

## ERS Portal Tool

**New CEIF Form NOTE: This is only a tool for collecting information. CEIF must be completed via the Peach Portal and then submitted to the participant's Managed Care Payer.**

Participant Details	
Participant Last Name	
Participant First Name	
Participant CIN # (8-digit number followed by a letter)	
Payer (MCO or FFS)	

Emergency Details	
Emergency	
Date of Emergency(MM/DD/YYYY)	
Date of Participant Consent	
First Date ERS Provided	
Current TAR Date From	
Current TAR Date To	

CEIF Form Details	
Additional Circumstances Related to the Emergency	<input type="checkbox"/> Hospitalization <input type="checkbox"/> Personal Health Care Provider Restrictions <input type="checkbox"/> Loss of Caregiver <input type="checkbox"/> Loss of Housing <input type="checkbox"/> Loss of Transportation <input type="checkbox"/> Nursing Home Admission

<p>Description of Emergency - character limit 320</p>	
<p>Background (Pertinent information related to the participant and the emergency) – Character limit 520</p>	
<p>Assessment (Participant's immediate assessed needs due to emergency) – Character limit 420</p>	
<p>Planned Emergency Services - Required</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Provide services specified on the participant's authorized individual plan of care as appropriate and feasible during the emergency</li> <li><input checked="" type="checkbox"/> Communicate regularly with participant, caregiver, and network of care supports</li> <li><input checked="" type="checkbox"/> Evaluate current and emerging needs on an ongoing basis (required at least once per week)</li> </ul>

Planned Emergency Services – Check all that Apply	<input type="checkbox"/> Coordinate care (care transitions, referrals, advocacy, and liaison with medical provider(s), participant’s managed care plan, family, caregivers, other community supports/agencies)  <input type="checkbox"/> Deliver or arrange delivery of food, medications, supplies  <input type="checkbox"/> Provide caregiver support  <input type="checkbox"/> Identify equipment/technology needs and/or provide assistance with receipt of telehealth  <input type="checkbox"/> Other _____ _____ _____
Planned ERS supports and services will be provided via	<input type="checkbox"/> Telehealth  <input type="checkbox"/> In-Home  <input type="checkbox"/> At the Home (Doorstep)  <input type="checkbox"/> In the Community
Description of Proposed Services to be Provided – Character limit 320	

**ERS Attendance Days**

Please Include all dates of attendance for corresponding ERS Event	
Month 1: _____	
Month 2: _____	
Month 3: _____	