

## Introduction to Healthcare Coordination and the Healthcare Coordinator Role:

The Healthcare Coordinator role was first discussed in 2004 in response to issues that had been noted in preceding years. Those issues included recommended follow-up appointments not occurring, laboratory tests not completed, each provider and physician having unique information on each individual, lack of trending of changes in status, etc. To minimize these issues the concept of a designated “Healthcare Coordinator” was developed.

In development of the role, which became part of the ISP regulations in October of 2006, it was determined that all individuals receiving DDS DD Waiver funded services would have an individual to act as a Healthcare Coordinator. For those individuals who are level 1-3 on the Health Assessment Tool, they can choose to fulfill the function for themselves. For all other individuals, a team or family member will be chosen to fulfill the role. The Healthcare Coordinator is responsible for gathering, documenting, and sharing information regarding healthcare needs, change in health or behavioral status, appointments, and follow-up with the Interdisciplinary Team. The intent is better information to be used by the Interdisciplinary Team to respond proactively to health changes and concerns.

The Healthcare Coordinator requirements were originally designed in a way to promote consistent implementation and reporting of health information, regardless of residential service option (i.e. no residential service, independent, family, or supported living). There is a standard Healthcare Coordinator Quarterly Summary form which may be used in all environments and across HAT levels. While there is this standard form, it is not required. It is important that the information is reported, but format that report occurs is not important.

The standard form has been revised several times. (The current form and instructions are on the DDS website.) In the case that a nurse is delegated as the Healthcare Coordinator, the nurse completes the Nursing Quarterly Report rather than the Healthcare Coordinator Quarterly Summary. Additionally, provider agencies can submit alternative forms and processes to Travis Goldman ([travis.goldman@state.nm.us](mailto:travis.goldman@state.nm.us)) for guidance if they feel they have a better system to meet the intended outcomes.

As the DD Waiver system moves forward, there is an increased concentration on quality “Healthcare Coordination”, rather than the role of the “Healthcare Coordinator”. Through a process of coordinated communication, facilitation, and monitoring, it is believed that individuals receiving DD Waiver supports will be able to receive quality healthcare supports and avoid adverse health situations due to lack of timely access to appropriate care.

This toolkit is designed to provide tools for Interdisciplinary Teams, Healthcare Coordinators, and all other parties to support adequate Healthcare Coordination. This is a dynamic toolkit that will be updated and revised as the DD Waiver system evolves. Please feel free to provide any suggestions and updates to Travis Goldman at [travis.goldman@state.nm.us](mailto:travis.goldman@state.nm.us) or (505) 795-1126 or to join in the efforts to revise and redesign this essential role.