



## Discontinuation of Community Support (CS) Services

Community Support Services may be discontinued based on the member's request or if it is determined appropriate by the CS Provider and/or CenCal Health, in accordance with the discontinuation criteria. Providers are required to notify CenCal Health if they determine that a member meets the discontinuation criteria. CenCal Health will then review the request and notify both the Community Support Provider and the member, following the guidelines outlined in the DHCS Community Supports Policy Guide.

| Member and Provider Information   |               |                       |
|---|---------------|-----------------------|
| Member Name:  | Member's CIN: | Member Date of Birth: |
| Community Support Provider & Contact Name:  |               | Phone Number:         |
| <b>Approval From CCH Required</b><br>Date CS Services are intended to be discontinued (DD/MM/YY)<br>Date: |               | Authorization Number: |

| Discontinuation Criteria <i>(select all that apply)</i>   |
|---|
| <input type="checkbox"/> The Member has met all care plan goals   |
| <input type="checkbox"/> The Member is ready to transition to a lower level of care                                 |
| <input type="checkbox"/> The Member no longer wishes to receive CS Services   |
| <input type="checkbox"/> The CS Provider has not been able to connect with the Member within 60 days                |
| <input type="checkbox"/> The Member is unresponsive or unwilling to engage  |
| <input type="checkbox"/> Member's behavior or environment is unsafe for the CS Provider and/or other CS participant |
| <input type="checkbox"/> Loss of Medi-Cal Benefits  |
| <input type="checkbox"/> Other:   |

## Detailed Summary

**Provide detailed summary if supporting documentation is not attached.**

(For example: include the number of outreach attempts, dates, interactions with member related to discontinuation of community supports, the lower level of care they are transitioning to, and/or completed care plan)

| CCH Departments    | Phone Number   | Fax Number     |
|--------------------|----------------|----------------|
| Community Supports | (805) 562-1698 | (805) 681-3039 |

**Fax or send via secure link the completed form and supporting documentation if not included above.**

**Secure Link:** <https://gateway.cencalhealth.org/form/cs>