

A PRIMER

Updated June 2025





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SECTION ONE:

CHW OVERVIEW

- 1. What is a CHW?
- 2. What do CHWs do?
- 3. Who is eligible for CHW services



WHAT IS A

COMMUNITY HEALTH WORKER?

Community Health Workers (CHW) provide face-to-face preventive health services.



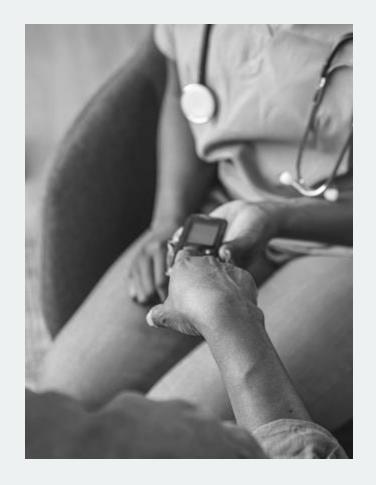
CHWs have lived experiences similar to Medi-Cal Members and are trusted members of their community.



They help address chronic conditions, preventive health care needs, and health-related social issues.



Community Health
Workers are required to
be 18+ to bill Medi-Cal.





WHAT ARE

EXAMPLES OF LIVED EXPERIENCE?

Shared race, ethnicity, sexual orientation, gender identity, language or cultural background and/or **experiences related to things like:**



Incarceration



Military Service



Pregnancy & Birth



Disability



Foster Care System Involvement



Homelessness



Mental Health Conditions



Addiction



Community or Intimate Party



WHAT IS THE

MEDI-CAL CHW BENEFIT?

The services community healthcare workers provide:





Health education, including coaching & goal setting.



Screening and assessment



Advocacy to prevent disease, disability and other health conditions



Health navigation, understanding the system and accessing care, being a cultural liaison



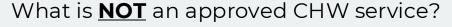
Up to 2 hours a day per beneficiary is reimbursable

The Community Health Worker Benefit was added to the Medi-Cal State Plan in 2022 and is available to both fee-for-service and managed care enrollees. FQHCs/RHCs may NOT be reimbursed for the program (exception is Tribal FQHC and Indian Health Services Clinics).



WHAT IS THE

MEDI-CAL CHW BENEFIT?





- 💢 Respite Care
- Services Medi-Cal
 Already Covers**
- Socialization

- X Transporting Members
- Individual Non
 Medi-Cal Services***
- Services That Require a License
- Peer Support Services

- Clinical Case/Care Management (w/ License)
- X Childcare
- X Companion Services
- **X** Employment Services



- Helping a Member Enroll in Non-Health Gov or Assistance Program
- Medication, Medical Equipment, or Medical Supply Deliveries



^{*}Personal care services, homemaker services, similar to IHSS-like services, chore services, shopping services, and cooking services.

^{**}Services that duplicate another covered Medi-Cal service already being provided to a Member, including ECM.

^{***}Services provided to individuals not enrolled in Medi-Cal, except as noted above

WHAT IS THE

MEDI-CAL CHW BENEFIT?

CHW Service Scenarios (helping access or giving resources on:

O1 BEHAVIORAL HEALTH

Helping a member find an appointment to treat a behavioral health condition.

06 PREVENTIVE APPOINTMENTS

Encouraging attendance at preventive appointments, including cancer screenings and immunizations.

O2 CHRONIC CONDITIONS

Giving a member health education to control a chronic condition.

O7 DOMESTIC VIOLENCE SUPPORT

Connecting a member to domestic violence support services.

03 INFECTION PREVENTION

Giving a member resources to prevent infections.

08 INJURY TREATMENT

Helping a member get necessary resources following an injury.



Helping access services for their sexual or reproductive health.

09 DENTAL SERVICES

Helping a member get access to dental services.



05 PRENATAL OR POSTPARTUM CARE

Educating on the importance of prenatal and postpartum health care.



WHO IS

GIBLE TO RECEIVE CHW SERVICES?

A Medi-Cal enrollee who meets **any one** of the following conditions is eligible for CHW services:



One or more chronic health or behavioral health conditions



Positive adverse childhood experiences (ACEs) screening



Enrollee asking for health system navigation or resource coordination services



Indicators of higher chronic disease risk (e.g., elevated blood pressure)



1+ visits to a hospital ED within the past six months



FACTORS such as domestic violence. 2+ missed medical tobacco use, excessive



1+ stays at a detox facility within the prior year

alcohol, and drug misuse.



appointments within the prior six months

INSTITUTIONAL RISK

signs for needing to be placed within in-patient care or a facility.



Screening results that show unmet health-related social needs, such as housing or food insecurity



Enrollee demonstrating a need for recommended preventive services

Note: Services may be provided to a parent or legal guardian of a Medi-Cal member under the age of 21 for the direct benefit of the member. If a parent or legal guardian of the member, under the age of 21, is not enrolled in MediCal, a CHW service for the direct benefit of the member must be billed under the member's Medi-Cal ID and the member must be present during the session.



WHO IS

ELIGIBLE TO RECEIVE CHW SERVICES?

CHW services also are available to enrollees who meet **any one** of the following circumstances as determined by a licensed practitioner if the services are intended for violence prevention:





VIOLENT INJURIES

Violently injured as a result of community violence.



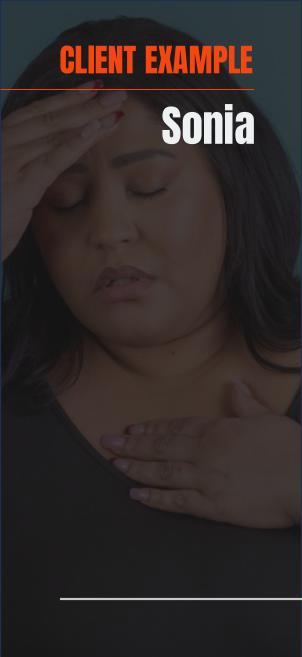
RISK OF VIOLENT INJURIES

At significant risk of experiencing violent injury as a result of community violence.



CHRONIC EXPOSURE

Chronic exposure to community violence.



LIFESTYLE

Sonia is a 32-year-old female who speaks and reads only Spanish, has diagnoses of diabetes, hypertension, and is high risk for a heart attack due to stress, poor diet, and little exercise.

She lives with her 5 children (ages 6 months – 10 years) and her husband, who is the only breadwinner for the family, in a 1-bedroom apartment. They have had trouble caring for their children and meeting everyone's needs.

HEALTH

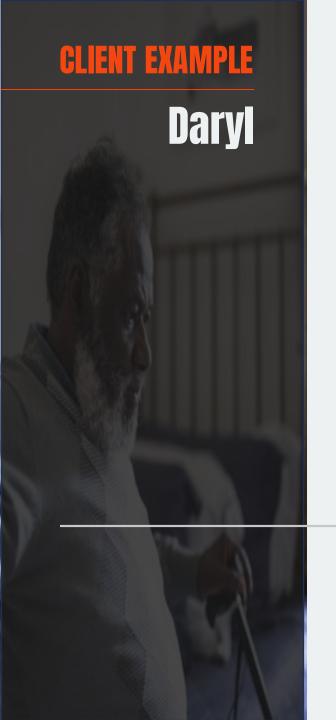
Her oldest son has severe asthma and has been to the ER multiple times in the last 2 months, causing him to miss several days of school and resulting in a report for excessive truancy.

Sonia does not have a connection to her PCP, does not take her diabetes medication regularly, and has been to the ER many times in the last 6 months for her own health conditions.

Sonia very much wants to improve her son's attendance at school, is worried about her own health, and needs to find help with childcare.

Sonia could benefit from health education and navigation services with a Community Health Worker. The CHW may help link her son to Enhanced Care Management or Asthma Support Services.





LIFESTYLE

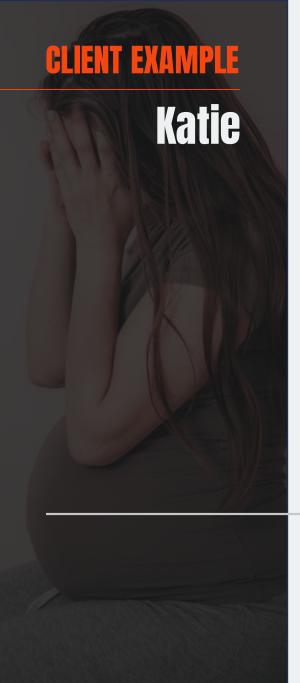
Daryl is a 65-year-old retired male who lives alone and has been serving as a guardian for his teenage grandchildren. He lives in a home that he has owned for more than 30 years.

HEALTH

Daryl was recently diagnosed with diabetes, heart disease, and had to have one of his toes amputated. He needed a cane to help get around. His surgical recovery was challenging and limited his ability to get out of the house.

He was also told that he needed to stop drinking alcohol and using marijuana, which he did regularly to cope. Daryl is finding the changes in his life saddening and overwhelming. He wants to continue to be there for his grandchildren but is struggling to manage his own needs.

Daryl could benefit from CHW services to help with education, substance use treatment, and overall health care navigation services.



LIFESTYLE

Katie is a 21-year-old single mother pregnant with her second child. She is working with the Family Reunification team to regain custody of her 2-year-old daughter, as well as learn parenting skills as she prepares to give birth again soon. Katie lives in a small apartment, works a part-time job, and barely earns enough for rent and food.

Katie has no family locally and left her partner due to interpersonal violence. Though her mother and extended family are generally supportive of Katie, they are unable to offer much help. Katie's mother is also a single mother struggling to provide for Katie's younger siblings.

HEALTH

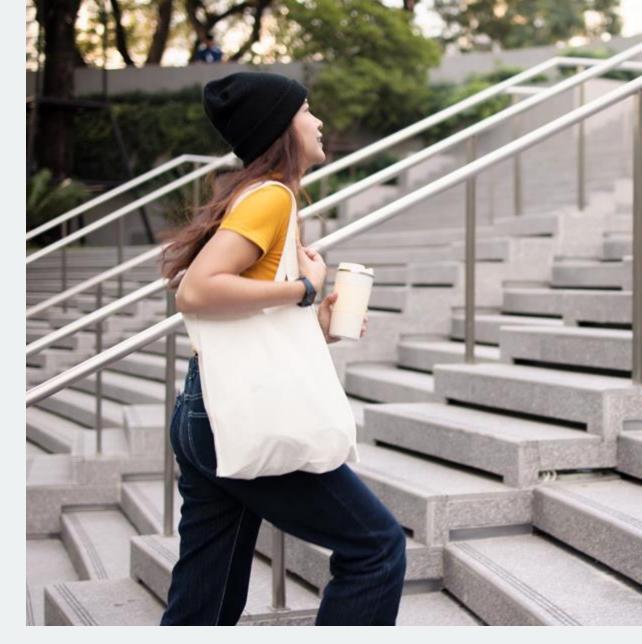
In addition to needing help navigating the care system to address the trauma of her domestic violence, Katie has also developed gestational diabetes and found this to be one of the most challenging parts of her pregnancy.

Katie could benefit from the CHW service to receive help accessing care for her physical and behavioral health needs and receiving education about gestational diabetes and parenting strategies to support her two young children.



SECTION TWO: BECOMING CERTIFIED

- 1. Requirements for CHWs
- 2. CHW paths to certification
- 3. Supervising provider requirements
- 4. Example of verification form





PATHWAYS TO CHW CERTIFICATION

✓ TRAINING/CERTIFICAT E PATHWAY

A CHW certificate allows a CHW to provide all covered CHW services.

- Self-attestation of lived experience
- Valid certificate of completion from a CHW training program
- Proof of 10 hours of field experience
- 6 hours of annual training

PATHWAY

Allows to obtain a stateissued certificate based on their experience.

- Self-attestation of lived experience
- 2 2,000 hours of documented prior work experience in the P3Y, validated by the
- Supervising Provider Must earn CHW training certificate within 18
- months of first CHW visit

 Attestation of having the core competencies
- 6 hours of annual training

✓ VIOLENCE PREVENTION PROFESSIONAL

ONLY for CHW violence prevention services

- Violence Prevention
 Professional (VPP)
 Certificate or completion
 in gang intervention
 training from the Urban
- Peace Institute This allows for violence prevention services ONLY





SUPERVISING PROVIDERS Each CHW must be employed/overseen by a Supervising Provider. The

supervising provider generally is the organization that employs the CHW and is responsible for oversight, training and billing.

Examples Include:



A COMMUNITY-BASED ORGANIZATION



A LOCAL HEALTH
JURISDICTION



AN INDIVIDUALLY LICENSED PROVIDER



A CLINIC OR HOSPITAL





SUPERVISING PROVIDER

MEDI-CAL ENROLLMENT

Each CHW Supervising Provider must EITHER:

ZENROLL IN MEDI-CAL VIA

PAVE Provider Application and Validation for Enrollment (here)

- Follow this is PAVE enrollment training deck (here)
- 2 CBOs must have a Type 2 NPI
- You must complete disclosures for ALL controlling officers and ALL Board members, including volunteers. This means you will have to submit personal information such as, date of birth, address
- and social security numbers 6 hours of annual training

BE VETTED BY A MEDI-CAL PLAN

MCPs may set up their own "vetting" process for Supervising Providers that do not have a PAVE enrollment pathway.

Case managers should adhere to ethical standards, including:

- Confidentiality:

 Protect client privacy and confidentiality.
- Informed Consent:
 Ensure clients understand and consent to services.
- Conflict of Interest:

 Avoid situations that compromise objectivity.



SUPERVISING PROVIDER

REQUIREMENTS

Supervising Providers must provide direct and indirect oversight to CHWs

OVERSIGHT INCLUDES **BOTH**

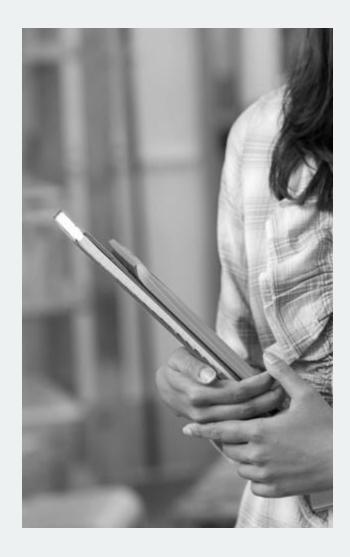
DIRECT

- Guiding CHWs in service delivery
- Participating in the care plan development
- Following up on the progression of the CHW services to ensure they are in compliance

INDIRECT

- Ensuring whomever "ordered" the CHW services is connected to the CHW (the ordering provider may not be the same as the supervising provider)
- Ensuring appropriateness of all services

Supervising providers do not need to be physically present at the location CHW services are delivered BUT they must ensure day-to-day supervision occurs.



CHW CERTIFICATE

A valid CHW curriculum must include the following core competencies:

- Communication
- Interpersonal and relationship building
- Service coordination and navigation
- Capacity building
- Advocacy
- Education and facilitation
- Individual and community assessment
- Professional skills and conduct
- Outreach
- Evaluation and research, and
- Basic knowledge in public health principles and social drivers of health (SDOH), as determined by the supervising provider.
- Certificate programs must also include field experience as a requirement.



There are many CHW training programs throughout California.

They have slightly different requirements. There is not yet a "standard certification program" in the state but the Dept of Healthcare Access and Information is charged with creating one.

This <u>CHCF guide</u> to CHW training programs has a list of options.



EXAMPLE OF CHW VERIFICATION FORM

Illustrative DRAFT Examples of Potential Verification Forms

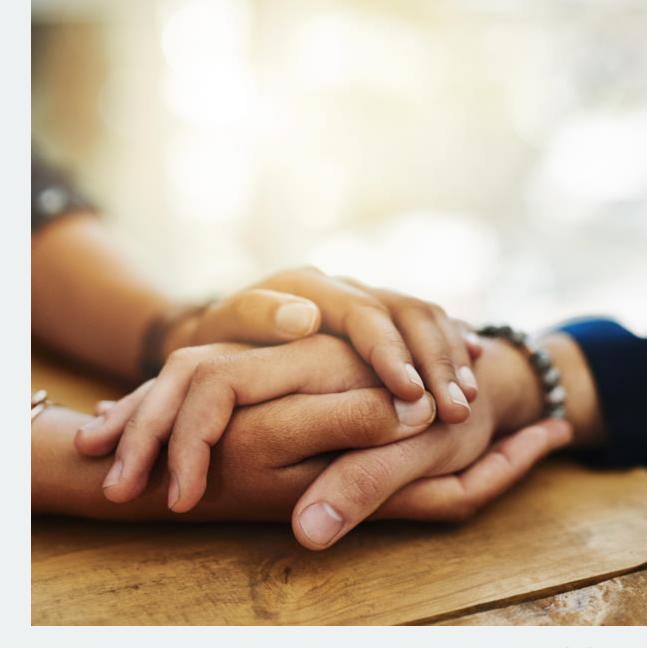
| Vei | rification Form for 500 Ho | ours + | Core Competencies |
|---------|--|---------|---------------------------|
| Applic | ant's Full Name: | | |
| Applic | ant's Start Date: | | |
| Emplo | yer/Volunteer Site Name: | | |
| Emplo | yer/Volunteer Site Phone #:_ | | |
| Emplo | yer/Volunteer Site Address:_ | | |
| Applic | ant's Position at Employer/V | olunte | er Site: |
| # of ho | ours worked/volunteered (m | ust be | at least 500): |
| Applic | ant has demonstrated the fo | llowing | g competencies (applicant |
| must p | ossess all to qualify for State | e-Issue | d CHW/P/R Certificate): |
| | Communication Skills | | Individual |
| | Interpersonal and | | and Community |
| l | Relationship Building | | Assessment Skills |
| l | Skills | | Outreach Skills |
| | Service Coordination and | | Professional Skills |
| l | Navigation Skills | | and Conduct |
| | Capacity Building Skills | | Evaluation and |
| | Advocacy Skills | | Research Skills |
| | Education and Facilitation Skills | | Knowledge Base |
| | yer/Volunteer Supervisor Pri yer/Volunteer Supervisor Sig | | |

| Verification Form for 10 Hours of Field Experience |
|---|
| Applicant's Full Name: |
| Applicant's Start Date: |
| Employer/Volunteer Site Name: |
| Employer/Volunteer Site Phone #: |
| Employer/Volunteer Site Address: |
| Applicant's Position at Employer/Volunteer Site: |
| # of hours of field experience (must be at least 10 hours): |
| |
| |
| |
| Employer/Volunteer Supervisor Printed Name: |
| Employer/Volunteer Supervisor Signature: |

SECTION THREE:

DELIVERING CHW SERVICES

- 1. Community-based Pathway
- 2. Medical Pathway



TWO PATHWAYS FOR CHW SERVICES

Starting in 2025, clients can access the CHW benefit via two pathways. The table below summarizes the differences in the pathways. Organization can use this to help decide which pathway is right for them.

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COMMUNITY-BASED PATHWAY

- Individuals meeting criteria and eligibility outlined in DHCS' standing order do not need a clinician's order to start and receive up to 6 hours of service over a one-year period.
- Plan of care encouraged but not required until the initial 6 hours of services are offered and if an extension will be requested.
- Allows for provision of individual and group services.
- Maximum duration of services is 2 hours per day per individual.

MEDICAL MODEL PATHWAY

- Requires initiating visit with a medical provider within the last 6 months
- Initiating visit must identify unmet social needs that inhibit the ability to diagnose or treat the individual
- Treatment (care) plan required to be established prior to beginning CHW services; treatment plan must be developed by a licensed clinician. CHW can participate in developing the treatment plan.
- Maximum duration of services is 3 hours of services per calendar month unless additional authorization is received.



COMMUNITY-BASED CHW SERVICE PATHWAY

SERVICE DELIVERY PROCESS

IDENTIFICATION & ELIGIBILITY

CHW SERVICES

CARE PLAN

Eligibility

Meets criteria and is NOT getting ECM

Determine Client Needs

Meet with client to Identify needs



Written Recommendation

Must come from a licensed provider. MCPs have different rules on when this is required.

Deliver Individualized Supportive Services

Link to other services, support with health education, advocacy, individually or in groups

*Care Plan

(for services beyond 12 units/3 hours)

Supervising provider (agency level) must attest that a care plan is developed and documented. Must be updated every 6 months.



Authorization

(for services beyond 12 units/3 hours)

MCP may authorize intensity and length of service based on care plan recommendations

COMMUNITY-BASED CHW SERVICE PATHWAY

INITIATING VISIT

<u>Standing recommendations</u> allow a beneficiary to start receiving services immediately. After 6 hours, one of the following provider types must make a recommendation to continue services and approve a treatment plan.



Physician or Physician Assistant



Nurse
Practitioner or
Clinical Nurse
Specialist



Nurse-midwife or Licensed Midwife



Registered Nurse or Public Health Nurse or Licensed Vocational Nurse



Podiatrist



Psychologist or Licensed Educational Psychologist



Licensed Marriage and Family Therapist



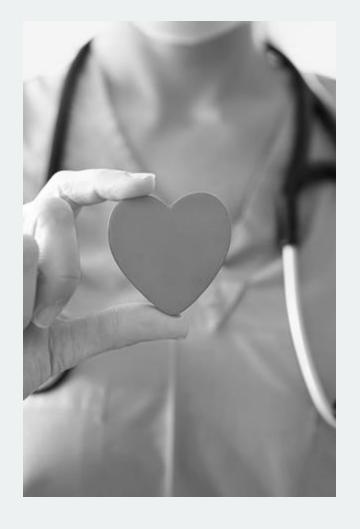
Licensed Clinical Social Worker or Professional Clinical Councilor



Dentist



Pharmacist



COMMUNITY-BASED CHW PATHWAY

PLAN OF CARE

The Plan of Care must be **reviewed every six months** for progress toward written objectives. It should be updated if there are changes to the member's health status or if objectives are met. This review must be done by a licensed provider (not just the CHW).



Specifies the condition that the service is being ordered for and that services are relevant to the condition



Includes a list of other health care professionals providing treatment for the condition or barrier



Objectives

Contains written
objectives that
specifically address the
recipient's condition or
barrier affecting their
health



Services

Lists the specific services required for meeting the written objectives; and



CHW Services

Includes the frequency and duration of CHW services (not to exceed the Provider's order) to be provided to meet the plan's objectives.



MEDICAL MODEL CHW SERVICE PATHWAY

SERVICE DELIVERY PROCESS

IDENTIFICATION & ELIGIBILITY

CHW SERVICES

Extend or End Services



Licensed provider identifies unmet SDOH needs.



2 CHW Service Ordered



Medi-Cal provider creates a care plan with input from CHW.

Deliver Individualized Supportive Services

Max 3 hours per month Up to 12 months G0019 = 30 min G0022 = 60 min



CHW Session

CHW Session

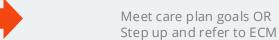
CHW Session

CHW Session

Extend: Request New Authorization

Create a new care plan.
MCP may authorize intensity and length of service based on care plan recommendations





Link to other services, support with health education, advocacy, individually or in groups



MEDICAL MODEL CHW SERVICE PATHWAY

INITIATING VISIT

Medi-Cal enrollee must have an initiating visit with a medical provider who identifies unmet SDoH needs that impair diagnosis or treatment.



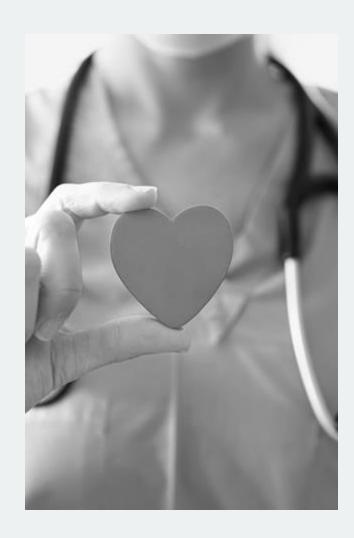
Physician or Physician Assistant



Nurse
Practitioner or
Clinical Nurse
Specialist

The Medi-Cal provider must bill one of the following codes within six month of starting CHW services:

- Office or other outpatient services: CPT codes 99203 thru 99205 and 99213 thru 99215
- Home or residence services: CPT codes 99342, 99344 thru 99345 and 99348 thru 993450
- Preventive medicine services: CPT codes 99381 thru 99387 and 99391 thru 99396



MEDICAL MODEL CHW PATHWAY

PLAN OF CARE

The treatment plan must include the applicable ICD-10 diagnosis code(s) for the unmet SDOH need and specify how the CHW services will help address the needs of the Medi-Cal member. The care plan allows for CHW services for **12 calendar months** prior to needing re-authorization.



- The Care Plan is created by the licensed Medi-Cal provider and co-developed by the CHW.
- The Care Plan must be created after the "initiating visit" and prior to the inception of CHW services.
- The care plan should align with the barriers to diagnosis or treatment that were identified in the initiating visit.



Option 2

- After the initiating visit, the CHW drafts a treatment plan that identifies interventions for CHW services.
- The treatment plan is reviewed and approved by a licensed provider (who may be a different licensed provider than the one who performed the initiating visit).
- The treatment plan is then shared with the CHW's supervising provider and licensed provider of the initiating visit.



CHW SERVICES

DOCUMENTATION REQUIREMENTS



Must document dates and time/duration of services provided to Members.



Documentation

Must include the nature of the service provided and support the length of time spent with the patient that day.



Accessible

Documentation must be accessible to the Supervising Provider upon their request.



Medical Records

Documentation should be integrated into the Member's medical record and available for encounter data reporting.



NPI of Supervisor

National Provider Identifier (NPI) of supervising provider number should be included in documentation.



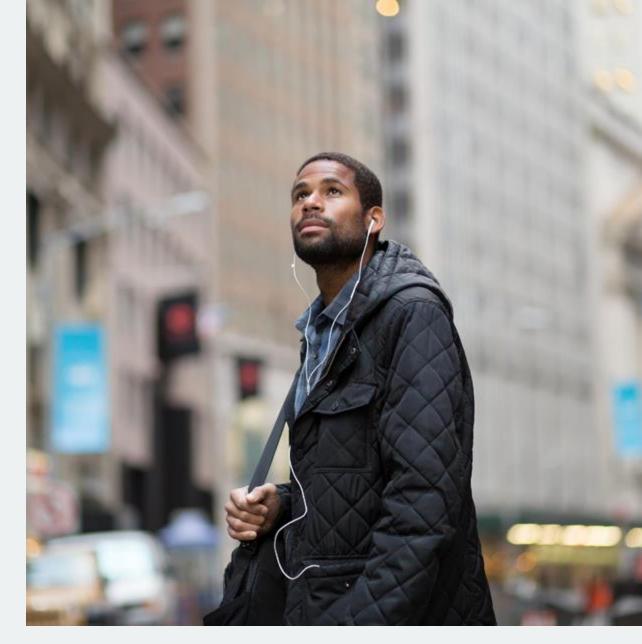
EXAMPLE: "Discussed the patient's challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with the Supplemental Nutrition Assistance Program application for 30 minutes. Referred patient to [XYZ] food pantry."



SECTION FOUR:

CHW FINANCING

- 1. CHW codes and rates
- 2. Sample CHW Budget
- 3. CHW financing strategy





CHW GUIDE FOR NEW PROVIDERS

SECTION 4 – CHW FINANCING

COMMUNITY BASED CHW PATHWAY

BILLING

The Supervising Provider can use the following billing codes on claims to be reimbursed for CHW services.

| Billing Code | Description | Unit Duration | Number of Patients | Standard Medi-Cal Rate |
|--------------|--|------------------|-----------------------|---------------------------|
| 98960 | Self-management education and training, face to face | 30 minutes | 1 | \$27.43 |
| 98961 | Self-management education and training, face to face | 30 minutes | 2-4 | \$12.66 |
| 98962 | Self-management education and training, face to face | 30 minutes | 5-8 | \$9.77 |

In addition, the following **modifiers** may be used with these CPT codes:

| Modifier | Description | | | |
|----------|---|--|--|--|
| U2 | Used to denote services rendered by Community Health workers | | | |
| U3 | Used to denote services rendered by Asthma Preventative Service providers | | | |

- Providers must track their time and translate it into billable service units that correspond to the CPT codes at left.
- After the first 12 units (6 hours) of service, a written plan of care is required and MCPs may require prior authorization
- Services are limited to 2 hours per day.



CHW GUIDE FOR NEW PROVIDERS

SECTION 4 – CHW FINANCING

MEDICAL MODEL CHW PATHWAY

BILLING

The Supervising Provider can use the following billing codes on claims to be reimbursed for CHW services.

| Billing Code | Description | Unit Duration | Max allowable | Standard Medi-Cal Rate* |
|--------------|---|------------------|---------------------------------------|----------------------------|
| G0019 | Community Health Integration , face to face | 60 minutes | 1 per month | \$80 |
| G0022 | Each additional Community Health Integration , face to face, each | 30 minutes | 2 units per month (120 minutes) | \$50 |

In addition, the following **modifiers** may be used with these CPT codes:

| Modifier | Description |
|----------|---|
| U2 | Used to denote services rendered by Community Health workers |
| U3 | Used to denote services rendered by Asthma Preventative Service providers |

- Providers must track their time and translate it into billable service units that correspond to the CPT codes at left.
- Services are limited to 3 hours per month.
- After 12 months, provider may create an updated plan of care and request authorization to continue services.



RATES &

WHAT STRATEGIES THE RATES AFFORD

The fully loaded cost per CHW, including supervision, billing and indirect can be about \$115,000. Thus, the break-even rate for a CHW is approximately \$43 per 30 minutes.

At the current Medi-Cal rate of \$27.50 per 30 minutes, a provider can estimate that if a CHW billed for 26 hours a week (65% of total FTE hours), the CHW's salary costs would be covered but no additional program costs would be covered.

FACTORS THAT INFLUENCE REIMBURSEMENT



Clients that don't have Medi-Cal



MCP authorization challenges



Billing efficiencies/ claims accuracy

Pursuing CHW reimbursement makes sense if:

- Having CHWs onboard supports task shifting and allows other higher-reimbursed staff to bill more hours.
- The program administrative costs can be covered through other revenue
- You have an existing program and so start-up costs are minimal OR you find another revenue stream to support program start-up



CHW COSTS, RATES & REVENUE

Medi-Cal CHW Sample Budgeting Model (Community pathway model)

June 7. 2024

| | FTE | Annual Salary | Total | Notes |
|---------------------------|------|---------------|-----------|--|
| Community Health Worker | 1 | \$54,000 | \$54,000 | |
| Licensed Supervisor | 0.15 | \$100,000 | \$15,000 | Assumes 1 licensed supervisor - CHW ratio of 1:8 |
| Medical Biller | 0.05 | \$75,000 | \$3,750 | Assumes1 biller for 20 CHWs |
| Program Manager | 0.05 | \$90,000 | \$4,500 | |
| Salary Subtotal | | | \$77,250 | |
| Fringe | | | \$23,175 | 30%, taxes and benefits |
| Salary Total | | | \$100,425 | |
| Office Supplies/equipment | | | \$2,500 | |
| Client Supplies | | | \$2,000 | |
| Subtotal | | | \$104,925 | |
| Indirect | | | \$10,493 | 10% |
| Total | | | \$115,418 | |

| Billable Hours Available | | |
|--------------------------------|-------|--|
| Total Available FTE hours | 2,080 | |
| Productivity Rate | 65% | Assumes 26 billable hours a week; factoring in 2 weeks holidays; 3 weeks PTO; 1 week training; no-shows, documentation, staff meetings, employee functions, etc. |
| Total Available Billable Hours | 1,352 | |

| Units of Service Required to Bill to Cover Costs | | | | | | |
|--|-------------|-----------------------|-------------------|--------------------------|--|--|
| | 30-min Rate | Required 30 min units | Required Hours | Portion of costs covered | | |
| DHCS Fee Schedule Rate | \$27.43 | 4,208 | 2,104 | 64% | | |
| Break-even rate | \$43 | 2,704 | 1,352 | 100% | | |

SECTION FIVE:

CHW READINESS SELF ASSESSMENT

- 1. CHW roles
- 2. Populations to serve
- 3. Core areas of service
- 4. Medical provider partnerships for medical pathway





WHAT TYPE OF

ROLES DOES YOUR CHW WORKFORCE PLAY?

- Cultural Mediation among individuals, communities, and systems
- Health Education and Information
- Care Coordination, Case Management, or System Navigation
- Social Support
- Advocacy
- Capacity-Building
- Direct Service
- Individual and community assessments
- Outreach
- Evaluation and Research
- Asthma Prevention Services
- Domestic Violence Prevention
- Other (please fill in):



WHAT TYPE OF

POPULATION(S) DOES YOUR CHW WORKFORCE SERVE?

- Adults without dependent children/youth experiencing homelessness
- Individuals or families experiencing homelessness
- Individuals at risk for emergency department utilization
- Individuals with serious mental health and/or substance use disorders
- Individuals transitioning from incarceration
- Adults at risk for long term care institutionalization
- Adult nursing facility residents transitioning to the community
- Children enrolled in California Children's Services (CCS) or CCS Whole Child Model
- Children and youth involved in child welfare
- People with intellectual or developmental disabilities



- Pregnant and postpartum individuals
- School Children
- Migrant and seasonal farmworkers and their families
- Older Adults
- Immigrants
- LGBTIA+ community
- People with disabilities
- Military veterans
- Other (please fill in):





SELECT ALL AREAS YOUR CHW WORKFORCE CAN SUPPORT

- Utilization of adult preventive care service
- Utilization of pediatric preventive care services
- Promotion of primary care engagement of unengaged Members
- Support general care management services (non-CCM, non-ECM)?
- Support peripartum care
- Support utilization of transitional care services
- Support chronic disease management services
- Support utilization of behavioral health navigation services
- Support outreach for CCM or ECM enrollment
- Support services which address social drivers of health
- Other (please fill in):

CONSIDERATIONS TO DETERMINE

IF THE MEDICAL PATHWAY IS A GOOD FIT



- Do you have existing partnerships with clinics or health care providers that could complete the initiating visit and refer clients to you for services?
- Could there be an opportunity to co-locate CHW staff at a clinic or doctor's office?
- What strategies would you use to ensure communication between the doctor, medical team, and the CHW?
- How can you share documentation of CHW services back with the medical provider?
- Could you engage in case conferences or multidisciplinary team meetings to help coordinate services?

ADDITIONAL INFORMATION TO PREPARE:

Racial and ethnic identities of the communities served by your CHW/P/R workforce:

Languages and/or dialects spoken by the communities served by your CHW/P/R workforce:

Racial and ethnic identities of your CHW/P/R workforce:

Languages and/or dialects spoken by your CHW/P/R workforce:

Total number of CHW workers employed by your organization:

Capacity of members your organization can serve:

READINESS CHECKLIST

Have you reviewed all of the DHCS policy guidance related to CHW services?



- Have you developed corresponding compliant policies and procedures (P&Ps)?
 - Do P&Ps describe how your CHWs systematically involve the member and/or support persons in developing the plan of care?
 - Do P&Ps describe example care plans with all required elements?
 - Do P&Ps describe how Supervising Providers (licensed) will oversee/assist with care plan development?
 - Do P&Ps describe how CHW core competencies required to strengthen members' ability to manage their health and prevent other chronic conditions?
 - Do you have P&Ps for ensuring you provide culturally and linguistically appropriate and accessible services?

Training

- Do you have training protocols that of a minimum of 80 total hours of CHW training in accordance with state requirements, including 10 hours or field experience?
- Do you have a plan for providing 6 hours of ongoing continuing education?



READINESS CHECKLIST (CONTINUED)

- Are you willing to attest that the experience of your CHWs matches the populations they aim to serve AND that they have the required core competencies of CHW services?
- Do you have appropriate team staffing, including a CHW program director and administrative staff?
- Do you have a licensed person available to oversee care plan development?
- Do you have a licensed person available on staff or in relationship with one to "order" CHW services?
- Do you have protocols to check member eligibility for CHW services?
- Do you have protocols for how you will request, receive and track service authorization?
- Do you have a quality monitoring plan?
- Do you have protocols for communicating with outside agencies and providers to coordinate member care?
- Have you developed well structured referral processes with agreed-upon criteria to ensure members are connected?

MCP REQUIRED

DOCUMENTATION

Documentation MCPs require for CHWs

WITH a CHW certificate:

- Certificate of completion from an HCAI-approved CHW/P/R training program
- Attestation of Lived Experience
- Verification Form for 10 Hours of Field Experience
- Copy of CHW's resume
- Verification Form for Continuing Education Hours (due by January 15 of each year for the previous calendar year)

WITHOUT a CHW certificate:

- Verification Form for 2,000 Hours + Core Competencies: Each CHW providing services must submit this verification form before any referrals can be sent or approved.
- Attestation of Lived Experience
- Verification Form for 10 Hours of Field Experience
- Copy of CHW's resume
- Verification Form for Continuing Education Hours (due by January 15 of each year for the previous calendar year)



MCP REQUIRED

DOCUMENTATION TO PROVIDE ASTHMA PREVENTION SERVICES

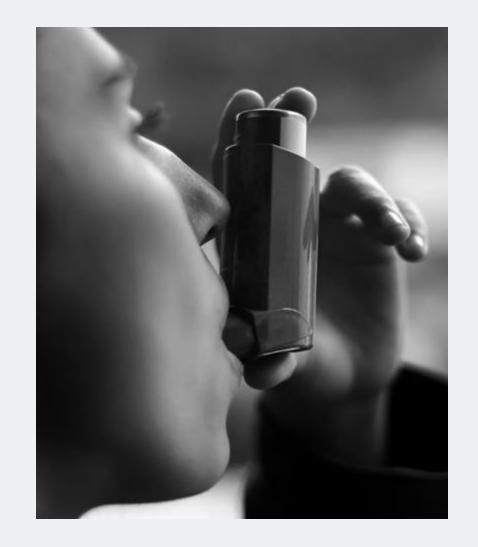
 A certificate from the California Department of Public Health Asthma Management Academy

OR

 A certificate demonstrating completion of a training program consistent with the guidelines of the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma

AS WELL AS:

- Completed a minimum of 16 hours of face-to-face client contact focused on asthma management and prevention
- 4 hours annually of continuing education on asthma



SECTION SIX:

NEXT STEPS

Program Development & MCP contracting



SUPPORTING CHWS

CORE OPERATIONAL READINESS REQUIREMENTS



CHW Certification

You have a valid training curriculum or experience pathway to demonstrate to MCPs that your CHWs meet all state requirements



Service Delivery Infrastructure

Do you have a documented, effective, and sustainable care delivery model?



Medi-Cal Enrollment

Supervising Provider Organization can enroll via the PAVE system. Individual provider staff on **this list** getting paid via the program should also enroll.



Billing Infrastructure

Can you transmit information for claims and receive payment? If not, do you have a plan?



Data Collection & Documentation

Do you have a HIPAA compliant electronic system to store client data and health insurance coverage?

Do you have a system to store practitioner and service level data?



CHW GUIDE FOR NEW PROVIDERS SECTION 6 – **NEXT STEPS**

SUPERVISING PROVIDER

NEXT STEPS FOR STARTING A PROGRAM





Develop a CHW job description that meets the requirements listed on slide 15

Certificate Program

Explore CHW Certificate programs that meet requirements (2,000 hours + work experience)

This **CHCF guide** to CHW training programs has a list of options.

Staff Requirements

Ensure staff meet requirements for experience pathway

Continue Education

Create a plan for continuing education



CHW GUIDE FOR NEW PROVIDERS SECTION 6 – **NEXT STEPS**

CONTRACTING

MEDI-CAL MANAGED CARE

Each MCP will have its own process and may have unique requirements. This checklist is a good starting point.

Have this info ready when contacting Plans:

- ✓ Business license
- ✓ Medi-Cal enrollment (if applicable)
- √ General & Professional Liability (\$1m & \$3M limits)
- ✓ Demographics, service & capacity questionnaire
- ✓ Experience summary per CHW
- ✓ CSW Attestations (may be required to create new ones)
- ✓ CHW Training Plan
- ✓ Policies on quality oversight and monitoring

EXAMPLE MCP CHW PAGES:

LA Care CHW Page

CHW recommendation form on <u>L.A. Care</u> website under "Social Services Forms."
Submit it via email to <u>CHWBenefit@lacare.org</u>

Molina CHW FAQ

Molina CHW referral form

Health Net CHW Page

Review HealthNet's <u>Medi-Cal Member</u> Recommendation for Community Health Worker Services – Health Net (PDF)



CHW GUIDE FOR NEW PROVIDERS SECTION 6 – **NEXT STEPS**

CHWs & SUPERVISING AGENCIES

PAVE ENROLLMENT

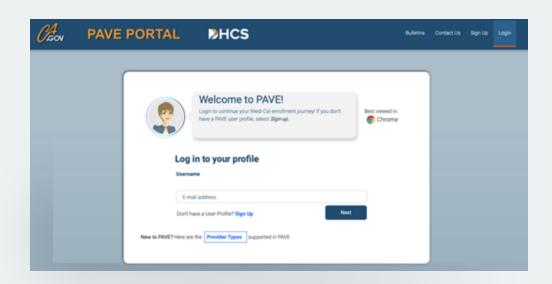
PAVE:

Provider Application & Validation for Enrollment

CHW Supervising Agencies

(Required to complete PAVE Application)

- Must register in the PAVE system as a provider entity.
- Complete and submit the PAVE application to enroll as a supervising agency.
- Provide necessary documentation, such as business credentials, tax ID, and supervising agreements.
- Await approval before CHWs under the agency can bill for services.



→ Individual CHWs

(Do not submit a PAVE application but must complete the PAVE process)

- Obtain an NPI (National Provider Identifier) through the National Plan and Provider Enumeration System (NPPES).
- Ensure they are affiliated with a PAVE-enrolled supervising agency.
- Work under an approved agency to provide billable services.



The **Public Works Alliance** aims to change the economic future of marginalized communities by building equitable public systems that take action with people and for people. PWA opens new career pathways for youth, increases healthcare access for families, and leverages the power of Medicaid to sustain positive community impact.

For more information visit www.publicworksalliance.org

