SOUTH DAKOTA CARE CONNECT APPLICATION

Please complete one application for each Care Connect Clinic.

1. GENERAL CARE CONNECT INFORMATION:

Name of individual completing the application?

Email:

Telephone number:

Name of applicant organization (or parent if applying for more than one site):

Federal tax identification number (of parent):
If parent organization exists, list name of person responsible for oversight of all practice sites:

Email:

Telephone number:

1A. NAME & PRIMARY CONTACT INFORMATION FOR PRACTICE SITE APPLYING FOR DESIGNATION:

Name of Practice Site:

Address of Practice Site:

Federal Tax Id # of Practice Site:

Name of Person responsible for CC at practice site:

Title:

Email:

Phone:

Quality Contact Name, Phone number and email:

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1B. DESIGNATED PROVIDERS AT THE PRACTICE SITE LISTED ABOVE

Name/Credentials of Designated Provider	Provider NPI	Billing NPI
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

1B1. if any of the designated providers listed above serve a satellite location where the Care Connect team specific to this application could provide Care Connect Services; please list the designated provider and the satellite location(s) with address below.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

2. CARE CONNECT INFRASTRUCTURE

List the roles, internal and external, that comprise the Care Connect team at this practice site. (I.e. health care coach/coordinator, RN, pharmacist, dieticia

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3. CARE CONNECT CORE SERVICES INFORMATION

Please respond to the following questions.

3A. Describe how your Care Connect team will provide Comprehensive Care Management within your Care Connect program. Comprehensive Care Management requires the development of an individual care plan for each recipient, describe who is responsible and who else will be involved?

3B. Describe how your Care Connect team will provide Care Coordination within your Care Connect program. Describe how the individual care plan will be implemented. Who is responsible and who else will be involved?

3C. Describe how your Care Connect team will provide Health Promotion within your Care Connect program. Who is responsible and who else will be involved?

3D. Describe how your Care Connect team will provide Comprehensive Transitional Care within your Care Connect program. Who is responsible and who else will be involved?

3E. Describe how your Care Connect team will provide Recipient and Family Support Services within your Care Connect program. Who is responsible and who else will be involved?

3F. Describe how your Care Connect team will provide Referrals to Community and Social Support Services within your Care Connect program. Who is responsible and who else will be involved?

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CARE CONNECT LINKAGES

4A. Describe how your Care Connect team will decrease emergency room utilization by recipients.

4B. Describe how your Care Connect team will ensure the Care Connect program receives prompt (within 24 hours of admission/discharge) notification of emergency room and inpatient facility admissions/discharges.

4C. Describe how your Care Connect team be involved in any transition affecting your Care Connect recipients (i.e. Hospital to Home, Nursing Facility to Home, Hospital to Nursing Facility).

4D. Describe how your Care Connect team will integrate services not available within your practice site. Primary Care practice sites should speak specifically to integration with behavioral health and behavioral health practice sites should speak specifically to integration with primary care.

5. HEALTH INFORMATION TECHNOLOGY

5A. Describe the practice site's current health information technology (HIT) capability. (Check all that apply)

- ☐ Care Connect provider has structured information systems, policies, procedures and practices to create, document, execute and update a plan of care for every recipient.
- ☐ Care Connect provider has a systematic process to follow-up on tests, treatments, services, and referrals, which are incorporated into the recipients, plan of care.

☐ Care Connect provider has a health record system which allows the recipients health information and plan of care to be accessible to the Care Connect team and which allows for population management and identification of gaps in care including preventive services.

☐ Care Connect provider can submit outcome measures electronically as defined in the data layout.

6. ATTESTATION

Attachment 1 must be completed and signed by <u>each</u> designated provider listed in 1B. The original must be submitted with the application.

7. APPLICATION SUBMISSION

Scan and submit the completed application to CMforms@state.sd.us.

Questions about the application can be addressed to the above email or by calling (605) 773-3495.