

## Inspire (SNBC) Exception to Care Coordination

<b>Member &amp; Care Coordinator Information</b>			
<b>Date of Member Inquiry:</b>			
<b>Member Name:</b>			
<b>Member ID:</b>		<b>DOB:</b>	
<b>Is member on waiver?</b>		<b>If so, what waiver?</b>	
<b>Entity Providing Care Coordination:</b>			
<b>Care Coordinator (CC) Name:</b>		<b>CC Phone:</b>	
<b>CC Email:</b>			
<b>Primary Care Physician:</b>			
<b>Clinic Name:</b>			
<b>Care Coordination</b>			
<b>Primary Diagnosis:</b>			
<b>Length of Assignment:</b> <i>(time with delegate)</i>			
<b>Frequency of Contact:</b> <i>(Weekly, monthly, quarterly, etc.)</i>			
<b>What is the care coordinator doing to promote the wellbeing of the member?</b>			
<b>Current resources provided to member by care coordinator:</b> <i>(I.e. housing, social services, community resources and programs, provider and treatment referrals)</i>			

Considerations: Describe in Detail			
<b>Current unstable medical, mental or chemical health conditions</b>			
<b>Current complex social determinants of health needs such as facing eviction / housing needs</b>			
<b>Describe how member's needs are best met by a care coordinator with knowledge and access to local resources</b>			
<b>Is member willing to participate in Care Coordination?</b>			
<b>Please attach supporting documentation, including but not limited to current HRA, Plan of Care, and relevant case notes.</b>			
Outcome			
<input type="checkbox"/> <b>Exception Approved</b>	<b>Start Date:</b>		<b>HealthPartners Review Date:</b>
<input type="checkbox"/> Exception Not Approved <input type="checkbox"/> Member does not meet exception criteria <input type="checkbox"/> Other: _____			

\_\_\_\_\_  
**HealthPartners SNBC Supervisor /Manager**

\_\_\_\_\_  
**Date**

★ *If exception is approved, resubmit annually based on HRA/Care Plan completion*

Once completed, submit this form via secure email to:  
 HPSNBC\_CC@healthpartners.com- OR - send via RightFax to: (952) 853-8723