



## Discontinuation of Community Support (CS) Services

Community Support Services may be discontinued as a result of the Member's request or determination by Community Support Provider and/or CenCal Health that discontinuation is appropriate (in accordance with the Community Support discontinuation criteria). Community Support providers must notify CenCal Health upon determination that a member meets the Community Support discontinuation criteria. CenCal Health will review the request and notify Community Support Provider and Member in accordance with the DHCS Community Supports Policy Guide.

| Member and Provider Information   |  |  |
|---|--|--|
| Member Name:  | Member's CIN:  | Member Date of Birth:  |
| Community Support Provider & Contact Name:  |  | Phone Number:  |
| Date CS Services are intended to be discontinued (DD/MM/YY)<br><br><div style="border: 1px solid black; padding: 5px; width: 150px;">DATE:</div><br><b>Approval from CCH required</b> | Discontinuation of CS Informed to:<br><br><input type="checkbox"/> Member<br><input type="checkbox"/> Authorized Representative<br><input type="checkbox"/> Unable to make contact (phone/In person) | Communication Method:<br><br><input type="checkbox"/> Phone/In Person<br><input type="checkbox"/> In Writing<br><input type="checkbox"/> Unable to notify member (Phone/In Person/Writing) |

| Discontinuation Criteria <i>(select all that apply)</i>   |
|---|
| <input type="checkbox"/> The Member has met all care plan goals   |
| <input type="checkbox"/> The Member is ready to transition to a lower level of care                                 |
| <input type="checkbox"/> The Member no longer wishes to receive CS Services   |
| <input type="checkbox"/> The CS Provider has not been able to connect with the Member within 60 days                |
| <input type="checkbox"/> The Member is unresponsive or unwilling to engage  |
| <input type="checkbox"/> Member's behavior or environment is unsafe for the CS Provider and/or other CS participant |
| <input type="checkbox"/> Loss of Medi-Cal Benefits  |
| <input type="checkbox"/> Other:   |

Fax completed form and supporting documentation (e.g. outreach attempts, interaction with member related to discontinuation of Community Support services and/or completed care plan) to:

| CCH Departments    | Phone Number   | Fax Number     |
|--------------------|----------------|----------------|
| Community Supports | (805) 562-1698 | (805) 681-3039 |