

# CHW/CHR PROVIDER REFERRAL AND SERVICE PLAN CONTENT

The following can be developed into a physical referral and service plan and/or integrated into Electronic Health Records (EHRs) to allow for the provider referral and service plan to be sent to the CHW/CHR Agency for CHW/CHR Medicaid Reimbursement.

Last Updated: December 1, 2023

## PATIENT INFORMATION

The CHW/CHR Agency receiving the referral and service plan should indicate what patient information is needed, if applicable. For example, if a service plan and referral is being sent via EHR from an internal department to the CHW/CHR Agency within the same organization, patient information would be included in the EHR chart. If an external referral is being made, the receiving CHW/CHR Agency may need patient information (i.e., name, date of birth, address, phone number, etc.) to begin providing CHW/CHR services to the patient.

**CHW/CHR Agencies receiving external referrals should provide a list of specific patient information items that need to be included in addition to the provider referral and service plan.**

## PROVIDER REFERRAL

### REFERRAL INFORMATION

The following items should be included in the provider referral but may also be duplicative if included within an EHR buildout.

- *Recipient Name*
- *Referral to Provider's Name (CHW/CHR Agency)*
- *Services or Condition (may be duplicative of Qualifying Condition and/or Qualifying Barrier in service plan)*
- *Timespan (may be duplicative of frequency and duration of services in service plan)*

## PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

Provider NPI Number: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SERVICE PLAN

### THE PLAN MUST BE RELEVANT TO THE CONDITION

#### QUALIFYING CONDITION(S):

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Musculoskeletal and neck/back disorders                  |
| <input type="checkbox"/> Cancer                   | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> COPD                     | <input type="checkbox"/> Prediabetes  |
| <input type="checkbox"/> Depression               | <input type="checkbox"/> High Risk Pregnancy                                      |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Substance Use Disorder                                   |
| <input type="checkbox"/> Heart Disease            | <input type="checkbox"/> Tobacco use  |
| <input type="checkbox"/> Hypercholesterolemia     | <input type="checkbox"/> Use of multiple medications (6 or more classes of drugs) |
| <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Mental Health Conditions |   |

#### QUALIFYING BARRIER(S):

- Geographic Distance from health services
- Lack of phone

- \_\_\_ Cultural/language communication barriers
- \_\_\_ Social Determinant of Health (SDoH) barriers
- \_\_\_ Other: \_\_\_\_\_

**INCLUDE A LIST OF OTHER HEALTH PROFESSIONALS PROVIDING TREATMENT FOR THE CONDITION AND/OR BARRIER**

*Note: If the referral and service plan is not ordered by a recipient's PCP, Health Home Provider, or a dentist, the CHW agency must forward the order, service plan, and documentation to the recipient's PCP or Health Home provider for their awareness.*

**CONTAIN WRITTEN OBJECTIVES WHICH SPECIFICALLY ADDRESS THE RECIPIENT'S CONDITION OR BARRIER AFFECTING THEIR HEALTH**

- \_\_\_ Assess and assist with social determinants of health needs as related to qualifying condition(s) and/or qualifying barrier(s).
- \_\_\_ Provide health system navigation and resource coordination as related to qualifying condition(s) and/or qualifying barrier(s).
- \_\_\_ Provide health promotion and coach regarding qualifying condition(s) and/or qualifying barrier(s) and subsequent social determinants of health needs.
- \_\_\_ Provide health education regarding qualifying condition(s) and/or qualifying barrier(s) and subsequent social determinants of health needs.
- \_\_\_ Other: \_\_\_\_\_

**If the referral and service plan is not ordered by a recipient's PCP, Health Home Provider, or a dentist, the following written objective needs to be included:**

- \_\_\_ Establish or re-establish primary care for an annual wellness visit (at a minimum).

**LIST THE SPECIFIC SERVICES REQUIRED FOR MEETING THE WRITTEN OBJECTIVES**

- \_\_\_ Health system navigation and resource coordination
- \_\_\_ Health promotion and coaching
- \_\_\_ Health education to teach or promote methods and measures that have been proven effective in avoiding illness and/or lessening its effects

**INCLUDE THE FREQUENCY AND DURATION OF CHW SERVICES (NOT TO EXCEED THE PROVIDER'S ORDER) TO BE PROVIDED TO MEET THE SERVICE PLAN OBJECTIVES.**

Work with patient up to \_\_\_ units per day (a unit is defined as 30 minutes) with a maximum of \_\_\_ units per week. Assess CHW services after six months, or prior if patient is ready to be discharged from CHW services.

The service plan must be reviewed, at minimum, every six months.