

DATE: December 29, 2025

ALL PLAN LETTER 25-012
SUPERCEDES ALL PLAN LETTER 24-005

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: DENTAL COMMUNITY HEALTH WORKER SERVICES BENEFIT

PURPOSE:

The purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to provide Medi-Cal Dental Managed Care (DMC) plans with guidance regarding the qualifications for becoming a Dental Community Health Worker (CHW), the definitions of eligible populations for Dental CHW services, and descriptions of applicable conditions for the CHW benefit. This APL supersedes APL 24-005.¹

BACKGROUND:

The Centers for Medicare and Medicaid Services (CMS) approved State Plan Amendment (SPA) 24-0016² to expand CHW services as a benefit under Medi-Cal Dental effective December 1, 2024. The SPA allows CHWs to provide health navigation for members seeking oral health services through Medi-Cal Dental. CHW services may ameliorate a variety of issues impacting members, including but not limited to, the control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and need for preventive services. To receive reimbursement through Medi-Cal Dental, CHW services must address issues related to oral health by providing oral health education and oral health navigation.

Community Health Worker (CHW)

CHW services are defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health. CHWs are trusted members of their community whom, through their community connections and engagement, help address chronic conditions, preventive health care needs, and health-related social needs. CHWs build relationships and link members to oral health education and/or services. CHWs have a range of job titles, including community health representatives, health promoters/promotion, navigators, and other non-licensed public health workers. The CHW services benefit described in this APL provides a mechanism for rendering and reimbursing services provided by CHWs.

¹ APL 24-005: <https://www.dhcs.ca.gov/services/Documents/MDSD/APL-24-005-Dental-Community-Healthcare-Workers-CHW.pdf>

² SPA 24-0016 is available at: <https://www.dhcs.ca.gov/SPA/Documents/SPA-24-0016-Approval.pdf>



POLICY:

CHW Services Can Address Issues Related to Oral Health

CHWs may work with individuals who are seeking oral health treatment through a Medi-Cal enrolled provider.

CHW services are preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health. Services may include transportation, coordination, help with food insecurity, or other issues that may exceed oral health. Please see the *Covered CHW Dental Services* section below for additional information about CHW services.

In general, CHWs are unlicensed, trained health educators. CHWs may include individuals known by a variety of job titles, including promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.

CHW Provider Requirements and Qualifications

CHW Minimum Requirements and Qualifications:

The intent of the CHW benefit is for unlicensed, trained health educators to render these services; however, any individual who fulfills the CHW requirements may provide CHW services. Additionally, a dentist, hygienist, or other licensed professional CANNOT function as a CHW on the same date of service they are providing dental or hygiene services. Dental auxiliaries, such as dental assistants or registered dental assistants, who have completed the necessary CHW requirements, may also provide CHW services.

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 with one or more linguistic, cultural, or other groups in the community for which the CHW is providing services.

However, CHWs are not restricted to providing services only to members with whom they share a direct lived experience. CHWs may serve a diverse range of individuals and communities within their role, if CHWs are equipped with the necessary skills, knowledge, and training to address the oral health needs of those populations. Supervising providers are encouraged to work with CHWs who are familiar with and/or have experience in the geographic communities they are serving, but this should not limit their ability to work with broader groups beyond their own personal lived experiences.

CHWs must demonstrate minimum qualifications through one of the following pathways, as determined by the supervising provider:

- 1) **Certificate Pathway:** CHWs demonstrating qualifications through the Certificate Pathway must provide proof of completion of at least one of the following certificates:

- **CHW Certificate:** A valid certificate of completion of a curriculum that attests to demonstrated skills and/or practical training in the following areas: communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, and basic knowledge in public health principles and social drivers of health (SDOH), as determined by the supervising provider. Certificate programs must also include field experience as a requirement.

A CHW Certificate allows a CHW to provide all covered CHW services described in this document, including violence prevention services.

- **Violence Prevention Certificate:** For individuals providing CHW violence prevention services only, a Violence Prevention Professional (VPP) Certification issued by Health Alliance for Violence Intervention or a certificate of completion in gang intervention training from the Urban Peace Institute.

A Violence Prevention Certificate allows a CHW to provide CHW violence prevention services only. A CHW providing services other than violence prevention services shall demonstrate qualification through either the Work Experience Pathway or by completion of a CHW Certificate.

- 2) **Work Experience Pathway:** An individual who has 2,000 hours working as a CHW in paid or volunteer positions within the previous three years and has demonstrated skills and practical training in the areas described above, as determined and validated by the supervising provider, may provide CHW services without a certificate of completion for a maximum period of 18 months. A CHW who does not have a certificate of completion must earn a certificate of completion, as described above, within 18 months of the first CHW visit provided to a member.

All CHWs must complete a minimum of six (6) hours of additional continuing education training annually³. The supervising provider shall maintain evidence of the CHWs completing continuing education requirements in case of an audit. Supervising providers

³ Training must be from an HCAI approved training program, employer, or volunteer site per slide 22: [CHWPR-English-July-Info-Session-Presentation-20230707.pdf](#)

may provide and/or require additional training for a CHW, as identified by the supervising provider.

Supervising Provider

CHWs must be supervised by a licensed Medi-Cal dentist or hygienist. A supervising provider is an enrolled Medi-Cal Dental provider contracted with a DMC plan who submits claims for rendered services provided by the CHW and employs or otherwise oversees the CHW. The supervising provider ensures that a CHW meets the qualifications that are listed in this APL. It is the supervising provider's responsibility to maintain records of the CHW's qualifications, and these documents must be made available upon request by DHCS. DMC Plans must not require supervising providers to have a licensed provider on staff in order to contract with the DMC Plan to bill for CHW services.

If a written recommendation is made, 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 members. 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.

Supervising providers must provide direct or indirect oversight to CHWs. Direct oversight includes, but is not limited to, guiding CHWs in providing services, participating in the development of a plan of care, and following up on the progression of CHW services to ensure that services are provided in compliance with all applicable requirements. Indirect oversight 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.

DMC Plans must ensure that supervising providers (or the subcontractors contracting with or employing CHWs to provide covered CHW services) verify that CHWs have adequate supervision and training.

Member Eligibility Criteria for CHW Services

The recommending licensed provider shall determine whether a member meets 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 impacting the member's oral health, who are at risk for a chronic health condition or environmental health exposure impacting the member's oral health, who face barriers meeting their oral health or oral health-related social needs, and/or who would benefit from preventive oral health services. The 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 that could impact the member's oral health:

- 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 that could impact the member's oral health.
- Medical indicators of chronic disease that are impacting or could impact the member's oral health.
- Positive Adverse Childhood Events (ACEs) screening affecting oral health.
- Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse affecting oral health.
- Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity that could have an impact on the member's oral health.
- One or more visits to a hospital emergency department within the previous six months for a non-traumatic oral health visit.
- One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization, that could impact the member's oral health.
- One or more stays at a detox facility within the previous year affecting oral health.
- Two or more missed dental appointments within the previous six months.
- Member expressed need for support in oral health system navigation or resource coordination services.
- Need for recommended preventive oral health services.

Covered CHW Dental Services

Medi-Cal Dental offers oral health education, oral health navigation, screenings and assessments as covered CHW services. CHW services can be provided as individual or group sessions.

- **Oral health education** to promote the member's oral health or address barriers to dental health care, including providing information consistent with established or recognized oral health care standards.
 - This would include serving as a cultural liaison or assisting a licensed health care provider to create a plan of care, as part of a health care team.
- **Oral health navigation** to provide information, training, referrals, or support to assist members to:
 - Access oral health care, understand the oral health care system, or engage in their own oral health care.
 - Connect to community resources necessary to promote a member's oral health; address oral health care barriers, including connecting to dental translation/interpretation or transportation services; or address oral health-related social needs.
 - Outreach and resource coordination to encourage and facilitate the use of appropriate preventive service.

- **Screening and assessment** that does not require a license and that assists a member to connect to appropriate services to improve their oral health.

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

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 member 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 member.
- Socialization.
- Transporting members.
- Services provided to individuals not enrolled in Medi-Cal, except as noted above.
- Services that require a license.

Provider Enrollment

Network providers, including those who will operate as supervising providers of CHW services, are required to enroll as Medi-Cal Dental providers, consistent with APL 18-004: Provider Screening/Enrollment and Credentialing/Re-credentialing⁴, or any superseding APL, if there is a state-level enrollment pathway for them to do so.

CHWs are not required to enroll as Medi-Cal providers and are therefore not subject to the requirements in APL 18-004: Provider Screening/Enrollment and Credentialing/Re-credentialing. DMC Plans must develop and submit Policies and Procedures (P&Ps) for how they will ensure that providers and subcontractors that serve as CHW supervising providers are certifying that their CHWs have the appropriate training, qualifications, and supervision. DMC Plans must consider, at the minimum, the following CHW Supervising Provider characteristics in their P&Ps:

- DMC Plans' ability to receive referrals from licensed dentists and hygienists for CHW benefits.

⁴ APL 18-004: https://www.dhcs.ca.gov/services/Documents/MDSD/2018%20DAPLs/APL18-004_Provider_Screening_and_Enrollment_Final_1.18.18_%28002%29.pdf

- DMC Plans validating supervising providers are appropriately assessing CHWS have sufficient experience to provide services.
- Ensuring supervising providers have the ability to submit claims or encounters to DMC Plans using standardized protocols.
- DMC Plans ensuring supervising providers have business licensing that meet industry standards.
- DMC Plans' capability to comply with all reporting and oversight requirements.
- DMC Plans' monitoring processes for fraud, waste, and/or abuse of CHW services.
- DMC Plans' process for monitoring recent history of criminal activity of supervising providers.
- DMC Plans' process for monitoring history of liability claims against the supervising provider.

REQUIREMENTS:

Required Documentation and Claim Submission

CHW services billable to Medi-Cal Dental require a written recommendation by a dentist or hygienist within their scope of practice under state law. The recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the member's DMC plan. Other licensed practitioners who can recommend CHW services within their scope of practice include general dentists, pediatric dentists, endodontists, orthodontists, oral and maxillofacial surgeons, periodontists, dental anesthesiologists, prosthodontists, registered dental assistants, registered dental hygienists, registered dental hygienists in alternative practice (RDHAPs), psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, licensed educational psychologists, and pharmacists.

Alternatively, this requirement can be satisfied by the statewide standing recommendation. In October 2024, DHCS issued a statewide standing recommendation⁵ that all Medi-Cal members who meet the defined eligibility criteria for receiving CHW services would benefit from CHW services. This recommendation fulfills the federal requirements in section 440.130(c) of title 42 of the Code of Federal Regulations⁶ for a physician or other licensed practitioner of the health arts acting within their scope of practice to provide a written recommendation for preventive services.

A recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the member's managed care plan. However, the supervising licensed provider must be enrolled in Medi-Cal or be a network provider in the dental managed care plan. In addition, the recommending licensed provider does not have to be the supervising licensed provider.

⁵ DHCS Standing Recommendation: <https://www.dhcs.ca.gov/services/medi-cal/Documents/Standing-Recommendation-for-CHW-Services.pdf>

⁶ Title 24 CFR 440.130(c): <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.130>

CHWs are required to document the name of the CHW that provided the training, the number of members present at the training, and the time of the training session (i.e. 12:30PM – 1:00PM) provided to members on each submitted claim form. Additional documentation must be present in the member's chart that accurately reflects the nature of the services rendered and substantiates the length of time spent with the member(s) that day. Documentation shall be accessible to the supervising provider upon request of the supervising provider. 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 member's DMC Plan or employed by the supervising provider.

Please note that while a recommendation for CHW services is required to be submitted to DMC Plans, DMC Plans must not require prior authorization for CHW services as preventive services for the first 12 units, as described in the section below on "Claim Submission Criteria."

Place of Service and Teledentistry

CHW services may be rendered via teledentistry. However, if a provider utilizes teledentistry (D9995) to render CHW services, only the CHW services (D9994) are billable. CDT Code D9995 is NOT billable with D9994. Please note, when CHWs are providing services via the teledentistry modality they can only provide them via synchronous teledentistry (D9995). Supervising providers should refer to the *Teledentistry* section in Section 4 of the Medi-Cal Dental Provider Manual⁷ for guidance regarding teledentistry services.

Plan of Care

A plan of care is a written document that is developed by one or more licensed providers to describe the support and services a CHW will provide to address ongoing needs for a member. A CHW may assist in developing a plan of care with the licensed provider.

A written plan of care is required for continued CHW services after twelve (12) units of care per member in a single year, with the exception of services provided in the Emergency Department. The written plan of care must be developed by one or more licensed providers. 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. CHWs may participate in the team that develops the plan of care. The plan of care may not exceed a period of one year and must meet the following criteria and conditions:

⁷ Medi-Cal Dental Provider Handbook:
https://dental.dhcs.ca.gov/Providers/Medi_Cal_Dental/Provider_Publications/ProviderHandbook

- Specifies the condition that the service is being ordered for and be relevant to the condition.
- Includes a list of other health care professionals providing treatment for the condition or barrier.
- Contains written objectives that specifically address the recipient's condition or barrier affecting their oral health.
- Lists of the specific services required for meeting the written objectives.
- Includes the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the care plan's objectives.

The 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. The provider needs to assess whether progress is being made toward the written objectives and if the services remain medically necessary. If there is a significant change in the member's condition, the provider should consider updating the plan of care to continue care or discontinuing services if the objectives have been met.

Claim Submission Criteria

Claims for CHW services must be submitted by the Medi-Cal Dental enrolled supervising provider. The maximum frequency is four (4) units, which is two (2) hours, daily per member, for any provider. If the daily maximum of four units is exceeded, then documentation supporting the medical necessity for those additional unit(s) must be submitted for payment. Up to four units of D9994 can be submitted on each Claim Service Line (CSL). If additional units have been rendered, place those on a separate CSL (up to four units of D9994 per CSL). A Treatment Authorization Request (TAR) with documentation supporting the medical necessity and a written plan of care is only required for continued CHW services after 12 units of care per member in a single year, with the exception of services provided in the Emergency Department.

Billing, Claims, and Payments

CHW services must be reimbursed either through a CHW supervising provider in accordance with its provider contract, or, if the CHW is a Medi-Cal enrolled provider, directly through the DMC. Although prior authorizations for CHW services are not required, quantity limits can be applied based on goals detailed in the plan of care. DMC Plans must not establish unreasonable or arbitrary barriers for accessing coverage. Claims for CHW services must be submitted by the supervising provider with allowable current procedural terminology code as outlined in the Medi-Cal Dental Provider Manual.

Tribal clinics may bill the DMC Plan for CHW services at the Fee-for-Service rates using the Current Dental Terminology (CDT) code as outlined in the Provider Manual and below. See the table below for specific information on billing Medi-Cal Dental for CHW services:

CDT Code	Description	Length of time	Number of Member(s)	Rate Per Member	Maximum Reimbursement without TAR
D9994	Oral health education and training for patient self-management by a qualified, non-licensed public health worker using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, individual patient	30 minutes (1 unit)	1	\$26.66	1 Member: \$106.64
D9994	Oral health education and training for patient self-management by a qualified, non-licensed public health worker using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	30 minutes (1 unit)	2-4	\$12.66	2 Members: \$101.28 3 Members: \$151.92 4 Members: \$202.56
D9994	Oral health education and training for patient self-management by a qualified, non-licensed public health worker using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	30 minutes (1 unit)	5-8	\$9.46	5 Members: \$189.20 6 Members: \$227.04 7 Members: \$264.88 8 Members: \$302.72

Pursuant to Welfare and Institutions Code (WIC) 14087.325(d), DMC Plans are required to reimburse contracted Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) in a manner that is no less than the level and amount of payment that the DMC Plan would make for the same scope of services if the services were furnished by another provider type that is not an FQHC or RHC. This requirement applies to CHW services provided to eligible Medi-Cal members consistent with the provisions outlined in this APL.

Access Requirements for CHW Services

As part of their network composition, DMC Plans must ensure and monitor sufficient provider networks within their service areas, including for CHW services. DHCS strongly encourages DMC Plans to contract with existing CHW networks serving Medi-Cal populations, especially those in local public health departments. DMC Plans must submit to DHCS for review and approval a CHW Integration Plan that describes the DMC Plans' strategies for supporting CHW integration and approach for building sustainable infrastructure and supports, within 90 days of the release of this APL. DMC Plans should focus their initial CHW integration plan to align with DHCS' Bold Goals Initiative, as outlined in the DHCS 2022 Comprehensive Quality Strategy⁸.

DHCS Monitoring

DHCS will monitor DMC Plans' implementation of CHW requirements through existing data reporting mechanisms such as encounter data, grievances and appeals, Provider Network Report (PNR), and the 274 Network Provider File. Since CHWs do not have NPIs, they are not required to be entered in the 274 Network Provider File and PNR. As such, DHCS will obtain the number of CHWs within each network, initially from the DMC Plan through the CHW Integration Plan, PNR, and later through the PHM readiness submission.

The requirements contained in this APL will necessitate a change in DMC Plans' contractually required policies and procedures (P&Ps). DMC Plans must submit their updated P&Ps with and without Track Changes to DHCS' Medi-Cal Dental Services Division (MDSD) at DMCdeliverables@dhcs.ca.gov within 90 days of the release of this APL.

DMC Plans are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each DMC Plan to all subcontractors and network providers.

If you have any questions regarding this APL, please contact MDSD, at DMCdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

Dana Durham
Chief, Medi-Cal Dental Services Division
Department of Health Care Services

⁸ DHCS 2022 Comprehensive Quality Strategy: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>