

Community Health Worker Referral Form

This form is used to coordinate social services through community health workers for Blue Shield of California Promise health plan members.

Fax the completed form to Community Health Worker Social Services at **(844) 742-1152**.

Completion of all fields is required.

Recommending Provider Information			
Recommending provider name (first, last, middle initial):			
National provider identification (NPI):		Fax number (10-digit):	
Service Provider Information (if different from recommending provider, e.g., Community Health Worker (CHW) supervising provider)			
Service provider name (first, last, middle initial):			
Service provider NPI:		Service provider fax number (10-digit):	
Member Information			
Member name (first, middle initial, last):			
Blue Shield Promise member ID:		Member date of birth: (mm/dd/yyyy):	
Member address:		City:	State: ZIP code:
Is the member Blue Shield Promise eligible? Yes No			
Community Health Worker Services Requested			
Date of request (mm/dd/yy):		Relevant diagnosis code(s) and description:	
Reason for referral*, please review the eligibility criteria on page two to determine the basis for the referral and document it below:			
Type of CHW services requested (list CHW CPT Codes)			
Specify quantity (1 unit = 30 minutes):		Requested service dates:	
		Start date:	
		End date:	
Please indicate whether the member requires ongoing CHW services beyond the benefit limits specified below.			
12 units per year (1 unit = 30 minutes) Yes No		4 units per day, any provider (1 unit = 30 minutes): Yes No	
Does the member require ongoing APS beyond the benefit limits specified below?			
Up to 2 visits per year of APS self-management education, up to two hours daily Yes No			
Up to 2 APS in-home trigger assessments per year: Yes No			
If any box above is checked "yes," please complete the CHW Treatment Authorization Form (TAR) and submit a Plan of Care. A TAR for same-day extension of benefits can be requested retrospectively.			

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*Eligibility criteria

The recommending provider must determine whether a Blue Shield Promise member meets the eligibility criteria for CHW services based on the presence of one or more of the following:

CHW Services

- Diagnosis of one or more chronic health conditions, including mental health, 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, childhood lead exposure, etc.) that indicate risk but do not yet warrant diagnosis of a chronic condition.
- Any stressful life event presented via the 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 Social Determinants of Health (SDOH) screening indicate 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 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.
- A member expressed a need for support in health system navigation or resource coordination services.
- Need for recommended preventive services, including updated immunizations, annual dental visits, and well-childcare visits for children.

CHW Violence Prevention Services

- The member has been violently injured as a result of community violence.
- The member is at significant risk of experiencing violent injury as a result of community violence.
- The member has experienced chronic exposure to community violence.

CHW-provided Asthma Preventive Services (APS)

- The member has asthma and would benefit from self-management education.
- The member has poorly controlled asthma and would benefit from an in-home environmental trigger assessment.

Note: For members enrolled in Enhanced Care Management (ECM), ECM services are inclusive of CHW services.

If you have questions regarding the Community Health Worker referral form, please contact Blue Shield Promise Provider Services at **(800) 468-9935** from 6:00 a.m. to 6:30 p.m., Monday through Friday.

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