



## Community Health Worker (CHW)

### Supervising Provider Service Recommendation Form

Fax (805) 681-3071 or send via secure link: <https://gateway.cencalhealth.org/form/hs>

CenCal Health requires submission of recommendations of community health worker (CHW) services.

**Important reminders:**

- This form is **not** a request for authorization. Use the *Authorization Request Form for Additional Units* to request authorization for services beyond 12 units of services (or 8 units for Asthma Prevention) in a calendar year.
- Members enrolled in Enhanced Care Management are excluded from receiving CHW services as a benefit.
- CHW supervising providers are required to retain a copy of the recommendation in the member's files.

PATIENT INFORMATION		
Patient First Name:	Middle Name:	Last Name:
Date of Birth:	Member ID# (CIN):	
Age:	Diagnosis:	ICD-10:
Date of Recommendation:	Licensed Provider's Signature:	

CHW SUPERVISING PROVIDER INFORMATION	
Name:	
Address:	
City:	State:
ZIP code:	County:
NPI:	Tax ID:
Contact name:	Contact phone:
Contact email:	Contact fax:

RECOMMENDING PROVIDER INFORMATION IF DIFFERENT FROM THE CHW SUPERVISING PROVIDER	
Name:	Title:
Address:	
City:	
ZIP code:	
Phone:	Email:

THE RECOMMENDING PROVIDER HAS DETERMINED THAT THIS MEMBER MEETS MEDICAL NECESSITY FOR CHW SERVICES BASED ON ONE OR MORE OF THE FOLLOWING:	
<input type="checkbox"/>	Diagnosis of one or more chronic health (including behavioral health) conditions or a suspected mental disorder or substance use disorder that has not yet been diagnosed

<input type="checkbox"/>	Presence of medical indicators of rising risk of chronic disease (for example, elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition)
<input type="checkbox"/>	Positive adverse childhood events (ACEs) screening
<input type="checkbox"/>	Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
<input type="checkbox"/>	Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity
<input type="checkbox"/>	One or more visits to a hospital emergency department within the previous six months
<input type="checkbox"/>	One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization
<input type="checkbox"/>	One or more stays at a detox facility within the previous year
<input type="checkbox"/>	Two or more missed medical appointments within the previous six months
<input type="checkbox"/>	Beneficiary expressed need for support in health system navigation or resource coordination services
<input type="checkbox"/>	Need for recommended preventive services

**FOR CHW VIOLENCE PREVENTION SERVICES:**

<input type="checkbox"/>	Violently injured as a result of community violence
<input type="checkbox"/>	At significant risk of experiencing violent injury as a result of community violence
<input type="checkbox"/>	Has experienced chronic exposure to community violence

**FOR ASTHMA EDUCATION AND IN-HOME ENVIRONMENTAL TRIGGER ASSESSMENTS:**

<input type="checkbox"/>	CHW meets qualifications for asthma education and home assessments per DHCS Asthma Prevention Services Medical Provider Guide
<input type="checkbox"/>	Score of 19 or lower on the Asthma Control Test
<input type="checkbox"/>	Asthma-related emergency department visit or hospitalization or two instances of sick or urgent care asthma-related visits in the past 12 months