



## Licensed Provider Recommendation Form for Community Health Worker (CHW) Services

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

### Important reminders:

- Members enrolled in Enhanced Care Management (ECM) are excluded from receiving CHW services as a benefit. Please check CalOptima Health Connect to verify whether the member is currently authorized for ECM.
- CHW supervising provider(s) are required to retain a copy of the recommendation in the member's files.

Member information	
Member name:	Date of birth:
Client Index Number (CIN):	Residing county:
CHW supervising provider information	
Name:	
Address:	
City:	State:
ZIP code:	County:
NPI:	Tax ID:
Contact name:	Contact phone:
Contact email:	Contact fax:
Recommending licensed provider information, if different from the CHW supervising provider	
Name:	Title:
Address:	
City:	State:
ZIP code:	County:
Phone:	Email:

<b>The recommending provider has determined that this member meets medical necessity for CHW services based on one or more of the following (please check all that apply):</b>	
	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
	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)
	Any stressful life events presented via the Adverse Childhood Events (ACEs) screening
	Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
	Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity
	One or more visits to a hospital emergency department within the previous six months
	One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization
	One or more stays at a detox facility within the previous year
	Two or more missed medical appointments within the previous six months
	Member expressed need for support in health system navigation or resource coordination services
	Need for recommended preventive services, including updated immunizations, annual dental visit, and well childcare visits for children.
<b>For CHW violence prevention services:</b>	
	The Member has been violently injured as a result of community violence
	The Member is at significant risk of experiencing violent injury as a result of community violence
	The Member has experienced chronic exposure to community violence
<b>For asthma education and in-home environmental trigger assessments:</b>	
	Member received a score of 19 or lower on the Asthma Control Test
	Member experienced asthma-related emergency department visit or hospitalization or two instances of sick or urgent care asthma-related visits in the past 12 months