Community Health Connections Health Home
Sample Care Coordination Activities

Care Coordination Activities – Example 1

Objective: Support member in achievement of goals and objectives to reach wellness.	
Interventions	Target Date
Will assess barriers to change, monitor progress, and link to resources.	4/1/21
When needed, support discharge planning to ensure safe transition back to the community.	4/1/21
Care coordinator will assist client with needs (as they develop/or emergency needs) in which they may not have the means to afford. Care coordinator will utilize service dollars to assist in meeting needs.	4/1/21
Coordinate and collaborate with care team/involved providers.	4/1/21
Identify resources and link member with community resources.	4/1/21
Provide education and support to members/support on members' disease/symptoms.	4/1/21

Care Coordination Activities – Example 2

Objective: Support Steve in achieving wellness and recovery goals	
Interventions	Target Date
Coordinate and Collaborate with all Care Team members.	4/1/2021
Provide education and support to Steven family members, and supports regarding symptoms of conditions as well as recovery needs.	4/1/2021
Support discharge planning to ensure safe transition back to the community as needed.	4/1/2021
Identify community resources and link Steven with community supports.	4/1/2021
Coordinate and Collaborate with Managed Care Providers as needed.	4/1/2021
Complete comprehensive assessments and reassessments of Steven needs.	4/1/2021
Create an ongoing plan for next contact in order to ensure cohesive care management services.	4/1/2021

Care Coordination Activities – Example 3

Objective: CC will support Steven in achievement of goals to reach overall wellness	
Interventions	Target Date
CC will coordinate and collaborate with care team / providers as needed.	4/30/21
When needed, CC will support discharge planning to support a safe transition back into the community.	4/30/21
CC will provide education and support to Steven and his family regarding diagnoses or other needs.	4/30/21
CC will identify resources and community support and help link Steven to those resources, including transportation needs.	4/30/21