INSPIRED SOLUTIONS

2020
ANNUAL REPORT

A MESSAGE FROM OUR CEO

2020: A Year We Must Remember!

One year ago, no one could have predicted the unprecedented events of the year 2020. While many would like to "just move on" after 2020, we must not forget, in fact *we must remember*!

We must remember, 2020 was a year of continued racial and social injustices and violence, compounded by a global health crisis. So much hurt, and too many lives lost.

We must remember, the challenges that individuals (in particular, those with disabilities, chronic health care needs and people of color), businesses, and communities faced, because of COVID-19. Yet, the resilience, of so many is admirable.

We must remember, how well we were able to manage the unpredictable nature of the pandemic on coworkers and clients because everyone worked collaboratively as a team and with our funders (Maryland Department of Health, local jurisdictions, and other health care organizations).

We must remember, how were able to quickly pivot our daily operations to meet the needs of our 300 coworkers and 10,000+ clients, more than half of whom are immunocompromised. Our bills were paid, mail was managed, client calls were answered, coworkers continued to be hired and oriented to The Center Family and coworkers without child-care or in-person schooling were supported.

We must remember, how we were able to successfully transition to an all-virtual model of care, ensuring clients had access to all appropriate resources to meet their health and safety needs, and all coworkers had the tools they needed successfully transition to a teleworking model. In fact, during the pandemic, our team made approximately 8,500 virtual visits from March-December, 2020 with less than 2% of our clients infected by the COVID-19 virus. At the same time, we managed to maintain a 94% satisfaction rating with the services they receive from The Center and 96.3% reported their Coordinator "respected their cultural/racial/religious/ethnic background."

We must remember, how we were able to swiftly convert all internal operations functions within days to a smooth well-oiled machine of production. Our bills were paid, mail was managed, client calls were answered, coworkers continued to be hired and oriented to The Center Family and coworkers without child-care or in-person schooling were supported.

We must remember, we achieved so much in 2020. I'm truly humbled by the commitment of our coworkers to our clients, who deliver exceptional services, at a time when it seemed like the sky was falling.

***We must remember*, we're stronger together. More resilient together. And I couldn't be more proud.**

Teresa Titus-Howard, PhD, MHA, MSW
President/CEO, The Coordinating Center

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.
Integrity: We uphold ethical standards.
Impact: We make a difference.
Collaboration: We are better together.
Equity and Inclusion: We value diversity in many forms.
Learning: We believe continual learning is essential.

Services We Coordinate

Primary Care
Preventative health screenings & wellness visits

Transportation
Public/private & accessible/affordable

Food
Food access, home delivered meals, dietician services & pediatric feeding programs

Family Supports
Respite care, caregiver support, & family training

Insurance
Understanding Medicaid/ Medicare/Commercial/Private insurance & coordinating insurance benefits

In-Home Services
Personal assistance services, home health, nurse monitoring, private duty nursing, certified nursing assistants, intensive therapeutic integration services, personal support services, intensive individual support services & live in caregiver supports

Educational Support
Advocacy/ legal resources & state/local educational resources

Medication
Pharmacy, medication therapy, medication review, education & access

Housing
Rapid rehousing, transitional housing, home repair/ modification, environmental assessments, accessibility modifications, community living with enhanced supports, & group homes

Community Integration
Meaningful day, medical day, school care coordination, vocational programs, senior center plus, day habilitation & medical day care services

People We Serve

- Rare Diagnosis
- Disabilities
- Complex Medical Needs
- Chronic Conditions
- Special Health Care Needs
- Transitioning Youth
- Autism Spectrum Disorder
- Formerly Homeless Adults

Transitional Services
Health care transition, adult life planning & transitioning youth

Special Care
Dental, vision, specialty physicians, complex care clinics, occupational/physical/ speech/language therapies & mental health/behavioral services

Equiptment and Supplies
Durable medical equipment, disposable medical supplies, assistive technology, accessibility adaptations, & personal emergency response system

FAMILY RESOURCE FUND

The Center was founded in 1983 by a group of passionate advocates who believed that all children belong at home, including those with special health care needs. With the support of a federal grant, The Center established a care coordination model that was successful in supporting the transition of children with complex medical needs from hospital to home. As The Center grew, coworkers concerned about the wellbeing of the children they were supporting, rallied together to establish a Crib Fund, providing cribs and other necessities to families in need. Today, this fund is still managed by coworkers, only its mission has expanded to serve people of all ages and abilities. Thanks to the generosity of donors, Family Resource Fund supports children and adults with disabilities, adults experiencing homelessness and housing insecurity, and people with chronic conditions and frequent hospital encounters, many of whom are impacted by social determinants of health, such as food insecurity and unemployment.

- Rapid rehousing
- Critical home modifications
- Medical equipment
- Medical supplies
- Hearing aids
- Eyeglasses
- Dentures/dental work
- Assistive technology devices
- Adaptive equipment
- Respite
- Summer camp
- Funeral Expenses

368	$98,218	22%
People Served FY 2019-FY2020	**Distributed**	**Supports Critical Housing Needs**

In FY2019 – 2020, thanks to the generosity of the Jill Fox Memorial Fund, Inc., the Family Resource Fund supported the medical needs of twenty children and young adults with Autism Spectrum Disorder, with more than 50% of the requests exceeding the Family Resource Fund's per client maximum of $500, with the largest request funded at $2,600.

CARE MANAGEMENT SERVICES

Our Care Management Services Team helps people with specialized health care needs and disabilities obtain high quality, medically appropriate health care services in a cost-effective setting outside of a managed care organization. The vast majority of people supported have developmental disabilities, such as Cerebral Palsy, genetic disorders, physical disabilities, and/or chronic diseases. Often, it is difficult for them to live independently without connection to the proper resources, consistent medical follow-up and community supports. Our Clinical Care Coordinators, licensed nurses and social workers, are skilled in helping individuals and families navigate transitions (i.e., early childhood interventions, school transitions, pediatric to adult services and hospital or nursing facility to home) and access community-based services to avoid costly long-term hospitalization.

1. **Rare and Expensive Case Management Program (REM)** is Maryland's, case managed, fee for service alternative to HealthChoice Managed Care Organization (MCO) participation. The REM Program is limited to individuals with certain qualifying conditions or diseases that may be considered rare and/or expensive to treat.

2. **Model Waiver:** a Maryland Medicaid benefit, which allows medically fragile individuals, before the age of 22 years to live at home. Without this benefit, these individuals would be hospitalized, as their medical needs require hospital or nursing facility level of care. Under the Waiver, the parents' income and assets are waived during the financial eligibility process even though the child continues to live in the community with their parent(s).

2020 REM Accomplishments

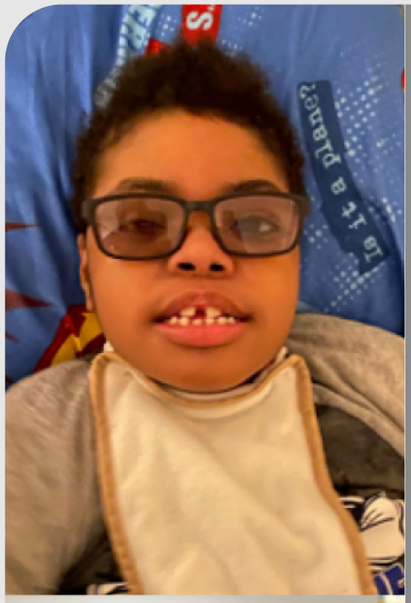
- Won a competitive REM rebid, maintaining The Center's status as the sole source care management provider of the REM Program for the State of Maryland.
- Successfully onboarded two new Minority Business Enterprise partners: Gant Global Services, Inc. and Medicalincs LLC.

Our Impact

4,492	4,568
People Served FY 2019	**People Served FY 2020**

2020 Model Waiver Accomplishments

- **16 new clients transitioned** onto the Model Waiver. This is significant because the program only has **200 slots** for the entire State of Maryland.
- Reduction in Model Waiver Category III Waitlist from 12-18 months to six **(6) month or less**.



MEET MEIKO ROBINSON

11 years old

“My experience with The Coordinating Center has left me in awe and in tears of joy, speechless even because there are things that were offered to Meiko that I didn’t even know about.” - Tiffany Robinson

Eleven-year-old Meiko was born with a rare brain disease that greatly impacted his vision and hearing. When a child is born with a rare disease, especially one that is so rare that no specialist in your community can pinpoint what it is, this can leave a family feeling defeated and worried about their child’s future. Without an official diagnosis it was extremely difficult for Meiko’s mother family to access health care services. None of the doctors and scientists the family met with were familiar with Meiko’s condition. Without an official diagnosis Meiko’s Medicaid application was denied, leaving him and his family without access to affordable and accessible in-home services and supports he and his family desperately needed.

Thankfully Meiko’s mom Tiffany is his biggest advocate. Refusing to concede, his mom appealed the Medicaid denial. While at court waiting for the appeal process to begin, Tiffany met a woman who would soon change their lives, a Clinical Care Coordinator employed by The Coordinating Center. After hearing Meiko’s story, it was clear to the Coordinator that Meiko needed to be enrolled in the Model Waiver, a Maryland Medicaid benefit, which provides critical services and supports to medically fragile individuals, before the age of 22. Tiffany contacted The Center’s intake office and with their help, Meiko’s application was approved by Medicaid and he was accepted into the Waiver.

In 2016 when Meiko was six-years old, Tiffany received a call from Meiko’s doctor saying that a new rare disease had just been discovered within the past year, which met the signs and symptoms they had been tracking for Meiko. The doctor explained that Meiko had a rare neurodevelopmental disorder called White-Sutton Syndrome. This syndrome is mainly characterized by developmental delay, intellectual disability, craniofacial abnormalities and commonly features of autism spectrum disorder. Finally, the Robinson family had the answers they were searching for. While there is no cure for White-Sutton Syndrome today, there are symptomatic treatments that can vastly improve a person’s quality of life.

Today Meiko is learning to be as independent as possible in his home, and while he is not a huge fan of virtual learning, Tiffany says working remotely has given her the opportunity to watch Meiko grow and develop more closely. “I’m still learning every day, but prior to connecting with The Center it felt like I was on my own trying to figure everything out, but now I have a support system to help me along the way.” When the Robinson family needed help covering some of Meiko’s out-of-pocket medical expenses, The Center’s Family Resource Fund stepped in to assist, covering $400 for his special eye drops and ointments. Tiffany says she is most grateful for Meiko’s coordinator, who goes to bat for her family. Since joining The Center, the Robinsons no longer worry about Meiko’s health insurance. Tiffany says, “I tell everyone that its hard, but I give them encouragement and always try to share the information I have about The Center.”

MEDICAL LEGAL SERVICES

The Medical Legal Services Division continues to provide comprehensive Life Care Planning Services to the legal community. Over the past five 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.

HOME AND COMMUNITY COORDINATION SERVICES

Our **Home and Community Coordination Services Team** is skilled in helping people of all ages and abilities navigate complex medical, social, and educational systems. We coordinate care, and support transitions from school-based services to adult services and the transition from a hospital or nursing home to homes in the community. Using a person-centered planning approach, we coordinate care for those enrolled in the following Programs and Waivers:

Our Impact

3,523	X,XXX
People Served FY 2019	People Served FY 2020

2020 CFP Accomplishments

500+ increase in the number of older adults and non-elderly disabled served through supports planning and housing locator services with the successful hiring and onboarding of 42 new coworkers (including two rehires!).

Community First Programs (CFP): Support Planners coordinate care for older adults and those with disabilities enrolled in: Maryland's Home and Community-Based Options Waiver, Community First Choice Program, Community Personal Assistance Services and/or Increased Community Services. Participants receive supports such as personal assistance services, nurse monitoring, home delivered meals, assistive technology, and other services funded by Medicaid that enable a person to live independently in the community (or in assisted living).

Coordination of Community Services for the Maryland Developmental Disabilities Administration (DDA/CCS): Coordinators of Community Services support people with intellectual/developmental disabilities in maximizing their independence in the community. Coordinators guide individuals/families through the eligibility determination process, the waiver enrollment process and coordinate services for those on DDA's Wait List and Waivers. Our Transitioning Youth specialists are skilled in the transition from school-based services to DDA waiver services.

2020 DDA/CCS Accomplishments

Approved as a licensed CCS provider for DDA's Central and Southern Maryland Regions, serving 43 people in the first six months.

Autism Waiver Services are for children with Autism Spectrum Disorder (ages 2 - 21), who need an Intermediate Care Facility for the Intellectually Disabled (ICF-ID) level of care. The Center is contracted by local school systems to provide care management services for students on the Waiver in Dorchester, Harford, Howard and Worcester counties.

2020 Autism Services Accomplishments

Successfully transitioned 19 students from school-based services to DDA funded services with only 2.5 weeks in mid-June during the COVID-19 Pandemic.

COMMUNITY HEALTH SERVICES

Our **Community Health Services Team** partners with hospitals, physician practices and managed care organizations to deliver customized care management and coordination services to improve population health. Our team has significant experience moving individuals from one healthcare setting to another, assisting with planning, logistical coordination, advocacy, health literacy, maintaining preventative health care, and addressing gaps in care and social determinants of health, which can negatively impact a person's health if not addressed (i.e., access to safe housing, food, transportation, medical coverage, health literacy, and job opportunities).

Health Plan Services

22% reduction in total medical cost per member/per month in Care Management services for at least 6 months

68% reduction in total inpatient cost per member/per month in care management services for at least 6 months

XXXX
People Served

Highly skilled Clinical Care Coordinators, licensed RNs, provide complex care management services for members of Managed Care Organizations (MCOs), children and adults with disabilities and/or multiple chronic conditions and frequent hospital encounters. Coordinators help members avoid unnecessary hospital use, adhere to preventative health schedules and access vital clinical and community resources. The right care at the right time and place.

In 2020, Health Plan Services increased the number of MCO partners from one to two for the first time in 14 years.

100% of The Center's Community Health Workers received Maryland's new CHW certification.

Get Well

XXXX
People Served

$4,331,308
total cost savings.

32%
reduction of preventable admission utilization rate.

An interdisciplinary Care Team of Certified Community Health Workers (CHW) in partnership with a RN Clinical Care Coordinator, supports adults with chronic diseases and recent, and often frequent hospital encounters by providing coaching and care coordination services to help improve self-management skills, ensure continuity of care across multiple specialties and access to clinical and community resources.

CHS creates a more sustainable funding model for the Get Well Program, by converting a grant to an annual contract with The Center's hospital partner.

VIPhysician&Kids

33
CYSHCN participants

2
Pediatric Practices Enrolled

Decreased health care provider time burden spent on non-medical activities from
49-25% to < 25%

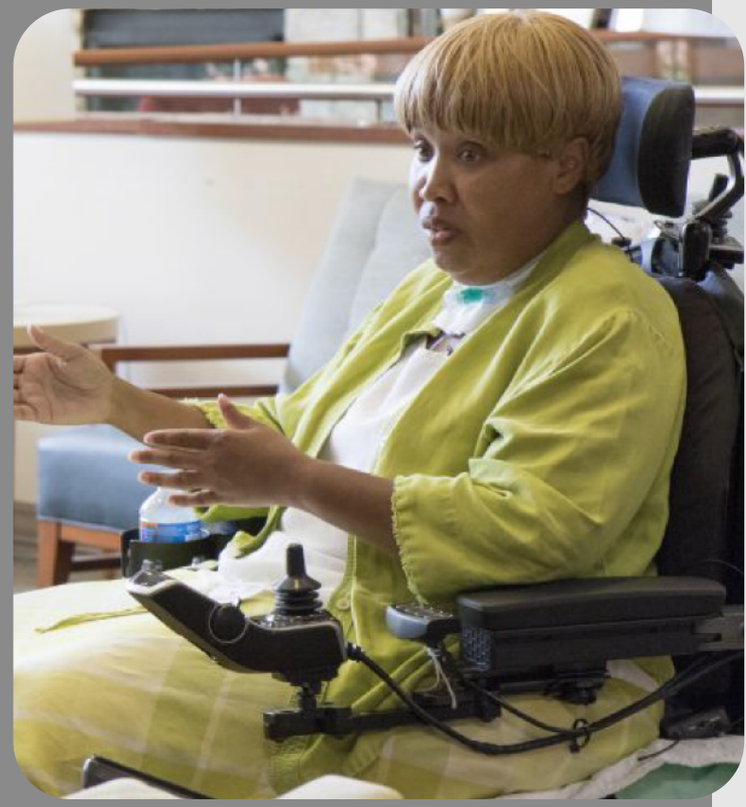
A medical home program for children and youth with special health care needs who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and require long-term health and related services (i.e. asthma, autism, diabetes and sickle cell anemia). An interdisciplinary Care Team (XXXXXXXX), partner with pediatric practices, their patients and families to deliver comprehensive primary care XXXXXXX supports that improve that childs health and wellbeing.

CHS increased the number of participating practices from two to three with several other practices interested in joining VIPhysicians&Kids.

MEET IVIS

“I thought my life as I knew it was over, but thanks to The Coordinating Center I was able to get a second chance at life”

Ivis is passionate about helping others. Born and raised in Baltimore City, Ivis pursued an Associate’s Degree in Applied Sciences with a concentration in Chemical Dependency Counseling at the Community College of Baltimore County. Following her passion Ivis spent several years as a Substance Abuse Counseling Trainee at a recovery network, and later became Vice President of a Patient Advisory Board for a Substance Abuse Disorder Clinic. When Ivis is not helping others, she is busy with her family – a mother of two boys and a grandmother of three children.



In 2013, Ivis was hospitalized as a result of troubled breathing. While at the hospital doctors informed Ivis that she would require intensive medical care as a result of a collapsed lung and a new diagnosis of Muscular Dystrophy. Ivis spent the next three years in the battle for her life. Refusing to enroll Ivis in hospice, Ivis’s family remained optimistic and chose to keep her on life support at a long-term nursing facility. After three long years on life support and many months of intensive rehabilitation services, Ivis defied all odds.

Not wanting to be a burden to her family, Ivis was determined to find affordable, in home supports. As an experienced advocate, Ivis got connected to Disability Rights Maryland and The Coordinating Center. With the help of both organizations, Ivis enrolled in Maryland's Home and Community-based Options Waiver, which made the transition back to the community feasible with access to assistance with activities of daily living.

Today, Ivis is thriving with the help of the Waiver and the REM program, as is her son (a young adult with Down Syndrome), who not too long ago found out that he too has Muscular Dystrophy. Ivis says her coordinator is amazing, never letting her give up. “Even at my lowest moment when I wasn’t strong enough my family and my coordinator continue to push me and because of that, I decided I wanted to turn my misfortune into fortune for other people,” she said. Ivis is now a Sunshine Advocate for Disability Right’s Maryland, educating others the Waiver and supporting their transition back to the community, and a Board Member for The Center. When asked what she tells others about The Center, Ivis says, “I tell them I was in their shoes before and having someone like a coordinator at The Center going to bat for you makes a world of difference.”

HOUSING AND SUPPORT SERVICES

The Coordinating Center works statewide, helping individuals 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 the necessary documentation and provide resources to successfully maintain good tenancy.
In addition, The Center has expertise in working with homeless individuals who have chronic health conditions. Through the Housing Initiative Program (HIP) in Montgomery County, The Center provides care coordination assisting individuals to access all appropriate medical, health and social services so they may successfully integrate into their community.

2020 Housing and Support Services Accomplishments

16
additional homeless referrals received in August 2020.

90
Individuals
in Fiscal Year 2020 obtained housing in the past year **64%** of whom transitioned out of a skilled nursing facility to an affordable home in the community the other **36%** transitioned in the community to affordable housing (inclusive of assisted living transitions).

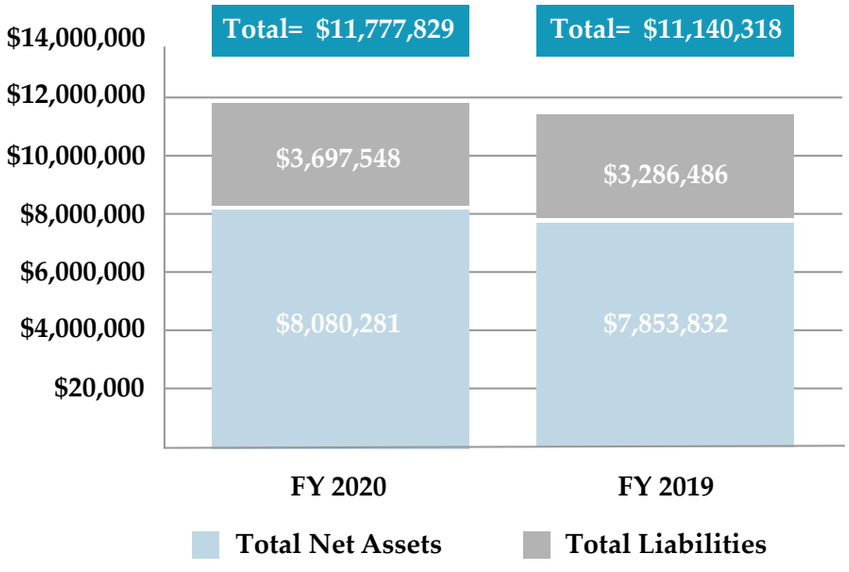
84
Adults
enrolled in HIP served, 77 of whom have been housed, 7 awaiting housing.

14
formerly homeless adults housed between March and August.

Our Impact

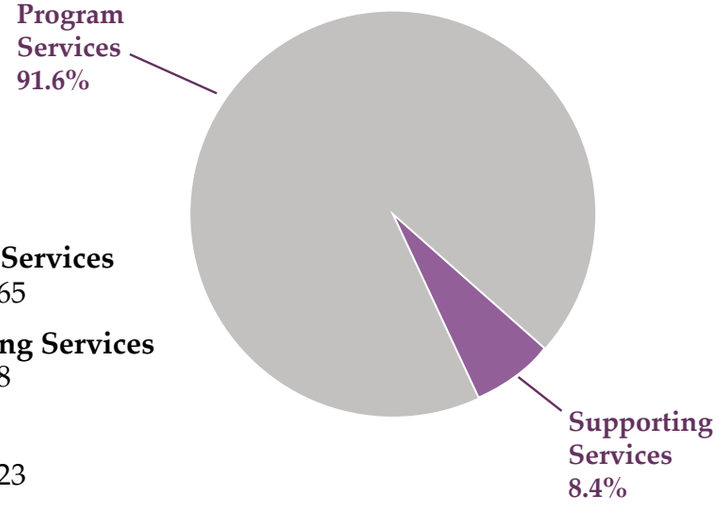
X,XXX	X,XXX
People Served FY 2019	People Served FY 2020

STATEMENT OF FINANCIAL POSITION



WHERE THE MONEY GOES

Year ended 09/30/2020 unaudited



Program Services
$22,260,265

Supporting Services
$2,035,458

TOTAL
$24,295,723

STATEMENT OF ACTIVITIES

Year ended September 30, 2020 and 2019

(in thousands)

Support & Revenue	2020 unaudited	2019
Client Income	$24,302	$23,724
Grant Income	$116	$146
Released from Restriction	$43	$61
Total Support and Revenue	$24,461	$23,930

Expenses	2020	2019
Program Services	$22,260	$21,686
Management and General	$2,033	$2,213
Fundraising	$2	–
Total Expenses	$24,295	$23,899
Change in Net Assets from Operations	$166	$31
Investment Income, Net	$143	$112
Other non-operating Gains (Losses)	(14)	(117)
Other Income	$44	$31
Total Non-Operating Gains/Losses Other Revenue	$173	$26
Change in Unrestricted Net Assets	$339	$57
Change in Temporarily Restricted Net Assets	–	(24)
Total Increase in Net Assets	$339	$33
Net Assets, Beginning of Year	$7,854	$7,821
Net Assets, End of Year	$8,080	$7,854

2020 CORPORATE SPONSORS

- Absolute Care, LC
- Access Nursing Services
- Alert Response, LLC
- All Staffing, Inc.
- AME Home Care
- Amerigroup, an Anthem Company
- Bank of America
- Canty's Helping Hands Homecare Services LLC
- Chesapeake AED Services
- Comcast
- Continuum Pediatric Nursing Services
- Corporate Synergies
- Cognasante
- DP Solutions
- Heywood Oil and Gas, LLC
- Elizabeth Cooney Care Network
- Enterprise Community Partners
- First Maryland Disability Trust
- Get a Grip
- Gilchrist
- Guilford Retirement Services
- High Quality Care Nursing, Inc.
- HomeCentris Healthcare
- Kelly Cove Mobility
- Kennedy Krieger Institute
- LifeBridge Health
- Maryland Department of Disabilities
- Maryland Technology Assistance Program
- Medi Rents and Sales, Inc.
- Michael Gara Group, UBS Financial Services, Inc.
- Millenium Marketing Solutions
- Mom's Meals, Nourish Care
- Mt. Washington Pediatric Hospital
- Numotion
- 101 Mobility
- Open Arms Healthcare
- Professional Nursing Services
- Rudolph Supply
- STAAR Alert
- Sun Life Financial, Inc.
- TheraFit Rehab
- The Wawa Foundation

2020 DONORS

2020 BOARD OF DIRECTORS

Executive Commitee

Board Chair:
Thomas H. Hall
Marketing Consultant

Board Vice Chair:
James Karpook
Principal
The Chartis Group

Board Treasurer:
Sally Hebner, CPA
Chief Financial Officer
Enterprise Community Partners, Inc.

Board Secretary:
Carole Taylor
Vice President, Technology
The Associated: Jewish Community Federation of Baltimore

** Board term concluded 9/30/2020 / ** Joined board 10/01/2020*

Peggy Bailey
Director, Health Integration Project
Center on Budget and Policy Priorities

Ivis Burris**
Consumer and Parent Representative
The Coordinating Center

Natacha Clavell*
Senior Market Research Analyst
CareFirst BlueCross BlueShield

Dr. and Reverend Terris King**
CEO
King Enterprise Group, LLC.

Carole Lowe-Nedab*, Parent Representative
Budget Manager
Prince George's County

H. Joseph Machicote
Chief Diversity and Inclusion Officer
Premier Inc.

Brandon Neiswender
Chief Operating Officer
CRISP

Andrey Ostrovsky, M.D.
President/CEO
Concerted Care Group

Naftali Rabinowitz*
Consumer Representative
The Coordinating Center

Scott Reifsnyder**
Chief Financial Officer
Nexterus, Inc.

Hillery Tsumba
Director, Strategy and External Affairs
Primary Care Coalition

Rick Wade
Communications Consultant
Rugby Hall Communications, LLC.

Elizabeth Weglein*
CEO
Elizabeth Cooney Care Network

2020 LEADERSHIP TEAM

Teresa Titus-Howard
President/CEO

Khuzaima Pirbhai
Chief Financial Officer

Renée Dain
SVP, Strategic Partnerships & External Affairs

Colby Bearch
Chief Operating Officer

Nancy J. Bond
SVP, Medical Legal Services

Karen Twigg
AVP, Community Health

Jennifer Sears
Chief Information Officer

Carol Duvall
SVP, Human Resources

Sharyn King
SVP, Population Health Services

Tricia Hogewood
Contracts and Compliance Manager