more finely honed tracking of outcomes and care coordination effectiveness. Ancillary to this effort, Coordinating Center co-workers have created a committee to study and implement evidence based practice.

Recognizing The Coordinating Center's expertise in locating accessible affordable housing, a major consultation firm, New Editions, has included The Center in two national projects to provide technical assistance on community housing strategies and transition from nursing facilities to the community. These projects are initiatives of the Centers for Medicare and Medicaid Services (CMS). They are in response to the fact that locating appropriate housing and provision of comprehensive transition services are major barriers to relocating from facility to community.

The technical assistance provided by The Center is in support of the Money Follows the Person program (MFP). MFP is a national initiative that assists Medicaid recipients to move from institutions and facilities like nursing homes to homes in the community by shifting their funding for facilities to pay for homes and services of their choosing instead. The Coordinating Center, through the Living at Home service coordination program, is a recognized leader in facilitating the transition of people from facilities and institutions.

The Opting for Independence Program, funded through a Community Innovations for Aging in Place (CIAIP) grant, via the federal Administration on Aging, became fully operational in 2010. This is an exciting opportunity for The Center to be able to assist older adults to remain in their communities and to avert nursing home placement. In concert with the Howard County Office on Aging, we are developing tactics to build strong community relationships with and for the older adults in this pilot project. The goal is for grass roots and supportive programs to coalesce in helping older people stay in the homes that they love.

Offering the people we serve as much information as possible, particularly about community resources, is one of the ways that The Center can have an impact on individuals' ability to thrive at home. Thus, the Living at Home Program has, with funding from the Reeve Foundation, created Community Living Resource Guides. These guides are customized, specific to the individual. They include information about the programs, services, and service providers that the person uses in the community. The purpose is for people to have easy reference to this frequently used information.

Looking to the future, The Center will be reaching out from directions begun in 2010. Already, the Housing Office staff is preparing a training manual on obtaining accessible and affordable homes in the community. In addition, ACCESS Group for Consultation and Medical Legal Services have begun to partner in the creation of a new program to provide a broad based care coordination for older adults in the community. Care Coordination staff members are utilizing palliative care as well as evidenced based practices, particularly where children and families are concerned. Our vision is to continue to explore how our care coordination strategies can positively affect the lives of the individuals we touch.

Karen-Ann Lichtenstein

John Hudgins, Ph.D.

Programs and Services

Person Centered Care Coordination

Reporting on the organization's activities is not just about the numbers. It is really about the people behind the numbers and the partnerships between and among families, individuals, providers, and care coordinators. These relationships lead to the highest levels of consumer satisfaction as well as better outcomes through these care coordination programs:

Model Waiver Program. The premiere Maryland Medicaid program for children with complex medical needs, disabilities, and often dependence on life sustaining technology, the Model Waiver provides care coordination among 199 children statewide. The program, a pioneering effort created nearly three decades ago, is the keystone for other Coordinating Center care coordination initiatives.

Rare and Expensive Case Management Program (REM). Through this program, The Center serves approximately 1300 children and adults statewide whose diagnoses are relatively rare and whose care needs are highly sophisticated and costly. Care Coordination assists REM participants as they adapt to managing their significant health, safety, educational and rehab needs while experiencing the challenges and joys of community living.

Infants and Toddlers Program. Approximately 55 children who need early intervention services and who participate in the Model Waiver or REM programs receive ITP services coordination along with care coordination. These services are available to children residing in Baltimore City and County as well as Prince George's County. The Center is pleased to provide training on the Program to all REM case managers throughout Maryland; this effort is funded by the Maryland State Department of Education.

Autism Waiver Program. 154 children with autism receive service coordination from The Center's expert staff in the Maryland counties of Dorchester, Harford, Howard and Worcester. This important program helps families to achieve optimal health and safety at home.

Living at Home (LAH) Waiver Program. This program is the centerpiece of the organization's – and Maryland's – efforts to promote the movement of younger adults from nursing homes to homes of their choice in the community. Nearly 750 people with specialized needs throughout the state participate in the program.

- A crucial piece of the LAH program, The Center's Housing Office, has succeeded in relieving barriers to obtaining accessible, affordable housing by developing key relationships with housing authorities and landlords in all jurisdictions.
- Managed through the Housing Office, the HIP program offers intensive care coordination to reduce the numbers of homeless people in Montgomery County. 23 people are currently being served through this growing effort to help people find permanent homes in the county.

Innovative Initiatives

Medical Legal Services continues to expand in the provision of comprehensive life care planning, expert testimony and care coordination for adults as well as children nationwide. This multidisciplinary team is being called upon to respond to the diverse needs of the legal community. This means that the service is now addressing life care planning for individuals with specialized needs who are not involved in litigation, but who need the expertise of the team. Medical Legal Services life care planners are certified and masters prepared in their individual disciplines, thus offering a program of unparalleled expertise.

Amerigroup Care Coordination. A Medicaid certified managed care organization, Amerigroup contracts with The Center to coordinate the care of children and adults with chronic health concerns. This is designed to minimize emergency room use and to support good outcomes at home. 180 children and adults residing in Baltimore City and County as well as the counties of Anne Arundel, Calvert, Charles, Montgomery, and Prince George's are served through this model program.

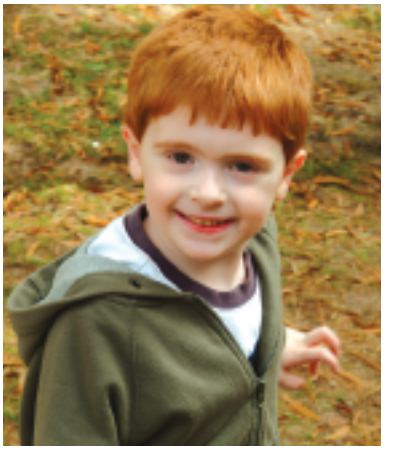
The ACCESS Consulting Group acts as the catalyst for creating new ventures and implementing grant funded initiatives in support of the organization's mission. Opting for Independence is one of these initiatives, which is now being fully implemented. This creative nursing home diversion project currently serves over 70 older adults through a partnership with the Howard County Aging and Disability Resource Center.

Community and Family Support Programs

Contributors

The Family Resource Fund. This small fund was created and is managed by a co-worker committee. It provides modest one-time grants to families and individuals who are experiencing crises and have nowhere else to turn. As its name implies, the fund is dedicated to children and families, and individuals participating in Coordinating Center programs. Primary contributors are The Center's co-workers. Other friends of the organization who supported the Family Resource Fund in 2010 include Mr. and Mrs. John Trumbule and Dr. Alan Fields. All contributions to The Coordinating Center are designated to the fund and the organization bears the administrative costs. In 2010 the Family Resource Fund was able to assist 76 families and individuals with $15,953.

The Take A Break Program. This program is designed to be as responsive to family needs for "taking a break" as possible. Funded by the DHMH Office of Genetics and Special Health Care Needs, through the Anne Arundel County Infants and Toddlers Program, the program provides the much needed gift of time to caregiving families of children with special needs residing in our headquarters county, Anne Arundel. The children can also have access to enrichment programs that families would ordinarily not be able to provide. This year, the program distributed the grant among 48 children and families.



The LEAP Program. Recognizing young people with disabilities who are transitioning to a new stage of life, such as from high school to college or college to the work world is the mission of the LEAP Program. This novel program pays for items that are essential to supporting that life transition, that stepping stone to the future. The Center is honored to be a "community partner" with the HSC foundation and to nominate awardees from the community of promising young people we serve.

Statement of Financial Position

September 30, 2010

Assets	2010	2009
Cash	$ 930,434	$ 483,939
Investments	3,011,435	2,574,307
Accounts receivable – net		
Model Waiver	103,500	104,000
REM	274,941	532,089
LAH	323,995	649,026
Other	417,891	305,383
Prepaid expenses	108,854	138,301
Property and equipment – net	450,939	494,172
Deposits	11,525	10,395
Total Assets	$5,633,514	$5,291,612
Liabilities		
Accounts payable	$ 36,404	$ 11,916
Payroll liabilities payable	20,578	15,328
Accrued wages and benefits	844,782	713,928
Accrued 403(b) matching contribution	32,536	93,873
Deferred income	2,000	19,917
Total Liabilities	936,300	854,962
Net Assets		
Unrestricted	4,678,471	4,404,480
Temporarily restricted	18,743	32,170
Total Net Assets	4,697,214	4,436,650
Total Liabilities and Net Assets	$5,633,514	$5,291,612

Statement of Activities

For the Year Ended September 30, 2010

Unrestricted Net Assets Support and Revenue	2010	2009
Client income	$9,549,084	$9,066,040
Grant income	497,050	113,487
Total Support and Revenue	10,046,134	9,179,527
Net Assets Released From Restriction	18,905	28,587
Total Unrestricted Net Assets	10,065,039	9,208,114
Expenses		
Grant and other programs	2,998,700	2,534,154
Medicaid programs	6,956,855	6,462,101
Total Expenses	9,955,555	8,996,255
Increase in Net Assets From Operations	109,484	211,859
Non-Operating Gains (Losses) and Other Revenue		
Investment income	161,502	199,941
Loss on disposal of equipment	(4,441)	-
Other income	374	114
Total Other Revenue	157,435	200,055
Total Increase in Unrestricted Net Assets	266,919	411,914
Temporarily Restricted Net Assets		
Contributions	12,550	23,745
Purchases	(18,905)	(28,587)
Decrease in Temporarily Restricted Net Assets	(6,355)	(4,842)
Total Increase in Net Assets	260,564	407,072
Net Assets, Beginning of Year	4,436,650	4,029,578
Net Assets, End of Year	$4,697,214	$4,436,650

The Board of Directors*

Sandra Aran
Parent Representative
The Arc of Anne Arundel County
Severn, Maryland

Bruce Burns
Financial Representative
Northwestern Mutual Financial Network
Annapolis, Maryland

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Business Technology Consultant
Capgemini
Arlington, Virginia

Edward A. Feinberg, Ph.D.
Board Secretary/Treasurer
Program Manager
Anne Arundel County Infants and Toddlers Program
Potomac, Maryland

Alan Fields, MD
Medical Director (non-voting)
Potomac, Maryland

Pamela Gentry
Centers for Medicare and Medicaid Services
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Marketing Consultant
Arnold, Maryland

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Montgomery County Department of
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Rockville, Maryland

Felice Hill
Parent Representative
Department of Homeland Security
Bowie, Maryland

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Chair, Department of Social Sciences,
Coppin State University
Baltimore, Maryland

James Karpook
Principal
The Chartis Group
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Chief Executive Officer
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*AS OF APRIL, 2011

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MARYLAND NONPROFITS
STANDARDS FOR EXCELLENCE

Certification by the Maryland Association of Non Profit Organizations Standards for Excellence program reflects The Center's commitment to ethics and accountability in all operations, a testimony to the way in which we actualize our mission.

URAC
ACCREDITED
CASE MANAGEMENT

National accreditation by URAC demonstrates the quality and integrity of our core service, community care management among people with disabilities and complex health care and social needs.

NQF
National Quality Forum

Membership in the National Quality Forum allows The Coordinating Center to be the voice for on the ground, person centered community care coordination.

The Coordinating Center

The Coordinating Center is a 501 (c) 3 non profit organization, incorporated in the State of Maryland, since 1983 as The Coordinating Center for Home and Community Care, Inc. The organization is certified as a Minority Business Enterprise in Maryland.

The Coordinating Center

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