



## 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)  <div style="border: 1px solid black; padding: 5px; width: fit-content;">DATE:</div> <b>Approval from CCH required</b>	Discontinuation of CS Informed to:  <input type="checkbox"/> Member <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Unable to make contact (phone/In person)	Communication Method:  <input type="checkbox"/> Phone/In Person <input type="checkbox"/> In Writing <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:

## Detailed Summary

**Provide detailed summary if supporting documentation is not attached**

(For example: include the number of outreach attempts, dates, interactions with member related to discontinuation of community supports, the lower level of care they are transitioning to, and/or completed care plan)

CCH Departments	Phone Number	Fax Number
<b>Community Supports</b>	(805) 562-1698	(805) 681-3039

Fax or send via secure link the completed form and supporting documentation if not included above.

**Secure Link:** <https://gateway.cencalhealth.org/form/cs>