

## Community Health Worker Supervising Provider Recommendation Submission

### For Medi-Cal Managed Care (Medi-Cal) only

Anthem Blue Cross requires submission of recommendations of community health worker (CHW) services.

#### Important reminders:

- This form is **not** a request for authorization. Use the *Authorization Request Form for Additional Units* to request authorization for services beyond 12 units of services (or 8 units for Asthma Prevention) in a calendar year.
- Members enrolled in Enhanced Care Management are excluded from receiving CHW services as a benefit.
- CHW supervising providers are required to retain a copy of the recommendation in the member's files.

Member information	
Member name:	Date of birth:
Medi-Cal Client Index Number:	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 provider information if different from the CHW supervising provider	
Name:	Title:
Address:	
City:	State:
ZIP code:	County:
Phone:	Email:
The recommending provider has determined that this member meets medical necessity for CHW services based on one or more of the following:	
<input type="checkbox"/>	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

<https://providers.anthem.com/ca>

	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)
	Positive 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
	Beneficiary expressed need for support in health system navigation or resource coordination services
	Need for recommended preventive services
<b>For CHW violence prevention services:</b>	
	Violently injured as a result of community violence
	At significant risk of experiencing violent injury as a result of community violence
	Has experienced chronic exposure to community violence
<b>For asthma education and in-home environmental trigger assessments:</b>	
	CHW meets qualifications for asthma education and home assessments per <i>DHCS Asthma Prevention Services Medi-Cal Provider Guide</i>
	Score of 19 or lower on the Asthma Control Test
	Asthma-related emergency department visit or hospitalization or two instances of sick or urgent care asthma-related visits in the past 12 months

Return this form with supporting documents to either fax: **844-429-9626** or email: [AnthemCHWReferral@anthem.com](mailto:AnthemCHWReferral@anthem.com).