

DATE: July 8, 2025

Behavioral Health Information Notice No: 25-028

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association California Opioid Maintenance Providers
California State Association of Counties Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Coverage of Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Enhanced Community Health Worker (CHW) Services

PURPOSE: To provide guidance regarding coverage of Enhanced Community Health Worker (CHW) Services available under Medi-Cal as part of BH-CONNECT.

REFERENCE: California [Welfare and Institutions Code](#) Division 9, Part 3, Chapter 7, Article 5.51: 14184.400(c)(1) and 14184.102(d).

BACKGROUND:

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. BH-CONNECT is comprised of a new five-year Medicaid Section 1115 demonstration and State Plan Amendments (SPAs) to



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expand coverage of evidence-based practices (EBPs) available under Medi-Cal, as well as complementary guidance and policies to strengthen behavioral health services statewide.

In December 2024, the Centers for Medicare & Medicaid Services (CMS) approved SPA [24-0052](#) establishing Enhanced CHW Services as a covered Medi-Cal service effective January 1, 2025. Coverage of Enhanced CHW Services supports the goal of BH-CONNECT to expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs.

POLICY:

Overview of Enhanced CHW Services

Effective April 11, 2025, behavioral health plans (BHPs, inclusive of Mental Health Plans and Drug Medi-Cal Organized Delivery System (DMC-ODS) plans) and Drug Medi-Cal (DMC) programs have the option to cover Enhanced CHW Services within the Specialty Mental Health Services (SMHS), DMC, and/or DMC-ODS systems.

Enhanced CHW Services are tailored preventive services for members living with significant behavioral health needs, defined as members who meet the access criteria for SMHS and/or DMC/DMC-ODS services. Historically, CHWs have been employed across public health, medical, and behavioral health settings with different job titles and in a range of roles. CHWs may include individuals known as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals. CHWs may support member engagement in chronic disease management, conduct outreach to individuals with complex needs, and facilitate improved mental health and SUD outcomes, among many other diverse areas of focus.

Information on how BHPs and DMC programs can opt to implement Enhanced CHW Services and other BH-CONNECT EBPs as Medi-Cal services is available in [BHIN 25-009](#) and on the BH-CONNECT website at [Opt-in-to-BH-CONNECT](#).

Enhanced CHW Services and CHW Services

Enhanced CHW Services include the same service activities as Medi-Cal CHW Services and shall be delivered by practitioners with the same qualifications as other Medi-Cal CHW Services.

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Both CHW Services and Enhanced CHW Services include the following service activities:¹

- Health education to promote the member'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 member's health or ability to self-manage health conditions.
- Health navigation to provide information, training, referrals, or support to assist members to:
 - Access health care, understand the health care system, or engage in their own care.
 - Connect to community resources necessary to promote a member's health; address health care barriers, including connecting to medical translation/interpretation or transportation services; or address health-related social needs.
- Screening and assessment to identify the need for services.
- Individual support or advocacy that assists a beneficiary in preventing a health condition, injury, or violence.

Both CHW Services and Enhanced CHW Services must be delivered by practitioners that meet the following qualifications:

- CHWs must have lived experience that aligns with and provides a connection between the CHW and the community being served.
- CHWs must demonstrate minimum qualifications through the Certificate Pathway and/or Work Experience Pathway defined in the [California Medicaid State Plan](#).²
- CHWs must complete a minimum of 6 hours of continuing education training annually.

Though providers may have additional agency-specific training, CHWs who have met all applicable qualifications to provide CHW Services are not required to undergo additional training or designation requirements to provide Medi-Cal Enhanced CHW Services. BHPs may directly hire CHWs as employees, or they may contract with external partners (e.g., providers or community-based organizations that employ CHWs).

¹ Service activities and practitioner qualifications for CHW Services and Enhanced CHW Services are defined in the [California Medicaid State Plan](#).

² As of 2025, the Certificate and Training Programs for CHWs/Promotores/Representatives (CHW/P/R) through the California Department of Health Care Access and Information (HCAI) are on hold. CHWs may instead demonstrate minimum qualifications through the Certificate Pathway by obtaining a certificate of completion issued by the State of California or a State designee and receiving approval from the CHW's supervising provider that the certificate of completion fulfills all Medi-Cal curricula and field experience requirements.

Enhanced CHW Services have distinct claiming and documentation requirements from Medi-Cal CHW Services, as described below.³

Enhanced CHW Services and Medi-Cal Peer Support Services

Enhanced CHW Services are distinct from Peer Support Services. Both Enhanced CHW Services and Peer Support Services are community-based interventions to support members living with significant behavioral health needs. CHWs are community members who typically act as a bridge between members and the healthcare system and provide system navigation and health education support. Peer Support Specialists, on the other hand, use their personal lived experience with behavioral health and recovery to support members in their recovery from a behavioral health condition and provide skill-building, coaching and other therapeutic activities.

While both CHWs and Peer Support Specialists rely on their lived experience, lived experience is defined more broadly for CHWs. CHWs must have lived experience that aligns with and provides a connection between the CHW and the member or community being served. This may include, but is not limited to, experience related to incarceration, military service, pregnancy and birth, disability, foster system placement, homelessness, mental health conditions or substance use disorders, 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 with one or more linguistic, cultural, or other groups in the community for which the CHW is providing services. Peer Support Specialists must have lived experience specific to mental health and/or substance use disorder recovery.

Peer Support Specialists who are separately trained and certified as CHWs may also provide Enhanced CHW Services to eligible members, and CHWs who are separately trained and certified as Peer Support Specialists may also provide Peer Support Services. In this scenario, the individual practitioner may provide only one service at a time and all applicable Medi-Cal policies for documentation and claiming of services must be observed.

Member Eligibility for Enhanced CHW Services

To be eligible for Enhanced CHW Services, a member must meet access criteria for SMHS, defined in [BHIN 21-073](#); access criteria for DMC services, defined in [BHIN 21-071](#); and/or access criteria for DMC-ODS services, defined in [BHIN 24-001](#), or subsequent guidance.

Prior authorization is not required for Enhanced CHW Services.

³ Requirements for Medi-Cal CHW Services are available in the [CHW Services Provider Manual](#). All requirements for Enhanced CHW Services are in this BHIN and the [California Medicaid State Plan](#).

Enhanced CHW Services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law. The recommending provider must ensure that the member meets eligibility criteria for Enhanced CHW Services. The recommendation may be provided via a written recommendation placed in the member's record or a standing recommendation from DHCS, the BHP, or the DMC program based on the above eligibility criteria for Enhanced CHW Services.

Supervising Provider for Enhanced CHW Services

CHWs providing Enhanced CHW Services must be supervised by an enrolled Medi-Cal provider contracted with the BHP or DMC program. The supervising provider may be an individual licensed practitioner or one or more practitioners working for a behavioral health provider organization, community-based organization, local health jurisdiction, pharmacy, hospital, or clinic. CHWs may be supervised by an organization or local health jurisdiction that does not have a licensed practitioner on staff.

The supervising provider does not need to be the same entity as the physician or other licensed practitioner who provided the written recommendation for Enhanced CHW Services. The supervising provider ensures a CHW meets all provider qualifications and directly or indirectly oversees the CHW to ensure all requirements are met in the delivery of Enhanced CHW Services to members. The supervising provider does not need to be physically present at the service site; however, the supervising provider is responsible for ensuring the provision of Enhanced CHW Services complies with all applicable requirements, including continuing education training requirements.

Claiming for Enhanced CHW Services

Enhanced CHW Services are claimed in the Short Doyle Medi-Cal claiming system using the codes in Table 1 below.

Table 1. Enhanced CHW Services Claiming Details

CPT/HCPCS Code	Description
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, ⁴ 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

⁴ The standardized curriculum referenced is standard CPT language and does not impose any additional requirements.

CPT/HCPCS Code	Description
	curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; two to four 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; five to eight patients
G0019	Community health integration (CHI) services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit.
G0022	CHI services, each additional 30 minutes per calendar month (list separately in addition to G0019)

All of the service activities described above are claimed using these codes. When claiming for Enhanced CHW Services, in addition to using the appropriate taxonomy and procedure code modifier, the supervisor's National Provider identifier (NPI) will be required on all claims for services rendered. Please consult the applicable Short-Doyle Medi-Cal billing manual for detailed claiming requirements.

BHPs and DMC programs receive a county-specific rate for Enhanced CHW Services that meet DHCS' requirements. County-specific rates for behavioral health services, including Enhanced CHW Services, are posted on the [Medi-Cal Behavioral Health Schedules webpage](#).

Documentation Requirements

Clinical documentation of Enhanced CHW Services must meet all requirements in [BHIN 23-068](#) or subsequent DHCS guidance, including:

- Standardized assessment requirements for specialty behavioral health services;
- Development and maintenance of a problem list that may include a member's symptoms, conditions, diagnoses, social drivers, and/or risk factors; and
- Progress notes for all Enhanced CHW Services delivered in individualized and group settings.

A standalone written plan of care is not required for Enhanced CHW Services.

Other Billing Limitations

BHPs and DMC Programs shall not claim for Enhanced CHW Services if the member is already receiving CHW Services or Enhanced Care Management (ECM) through their

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MCP, BHPs and DMC Programs shall coordinate with MCPs to ensure members are not receiving duplicative services. For example, BHPs and DMC Programs may update their Memorandums of Understanding (MOUs) with MCPs to facilitate information sharing related to Enhanced CHW Services and CHW Services and ensure services are coordinated, and not duplicated, across delivery systems.

Compliance Monitoring

DHCS will continue to carry out its responsibility to monitor and oversee Medi-Cal behavioral health delivery systems and their operations as required by state and federal law. DHCS will monitor Medi-Cal behavioral health delivery systems for compliance with the requirements outlined above, and deviations from the requirements may require corrective action plans or other applicable remedies. This oversight will include verifying that services provided to Medi-Cal members are medically necessary, and that documentation complies with the applicable state and federal laws, regulations, the MHP contract, DMC State Plan contract, and the DMC-ODS Interagency Agreement. Recoupment shall be focused on identified overpayments and fraud, waste, and abuse.

BHPs and DMC Programs that opt to cover Enhanced CHW Services in 2025 must update their 2025 member handbooks to notify members of the Enhanced CHW Services benefit by either adding the language provided in Enclosure 1 as an insert to the handbook or incorporating the language in Enclosure 1 to the “Additional Information About Your County” section within the handbook. BHPs and DMC Programs must send a Notice of Significant Change to each member at least 30 days before the effective date of the handbook.⁵ For additional information regarding the Notification of Significant Change delivery method requirements, please reference [BHIN 24-034](#).

Please contact BH-CONNECT@dhcs.ca.gov for questions regarding this BHIN.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health – Policy Division

Enclosure (1)

⁵ Title 42, CFR, Part 438.10(g)(4)