

CHW/CHR CARE PLAN AND PROVIDER REFERRAL CONTENT

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

Last Updated: December 13, 2022

PATIENT INFORMATION

The CHW/CHR Agency receiving the referral and care plan should indicate what patient information is needed, if applicable. For example, if a care 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 care plan and provider referral.

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 care plan)*
- *Timespan (may be duplicative of frequency and duration of services in care plan)*

PROVIDER INFORMATION

Provider Name: _____

Provider NPI Number: _____

Provider Signature: _____

Date: _____

CARE 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

___ Other: _____

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

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: _____

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 CARE 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.

Care plan must be reviewed, at minimum, every six months.