



ALL ISLAND CASE MANAGEMENT CORPORATION

Your Case Management of Choice

"Vacation / Absence Notification"

CCFFH:	Begin Date:	End Date:
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"Notice of Leave"

§17-1454-41(j)(1)(2):

When the primary provider will be absent or unable to perform regular duties, and residents are present, the primary provider shall:
 (1) Report the situation to the resident's case management agencies verbally and in writing prior to the planned absence or being unable to performing provider duties. Unplanned absences or events that prevent the primary provider from performing regular duties must be reported with-in twenty-four-hours of occurring; (2) Assure that an authorized substitute provider (state certified) is available and capable of managing all resident care and any event occurring in the CCFFH.

Authorized Substitutes must be approved by CTA to provide services and should have completed all Basic Skills and RN Delegations. If you are submitting new substitutes and you have not notified AICMC, include the CTA Approval – Arrangements must be made PRIOR to your leaving for all RN Skills & Delegations to be completed by an RN and must be done one (1) week prior to your absence.

This is to notify you that I will be away from the CCFFH and the following Authorized Service Provider(s) will be providing care for the client(s) in my absence:

Facility Address:

Name:	Telephone #: (Must provide a Contact Number)

During my absence, you will be able to contact me at (This portion must be completed - DO NOT LEAVE BLANK)

Destination:	Contact Number:
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Statement of Acknowledgement:

I understand that the information is true and correct and that all my substitutes are authorized and approved by the state designee.

 Signature of Primary Caregiver of CCFFH

 Date

This document should be faxed to the following:

- All Island Case Management Corporation (AI-CMC)
 (808) 536-7100– Office
 (808) 536-7200 – Fax

Date Received:	Monitoring RN Case Manager:	Notification Sent: <input type="checkbox"/> CCFFH	Notification Sent: <input type="checkbox"/> Monitoring RN CM
SCG's Complete (RN Tasks & Skills on file) <input type="checkbox"/> Yes <input type="checkbox"/> No	Client(s) Family / POA Notified of Absence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed by: Initials MLeonor	Date Completed:

Reminder: Fax to (808) 536-7200

"This document is Proprietary and Confidential"