

Community Health Worker Quick Reference Guide

Background Information	Details
<p>What are Community Health Workers (CHWs)?</p>	<ul style="list-style-type: none"> • Community Health Workers (CHWs) <ul style="list-style-type: none"> ○ 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, and social support and advocacy ○ May include individuals known by a variety of job titles including: <ul style="list-style-type: none"> ▪ Promotores (CHW/P) ▪ Community Health Representatives ▪ Health Coaches ▪ Health Navigators ▪ Non-licensed public health workers including violence prevention professionals • CHW Minimum Qualifications <ul style="list-style-type: none"> ○ CHWs must have lived experience that aligns with and provides a connection between the CHW 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 or intimate partner violence or abuse and 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 is providing services. ○ Supervising providers are encouraged to work with CHWs who are familiar with and/or have experience in the geographic communities they are serving
<p>What services are provided / covered by the CHWs?</p>	<ul style="list-style-type: none"> • 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 Preventive 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 Asthma • Services may also address issues that include, but not limited to: <ul style="list-style-type: none"> ○ Control and prevention of chronic conditions or infectious diseases ○ Mental health conditions and substance use disorders

	<ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ● Content must be consistent with established or recognized health care standards ● May include coaching and goal setting to improve a beneficiary's health or ability to self-manage health conditions ○ Health Navigation to provide information, training, referrals, or support to assist beneficiaries to: <ul style="list-style-type: none"> ▪ 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 Violence Preventive Services <ul style="list-style-type: none"> ○ Evidence-based, trauma-informed, and culturally responsive preventive services provided by an individual qualified through any of the pathways listed below, for the purpose of reducing the incidence of domestic violence, violent injury or reinjury, 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 CenCal Health member under the age of 21 for the direct benefit of the beneficiary, in accordance with a recommendation from a licensed provider <ul style="list-style-type: none"> ● Serviced for the direct benefit of the CenCal Health member must be billed under the beneficiary's Medi-Cal ID ● 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 CenCal Health member must be present during a session
<p>How do the CHWs provide these services?</p>	<ul style="list-style-type: none"> ● 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 if such navigation services are provided pursuant to 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

	<ul style="list-style-type: none"> • Connect members to community resources necessary to 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 • May perform a care management role in Enhanced Care Management (ECM) • 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
<p>What services are not provided / covered by a CHW?</p>	<ul style="list-style-type: none"> • 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 <i>not</i> related to improving their health • Delivery of medication, medical equipment, or medical supply • Personal care / homemaker services • Transporting CenCal Health members • Respite care • Services duplicating another covered Medi-Cal service already being provided to a member • Socialization • Coordinating and assisting with transportation • Individuals not enrolled in Medi-Cal, except as noted
<p>What training and certifications are recommended and /or required for CHWs?</p> <p>CHWs are not required to enroll as a Medi-Cal Providers and are therefore not subject to the requirements for Provider Credentialing / Re-Credentialing and Screening / Enrollment</p>	<p>Training</p> <ul style="list-style-type: none"> • No established single standardized curriculum for training CHWs or their employers • Complete 6 hours (minimum) of additional training annually <p>Certificate of Completion</p> <ul style="list-style-type: none"> • CHWs, 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 <p>Work Experience Pathway Program (WEP)</p> <ul style="list-style-type: none"> • Demonstrated skills and practical training in core competencies, as determined by a Supervising Provider • CHWs demonstrating qualifications through this program, but do not have a certificate, must earn one within one year of the first CHW visit provided to a Medi-Cal member <ul style="list-style-type: none"> • Plan of Care <ul style="list-style-type: none"> ○ Written document developed by one or more licensed providers including the support and services a CHW will provide to address ongoing member needs

	<ul style="list-style-type: none"> ○ CHWs may assist in developing a plan of care with the licensed provider <p>Violence Prevention Professional (VPP)</p> <ul style="list-style-type: none"> ● 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
<p>What are the member eligibility criteria for obtaining CHW services?</p>	<ul style="list-style-type: none"> ● Services are considered medically necessary for CenCal Health 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 services based on the presence of one or more of the following: <ul style="list-style-type: none"> ○ 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 ○ 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

What are the supervision requirements of a CHW?

Supervising Providers

- Enrolled Medi-Cal provider who submits claims for CHW services
- Ensures they meet the qualifications listed in this document
- Directly or indirectly oversees a CHW 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 CHWs through training, mentoring, and case conferencing
 - CHWs 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 services
- Do not need to be physically present at the location when CHWs provide services to the CenCal Health member
- Management and day-to-day supervision of CHWs
- Employees may be delegated as determined by the supervising provider
- However, the supervising provider is responsible for ensuring the provision of CHW services complies with all applicable requirements as described herein
- Maintain evidence of CHWs completing continuing education requirements in case of audit and may provide and / or require additional training
- Ensure CHWs meet the qualifications listed in **the APL 22-016 (Revised) Community Health Worker Services Benefit** oversee the services delivered to Medi-Cal members
- Must provide direct or indirect oversight to CHWs
 - Direct includes, but not limited to, guiding CHWs 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 CHWs with the ordering entity and ensuring appropriate services are provided in compliance with all applicable requirements
- MCP Network Providers, including Supervising Providers, are required to enroll as Medi-Cal Providers if there is a state-level enrollment pathway
 - Those with a state-level Medi-Cal enrollment pathway, must follow the standard process for enrolling through the DHCS Provider Enrollment Division
- Some may not have a corresponding state-level enrollment pathway and are not required to enroll in the Medi-Cal Program
 - Providers must be vetted by the MCP to participate as Supervising Providers
- Credentialing requirements (**APL 22-013: Provider Credentialing / Recredentialing and Screening / Enrollment**) only apply to providers with a state-level pathway for Medi-Cal enrollment
- Supervising Providers without a state-level pathway are not required to meet the screening / enrollment and credentialing requirements to become "in-network"

What are the Authorization Requirements?

1) Auth Type: 50-1 Medical

2) Dates of Service: As needed up to six (6) months

3) Dx1 Code: Z code that fits the circumstances of the Member (Reference SDOH codes)

4) HCPCS billing code (ProcCode):

98960 (Individual Member),

98961 (2-4 Members)

98962 (5-8 Members)

5) Modifier(s): U2 modifier

6) Units: 1 Unit = 30 minutes of service

**CenCal Health will auto approve first 12 Units (6hrs) of service*

7) Quantity: 1

- Auto approved authorizations will be provided by CenCal health for up to 12 Units (6hrs of service).
- Authorizations and Care Plans are required for ongoing CHW services after 12 Units (6hrs of service)
- The screen shot below walks a provider through this process

The screenshot shows the 'Create Authorization' form with the following fields and callouts:

- 1:** Auth Type (50-1 Medical)
- 2:** Start Date (03/01/2023) and Exp Date (07/31/2023)
- 3:** Dx1 Code (Z0400)
- 4:** Proc Code (98960)
- 5:** Modifier (U2)
- 6:** Quantity (1)
- 7:** Units (1)

Other visible fields include Member Info (Member No., First Name, Last Name, BOP, Gender), Authorized By (Entered Date, Entered By), Requesting Provider (Name, Select Provider), and Requesting Provider Info (Service Provider Facility, Billing Provider).

Auth Type	Start Date	Exp Date	Category	Contact Name	Phone	Email
50-1 Medical	03/01/2023	07/31/2023	Proc codes	None		none@none.com

Dx1*	Dx2	Dx3	Dx4	Dx5	Dx6
Z0400					

Line Item	Quantity of Service	Proc Code	Modifier	Proc Item Category	Units	Charge	Reg. Amount
1	001	98960	U2		1		

What are the Billing Codes, Claims, and Payment Requirements for submitting CHW claims?

- CHW services must be reimbursed through a Supervising Provider in accordance with its provider contract, unless reimbursed directly through CenCal Health if the CHW is a Medi-Cal enrolled provider
- Claims for CHW services must be submitted by the Supervising Provider with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual
- Must not double bill for duplicative CHW services for the same member for the same time reimbursed through other benefits such as ECM, inclusive of the services within the CHW 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, nonphysician 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
 - TARs may be submitted after the service was provided
- Charges for the direct benefit services of the member must be billed under the Member's Medi-Cal ID

Claims & Billing

CMS-1500 Professional Form

1) Billing Provider NPI: Supervising Provider

2) Claim Type: Physician

3) Auth No.: CenCal Health Approved W#

4) Dx1 Code: Z code that fits the circumstances of the Member

5) Dates of Service: As needed up to six (6) months

6) Place of Service (POS): 11

7) HCPCS billing code (ProcCode):

98960 (Individual Member)

98961 (2-4 Members)

98962 (5-8 Members)

8) Modifier(s): U2 modifier

9) Diag Ptr: This is the Diagnosis Indicator submitted in box 4

10) Units: 1 Unit = 30 minutes of service

The screenshot shows the 'Health Insurance Claim Form - Professional' interface. It includes sections for Member/Patient Information, Coverage Info, Provider/Eng Information, Claim Information, and Diagnostic Codes. Numbered callouts (1-10) point to specific fields: 1) Billing Provider NPI, 2) Claim Type (Physician), 3) Auth No., 4) Dx1 Code, 5) Dates of Service, 6) Place of Service (POS), 7) HCPCS billing code (ProcCode), 8) Modifier(s), 9) Diag Ptr, and 10) Units.

Service Description	POS	Qty	Proc	Modifier	Diag Ptr	Charge	Units	UNIT	Auth No.	Revd NPI	Secondary
98960	11	1	98960	U2	Z0000	6.00	1				

UB-04 Institutional Claim Form

1) Billing Provider NPI: Supervising Provider

2) Claim Type: Physician

3) Auth No.: CenCal Health Approved W#

4) Dx1 Code: Z code that fits the circumstances of the Member

5) Dates of Service: As needed up to six (6) months

6) HCPCS billing code (ProcCode):
 98960 (Individual Member)
 98961 (2-4 Members)
 98962 (5-8 Members)

7) Modifier(s): U2 modifier

8) Units: 1 Unit = 30 minutes of service

Coding Information

Details

CPT Code	Session Length	Patient Numbers	Rate
98960	30 Minutes	1	\$32.79
98961	30 Minutes	2 - 4	\$15.57
98962	30 Minutes	5 - 8	\$11.63

In addition, the following are new allowable modifiers that may 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) 22-16: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-016.pdf>
- DHCS Master Publication <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/chwprev.pdf>
- Provider Website Resources
 - Onboarding Packet: www.cencalhealth.org/providers/join-our-network/credentialing-applications-and-forms/

