



Promise Health Plan

# Community Supports (CS) Request Form

To Submit Referrals or Questions, Send a Secured Email:

Los Angeles County: [LACommunitySupports@blueshieldca.com](mailto:LACommunitySupports@blueshieldca.com)

San Diego County: [SDCommunitySupports@blueshieldca.com](mailto:SDCommunitySupports@blueshieldca.com)

**Request Type:**

URGENT  ROUTINE

<b>I. MEMBER INFORMATION</b>		<b>PRIMARY LANGUAGE SPOKEN:</b>		<b>Gender:</b>	
		<b>Other Language:</b> _____		<b>Member Consented to Referral:</b>	
Last Name: _____		First Name: _____		MI: _____	
				DOB: _____	
BSC ID: _____		CIN #: _____		BSC Plan/Coverage: _____	
Address: _____		Apt/Unit: _____			
City: _____		Zip Code: _____		Phone #(s): _____	
<b>II. REQUESTOR INFORMATION</b>					
Date of Request: _____		Requestor Name: _____			
Requestor Phone #: _____		Requestor Fax #: _____		BSC Promise ECM Provider?: _____	
Requestor Agency/Provider Group: _____			Requestor Email: _____		
<b>III. COMMUNITY SUPPORT SERVICE(S) REQUESTED</b>					
<small>*For Home Modification and Housing Deposits: Request is incomplete without providing itemized list of requested services. Request must include specific amount(s)</small>					
<b>CS Type Requested</b>	<b>Requested Start Date</b>	<b>End Date (if applicable)</b>	<b>Requested Duration (if applicable)</b>		
<b>Diagnosis(es) Code(s)</b>					
_____					
<b>Diagnosis Description(s)</b>					
_____					
<b>Reason for Referral</b>					
_____					
<b>IV. FOR BSCPHP USE ONLY: Blue Shield Promise CS Request Decision:</b>					
<input type="checkbox"/> <b>APPROVED</b> Auth Start Date: _____ Auth End Date: _____ Total Amount/Units Approved: _____ Auth #: _____					
<input type="checkbox"/> <b>DENIED</b> Denial Reason: _____ Narrative: _____					
<input type="checkbox"/> <b>REQUEST RESCINDED</b> Rescind Reason: _____ Other: _____					
<b>Reviewer's Name:</b> _____		<b>Signature:</b> _____		<b>Date Reviewed/Decided:</b> _____	

BSCPHP USE ONLY: Member Eligibility verified as of: \_\_\_\_\_

**THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. CHECK ELIGIBILITY PRIOR TO RENDERING SERVICE.**

Payment will NOT be made for unauthorized services.

Material ID: Prov\_22\_001

Revised: 9/9/2022