

Unsuccessful Outreach

Used to document unsuccessful outreaches to the participant. **Coordinators MUST call all other contacts/emergency contact and PAS agency after unsuccessfully reaching the participant in order to document as an Unsuccessful Outreach**

Note: This session cannot be submitted if the participant has Inactive Eligibility. Document the call as “Office Note” or “Other”

- Session Requires:
 - Appropriate answers to all required fields

The screenshot shows a mobile application interface for adding a session. The form is titled "Add Session" and includes the following fields:

- MCO*: PA Health & Wellness
- Owner: Stephanie Kovatich (Manager)
- Session Type*: Unsuccessful Outreach
- Start Time*: 8/30/2022 3:25 PM
- End Time*: 8/30/2022 3:35 PM

Additional information on the form includes "10 non-billable minutes" and a green banner that reads "Fill form values using the previously created session from 8/17/2022." There are "CANCEL" and "SAVE DRAFT" buttons at the bottom right. The background shows a list of sessions with details like phone numbers, dates, and times.

Process:

- 1) Service Coordinators are responsible for documenting all attempts to reach a participant, their Providers (PAS/PERS/HDM), their Emergency Contact, and their PCP.
- 2) Each participant is required to have 2 visits per year and 2 Quarterly contacts, an SC should begin attempts to schedule and complete these visits at least fourteen (14) days prior to the due date.
 - a) If an SC is making attempts to schedule and is unable to reach the participant to schedule before the due date then there must be clear documentation that the participant is “Unable to locate” prior to the actual due date.
- 3) Before a participant can be considered Unable to locate, the following must take place
 - a) Three (3) consecutive days of Unsuccessful calls with Unsuccessful sessions documented in Function Portal, all taking place within the same month.

Documentation:

1) Call Conditions

a. Visit Type - How are you contacting the participant?

- Answer should always be **Telephone**

b. Where did the visit take place? - Better known as “where did the *contact* take place?”

- Answer should always be **Other**
 - Then in *Other visit location, details and reason*, you should put **Telephonic** and then list the specifics of the call

Example:

UTL - Is Eligible until

Info

1368257
8/26/2022 2:50 pm - 2:55
5 minutes: 1 non-billable units
Active
Tabitha Turner (archived)
Submitted successfully

EDIT EXPORT

1354887
8/17/2022 10:45 am - 10:4
1 minutes: 1 non-billable units
Active
Tabitha Turner (archived)
Submitted successfully

Visit Conditions (6)

Cancel to Face Visits This Year remaining

Authorization

Certification 2/13/2019

ed on 4/6/2020

ly Contact 6/2022
1 for 9/2/2022 1:00 pm
by Outbound Call

DOCUMENT

CANCEL

Add Session

Mental Health Facility

Nursing Home

Own Home (Alone)

Own Home (with a Caregiver)

Public Housing

Other's Home

Other

3. Other visit location, details and reason *

Telephonic, SC called John Doe and was only able to leave a voicemail. SC then called John Doe's PAS agency (ABC Homecare) and spoke with Beth Wise/Scheduler, who stated they have been unable to reach John Doe, but will call the current HHA/MaryJo Smith and ask HHA to have John call the SC back to schedule the Annual Visit.

CANCEL SAVE DRAFT

c. Where does the participant currently reside? - Coordinator should be confirming the client's address and type of residence, then choose the appropriate answer.

- If you do not know where the participant currently resides answer “Other”
 - In *Other Residential Location* put “Unknown due to Unsuccessful Outreach”
- If the answer was “Home (with a caregiver)” then the coordinator needs the following information about the caregiver.
 - *Caregiver name*
 - *Caregiver relationship*
 - *Does the caregiver live with member?*
 - *Does the caregiver provide natural support?* - meaning does the caregiver provide informal/unpaid support?
 - *Is the caregiver paid?*- meaning does the caregiver provide formal/paid support?
- If the answer was “Other” then the coordinator needs to state what the *Other residential location* is
- If the answer was: “AFCH, ALF, Hospice, or Nursing Home” the the caregiver must state what the *Residential location facility name*

2) Unsuccessful Contact

- a) **Who were you trying to contact?** - which primary contact were you calling
- b) **Method of contact** - What type of contact you were completing (Likely Telephonic)
- c) **Reason for contact** - What type of session were you trying to complete?
- d) **Reason for contact details** - How the call to the emergency contact was completed.
 - Note: **An attempt to the Emergency contact MUST be made**
- e) **Reason for Unsuccessful contact** - Result of the contact to the participant
 - Note: If you were able to leave a voicemail, do so with your name, reason for the contact, and Amcord's phone number.
- f) **Reason for contact details** - How the call to the PAS agency was completed
 - Note: Almost all participants have a PAS agency. Be sure to check the authorization spreadsheet (while the authorization tab is not functional)
- g) **Contact attempt number** - Number of consecutive unsuccessful attempts that have been made
 - This is done by the system automatically.