**Transition of Care Warm Handoff Summary**

Member Name: Click to enter text. Legal Guardian’s name\*: Click to enter text.

Assigned Plan: Please Select Legal Guardian’s contact information\*: Click to enter text.

Member Medicaid ID: Click or to enter text. Member in Foster Care: Please Select

Member’s Contact Information: Foster Care Permanency Status\*: Please Select

Member’s DOB: Click or to enter text. Date Summary Completed: Click to enter text

Member’s Gender: Click or to enter text. Completed By: Click or to enter text.

Member’s Guardianship status: Click or to enter text.

\*If Applicable

*Note: for SUD-related data, please adhere to rules and regulations for sharing this information and if consent has not been obtained, do not provide that information on this document.*

1. **Why was the member identified for Warm Handoff?**

Currently Inpatient at Transition

High Risk /Multiple or complex Treatment Interventions

Currently/recently in Care Management/Care Coordination

Currently/recently in Care Management for At-Risk Children (CMARC)

Currently/recently in CCNC Care Management

Currently/recently in Integrated Care for Kids (InCk) Care Management

Currently receiving Community Guide

Currently/recently in Other Care Management Click or tap here to enter text.

Other: Choose an item. Click or tap here to enter text.

1. **List of current PAs**: Click or tap here to enter text.
2. **Foster Care Information (if applicable):**

Child Welfare Worker name: Click or tap here to enter text.

Child Welfare Worker Name phone number: Click or tap here to enter text.

Child Welfare Worker County: Click or tap here to enter text.

Foster Placement name (foster family, group, or children's home): Click or tap here to enter text.

Foster Placement number: Click or tap here to enter text.

1. **Current Care Manager/Care Coordinator Information:**

Current Care Manager/Coordinator/Navigator name: Click or tap here to enter text.

Current Care Manager/Coordinator/Navigator phone number: Click or tap here to enter text.

Member’s preferred communication method: Click or tap here to enter text.

Known safety issues for care manager: Click or tap here to enter text.

1. **What are the current Services?** Click or tap here to enter text.

Service: Click or tap here to enter text.

Date of Service:Click or tap to enter a date.

Provider: Click or tap here to enter text.

Length of Stay (LOS) (Duration in service): Click or tap here to enter text.

*Duplicate fields if multiple services.*

1. **List of current providers:** Click here to add text
2. **Date of last care coordination contact with member (e.g. in-person visit, telephonic or virtual):**

In-person

Telephonic

Virtual (online with camera)

1. **List of medications:** Click or tap here to enter text.

**8a. List of current diagnoses:** Click here to add text

1. **Known medication Issues/Concerns (ex: member recently changed pharmacy, has not filled Rx’s, adherence, allergies, etc.):**

Yes

No

N/A

Not known

Please describe here:

1. **Known barriers or immediate risks?** Click or tap here to enter text.

Safety risks known: SI/HI Click or tap here to enter text.

SDOH needs: Click or tap here to enter text.

Medically Complex/Fragility: Click or tap here to enter text.

NEMT Needs: Click or tap here to enter text.

Current level of care recommended: Click or tap here to enter text.

Recent hospitalizations/crisis episodes: Click or tap here to enter text.

1. **Discharge plan, upcoming appointments, or next steps:** Click or tap here to enter text.

Recommended service/LOC (SP/TP services listed below):

Inpatient Outpatient Research-Based BH Treatment

Partial Hospitalization Mobile Crisis FBC

Outpatient opioid treatment \*\* Detox \*\* Assessment

ADATC for crisis stabilization \*\* Medical Primary Care Provider: Click to enter text.

Other: Click to enter text.

No recommendation provided

1. **Additional Information/ Other comments:** Click or tap here to enter text.

Check here if transitioning beneficiary is actively enrolled in CCNC care management (if known).

Check here transitioning beneficiary is under open appeal at transition. Service: Click to enter text.

With Continuation of Benefit.