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| **Transfers of Care Coordination to another Blue Plus Delegate** | | | | |
| • Transfers of Care Coordination to another Blue Plus Delegate are effective on the first of the month following the date of notification via *Transfer in Care Coordination Delegation* *form* unless an exception is coordinated with and communicated by secureblue.enrollment or PR Consultant.  • See TRANSFERS section of the Guidelines for complete details on process.  • A new assessment or Transitional HRA is not needed for Blue Plus to Blue Plus Transfers in Care Coordination. | | | | |
| Member Name: | | |  | Member ID: |
| Transfer from: | | |  | Transfer to: |
| Transfer effective date: | | |  |  |
| **Completion** | | **Date** | | **Task** |
| **Initiating Delegate Responsibilities** | | | | |
|  |  | | | Verify new Delegate by referring to *Care Coordination Delegate Listing and Contact Table* or contact your PR Consultant. |
|  |  | | | Confirm current or new PCC with the member, authorized rep or Customized Living/Nursing facility and update in Bridgeview, if applicable.  Update member's address in Bridgeview, if applicable. |
|  |  | | | Notify the member’s financial worker by completing the DHS 5181. For address changes, CC’s can use this link: https://edocs.mn.gov/forms/DHS-8354-ENG |
|  |  | | | Complete *Transfer in Care Coordination Delegation form* and send to new Delegate via secured email listed on 9.07 Care Coordination Delegate Listing and Contact Table.  Include the following:  • Current assessment (unless in MnC)  • Current support plan (unless in MnC)  If applicable:  • Any state plan service authorization information  • My Move Plan Summary  • Housing and Stabilization Service (HSS) documents and service plan  • CDCS support plan |
|  |  | | | MnCHOICES tasks:  • Search and select the person's record and select the "Assignments" icon  • Open "Location assignments"  • Select the ellipsis (three dots) to the right of the location the person will transfer from and select "Transfer" from the dropdown menu.  • Select "Location" where the staff person will transfer to and select location using the drop down.  • Enter the "Effective start date" that staff members will start their work at the new location and stop their work at the old location. \*Note when the effective date arrives, staff at the old location will no longer see the person in their caseload in MnC.\* |
|  |  | | | If member is open to Elderly Waiver (EW):  • Leave waiver span open in MMIS (if the member remains eligible for EW).  • Keep service agreement(s) open if services will continue with the same provider.  • Close service agreement(s) that are no longer applicable. |
|  |  | | | Transitions of Care (TOC):  • For transfers of Care Coordination resulting from a change in level of care (i.e., a permanent move to SNF following an inpatient stay, etc.), the initiating CC would have started TOC responsibilities and the log. The initiating CC must complete all final TOC activities for the return to new usual care setting and document on the TOC log. |
| **Both initiating and receiving Delegate Responsibilities**  **To ensure continuity of care during Care Coordination transitions either within the same agency or to another Blue Plus Delegate, both Care Coordinators should consider the following best practices:** | | | | |
|  |  | | | Both Care Coordinators should call the member to explain the change in Care Coordination, which would include a review of transfer paperwork sent or received. |
|  |  | | | Both Care Coordinators should collaborate to confirm and review receipt of all member documents, give verbal report on member status, and ensure all LTSS services and needs are being addressed, as applicable. |
|  |  | | | The current Care Coordinator should remain involved until there is confirmation of a new Care Coordinator assigned and an introduction to the member has been completed. |
|  |  | | | When possible, both Care Coordinators should be present during next member in-person visit or nursing facility care conference, as applicable. Dual billing for Care Coordination time is allowed if needed to ensure a smooth transition. |
| **Receiving Delegate Responsibilities** | | | | |
|  |  | | | • Assign new Care Coordinator and enter in Bridgeview by the 10th of the of the month the change is effective.  • Notify member of the assigned Care Coordinator (may use *CM Change Intro letter*) by 10th of the month the change is effective.  • Notify the Financial Worker of the assigned Care Coordinator’s name via DHS 5181  • Confirm the PCC was updated in Bridgeview by the initiating Delegate and if not, update it in Bridgeview.  • Within 90 days of transfer, Change in CC - Intro to Primary Care Provider letter sent to Primary Care Provider (PCP), or for clinic delegates, notification to PCP documented per clinic process. |
|  |  | | | • Review current Comprehensive Assessment and support plan. Or, follow the process for completing a new assessment/support plan if no current assessment/support plan is received.  • Review current EW service agreements in Bridgeview and MA service authorizations, if applicable.  • Note when member is due for annual assessment and plan for member outreach at minimum 2 weeks prior to assessment due date. |