PROCEDURE

OneCare Vermont

Procedure Number & Title:	C02-06 Care Coordination Training and Responsibilities
Responsible Department:	Clinical
Author:	Jodi Frei, Manager, Clinical Programs
Date Implemented:	1/1/2018
Revision Effective Date:	7/30/2021

I. Purpose: This procedure defines the training concepts and methods that the OneCare care coordination team uses to ensure provision of high quality, timely care coordination intervention for attributed at risk lives.

II. Scope: This procedure is applicable to OneCare Workforce.

III. Definitions: Capitalized terms have the same definition as defined in OneCare's *Policy and Procedure Glossary*.

IV. Procedure:

1. Annual Assessment: At the beginning of every performance year, OneCare care coordination staff in collaboration with leadership, assess the training needs of network participants. This assessment is based on network feedback, areas of focus for the year, and information gleaned from both network and Health Service Area (HSA) level meetings.

2. Program Development: The care coordination team, in collaboration with leadership, develops a care coordination training program based on above assessment inclusive of education topics, curriculum, and core skills.

3. Disseminating Training Information: Live events for the performance year are posted on the OneCare website, announced in Network News, and communicated through the Care Coordination mailbox to network participants.

4. Training Execution: The care coordination team, in collaboration with leadership, determines education topic, speaker, content, and timing. Trainings are conducted, recorded and uploaded onto the Vermont Health Learn (VHL) on-line training resource to ensure trainings can be utilized for all network participants at their convenience.

5. Care Coordination Core Competencies: OneCare care coordination trainings align with core competencies outlined in the Care Management Body of Knowledge (CMBOK). https://ccmcertification.org/
   These competencies include:
   a. Establishing tools and resources to engage with various populations
   b. Communication/sharing knowledge in a person-centered manner
   c. Helping with transitions of care
   d. Assessing beneficiary needs and goals
   e. Creating a proactive shared care plan in concert with the patient and family, if appropriate
   f. Monitoring and follow-up, including responding to changes in patient needs
   g. Supporting self-management goals
   h. Linking to community resources
   i. Working to align resources with patient and population needs

j. Working in a shared communication software platform for care coordination

6. Partnership: OneCare provides trainings in conjunction with state partners and community organizations that offer care coordination services.

7. Software Training: OneCare provides a series of trainings for new users of the care coordination software platform.

8. Ongoing Evaluation: OneCare continually assesses current and future training opportunities and will respond to ad-hoc training needs.

V. Review Process: This procedure will be updated annually in alignment with OneCare's Program Agreements with Payers and the related policies and procedures listed below.

VI. References:

- OneCare's Program Agreements with Payers

VII. Related Policies/Procedures:

- 02-04 Community Care Coordination Program Policy
- C02-16 Care Coordination Program Implementation Procedure

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures

Management Approval:

Jodi Frei Jodi Frei 8/4/21

Manager, Clinical Programs Date