

Medi-Cal: Dental Community Health Worker (CHW) Preventive Services

October 31, 2024
Time: 10:00 AM – 11:00 AM

Meeting Logistics



EVERYONE WILL BE
AUTOMATICALLY
MUTED UPON ENTRY



PLEASE USE THE CHAT
BOX TO SUBMIT
COMMENTS OR
QUESTIONS



QUESTIONS WILL BE
ADDRESSED DURING
OPEN FORUM



INPUT YOUR NAME
AND ORGANIZATION
IN THE CHAT BOX

Welcome and Introductions

May Saeteurn

Policy Development Branch Chief

Dana Durham

Medi-Cal Dental Services Division

Division Chief

Agenda

- » CHW Overview
- » Medi-Cal Dental CHW Benefit
- » Covered Dental Services
- » CHW Policy and Requirements
- » Oral Health Educational Materials
- » CHW Webpage
- » Open Forum

CHW Overview

- » State Plan Amendment (SPA) 22-001
 - Effective July 1, 2022
- » What are CHWs?
 - Promotores, Community Health Representatives, public health workers, and Violence Prevention Professionals, Navigators, Other non-licensed
- » What are CHW services?
 - Preventive health services preventing:
 - Disease
 - Disability
 - Other health conditions or their progression
 - Prolong life
 - Promote physical and mental health

Medi-Cal Dental CHW Benefit



» State Plan Amendment (SPA)

- SPA #24-0016



» DHCS Policy to Pathway



» Oral Health Education & Navigation

- CDT Code: D9994

Provider Bulletin

» Special Bulletin:
[Volume 40 Number 3](#)
[7.pdf](#)



Provider Bulletin

OCTOBER 2024

Volume 40, Number 37



THIS ISSUE

pg 1 Oral Health Community
Health Worker (CHW)
Services Billable by Medi-
Cal Dental Providers with
CDT Code D9994 Effective
December 1, 2024

LINKS TO PROVIDER INFORMATION

[Provider Handbook Section 4 -
Treating Members](#)

[Provider Handbook Section 5 - MOC
and SMA](#)

Oral Health Community Health Worker (CHW) Services Billable by Medi-Cal Dental Providers with CDT Code D9994 Effective December 1, 2024

The Department of Health Care Services (DHCS) is establishing a new Community Health Worker (CHW) benefit, as a billable Medi-Cal Dental benefit to allow CHWs to provide oral health services and receive reimbursement through Medi-Cal Dental. The added CHW services benefit integrates CHWs into the oral healthcare system to enhance preventive care and provide support services to Medi-Cal members. The CHW benefit will be billed under the Current Dental Terminology code D9994 (Dental Case Management, Patient Education to Improve Oral Health Literacy).

Provider Handbook

Draft of Provider Handbook updates included in Provider Bulletin

» **Updates to:**

- Section 4 - Treating Members
- Section 5 – Manual of Criteria (MOC) and Schedule Maximum Allowances (SMA)

Covered Dental Services

» Oral Health Education

- Promote members' oral health
- Address barriers to dental care
- Provide information aligned with recognized oral health care standards

» Oral Health Navigation

- Assist members in accessing oral healthcare
- Connect members to resources
- Dental translation/interpretation and transportation services
- Serve as a cultural liaison or assist in creating a care plan
- Facilitate outreach & care coordination

» Screening and Assessments

- Non-licensed assessments that connect members to appropriate services for improving oral health

Provider Requirements



Supervising Provider Overview

What is a Supervising Provider?

An enrolled Medi-Cal provider who submits claims for services provided by CHWs. The Supervising Provider ensures a CHW meets the qualifications, and directly or indirectly oversees a CHW and their services delivered to Medi-Cal members.

Supervising Provider Responsibilities

The Supervising Provider can be:

» Medi-Cal Dentist or Hygienist

Direct and Indirect Oversight

The Supervising Provider does not need to be the same entity as the Provider who made the referral for CHW services.

Supervising Provider Responsibilities

What is a Supervising Provider?

Supervising Provider Responsibilities

Direct and Indirect Oversight

Overseeing CHW Qualifications:

- » Ensure CHWs meet necessary qualifications
- » Oversee the delivery of services either directly or indirectly

Day-to-Day Supervision:

- » Management and supervision of CHWs can be delegated but must comply with all regulations.
- » Supervising Providers are not required to be physically present when CHWs provide services.

Direct and Indirect Oversight

What is a Supervising Provider?

Supervising Provider Responsibilities

Direct and Indirect Oversight

Direct Oversight:

- » Guide CHWs in providing services
- » Participate in developing care plans
- » Follow up on CHW service progression

Indirect Oversight:

- » Ensure connectivity between CHWs and the referring provider
- » Ensure services meet all compliance standards

CHW Requirements & Minimum Qualifications



CHW Requirements

CHWs must have **lived experience** aligning connection between the CHW and the community or population served

» **Examples of lived experience:**

- Incarceration
- Military service
- Pregnancy and birth
- Disability
- Foster system placement
- Homelessness
- Mental health conditions or substance use
- Survivorship of domestic or abuse

» **Shared Traits:** race, ethnicity, sexual orientation, gender identity, language, cultural background

Minimum Qualifications Pathway

Required to demonstrate minimum qualifications through one of the following pathways:



**Certificate
Pathway**



**Work Experience
Pathway**

CHW Provide covered CHW Dental Services to
Medi-Cal Members:

**Oral Health Education
Oral Health Navigation
Screening and Assessment**

Certificate Pathway

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

CHW Certificate:

- » Curriculum in key areas:
 - Communication, interpersonal skills, & relationship building
 - Service coordination & navigation
 - Capacity building & advocacy
 - Education, facilitation, & outreach
 - Individual & community assessment
 - Professional skills & conduct
 - Evaluation, research, & understanding public health principles
 - Knowledge of social determinants of health
- » Field experience
- » Issued by the State of CA or State designee

Violence Prevention Certificate

- » Providing CHW violence prevention services only:
 - Violence Prevention Professional (VPP) Certification – Issued by Health Alliance for Violence Intervention
 - Gang intervention training certification – certificate of completion from the Urban Peace Institute

Work Experience Pathway

- » Individuals with 2,000 hours of paid or volunteer CHW experience within the last 3 years may provide CHW services without a certificate, applicable for a maximum period of 18 months.
- » CHWs must earn a certificate of completion within 18 months of their first CHW service provided to a Medi-Cal member.

Member Eligibility Criteria



Eligibility Criteria *(1 of 2)*

CHW Services and Medical Necessity

Provider's Role in Determining Medical Necessity

CHW services are deemed medically necessary for members who:

- » Have one or more chronic health conditions (including behavioral health).
- » Have experienced violence, trauma, or are at risk of chronic conditions or environmental health exposure.
- » Face barriers to meeting oral health or oral health-related social needs.
- » Would benefit from oral health preventive services.

Eligibility Criteria (2 of 2)

CHW Services and
Medical Necessity

Provider's Role in
Determining Medical
Necessity

The recommending provider determines if a member meets the criteria based on one or more of the following:

- » Diagnosis or suspicion of a chronic health condition, mental disorder, or substance use disorder.
- » Medical indicators of rising risk for chronic disease (e.g., elevated blood pressure or glucose levels).
- » Positive screening for Adverse Childhood Events (ACE)
- » Known risk factors (e.g. domestic violence, substance misuse)
- » Social drivers of health screening indicating unmet needs (e.g., housing or food insecurity)
- » Frequent emergency department visits, inpatient stays, or risk of institutionalization
- » 2 or more missed dental appointments within past 6 months
- » Need for support with oral health system navigation.
- » Need for recommended oral health preventive services

Documentation Policies



Written Recommendation Requirements

- » CHW services must be recommended in writing by a dentist or hygienist within their scope of practice.
- » Recommending licensed Providers do not need to be enrolled in Medi-Cal or be part of the member's managed care network.

Written Documentation Requirements

- » Documentation must include the following:
 1. Name of CHW
 2. Number of members seen
 3. Time of training session
- » Documentation must support length of time with patients.
- » Documentation must be accessible to the supervising provider

Completing Claim Form

Example:

» Comment Box: CHW May Saeteurn provided services from 9:00-10:00AM (2 units) to 3 Medi-Cal members



EXAMINATION AND TREATMENT							
26. TOOTH#LTR. ARCH.QUAD	27. SURFACES	28. DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIAL USED, ETC.)	29. DATE SERVICE PERFORMED	30. QUANTITY	31. PROCEDURE NUMBER	32. FEE	33. RENDERING PROVIDER NPI
		1 Pt Ed to improve Oral Health: 2-4 Patients	072324	2	D9994	25.32	9912345678
		2					
		3					
		4					
		5					
		6					
		7					
		8					
		9					
		10					

34. COMMENTS CHW May Saeteurn provided services from 9:00 - 10:00AM (2 units) to 3 Medi-Cal members. 1) Name of CHW 2) Number of members seen 3) Time of training session	35. TOTAL FEE CHARGED	25.32
	36. PATIENT SHARE-OF-COST AMOUNT	
	37. OTHER COVERAGE AMOUNT	
39. THIS IS TO CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED ABOVE AND ANY ATTACHMENTS PROVIDED IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE NECESSARY TO THE HEALTH OF THE PATIENT. THE PROVIDER HAS READ, UNDERSTANDS, AND AGREES TO BE BOUND BY AND COMPLY WITH THE STATEMENTS AND CONDITIONS CONTAINED ON THE BACK OF THIS FORM.	38. DATE BILLED	07232024

Plan of Care (1 of 2)

» What is plan of care?

- A written document that is developed by one or more licensed providers to describe the supports 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.

- » Providers are encouraged to create a written plan of care for multiple ongoing CHW services.
- » CHWs may participate in the development

Plan of Care (2 of 2)

» Requirements:

- Developed by 1 or more licensed providers; ordering provider does not have to be the recommended supervising provider
- Mandatory when exceeding 12 units of services per member in a single year (except Emergency Department)
- Plans must be reviewed every 6 months to assess progress and continued medical necessity.

» The plan of care may cover a period of up to one year and meet the following conditions:

- Relevant condition being treated
- List of healthcare professionals involved
- Written objectives and specific services
- List of specific services required for meeting written objectives
- Frequency and duration of CHW services

Claims and Billing Overview



Claim Submission Criteria (1 of 2)

» Billing Code

- D9994 – Dental Case Management – Patient Education to Improve Oral Health Literacy
- Claims required to be submitted by the Medi-Cal enrolled dental supervising provider.

» Maximum Frequency:

- Maximum of 4 units (two hours) daily per member, for any provider.
- Capped at 12 units per member, per year.

Claim Submission Criteria (2 of 2)

Claim Submission

Currently, if claims are submitted for more than the 4 units per day and/or 12 units per year, it will not be paid for additional units.

**Additional
Units
Available -
Forthcoming**

Arriving Soon

- » Additional units = More than 12 units
- » Approved TAR for medical necessity

Reimbursement Fee Table

CDT Code	Length of time	Number of member (s)	Rate Per Member	Maximum Reimbursement without TAR
D9994 - each 30 minutes; individual patient	30 Minutes (1 Unit)	1	\$26.66	1 member: \$106.64
D9994 - 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 - 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

Billing Examples

30 minutes = 1 unit

Example 1: The CHW provides health education services for 1 member for 2 hours (4 units).

The provider is reimbursed for this service at a rate of \$26.66/unit x 4 units.

The provider is reimbursed at \$106.64 (\$26.66 x 4 units)



**1 patient =
\$26.66/unit**

D9994

Example 2: The CHW provides health education services for 4 members in a group setting for 2 hours (4 units).

The provider is reimbursed for each member at \$50.64 (\$12.66 x 4 units).

The total reimbursement for 4 members in that group is \$202.56 (\$50.64 x 4 members)



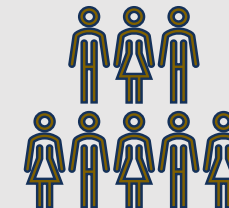
**Group 2-4
Patients =
\$12.66/unit**

D9994

Example 3: The CHW provides health education services for 8 members in a group setting for 1.5 hours (3 units).

The provider is reimbursed for each member at \$28.38 (\$9.46 x 3 units).

The total reimbursement for 8 members in that group is \$227.04 (\$28.38 x 8 members)



**Group 5-
8 Patients =
\$9.46/unit**

D9994

Non-Covered Services

- » Clinical case management/case management requiring a license
- » Childcare
- » Chore services, including shopping and cooking meals
- » Companion services
- » Employment services
- » Helping member enroll in government or 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
- » Transporting members
- » Services provided to individuals not enrolled in Medi-Cal
- » Services that require a license

Teledentistry

- » No place of service restrictions for CHW services
- » Medi-Cal CHWs may render services via synchronous teledentistry
- » D9994 rendered via teledentistry is max 90 minutes
- » D9994 rendered outside teledentistry has max frequency of 2 hours
- » Teledentistry [Section 4 – Medi-Cal Dental Provider Manual](#)

Oral Health Educational Materials

CHW Webpage

Open Forum

- For questions, please use the hand raising function.
 - When you are called upon to speak, please unmute your microphone and introduce yourself.



You may also email dental@dhcs.ca.gov

Closing Remarks

- » Please provide your feedback
- » Email:
 - Dental@DHCS.ca.gov



Thank You!

