**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. [ ]