**Health Home Care Management**

**What is it?**

Care management programs help patients navigate clinical and non-clinical services and improve self-management (work towards being independent). Services include personalized care planning, chronic disease management, and patient education, and ongoing monitoring.

Care management is a great way to link all providers you may have (PCP/doctor, dentist, specialists, mental health providers, DSS, etc) together to help you achieve your goals. Having a treatment team is beneficial for helping you meet your goals.

**How does it work?**

You will meet with your Care Manager, Makayla Miller, in-person, generally, once every three months, and verbally talk on the phone once a month, both times working on goals identified in the Care Plan between the member and the Care Manager. Your Care Manager is available to support you Monday – Friday from 8am-4pm (unless a holiday or other occasion when your Care Manager is out of the office).

*Monroe Plan* states: “The care management support provided is driven by the goals of the individual. Care Managers can provide linkage to housing and legal assistance, support the person in becoming more socially connected, and facilitate access to medical and mental health services. One key advantage of the Health Home CMA program is that Health Home Care Managers can meet with members in person *(\*limited during the pandemic)*. The in-person visits allow the Care Manager to better assess the individual and their environment and build the necessary supports in to their care management plan.”

**Who do I contact?**

Makayla Miller, Health Home Care Manager

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