

# COVID - 19 & Care Coordination Organization



## Our Champions

*A behind-the-scenes look at our  
champions: Care Managers*

The coronavirus crisis is a very trying situation for our nation, especially for individuals with I/DD. The seven Care Coordination Organizations that support over 105,000 lives in NY collectively, have joined forces in an unprecedented collaborative effort, ultimately placing each individual in the center of outstanding care.

These dedicated Care Managers provide relief, support and the necessary aid for every individual and their family as reflected in the following pages.

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# Care

**Prime Care Coordination** serves thousands of individuals across New York State, a majority of which are considered 'high risk' for contracting COVID-19.

One of our individuals resides in a rural area we service, where food and goods are in limited supply and transportation has also been cut off, due to community habilitation staff not reporting for work, citing the individual's 'high risk' status. There are no food cupboards servicing her area, so Rebecca—her Care Manager—decided to step in.

Rebecca was able to stop by her own local food cupboard, and supply the individual with food for the next two weeks, along with toilet paper, hand soap, and other basic necessities. Rebecca then drove to Williamson, the individual's hometown, leaving the box of items outside her apartment complex, while Rebecca waited in her car to make sure she received the items.

Moments like these, where one looks out for another evokes faith in all of us, and keeps hope alive in our hearts. We are so thankful for all that our Care Managers are doing to keep those we serve safe and healthy during this time.

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*Moments like these, where one human looks out for another, evokes faith in all of us, and keeps hope alive in our hearts....*  
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## Coordination

An individual **ACA/NY** supports was temporarily living in the hospital while awaiting residential placement. His parents were hesitant in agreeing to place him in a residential setting resulting in a prolonged and indefinite hospital stay.

**ACA/NY Care Management and Clinical services** worked with the family and advocated for a safe discharge from the hospital which was especially important due to the **COVID-19** health crisis. With the parents agreement, this person was screened and accepted into a group home and transitioned safely and happily to his permanent home.

The benefits of the **Care Management and Clinical teams'** actions were double-fold—preventing further risk of infection that is inevitable in a hospital setting and finally coordinating the permanent housing solution they were seeking.

# Connection

A Care Coordinator from **Person Centered Services** recently shared her experience helping a family on her caseload receive vital resources during the pandemic.

“Working through this crisis has definitely been challenging,” says the Care Coordinator. “I’m grateful to be considered an essential worker during this time and that I can still stay connected with the people on my caseload, even if only through phone contact.”

One of the children she supports is from a family where the father has a serious heart condition and cannot go out of the house, while the mother works in the health field and cannot shop during the day.

The Care Coordinator has been picking up goods from a local food pantry and dropping them off at the family’s door, albeit with a face mask and gloves. Without these basics, the family would surely struggle needlessly.

## Employment Support

**Southerntier Connect** works with an individual who is employed at a local hospital and is also a brand new parent. When COVID-19 hit the country, she became very upset and nervous, breaking down daily.

Together, we processed the influx of information via daily phone calls between the Care Manager and Job Coach encouraging and reminding her of her important role at the hospital. We succeeded in banishing the anxiety and fear; instead, we educated, supported and prepared her, so she continues to go to work with a positive attitude.

“This individual is on the front lines of the epidemic each day and we are supporting her and watching her achieve her goals!!”



# The Power of a Care Manager's Advocacy

As hospitals all across New York state restrict visitors, to minimize the spreading of the infectious COVID-19 virus, many critically ill patients find themselves in medical solitary confinement. This frightening new COVID-19 reality is especially profound for individuals with intellectual and/or developmental disabilities (I/DD).

In the case of a Care Design NY member, his mother found him suddenly stricken and unresponsive in bed. He was rushed to the hospital. His diagnosis: pneumonia in both lungs. As he was being tested for COVID-19, hospital visitors were prohibited.

His mother tried unsuccessfully to get updates from the hospital on his condition until his Care Manager's supervisor intervened and contacted the provider. She was able to learn and communicate to the parents that their son's pulse oxygen and blood pressure were very low and getting worse. They were told that there was nothing to be done except pray.

Finally, after numerous phone calls to social workers, care managers, and other support groups, the Care Manager Supervisor reached a patient advocate who was able to

arrange access for the parents. The two-minute visit to his bedside was a gift from heaven.

"He looked like an angel and doesn't appear to be in pain," was his mother's comment.

*The two-minute visit to his bedside was a gift from heaven...*

She was also comforted by his hospital caregivers who reassured the parents that not only were his medical needs looked after, but his emotional needs as well. They frequently hold their son's hand, providing comfort and assuring him he was loved.

Through the Care Manager's extensive advocacy and intervention, the parents are eternally grateful to have met their son's compassionate hospital caregivers.

## Independent Living

When the COVID 19 pandemic hit, Brian, a LIFEPlan Care Manager, was very concerned about a member, who had recently moved from an IRA to an apartment. Due to the short time frame where in-person contact was eliminated for Care Managers and their members, there was no time to set up proper support for Joe to live independently. Thinking and acting quickly, Brian ensured that Joe had everything needed, from medication to fresh food to some quarters to do his laundry. Brian also secured a phone on loan from LIFEPlan for Joe so that he and Brian can stay in close communication. Despite many new restrictions in Care Manager service delivery, Brian adapted his care level to meet Joe's health and safety needs while maintaining social distance to protect their health.

# A Day in the Life of a TCC Individual during Covid-19

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**March 29, 2020**

**9 PM—Tri-County Care** receives a call from the individual's neighbor who reports that her mom was sent to the hospital. The neighbor was with her and the respite worker would be coming in the morning. The individual's aunt in DC was informed as well.

**March 30, 2020**

**10 AM—** Cathy Lunn, CM, conferences on the call with other agencies to get the necessary services for the individual, discussing potential in home nursing, pack meds or using FSS to pay the aunt to fly in from DC, pay a neighbor or PCA to assist with home care.

**12 PM—** Meanwhile, the aunt notifies the Care Manager that she had to work and can therefore not care for the individual. The neighbor also said that he had to return to work and could not help, but that he can check in.

**1 PM—** Cathy Lunn, CM, calls DSS adult services to arrange nursing and PCA.

**2 PM—** Tri-County Care completes an emergency respite packet and a CRO packet as well.

**4 PM—** The Care Manager works to get more respite hours for the individual through Taconic Innovations, ARC and RCAL.

**4:30 PM—** The individual hasn't received her medication, the respite worker has been there all day, and no plans were in place for her care. Since she has very limited self care skills, no safety awareness and severe behavior and self harm issues, she needs constant supervision.

**5:30 PM—** Plans are finalized by ARC to send the individual to Clintondale IRA for respite or longer if needed. The Care Manager then called the respite worker to inform her and coordinate the pick up and drop off.

**7 PM—** The Care Manager receives a text that ARC will be sending a driver to pick up the individual. She then calls the respite worker to ensure she is packed and ready.

**9 PM—** The Care Manager informs the aunt of the placement. In her own words, "I am so grateful to hear that my niece is safe. I can tell how much everyone cares for her."

**March 31, 2020**

**9 AM —**The individual's Care Manager is informed that she is doing well at the IRA. She slept some, but was up early.

**3 PM —**The Care Manager follows up and is informed that she is settling into her room, and is making connections with the staff. She seems happy.





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