****

**Transfer in Care Coordination Delegation**

|  |  |
| --- | --- |
| **Date Emailed to New Delegate:** | **Transfer Initiated By:** |
| **Member Name:** | **Delegate/Agency Name:** |
| **Bridgeview ID (8+ PMI):** | **Delegate Phone:** |
| **DOB:** | **Delegate Email:** |

|  |
| --- |
| **Transferring Delegate Responsibilities**  Refer to the Transfers of Care Coordination section in the Care Coordination Guidelines and/or use the *6.08.01 Transfer in Care Coordination Delegation Checklist*  **Do not guess the New Delegate.** If you need to confirm the new Care Coordination entity, please utilize resource 9.07 Care Coordination Delegate Listing and Contact Table or contact your PR Consultant. |

### **Member Transfer Information**

**OLD DELEGATE:       NEW DELEGATE:**

#### MEMBER’S RESIDING ADDRESS:

**MEMBER’S PHONE NUMBER**:       **Primary Care Clinic:**

MSHO  MSC+  Community Well  Waiver  Nursing Home  Intermediate Care Facility (ICF)

#### EFFECTIVE DATE OF TRANSFER:

\*All transfers are effective the **FIRST** of the following month unless previous agreed upon.\*

**Date of last assessment:**

Check here if current assessment/support plan are in R-MnCHOICES (do not need to send a copy with transfer documents)

Shared care plan, assessment, customized living tool (if applicable), home care authorizations, etc.

Communicated address/living arrangement change to financial worker.

Changed PCC, especially if change in PCC also changes Care Coordination Delegate Listing and Contact Table. Refer to PCC change section in the guidelines.

**Comments** (add any comments for receiving Delegate ie. Refusal, Unable to Reach, etc.):

**Receiving Delegate Reminders:**

* Receipt of this form is your official notification. If the member does not show up on your future enrollment, report the discrepancy to secureblue.enrollment@bluecrossmn.com.
* Member must be notified of the new Care Coordinator assigned within 10 days of notification following the effective date of the transfer.