



Community Care Alliance of Illinois

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Who We Are:

Community Care Alliance of Illinois (CCAI) is a not-for-profit health plan. We are dedicated to providing comprehensive person-centered care locally for Seniors and People with Disabilities.

Our Objectives:

- To implement robust primary and preventive care.
- To ensure accessible health and wellness services.
- To provide the right care at the right time.
- To mitigate access barriers.

Our Model of Care:

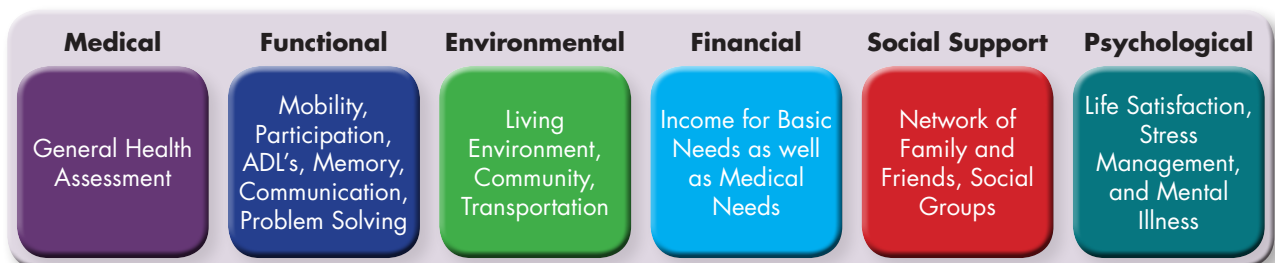
The model of care is based on a person-centered plan of care that is created in collaboration between the:

- Patient
- Primary Care Provider (NP or MD/DO)
- Nurse Care Coordinator
- Long-Term Services and Supports Coordinator
- Specialty Care Provider as needed

The focus is on prevention, health and wellness. All medical, psychosocial, continuum of care, durable medical equipment, and pharmacy services will be provided by the Interdisciplinary Care Team. CCAI's Model of Care is built upon the experience of the Boston's Commonwealth Care Alliance pioneered by Dr. Robert Master and his team.

Health Risk Survey (HRS)

Based on the Biopsychosocial model of care below, a Health Risk Survey (HRS) is completed within the first 90 days of enrollment. An initial HRS is completed by the patient followed by a comprehensive Health Risk Assessment (HRA) by the Nurse Care Coordinator.



Individualized Care Plan

An individualized care plan is created based on the HRA complexity stratification. (See table on flip side: Tier 1 High Risk, Tier 2 Medium Risk and Tier 3 Low Risk). Referrals are generated for each member as necessary. Referrals may include but are not limited to: rehabilitation services, mental health services, reproductive services, home care, assisted living, durable medical equipment and more.

Complexity Stratification

Tier 1 – High Risk	TIER 2 – Medium Risk	Tier 3 – Low Risk
Chronic disease/condition is uncontrolled	Chronic disease/condition is not well controlled in one or two aspects	Chronic disease/condition is well controlled
Intensive care coordination – Specialized primary care at Anchor Health Homes	Care coordination – care at Anchor Health Homes	PCP visits are occurring regularly
Multiple acute episodes in previous 6 months	At least one ED or hospitalization in previous 6 months	No Acute issues, no ED visits or hospitalization in previous 6 months
Health and wellness plan	Health and wellness plan	Focus on Health and wellness

Anchor Health Homes

CCAI’s Anchor Health Homes are fully accessible and committed to provide comprehensive care to our complex, high-risk members. The Interdisciplinary Care Team at the Anchor Health Homes are dedicated to the care of our special needs population.

For a list of Anchor Health Homes go to cailinois.com

Model of Care Flow Diagram

