Warm Handoff

What is a Warm Handoff?
The NCDHHS defines a warm handoff as “time-sensitive, member-specific planning for Care-Managed members or other members identified by either the transferring or receiving entity to ensure continuity of service and care management functions. Warm handoffs require collaborative transition planning between both transferring and receiving entities and as possible, occur prior to the transition.”*

Benefits of Warm Handoffs:
- Continuity of care
- Encourages engagement of family and member; allows them to speak up to team
- Encourages whole person, integrated care
- Builds relationships
- Provides a safety check
- Opportunity to correct or clarify any information

How to Implement Warm Handoffs:
- Identify all member transition points within the integrated healthcare system
- Understand the handoff process
- Set warm handoff policy and procedures
- Understand the current workflow
- Analyze the current workflow in order to design new workflows
- Seek input from everyone potentially impacted by the new workflow
- Establish new workflows
- Educate all staff on process, new workflow and procedures
- Identify barriers
- Implement PDSA cycle to implement
- Evaluate and refine the process

It is important to note that warm handoffs are best practice within provider agencies and across the interdisciplinary care team.

* NCDHHS Request for Applications #: 30-2020-052-DHB BH I/DD Tailored Plan, November 13, 2020: 206. Warm Transfer: Defined as a member or provider call is transferred directly from the original call center to the appropriate party during business hours without requiring the caller to make an additional call and without the BH I/DD Tailored Plan abandoning the call until the other party answers.

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