**COMMUNITY SERVICES AGENCY**

**318 9th Street**

**P.O. Box 189**

**Worthington, MN 56187**

www.co.nobles.mn.us

**Phone: 507-295-5213**

**Fax: 507-372-5094**

**CommunityServices@co.nobles.mn.us**

**Standing Order for Community Health Worker (CHW) Services**

**Community Health Worker Certification**

The Community Health Worker (CHW) must have a current and valid certificate from the Minnesota State Colleges and Universities (MnSCU) demonstrating completion of an approved CHW curriculum.

**Client Scope**

The CHW may offer services to Nobles County residents with at least one of the following:

* A referral from a physician, health coach, care coordinator, mental health professional, social worker or other medical professional to Nobles County for CHW services related to management of prediabetes, undiagnosed hypertension or hypertension.
* A referral from a physician, health coach, care coordinator, mental health professional, social worker, other medical professional or a self-referral to Nobles County for CHW services related to unmet needs where a CHW will address social determinants of health preventing the resident from putting their health needs as a priority.

**Community Health Worker Services Units**

Delivered in 30-minute units: limit 4 units per 24 hours; no more than 24 units per calendar month per client

**Community Health Worker Services**

1. Face-to-face with the client (individually or in a group)
2. Delivery of diagnosis-related patient education services: The content must be consistent with established or recognized health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms, and health literacy of the client. Disease/diagnosis-specific education best practices attached to this standing order must be included as part of the patient education or training plan.
3. Assisting individuals in adopting healthy behaviors and self-management behaviors.
4. Conducting outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health.
5. Providing information on available resources.
6. Providing social support.
7. Advocating for individual and community health needs.
8. Collecting data to help identify community health needs.
9. Providing services such as using the ADA prediabetes risk tool to assess prediabetes risk.

**Personal Health Information -** **clients will receive a copy of the following documents:**

1. Release of information
2. Notice of Privacy Practices

**Standing Orders Authorization:** This order for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall go into effect on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ and remain in effect until rescinded or until September 30, 2018.

**Number of units ordered**: Up to 24 units per calendar month, no more than 4 units per 24 hours

**Service type**: [x] Individual [ ] Group

Ordering Provider’s Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ordering Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_