



UNABLE-TO-CONTACT OUTREACH CARE PLAN

Date Unable to Contact Care Plan Initiated:			
Member Name (Last, First)	Member ID#	DOB	Member Phone #
Care coordinator Name & Phone #	PCP Name		PCP Phone #

Problem

Unable to contact member either by telephone or by mail.

Goal(s)

To contact member to identify the member's needs and to assist in managing those needs within the scope of the SNP program.

Date to be re-assessed: _____

Barrier(s) (check all that apply)

Member not answering or returning calls.

No new number available from PCP / Providers.

No new number available from County.

Intervention(s) (check all that apply)

Attempt to contact the member 4 times; document each attempt in the member's case file.

Check if completed. Date Completed: _____

Call PCP's office to obtain correct contact information for the member, document the new information in the member's case file.

Check if completed. Date Completed: _____

Call the member's health plan to obtain any new contact information for the member, document the new information in the member's case file.

Check if completed. Date Completed: _____

Send a letter notifying the member of the inability to contact them and stressing the importance of calling the care coordinator to provide correct contact information, document in the case file that the letter was sent.

Check if completed. Date Completed: _____

At least every 6 months, attempt to contact member using the most recent contact information available; document each attempt in the case file.

Check if completed. Date Completed: _____

Assessment entered into MMIS annually.

Check if completed. Date Completed: _____

Electronic Signature of care coordinator _____ Date: _____