THE COORDINATING CENTER

INSPIRED SOLUTIONS

MARYLAND NONPROFITS

STANDARDS FOR EXCELLENCE

8531 Veterans Highway, 3rd Floor
Millersville, MD 21108

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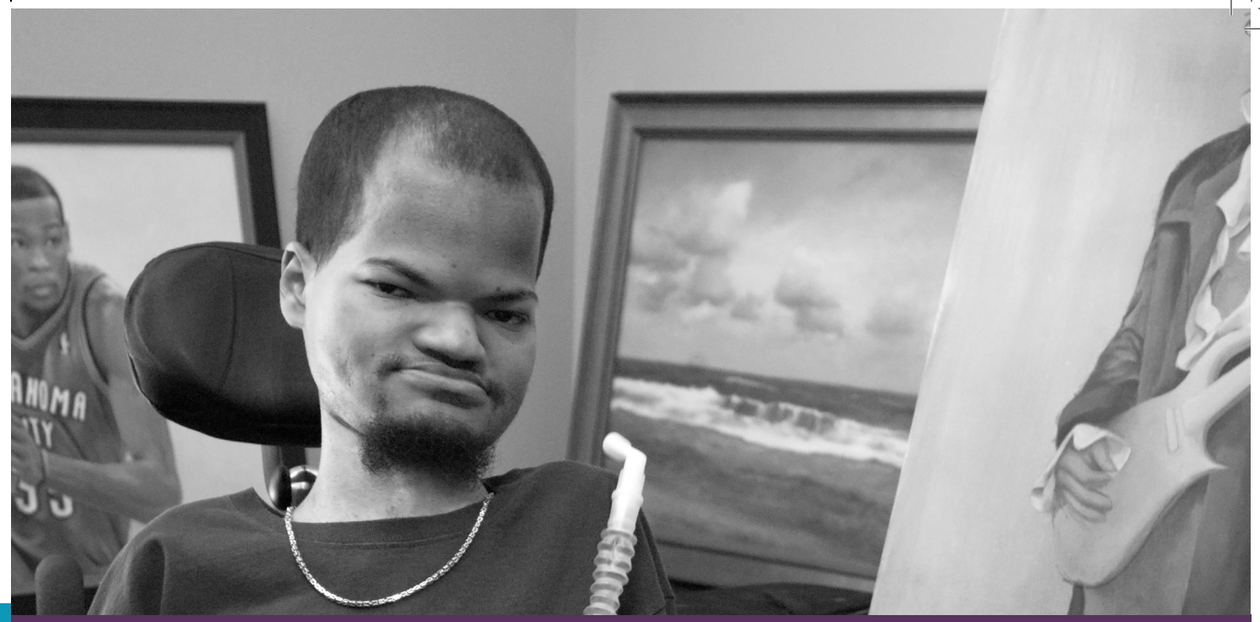
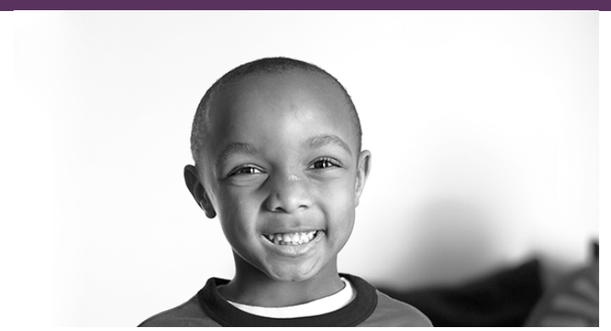


Celebrating 35 Years of Abilities



2017/2018
Annual Report

THE COORDINATING CENTER

INSPIRED SOLUTIONS

VISION

People of all ages and abilities have equitable access to achieve optimal quality health, affordable housing and meaningful community life.

MISSION

The mission of The Coordinating Center is to partner with people of all ages and abilities and those who support them in the community to achieve their aspirations for independence, health and meaningful community life.

VALUES

EXCELLENCE

We challenge ourselves to do great work.

COLLABORATION

We are better together.

INTEGRITY

We uphold ethical standards.

EQUITY AND INCLUSION

We value diversity in its many forms.

IMPACT

We make a difference.

LEARNING

We believe continual learning is essential for adaptation, innovation, resilience, and simply for doing good work.

A MESSAGE FROM OUR CEO

Dear Friends,

This Annual Report marks The Coordinating Center's 35th anniversary serving the Maryland disability community. As we reflect on our 35-year history, we would be remiss without acknowledging the long history of The Center and the people who worked tirelessly to make sure that children with complex medical needs and disabilities could flourish at home. Initially funded through a federal grant from the Maternal Child Health Bureau, a group of passionate advocates from disability organizations, childrens' hospitals, local health departments and other community organizations worked together to develop a community-based, care coordination model. This innovative community model focused on the transition from hospital to home among children who were then hospitalized with complex medical needs requiring ventilator support. Subsequent to the success of the grant-funded project, and within two years of its founding, The Center was designated as the care coordination entity for the ground breaking Maryland Model Waiver program.

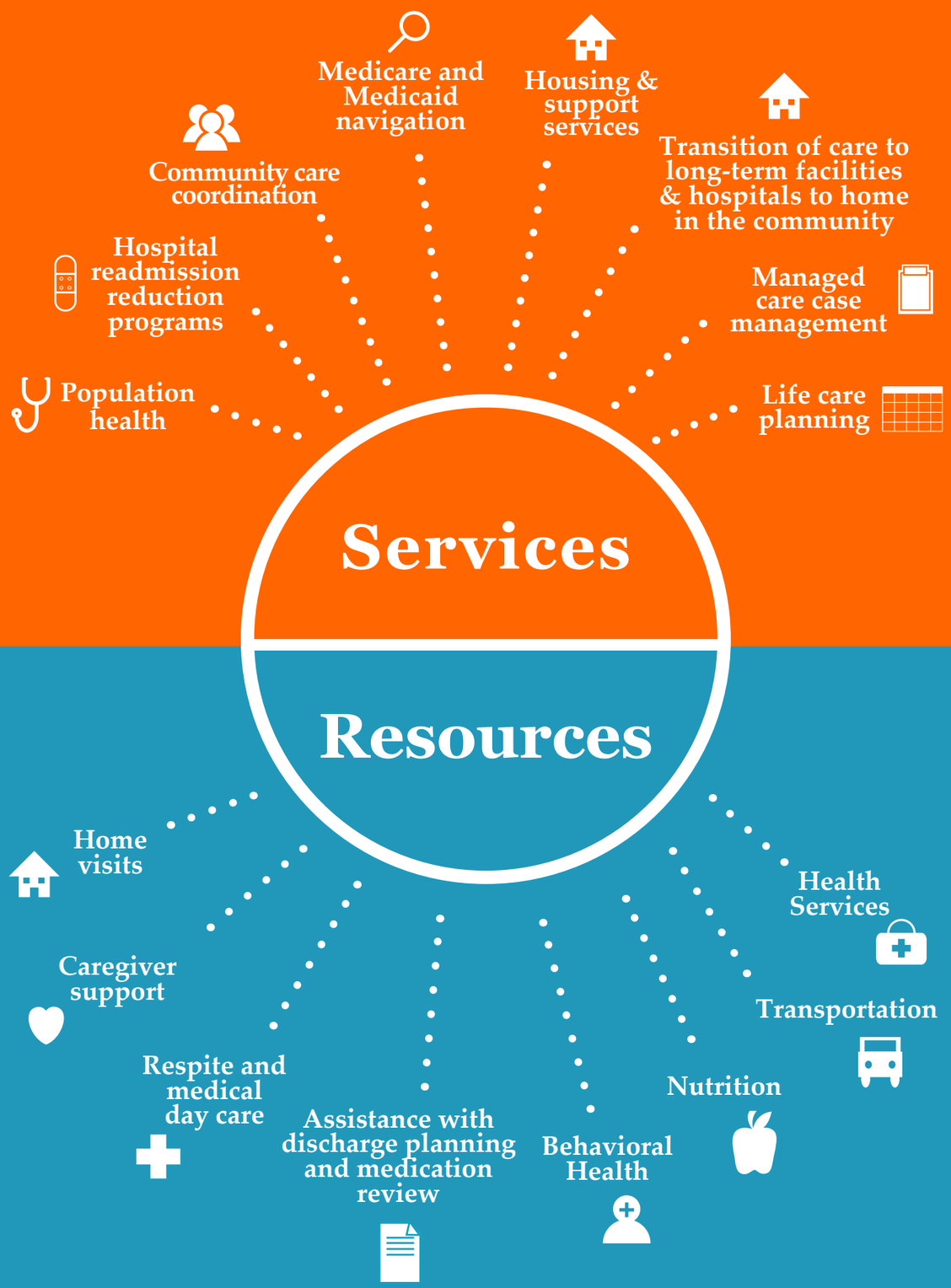
Today, The Coordinating Center is a statewide care coordination organization located in Millersville, Maryland with significant experience in delivering community-based care coordination for people with disabilities and the most complex medical and social needs. For more than three decades, The Center has translated national movements into ground-level, community-based programs including transitions of care, Medicaid rebalancing initiatives, aging in place, hospital readmissions reduction, and addressing homelessness. For 35 years, The Center's passion and expertise in partnering to resolve complicated, intractable and costly social and health challenges has been the hallmark of the work we are privileged to do.

I personally have had the honor to work collaboratively with so many wonderful individuals over the years to create innovative programs that have moved children and adults from institutions, nursing facilities and hospitals to homes in the community of their choice. The Center has become an industry leader for improving population health, driving community inclusion and celebrating diversity. It has been a privilege to collaborate on a vision and a mission that has had a significant impact on so many Maryland lives.

Warmly,

Karen-Ann Lichtenstein
President/CEO

HOW WE HELP



FAMILY RESOURCE FUND

The Family Resource Fund, initially called the "Crib Fund," was started by coworkers 33 years ago to help families and their little ones with complex needs transition from hospital to home when no other funding was available. Today, the Family Resource Fund assists children and adults with complex health needs and disabilities to live independently in the community of their choice. One hundred percent of the dollars raised in Fiscal Years 2017-2018 directly benefited these children and adults.

The fund supports critical need requests, items an individual or family cannot live without such as medical equipment, medical supplies, hearing aids, eye glasses, dentures/dental work, transportation, wheel chair tie downs, and other items not covered by Medicaid, or other insurance providers. Additionally, the fund assists with quality of life requests such as technology, assistive devices, travel strollers, therapeutic strollers, activity chairs, respite, camps, adapted tricycles, etc.

Finally, the Family Resource Fund also provides needed housing assistance. In the case of an imminent housing need, the Family Resource Fund will provide support for rapid rehousing, and critical housing services.

OUR IMPACT

298
PEOPLE SERVED

$86,191
DISTRIBUTED

20%
SUPPORTS CRITICAL HOUSING NEEDS

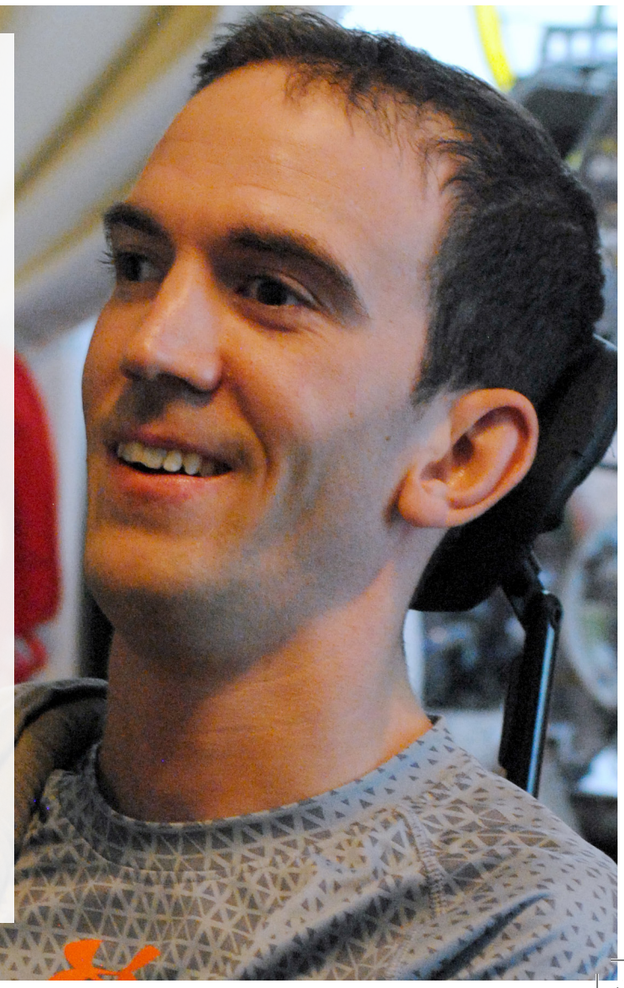
Meet Kevin

Kevin is a huge fan of Baltimore's sports teams, including the Orioles and Ravens. His bedroom displays an impressive collection of sports memorabilia from his favorite teams. Just as much as he enjoys supporting his favorite teams, he loves participating in marathons and triathlons with Athletes Serving Athletes.

Athletes Serving Athletes is a nonprofit organization that allows people with and without disabilities to work together as teammates in marathons of varying intensity. In April of 2016, Kevin competed with Athletes Serving Athletes running "WingMan" in the famed Boston Marathon.

Even when he isn't training for or competing in a race, you can find Kevin exercising his ability to move around and enjoy the outdoors. Kevin is able to get around his family's neighborhood using his vibrant red adapted tricycle, which was provided in part by The Coordinating Center's Family Resource Fund.

Kevin appreciates the ability to get on his own bike and ride around the area. Though he can certainly move around in his wheelchair, there is something special about his perfectly-suited bike. After mastering the steering and pedaling maneuvers, Kevin feels his bike is an essential tool for independence and mobility.



COMMUNITY CARE COORDINATION

The Coordinating Center began as a community-based organization supporting children with the most complex needs. Today, The Center supports people across the lifespan, community living settings, and cross disability. Remaining a constant over the past 35 years has been The Center's commitment to person-centered, care coordination. The Center's team of Clinical Care Coordinators (licensed social workers and nurses), Service Coordinators/Supports Planners, and Autism specialists, partner first and foremost with individuals and their families to meet individual goals and work directly with health care professionals, clinics and hospitals, specialists, pharmacists, mental health professionals, school personnel and other community providers to meet these varying needs. More than 7,400 children and adults are enrolled in myriad of programs at The Center, including: Maryland Medicaid's Model Waiver Program, the Rare and Expensive Case Management Program (REM), the Home and Community-based Options Waiver, Community First Choice (CFC) program, Community Personal Assistance Services (CPAS), and the Autism Waiver. These programs are essential in supporting people to move out of institutions, as well as assist people with their goal of independent community living.

OUR IMPACT

7,674
FY 2017 PEOPLE SERVED

7,813
FY 2018 PEOPLE SERVED

Meet Rachel

Rachel enjoys horseback riding, shopping, looking for new movies to watch, hanging out outdoors, and spending quality time with her family and friends. Rachel has a special soft spot for her dog who is a most patient and friendly companion.

Diagnosed with Autism as a toddler, Rachel has been working hard to develop her skills and highlight her strengths. Rachel was nonverbal until the age of five and now utilizes both spoken word and sign language to communicate best with her family and friends. Rachel also lives with severe food allergies and Celiac disease, an autoimmune disorder that can lead to damage of the small intestine. Rachel's family continues to explore eating habits that could help her lessen and best manage her food allergies.

With the help of her family, her Coordinator and other valuable resources like friends and mentors, Rachel is learning more about important skills including how to communicate and interact effectively with others, how to express her emotions and how to prepare her own food.

Children's Community Services

A team of licensed nurses and social workers holistically coordinate medical services and other critical home and community based services for persons enrolled in the Rare and Expensive Case Management Program and Model Waiver Program, helping individuals thrive at home and in their communities.

4651
FY 2017

4622
FY 2018

Transition Connection Initiative

The Initiative was established to support Health Care Transition for ages 12-22+. In 2018, TCI was expanded from a pilot to a statewide program to support health care needs. To date, TCI has transitioned 55 young adults to adult primary care physicians.

268
FY 2017

1,699
FY 2018

Autism Services Division

Local school systems in Dorchester, Harford, Howard and Worcester counties contract with The Coordinating Center to work with children and youth with Autism Spectrum Disorder to receive waiver and Medicaid services and support them in their homes and communities.

150
FY 2017

168
FY 2018

Adult Community Services Division

Helps support those enrolled in the Home and Community-Based Options Waiver, Community First Choice Program and the Community Personal Assistance Program. Our Coordinators help transition adults with disabilities out of nursing homes, and support others living in the community by supporting their goals of optimal quality health, affordable housing and meaningful community life.

2963
FY 2017

3023
FY 2018

MEDICAL LEGAL SERVICES DIVISION

The Medical Legal Services Division continues to provide comprehensive Life Care Planning Services to advocates in the legal community. Over the past two years, the division has expanded services to individuals who, following litigation, are the recipients of special needs trusts and similar funding supports. Utilizing their expertise in the delivery of community based resources for care, the division's Life Care Planners and Care Coordinators have forged partnerships with numerous clients and their representatives to support full community inclusion and access for both children and adults with special health care needs and disabilities. Working with specialists in home accessibility, home care, specialty equipment, medicine and rehabilitation, the Medical Legal Care Coordinators have worked to provide services that are both inclusive and cost efficient while striving to optimize the functional outcomes and safety of the individuals in the community.

YEAR OF SERVICE

In FY 2018, 120 coworkers participated in The Center's first annual Year of Service Initiative, contributing 500 hours of service at 17 nonprofits statewide.

HOUSING AND SUPPORTIVE SERVICES DIVISION

The Coordinating Center works statewide, helping individuals in all of its programs locate, secure, and maintain safe, affordable and accessible housing opportunities in the community of their choice. The Center's highly skilled Housing Coordinators assist individuals living in long-term nursing facilities to support their transition back to the community, and help those living in the community remain at home and avoid unnecessary transitions into a long-term care facility. Coordinators help individuals understand and identify different housing opportunities, assist with obtaining necessary documentation and provide resources to successfully maintain good tenancy. In addition, The Center has expertise in working with homeless individuals with chronic health conditions, through the Housing Initiative Program (HIP) in Montgomery County, designed to reduce homelessness by providing permanent supportive housing. The Center provides care coordination assisting individuals to access all appropriate medical, health and social services.

OUR IMPACT

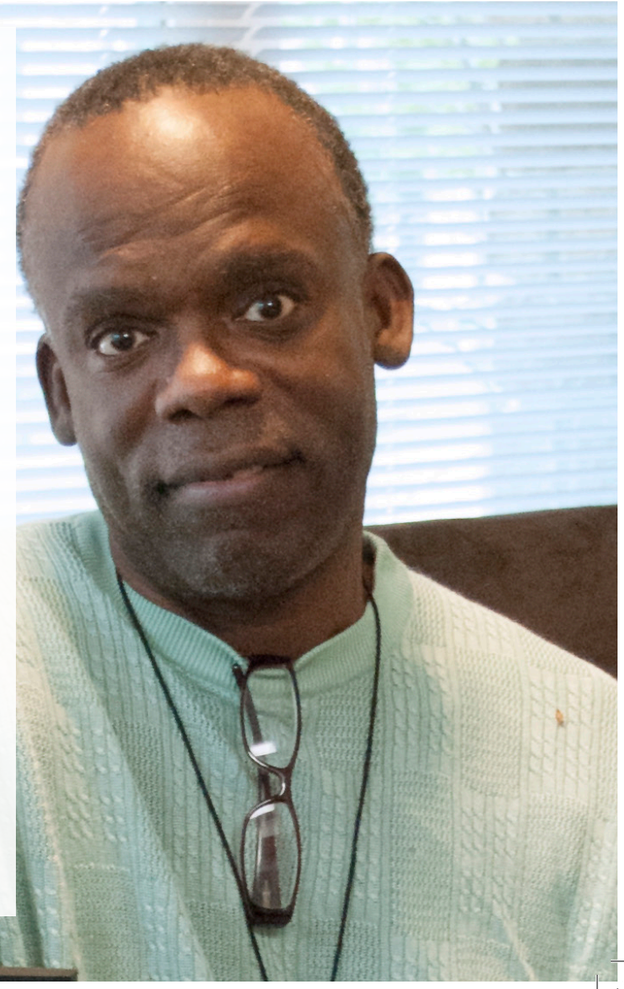
165
TRANSITIONS
NURSING FACILITY TO HOME
STATEWIDE

47
HIP
MONTGOMERY COUNTY

Meet Eric

Eric enjoys living independently, participating in father-son activities including trips to the local playground and the nearby shopping center for dinner and movie nights. Eric credits his Service Coordinator and Housing Coordinator for helping him transition out of a nursing facility into an apartment after he lived in a long-term care facility for three years after a stroke left him with limited movement on his left side and memory problems.

Eric longed to have his own place and be near his son. While at the nursing facility, he enrolled in the Home and Community-based Options Waiver program and was assigned a Supports Planner and Housing Coordinator from The Coordinating Center. Our Coordinators helped Eric obtain the paperwork needed to rent an apartment and support from the 811 Project Rental Assistance program. Eric also received help obtaining necessary items for his new home through the Money Follows the Person (MFP) fund. Now Eric has a place of his own and a bedroom for his son.



POPULATION HEALTH

The Coordinating Center works with hospitals, physician practices and managed care organizations to deliver customized care coordination and coaching models for at risk populations. The Center's team has significant experience coordinating a move from a hospital or nursing facility into the community. Using a person-centered approach, The Center works with individuals to identify personal goals and motivators, promote self-management skills, advocate for services and supports, and identify community resources to meet individual needs. Much of The Center's work is focused on the goal of reducing unnecessary health service utilization (emergency room, observation and inpatient), and addressing the social determinants of health.

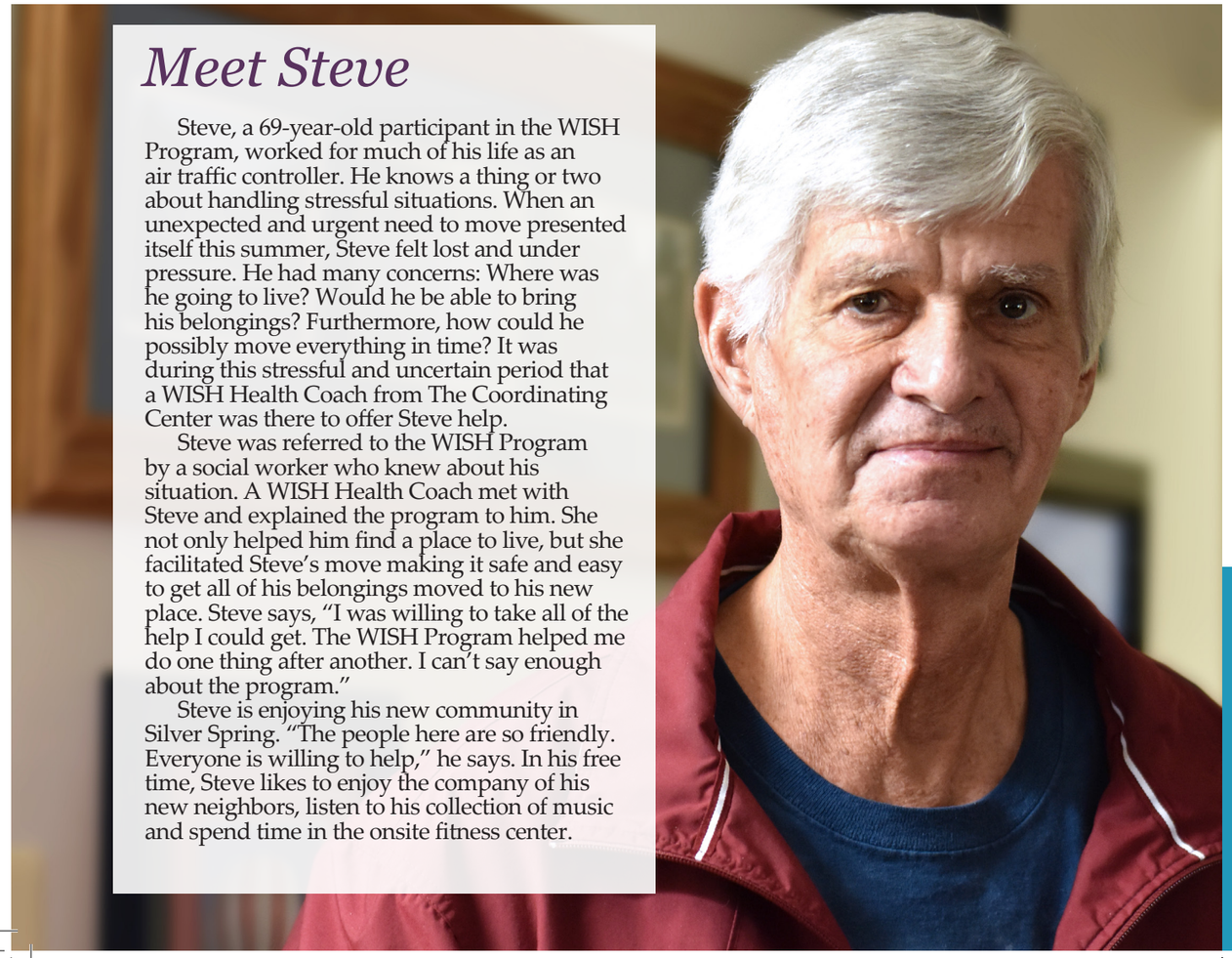
In 2017, The Coordinating Center was selected to participate as the community provider for two projects funded through the Health Services Cost Review Commission (HSCRC) Transformation Project. With support from the Primary Care Coalition, the Nexus Montgomery Regional Partnership was forged by six Montgomery County hospitals. The Center became the provider of care coordination services for the WISH Program, providing health coaching services for seniors living independently in the community in an effort to help seniors avoid unnecessary hospital use. In addition, The Center, expanding on its relationship with Anne Arundel Medical Center (AAMC), became the care coordination partner for the Bay Area Transformation Project, a partnership among AAMC, the Baltimore Washington Medical Center and community providers. Other partnerships included Frederick Memorial Hospital and ongoing work with a Maryland Medicaid MCO.

OUR IMPACT

2,498
FY 2017
PEOPLE SERVED

3,425
FY 2018 CLIENTS

55
NUMBER OF PARTNERS



Meet Steve

Steve, a 69-year-old participant in the WISH Program, worked for much of his life as an air traffic controller. He knows a thing or two about handling stressful situations. When an unexpected and urgent need to move presented itself this summer, Steve felt lost and under pressure. He had many concerns: Where was he going to live? Would he be able to bring his belongings? Furthermore, how could he possibly move everything in time? It was during this stressful and uncertain period that a WISH Health Coach from The Coordinating Center was there to offer Steve help.

Steve was referred to the WISH Program by a social worker who knew about his situation. A WISH Health Coach met with Steve and explained the program to him. She not only helped him find a place to live, but she facilitated Steve's move making it safe and easy to get all of his belongings moved to his new place. Steve says, "I was willing to take all of the help I could get. The WISH Program helped me do one thing after another. I can't say enough about the program."

Steve is enjoying his new community in Silver Spring. "The people here are so friendly. Everyone is willing to help," he says. In his free time, Steve likes to enjoy the company of his new neighbors, listen to his collection of music and spend time in the onsite fitness center.

POPULATION HEALTH

FY2017

2,347 PARTICIPANTS

FY2018

3,220 PARTICIPANTS

$19 MILLION DOLLARS
TOTAL REDUCTION IN HOSPITAL CHARGES
PRE/POST INTERVENTION FY2017-FY2018

MEDICAID MANAGED CARE CASE MANAGEMENT PROGRAM

FISCAL YEAR 2017

151 PARTICIPANTS

FISCAL YEAR 2018

205 PARTICIPANTS

62% REDUCTION
PER MEMBER PER MONTH TOTAL
INPATIENT HOSPITAL COST

SUCCESSFULLY COMPLETED NCQA CERTIFICATION IN ASSOCIATION WITH MANAGED CARE ORGANIZATION (MCO)

HISTORICAL TIMELINE

1983

Founded as The Coordinating Center for Home and Community Care.

Received a $200,000 SPRANS grant from the Maternal Child Health Bureau.

1985

Established the "Crib Fund" for families moving their newborn from hospital to home.

Launch of the Maryland Medicaid Model Waiver Program, known originally as the Katie Beckett Waiver.

1997

Began providing care coordination services for children and adults with special health care needs through the Maryland Medicaid Rare and Expensive Case Management Program (REM).

1998

Began providing home and community-based services for adults with disabilities who lived in the community and those in nursing homes who wished to live independently.

2000

Received accreditation from URAC and Maryland Nonprofits Standards for Excellence Program.

Launched the Medical Legal Services Division with Certified Life Care Planners.

2001

Began providing service coordination for children and young adults with Autism Spectrum Disorder through the Autism Waiver Program in four Maryland counties.

2002

Coworker-led Crib Fund became known as the Family Resource Fund, expanding its mission to support critical needs for people with disabilities.

2005

Launched the Health Plan Services Division to provide care management services for Managed Care Organizations and support people with complex health needs and disabilities.

1983

Founded as Coordinating Center for Home and Community Care, Inc., The Center developed a national model of care coordination enabling children with the most complex medical needs to move from hospital to home.

2002

Purchased new 19,000 square foot office space to accomodate The Center's growing workforce.

2013

Selected as the Sole Source provider for Maryland's REM Program.

2018

The Coordinating Center's 35th Anniversary Celebration and 3rd Annual CenterFlix raises $100,000 for Family Resource Fund.

Launched The Year of Service Initiative.

2006

Created the Housing and Community Planning Division to support access to integrated, affordable and accessible housing.

2007

Began to work with people experiencing homelessness in Montgomery County through the SHRAP Program, now known as the Housing Initiative Program (HIP).

2010

Received a Governor's citation for The Center's Housing and Community Planning Division.

2012

Received a capital grant from the Harry and Jeanette Weinberg Foundation and two Maryland state bond bills to purchase new office building.

2013

Launched the Get Well Program in three hospitals in West Baltimore with funding from the Centers for Medicare and Medicaid Services' Community Based Care Transition Program.

2015

Held first annual CenterFlix Fundraiser for the Family Resource Fund.

Launched the Transition Connection Initiative to support health care transition.

2016

Selected as the first statewide nonprofit care coordination organization to provide coaching and care coordination services for two HSCRC proposals: Bay Area Transformation Project and the Nexus Motgomery Regional Partnership.

2017

2nd Annual Centerflix raises $62,000 for Family Resource Fund.

Launched The Coordinating Center's Year of Service Initiative, enabling coworkers to volunteer with other coworkers to support local nonprofits.

2018

Recognized at the National Quality Forum's Annual Conference as a local example of an innovative organization that is making an impact on advancing the consumer voice in health and healthcare quality.

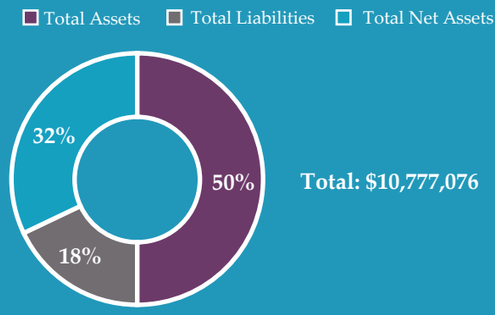
STATEMENT OF ACTIVITIES

Years Ended September 30, 2017 and 2016
(In Thousands)

SUPPORT AND REVENUE	2017	2016
Client Income	$23,444	$20,652
Grant Income	$337	$658
Released from restriction	$40	$38
Total Support and Revenue	$23,820	$21,343
EXPENSES		
Program Services	$21,089	$18,794
Management and General	$2,110	$2,023
Fundraising	$32	
Total Expenses	$23,230	$20,817
Change in Net Assets from Operations	$590	$526
Investment Income, net	$154	$107
Other non-operating Gains (Losses)	(2)	(2)
Total Expenses	$151	$105
Change in Unrestricted Net Assets	$742	$630
Change in Temporarily Restricted Net Assets	$42	(17)
Total Increase in Net Assets	$784	$613
Net Assets, Beginning of Year	$6,841	$6,228
Net Assets, End of Year	$7,625	$6,841

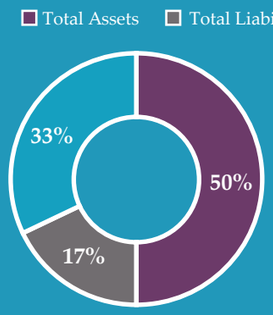
STATEMENT OF FINANCIAL POSITION

FY2016
TOTAL LIABILITIES & NET ASSETS



Total: $10,777,076

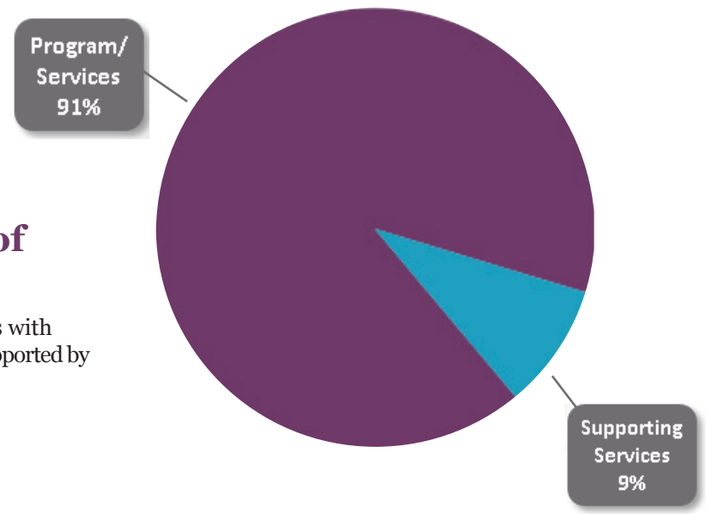
FY2017
TOTAL LIABILITIES & NET ASSETS



Total: $11,679,604

WHERE THE MONEY GOES

Year ended September 2017



Over 90 cents of every dollar

is spent on children and adults with disabilities and complex needs supported by The Coordinating Center.

2017-2018 SUPPORTERS

The Coordinating Center would like to thank all of our sponsors and donors who generously supported our 35th Year Anniversary and 3rd annual CenterFlix fundraiser benefiting The Center's Family Resource Fund.

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Ellen A. Chen
Vice President
Capgemini

Monica Herring
Parent Representative, The Coordinating Center
Management and Budget Specialist
Dept. of Health & Human Services

Alan Fields, MD, FAAP, FCCM
Medical Director***, The Coordinating Center
Physician Advisor Clinical Resource Management
Children's Hospital

* Board term concluded 9/30/2017
** Joined board 10/01/2017
*** Board term concluded 9/30/2018

CORPORATE DEVELOPMENT LEADERSHIP TEAM

Karen-Ann Lichtenstein
CEO/President

Nancy Bond
Chief Operating Officer

Lynn Baklor
CFO/Senior Vice President, Finance & Administration

Carol Marsiglia
Senior Vice President, Strategic Initiatives & Partnerships

Sharyn King
Senior Vice President, Population Health Services

Colby Bearch
Senior Vice President, Quality & Outcomes Management

Renée Dain
Vice President, Business Development & Social Innovation

Jennifer Przydzial
Vice President, Project Management & Communications

Carol Duvall
Vice President, Human Resources

Tricia Hogewood
Executive Administrator & Contract and Compliance Manager