



## **Regarding: COMMUNITY HEALTH WORKER SERVICES BENEFIT**

Effective July 1, 2022, Medi-Cal covers Community Health Worker (CHW) services, including violence prevention services and asthma preventive services. The addition of these services is part of an initiative to advance health equity by improving access to basic health care services for all Medi-Cal beneficiaries. This workforce's strength is their ability to establish trusting relationships with the people they serve because it is grounded in shared life experience and community connections. CHW services can include assistance controlling and preventing chronic conditions, managing mental health conditions, as well as referrals for housing, nutrition, and other social needs, however they also help change perceptions and encourage behaviors that lead to better health outcomes.

### **Role of CHWs**

Community health workers, promotores, and community health representatives (CHW/P/Rs) provide culturally congruent, person-centered services that bridge different health and social services systems and improve the health and well-being of the people they serve.

CHW roles include

1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

### **How to make referrals for CHW services**

Carelon will accept referrals through phone, fax, or email. Referrals will be accepted from Providers, entities supporting the Member, Members, Member representatives, family members or others involved in the Member's life.

Authorization is not required for CHW services; however, services must be recommended by a physician or other licensed practitioner.

### **CHW service eligibility criteria**

The recommending Provider must determine whether a Member meets eligibility criteria for CHW 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.



- Presence of medical indicators of rising risk of chronic disease (e.g., elevated blood pressure, elevated blood glucose levels, elevated blood lead levels or childhood lead exposure, etc.) that indicate risk but do not yet warrant diagnosis of a chronic condition.
- Any stressful life event presented via the Adverse Childhood Events an appropriate screening tool.
- Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse.
- Results of a Social Determinants of Health (SDOH) screening indicating unmet health-related social needs, such as housing or food insecurity.
- One or more visits to a hospital emergency department (ED) 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.
- Member expressed need for support in health system navigation or resource coordination services.
- Need for recommended preventive services, including updated immunizations, annual dental visit, and well childcare visits for children.

CHW violence prevention services are available to Members who meet any of the following circumstances as determined by a licensed practitioner:

- The Member has been violently injured as a result of community violence.
- The Member is at significant risk of experiencing violent injury as a result of community violence.
- The Member has experienced chronic exposure to community violence.

CHW violence prevention services are specific to community violence (e.g. gang violence). CHW services can be provided to Members for interpersonal/domestic violence through the other pathways with training/experience specific to those needs.

### **Documentation requirements**

CHWs are required to document the dates and time/duration of services provided to members. Documentation should also reflect information on the nature of the service provided and support the length of time spent with the member that day. Should a member require ongoing CHW support after the first 12 units of service, a plan of care must be established and reviewed by a licensed provider every six months.

### **Covered and non-covered CHW services**

#### Covered CHW Services

- 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. The content of health education must be consistent with established or recognized health care standards.

- Health education 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:
  - Access health care, understand the health care system, or 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; or address health-related social needs

Note: Under health navigation, CHWs may provide the following:

- ❖ 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.
- Screening and assessment that does not require a license and that assists a beneficiary to connect to appropriate services to improve their health
  - Individual support or advocacy that assists a beneficiary in preventing the onset or exacerbation of a health condition or preventing injury or violence

CHW violence prevention services include all the CHW services described above (health education, health navigation, screening and assessment, and individual support and advocacy), as these services apply specifically to violence prevention.

Services may be provided to a parent or legal guardian of a Medi-Cal beneficiary under the age of 21 for the direct benefit of the beneficiary, in accordance with a recommendation from a licensed provider. A service for the direct benefit of the beneficiary must be billed under the beneficiary's Medi-Cal ID. If the parent or legal guardian of the beneficiary is not enrolled in Medi-Cal, the beneficiary must be present during the session.

#### Non-covered Services

- Clinical case management/care management that requires a license
- Childcare
- Chore services, including shopping and cooking meals
- Companion services
- Employment services
- Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a plan of care
- Delivery of medication, medical equipment, or medical supply
- Personal Care services/homemaker services
- Respite care



- Services that duplicate another covered Medi-Cal service already being provided to a beneficiary
- Socialization
- Transporting beneficiaries
- Services provided to individuals not enrolled in Medi-Cal, except as noted above
- Services that require a license

Although CHWs may provide CHW services to beneficiaries with mental health and/or substance use disorders, CHW services do not include Peer Support Services as covered under the Drug Medi-Cal, Drug Medi-Cal Organized Delivery System, and Specialty Mental Health Services programs. CHW services are distinct and separate from Peer Support Services.

### **Supervision requirements**

CHWs must be supervised by a licensed provider, clinic, hospital, CBO, or LHJ. The supervising provider does not need to be the same entity as the provider who made the written recommendation for CHW services. Supervising providers do not need to be physically present at the location when CHWs provide services to beneficiaries. Management and day-to-day supervision of CHWs as 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.

### **Billing and claims**

Upon receipt and validation of the completed Community Health Worker Verification Form, Carelon allows supervising providers to bill for Community Health Worker services effective 11/1/2023.

Below is a list of behavioral health codes that will now be covered by Carelon. Claims must be billed to Carelon with the U2 modifier. The U2 modifier denotes services rendered by a Community Health Worker.

Claims for CHW services must be submitted by the Medi-Cal enrolled supervising provider.

- 98960 (education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; individual patient)
- 98961 (education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 2-4 patients)
- 98962 (education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 5-8 patients)

### **Credentialing and recredentialing requirements**

Network Providers, including those that will operate as Supervising Providers, are required to enroll as Medi-Cal Providers if there is a state-level enrollment pathway for them to do so.



However, some Supervising Providers may not have a corresponding state-level enrollment pathway and are not required to enroll in the Medi-Cal program. These Providers must be vetted by the MCP in order to participate as Supervising Providers, as described below.

Supervising Providers, with a state-level Medi-Cal enrollment pathway, must follow the standard process for enrolling through the DHCS' Provider Enrollment Division

The credentialing requirements articulated in APL 22-013: Provider Credentialing/ Re-credentialing and Screening/Enrollment only apply to Providers with a state-level pathway for Medi-Cal enrollment. Supervising Providers without a state-level pathway to Medi-Cal enrollment are not required to meet the screening/enrollment and credentialing requirements in APL 22-013 in order to become "in-network". Rather, Supervising Providers must be vetted by the MCP in order to participate. Once a pathway for Medi-Cal enrollment becomes available to specified Provider types, these Providers will be required to enroll following the standard Medi-Cal enrollment process.

To include a Supervising Provider in their Networks when there is no state-level Medi-Cal enrollment pathway, MCPs are required to vet the qualifications of the Provider or Provider organization to ensure they can meet the standards and capabilities required to be a Supervising Provider. MCPs must create and implement their own processes to do this. Criteria that MCPs may want to consider as part of their vetting processes includes, but is not limited to:

- Sufficient experience providing similar services within the service area;
- Ability to submit claims or invoices using standardized protocols;
- Business licensing that meets industry standards;
- Capability to comply with all reporting and oversight requirements;
- History of fraud, waste, and/or abuse;
- Recent history of criminal activity, including a history of criminal activities that endanger Members and/or their families; and
- History of liability claims against the Provider.

The same principles would apply to any Supervising Provider for whom there is no state-level enrollment pathway.