

**CONNECTED CARE DATA TEMPLATE**

**Member Tier** – Display SMI Tier 1, 2, or 3 (plus historical activity to show changes in tier)

**Member Demographics**

Member name, address, phone number, DOB, MC400 Member ID, MA Recipient Number

**Member Engagement Status**

Status = Consent, Enrolled, Passive- UTR, Passive-Opt out; date provided

**Other Needs:**

- Needs TTY Line/Language Line
- English not primary language                      Primary Language: \_\_\_\_\_

**Lead Physical and Behavioral Health Staff**

UPMC Health Plan: name of HP staff  
CCBH: name of CCBH staff

**Member Contacts**

Primary caregiver, Community Case Manager/CTT , CCBH Contact ; Personal Wellness Advocate  
Display: category, contact name, relationship, phone number(s)

**Primary Care Provider on Record**

**Behavioral Health Provider on Record**

**Chronic Medical Conditions**

**Behavioral Health Diagnoses**

**Inpatient Utilization**

Admission date, discharge date, LOS, facility, admit diagnosis (exclude D&A)  
Display rolling 12 month period

**Emergency Department Utilization**

Admission date, facility, diagnosis (exclude D&A)  
Display rolling 12 month period

**Care Coordination Triggers and Interventions**

Behavioral Health Needs	Result	Community Care Most Recent Date	Result	Health Plan Most Recent Date
PHQ2 Screening				

Interventions	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Member outreach for depression		
<input checked="" type="checkbox"/> Coordination of care for depression		
<input checked="" type="checkbox"/> Educational materials provided for depression		

Interventions	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Crisis recovery plan in place		
<input checked="" type="checkbox"/> Educated on Resolve		

Physical Health Needs (self-identified)	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Asthma		
<input checked="" type="checkbox"/> COPD/Emphysema		
<input checked="" type="checkbox"/> Diabetes		
<input checked="" type="checkbox"/> Heart Disease		
<input checked="" type="checkbox"/> Heart Failure		
<input checked="" type="checkbox"/> High Blood Pressure		
<input checked="" type="checkbox"/> High Cholesterol		
<input checked="" type="checkbox"/> Kidney Failure		
<input checked="" type="checkbox"/> Memory Problems		
<input checked="" type="checkbox"/> Sickle Cell		
<input checked="" type="checkbox"/> Other		
<input checked="" type="checkbox"/> Poor/Very Poor Health Status		

Interventions	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Member enrolled in case management (excl. EPSDT, MTM)		
<input checked="" type="checkbox"/> Educational materials provided to address DM needs		
<input checked="" type="checkbox"/> Member has self-management plan		
<input checked="" type="checkbox"/> Has symptom response plan for physical health		
<input checked="" type="checkbox"/> Educated on 24/7 nurse advice line		

Medical Home/Access to Care Needs	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Does not see PH Provider regularly		
<input checked="" type="checkbox"/> Does not see BH Provider regularly		

Interventions	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Facilitate PCP assignment		
<input checked="" type="checkbox"/> Coordinate care with PH provider due to insufficient follow-up		
<input checked="" type="checkbox"/> Facilitate behavioral health provider assignment		
<input checked="" type="checkbox"/> Coordinate care with BH provider due to insufficient follow-up		

Transportation	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Has transportation needs		

Interventions	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Provided transportation resources		

Emergency Department Visits	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Has frequent ED Visits		

Interventions	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Assessed regarding frequent ED use		
<input checked="" type="checkbox"/> Facilitate provider communication		

Inpatient Admissions	Community Care Most Recent Date	Health Plan Most Recent Date
<input checked="" type="checkbox"/> Has frequent PH Readmissions		
<input checked="" type="checkbox"/> Has frequent BH Readmissions		

<b>Interventions</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Assessed regarding PH hospital admissions		
<input checked="" type="checkbox"/> Assessed regarding BH hospital admissions		
<input checked="" type="checkbox"/> Referral to Mobile CM		
<input checked="" type="checkbox"/> Enrolled in Transitions Program		
<input checked="" type="checkbox"/> Member has post-discharge follow up appointment with provider		
<input checked="" type="checkbox"/> Assessed for referral to more intensive BH treatment programs		
<input checked="" type="checkbox"/> Reviewed crisis plan		

<b>Medication Concerns</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Physical Health Medication compliance issue		
<input checked="" type="checkbox"/> Behavioral Health Medication compliance issue		
<input checked="" type="checkbox"/> Difficulty obtaining medication		
<input checked="" type="checkbox"/> Antipsychotic adherence post hospital discharge		
<input checked="" type="checkbox"/> Antipsychotic compliance issue		
<input checked="" type="checkbox"/> Medication compliance issue due to side effects		
<input checked="" type="checkbox"/> Lack of understanding related to medication use		

<b>Interventions</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Medication reconciliation completed		
<input checked="" type="checkbox"/> Medication intervention by pharmacist during review		
<input checked="" type="checkbox"/> Referral to pharmacy for non-compliance issue		
<input checked="" type="checkbox"/> Contacted provider for non-compliance issue		
<input checked="" type="checkbox"/> BH provider gave instructions on managing symptoms		

<b>Support Needs</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Inadequate caregiver support		
<input checked="" type="checkbox"/> ADL/IADL needs		

<b>Interventions</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Provided education regarding caregiver support needs		
<input checked="" type="checkbox"/> Assist member with obtaining community resources for caregiver support needs		
<input checked="" type="checkbox"/> Referral to mobile CM or SW for caregiver support needs		
<input checked="" type="checkbox"/> Provided education regarding ADL/IADL needs		
<input checked="" type="checkbox"/> Assist member with obtaining community resources for ADL/IADL needs		
<input checked="" type="checkbox"/> Referral to mobile CM or SW for ADL/IADL needs		
<input checked="" type="checkbox"/> Assist member with care coordination for ADL/IADL needs		

<b>Environmental/Safety Needs</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Safety issued identified in home		
<input checked="" type="checkbox"/> Homeless		
<input checked="" type="checkbox"/> Inadequate housing		
<input checked="" type="checkbox"/> Possible domestic violence		
<input checked="" type="checkbox"/> Fall Risk		
<input checked="" type="checkbox"/> Lives alone		

<b>Interventions</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Provided education regarding environmental safety issue		
<input checked="" type="checkbox"/> Assist member with obtaining community resources for environmental safety issue		
<input checked="" type="checkbox"/> Referral to mobile CM or SW for environmental safety issue		
<input checked="" type="checkbox"/> Assist member with care coordination for environmental safety issue		
<input checked="" type="checkbox"/> Referral to homeless shelter or program		
<input checked="" type="checkbox"/> Provided education for possible abuse		
<input checked="" type="checkbox"/> Assist member with obtaining community resources for possible abuse		
<input checked="" type="checkbox"/> Referral to mobile CM or SW for possible abuse		

<input checked="" type="checkbox"/> Assist member with care coordination for possible abuse		
<input checked="" type="checkbox"/> Assist member in developing a safety plan		
<input checked="" type="checkbox"/> Coordinate home safety assessment for fall prevention		
<input checked="" type="checkbox"/> Coordinate medication review for fall prevention		
<input checked="" type="checkbox"/> Provided education for fall prevention		
<input checked="" type="checkbox"/> Assist member with care coordination for fall prevention		

<b>Lifestyle Issues</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Tobacco use		
<input checked="" type="checkbox"/> Nutritional need		
<input checked="" type="checkbox"/> Overweight		
<input checked="" type="checkbox"/> Exercise need		

<b>Interventions</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Referral for tobacco cessation		
<input checked="" type="checkbox"/> Referral to weight loss program		
<input checked="" type="checkbox"/> Referral to nutrition program		
<input checked="" type="checkbox"/> Referral to exercise program		

<b>Miscellaneous Issues</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Communication/literacy needs identified		
<input checked="" type="checkbox"/> Member has advanced directive		
<input checked="" type="checkbox"/> Member has power of attorney		

<b>Interventions</b>	<b>Community Care Most Recent Date</b>	<b>Health Plan Most Recent Date</b>
<input checked="" type="checkbox"/> Referred to appropriate community resources for communication/literacy needs		
<input checked="" type="checkbox"/> Assisted with coordination of care for communication/literacy needs		
<input checked="" type="checkbox"/> Mailed advanced directive information to member		

Integrated Care Team Activity		
Date	Activity With	Note