

Community Health Worker Key Facts

What are Community Health Workers/Promotores/Representatives (CHW/P/Rs)?

Trusted community members who serve as a link between health and social services and the community to increase access to and improve the quality of services.

- Build individual and community capacity and health knowledge through outreach, community education, informal counseling, social support, and advocacy.
- May include individuals known by a variety of job titles including:
 - Promotores
 - Community Health Representatives
 - Health Coaches
 - Health Navigators
 - Non-licensed public health workers including violence prevention professionals

CHW/P/R Minimum Qualifications

- ✓ CHW/P/Rs must have lived experience that aligns with and provides a connection between the CHW/P/R and the community or population being served.
- ✓ This may include but is not limited to, lived experience related to incarceration, military service, pregnancy and birth, disability, foster system placement, homelessness, mental health conditions or substance use, or being a survivor of domestic/intimate partner violence or abuse/exploitation.
- ✓ Lived experience may also include shared race, ethnicity, sexual orientation, gender identity, language, or cultural background of one or more linguistic, cultural, or other groups in the community for which the CHW/P/R provides services.

Supervising providers are encouraged to work with CHW/P/Rs who are familiar with and/or have experience in the geographic communities they are serving.

Services provided/covered by the CHW/P/Rs?

- Preventive health services to prevent disease, disability, and other health conditions or their progression to help prolong life and promote physical and mental health
- Screening and assessment not requiring a license and assists a beneficiary to connect to appropriate services to improve their health
- Individual support or advocacy to assist a beneficiary in preventing the onset or exacerbation of a health condition, preventing injury, or violence
- Asthma Prevention to individuals with asthma, but evidence-based asthma self-management education and asthma trigger assessments may only be provided by asthma preventive service providers who have completed either a certificate from the California Department of Public Health
- Services may also address issues that include, but not limited to:
 - ✓ Control and prevention of chronic conditions or infectious diseases
 - ✓ Mental health conditions and substance use disorders

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- ✓ Need for preventive services, perinatal health conditions
- ✓ Sexual and reproductive health
- ✓ Environmental and climate-sensitive health issues
- ✓ Child health and development
- ✓ Oral health
- ✓ Aging

Health Education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information or instruction on health topics (*content must be consistent with established or recognized health care standards and may include coaching and goal setting to improve member's health or ability to self-manage health conditions*).

- Health navigation to provide information, training, referrals, or support to assist beneficiaries to:
 - ✓ Access health care
 - ✓ Understand the health care system
 - ✓ Engage in their own care
 - ✓ Connect to community resources necessary to promote a beneficiary's health
 - ✓ Address health care barriers, including connecting to medical translation/ interpretation or transportation services
 - ✓ Address health-related social needs

CHW/P/R Violence Preventive Services

- Evidence-based, trauma-informed, and culturally responsive preventive services provided by an individual qualified through any of the pathways listed below, to reduce the incidence of domestic violence, violent injury or re-injury, trauma, and related harms and promoting trauma recovery, stabilization, and improved health outcomes
- Violence prevention services may be provided to a parent or legal guardian of a Partnership member under the age of 21 for the direct benefit of the beneficiary, in accordance with a recommendation from a licensed provider
- Services for the direct benefit of the Partnership member must be billed under the beneficiary's Medi-Cal ID/CIN
- Services are covered by Medi-Cal as preventive services and on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law

If the parent or legal guardian of the beneficiary is not enrolled in Medi-Cal, the Partnership member must be present during a session.

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How do CHW/P/Rs provide these services?

- ✓ Serve as a cultural liaison or assist a licensed health care provider to create a plan of care, as part of a health care team
- ✓ Outreach and resource coordination to encourage and facilitate the use of appropriate preventive services
- ✓ Help a beneficiary to enroll or maintain enrollment in government or other assistance programs that are related to improving their health per a plan of care
- ✓ Individually to groups virtually or in-person with no service location parameters including, but not limited to, outpatient clinics, hospitals, homes, or community settings
- ✓ Connect members to community resources for medical translation/ interpretation or transportation services; or address health-related social needs
- ✓ Assist members in preventing the onset or aggravation of a health condition, preventing injury, or violence
- ✓ Provide peer support not duplicative of other covered benefits
- ✓ Assist with benefit applications
- ✓ Help patients navigate housing
- ✓ Support the reentry population
- ✓ Coordinate medication reviews
- ✓ Accompany patients to provider visits

What services are *not* provided/covered by a CHW/P/R?

- 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
- 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

Individuals not enrolled in Medi-Cal, except as noted.

What certifications are required for CHW/P/Rs?

Training

- No established single standardized curriculum for training CHW/P/Rs or their employers

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- Complete six hours (minimum) of additional training annually

Certificate of Completion

- CHW/P/Rs, not having one, must earn it within 18 months of their first visit to a Medi-Cal member
- Must have completed a training specific curriculum and able to successfully demonstrate their acquired skills
- As of May 1, 2024, California is still determining the qualifications and certification requirements. For more information go to <https://hcai.ca.gov/workforce/initiatives/community-health-workers-promotores-chw-p/>

Work Experience Pathway Program (WEP)

- Demonstrated skills and practical training in core competencies, as determined by a Supervising Provider
- CHW/P/Rs demonstrating qualifications through this program, but do not have a certificate, must earn one within one year of the first CHW/P/R visit provided to a Medi-Cal member

Plan of Care

- ✓ Written document developed by one or more licensed providers including the support and services a CHW/P/R will provide to address ongoing member needs
- ✓ CHW/P/Rs may assist in developing a plan of care with the licensed provider

Violence Prevention Professional (VPP)

- Individuals only providing violence prevention services can obtain a Violence Prevention Professional (VPP) Certification, issued by Health Alliance for Violence Intervention or a certificate in gang intervention training from the Urban Peace Institute

CHW/P/Rs are not required to enroll as a Medi-Cal providers and are not subject to the requirements for Provider Credentialing/Re-Credentialing.

What are the eligibility criteria for Partnership members to receive CHW/P/R services?

- Services are considered medically necessary for Partnership members with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or who would benefit from preventive services
- Recommending provider shall determine whether a member meets the medical necessity criteria for CHW/P/R services based on the presence of one or more of the following:
 - ✓ Diagnosis of one or more chronic health (including behavioral health) conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed

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- ✓ Presence of medical indicators of rising risk of chronic disease (for example, elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition)
 - ✓ Positive Adverse Childhood Events (ACEs) screening
 - ✓ Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
 - ✓ Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity
 - ✓ One or more visits to a hospital emergency department 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
 - ✓ Beneficiary expressed need for support in health system navigation or resource coordination services
 - ✓ Need for recommended preventive services
- A licensed provider per [APL 24-006 \(Revised\) Community Health Worker Services Benefit](#) 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. Supervising CHW Provider must keep a copy of the referral in member file for potential audits.

What are the supervision requirements of a CHW/P/R?

Supervising CHW/P/R Providers

- Supervising Provider must be enrolled as a Medi-Cal Provider, visit <https://www.dhcs.ca.gov/provgovpart/Pages/CBO-LHJ-Application-Information.aspx> to learn how to enroll in Medi-Cal
- Enrolled Medi-Cal provider who submits claims for CHW/P/R services
- Ensures they meet the qualifications listed on [APL 24-006 \(Revised\) Community Health Worker Services Benefit](#)
- Directly or indirectly oversees a CHW/P/R and their services delivered to Medi-Cal beneficiaries
- Can be a licensed provider, a hospital, an outpatient clinic, a Local Health Jurisdiction (LHJ), or a Community-Based Organization (CBO)
- Provide supervision, coaching, direct support, and leadership to CHW/P/Rs through training, mentoring, and case conferencing
 - ✓ CHW/P/Rs can be supervised by a CBO or LHJ not having a licensed provider on staff
- Do not need to be the same entity as the provider who made the written recommendation for CHW/P/R services

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- Do not need to be physically present at the location when CHW/P/Rs provide services to the Partnership member
- Management and day-to-day supervision of CHW/P/Rs
- Maintain evidence of CHW/P/Rs completing continuing education requirements in case of audit and may provide and/or require additional training
- Must provide direct or indirect oversight to CHW/P/Rs
 - ✓ Direct includes, but not limited to, guiding CHW/P/Rs in providing services, participating in the development of a Plan of Care, and following up on the progression of their services

Indirect includes, but is not limited to, ensuring connectivity of CHW/P/Rs with the ordering entity and ensuring appropriate services are provided in compliance with all applicable requirements.

What are the contracting and credentialing requirements?

- Supervising CHW/P/R Providers interested in contracting with Partnership, should reach out to Partnership at CHWS@partnershiphp.org
- Supervising CHW/P/R Providers must be enrolled in Medi-Cal to be contracted for services
- Providers must be credentialed by Partnership in order to provide services and bill for those services

See Partnership's policy MPCR11/MPCR11A to review contracting and credentialing requirements at <https://public.powerdms.com/PHC/documents/2740977>

What are the Treatment Authorization Requirements (TARs)?

- No authorizations needed for the first 12 Units (six hours of service)
- Authorizations and Care Plans are required for ongoing CHW/P/R services **after** 12 Units (six hours of service)
- Supervising Provider will need to submit TAR with a Care Plan **and** the Referral
 - 1) Dates of Service: As needed up to six (6) months
 - 2) Dx1 Code: Z code that fits Member circumstance (Refer to Diagnosis or SDOH codes – these codes can be looked up online)
 - 3) HCPCS billing code:
 - 98960 (Individual Member)
 - 98961 (2-4 Members)
 - 98962 (5-8 Members)
 - 4) Modifier(s): U2 modifier
 - 5) Units: 1 Unit = 30 minutes of serviceQuantity: 1

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What are the billing requirements?

- CHW/P/R services must be reimbursed through a Supervising Provider in accordance with its provider contract
- Claims for CHW/P/R services must be submitted by the Supervising Provider with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual
- Claims must not bill for duplicative CHW/P/R services for the same member for the same time reimbursed through other benefits such as ECM, inclusive of the services within the CHW/P/R benefit
- CPT codes may be used for all services by the Supervising Provider when submitting claims includes:
 - ✓ Education and training for member self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family)
- Maximum frequency: 4 units (2 hours) daily, per beneficiary
 - ✓ Additional units per day may be provided with an approved Treatment Authorization Request (TAR) for medical necessity
- Charges for the direct benefit services of the member must be billed under the Member's Medi-Cal Number/CIN

Coding Information		Details	
CPT Code	Session Length	Patient Numbers	Rate
98960	30 Minutes	1	\$26.66
98961	30 Minutes	2 - 4	\$12.66
98962	30 Minutes	5 - 8	\$9.46
In addition, the following allowable modifiers must be used with these CPT codes:			
Modifiers	Description		
U2	Used to denote services rendered by Community Health workers		
U3	Used to denote services rendered by Asthma Preventive Service providers		

Provider Resources:

- **DHCS ALL Plan Letter (APL) 24-006**
- **DHCS Master Publication**
- Medi-Cal Enrollment Steps for CHW/P/R Supervising Providers: [Click Here](#)
- Partnership Policy: [MPCR11](#)
- Provider Website Resources: [Click Here](#)