



UNABLE-TO- REACH SUPPORT PLAN MSHO/MSC+/SNBC

MEMBER INFORMATION	DATE UNABLE TO REACH SUPPORT PLAN COMPLETED:		
Member Name	Member ID#	Date of Birth	Member Phone #
Care Coordinator Name & Phone #	PCP Name/Clinic		PCP Phone #

CARE TEAM INFORMATION		
Name	Relationship to Member	Phone #
Name	Relationship to Member	Phone #
Name	Relationship to Member	Phone #
Name	Relationship to Member	Phone #

OUTREACH ATTEMPTS				
Outreach made by telephone or by mail please specify unable to reach attempts Dates Attempted:				
#1	#2	#3	#4	
Notes:				

Rank by Priority	My Goals	Intervention	Target Date	Monitoring Progress/Goal Revision Date	Date Goal Achieved/Not Achieved (Month/Year)
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	I will contact my Care Coordinator when I need assistance obtaining care or services over the next year.	Care Coordinator provided contact information including name and phone number.			
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High					
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High					

UNABLE-TO- REACH SUPPORT PLAN CONTINUED

OUTREACH INVESTIGATION

Contacted Financial Worker to obtain correct contact information, document the new information in the member's case file.

Check if completed. Date Completed:

Call Primary Care Physician'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 UCare to obtain any new contact information and/or review claims information for the member, document the new information in the member's case file.

Check if completed. Date Completed:

Care Coordinator/ Case Manager follow-up will occur:

Once a month Every 3 months Every 6 months Other:

Additional Comments:

Unable to reach entered into MMIS annually

Date Completed:

Care Coordinator Signature:

Credentials

Date:

Confirm Primary Care Provider:

Date Provider Engagement letter sent:

Fax Email EMR N/A * N/A can be used if unable to confirm PCP