

## Blue Shield of California Promise Health Plan Medi-Cal Member Social Services and Mental Health Referral Form

This referral does not guarantee approval or eligibility of services. To receive a confirmation of outcome of the referral you are submitting, please be certain to indicate your preferred method of contact for the outcome in the box titled "Preferred contact information for outcome of referral."

**Fax this completed form for Medi-Cal member referrals to:**

Los Angeles County: (323) 889-2109

San Diego County: (619) 219-3320

Phone number: (877) 221-0208

**Member Information**

<b>First name:</b>	<b>MI:</b>	<b>Last name:</b>	<b>Street Address:</b>		
<b>Member ID/CIN:</b>		<b>City:</b>	<b>State:</b>	<b>ZIP code:</b>	
<b>Languages spoken:</b>			<b>Gender:</b>	<b>Date of birth:</b>	

**Requestor Information**

Please be aware that a referral does not guarantee approval or eligibility for services.

<b>Date of Request:</b>	<b>Requested by:</b> IPA      PCP      Specialist      Other:			
<b>Full Name:</b>		<b>Title:</b>		
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>ZIP code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>		
<b>Name of person completing this form:</b>		<b>Preferred contact information for outcome of referral:</b>		
<b>Which of the services below would you like Blue Shield of California Promise Health Plan to explore with the member?</b>				
Advance Health Care Directives	In-home supportive services (IHSS) <sup>2</sup> Members can self-refer: LA – (888) 944-4477    San Diego: (800) 510-2020			
Caregiver resources				
Community based adult services (CBAS) <sup>1</sup>	Legal resources			
Food resources	Mental health referral (complete page 2 of this form)			
Homeless resources, e.g., shelter information	Multi-purpose senior services program (MSSP) <sup>3</sup>			
Housing resources, e.g., board and care, assisted living facility referrals	Transportation resources			
	Utility resources			
Other: (non-medical) reason (please indicate attachments):	<ul style="list-style-type: none"> <li>For medical needs, refer to UM Standard Process (Treatment Authorization Request (TAR) form).</li> <li>For Care Management/Populations Health Management needs, call (877) 702-5566.</li> </ul>			

<sup>1</sup> CBAS: Day health program that provides services designed to be an alternative to nursing home care for individuals over 18 years of age with special health care needs.

<sup>2</sup> IHSS: Allows individuals to receive support services enabling them to safely remain living in their home.

<sup>3</sup> MSSP: Provides social and health case management for seniors who are certified for nursing home placement but wish to remain at home.

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## Referral Form for Mental Health Services

Send your completed form to Blue Shield Promise at:

Email: [MediCalmentalhealth@blueshieldca.com](mailto:MediCalmentalhealth@blueshieldca.com)

Fax: Los Angeles County: (323) 889-2109; San Diego County: (619) 219-3320

Telephone: (877) 221-0208

Please check this box to confirm that your practice has already verified the Medi-Cal member's eligibility for Medi-Cal mental health services.

### Reason for request for mental health services

Behavioral Health symptoms (please check all that apply):

Abuse/Neglect	Psychosis (auditory/visual hallucinations, delusional)
Chronic pain	Post traumatic stress disorder (PTSD)/Trauma
Depression/Anxiety	Violence/Aggressive behavior
Homicidal ideation	Substance use disorder?    Yes    No
Perinatal depression and/or anxiety	If yes, type(s) of substance:
Poor self-care due to mental health	
<b>Suicidal or homicidal ideation</b> Note to providers: Be certain to recommend to a patient who has suicidal ideation to immediately call the following telephone number available 24/7 at no cost to callers: <ul style="list-style-type: none"><li>• 988 Suicide and Crisis Lifeline <sup>4</sup></li><li>• TTY: Use preferred relay service or dial 711 before dialing 988<sup>4</sup></li></ul>	
Other behavioral health symptoms:	

### Impairments (please check all that apply):

Difficulty in or unable to complete activities of daily living (ADLs)	Difficulty in maintaining relationships
	Legal/Child protective services (CPS)
Difficulty in, or unable to go to work/school	Legal/Adult protective services (APS)
Other impairments:	

### Medications

Please list all medications the patient is currently taking, or send a medication list with this form:

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<sup>4</sup> 988lifeline.org.

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