

Care Coordinate

- Serves as a single point-of-entry for statewide home and community-based services delivery including case management, care transitions, provider contracting and management, billing, and claims processing.
- Leverages the Aging Services Access Points (ASAP) network's 45+ years of experience in the care management of at-risk individuals who need support and assistance to live independently in their homes and communities.
- Improves healthcare outcomes and reduces health disparities by identifying and addressing the social determinants of health (SDOH) to reduce costs and improve quality of life.
- Promotes an integrated care model that provides long-term services and supports (LTSS) and home and communitybased services (HCBS) together with healthcare services.

Leverages Our Experience

Represents 45+ years of experience in managing LTSS and community-based services and supports.

Promotes Efficiency

Offers payers, providers, and Accountable Care Organizations (ACOs) access to the entire ASAP network and more than 450 direct service providers for improved efficiency and scalability.

Enhances Care Coordination

Connects consumers with core services in their community.

Leverages best practices and eliminates costly inefficiencies.

Improves Health Outcomes

Provides services responsive to SDOH, including housing, inhome services and supports, nutrition, etc.



What does this mean for ASAPs?

- Offers seamless contracting across the statewide ASAP network.
- Increases negotiating power and reduces regional and statewide competitor threats.
- Highlights ASAP expertise in SDOH and their impact on health outcomes and cost.
- Consolidates administrative processes.
- Supports collaboration and consistent service delivery.
- Creates a more coordinated, effective, and efficient ASAP network.

What does it mean for the individuals and families we serve?

- Ensures standardized care for all individuals regardless of location or income.
- Applies best practices and quality measures consistently.
- Improves health outcomes and satisfaction with care.
- Provides standardized services regardless of payor ACOs, skilled nursing facilities, and HCBS providers.

What does it mean for our community-based partners and providers?

- Improves administrative coordination with one single point-of-entry and centralized intake, provider contracting and management, billing, and claims processing.
- Addresses national trend focused on integration with healthcare providers and community-based organizations by providing a single point-of-entry for contracts.
- Offers case management services for those partners and providers unable to provide this critical service.

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