



*We heal and inspire the human spirit.*

Inland Empire Health Plan

## Community Health Worker (CHW) Standing Recommendation Form

This recommendation fulfills the federal requirements outlined in Section 440.130(c) of Title 42 of the Code of Federal Regulations, which mandates that a physician or other licensed practitioner of the healing arts, acting within their scope of practice, provide a written recommendation for preventive services ([DHCS, pg.1](#)).

The Supervising Provider is required to document and retain the standing recommendation after every 12 units (equivalent to 6 hours) of services rendered. This documentation must be maintained in an accessible format and made available to IEHP upon request.

**Questions?** Please refer to the [IEHP-Community Health Worker](#) resource for more information, or email [CHWbenefit@iehp.org](mailto:CHWbenefit@iehp.org).

**To qualify for CHW services, the member must be enrolled in IEHP Medi-Cal or IEHP D-SNP and meet the eligibility requirements below. Members enrolled in Enhanced Care Management (ECM) are not eligible for CHW services.**

### Member Information

|                 |               |
|-----------------|---------------|
| First Name:     | Last Name:    |
| Date of Birth:  | IEHP ID:      |
| Member Address: | Member Phone: |

### Referring Provider (If applicable)

|   |                          |
|---|--------------------------|
| Referring entity/organization's name:         |                          |
| Referring individual's name (First and Last): |                          |
| Address:                                      |                          |
| Phone number                                  | Referring provider NPI#: |

### Additional notes or comments:



## CHW Services Eligibility Questions

1. Does the member meet at least one (1) of the following eligibility criteria?

(Check all that apply)

- 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 (e.g., elevated blood pressure, elevated blood glucose levels, elevated blood lead levels or childhood lead exposure, etc.) that indicate risk but do not yet warrant diagnosis of a chronic condition.
- Any stressful life event presented via Adverse Childhood Events 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 Determinants of Health (SDOH) screening indicating unmet health-related social needs, such as housing or food insecurity.
- One or more visits to a hospital emergency department (ED) within the previous six (6) months.
- One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six (6) 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 (6) months.
- Members expressed need for support in health system navigation or resource coordination services.
- Need recommended preventive services, including updated immunizations, annual dental visits, and childcare visits for children.
- Other: \_\_\_\_\_

By signing below, I attest that the member meets the eligibility criteria for requested services and all information provided is complete and correct to the best of my knowledge.

Name:

Phone Number:

Signature:

NOTICE: Reading, disclosure, discussion, dissemination, distribution, or copying of this information by anyone other than the named recipient or his or her employees or agents is strictly prohibited. If you have received this form in error, please immediately destroy it and notify us by telephone at **(866) 725-4347**.

**\*All documents related to receiving CHW services will be subject to review and submission via SFTP (Secure File Transfer Protocol) process.**