

# Community Health Workers (CHW/P/R) Frequently Asked Questions

## Can federally qualified health centers (FQHC) provide CHW services through Medi-Cal?

Yes, FQHCs can contract with Partnership and provide CHW services. FQHCs will not be able to claim a wrap for services as the Department of Health Care Services (DHCS) already deems CHW activities to be part of health center activities.

## Does the national provider identifier (NPI) need to be specific to the CHW individual or will an organization's NPI be sufficient?

Each CHW does not need an NPI, the supervising CHW organization's NPI is sufficient.

## As we train and certify the CHWs, what information does Partnership want? Is there a specific doc/system for recording certification?

At this time, there is no established single standardized curriculum for training CHW/P/Rs or their employees. CHWs must complete six hours (minimum) of additional training annually.

- CHW/P/Rs who do not have one, must earn it within 18 months of their first visit to a Medi-Cal member.
- CHWs must have completed a training-specific curriculum and are able to successfully demonstrate their acquired skills.
- As of August 1, 2024, California is still determining the qualifications and certification requirements. For more information go to the [California Department of Health Care Access and Information website](#).

## Is there guidance on what interventions or specific CHW services will be approved for reimbursement?

Per the [CHW Preventive Services Manual](#), services that are covered include:

- Health education
- Health navigation
- Screening and assessment
- Individuals support or advocacy

Services that are not covered include:

- Clinical case management/care management requiring a license
- Childcare
- Chore services, including shopping and cooking meals
- Companion and employment services
- Helping members enroll in government or other assistance programs *not* related to improving their health

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- Delivery of medication, medical equipment, or medical supply
- Personal care and homemaker services
- Respite care
- Services duplicating another covered Medi-Cal service already being provided
- Socialization

## **I saw that there was a billing rate for five to eight people at a time. Does that mean CHW services can be provided to a group?**

Yes, CHW services can be provided in a group setting.

## **Can you bill for CHW and Community Supports (CS)?**

Yes, if the member is eligible for CHW services and the services are not duplicative. For example, if you are providing education and bill for CHW services, you cannot bill that same class for Day Habilitation.

## **We provide Enhanced Care Management (ECM) for care coordination. My understanding is that CHWs could provide health education, which would not be duplicative. Can you clarify whether an individual can be enrolled in ECM and still receive health education through a CHW?**

If a member is enrolled in ECM services, they cannot receive any CHW services per APL 24-006. This would be considered duplicative services.

## **How can CHWs be reimbursed for community outreach efforts? Are there documented examples of programs like this that we can see?**

Under health navigation, CHWs may provide outreach and resource coordination to encourage and facilitate the use of appropriate preventive services. For more information, you can visit [the California Health Care foundation website](#).

## **Is there a template for a CHW referral?**

Yes, you can find the CHW recommendation form [here](#).

## **Is there a care plan template that should be submitted with the TAR?**

At this time, there is no template for a plan of care. Per the CHW Preventive Services manual, a plan of care must be developed by one or more licensed providers. The provider ordering the plan of care does not need to be the same provider who initially recommended CHW services

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or the supervising provider for CHW services. CHWs may participate on the team that developed the plan of care. The plan of care must meet the following conditions:

- Specifies the condition that the service is being ordered for and be relevant to the condition
- Includes a list of other health care professionals providing treatment for the condition or barrier
- Contains written objectives that specifically address the recipient's condition or barrier affecting their health
- Lists the specific services required for meeting the written objectives
- Includes the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the care plan's objectives

## **Is it correct that there are two levels of licensing – one for the referral and one for the supervising entity?**

Yes, the recommending provider must be a licensed provider, per APL 24-006. The supervising provider is an enrolled Medi-Cal provider and can be a licensed provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO).

## **Can the licensed supervising entity also write the referral?**

Yes, if they meet the criteria for a provider who can recommend a member for CHW services.

## **Can the supervising entity bill and then reimburse the CHW at an agreed upon rate?**

Partnership is a NCQA accredited health plan. Per contractual agreements, network providers are not allowed to delegate services. The CHW must be employed with your organization. The Supervising CHW provider is responsible for paying CHWs for the services they render.

## **As an ECM provider, are we able to bill for CHW services outside of our ECM participants?**

You must be contracted with Partnership as a supervising CHW provider to bill for services. If you are contracted for ECM services and as a supervising CHW provider, you can bill for both but cannot bill for CHW services if the member is enrolled in ECM.

## **Since we are waiting for the requirements needed for CHW certification, are we able to submit billable services currently?**

Yes, you may bill Partnership for billable services if you are a contracted Supervising CHW provider.

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## **How does Partnership review/vet/approve interventions?**

Partnership does not require a referral for CHW services. While a recommendation is needed, this does not need to be submitted to Partnership unless you submit a Treatment Authorization Request (TAR) after 12 units. We encourage you to keep a copy in the member's file in case of future auditing.

## **Is there a difference between a referral entity and a supervising organization? Does the supervising party need to be a licensed provider?**

A licensed provider per APL 24-006 must provide a referral. Partnership does not require a copy of the referral unless the provider is submitting a TAR after 12 units of service. The supervising CHW organization must be enrolled as a Medi-Cal provider if there is a pathway. Visit the [DHCS website](#) to learn how to enroll in Medi-Cal.

## **Can an ECM provider also support family members of ECM enrollees with the CHW Service Benefit?**

Yes, family members receiving CHW services must also be Partnership members. Services billed under that member cannot be enrolled in ECM.

## **Is the member enrolled in CHW services similar to how a member is enrolled in the ECM programs? How do we transition a client from CHW to ECM?**

CHW services require a recommendation from a licensed provider per APL 24-006. Once services begin, the CHW will work with members to coordinate and facilitate the use of appropriate preventive services, assist with benefit applications, help patients navigate housing, etc. If a member meets criteria and wants to be enrolled, they would be referred for ECM services, be enrolled and CHW services would end.

## **Are there any other Medi-Cal waiver programs that would exclude the CHW benefit?**

At this time, no other programs are listed in APL 24-006.