

Federal Policy Implementation - Care Coordination

Strategy	SFY20
Current Hospital/Dialysis Referred Care (Source: DSS Medical Services)	
Add Mental Health Providers (half year)	\$259,431 (DSS)
Add Community Health Worker (three quarters)	\$287,619 (DSS)
Community Based Providers 1% (assisted living, in home, nursing homes, community support, senior meals, group care, PRTF, ambulance, behavioral health, outpatient psychiatric)	\$2,137,220 \$1,547,270 (DHS) \$563,349 (DSS) \$26,601 (DOC)
New Referred Care- Targeted Rate Adjustments (Source: DSS, DHS, DOC)	\$2,902,155
Psychiatric Residential Treatment (100% methodology)	\$1,119,326 (DSS) \$80,674 (DOC)
Nursing Homes (1.5%)	\$1,155,310 (DHS)
Community Support Providers (1%)	\$546,845 (DHS)
New Referred Care – Reductions to utilization increase requests	
PRTF Utilization	\$768,681 (DSS)
CSP Utilization	\$63,041 (DHS)
NH Utilization	\$27,680 (DHS)
Total General Funds (\$5.8 million care coordination savings – remainder ongoing to round community based providers to even 1%)	\$6,445,827