



Care Transitions Visit Guide for Providers

When a significant event has occurred, transitional care must be coordinated for Health Home enrolled Members. With each transition, an exchange of information is necessary to ensure safety and maintain continuity of care. Use this guide during the care transition process to help coordinate effective communication and documentation with providers from the releasing agency or facility.

Patient Information
Member Name:
Date of Visit: ___/___/___ Chart Number:

Table with 3 columns: Questions to consider, NOTES, and a vertical SITUATION label. Rows include questions about current situation, needs, clinical goals, follow-up, status changes, risk level, and next caregiver.

Questions continue on the next page

	Questions to consider	NOTES
HISTORY	Does the Member have a support network? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	What reasonable steps will be done to verify Member's supports understand the Member's next transition?	
	What are the safety concerns for this Member?	
	Is the Member able to self-manage? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what reasonable steps will be provided to help Member self-manage?	
COORDINATION	What is the recommended plan or next steps?	
	What actions will be taken to ensure a safe transition?	
	How will the next site of care connect with the previous site of care if additional questions arise?	
	How will the Member know/ receive educational information about medical disease/symptoms?	
	Have appointments already been scheduled for the Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what appointments?	

Provider/Support	Name	Telephone	Address, if applicable	Next Appointment, if applicable
Primary Care				
Behavioral Health				
Substance Use				
Preferred Pharmacy				
Supports and Resources				
Specialty Provider				
Specialty Provider				
Specialty Provider				
Transportation Provider				
Child Care				
Food Pantry				

Provider/Support	Name	Telephone	Address, if applicable	Next Appointment, if applicable
Health Insurer (for recertification for SSI/Medicaid)				
Landlord/Housing				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				