# Provider Resources Directory for <CCC program name>

**How to Use:** Use the table below as a starting list of the most common provider resources. Begin to identify those in the community that are most likely needed given the cohort of patients being served by the CCC program. Add lines if more than one organization provides the type of services described; split rows for specialized service organizations.

|  |  |  |
| --- | --- | --- |
| Type of Provider Resource | PriorityH-M-L | Name of Organization(s) |
| Primary care provider |  |  |
| Hospital |  |  |
| Emergency department |  |  |
| Skilled nursing facility |  |  |
| Home health agency |  |  |
| Specialty provider—critical(e.g., cardiologist, oncologist) |  |  |
| Specialty provider—non-critical(e.g., podiatrist, ophthalmologist) |  |  |
| Hospice/palliative care |  |  |
| Dietician |  |  |
| Pharmacist |  |  |
| Physical therapist |  |  |
| Respiratory therapist |  |  |
| Home parenteral service provider |  |  |
| Durable medical equipment provider |  |  |
| Rehabilitation provider |  |  |
| Occupational therapist |  |  |
| Music therapist |  |  |
| Local public health nurse |  |  |
| Social worker |  |  |
| Mental Health (psychiatrist, psychologist) |  |  |
| Holistic medicine provider |  |  |
| Chiropractor |  |  |
| Herbalist |  |  |
| Acupuncturist |  |  |
| Massage therapist |  |  |
| Personal trainer |  |  |
| Naturopath |  |  |
| Other (specify) |  |  |

[See next page for a template to provide details about each directory entry.]

# Provider Resources Directory for <CCC program name>

**How to Use:**  Replicate the table of information below for each provider participating in or supporting the CCC program. Add additional information as appropriate for the program. Consider using a spreadsheet or formatted database for easy access, sorting and reporting of the information.

|  |  |  |
| --- | --- | --- |
| <Name of Provider> | | |
| Specialty | <Name of specialty(ies)> | |
| Organization | <Primary organization> | |
| Location | <Street, City, Zip code> <Phone number>  <Fax number)  <website address> | Mailing Address (if different) |
| Process to Obtain Services | <Forms or referral requirements><Lead time> | Other Requirements (if any) |
| Additional Information | <Expectations for data sharing, service follow up, reports, issue management, etc.> | |

|  |  |  |
| --- | --- | --- |
| <Name of Provider> | | |
| Specialty | <Name of specialty(ies)> | |
| Organization | <Primary organization> | |
| Location | <Street, City, Zip code> <Phone number>  <Fax number)  <website address> | Mailing Address (if different) |
| Process to Obtain Services | <Forms or referral requirements><Lead time> | Other Requirements (if any) |
| Additional Information | <Expectations for data sharing, service follow up, reports, issue management, etc.> | |

|  |  |  |
| --- | --- | --- |
| <Name of Provider> | | |
| Specialty | <Name of specialty(ies)> | |
| Organization | <Primary organization> | |
| Location | <Street, City, Zip code> <Phone number>  <Fax number)  <website address> | Mailing Address (if different) |
| Process to Obtain Services | <Forms or referral requirements><Lead time> | Other Requirements (if any) |
| Additional Information | <Expectations for data sharing, service follow up, reports, issue management, etc.> | |

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