

Community Health Worker Recommendation Form

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

Note: For members enrolled in Enhanced Care Management (ECM), ECM services are inclusive of CHW services; no further CHW recommendation is needed for members receiving ECM.

All requests for services can be submitted via fax to **(844) 742-1152**.

Completion of all fields is required. Incomplete forms will be returned to the source for completion.

Recommending Provider Information			
Recommending provider name (first, last, middle initial):			
National provider identifier (NPI):		Fax number (10-digit):	
Agency name:			
Email address:		Phone number:	
Please check the type of license you hold:			
<input type="checkbox"/> Clinical Nurse Specialist	<input type="checkbox"/> Licensed Vocational Nurse	<input type="checkbox"/> Physician Assistant	
<input type="checkbox"/> Dentist	<input type="checkbox"/> Licensed Marriage & Family Therapist	<input type="checkbox"/> Podiatrist	
<input type="checkbox"/> Licensed Clinical Social Worker	<input type="checkbox"/> MD/DO	<input type="checkbox"/> Psychologist	
<input type="checkbox"/> Licensed Educational Psychologist	<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Public Health Nurse	
<input type="checkbox"/> Licensed Midwife	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Registered Dental Hygienist	
<input type="checkbox"/> Licensed Professional Clinical Counselor	<input type="checkbox"/> Pharmacist/PharmD	<input type="checkbox"/> Registered Nurse	
Service Provider Information (if different from above, e.g., Community Health Worker or supervising provider)			
Service provider name (first, last, middle initial):			
Service provider NPI:		Fax number (10-digit):	
Agency name:			
Email address:		Phone number:	
Member Information			
Member name (first, middle initial, last):			
Blue Shield Promise member ID:		Member CIN:	
Is the member Blue Shield Promise eligible? Yes No		Member date of birth (mm/dd/yyyy):	
Member address:		City:	State: ZIP code:
Community Health Worker Services Requested			
Relevant ICD-10 CM diagnosis code(s) and description:		Date of request (mm/dd/yy):	
Reason for recommendation: (See eligibility criteria on page two.*)			

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Type and Quantity of CHW Services Requested		
List CPT and modifier codes you plan to bill:		
Specify quantity (1 unit = 30 minutes):	Requested service dates:	Start date:
		End date:

***CHW 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: (Please check at least one criteria met below.)

CHW Services

- Diagnosis of one or more chronic health conditions, including behavioral 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.
- Member expressed a need for support in health system navigation or resource coordination services.
- Need for recommended preventive services, including updated immunizations, annual dental visit, 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.

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 Benefit Extension form and submit a Plan of Care.					
A benefit extension for same-day extension of benefits can be requested retrospectively.					

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