[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Provider’s Name]

[Provider’s Organization]

Dear [Provider’s Name],

Subject: Referral and Service Plan for Community Health Worker (CHW) Services

**I am writing to discuss an important opportunity to support your patient through the services of a Community Health Worker (CHW).** A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

**By signing the attached referral and service plan, you will enable your patient to work closely with a CHW from our organization.** In South Dakota, CHWs complete a training program and become certified to provide CHW services that align with the South Dakota CHW scope of work: health system navigation and resource coordination, health promotion and coaching, and health education (reiterating and building upon health education that has been provided by a licensed professional).

**A key component of our CHW program’s success is the ability to bill South Dakota Medicaid for the CHW services rendered.** This not only supports the sustainability of our program but also ensures that we can continue providing these valuable services to patients in need. Your endorsement through the signed referral and service plan is essential for this process.

**Should you have any questions or require further information, please do not hesitate to contact me directly.**

Warm regards,

[Your Full Name]

[Your Title]

[Your Organization]

[Email Address]

[Phone Number]

Enclosure: Completed Referral and Service Plan for Provider Signature