



## UNABLE TO REACH/DECLINE INTERDISCIPLINARY CARE PLAN

MEMBER INFORMATION		
<b>Member Name:</b>	<b>Member ID#:</b>	<b>DOB:</b>
<b>Care Coordinator Name &amp; Phone #:</b>	<b>PCP Name/Clinic:</b>	<b>PCP Phone #:</b>
<b>Date Unable to Reach/Support Plan Completed:</b>		

YOUR CARE TEAM INFORMATION		
<b>Name:</b>	<b>Relationship to Member:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Relationship to Member:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Relationship to Member:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Relationship to Member:</b>	<b>Phone #:</b>

Rank by Priority	My Goals	Intervention	Target Date	Monitoring Progress/Goal Revision Date	Date Goal Achieved/ Not Achieved (Month/Year)
<input type="checkbox"/> <b>Low</b> <input type="checkbox"/> <b>Medium</b> <input type="checkbox"/> <b>High</b>	Member will continue to see their primary care provider (PCP) for preventive and general care at least one time a year.	I will call you every 6 months and if you are hospitalized.			
<input type="checkbox"/> <b>Low</b> <input type="checkbox"/> <b>Medium</b> <input type="checkbox"/> <b>High</b>	Member will contact their Care Coordinator for Services/Supports or if wanting to complete a Health Risk Assessment.	I will call you every 6 months and if you are hospitalized.			
<input type="checkbox"/> <b>Low</b> <input type="checkbox"/> <b>Medium</b> <input type="checkbox"/> <b>High</b>					