

BLUE PLUS TRANSITIONS OF CARE (TOC) LOG

TOC tasks should be completed by the CC within one (1) business day of notification of each transition. Follow up contact with member is required after return to their usual care setting. Note: If CC finds out about the transitions fifteen (15) days or more after the member has returned to their usual care setting, no TOC log is needed. However, the CC should check in with the member to discuss the transition process, any changes needed to the care plan and document it in a case note.

Member Name:		Member ID:		Product:
Care Coordinator:			Agency/County/Care System:	
Transition #1 (The requirements below are required for both planned/unplanned transitions.)				
Notification Date:	Transition Date:	Transition From: <u>(Type of care setting)</u>		Transition To: <u>(Type of care setting)</u>
Shared CC contact info, care plan/services with receiving setting - <u>Date completed:</u>				
Notified PCP of transition or confirmed PCP is aware - Date completed:				
Care Coordinator notified PCP via: Fax Phone EMR Secure email				
<u>Reason for Admission/Comments:</u>				
Transition #2				
Notification Date:	Transition Date:	Transition To: <u>(Type of care setting)</u>	Is this transition a return to usual or new usual care setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete "Return to <u>usual</u> or <u>new usual</u> care setting required tasks" below.</i>	
Shared CC contact info, care plan/services with receiving setting - <u>Date completed:</u>				
Notified PCP of transition or confirmed PCP is aware - Date completed:				
Care Coordinator notified PCP via: Fax Phone EMR Secure email				
Comments:				
Transition #3				
Notification Date:	Transition Date:	Transition To: <u>(Type of care setting)</u>	Is this transition a return to usual or new usual care setting? Yes No <i>If yes, complete "Return to <u>usual</u> or <u>new usual</u> care setting required tasks" below.</i>	
Shared CC contact info, care plan/services with receiving setting - <u>Date completed:</u>				
Notified PCP of transition or confirmed PCP is aware- Date completed:				
Care Coordinator notified PCP via: Fax Phone EMR Secure email				
Comments:				

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Member Name:		Member ID:		Product:
Care Coordinator:			Agency/County/Care System:	
Transition #4				
Notification Date:	Transition Date:	Transition To: <u>(Type of care setting)</u>	Is this transition a return to usual or new or new usual care setting? Yes No <i>If yes, complete "Return to usual or new usual care setting tasks" below.</i>	
Shared CC contact info, care plan/services with receiving setting - <u>Date completed:</u>				
Notified PCP of transition or confirmed PCP is aware - Date completed:				
Care Coordinator notified PCP via: Fax Phone EMR Secure email				
Comments:				
Transition #5				
Notification Date:	Transition Date:	Transition To: <u>(Type of care setting)</u>	Is this transition a return to usual or new usual care setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete "Return to <u>usual</u> or <u>new usual</u> care setting required tasks" below.</i>	
Shared CC contact info, care plan/services with receiving setting - <u>Date completed:</u>				
Notified PCP of transition or confirmed PCP is aware - Date completed:				
Care Coordinator notified PCP via: Fax Phone EMR Secure email				
Comments:				
Transition #6				
Notification Date:	Transition Date:	Transition To: <u>(Type of care setting)</u>	Is this transition a return to usual or new usual care setting? Yes No <i>If yes, complete "Return to <u>usual</u> or <u>new usual</u> care setting required tasks" below.</i>	
Shared CC contact info, care plan/services with receiving setting - <u>Date completed:</u>				
Notified PCP of transition or confirmed PCP is aware - Date completed:				
Care Coordinator notified PCP via: Fax Phone EMR Secure email				
Comments:				

Return to usual or new usual care setting required tasks:

The following tasks are required for ALL members discharging to their usual or new usual care setting within one (1) business day of notification. If the Care Coordinator is notified of member's discharge in advance, the CC must follow up and complete the TOC tasks outlined below within one (1) business day AFTER the actual date of discharge.

 **Date completed:** 

Care Coordinator is **required** to discuss and complete the following with the member or their designated representative:

Care transition process and changes to the member's health status, including sharing Care Coordinator contact information for additional support.
 Support plan required updates Yes No
 Education about transitions and how to prevent unplanned transitions/readmissions.

FOUR PILLARS FOR OPTIMAL TRANSITION (Any boxes checked "No", must include an explanation for follow up in comments below.)

For members residing in a residential/facility setting, these tasks can be confirmed with facility staff.

Yes No* Does the member have a **follow-up appointment** scheduled with primary care/specialist within 15 days or behavioral health within 7 days?

Yes No* Can the member **manage their medications** or is there a system in place to manage medications?

Yes No* Can the member verbalize **warning signs and symptoms to watch for** and how to respond?

Yes No* Does the member use a **Personal Health Care Record**?

Comments: Visit this site for a sample PHR: [Sample Personal Health Record](#)

***Complete the following for community MSHO members only:**

Inform member about the post-discharge benefits. Request discharge documents and send with the LSS Referral Form. A Community HealthWorker from LSS will be contacting them within 72 hours.

If the member has medication related questions or concerns, inform the member about the Medication Therapy Management program where a pharmacist can complete a comprehensive medication review to make sure they are working appropriately together. If member wants to speak to a pharmacist, complete the MTM referral form and email to MTM.Pharmacy@bluecrossmn.com only if member requested.

Discuss Care Management referral to assist member with additional support as needed and complete the Case Management Referral Form.

Review and discuss Dose Health (DoseFlip) and \$750 MSHO Supplemental Safety Item Benefit, as applicable.



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Additional Comments (optional):