

CCHP and the Sardelis Family

Lisa Sardelis is a single mother of two children with disabilities: Amara is 6 years old and Max is 11 years old. Amara is non-verbal and is diagnosed with Autism, seizure disorder and a congenital disorder. Max is non-verbal, legally blind and has a developmental disability as well as physical limitations.

Amara and Max both receive multiple services and both use wheelchairs.

When the Central Community Health Partnership (CCHP) care coordinator met with the Sardelis family, Lisa was doing her best to attend doctors' visits and connect with many school-based and healthcare providers. While working with DPH (Department of Public Health) to arrange services and supports, Lisa was often the main source of information for providers and specialists.

The CCHP care coordinator quickly assessed the needs of the family and developed a detailed, personcentered Care Plan for each child. This plan included the children's needs, providers and goals.

The care coordinator also made sure that the family had medical equipment needed to support the children's daily needs.

By helping to coordinate the needs of both Amara and Max at the same time, CCHP has made a big impact on Lisa and her children.



Together we work as partners with you, your family/caregivers, and your medical providers to coordinate care for better health and wellness. We believe everyone should have the chance to reach their highest potential and to be healthy, active members of the community. We want to help you reach this goal



centralchp.org

For general information

visit **centralchp.org** or email us at **info@centralchp.org**

For ACO's and Physician Offices:

to make a referral, email Member Name, Date of Birth and MMIS Number to CCHP_Referrals@centralchp.org



Behavioral Health and Human Services



Who We Are

Central Community Health Partnership (CCHP) is a program of Open Sky Community Services. We partner with AdCare Hospital, LUK, Inc. and Venture Community Services. Our four partners have come together to serve you with MassHealth funded care coordination services.

We also work with Elder Services of Greater Worcester and the Center for Living and Working to help meet your needs.

Our team includes licensed clinical care managers, registered nurses and care coordinators – all working together to help doctors and patients like you.







Responsive | Accountable | Expert

Extensive knowledge of local community resources in Central Massachusetts

Our Role

Our role is to:

- Understand your needs
- Support you to help you set your health goals
- Connect you to services to help you with your needs

The goal is to help you have good health, wellness and recovery. These services are free of charge to you, because they are included in your MassHealth benefits.

We are easy for you to access:

- We can meet you wherever you are in your home, in the hospital, in your neighborhood, at a shelter, at a restaurant or diner wherever you choose.
- We speak your language, or we will provide interpreter services.
- We will learn what's important to you What are your strengths? What works best for you? What are your goals and needs for your health?
- We will connect you to services and supports and ensure open communication with your trusted health care provider.
- We will provide coaching and support on health and nutrition.
- We can connect you to community resources to help you to with nutrition, housing, employment, and educational resources.
- We take a team approach to work closely with your doctor and other trusted providers on your care team
- We continue to work with you until your goals are met. We are able to respond quickly if there is a change due to family crisis, sudden illness, or change in employment or benefits.





A Guide to Eligibility

Behavioral Health Community Partner Services (BHCP)

- MassHealth member
- 18 64 years old
- Have one or more of the following:
 - Behavioral health or substance use recovery needs
 - Multiple medical health conditions in addition to behavioral health needs
 - Have Department of Mental Health (DMH) involvement
 - Have ACO (Accountable Care Organization)/MCO (Managed Care Organization) involvement or ACCS (Adult Community Clinical Services) involvement

LTSS Community Partner (LTSS-CP) Services Eligibility

- MassHealth member connected with an ACO (Accountable Care Organization) or MCO (Managed Care Organization)
- 3 64 years old
- Have one or more of the following:
 - Traumatic brain injury or cognitive impairments
 - Physical disability
 - Intellectual or developmental disability including Autism