



# Catholic Charities

◆ PETER CLAVER COMMUNITY ◆

## Provider Agreement for Resident Care

Thank you for referring your patient to our RCFCI. Please read and sign acknowledging the following items below:

- The patient's provider and provider team acknowledges that the patient admitted will be at the RCFCI on a short-term basis and evaluated every three months for an appropriateness level of care.
- The provider and provider team understands that RCFCI's are not long-term care or long-term housing. Average length of stay is 3-12 months.
- The patient's provider and provider team understands that if the RCFCI is no longer able to meet the medical and psychosocial needs of the resident; the provider, the provider team, and the RCFCI will move forward with a safe transition to another placement that is more appropriate for the resident. This includes the provider assisting in expediting a referral to a higher level of care.
- The patient's provider and provider team acknowledges that for optimal care, the RCFCI and the provider will need to collaborate on treatment goals, medications, medical appointments, and continued discharge planning.
- The patient's provider and provider team understands that treatment goals and discharge planning start at admission-and are continued to be assessed. The provider and provider team is expected to attend, at minimum, a care team meeting every two months to discuss treatment goals and discharge planning.

Patient Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_