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|  | POLICIES AND PROCEDURES |
| Policy #: 404-1738 | Lead Department: Utilization Management |
| Title: Community Health Worker Services | |
| Original Date: 09/19/2022 | Date Published: 01/16/2025 |
| Approved by: Utilization Management Work Group | |

Purpose:

To delineate the guidelines for provision of Community Health Worker Services to members, and to describe the procedures Central California Alliance for Health's (the Alliance) staff follow when communicating with members and others regarding the provision of these services.

Policy:

Central California Alliance for Health (the Alliance) covers Community Health Worker Services to members that meet criteria in accordance with contractual and regulatory requirements, as specified in the Department of Healthcare Services DHCS All Plan Letter 24-016: Community Health Worker Services Benefit.

Definitions:

Community Health Worker (CHW): CHWs may include individuals known by a variety of job titles, such as promoters, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, who provide CHW services to members of the community.


Community Health Worker (CHW) Services: preventative health services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under state law to:

- a. Prevent disease, disability, and other health conditions or their progression,
- b. Prolong life; and,
- c. Promote physical and mental health and efficiency.

CHW Services may assist with a variety of concerns impacting members, including but not limited to, the control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and the need for preventative services. CHW services can help members receive appropriate services related to perinatal care, preventive care, sexual and reproductive health, environmental and climate-sensitive health issues, oral health, aging, injury, and domestic violence and other violence prevention services. CHWs tend to be members of the community they are serving and a larger component to linking health and social services for Members with an overall improvement in quality of services delivered.

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

Supervising Provider: A Supervising Provider is an enrolled Medi-Cal provider is the organization employing or otherwise overseeing the CHW, with which the Alliance contracts. The Supervising Provider ensures that CHWs meet the qualifications listed below in this policy, oversees CHWs and the services delivered to Alliance Members, and submits claims for services provided by CHWs. The Supervising Provider must be a licensed Provider, a hospital, including the emergency department, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO). The supervising provider does not need to be the same entity as the provider that made the referral for CHW services. The Alliance will not require Supervising Providers to have a licensed Provider on staff in order to contract and bill for CHW services.

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Procedures:

I. CHW Provider Requirements and Qualifications

- A. The Alliance ensures that Community Health Workers meet applicable statutory, regulatory, and contractual requirements.
- B. CHW Provider requirements and qualifications are described in Alliance Policy 300-4035.


II. Member Eligibility Criteria for CHW Services

- A. CHW services require a written recommendation submitted to the Alliance by a physician or other licensed practitioner, including, but not limited to, physician assistance, nurse practitioners, clinical nurse specialists, podiatrists, nurse midwives, licensed midwives, registered nurses, public health nurses, psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, dentists, registered dental hygienists, licensed educational psychologists, licensed vocational nurses, and pharmacists. For CHW services rendered in the Emergency Department, the treating Provider may verbally recommend CHWs to initiate services and later document the recommendation in the Member's medical record of the Emergency Department visit. The recommending licensed Provider does not need to be enrolled in Medi-Cal or be a Network Provider within the Alliance or employed by the Supervising Provider. Other licensed practitioners who can recommend CHW services within their scope of practice include physician assistants, nurse practitioners, clinical nurse specialists, podiatrists, nurse midwives, licensed midwives, registered nurses, public health nurses, psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, dentists, registered dental hygienists, licensed educational psychologists, licensed vocational nurses, and pharmacists. The required recommendation can be provided by a written recommendation placed in the Member's record or a standing recommendation by the Alliance based on eligibility criteria for CHW services as described in the Medi-Cal Provider Manual.
 1. For the first 12 units, the provider's written recommendation must be provided to the Alliance when submitting a claim for the services rendered.
 - a. If the claim is submitted via hard copy, the written recommendation may be submitted as an attachment.
 - b. If the claim is submitted electronically, the written recommendation must be included in Box 80, "Remarks," of the UB-04 Form, or Box 19, "Remarks," of the CMS Form.
 2. Prior authorization is not required for the first 12 units of CHW services. Prior Authorization is required for visits beyond the initial 12 units.
 - a. All aspects of Alliance Authorization process for review of subsequent CHW services will adhere to Alliance Policy 404-1201 - Authorization Request Process. *The Alliance will take a "No Wrong Door" approach to accepting referrals for CHW services. The Alliance will accept referrals through*

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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.

- b. The Provider's care plan must be submitted with the Authorization Request after the first 12 visits (see section IV. B below).
- B. The recommending provider is responsible for ensuring that members meet eligibility criteria before recommending CHW services. CHW services are considered medically necessary for 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 in meeting their health or health-related social needs, and/or who would benefit from preventive services.
- C. 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:
 1. Diagnosis of one or more chronic health (including behavioral health) conditions, or a suspected mental disorder or substance use disorder that has not been diagnosed.
 2. 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.
 3. Any stressful life event presented via the Adverse Childhood Events screening.
 4. Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse.
 5. Results of a SDOH screening indicating unmet health-related social needs, such as housing or food insecurity.
 6. One or more visits to a hospital emergency department (ED) within the previous six months.
 7. One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months or being at risk of institutionalization.
 8. One or more stays at a detox facility within the previous year.
 9. Two or more missed medical appointments within the previous six months.
 10. Member expressed need for support in health system navigation or resource coordination services.
 11. Need for recommended preventative services, including updated immunizations, annual dental visit, and well childcare visits for children.
- D. CHW violence prevention services are specific to community violence (e.g., gang violence). CHW violence prevention services are available to members who meet any of the following circumstances, as determined by a licensed practitioner:
 1. The member has been violently injured as a result of community violence.
 2. The member is at significant risk of experiencing violent injury as a result of community violence.
 3. The member has experienced chronic exposure to community violence.
- E. In addition to recommending Providers identifying a member's need for CHW services, the Alliance will also use data driven approaches to determine and understand priority populations eligible for CHW services, including but not limited to, using past and current Member utilization/encounters, data on health risks and clinical care gaps, frequent hospital

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admissions or ED visits, demographic and SDOH data, referrals from the community (including Provider referrals), and needs assessments, etc.

III. Documentation Requirements

- A. CHWs are required to document the dates and time/duration of services provided to members. Documentation must also reflect the nature of the service and support the length of time spent with the patient that day.
- B. Documentation must be accessible to the Supervising Provider, upon their request and must be integrated into the member's medical record and available for encounter data reporting. All CHW services and encounters must be reported to DHCS.
- C. Claims for CHW services will be submitted by the Supervising Provider with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual.
- D. Tribal clinics may bill the Alliance for CHW services at the Fee-for-Service rates using the CPT codes as outlined in the Provider Manual

IV. Plan of Care

- A. As a preventive service, prior authorization is not required for the first 12 units of CHW services.
 1. While prior authorization is not required for the first 12 units of CHW benefits, a written recommendation is required to verify member eligibility for CHW services,
- B. A written care plan must be in place for members who need multiple ongoing CHW services, or continued CHW services after the first 12 units of CHW services.
 1. Except for services provided in the emergency department, a plan of care must be written by one or more individual licensed providers, which may include the recommending provider and other licensed providers affiliated with the CHW Supervising Provider. Quantity limits are applied based on goals detailed in the plan of care.
- C. The provider ordering the plan of care does not need to be the same Provider who initially recommended CHW services or the Supervising Provider for CHW services.
- D. CHWs may participate in the development of the plan of care and may take a lead role in drafting the plan of care if done in collaboration with the Member's care team and/or other Providers referenced in this section.
- E. The Plan of care may not exceed a period of one year. The plan of care must:
 1. Specify the condition that the service is being ordered for and be relevant to the condition.
 2. Include a list of other health care professionals providing treatment for the condition or barrier.
 3. Contain written objectives that specifically address the recipient's condition or barrier affecting their health.
 4. List the specific services required for meeting the written objectives; and
 5. Include the frequency and duration of CHW services (not to exceed the Provider's order) to be provided to meet the plan's objectives.

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- F. A licensed provider must review the member's plan of care at least every six months from the effective date of the initial plan of care. If there is a significant change in the recipient's condition, the plan may be amended.
- G. The licensed Provider will, after reviewing the Member's plan of care, determine if progress is being made toward the written objective and whether services are still medically necessary.


V. Covered CHW Services including Violence Prevention Services

CHW services may be provided individually or in group sessions. The Alliance will not establish unreasonable or arbitrary barriers for accessing CHW coverage. There are no service location limits. Services may also be provided virtually, in-person, or in any setting including, but not limited to:

1. Outpatient clinics
2. Hospitals
3. Homes
4. Community Settings
5. Street Medicine: CHWs may render street medicine within the scope of practice.

Covered CHW services do not include any service that requires a license. Services include:

- A. Health Education: Members may be referred to health education services to promote the member's health or address barriers to physical and mental health care. See policy 401-3101: Health Education and Disease Management Program, for additional information.
- B. Health Navigation: Members may be referred to health navigation services to provide information, training, referrals, or support to assist the members in accessing health care, understanding the health care delivery system, or engage in their own care. This includes:
 1. Connecting members to community resources necessary to promote health
 2. Address barriers to care, including connecting to medical translation, interpretation or transportation services
 3. Address health-related social needs
 4. Serve as a cultural liaison or assist a licensed health care provider to participate in the development of a plan of care, as part of a health care team
 5. Perform outreach and resource coordination to encourage and facilitate the use of appropriate preventative services; or
 6. Help a member enroll or maintain enrollment in government or other assistance programs that are related to improving their health if such navigation services are pursuant to a plan of care.
- C. Screening and Assessment: Members may be referred to screening and assessment services that do not require a license to assist member with connecting to appropriate services to improve their health.
- D. Individual Support or Advocacy: Members may be referred to individual support to assist the member in preventing the onset or exacerbation of a health condition or preventing injury or violence. This includes peer support as well, if not duplicative of other covered benefits.
- E. CHW Services for Parents/Legal Guardians: Services may be provided to a member's parent or legal guardian of a member under age 21, for the direct benefit of the member, in

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accordance with a recommendation from a licensed provider. A service for the direct benefit of the Member must be billed under the Member's Alliance Member Identification number . If the parent or legal guardian of the Member is not enrolled in Medi-Cal, the Member must be present during the session.

1. If CHW services are provided to the parent or legal guardian of the member, claims and/or authorizations will be submitted under the Member's Medi-Cal ID.

VI. Non-Covered CHW Services

A. The following services are not CHW services:

1. Clinical case management/care management that requires a license
2. Childcare
3. Chore services, including shopping and cooking meals
4. Companion services
5. Employment services
6. Helping a Member enroll in government or other assistance programs that are not related to improving their health as part of a plan of care
7. Delivery of medication, medical equipment, or medical supply
8. Personal Care services/homemaker services
9. Respite care
10. Services that duplicate another covered Medi-Cal service already being provided to a Member
11. Socialization
12. Transporting Members
13. Services provided to individuals not enrolled in Medi-Cal, except as noted above
14. Services that require a license

B. Although CHWs may provide CHW services to members 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.

C. The Alliance and all Subcontractors and Network Providers will not double bill, as applicable, for CHW services that are duplicative to services that are reimbursed through other benefits such as Enhanced Care Management (ECM), which is inclusive of the services within the CHW benefit


References:

Alliance Policies:

- 300-4035 - Community Health Workers Requirements
- 401-3101 - Health Education and Disease Management Program
- 404-1201 - Authorization Request Process

Impacted Departments:

Care Management

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Provider Services
 Claims
 Regulatory:
 Legislative:
 Contractual (Previous Contract):
 Contractual (2024 Contract):
 Medi-Cal Contract, Exhibit A, Attachment 3, Provision 5.3.7.N
 DHCS All Plan Letter:
 DHCS APL 24-006- Community Health Worker Services Benefit
 NCQA:
 Supersedes:
 APL 22-016 - Community Health Worker Services Benefit is superseded by 24-006
 Other References:
 Attachments:

Lines of Business This Policy Applies To

- ☐ DSNP
☒ Medi-Cal
☐ Alliance Care IHSS

LOB Effective Dates

(01/01/2026 - present)
 (01/01/1996 - present)
 (07/01/2005 - present)

Revision History:

| Reviewed Date | Revised Date | Changes Made By | Approved By |
|---------------|--------------|---|-------------|
| 09/19/2022 | 09/19/2022 | Paige Harris, Regulatory Reporting Supervisor | UMWG |
| 12/27/2022 | 12/28/2022 | Tammy Brass, Utilization Services Manager | UMWG |
| 07/24/2024 | 07/24/2024 | Carmen Duran, Business Analyst II | UMWG |
| 10/16/2024 | 10/16/2024 | Schierlynda Brown-Gray, BCBA-UM Manager-BH/BCBA | UMWG |
| 12/10/2024 | 12/10/2024 | Kelly Tlemcani, Business Analyst II | UMWG |