Florida Department of Children and Families Office of Substance Abuse and Mental Health

Care Coordination Rating System (Managing Entity)

Instructions: The checklist examines the core competencies of Care Coordination activities. This document is intended to be used in partnership with the Care Coordination Technical Assistance Document. This checklist/rating system is a resource that can be used by the Managing Entity as a self-assessment tool or by the SAMH Regional Office as a progress monitoring tool.

Review the key elements for each core competency and indicate if the key elements are present by using the following scale:

- **0** There is *no evidence*
- **1** There is minimal evidence
- **2** The evidence identified is *average*
- **3** The evidence identified is *above average*
- **4** The evidence identified is *exceptional*

For each item, a description of evidence is required.

KEY ELEMENTS			STATUS		EXPLAIN EVIDENCE				
SINGLE POINT OF ACCOUNTABILITY									
ME identifies, through data surveillance, individuals eligible for Care Coordination based on the priority populations identified.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME ensures that there is a single point of accountability identified at the network provider level who is responsible for the coordination of services until the individual is adequately connected to the care that meets their needs.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME ensures one care coordinator follows the individual served from beginning to end, until a warm hand-off is made.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME ensures that the Network Service Provider has adequate staffing of care coordinators.	□ 0	□ 1	□ 2	□ 3	□ 4				

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						(2)	
ENGAGEMENT W						RT(S)	
ME ensures that the Network Service Provider is	□ 0	□ 1	□ 2	□ 3	□ 4		
engaging individuals in their current setting (e.g., crisis							
stabilization unit (CSU), SMHTF, homeless shelter,							
detoxification unit, addiction receiving facility, etc.) to							
establish a warm hand-off.							
ME ensures that the Network Service Provider is	□ 0	□ 1	□ 2	□ 3	□ 4		
maintaining frequent contact, ranging from daily to a							
minimum of three times per week, for at least the first							
30 days of services, for those individuals who agree to							
receive care coordination services. If the individual							
refuses care coordination services or they are not							
responding to the attempts made, the ME ensures the							
provider has documented the information in the							
individual's clinical record.							
ME ensures that the Care Coordinator(s) at the	□ 0	□ 1	□ 2	□ 3	□ 4		
Network Service Provider has a process in place that							
allows for on call services to be available 24 hours,							
seven days a week.							
STANDARDIZED ASS	SESSMENT (OF LEVEL	OF CARE	DETERM	INATION PR	ROCESS	
ME ensures that the Network Service Provider utilizes	□ 0	□ 1	□ 2	□ 3	□ 4		
standardized level of care tools and assessments to							
identify service needs and choice of the individual							
served. For example the Level of Care Utilization System							
(LOCUS), the Children and Adolescent Level of Care							
Utilization System (CALOCUS) or the American Society							
of Addiction Medicine (ASAM) Criteria.							
SHARED DECISION-MAKING							
ME ensures that the Network Service Provider staff	□ 0	□ 1	□ 2	□ 3	□ 4		
share the decision-making in care planning and service							
determination with the individual and family members							
(where applicable) and emphasizes self-management,							
recovery and wellness, including transition to							
community based services and/or supports.							

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ME ensures that the individuals served and their family	□ 0	□ 1	□ 2	□ 3	□ 4		
members are the driver of goals on the Care Plan.							
COMMUNITY-BASED SERVICES							
ME manages care coordination funds and purchases services based on needs identified by Network Service Provider.	□ 0	□ 1	□ 2	□ 3	□ 4		
ME develops diversion strategies to prevent individuals who can be effectively treated in the community from entering SMHTFs.	□ 0	□ 1	□ 2	□ 3	□ 4		
ME ensures provider network adequacy and effectively manages resources.	□ 0	□ 1	□ 2	□ 3	□ 4		
ME provides technical assistance to the Network Service Provider and assists in eliminating system barriers.	□ 0	□ 1	□ 2	□ 3	□ 4		
ME assists in developing a list of community-based services/resources with the Network Service Provider and ensures the list is kept current.	□ 0	1	□ 2	□ 3	□ 4		
COORDINA	TION ACRO	SS THE S	SPECTRUM	И OF HEA	LTH CARE		
ME ensures that the Network Service Provider has assessed their organizational culture and developed mechanisms to incorporate the core values and competencies of Care Coordination into daily practice.	□ 0	□ 1	□ 2	□ 3	□ 4		
ME subcontracts with Network Service Providers for the provision of Care Coordination using the allowable services outlined in the Guidance Document.	□ 0	□ 1	□ 2	□ 3	□ 4		
ME works collaboratively with the Department of Children and Families to refine practice.	□ 0	□ 1	□ 2	□ 3	□ 4		
ME develops partnerships and agreements with community partners (i.e., managed care organizations,	□ 0	□ 1	□ 2	□ 3	□ 4		

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criminal and juvenile justice systems, community based						
care organizations, housing providers, federally						
qualified health centers, etc.) to leverage resources and						
share data.						
ME tracks service needs and gaps and redirect	□ 0	□ 1	□ 2	□ 3	□ 4	
resources as needed, within available resources.						
ME makes sure that for individuals who require	□ 0	□ 1	□ 2	□ 3	□ 4	
medications, the Network Service Provider ensures						
linkage to psychiatric services within 7 days of						
discharge from higher levels of care. If no						
appointments are available, this is documented in the						
medical record and the ME is notified. If the individual						
refuses services, this is documented in the record.						
ME ensures that the Network Service Provider assesses	□ 0	□ 1	□ 2	□ 3	□ 4	
the individuals for eligibility of Supplemental Security						
Income (SSI), Social Security Disability Insurance (SSDI),						
Veteran's Administration benefits, housing benefits, and						
public benefits, and assist them in obtaining eligible						
benefits. ME ensures that the Network Service Provider						
uses SOAR when assessing for SSI and SSDI.						
	INFO	RMATION	I SHARIN	G		
ME ensures that the Network Service Provider has	□ 0	□ 1	□ 2	□ 3	□ 4	
protocols established and followed for data sharing and						
releases of information (ROI) that are in compliance						
with federal and state law.						
ME ensures that the Network Service Provider has	□ 0	□ 1	□ 2	□ 3	□ 4	
established conditions and infrastructure for quality						
referrals and transitions.						
ME ensures that the Network Service Provider is	□ 0	□ 1	□ 2	□ 3	4	
capable of shared Electronic Health Records, web-						
based e-referrals or has another standardized process						
in place for the flow of information.						

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EFFECTIVE TRANSITIONS AND WARM HAND-OFFS									
ME ensures Network Service Provider has established protocols for effective transitions and warm hand-offs.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME ensures Network Service Provider adheres to established protocols for effective transitions and warm hand-offs.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME ensures Network Service Provider effectively utilizes Peer Specialists in the workplace to promote engagement, warm hand-offs and assist with daily contact in the community.	□ 0	□ 1	□ 2	□ 3	□ 4				
CULT	CULTURALLY AND LINGUISTICALLY COMPETENT								
ME ensures the Network Service Provider considers the values, preferences, beliefs, culture, and identity of the individual served, and their community when providing care coordination.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME ensures that the Network Service Provider has protocols for meeting the linguistic needs of the individuals served.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME ensures that quality improvement efforts include reviewing cultural and linguistic competence.	□ 0	□ 1	□ 2	□ 3	□ 4				
	OUTCOME BASED								
ME assesses and addresses quality of care issues.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME implements a quality improvement process to establish a root cause analysis when Care Coordination fails.	□ 0	□ 1	□ 2	□ 3	□ 4				
ME ensures that the Network Service Provider reviews Care Plans regularly.	□ 0	□ 1	□ 2	□ 3	□ 4				

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