



Provider Communication Requirements

Member: _____ ☐ PACE ☐ Partnership ☐ Family Care

General Office Number: _____ General Office Fax: _____

Nurse Practitioner: _____ Care Manager/Social Worker: _____

Phone or email: _____ Phone or email: _____

Attending Physician: _____ RN Care Manager: _____

Phone or email: _____ Phone or email: _____

Registered Nurse: _____ Toll Free: (866)992-6600

Phone or email: _____

In order to effectively coordinate services, providers must contact the Member or Participant's Care Manager/ Social Worker, Registered Nurse or Supervisor within one business day for any of the following:

All Programs

- An incident occurs with a member, including but not limited to;
 - Use of restraints or restrictive measures (includes isolation or any form of restraint or protective equipment that restricts voluntary movement or access to any body part and cannot be easily removed by the person)
 - Emergency personnel (police, emergency medical technicians, fire) have had contact with the member
 - The member sustains an injury or injures another person
 - A behavioral event occurs placing the member at risk for harm to self or others.
 - **ALL MEDICATION ERRORS**
 - Alleged, suspected, or observed member abuse, neglect, or exploitation
 - Death of a member (anticipated or unexpected)
 - Elopement
- Change in member condition:
 - Medical, personal, behavioral or financial changes
 - Hospitalization or visit to Emergency Room
 - **ALL FALLS**

Other items to share or report to care team as the need arises;

- A member needs service, supplies or equipment authorized by Community Care (prior to running out)
- Planning a 'staffing' or meeting to discuss the member's care (please provide notice for scheduling purposes)
- Concerns expressed by a member or on behalf of a member related to care, needs, or wellbeing
- Any other questions or concerns regarding a member

Special Note - Members cannot be moved from a facility unless the member's care team approves and authorizes the member's move.

Additional Specifics for the PACE or Partnership Program

- Results from a medical appointment with a non-Community Care physician
- Change in medication directed by a non-Community Care physician
- **ALL MEDICAL SERVICES must be preauthorized by Community Care for PACE and Partnership members**

Note: Physician services are provided by Community Care for PACE participants

Additional Specifics for the Family Care Program

- Results from medical appointments
- Medication change, addition or deletion

Note: Medical services (physicians, hospitals, dentists, etc.) are not covered under Family Care.

The above "Communication Requirements" are part of your contract with Community Care, Inc.