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: May 6, 2026

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):

___ Asthma
___ Cancer
___ COPD
___ Depression
___ Diabetes
___ Heart Disease
___ Hypercholesterolemia
___ Hypertension
___ Mental Health Conditions
___ Musculoskeletal and neck/back disorders
___ Obesity
___ Prediabetes
___ High Risk Pregnancy
___ Substance Use Disorder
___ Tobacco use
___ Use of multiple medications (6 or more classes of drugs)
___ Other: _____.

QUALIFYING BARRIER(S):

___ Geographic Distance from health services
___ Lack of phone/internet (seeking care at incorrect location)

___ 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 Care Management provider, or a dentist, the CHW agency must forward the order, service plan, and documentation to the recipient's Care Management provider for their awareness within 30-days of service initiation.*

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 Care Management 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.