

***The information contained in this document is protected by HIPAA.***

OHPCC would like to refer the following member to you for continuity of care coordination. OHPCC staff has discussed or informed member of this transfer, known as a warm handoff (WHO), and the member understands they will be provided continued care coordination or case management following this WHO. OHPCC will be available to you for any questions regarding this WHO transfer.

<b>Today's Date</b>		<b>Kepro-OHPCC Staff</b>	
<b>Case start date</b>		<b>Case end date</b>	

**Member Details:**

<b>Full Name</b>		<b>Medicaid ID</b>	
<b>Date of Birth</b>		<b>Address</b>	
<b>Phone Number</b>			
<b>Alternative Phone Number</b>			
<b>Gender</b>		<b>Type of Address</b>	
<b>Pronouns</b>		<input type="checkbox"/> Own	<input type="checkbox"/> Family Member's
<b>Preferred Language</b>		<input type="checkbox"/> Care Facility	<input type="checkbox"/> Other
<b>Guardian/Power of Attorney</b>		<b>Interpreter Required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SDOH need(s)</b>		<b>Additional Info</b>	
<b>Condition(s)</b>			
<b>Concern(s)</b>			

**Current Concern:**

**Care Coordination History (start with most recent):**

<b>Entity</b>		<b>Date</b>	
<b>Entity</b>		<b>Date</b>	
<b>Entity</b>		<b>Date</b>	
<b>Entity</b>		<b>Date</b>	

**Assistance provided:**

<b>Outcome of assistance provided</b>			
<b>Further needs/Additional vital information for Seamless transition</b>			
<b>Current Plan of Care</b>			
<b>Frequency of contact</b>		<b>Last contact date</b>	
<b>Other</b>		<b>Other</b>	

**Assessments completed:**

<input type="checkbox"/> <b>Social Needs Assessment</b>	<input type="checkbox"/> <b>Social Determinants of Health</b>
<input type="checkbox"/> <b>Specific Health Condition Assessment</b>	<input type="checkbox"/> <b>Outcome Assessment</b>
<input type="checkbox"/> <b>Patient Navigation Activities</b>	<input type="checkbox"/> <b>Referral(s)</b>