



Warm Hand-Off Form via Care Coordination Teams

Please submit this form to the respective CME email below:

CountyCare Waivers: cccltssreferrals@cookcountyhhs.org

CountyCare CCC-HP Non-Waiver: healthplancm@cookcountyhhs.org

MHN: clinicalteam@mhnchicago.org

ACCESS: countycaremnteam@achn.net

DSCC: dscconnectcare@uic.edu

Date of Warm Hand-Off:

Reason for Warm Hand-Off (check all that apply):

CME Change; transitioning to another CME:

- ☐ Date Member became inactive with prior CME:
- ☐ Date Member became active with current CME:

Newly waiver eligible TBI/SLF/Aging/PWD/HIV/AIDS):

Discharge to community and Non-LTSS:

Is the member informed about CME change:

Name of receiving CME:

Who is completing this form? Name: Title: CME: Supervisors Name:	Care Coordinator/ TOC Telephone number: Care Coordinator/ TOC Email Address:
Member Name & (Pronouns): Member Birth Date (MM/DD/YYYY): Member RIN: Member Current Phone Number: Active Contact Number: Member Current Address:	Members PCP (Medical home/clinic): Primary Care Provider/Specialist/Behavioral Health: Last PCP Visit if known:
Last Admission Date (if known): Last Discharge Date (if known): HRS completion date (send copy of HRS/A & IPOC if Applicable):	Member's preferred language and communication method:

Pertinent Clinical Summary/Reason for Care Coordination:

Follow Up Needs/Equipment's provided or received: E.g. (DME, Sleep Safe Kit)

Education Provided:

Referral Circumstances (check all that apply):

Member has an open Health Safety Wellness (HSW)/Critical Incident (CI) Case:

- If checked above attach HSW form to WHO email
- If investigative authorities involved (ie. DCFS, APS) provide contact Information

Member in a facility:

- Facility name/contact person:
- Facility phone number:

Residing in Long Term Care (with no plans for discharge):

Member contact should be made/attempted within 2 business days of receipt of referral

Workflow Checklist

- ✓ Care Coordinator sends form to changing CME (options listed above, if CME unknown please send to referral inbox: countycarereferrals@cookcountyhhs.org) and cc their manager.
- ✓ Form reviewed
- ✓ Case is assigned
- ✓ Manager of Care Coordinator shares document with team member